



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109, Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
<https://pebp.nv.gov>

JOY GRIMMER
Board Chair

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program

Date and Time of Meeting: March 20, 2025 9:00 a.m.

Video Conferencing: **This meeting will be held by using a remote technology system pursuant to NRS 241.023 and will have no physical location. Members of the public may participate in the meeting by following the instructions below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at <https://www.youtube.com/live/aUwEvqIUI84>**

To submit written public comment, please upload your document to the *Public Comment Upload Form* located under *Contact Us* on the PEBP website, <https://pebp.nv.gov>, no later than two business days prior to the meeting.

To listen to and view the PEBP Board Meeting please click on the YouTube Link located in "Video Conferencing" field above.

There are two agenda items designated for public comment. If you wish to provide verbal public comment during those agenda items, please follow the instructions below:

Option #1 Join the webinar as an attendee <https://us06web.zoom.us/j/86720161489>

This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Video Conferencing" field above.

Option #2 Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 867 2016 1489 then press #. When prompted for a Participant ID, please enter #.

Participants that call in will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment.

To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-7016 or email jcrane@peb.nv.gov

AGENDA

1. Open Meeting; Roll Call.

2. Public Comment.

Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three-minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. The total time allotted to public comment may be limited to one hour at the discretion of the chairperson. As noted above, members of the public may make public comment by using the call-in number provided above. Persons unable to attend the meeting in person or by telephone and persons whose comments may extend past the three-minute time limit may submit their public comment in writing by uploading your document to the [Public Comment Upload Form](#) located under [Contact Us](#) on the PEBP website, <https://pebp.nv.gov>, no later than two business days prior to the meeting. **If you need ADA accommodation, please let us know by 4:00 pm two days before the board meeting so that we may make appropriate arrangements.** Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

4.1 Approval of Action Minutes from the January 23, 2025 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the periods ending December 31, 2024:

4.2.1 Q2 Budget Report

4.2.2 Q2 Utilization Report

4.2.3 Contract Status Report

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

- 4.3.5 Q2 Express Scripts – Summary Report
- 4.3.6 Q2 Express Scripts – Utilization Report
- 4.3.7 Q2 UnitedHealthcare Basic Life Insurance
- 4.3.8 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.4 VIA Benefits Data Request

- 5. Executive Officer Report (Celestena Glover, Executive Officer) (Information/Discussion)
- 6. Discussion and possible action to include approving Plan Year 2026 rates for State and Non-State employees, retirees, and their dependents for the Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO), and Health Maintenance Organization Plan (HMO). (Celestena Glover, Executive Officer) **(For Possible Action)**

A. Plan Year 2026 Rates Table

B. Plan Year 2026 Comparison Table

6.1 Segal PY25 Trend Report

- 7. Discussion and possible action on recommended changes and updates to the Master Plan Documents for Plan Year 2026 (July 1, 2025 – June 30, 2026). (Leslie Bittleston, Quality Control Officer) **(For Possible Action)**
- 8. Discussion and possible action regarding the permanent appointment or recruitment of the PEBP Executive Officer (Joy Grimmer, Board Chair) **(For Possible Action)**
- 9. Discussion and possible action regarding 2025 Legislative Bills that may impact the Public Employees' Benefits Program, including the following:

*Assembly Bills

*Senate Bills

*Bill Draft Requests

(Celestena Glover, Executive Officer) **(For Possible Action)**

*Due to time constraints inherent in the legislative process, a list of specific bills or bill draft requests, if applicable, on which PEBP staff will seek direction from the Board during this meeting will be posted at <https://pebp.nv.gov/Meetings/current-board-meetings/> by March 17, 2025.

10. Public Comment.

Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

11. Adjournment.

The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at <https://pebp.nv.gov/Meetings/current-board-meetings/> (under the Board Meeting date referenced above). Contact Jessica Crane at PEBP, 3427 Goni Rd, Suite 109, Carson City, NV 89706 (775) 684-7020 or (800) 326-5496

An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.

All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 3427 Goni Rd, Suite 109, Carson City, NV 89706, or call Jessica Crane at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.

Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 3427 Goni Rd, Suite 109, Carson City, NV 89706 or on the PEBP website at <https://pebp.nv.gov>. For additional information, contact Jessica Crane at (775) 684-7020 or (800) 326-5496.

Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at <https://pebp.nv.gov>, at the office of the public body and to the public notice website for meetings at <https://notice.nv.gov>. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call.

2.

2. Public Comment.

3.

3. PEBP Board disclosures for applicable Board meeting agenda items.
(Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4.

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All items for possible action**)

- 4.1 Approval of Action Minutes from the January 23, 2025 PEBP Board Meeting.
- 4.2 Receipt of quarterly staff reports for the periods ending December 31, 2024:
 - 4.2.1 Q2 Budget Report
 - 4.2.2 Q2 Utilization Report
 - 4.2.3 Contract Status Report
- 4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:
 - 4.3.1 Q2 UMR – Obesity Care Management
 - 4.3.2 Q2 UMR – Diabetes Care Management
 - 4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management
 - 4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
 - 4.3.5 Q2 Express Scripts – Summary Report
 - 4.3.6 Q2 Express Scripts – Utilization Report
 - 4.3.7 Q2 UnitedHealthcare Basic Life Insurance
 - 4.3.8 Q2 WTW’s Individual Marketplace (VIA Benefits) Enrollment and Performance Report
- 4.4 VIA Benefits Data Request

4.1

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

**4.1 Approval of Action Minutes from the
January 23, 2025 PEBP Board Meeting.**

**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING**

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

January 23, 2025

MEMBERS PRESENT

Ms. Joy Grimmer, Board Chair

VIA TELECONFERENCE:

Ms. Michelle Kelley, Vice Chair

Dr. Jennifer McClendon, Member

Mr. Jim Barnes, Member

Ms. Betsy Strasburg, Member

Ms. Stacie Weeks, Member

Ms. Janell Woodward, Member

FOR THE BOARD:

Ms. Radhika Kunnel, Deputy Attorney General

FOR STAFF:

Ms. Celestena Glover, Executive Officer

Mr. Nik Proper, Operations Officer

Ms. Michelle Weyland, Chief Financial Officer

Ms. Brandee Mooneyhan, Lead Insurance Counsel

Ms. Leslie Bittleston, Quality Control Officer

Ms. Jessica Crane, Executive Assistant

OTHER PRESENTERS:

Neale Hegarty, Corestream

Richard Ward, Segal

Joni Amato, CTI

Rhonda Huckaby, UMR

Chris Garcia, WTW/VIA Benefits

Chris Syverson, NVBGH

Hannah Linden, UNR

Jemaima Tagayuna, Dignity Health

1. Open Meeting; Roll Call

- Board Chair Grimmer opened the meeting at 9:04 a.m.

2. Public Comment

- Timothy Hoff – PEBP Member
- Stephanie Goodman – PEBP Member
- Minnie Wood – PEBP Member
- Deborah Arteaga – PEBP Member
- Kelly Sherado – PEBP Member
- Kent Ervin – NV Faculty Alliance
- Jennifer Carr – PEBP Member
- Terri Laird - RPEN
- Lindsay Carr – PEBP Member
- Doug Unger – NV Faculty Alliance
- David Cooper – PEBP Member
- Delayna Tonogan – PEBP Member
- Mark Valentin – PEBP Member
- Yosmely Lopez Bravo – PEBP Member
- Claudia Cedillo – PEBP Member
- John Jacobs – PEBP Member
- Michael Wagner – PEBP Member
- Michael Amesquita – PEBP Member
- David Kelsey – PEBP Member

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 4.1 Approval of Action Minutes from the November 21, 2024 PEBP Board Meeting.
- 4.2 Receipt of quarterly staff reports for the period ending September 30, 2024:
 - 4.2.1 Q1 Utilization Report
 - 4.2.2 Contract Status Report

- 4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:
 - 4.3.1 Q1 UMR – Obesity Care Management
 - 4.3.2 Q1 UMR – Diabetes Care Management
 - 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
 - 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
 - 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
 - 4.3.6 Q1 Express Scripts – Summary Report
 - 4.3.7 Q1 Express Scripts – Utilization Report
 - 4.3.8 Q1 UMR Performance Guarantees
 - 4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
 - 4.3.10 Q1 Doctor on Demand Engagement Report
 - 4.3.11 Real Appeal – Utilization Report
- 4.4 Acceptance of the Annual PEBP Report regarding Complaint Resolution for submission to the Nevada Division of Insurance.
- 4.5 Acceptance of the Annual PEBP Report regarding External Reviews for submission to the Office of Consumer Health Assistance.

BOARD ACTION ON ITEM 4

MOTION: Motion to accept the consent agenda as presented in the meeting packet.

BY: Vice Chair Michelle Kelley

SECOND: Member Betsy Strasburg

VOTE: Unanimous; the motion carried

- 5. Discussion and possible action regarding enhancements to current supplemental health voluntary benefits offerings. (Nik Proper, Operations Officer/Neale Hegarty, Corestream)
(For Possible Action)

BOARD ACTION ON ITEM 5

MOTION: Motion to approve item number 5 as presented and to switch voluntary product offerings as listed to MetLife from The Standard.

BY: Vice Chair Michelle Kelley

SECOND: Member Jennifer McClendon

VOTE: Unanimous; the motion carried

6. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)
7. Discussion and possible action regarding continuing to offer HMO and EPO Options. (Celestena Glover, Executive Officer/Richard Ward, Segal) **(For Possible Action)**
 - 7.1 Discussion and possible action regarding a potential contract with Health Plan of Nevada, Inc., to provide a fully insured regional Health Maintenance Organization (HMO) medical and pharmacy group health plan for PEBP's active employees and non-Medicare eligible retiree populations. A portion of this item may be conducted in closed session to allow review of the results of the evaluation of proposals for the contract, in accordance with NRS 287.04345(4). Any action on the contract, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, will occur in open session, in accordance with NRS 287.04345(5). (Celestena Glover, Executive Officer) **(For Possible Action)**

BOARD ACTION ON ITEM 7

MOTION: Motion to continue offering the HMO, EPO plans through Plan Year 26 on the condition that we can enter into a viable contract with the selected bidder for the RFP for the HMO in the south. As part of that, Executive Officer Glover have the authority to negotiate with the HMO provider to enter into a satisfactory contract and to sign the contract.

BY: Vice Chair Michelle Kelley

SECOND: Member Jim Barnes

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 7.1

MOTION: Motion to accept the RFP committee's recommendation and for Executive Officer Glover to begin negotiations with the winning bidder and to enter into a contract for HMO services in the south and to enter into the contract assuming negotiations are successful.

BY: Vice Chair Michelle Kelley

SECOND: Member Jim Barnes

VOTE: Unanimous; the motion carried

8. Discussion and possible action regarding a potential contract with Extend Health, LLC, a WTW Company dba Via Benefits, to provide Medicare Exchange services and Health Reimbursement Arrangement (HRA) administration services for PEBP's Medicare participants. A portion of this item may be conducted in closed session to allow review of the results of the evaluation of proposals for the contract, in accordance with NRS 287.04345(4). Any action on the contract, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, will occur in open session, in accordance with NRS 287.04345(5). (Celestena Glover, Executive Officer) **(For Possible Action)**

BOARD ACTION ON ITEM 8

MOTION: Motion to award the contract to the winning vendor and give Executive Officer Glover the authority to negotiate and sign any contracts related to that action.

BY: Member Jennifer McClendon

SECOND: Member Jim Barnes

VOTE: Unanimous; the motion carried

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of July 1, 2024 – September 30, 2024. (Joni Amato, Claim Technologies Incorporated)
(For Possible Action)

9.1 Response to audit findings/overview of performance guarantees for the period of July 1, 2024 – September 30, 2024. (Rhonda Huckaby, UMR) (Information/Discussion)

BOARD ACTION ON ITEM 9

MOTION: Motion to approve agenda item 9 as presented.

BY: Member Jennifer McClendon

SECOND: Vice Chair Michelle Kelley

VOTE: Unanimous; the motion carried

10. VIA Benefits Presentation. (Chris Garcia, Willis Towers Watson) (Information/Discussion)

11. Diabetes Pilot Program Presentation. (Chris Syverson, Nevada Health Partners)
(Information/Discussion)

12. Public Comment

13. Adjournment

- Board Chair Grimmer adjourned the meeting at 1:44 p.m.

4.2

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

- 4.1 Approval of Action Minutes from the January 23, 2025 PEBP Board Meeting.
- 4.2 Receipt of quarterly staff reports for the period ending December 31, 2024.**

4.2.1

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.2 Receipt of quarterly staff reports for the period ending December 31, 2024:

4.2.1 Q2 Budget Report



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JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: March 20, 2025

Item Number: 4.2.1

Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of December 31, 2024, fiscal year end, to include:

1. Budget Status
2. Budget Totals
3. Claims Summary

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of December 31, 2024, with comparisons to the same period in Fiscal Year 2024. The budget status is reported on a cash basis and does not include incurred expenses and income owed to the fund.

The budget status report reflects actual income of \$216.2 million as of December 31, 2024, compared to \$210.0 million as of December 31, 2023, or an increase of 3%. Total expenses for the period have increased by \$27.7 million or 13.3% for the same period.

The budget status report shows Realized Funding Available (cash) at \$75.5 million. This compares to \$123.3 million for the same period as last year. The table below reflects the actual revenues and expenditures for the period.

Operational Budget 1338						
	FISCAL YEAR 2025			FISCAL YEAR 2024		
	Actual as of 12/31/2024	Work Program	Percent	Actual as of 12/31/2023	Fiscal Year 2024 Close	Percent
Beginning Cash	94,373,969	94,373,969	100%	120,714,437	120,714,437	100%
Premium Income	184,844,219	433,139,318	43%	184,311,940	400,716,314	46%
All Other Income	31,402,524	24,983,809	126%	25,676,985	34,220,617	75%
Total Income	216,246,742	458,123,127	47%	209,988,925	434,936,931	48%
Personnel Services	1,451,086	3,020,415	48%	1,094,964	2,722,805	40%
Operating - Other than Personnel	1,214,808	3,095,546	39%	1,153,666	2,825,959	41%
Insurance Program Expenses	232,331,892	481,360,913	48%	205,100,557	455,467,372	45%
All Other Expenses	135,566	214,039	63%	97,529	172,381	57%
Total Expenses	235,133,352	487,690,913	48%	207,446,716	461,188,517	45%
Change in Cash	(18,886,609)	(29,567,786)		2,542,210	(26,251,586)	
REALIZED FUNDING AVAILABLE	75,487,360	64,806,183	116%	123,256,647	94,373,969	131%
Incurring But Not Reported Liability	(39,999,273)	(39,999,273)		(52,874,000)	(52,874,000)	
Catastrophic Reserve	(33,892,991)	(33,892,991)		(38,212,000)	(38,212,000)	
HRA Reserve	(14,864,089)	(14,864,089)		(20,600,889)	(20,600,889)	
NET REALIZED FUNDING AVAILABLE	(13,268,993)	(23,950,170)		11,569,758	(17,312,920)	

Current Budget Projections

The following table represents projections for FY 2025. The projection reflects total income to be more than budgeted by 1.1% (\$570.4 million vs \$564.3 million), total expenditures are projected to be more than budgeted by 4.7% (\$495.8 million vs \$ 473.7 million); and total reserves are projected to be less than budgeted by 16.0% (\$74.6 million vs \$88.8 million).

State Subsidies are projected to be more than the budgeted amount by \$12.6 million (3.8%), Non-State Subsidies are projected to be less than budgeted by \$1.6 million (7.6%), and Premium Income is projected to be less than budgeted by \$8.4 million (10.2%). The overall increase in budgeted revenue is due in part to an increase in state subsidies because of actual state active enrollment compared to budgeted enrollment and a change in the mix of plan and tiers. The mix of participants is as follows:

- 3.59% more state actives,
- 7.7.28% fewer state non-Medicare retirees,
- 27.78% more non-state actives,
- 14.27% fewer non-state, non-Medicare retirees
- 4.35% fewer state Medicare retirees, and
- 7.10% fewer non-state Medicare retirees

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 12/31/24	Projected	Difference	
Carryforward	94,373,969	94,373,969	94,373,969	0	0.0%
State Subsidies	330,044,762	139,749,642	342,689,991	12,645,229	3.8%
Non-State Subsidies	20,452,623	9,451,971	18,895,066	(1,557,557)	-7.6%
Premium	82,641,933	35,645,915	74,200,251	(8,441,682)	-10.2%
COVID Funds	0	0	0	0	13.7%
Appropriations	11,816,381	11,816,381	11,816,381	0	1.1%
All Other	24,983,809	21,392,874	28,405,875	3,422,066	13.7%
Total	564,313,477	312,430,751	570,381,533	6,068,056	1.1%
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 12/31/24	Projected	Difference	
Operating	6,330,000	2,801,460	6,571,303	(241,303)	-3.8%
State Insurance Costs	408,589,808	220,073,064	442,759,633	(34,169,825)	-8.4%
Non-State Insurance Costs	8,021,212	2,579,363	6,203,534	1,817,678	22.7%
Medicare Retiree Insurance Costs	50,809,373	19,689,115	40,281,774	10,527,599	20.7%
Total Insurance Costs	467,420,393	242,341,542	489,244,941	(21,824,548)	-4.7%
Total Expenses	473,750,393	245,143,002	495,816,244	(22,065,851)	-4.7%
Restricted Reserves	88,756,353	88,756,353	105,327,010	(16,570,657)	-18.7%
Differential Cash Available	0	(21,468,604)	(30,761,721)	30,761,721	
Total Reserves	88,756,353	67,287,750	74,565,289	14,191,064	16.0%
Total of Expenses and Reserves	562,506,746	312,430,751	570,381,533	(7,874,788)	-1.4%

Expenses for Fiscal Year 2025 are projected to be \$22.1 million (4.7%) more than budgeted when changes to reserves are excluded. Operating expenses are projected to be more than budgeted by \$0.2 million (3.8%). Employee and Retiree insurances costs are projected to be more than budgeted by \$21.8 million (4.7%) when taken in total (see table above for specific information).

Recommendations

None.

4.2.2

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.2 Receipt of quarterly staff reports for the period ending December 31, 2024:

4.2.1 Q2 Budget Report

4.2.2 Q2 Utilization Report



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JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: March 20, 2025

Item Number: 4.2.2

Title: Self-Funded CDHP, LDPPPO, and EPO Plan Utilization Report for the period ending December 31, 2024

This report addresses medical, dental, and prescription drug utilization for PY 2025 period ending December 31, 2024. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. LDPPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix D for Q2 Plan Year 2025 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q2 of Plan Year 2025 compared to Q2 of Plan Year 2024 is summarized below.

- Population:
 - 3.8% decrease for primary participants
 - 5.5% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 6.2% increase for primary participants
 - 8.1% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 59 High-Cost Claimants accounting for 27.9% of the total plan paid for Q2 of Plan Year 2025
 - 9.5% increase in High-Cost Claimants per 1,000 members
 - 4.7% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Health Status & Health Services (\$6.6 million)
 - Circulatory System (\$4.5 million)
 - Musculoskeletal System (\$4.3 million)
- Emergency Room:
 - ER visits per 1,000 members increased by 2.2%
 - Total paid per ER visit decreased by 1.2%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 0.1%
 - Average paid per Urgent Care visit increased 17.0% (increase from \$31 to \$36)
- Network Utilization:
 - 97.5% of claims are from In-Network providers
 - Q2 of Plan Year 2025 In-Network utilization increased 0.3% over PY 2024
 - Q2 of Plan Year 2025 In-Network discounts increased 0.4% over PY 2024
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 2.1%
 - Total Gross Claims Costs increased 4.5% (\$1.0 million)
 - Average Total Cost per Claim increased 6.7%
 - From \$125.69 to \$134.11
 - Member:
 - Total Member Cost increased 7.1%
 - Average Participant Share per Claim increased 9.4
 - Net Member PMPM increased 13.5%
 - From \$32.76 to \$37.20

- Plan
 - Total Plan Cost increased 3.7%
 - Average Plan Share per Claim increased 5.9%
 - Net Plan PMPM increased 10.0%
 - From \$114.66 to \$126.09
 - Net Plan PMPM factoring rebates increased 1.9%
 - From \$55.52 to \$56.55

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q2 of Plan Year 2025 compare to QC of Plan Year 2024 is summarized below.

- Population:
 - 25.6% increase for primary participants
 - 24.0% increase for primary participants plus dependents (members)
- Medical Cost:
 - 21.6% increase for primary participants
 - 23.1% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 51 High-Cost Claimants accounting for 19.6% of the total plan paid for Q2 of Plan Year 2025
 - 58.1 increase in High-Cost Claimants per 1,000 members
 - 1.7% increase in average cost of High-Cost Claimant paid.
- Top three highest cost clinical classifications include:
 - Health Status & Services (\$6.3 million)
 - Musculoskeletal System (\$5.0 million)
 - Neoplasms (Cancer) (\$4.7 million)
- Emergency Room:
 - ER visits per 1,000 members increased 4.5%
 - Average paid per ER visit increased 6.2%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 1.1%
 - Average paid per Urgent Care visit increased 9.6% (increased from \$97 to \$107)
- Network Utilization:
 - 97.9% of claims are from In-Network providers
 - Q2 of Plan Year 2025 In-Network utilization did not change over PY 2024
 - Q2 of Plan Year 2025 In-Network discounts increased 0.2% from 65.2% to 65.4%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 29.4%
 - Total Gross Claims Costs increased 36.5% (\$7.2 million)
 - Average Total Cost per Claim increased 5.4%
 - From \$145.70 to \$153.62
 - Member:

- Total Member Cost increased 37.0%
- Average Participant Share per Claim increased 5.9%
- Net Member PMPM increased 10.5%
 - From \$24.45 to \$27.01
- Plan
 - Total Plan Cost increased 36.4%
 - Average Plan Share per Claim increased 5.4%
 - Net Plan PMPM increased 9.9%
 - From \$152.00 to \$167.08
 - Net Plan PMPM factoring rebates increased 3.5%
 - From \$111.75 to \$115.67

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2025 compared to Q2 of Plan Year 2024 is summarized below.

- Population:
 - 9.4% decrease for primary participants
 - 9.7% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 42.4% increase for primary participants
 - 42.9% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 31 High-Cost Claimants accounting for 40.3% of the total plan paid for Q2 Plan Year 2025
 - 63.4% increase in High-Cost Claimants per 1,000 members
 - 65.3% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Perinatal Conditions (\$3.2 million)
 - Neoplasms (cancer) (\$3.2 million)
 - Circulatory System (\$2.8 million)
- Emergency Room:
 - ER visits per 1,000 members increased 4.8%
 - Average paid per ER visit increased 10.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 5.9%
 - Average paid per Urgent Care visit increased 3.1%
- Network Utilization:
 - 97.0% of claims are from In-Network providers
 - In-Network utilization increased 0.7%
 - In-Network discounts decreased 3.2% from 56.2% to 53.0%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 4.0%
 - Total Gross Claims Costs increased 5.8% (\$0.5 million)

- Average Total Cost per Claim increased 9.2%
 - From \$158.71 to \$173.35
- Member:
 - Total Member Cost increased 11.9%
 - Average Participant Share per Claim increased 16.6%
 - Net Member PMPM increased 23.8%
 - From \$38.29 to \$47.41
- Plan
 - Total Plan Cost increased 3.7%
 - Average Plan Share per Claim increased 8.1%
 - Net Plan PMPM increased 14.8%
 - From \$250.51 to \$287.60
 - Net Plan PMPM factoring rebates increased 0.7%
 - From \$169.05 to \$170.23

DENTAL PLAN

The Dental Plan experience for Q2 of Plan Year 2025 is summarized below.

- Dental Cost:
 - Total of \$14,534,236 paid for Dental claims.
 - Preventative claims account for 24% (\$3.4 million)
 - Basic claims account for 36% (\$5.2 million)
 - Major claims account for 19% (\$2.8 million)
 - Diagnostic claims account for 21% (\$3.1 million)

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPO) and the PEBP Premier Plan (EPO) through the second quarter of Plan Year 2025. The CDHP total plan paid costs increased 6.2% over the same time as Plan Year 2024. The LDPPO total plan paid costs increased 5.9% over Q2 of Plan Year 2024. The EPO total plan paid costs increased 42.4% over Q2 of Plan Year 2024. The change in the plan paid year over year is based on the per employee per year costs (PEPY). For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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UMR Inc. – CDHP Utilization Review for PEBP July 1, 2024 – December 31, 2024

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PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review HDHP Plan • 2025-2Q



Report Criteria & Contents



Experience Periods*

➤ 2025 Plan Year (Current)

2025-2Q. 1st two Quarters: Claims Paid 7/1/2024 - 12/31/2024

➤ 2024 Plan Year

2024-2Q. 1st two Quarters: Claims Paid 7/1/2023 - 12/31/2023

2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

➤ 2023 Plan Year

2023-2Q. 1st two Quarters: Claims Paid 7/1/2022 - 12/31/2022

2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

Group Data

- Data reported is for the HDHP Plan only:
- Contract = 7670-06-414946 or 7670-10-414946
- Except where indicated, Report is for Medical data only excluding claim expenses

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPortSM
- Composition: 4,609 groups with approximately 6.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 12/31/2024

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* Additional date ranges for specific figures are defined on the page if applicable



Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +6.2%
- High-Cost Claimants Paid PMPM trend: +14.6%; Non HCCs trend: +5.7%
- Top Paid Diagnostic Chapters: Health Status & Services (+19.8% Paid PMPM), Circulatory System (-8.4%), Musculoskeletal (+2.2%)



Membership & Demographics

- Total membership is 5.5% lower than prior period
- Employees decreased 3.8%, while Dependents were down 8.0%
- 91.6% of members had < \$2,500 medical paid, with 30.4% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$25,016, which is 18.9% lower than 2024-2Q
- Paid per ER Visit was \$2,192, which is 1.2% lower than 2024-2Q



Network Utilization & Savings

- 97.5% of all Medical spend dollars were to In Network providers
- The average In Network discount was 68.9%, which is somewhat (+0.4 pts) above the 2024 average discount of 68.5%

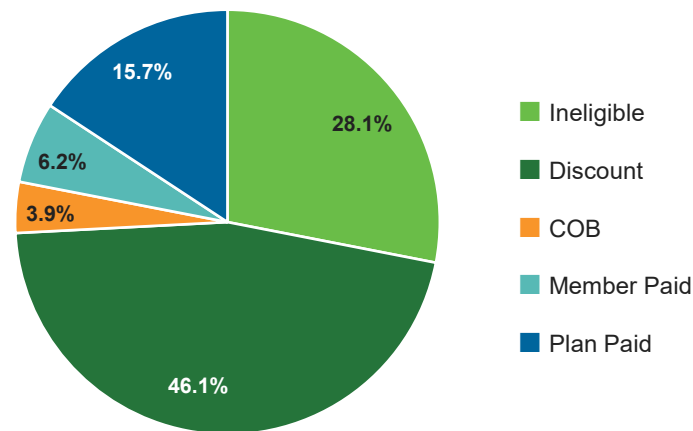
Medical Total Savings Summary



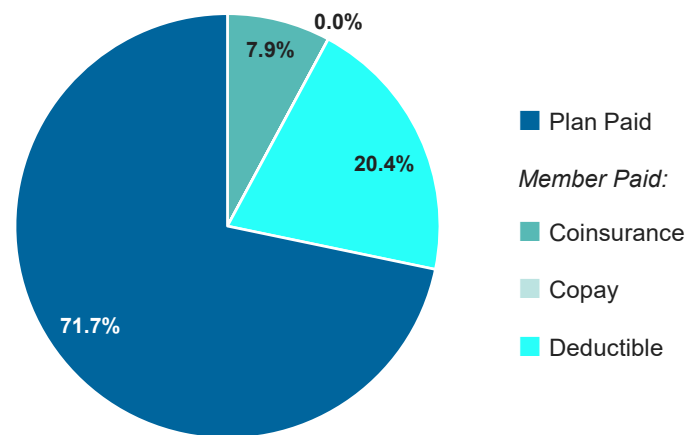
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-2Q Total Dollars	2025-2Q PMPM*	2024 PMPM*	Trend
Medical Billed	\$265,008,066	\$1,917	\$1,916	0.1%
(-) Ineligible	\$74,317,856	\$538	\$590	-8.9%
Medical Covered	\$190,690,210	\$1,379	\$1,326	4.0%
(-) Discount	\$122,095,109	\$883	\$870	1.6%
Medical Allowed	\$68,595,101	\$496	\$456	8.7%
(-) COB	\$10,256,424	\$74	\$27	173.3%
(-) Coinsurance	\$4,573,860	\$33	\$32	3.0%
(-) Copay	\$1,061	\$0	\$0	-79.1%
(-) Deductible	\$11,854,837	\$86	\$63	35.5%
Total Member Paid	\$16,429,759	\$119	\$95	24.5%
Total Plan Paid	\$41,692,730	\$302	\$324	-6.8%

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



* PMPM (per member per month): Amount per the average total membership (both primary subscribers and dependents) per month.

Medical & Rx Paid Claims by Age Range



Age	2024-2Q (7/1/2023 - 12/31/2023)						2025-2Q (7/1/2024 - 12/31/2024)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	\$1,690,642	\$2,403	-\$2,082	-\$3	\$1,688,560	\$2,400	\$1,443,306	\$2,078	\$409	\$1	\$1,443,716	\$2,078	-14.5%	-13.4%
1	\$184,253	\$223	\$42,420	\$51	\$226,673	\$275	\$94,108	\$156	\$67	\$0	\$94,175	\$156	-58.5%	-43.1%
2 - 4	\$385,394	\$119	\$64,579	\$20	\$449,974	\$139	\$416,243	\$147	\$32,174	\$11	\$448,417	\$158	-0.3%	13.7%
5 - 9	\$745,645	\$110	\$175,803	\$26	\$921,447	\$136	\$728,990	\$117	\$228,620	\$37	\$957,610	\$154	3.9%	13.2%
10 - 14	\$989,650	\$118	\$284,831	\$34	\$1,274,481	\$152	\$625,726	\$79	\$181,278	\$23	\$807,004	\$101	-36.7%	-33.3%
15 - 19	\$1,323,497	\$134	\$225,409	\$23	\$1,548,906	\$157	\$1,716,083	\$184	\$254,644	\$27	\$1,970,727	\$211	27.2%	34.9%
20 - 24	\$1,434,061	\$122	\$819,089	\$70	\$2,253,150	\$192	\$1,540,967	\$134	\$876,198	\$76	\$2,417,165	\$211	7.3%	9.7%
25 - 29	\$1,282,218	\$163	\$243,675	\$31	\$1,525,893	\$194	\$993,378	\$128	\$368,761	\$47	\$1,362,139	\$175	-10.7%	-9.7%
30 - 34	\$2,148,499	\$222	\$439,034	\$45	\$2,587,533	\$267	\$2,537,522	\$274	\$531,015	\$57	\$3,068,537	\$331	18.6%	23.8%
35 - 39	\$2,025,615	\$190	\$724,812	\$68	\$2,750,427	\$257	\$2,728,750	\$274	\$730,525	\$73	\$3,459,276	\$348	25.8%	35.1%
40 - 44	\$2,139,665	\$183	\$956,363	\$82	\$3,096,028	\$265	\$1,995,677	\$179	\$966,226	\$87	\$2,961,903	\$266	-4.3%	0.5%
45 - 49	\$2,801,613	\$258	\$1,269,234	\$117	\$4,070,847	\$375	\$2,535,515	\$247	\$1,647,281	\$160	\$4,182,796	\$407	2.8%	8.5%
50 - 54	\$4,020,156	\$324	\$2,138,771	\$172	\$6,158,928	\$496	\$3,972,571	\$338	\$2,221,340	\$189	\$6,193,911	\$527	0.6%	6.4%
55 - 59	\$5,060,230	\$373	\$1,851,026	\$137	\$6,911,256	\$510	\$5,993,613	\$473	\$2,380,332	\$188	\$8,373,945	\$661	21.2%	29.6%
60 - 64	\$8,691,747	\$525	\$3,715,041	\$225	\$12,406,788	\$750	\$8,519,463	\$562	\$3,478,980	\$230	\$11,998,443	\$792	-3.3%	5.5%
65+	\$5,890,032	\$517	\$3,617,388	\$317	\$9,507,420	\$834	\$5,850,817	\$525	\$3,468,500	\$311	\$9,319,317	\$836	-2.0%	0.2%
Total	\$40,812,916	\$279	\$16,565,393	\$113	\$57,378,310	\$392	\$41,692,730	\$302	\$17,366,352	\$126	\$59,059,082	\$427	2.9%	8.9%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2025-2Q	Variance
Average Enrollment							
Employees	10,987	34.7%	14,802	-3.8%	14,232		
Spouses	2,204	27.3%	2,805	-8.8%	2,558		
Children	5,307	27.5%	6,765	-7.6%	6,250		
Tot. Members	18,499	31.7%	24,372	-5.5%	23,040		
Avg. Family Size	1.7	-2.2%	1.6	-1.7%	1.6	1.9	-15.5%
Financial Summary							
Allowed	\$42,009,657	44.4%	\$60,674,651	13.1%	\$68,595,101		
Plan Paid	\$25,315,757	61.2%	\$40,812,916	2.2%	\$41,692,730		
Member Paid (OOP)	\$11,563,765	41.0%	\$16,309,131	0.7%	\$16,429,759		
Paid PEPY	\$4,608	19.7%	\$5,515	6.2%	\$5,859	\$10,830	-45.9%
Paid PMPY	\$2,737	22.4%	\$3,349	8.1%	\$3,619	\$5,651	-36.0%
Paid PEPM	\$384	19.7%	\$460	6.2%	\$488	\$903	-45.9%
Paid PMPM	\$228	22.4%	\$279	8.1%	\$302	\$471	-36.0%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	29	96.6%	57	3.5%	59		
HCCs per 1000	1.6	49.2%	2.3	9.5%	2.6	3.0	-15.7%
Paid per HCC	\$255,558	-26.4%	\$188,047	4.7%	\$196,836	\$208,900	-5.8%
HCC Paid % of Tot	29.3%	-3.0	26.3%	1.6	27.9%	24.8%	3.0
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$915	11.3%	\$1,018	-1.1%	\$1,007	\$1,464	-31.2%
Outpatient	\$841	20.7%	\$1,015	15.7%	\$1,174	\$1,635	-28.2%
Physician	\$963	32.7%	\$1,277	7.3%	\$1,371	\$2,430	-43.6%
Ancillary	\$19	109.5%	\$40	70.4%	\$68	\$122	-44.7%

- With \$32.0M paid, the State Active population is 76.6% of total 2025-2Q med spend
- On a Paid PMPM basis, State Actives are up 9.0% compared to prior year
- Total HDHP Plan Paid PMPM trend is +8.1%

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year (PEPY and PMPY)** have been annualized.

HCCs (High-cost Claimants) are based on patients with \$100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

Financial Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Average Enrollment										
Employees	8,917	34.5%	11,991	-2.7%	11,667	2	75.0%	4	0.0%	4
Spouses	1,687	26.3%	2,130	-8.2%	1,955	1	50.0%	1	-50.0%	1
Children	4,876	27.1%	6,195	-7.2%	5,746	3	31.3%	4	-76.2%	1
Tot. Members	15,480	31.2%	20,316	-4.7%	19,368	5	50.0%	8	-39.6%	5
Avg. Family Size	1.7	-2.4%	1.7	-2.0%	1.7	2.7	-14.3%	2.3	-39.6%	1.4
Financial Summary										
Allowed	\$30,586,113	44.9%	\$44,306,285	4.4%	\$46,239,027	\$8,995	28.9%	\$11,597	172.5%	\$31,600
Plan Paid	\$20,072,973	53.1%	\$30,735,820	4.0%	\$31,950,910	\$3,007	136.1%	\$7,099	221.8%	\$22,847
Member Paid (OOP)	\$8,868,606	37.1%	\$12,157,112	2.8%	\$12,493,598	\$5,988	-24.9%	\$4,498	94.6%	\$8,754
Paid PEPY	\$4,502	13.9%	\$5,127	6.8%	\$5,477	\$3,007	34.9%	\$4,057	221.8%	\$13,055
Paid PMPY	\$2,593	16.7%	\$3,026	9.0%	\$3,299	\$1,128	57.4%	\$1,775	432.7%	\$9,454
Paid PEPM	\$375	13.9%	\$427	6.8%	\$456	\$251	34.9%	\$338	221.8%	\$1,088
Paid PMPM	\$216	16.7%	\$252	9.0%	\$275	\$94	57.4%	\$148	432.7%	\$788
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	23	87.0%	43	0.0%	43	0	-	0	-	0
HCCs per 1000	1.5	42.4%	2.1	4.9%	2.2	0.0	-	0.0	-	0.0
Paid per HCC	\$271,649	-29.0%	\$192,960	4.8%	\$202,305	\$0	-	\$0	-	\$0
HCC Paid % of Tot	31.1%	-4.1	27.0%	0.2	27.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$911	-0.1%	\$910	6.1%	\$965	\$0	-	\$0	-	\$0
Outpatient	\$774	18.3%	\$915	15.9%	\$1,061	\$928	-125.4%	-\$236	-3115.2%	\$7,114
Physician	\$890	30.9%	\$1,166	6.0%	\$1,236	\$199	908.7%	\$2,011	16.4%	\$2,340
Ancillary	\$19	87.1%	\$35	8.4%	\$38	\$0	-	\$0	-	\$0

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-2Q	↔	2024-2Q	↔	2025-2Q	2023-2Q	↔	2024-2Q	↔	2025-2Q
Average Enrollment										
Employees	1,820	36.3%	2,480	-8.5%	2,268	249	32.0%	328	-10.6%	293
Spouses	484	31.3%	636	-9.9%	573	33	17.4%	38	-21.8%	30
Children	419	31.7%	552	-11.0%	491	10	35.5%	14	-14.3%	12
Tot. Members	2,723	34.7%	3,667	-9.1%	3,332	291	30.5%	380	-11.8%	335
Avg. Family Size	1.5	-1.2%	1.5	-0.7%	1.5	1.2	-1.1%	1.2	-1.4%	1.1
Financial Summary										
Allowed	\$8,887,596	67.3%	\$14,871,988	21.2%	\$18,031,202	\$2,526,952	-41.2%	\$1,484,781	189.2%	\$4,293,271
Plan Paid	\$4,422,214	98.2%	\$8,766,328	1.6%	\$8,907,759	\$817,563	59.5%	\$1,303,669	-37.8%	\$811,214
Member Paid (OOP)	\$2,283,879	58.1%	\$3,610,640	-6.7%	\$3,370,159	\$405,292	32.5%	\$536,881	3.8%	\$557,248
Paid PEPY	\$4,860	45.5%	\$7,071	11.1%	\$7,854	\$6,580	20.8%	\$7,949	-30.4%	\$5,531
Paid PMPY	\$3,248	47.2%	\$4,781	11.8%	\$5,347	\$5,613	22.2%	\$6,858	-29.4%	\$4,841
Paid PEPM	\$405	45.5%	\$589	11.1%	\$655	\$548	20.8%	\$662	-30.4%	\$461
Paid PMPM	\$271	47.2%	\$398	11.8%	\$446	\$468	22.2%	\$572	-29.4%	\$403
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	4	175.0%	11	36.4%	15	2	50.0%	3	-66.7%	1
HCCs per 1000	1.5	104.2%	3.0	50.1%	4.5	6.9	14.9%	7.9	-62.2%	3.0
Paid per HCC	\$186,409	-1.8%	\$183,081	2.4%	\$187,439	\$208,395	-34.9%	\$135,647	-24.4%	\$102,583
HCC Paid % of Tot	16.9%	6.1	23.0%	8.6	31.6%	51.0%	-19.8	31.2%	-18.6	12.6%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$748	77.1%	\$1,325	-13.3%	\$1,149	\$2,690	42.4%	\$3,830	-47.0%	\$2,031
Outpatient	\$1,134	32.9%	\$1,506	22.5%	\$1,845	\$1,679	-3.9%	\$1,614	-40.1%	\$967
Physician	\$1,348	40.1%	\$1,888	11.7%	\$2,110	\$1,206	9.8%	\$1,324	35.5%	\$1,793
Ancillary	\$19	224.3%	\$62	294.6%	\$243	\$37	142.6%	\$91	-45.9%	\$49

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023	↔	2024	↔	2025-2Q	2025-2Q	Variance
Average Enrollment							
Employees	13,625	8.5%	14,778	-3.7%	14,232		
Spouses	2,700	2.5%	2,766	-7.5%	2,558		
Children	6,501	2.9%	6,691	-6.6%	6,250		
Tot. Members	22,825	6.2%	24,235	-4.9%	23,040		
Avg. Family Size	1.7	-2.1%	1.6	-1.3%	1.6	1.9	-15.5%
Financial Summary							
Allowed	\$116,506,949	13.9%	\$132,731,482	-48.3%	\$68,595,101		
Plan Paid	\$77,185,029	21.9%	\$94,099,719	-55.7%	\$41,692,730		
Member Paid (OOP)	\$24,128,619	15.1%	\$27,764,440	-40.8%	\$16,429,759		
Paid PEPY	\$5,665	12.4%	\$6,368	-8.0%	\$5,859	\$10,830	-45.9%
Paid PMPY	\$3,382	14.8%	\$3,883	-6.8%	\$3,619	\$5,651	-36.0%
Paid PEPM	\$472	12.4%	\$531	-8.0%	\$488	\$903	-45.9%
Paid PMPM	\$282	14.8%	\$324	-6.8%	\$302	\$471	-36.0%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	108	37.0%	148	-60.1%	59		
HCCs per 1000	4.7	29.1%	6.1	-58.1%	2.6	3.0	-15.7%
Paid per HCC	\$244,463	-5.8%	\$230,303	-14.5%	\$196,836	\$208,900	-5.8%
HCC Paid % of Tot	34.2%	2.0	36.2%	-8.4	27.9%	24.8%	3.0
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$1,078	15.9%	\$1,249	-19.4%	\$1,007	\$1,464	-31.2%
Outpatient	\$1,037	9.6%	\$1,137	3.3%	\$1,174	\$1,635	-28.2%
Physician	\$1,227	17.4%	\$1,440	-4.8%	\$1,371	\$2,430	-43.6%
Ancillary	\$40	42.6%	\$57	19.5%	\$68	\$122	-44.7%

- Total plan paid amount for the first two quarters of 2023 was 43.4% of the full year
- Annualizing 2024 paid dollars using the same ratio would result in a total paid of \$96.1 M

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year (PEPY and PMPY)** have been annualized for the 2024 Plan Year.

HCCs (High-cost Claimants) are based on patients with \$100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

Financial Summary – Full Year Trend

Active Members



Measure	State Active					Non-State Active				
	2023	↔	2024	↔	2025-2Q	2023	↔	2024	↔	2025-2Q
Average Enrollment										
Employees	11,074	8.5%	12,013	-2.9%	11,667	3	43.3%	4	-2.3%	4
Spouses	2,069	1.8%	2,107	-7.2%	1,955	1	-30.0%	1	-14.3%	1
Children	5,963	2.8%	6,131	-6.3%	5,746	3	-27.5%	2	-65.5%	1
Tot. Members	19,106	6.0%	20,251	-4.4%	19,368	7	-1.3%	7	-26.6%	5
Avg. Family Size	1.7	-2.3%	1.7	-1.5%	1.7	2.7	-31.1%	1.8	-24.8%	1.4
Financial Summary										
Allowed	\$80,297,048	20.4%	\$96,646,156	-52.2%	\$46,239,027	\$41,591	97.5%	\$82,160	-61.5%	\$31,600
Plan Paid	\$57,989,947	25.6%	\$72,836,689	-56.1%	\$31,950,910	\$30,169	120.2%	\$66,431	-65.6%	\$22,847
Member Paid (OOP)	\$18,438,883	14.2%	\$21,061,579	-40.7%	\$12,493,598	\$11,556	36.1%	\$15,729	-44.3%	\$8,754
Paid PEPY	\$5,237	15.8%	\$6,063	-9.7%	\$5,477	\$12,067	53.6%	\$18,539	-29.6%	\$13,055
Paid PMPY	\$3,035	18.5%	\$3,597	-8.3%	\$3,299	\$4,525	123.0%	\$10,091	-6.3%	\$9,454
Paid PEPM	\$436	15.8%	\$505	-9.7%	\$456	\$1,006	53.6%	\$1,545	-29.6%	\$1,088
Paid PMPM	\$253	18.5%	\$300	-8.3%	\$275	\$377	123.0%	\$841	-6.3%	\$788
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	79	39.2%	110	-60.9%	43	0	-	0	-	0
HCCs per 1000	4.1	31.4%	5.4	-59.1%	2.2	0.0	-	0.0	-	0.0
Paid per HCC	\$245,944	-0.3%	\$245,319	-17.5%	\$202,305	\$0	-	\$0	-	\$0
HCC Paid % of Tot	33.5%	3.5	37.0%	-9.8	27.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$986	20.2%	\$1,184	-18.5%	\$965	\$0	-	\$0	-	\$0
Outpatient	\$934	10.6%	\$1,032	2.7%	\$1,061	\$2,412	139.6%	\$5,778	23.1%	\$7,114
Physician	\$1,082	22.8%	\$1,329	-7.0%	\$1,236	\$2,088	106.4%	\$4,310	-45.7%	\$2,340
Ancillary	\$34	50.0%	\$51	-26.7%	\$38	\$25	-88.6%	\$3	-100.0%	\$0

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023	↔	2024	↔	2025-2Q	2023	↔	2024	↔	2025-2Q
Average Enrollment										
Employees	2,248	8.7%	2,443	-7.1%	2,268	301	5.8%	318	-7.8%	293
Spouses	593	5.0%	623	-8.1%	573	37	-3.6%	36	-16.6%	30
Children	522	4.4%	544	-9.8%	491	13	7.2%	14	-11.7%	12
Tot. Members	3,363	7.4%	3,610	-7.7%	3,332	350	4.9%	367	-8.8%	335
Avg. Family Size	1.5	-1.2%	1.5	-0.6%	1.5	1.2	-0.9%	1.2	-1.1%	1.1
Financial Summary										
Allowed	\$28,074,335	11.0%	\$31,168,930	-42.2%	\$18,031,202	\$8,093,975	-40.3%	\$4,834,236	-11.2%	\$4,293,271
Plan Paid	\$16,518,779	15.5%	\$19,082,580	-53.3%	\$8,907,759	\$2,646,135	-20.1%	\$2,114,018	-61.6%	\$811,214
Member Paid (OOP)	\$4,884,749	18.5%	\$5,786,040	-41.8%	\$3,370,159	\$793,432	13.6%	\$901,093	-38.2%	\$557,248
Paid PEPY	\$7,349	6.3%	\$7,812	0.5%	\$7,854	\$8,803	-24.5%	\$6,648	-16.8%	\$5,531
Paid PMPY	\$4,913	7.6%	\$5,286	1.2%	\$5,347	\$7,553	-23.8%	\$5,755	-15.9%	\$4,841
Paid PEPM	\$612	6.3%	\$651	0.5%	\$655	\$734	-24.5%	\$554	-16.8%	\$461
Paid PMPM	\$409	7.6%	\$440	1.2%	\$446	\$629	-23.8%	\$480	-15.9%	\$403
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	24	54.2%	37	-59.5%	15	3	0.0%	3	-66.7%	1
HCCs per 1000	7.1	43.6%	10.2	-56.1%	4.5	8.6	-4.6%	8.2	-63.5%	3.0
Paid per HCC	\$226,331	-22.5%	\$175,418	6.9%	\$187,439	\$406,605	-56.8%	\$175,672	-41.6%	\$102,583
HCC Paid % of Tot	32.9%	1.1	34.0%	-2.4	31.6%	46.1%	-21.2	24.9%	-12.3	12.6%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,286	12.4%	\$1,445	-20.5%	\$1,149	\$4,124	-28.9%	\$2,932	-30.7%	\$2,031
Outpatient	\$1,544	10.4%	\$1,705	8.2%	\$1,845	\$1,802	-31.9%	\$1,227	-21.1%	\$967
Physician	\$2,027	1.6%	\$2,058	2.5%	\$2,110	\$1,448	0.9%	\$1,460	22.8%	\$1,793
Ancillary	\$56	38.9%	\$77	215.1%	\$243	\$180	-24.1%	\$136	-63.9%	\$49

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2024-2Q (7/1/2023 - 12/31/2023)				2025-2Q (7/1/2024 - 12/31/2024)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$9,242,482	\$1,502,069	\$927,639	\$11,672,190	\$9,344,087	\$1,283,635	\$630,472	\$11,258,193	-3.5%
Outpatient	\$9,298,627	\$2,389,934	\$371,606	\$12,060,167	\$10,271,254	\$2,546,964	\$526,743	\$13,344,962	10.7%
Physician	\$11,841,611	\$2,522,639	\$939,306	\$15,303,555	\$11,970,554	\$3,016,027	\$498,323	\$15,484,904	1.2%
Ancillary	\$353,101	\$86,413	\$26,722	\$466,237	\$365,015	\$91,971	\$313,624	\$770,611	65.3%
Total	\$30,735,820	\$6,501,055	\$2,265,273	\$39,502,149	\$31,950,910	\$6,938,597	\$1,969,162	\$40,858,669	3.4%
PMPM	\$252.14	\$388.59	\$429.67	\$274.51	\$274.95	\$467.36	\$382.76	\$299.99	9.3%
Non-State Members									
Inpatient	\$0	\$75,635	\$652,315	\$727,950	\$0	\$32,305	\$308,032	\$340,337	-53.2%
Outpatient	-\$944	\$152,304	\$154,551	\$305,911	\$17,192	\$86,742	\$75,390	\$179,325	-41.4%
Physician	\$8,043	\$107,214	\$144,367	\$259,624	\$5,654	\$69,850	\$230,656	\$306,161	17.9%
Ancillary	\$0	\$2,813	\$14,471	\$17,283	\$0	\$7,496	\$741	\$8,237	-52.3%
Total	\$7,099	\$337,966	\$965,703	\$1,310,768	\$22,847	\$196,394	\$614,820	\$834,060	-36.4%
PMPM	\$147.90	\$572.80	\$571.09	\$562.80	\$787.81	\$480.21	\$383.78	\$408.85	-27.4%
All Members									
Inpatient	\$9,242,482	\$1,577,704	\$1,579,954	\$12,400,140	\$9,344,087	\$1,315,940	\$938,504	\$11,598,531	-6.5%
Outpatient	\$9,297,683	\$2,542,238	\$526,157	\$12,366,077	\$10,288,447	\$2,633,706	\$602,133	\$13,524,286	9.4%
Physician	\$11,849,654	\$2,629,853	\$1,083,672	\$15,563,179	\$11,976,209	\$3,085,877	\$728,979	\$15,791,065	1.5%
Ancillary	\$353,101	\$89,226	\$41,193	\$483,520	\$365,015	\$99,468	\$314,365	\$778,848	61.1%
Total	\$30,742,920	\$6,839,021	\$3,230,976	\$40,812,916	\$31,973,757	\$7,134,991	\$2,583,982	\$41,692,730	2.2%
PMPM	\$252.10	\$394.86	\$464.01	\$279.10	\$275.08	\$467.70	\$383.00	\$301.60	8.1%

Medical Cost Distribution

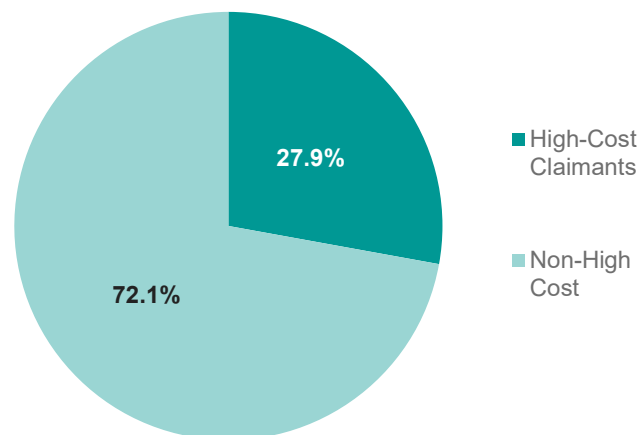
Distribution by Member Cost



Member Total Paid Range	2024-2Q (7/1/2023 - 12/31/2023)						2025-2Q (7/1/2024 - 12/31/2024)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	8,263	30.2%	\$0	0.0%	\$0	0.0%	7,929	30.4%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	6,082	22.2%	-\$437,913	-1.1%	\$2,047,978	12.6%	5,750	22.0%	-\$503,586	-1.2%	\$2,000,270	12.2%
> \$0 - \$2,500	10,941	39.9%	\$5,481,665	13.4%	\$7,182,611	44.0%	10,226	39.2%	\$5,211,852	12.5%	\$7,091,309	43.2%
> \$2,500 - \$5,000	796	2.9%	\$2,796,845	6.9%	\$1,917,848	11.8%	850	3.3%	\$3,006,654	7.2%	\$2,021,980	12.3%
> \$5,000 - \$10,000	615	2.2%	\$4,290,423	10.5%	\$1,865,087	11.4%	596	2.3%	\$4,189,387	10.0%	\$1,893,938	11.5%
> \$10,000 - \$25,000	395	1.4%	\$6,160,412	15.1%	\$1,750,913	10.7%	441	1.7%	\$6,787,755	16.3%	\$1,892,097	11.5%
> \$25,000 - \$50,000	156	0.6%	\$5,327,520	13.1%	\$761,616	4.7%	161	0.6%	\$5,573,072	13.4%	\$779,282	4.7%
> \$50,000 - \$100,000	90	0.3%	\$6,475,260	15.9%	\$474,103	2.9%	83	0.3%	\$5,814,297	13.9%	\$441,377	2.7%
> \$100,000	57	0.2%	\$10,718,704	26.3%	\$308,974	1.9%	59	0.2%	\$11,613,298	27.9%	\$309,506	1.9%
Total	27,395	100.0%	\$40,812,916	100.0%	\$16,309,131	100.0%	26,095	100.0%	\$41,692,730	100.0%	\$16,429,759	100.0%

* Unique Members are counted equally regardless of length of coverage. Note that because data is on a paid basis, member counts may also include those not active in the period.

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Health Status & Health Services	53	\$2,413,214	20.8%
2	Injury, Poisoning & External Causes	21	\$1,913,409	16.5%
3	Circulatory System	40	\$1,683,077	14.5%
4	Neoplasms	25	\$1,574,930	13.6%
5	Infectious & Parasitic Diseases	21	\$1,062,635	9.2%
6	Perinatal Originating Conditions	5	\$896,696	7.7%
7	Genitourinary System	24	\$435,052	3.7%
8	Digestive System	27	\$398,315	3.4%
9	Musculoskeletal System	23	\$348,357	3.0%
10	Endocrine, Nutritional & Metabolic	28	\$346,066	3.0%
...	All Others		\$541,548	4.7%
=	Total	59	\$11,613,298	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2025-2Q	Variance
Inpatient Admissions							
# of Admits	409	24.0%	507	-10.1%	456		
# of Admit Days	3,003	34.6%	4,041	-44.8%	2,231		
Paid per Admit	\$34,715	-11.1%	\$30,852	-18.9%	\$25,016	\$31,394	-20.3%
Paid per Admit Day	\$4,728	-18.1%	\$3,871	32.1%	\$5,113	\$6,014	-15.0%
Admits per 1000	44.2	-5.9%	41.6	-4.9%	39.6	48.0	-17.5%
Average LOS	7.3	8.6%	8.0	-38.6%	4.9	5.2	-6.3%
Emergency Room Visits							
# of ER Visits	1,818	30.1%	2,365	-3.3%	2,286		
~ % resulting in Admit	12.3%	1.1	13.4%	-1.6	11.7%	10.2%	1.5
ER Visits per Patient	1.3	4.5%	1.3	0.2%	1.3		
ER Visits per 1000	196.6	-1.3%	194.1	2.2%	198.4	222.5	-10.8%
Paid per ER Visit	\$1,841	20.6%	\$2,220	-1.2%	\$2,192	\$2,383	-8.0%
Urgent Care Visits							
# of UC Visits	3,445	9.4%	3,769	-5.4%	3,567		
UC Visits per Patient	1.3	3.0%	1.3	-0.1%	1.3		-
UC Visits per 1000	372.5	-17.0%	309.3	0.1%	309.6	260.9	18.7%
Paid per UC Visit	\$33	-5.5%	\$31	17.0%	\$36	\$117	-68.8%
Office Visits							
Off Visits per Patient	2.6	14.6%	3.0	4.8%	3.1		
Paid per Office Visit	\$29	23.0%	\$35	8.2%	\$38	\$97	-60.7%
Office Visits Paid PMPY	\$116	10.2%	\$128	12.2%	\$144	\$369	-61.1%
Services							
Radiology Svcs per 1000	3,915.6	-6.9%	3,646.0	9.3%	3,983.6	3,626.2	9.9%
Radiology Paid PMPY	\$216	7.4%	\$232	8.5%	\$252		
Lab Services per 1000	10,807.3	-12.9%	9,410.3	8.0%	10,163.1	9,516.9	6.8%
Labs Paid PMPY	\$131	11.9%	\$146	14.7%	\$168		

- *Inpatient Admission rate per 1000 decreased 4.9%, and amount paid per Admission is significantly (-18.9%) lower than prior period*
- *ER utilization increased 2.2%, but amount paid per ER visit is 1.2% lower than prior period*

Admissions and all other **Visits** are counted for utilization if the *initial Paid Date* for the first primary claim (facility claim for non-Office Visits) fell within the time period. For cost purposes, however, all visit costs paid within the time period are included.

Counts **per 1000** and amounts **PMPY** (per member per year) have been annualized.

Utilization Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Inpatient Admissions										
# of Admits	309	17.8%	364	-4.1%	349	0	-	0	-	0
# of Admit Days	2,390	24.6%	2,977	-42.8%	1,702	0	-	0	-	0
Paid per Admit	\$37,257	-16.0%	\$31,291	-15.0%	\$26,591	\$0	-	\$0	-	\$0
Paid per Admit Day	\$4,817	-20.6%	\$3,826	42.5%	\$5,452	\$0	-	\$0	-	\$0
Admits per 1000	39.9	-10.2%	35.8	0.6%	36.0	0.0	-	0.0	-	0.0
Average LOS	7.7	5.7%	8.2	-40.4%	4.9	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	1,451	28.5%	1,864	1.3%	1,889	1	-100.0%	0	-	1
~ % resulting in Admit	11.3%	0.4	11.7%	-1.0	10.7%	0.0%	0.0	0.0%	-	0.0%
ER Visits per Patient	1.2	4.8%	1.3	0.4%	1.3	1.0	-100.0%	0.0	-	1.0
ER Visits per 1000	187.5	-2.1%	183.5	6.3%	195.1	375.0	-100.0%	0.0	-	413.8
Paid per ER Visit	\$1,815	29.2%	\$2,344	-5.1%	\$2,224	\$2,476	-100.0%	\$0	-	\$18,276
Urgent Care Visits										
# of UC Visits	3,057	7.0%	3,271	-4.9%	3,112	2	0.0%	2	-100.0%	0
UC Visits per Patient	1.3	2.7%	1.3	0.3%	1.3	1.0	0.0%	1.0	-100.0%	0.0
UC Visits per 1000	395.0	-18.5%	322.0	-0.2%	321.4	750.0	-33.3%	500.0	-100.0%	0.0
Paid per UC Visit	\$33	-5.3%	\$31	14.1%	\$36	\$0	-	\$130	-100.0%	\$0
Office Visits										
Off Visits per Patient	2.5	13.3%	2.8	5.3%	3.0	3.7	-31.8%	2.5	-60.0%	1.0
Paid per Office Visit	\$29	25.7%	\$36	5.6%	\$38	\$12	970.9%	\$133	-33.8%	\$88
Office Visits Paid PMPY	\$107	12.9%	\$121	9.3%	\$132	\$51	549.0%	\$332	-78.1%	\$73
Services										
Radiology Svcs per 1000	3,431.8	-8.8%	3,128.6	11.1%	3,477.2	2,250.0	-22.2%	1,750.0	-5.4%	1,655.2
Radiology Paid PMPY	\$185	12.5%	\$208	1.0%	\$210	\$0	-	\$1,178	100.1%	\$2,358
Lab Services per 1000	10,084.9	-13.0%	8,770.5	7.8%	9,454.7	3,375.0	3.7%	3,500.0	-29.1%	2,482.8
Labs Paid PMPY	\$127	7.0%	\$136	17.8%	\$161	\$4	931.2%	\$39	1800.0%	\$743

Utilization Summary – YTD Trend

Retired Members



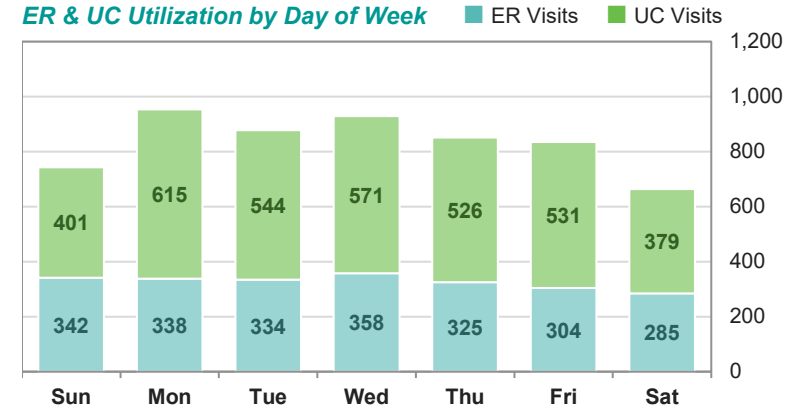
Measure	State Retirees					Non-State Retirees				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Inpatient Admissions										
# of Admits	77	42.9%	110	-21.8%	86	23	43.5%	33	-36.4%	21
# of Admit Days	370	129.2%	848	-50.8%	417	243	-11.1%	216	-48.1%	112
Paid per Admit	\$25,629	21.5%	\$31,133	-26.7%	\$22,834	\$30,978	-19.0%	\$25,079	-69.0%	\$7,786
Paid per Admit Day	\$5,334	-24.3%	\$4,039	16.6%	\$4,709	\$2,932	30.7%	\$3,831	-61.9%	\$1,460
Admits per 1000	56.6	6.1%	60.0	-14.0%	51.6	157.9	10.0%	173.6	-27.8%	125.3
Average LOS	4.8	60.4%	7.7	-37.1%	4.8	10.6	-38.0%	6.5	-18.5%	5.3
Emergency Room Visits										
# of ER Visits	307	35.8%	417	-20.4%	332	59	42.4%	84	-23.8%	64
~ % resulting in Admit	15.3%	2.4	17.7%	-0.3	17.5%	20.3%	8.2	28.6%	-16.1	12.5%
ER Visits per Patient	1.3	0.5%	1.4	3.0%	1.4	1.4	14.5%	1.6	-7.5%	1.5
ER Visits per 1000	225.5	0.8%	227.4	-12.4%	199.3	405.0	9.1%	441.9	-13.6%	381.9
Paid per ER Visit	\$1,944	1.0%	\$1,963	15.2%	\$2,262	\$1,936	-61.9%	\$737	-13.0%	\$641
Urgent Care Visits										
# of UC Visits	343	32.7%	455	-9.5%	412	43	-4.7%	41	4.9%	43
UC Visits per Patient	1.2	7.4%	1.3	-1.8%	1.3	1.7	-11.5%	1.5	-8.2%	1.3
UC Visits per 1000	252.0	-1.5%	248.2	-0.3%	247.3	295.2	-26.9%	215.7	19.0%	256.6
Paid per UC Visit	\$34	-7.0%	\$31	37.7%	\$43	\$20	-57.8%	\$9	158.2%	\$22
Office Visits										
Off Visits per Patient	2.9	18.0%	3.5	3.5%	3.6	4.0	31.3%	5.2	5.4%	5.5
Paid per Office Visit	\$30	14.1%	\$34	17.0%	\$40	\$16	10.9%	\$18	24.0%	\$22
Office Visits Paid PMPY	\$166	0.2%	\$166	24.7%	\$207	\$156	0.1%	\$156	29.5%	\$202
Services										
Radiology Svcs per 1000	5,897.2	-3.5%	5,688.0	7.7%	6,126.3	11,128.1	4.6%	11,642.3	2.9%	11,982.1
Radiology Paid PMPY	\$385	-6.2%	\$361	36.0%	\$491	\$297	-14.7%	\$253	-0.7%	\$252
Lab Services per 1000	13,554.5	-15.0%	11,520.6	16.8%	13,456.2	23,649.9	-1.2%	23,368.7	-20.9%	18,474.4
Labs Paid PMPY	\$151	34.6%	\$203	4.4%	\$212	\$125	12.5%	\$141	2.0%	\$143

On Demand Care Summary

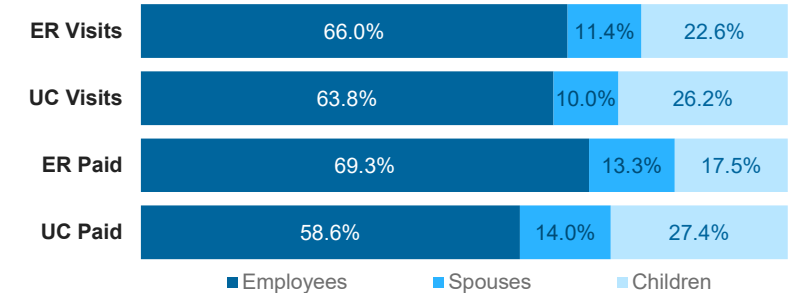
Emergency Room & Urgent Care



Measure	2024-2Q	2025-2Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	2,365	2,286	-3.3%		
# of Patients	1,795	1,732	-3.5%		
Total Plan Paid	\$5,249,929	\$5,012,000	-4.5%		
Total Mem Paid	\$2,887,333	\$2,942,238	1.9%		
Visits per 1000	194.1	198.4	2.2%	222.5	-10.8%
Paid per Visit	\$2,220	\$2,192	-1.2%	\$2,383	-8.0%
Paid PMPM	\$36	\$36	1.0%	\$44	-17.9%
% ER Patients w/ Office Visit*	91.1%	90.1%	-1.1		
% Potentially Avoidable**	14.2%	16.2%	2.1	83.1%	-66.9
Urgent Care					
# of Visits	3,769	3,567	-5.4%		
# of Patients	2,819	2,670	-5.3%		
Total Plan Paid	\$117,523	\$130,137	10.7%		
Total Mem Paid	\$524,515	\$507,903	-3.2%		
Visits per 1000	309.3	309.6	0.1%	260.9	18.7%
Paid per Visit	\$31	\$36	17.0%	\$117	-68.8%
Paid PMPM	\$1	\$1	17.1%	\$3	-62.9%



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	1,508	2,275	3,783	\$3,472,336	\$76,251	\$3,548,587
Spouse	261	358	619	\$664,873	\$18,250	\$683,123
Child	517	934	1,451	\$874,791	\$35,636	\$910,427
Total	2,286	3,567	5,853	\$5,012,000	\$130,137	\$5,142,137

* Office Visit within prior 12 months..

** ER Visits are categorized as potentially avoidable based on primary and secondary diagnosis and do not necessarily indicate misuse of the ER for the patient's specific circumstances.

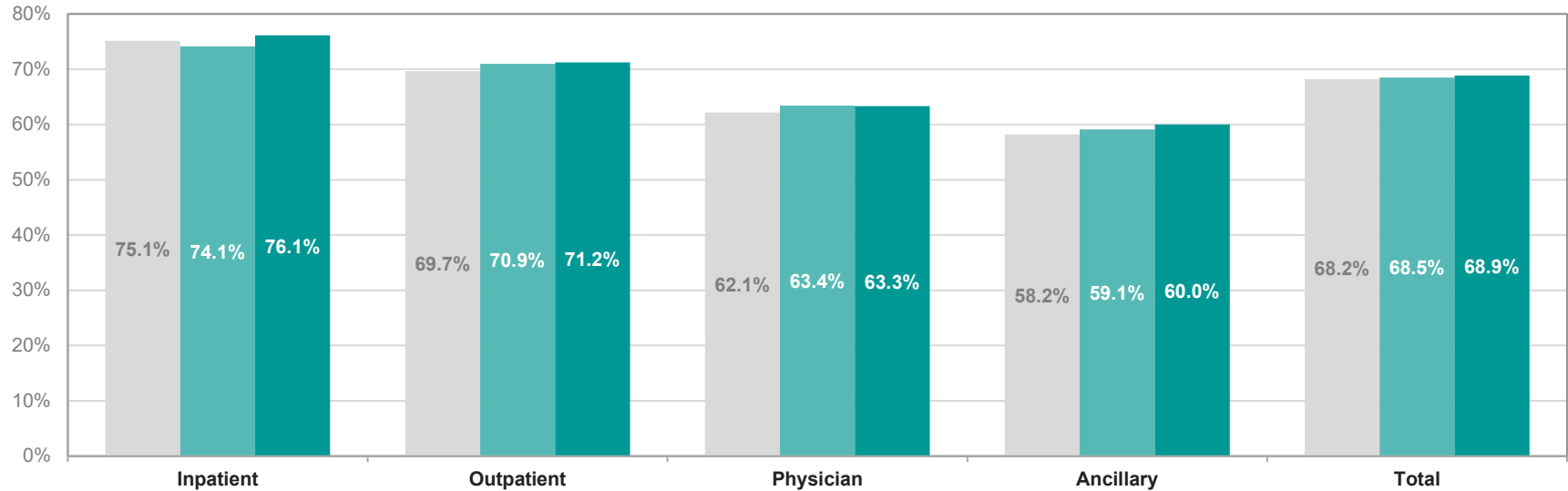
Network Summary

Discount Percentage & Network Utilization

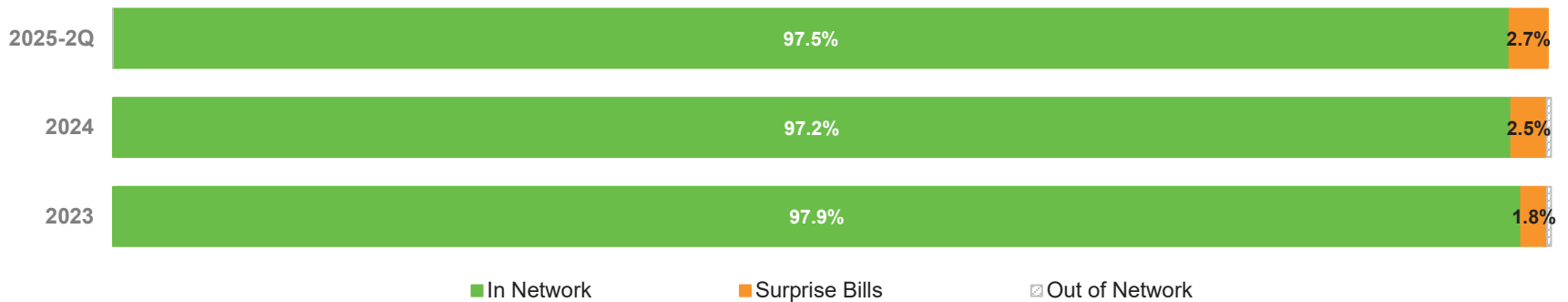


Discount Percentage* by Claim Type

Plan Year: 2023 2024 2025-2Q



Network Utilization*



* Network Discounts and Utilization exclude COB Claims, and Network Discounts additionally exclude Surprise Bills.

Clinical Classification Summary

Breakout by Diagnostic Chapter



Diagnostic Chapter	2024 (Full Year)		2025-2Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	14,301	\$11,677,955	9,490	\$6,648,446	\$4,980,324	\$751,309	\$916,813	\$2,369,646	\$4,278,800
Circulatory System	4,299	\$10,388,505	2,901	\$4,524,897	\$3,084,197	\$706,316	\$734,384	\$2,581,144	\$1,943,753
Musculoskeletal System	6,363	\$8,891,851	4,347	\$4,318,455	\$3,205,187	\$802,056	\$311,212	\$1,783,562	\$2,534,893
Injury, Poisoning & External Causes	3,089	\$6,988,732	1,734	\$4,197,599	\$3,185,372	\$260,010	\$752,217	\$2,951,151	\$1,246,448
Neoplasms	3,094	\$9,469,226	2,030	\$3,454,813	\$2,813,119	\$624,554	\$17,141	\$1,586,613	\$1,868,200
Digestive System	2,673	\$7,363,331	1,750	\$2,502,542	\$2,023,887	\$324,386	\$154,269	\$1,409,104	\$1,093,437
Symptoms, Signs & Findings, NEC	8,898	\$4,971,465	5,692	\$2,191,559	\$1,618,771	\$282,111	\$290,677	\$872,226	\$1,319,333
Genitourinary System	4,239	\$4,643,464	2,643	\$2,106,634	\$1,747,301	\$207,994	\$151,338	\$829,977	\$1,276,657
Nervous System	2,989	\$4,637,075	2,013	\$1,680,760	\$1,088,724	\$283,246	\$308,790	\$518,817	\$1,161,943
Endocrine, Nutritional & Metabolic	6,419	\$3,708,461	4,501	\$1,637,848	\$1,353,569	\$218,375	\$65,904	\$822,991	\$814,857
Infectious & Parasitic Diseases	1,853	\$2,544,375	969	\$1,569,549	\$1,275,915	\$165,159	\$128,475	\$980,445	\$589,104
Mental, Behavioral & Neurodevelopmental	3,269	\$4,218,922	2,397	\$1,548,138	\$546,939	\$80,258	\$920,941	\$754,537	\$793,601
Perinatal Originating Conditions	213	\$2,826,203	114	\$1,216,260	\$153	\$0	\$1,216,107	\$819,703	\$396,558
Respiratory System	5,447	\$3,963,399	2,793	\$1,165,039	\$617,520	\$237,714	\$309,806	\$531,087	\$633,952
Pregnancy, Childbirth & the Puerperium	418	\$2,643,975	278	\$1,110,703	\$775,550	\$235,814	\$99,339	\$3,943	\$1,106,760
Skin & Subcutaneous Tissue	4,799	\$1,211,542	3,058	\$596,468	\$506,231	\$65,091	\$25,147	\$215,892	\$380,576
Eye and Adnexa	4,994	\$1,059,135	2,438	\$360,507	\$294,216	\$46,252	\$20,040	\$149,269	\$211,239
Blood & Immune Disorders	932	\$1,640,703	574	\$360,034	\$303,196	\$31,176	\$25,661	\$144,206	\$215,828
Ear and Mastoid Process	1,692	\$574,395	873	\$284,849	\$207,589	\$43,007	\$34,252	\$183,888	\$100,960
Congenital Malformations & Abnormalities	260	\$676,174	138	\$172,014	\$60,444	\$4,867	\$106,702	\$73,199	\$98,814
External Causes of Morbidity	6	\$832	0	\$0	\$0	\$0	\$0	\$0	\$0
Total	22,265	\$94,099,719	17,551	\$41,692,730	\$29,724,383	\$5,372,363	\$6,595,984	\$19,612,490	\$22,080,240

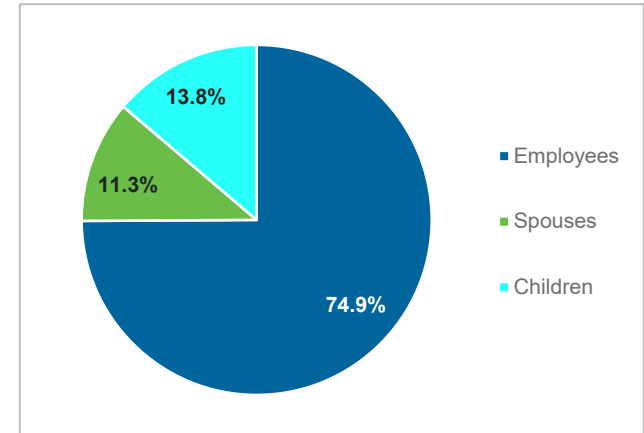
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

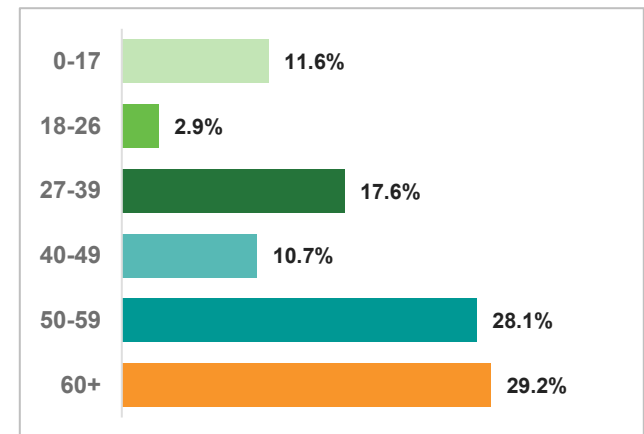


#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	52	365	\$2,910,856	43.8%
2	Neoplasm-related encounters	2,458	4,024	\$1,136,799	17.1%
3	Medical examination/evaluation	6,127	9,253	\$987,818	14.9%
4	Exposure, enc, screen or contact w infectious dz	2,803	3,643	\$621,550	9.3%
5	Contraceptive & procreative management	389	587	\$243,333	3.7%
6	Other aftercare encounter	329	596	\$194,348	2.9%
7	Implant, device or graft related encounter	236	547	\$158,952	2.4%
8	Personal/family history of disease	415	615	\$115,792	1.7%
9	Other specified status	527	865	\$56,288	0.8%
10	Organ transplant status	30	102	\$52,362	0.8%
11	Other specified encounters & counseling	203	636	\$44,961	0.7%
12	Encount for obs & exam for conds ruled out	861	1,033	\$38,065	0.6%
13	Encounter for prophylactic or oth procedures	25	26	\$31,904	0.5%
14	Enc for prophylactic measures (ex immuniz)	41	64	\$17,631	0.3%
15	Acquired absence of limb or organ	25	46	\$14,291	0.2%
16	Lifestyle/life management factors	32	62	\$10,288	0.2%
17	Encounter for mental health conditions	626	687	\$5,361	0.1%
18	Encounter for administrative purposes	17	19	\$3,375	0.1%
19	No immunization or underimmunization	10	10	\$1,482	0.0%
20	Counseling rel to sexual behavior or orientation	7	11	\$990	0.0%
...	All Others	43	63	\$2,001	0.0%
=	Total	9,490	24,417	\$6,648,446	100.0%

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



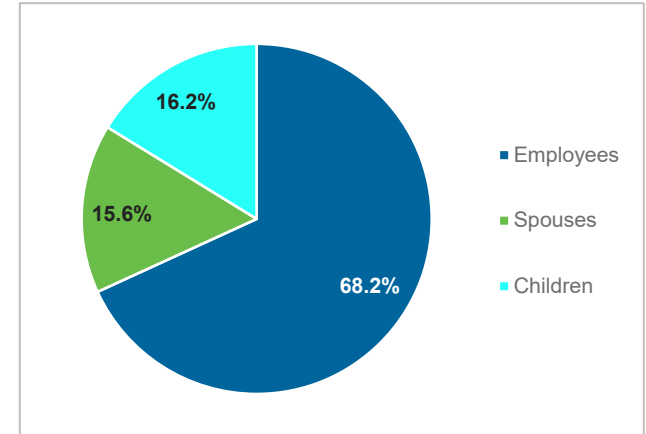
Circulatory System

Breakout by Diagnostic Grouping & Demographics

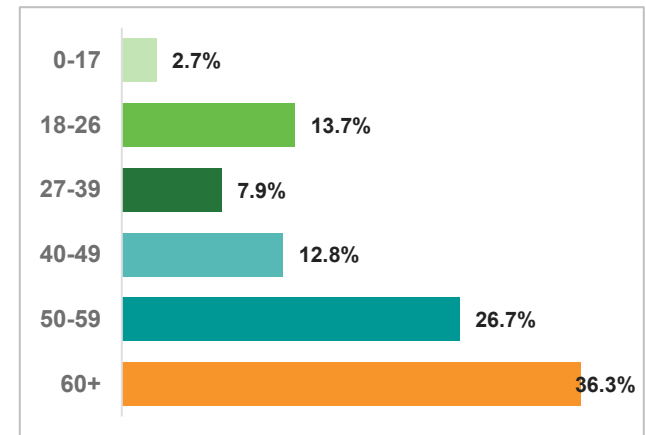


#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Coronary atherosclerosis & oth heart disease	434	972	\$1,008,845	22.3%
2	Cardiac dysrhythmias	399	1,209	\$687,004	15.2%
3	Other circulatory	121	200	\$612,812	13.5%
4	Nonspecific chest pain	635	1,299	\$594,404	13.1%
5	Cerebrovascular disease	129	364	\$499,335	11.0%
6	Myocardial infarction	29	135	\$296,837	6.6%
7	Vascular disease	206	469	\$226,733	5.0%
8	Hypertension	1,674	3,050	\$212,692	4.7%
9	Heart failure	103	285	\$191,275	4.2%
10	Acute pulmonary embolism, DVT	64	198	\$147,405	3.3%
11	Nonrheumatic & unspecified valve disorders	130	217	\$23,830	0.5%
12	Myocarditis & cardiomyopathy	30	63	\$23,724	0.5%
=	Total	2,901	9,650	\$4,524,897	100.0%

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



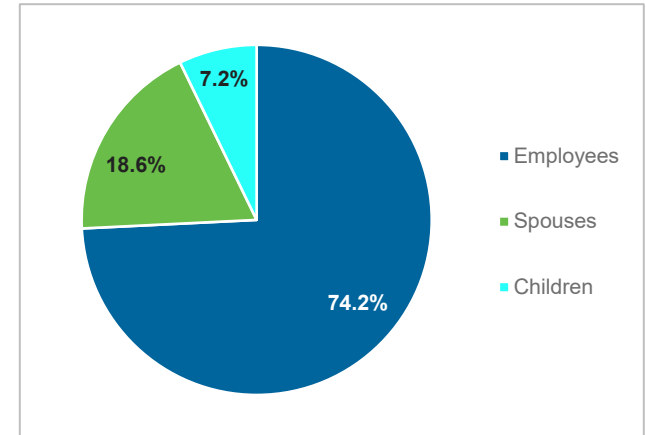
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

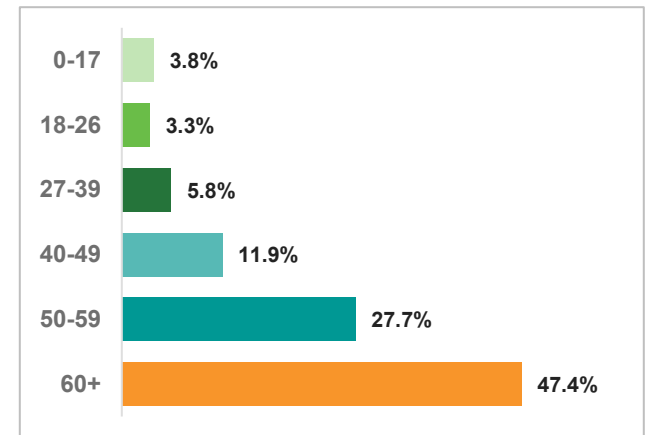


#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	1,191	4,672	\$1,594,324	36.9%
2	Osteoarthritis & osteoporosis	688	1,797	\$976,508	22.6%
3	Other musculoskeletal pain	2,189	7,115	\$442,729	10.3%
4	Tendon, tissue, muscle disorders	892	2,352	\$368,421	8.5%
5	Scoliosis & oth deformities	352	640	\$313,960	7.3%
6	Joint disorders & fractures	275	575	\$203,728	4.7%
7	Low back pain	573	1,817	\$153,571	3.6%
8	Other MSK	80	209	\$147,651	3.4%
9	Rheumatoid arthritis & related disease	114	354	\$74,512	1.7%
10	Lupus	74	218	\$18,938	0.4%
11	Biomechanical lesions	370	1,474	\$16,925	0.4%
12	Gout & crystal arthropathies	85	142	\$7,188	0.2%
=	Total	4,347	23,032	\$4,318,455	100.0%

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping



Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-2Q		2025-2Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Neurodevelopmental disorders	440	\$812,021	502	\$1,242,281	365	\$619,580	\$0	\$44,311	\$575,269	\$0
Depressive disorders	850	\$890,095	1,005	\$728,698	676	\$268,333	\$73,893	\$29,072	\$163,410	\$1,958
Alcohol-related disorders	109	\$462,127	124	\$806,533	78	\$193,413	\$124,660	\$24,648	\$43,301	\$803
Trauma & stressor disorders	617	\$182,525	760	\$288,426	558	\$141,203	\$0	\$25,330	\$115,873	\$0
Anxiety & related Disorders	1,099	\$265,201	1,199	\$362,534	832	\$139,080	\$9,232	\$27,181	\$102,667	\$0
Suicidal ideation, attempt or self-harm	50	\$204,626	51	\$205,797	27	\$47,610	\$0	\$43,708	\$3,901	\$0
Bipolar & related Disorders	133	\$160,245	172	\$99,260	124	\$40,752	\$17,198	\$1,138	\$22,416	\$0
Other mental health	254	\$144,260	261	\$122,179	187	\$35,307	\$2,411	\$4,567	\$23,888	\$4,440
Schizophrenia spectrum disorders	45	\$164,022	48	\$121,142	26	\$22,659	\$10,966	\$5,051	\$6,607	\$35
Cannabis-related disorders	25	\$7,995	24	\$15,571	18	\$9,527	\$0	\$7,731	\$1,796	\$0
Other substance use	72	\$7,648	105	\$12,324	62	\$9,053	\$5,337	\$0	\$2,050	\$1,666
Obsessive compulsive disorders	57	\$38,034	54	\$72,146	47	\$8,155	\$0	\$0	\$8,155	\$0
Eating disorders	24	\$110,628	30	\$83,704	14	\$5,721	\$0	\$0	\$5,721	\$0
Opioid disorders	31	\$43,726	34	\$37,172	23	\$5,548	\$0	\$0	\$5,548	\$0
Stimulant disorders	8	\$29,616	7	\$21,155	8	\$2,196	\$0	\$905	\$1,291	\$0
Total	2,916	\$3,522,768	3,269	\$4,218,922	2,397	\$1,548,138	\$243,696	\$213,642	\$1,081,897	\$8,903

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions



Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	Change vs LY	# of Mems	Mems per 1000	Change vs LY	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	46	1.9	17.9%	29	1.2	20.8%	\$7,716	173.9	500.0
Asthma	610	25.6	-9.0%	248	10.4	-3.9%	\$6,347	59.0	249.2
Atrial Fibrillation	213	8.9	-9.7%	160	6.7	7.4%	\$39,574	309.9	727.7
Blood Disorders	927	38.9	1.1%	395	16.6	-5.5%	\$17,719	170.4	321.5
CAD	391	16.4	-3.0%	212	8.9	4.4%	\$18,553	150.9	337.6
COPD	114	4.8	9.6%	67	2.8	1.5%	\$19,612	350.9	640.4
Cancer	1,811	76.0	0.4%	928	38.9	-0.5%	\$14,993	98.8	181.1
Chronic Pain	117	4.9	-27.3%	53	2.2	-23.2%	\$70,022	735.0	786.3
CHF	85	3.6	7.6%	45	1.9	0.0%	\$44,171	658.8	1,000.0
Demyelinating Diseases	61	2.6	-18.7%	44	1.8	-22.8%	\$28,166	147.5	377.0
Depression	968	40.6	3.5%	607	25.5	3.4%	\$8,421	104.3	321.3
Diabetes	1,481	62.1	-2.1%	1,009	42.3	-5.3%	\$11,822	88.5	245.8
ESRD	117	4.9	19.4%	92	3.9	10.8%	\$70,253	1,102.6	1,521.4
Eating Disorders	24	1.0	-20.0%	14	0.6	0.0%	\$22,734	333.3	750.0
HIV/AIDS	40	1.7	-4.8%	30	1.3	-16.7%	\$12,525	50.0	300.0
Hyperlipidemia	793	33.3	-5.8%	273	11.4	-8.7%	\$3,106	10.1	66.8
Hypertension	2,432	102.0	-2.3%	1,191	50.0	1.3%	\$8,193	77.3	222.9
Immune Disorders	55	2.3	-19.1%	22	0.9	-4.3%	\$35,941	218.2	618.2
IBD	57	2.4	-6.6%	14	0.6	27.3%	\$2,421	17.5	140.4
Liver Disease	4	0.2	-50.0%	4	0.2	-20.0%	\$147,659	3,500.0	3,750.0
Morbid Obesity	247	10.4	19.9%	117	4.9	28.6%	\$6,923	85.0	226.7
Osteoarthritis	868	36.4	-5.9%	398	16.7	1.5%	\$9,341	55.3	145.2
Peripheral Vascular Disease	126	5.3	-2.3%	40	1.7	8.1%	\$16,911	174.6	277.8
Rheumatoid Arthritis	117	4.9	-6.4%	85	3.6	-6.6%	\$10,133	51.3	273.5

- Most prevalent chronic condition is Hypertension, with 2,432 members
- Hypertension is also the condition with the most moderate/high risk members (1,191)
- Members with mod/high risk Cancer have the highest combined cost: 928 members totaling \$13.9M

Date Range: Service Dates 10/1/2023 - 9/30/2024, Paid through 12/31/2024

With Condition members are identified by having any covered claim with a diagnosis for the condition in Dx position 1.

Moderate/High-Risk Condition members had either multiple provider visits for the condition (based on Dx position 1) during the date range or at least one ER Visit or Admission for the condition in the range.

Cost & Utilization for All Members:

- **Allowed PMPY:** \$5,452
- **Admits per 1000:** 42.4
- **ER Visits per 1000:** 187.0

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	Oct 2022 - Sep 2023			Oct 2023 - Sep 2024			Rate Change	UMR Norm	
		Eligible	Actual	Rate	Eligible	Actual	Rate		Rate	Variance
Well Visits		<i>Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.</i>								
Well Baby Visit	0 - 15 months	178.2	956	5,366.0	139.0	798	5,740.1	7.0%	5,308.6	8.1%
Well Child Visit	3 - 6 years	891.2	626	702.4	753.1	572	759.5	8.1%	792.3	-4.1%
Adults w/ Well Visit	Adults 18+	21,794	7,819	35.9%	19,724	7,239	36.7%	0.8	41.2%	-4.5
Screenings		<i>Rate for all screenings is the percentage of eligible population who had the screening during the period.</i>								
Mammogram	Females 40 - 69	6,823	2,846	41.7%	6,140	2,633	42.9%	1.2	47.9%	-5.1
Cervical Cancer	Females 21 - 64	9,951	2,513	25.3%	8,849	2,178	24.6%	-0.6	24.1%	0.5
Prostate Cancer	Males 50 - 70	4,170	1,593	38.2%	3,796	1,561	41.1%	2.9	42.5%	-1.4
Colorectal Cancer	Members 45 - 75	11,272	1,641	14.6%	10,207	1,587	15.5%	1.0	17.4%	-1.8
Cholesterol	Female 45+ Male 35+	13,473	6,213	46.1%	12,293	5,859	47.7%	1.5	48.6%	-0.9
Condition-specific Screening										
Asthma	Office Visit for Asthma	670	526	78.5%	610	498	81.6%	3.1		
COPD	Spirometry Test	104	13	12.5%	114	20	17.5%	5.0		
Type 2 Diabetes	A1c Test	1,424	1,192	83.7%	1,402	1,200	85.6%	1.9	86.2%	-0.6
	Eye Exam	1,424	358	25.1%	1,402	367	26.2%	1.0	25.7%	0.5
	Lipid Panel	1,424	1,062	74.6%	1,402	1,058	75.5%	0.9	73.2%	2.3
	Urine Protein Test	1,424	887	62.3%	1,402	883	63.0%	0.7	64.2%	-1.2
	Any Diabetes Screen	1,424	1,314	92.3%	1,402	1,308	93.3%	1.0	93.8%	-0.5
Hyperlipidemia	Lipid Profile	842	447	53.1%	793	411	51.8%	-1.3		
Hypertension	Creatinine Test	2,490	481	19.3%	2,432	467	19.2%	-0.1		
	Lipid Profile	2,490	653	26.2%	2,432	595	24.5%	-1.8		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 10/1/2023 - 9/30/2024, Paid through 12/31/2024

Note: Preventive Services do not include those performed at onsite clinics or ones for which no claim was submitted to UMR.

**Public Employees' Benefits Program - RX Costs
PY 2024 - Through Quarter Ending December 31, 2023**

Express Scripts

Membership Summary		1Q-2Q FY2025 CDHP	1Q-2Q FY2024 CDHP	Difference	% Change
Member Count (Membership)	22,923	24,297		(1,374)	-5.7%
Utilizing Member Count (Patients)	13,847	14,819		(972)	-6.6%
Percent Utilizing (Utilization)	60.4%	61.0%		(0.01)	-1.0%
Claim Summary				Claims Summary	
Net Claims (Total Rx's)	167,463	170,990		(3,527)	-2.1%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.17		0.05	4.3%
Total Claims for Generic (Generic Rx)	145,400	147,083		(1,683.00)	-1.1%
Total Claims for Brand (Brand Rx)	22,063	23,907		(1,844.00)	-7.7%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	291	754		(463.00)	-61.4%
Total Non-Specialty Claims	165,441	169,049		(3,608.00)	-2.1%
Total Specialty Claims	2,022	1,941		81.00	4.2%
Generic % of Total Claims (GFR)	86.8%	86.0%		0.01	0.9%
Generic Effective Rate (GCR)	99.8%	99.5%		0.00	0.3%
Mail Order Claims	42,791	46,573		(3,782.00)	-8.1%
Mail Penetration Rate*	29.2%	31.4%		(0.02)	-2.2%
Claims Cost Summary				Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$22,458,284	\$21,492,348		\$965,936.00	4.5%
Total Generic Gross Cost	\$2,251,760	\$2,170,769		\$80,991.00	3.7%
Total Brand Gross Cost	\$20,206,524	\$19,321,579		\$884,945.00	4.6%
Total MSB Gross Cost	\$182,276	\$322,777		(\$140,501.00)	-43.5%
Total Ingredient Cost	\$21,681,872	\$20,692,082		\$989,790.00	4.8%
Total Dispensing Fee	\$763,476	\$786,385		(\$22,909.00)	-2.9%
Total Other (e.g. tax)	\$12,937	\$13,880		(\$943.00)	-6.8%
Avg Total Cost per Claim (Gross Cost/Rx)	\$134.11	\$125.69		\$8.42	6.7%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$15.49	\$14.76		\$0.73	4.9%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$915.86	\$808.20		\$107.66	13.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$626.38	\$428.09		\$198.29	46.3%
Member Cost Summary				Member Cost Summary	
Total Member Cost	\$5,116,449	\$4,776,329		\$340,120.00	7.1%
Total Copay	\$3,717,578	\$3,630,113		\$87,465.00	2.4%
Total Deductible	\$1,398,872	\$1,146,216		\$252,656.00	22.0%
Avg Copay per Claim (Copay/Rx)	\$22.20	\$21.23		\$0.97	4.6%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$30.55	\$27.93		\$2.62	9.4%
Avg Copay for Generic (Copay/Generic Rx)	\$7.72	\$7.17		\$0.55	7.7%
Avg Copay for Brand (Copay/Brand Rx)	\$180.99	\$155.67		\$25.32	16.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$285.16	\$98.33		\$186.83	190.0%
Net PMPM (Participant Cost PMPM)	\$37.20	\$32.76		\$4.44	13.5%
Copay % of Total Prescription Cost (Member Cost Share %)	22.8%	22.2%		0.6%	2.5%
Plan Cost Summary				Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$17,341,835	\$16,716,019		\$625,816.00	3.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,059,361	\$6,877,440		\$181,921.00	2.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,282,474	\$9,838,579		\$443,895.00	4.5%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$103.56	\$97.76		\$5.80	5.9%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$7.76	\$7.59		\$0.17	2.2%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$734.86	\$652.53		\$82.33	12.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$341.21	\$329.76		\$11.45	3.5%
Net PMPM (Plan Cost PMPM)	\$126.09	\$114.66		\$11.42	10.0%
PMPM without Specialty (Non-Specialty PMPM)	\$51.33	\$47.18		\$4.15	8.8%
PMPM for Specialty Only (Specialty PMPM)	\$74.76	\$67.49		\$7.27	10.8%
Specialty % of Plan Cost	59.3%	58.9%		\$0.00	0.7%
Rebates Received (Q1-Q2 FY2024 actual)	\$9,563,987	\$8,622,319		\$941,667.51	10.9%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$56.55	\$55.52		\$1.03	1.9%
PMPM without Specialty (Non-Specialty PMPM)	\$25.29	\$27.76		(\$2.47)	-8.9%
PMPM for Specialty Only (Specialty PMPM)	\$46.60	\$45.63		\$0.97	2.1%

Appendix B

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PEEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review Low Ded Plan • 2025-2Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2025 Plan Year (Current)

2025-2Q. 1st two Quarters: Claims Paid 7/1/2024 - 12/31/2024

➤ 2024 Plan Year

2024-2Q. 1st two Quarters: Claims Paid 7/1/2023 - 12/31/2023

2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

➤ 2023 Plan Year

2023-2Q. 1st two Quarters: Claims Paid 7/1/2022 - 12/31/2022

2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

Group Data

- Data reported is for the Low Ded Plan only:
- Contract = 7670-07-414946 or 7670-11-414946
- Except where indicated, Report is for Medical data only excluding claim expenses

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPortSM
- Composition: 4,609 groups with approximately 6.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 12/31/2024

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* Additional date ranges for specific figures are defined on the page if applicable



Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +5.9%
- High-Cost Claimants Paid PMPM trend: -12.9%; Non HCCs trend: +12.9%
- Top Paid Diagnostic Chapters: Health Status & Services (+8.0% Paid PMPM), Musculoskeletal (+0.6%), Neoplasms (Cancer) (+36.4%)



Membership & Demographics

- Total membership is 19.9% higher than prior period
- Employees increased 20.7%, while Dependents were up 19.0%
- 86.9% of members had < \$2,500 medical paid, with 24.3% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$24,834, which is 5.6% higher than 2024-2Q
- Paid per ER Visit was \$3,059, which is 6.2% higher than 2024-2Q



Network Utilization & Savings

- 97.9% of all Medical spend dollars were to In Network providers
- The average In Network discount was 66.4%, which is 1.2 pts above the 2024 average discount of 65.2%

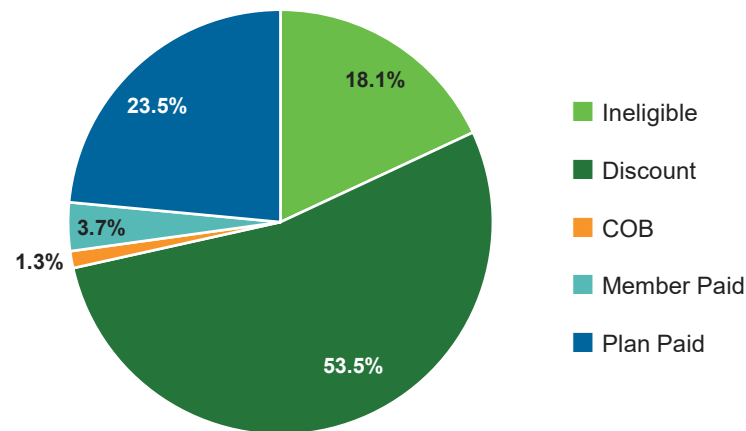
Medical Total Savings Summary



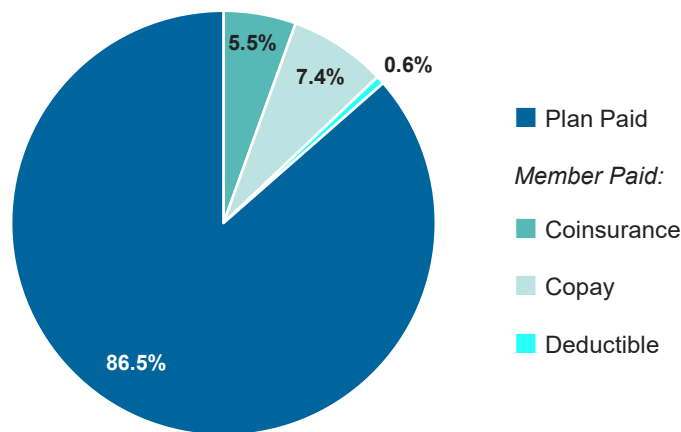
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-2Q Total Dollars	2025-2Q PMPM*	2024 PMPM*	Trend
Medical Billed	\$227,919,662	\$1,647	\$1,519	8.5%
(-) Ineligible	\$41,156,228	\$297	\$303	-1.7%
Medical Covered	\$186,763,434	\$1,350	\$1,216	11.0%
(-) Discount	\$121,788,256	\$880	\$780	12.8%
Medical Allowed	\$64,975,178	\$470	\$436	7.8%
(-) COB	\$2,932,172	\$21	\$11	95.0%
(-) Coinsurance	\$3,421,344	\$25	\$23	8.7%
(-) Copay	\$4,583,882	\$33	\$32	4.0%
(-) Deductible	\$385,332	\$3	\$2	24.0%
Total Member Paid	\$8,390,558	\$61	\$57	6.6%
Total Plan Paid	\$53,557,219	\$387	\$363	6.7%

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



* PMPM (per member per month): Amount per the average total membership (both primary subscribers and dependents) per month.

Medical & Rx Paid Claims by Age Range



Age	2024-2Q (7/1/2023 - 12/31/2023)						2025-2Q (7/1/2024 - 12/31/2024)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	\$2,216,505	\$1,960	\$2,907	\$3	\$2,219,412	\$1,963	\$2,252,886	\$1,595	\$14,313	\$10	\$2,267,199	\$1,605	2.2%	-18.2%
1	\$225,970	\$196	\$2,313	\$2	\$228,283	\$198	\$415,513	\$271	\$4,853	\$3	\$420,366	\$274	84.1%	38.6%
2 - 4	\$525,919	\$131	\$20,122	\$5	\$546,041	\$136	\$763,744	\$153	\$49,850	\$10	\$813,593	\$163	49.0%	19.4%
5 - 9	\$962,319	\$129	\$261,980	\$35	\$1,224,299	\$164	\$1,186,523	\$127	\$513,071	\$55	\$1,699,594	\$182	38.8%	10.9%
10 - 14	\$1,115,152	\$137	\$242,136	\$30	\$1,357,288	\$167	\$1,404,176	\$144	\$198,095	\$20	\$1,602,271	\$164	18.0%	-2.0%
15 - 19	\$1,442,862	\$153	\$353,431	\$38	\$1,796,293	\$191	\$2,684,305	\$234	\$684,322	\$60	\$3,368,627	\$294	87.5%	53.9%
20 - 24	\$1,964,430	\$220	\$407,909	\$46	\$2,372,340	\$265	\$2,058,615	\$187	\$821,977	\$75	\$2,880,592	\$262	21.4%	-1.3%
25 - 29	\$1,863,531	\$250	\$855,092	\$115	\$2,718,623	\$364	\$2,859,759	\$300	\$1,277,441	\$134	\$4,137,200	\$433	52.2%	19.0%
30 - 34	\$2,298,603	\$263	\$1,852,510	\$212	\$4,151,113	\$474	\$3,624,439	\$330	\$1,653,641	\$150	\$5,278,079	\$480	27.1%	1.2%
35 - 39	\$2,808,835	\$293	\$1,257,440	\$131	\$4,066,275	\$425	\$4,799,667	\$397	\$2,026,782	\$168	\$6,826,450	\$565	67.9%	33.1%
40 - 44	\$3,043,231	\$318	\$1,486,209	\$155	\$4,529,440	\$474	\$4,869,305	\$413	\$2,236,795	\$190	\$7,106,100	\$602	56.9%	27.2%
45 - 49	\$2,808,143	\$338	\$1,659,391	\$200	\$4,467,534	\$539	\$4,334,818	\$416	\$2,329,444	\$223	\$6,664,262	\$639	49.2%	18.7%
50 - 54	\$3,587,301	\$383	\$2,233,991	\$239	\$5,821,293	\$622	\$4,867,425	\$432	\$2,989,700	\$266	\$7,857,125	\$698	35.0%	12.2%
55 - 59	\$4,132,559	\$498	\$2,344,762	\$283	\$6,477,321	\$781	\$6,221,772	\$607	\$3,205,078	\$313	\$9,426,849	\$920	45.5%	17.8%
60 - 64	\$4,308,003	\$603	\$2,338,412	\$327	\$6,646,414	\$930	\$7,391,748	\$834	\$3,178,994	\$359	\$10,570,742	\$1,193	59.0%	28.3%
65+	\$1,773,176	\$618	\$769,449	\$268	\$2,542,625	\$887	\$3,822,524	\$1,058	\$1,541,696	\$427	\$5,364,219	\$1,485	111.0%	67.4%
Total	\$35,076,538	\$314	\$16,088,055	\$144	\$51,164,593	\$459	\$53,557,219	\$387	\$22,726,051	\$164	\$76,283,270	\$551	49.1%	20.2%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2025-2Q	Variance
Average Enrollment							
Employees	4,809	99.9%	9,613	25.6%	12,075		
Spouses	1,220	95.2%	2,382	19.8%	2,852		
Children	3,386	94.8%	6,596	23.3%	8,133		
Tot. Members	9,415	97.5%	18,591	24.0%	23,060		
Avg. Family Size	2.0	-1.2%	1.9	-1.2%	1.9	1.9	-0.4%
Financial Summary							
Allowed	\$20,400,428	113.0%	\$43,458,944	49.5%	\$64,975,178		
Plan Paid	\$16,773,687	109.1%	\$35,076,538	52.7%	\$53,557,219		
Member Paid (OOP)	\$3,133,889	102.8%	\$6,355,367	32.0%	\$8,390,558		
Paid PEPY	\$6,976	4.6%	\$7,298	21.6%	\$8,871	\$10,830	-18.1%
Paid PMPY	\$3,563	5.9%	\$3,774	23.1%	\$4,645	\$5,651	-17.8%
Paid PEPM	\$581	4.6%	\$608	21.6%	\$739	\$903	-18.1%
Paid PMPM	\$297	5.9%	\$314	23.1%	\$387	\$471	-17.8%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	12	116.7%	26	96.2%	51		
HCCs per 1000	1.3	9.7%	1.4	58.1%	2.2	3.0	-27.2%
Paid per HCC	\$213,105	-4.8%	\$202,956	1.7%	\$206,321	\$208,900	-1.2%
HCC Paid % of Tot	15.2%	-0.2	15.0%	4.6	19.6%	24.8%	-5.2
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$656	-6.8%	\$611	43.3%	\$875	\$1,464	-40.2%
Outpatient	\$1,017	10.1%	\$1,120	18.7%	\$1,330	\$1,635	-18.6%
Physician	\$1,841	6.6%	\$1,962	20.6%	\$2,367	\$2,430	-2.6%
Ancillary	\$49	63.6%	\$80	-9.1%	\$73	\$122	-40.2%

- With \$47.7M paid, the State Active population is 89.1% of total 2025-2Q med spend
- On a Paid PMPM basis, State Actives are up 24.8% compared to prior year
- Total Low Ded Plan Paid PMPM trend is +23.1%

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year (PEPY and PMPY)** have been annualized.

HCCs (High-cost Claimants) are based on patients with \$100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

Financial Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Average Enrollment										
Employees	4,366	101.0%	8,774	26.9%	11,131	1	50.0%	1	116.7%	2
Spouses	1,080	96.0%	2,117	20.6%	2,553	1	50.0%	1	16.7%	1
Children	3,222	95.2%	6,290	24.0%	7,796	0	-	0	-	0
Tot. Members	8,667	98.2%	17,180	25.0%	21,479	1	50.0%	2	66.7%	3
Avg. Family Size	2.0	-1.4%	2.0	-1.4%	1.9	2.0	0.0%	2.0	-23.1%	1.5
Financial Summary										
Allowed	\$17,566,145	114.3%	\$37,652,665	53.8%	\$57,922,197	\$5,696	208.5%	\$17,572	-15.1%	\$14,924
Plan Paid	\$14,477,253	111.1%	\$30,566,974	56.0%	\$47,699,376	\$4,426	217.3%	\$14,043	-16.2%	\$11,768
Member Paid (OOP)	\$2,783,205	103.2%	\$5,654,277	34.4%	\$7,599,844	\$1,269	178.0%	\$3,529	-10.6%	\$3,155
Paid PEPY	\$6,632	5.1%	\$6,967	23.0%	\$8,571	\$13,278	111.5%	\$28,087	-61.3%	\$10,863
Paid PMPY	\$3,341	6.5%	\$3,558	24.8%	\$4,441	\$6,639	111.5%	\$14,043	-49.7%	\$7,061
Paid PEPM	\$553	5.1%	\$581	23.0%	\$714	\$1,106	111.5%	\$2,341	-61.3%	\$905
Paid PMPM	\$278	6.5%	\$297	24.8%	\$370	\$553	111.5%	\$1,170	-49.7%	\$588
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	9	111.1%	19	131.6%	44	0	-	0	-	0
HCCs per 1000	1.0	6.5%	1.1	85.2%	2.0	0.0	-	0.0	-	0.0
Paid per HCC	\$222,262	-5.8%	\$209,364	-7.4%	\$193,814	\$0	-	\$0	-	\$0
HCC Paid % of Tot	13.8%	-0.8	13.0%	4.9	17.9%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$569	0.5%	\$572	43.2%	\$819	\$0	-	\$0	-	\$0
Outpatient	\$975	11.3%	\$1,085	15.8%	\$1,256	\$0	-	\$0	-	\$2,592
Physician	\$1,753	4.1%	\$1,825	25.6%	\$2,293	\$6,501	116.0%	\$14,043	-68.2%	\$4,468
Ancillary	\$44	74.1%	\$77	-4.5%	\$73	\$138	-100.0%	\$0	-	\$0

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Average Enrollment										
Employees	424	90.3%	808	13.4%	916	18	68.2%	30	-14.4%	26
Spouses	132	90.7%	251	14.3%	287	8	60.4%	13	-13.0%	11
Children	164	85.6%	305	10.1%	336	0	-	1	0.0%	1
Tot. Members	721	89.3%	1,364	12.8%	1,540	26	69.7%	44	-13.7%	38
Avg. Family Size	1.7	-0.5%	1.7	-0.5%	1.7	1.4	0.9%	1.5	0.9%	1.5
Financial Summary										
Allowed	\$2,753,908	97.4%	\$5,435,689	26.7%	\$6,886,492	\$74,680	372.7%	\$353,018	-57.1%	\$151,565
Plan Paid	\$2,239,722	96.6%	\$4,404,230	31.1%	\$5,772,291	\$52,287	74.6%	\$91,290	-19.2%	\$73,784
Member Paid (OOP)	\$337,586	87.9%	\$634,278	19.8%	\$759,699	\$11,828	435.0%	\$63,283	-56.0%	\$27,861
Paid PEPY	\$10,553	3.3%	\$10,902	15.6%	\$12,600	\$5,864	3.8%	\$6,086	-5.5%	\$5,749
Paid PMPY	\$6,215	3.9%	\$6,456	16.2%	\$7,499	\$4,048	2.9%	\$4,165	-6.4%	\$3,900
Paid PEPM	\$879	3.3%	\$909	15.6%	\$1,050	\$489	3.8%	\$507	-5.5%	\$479
Paid PMPM	\$518	3.9%	\$538	16.2%	\$625	\$337	2.9%	\$347	-6.4%	\$325
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	3	166.7%	8	-12.5%	7	0	-	0	-	0
HCCs per 1000	4.2	40.9%	5.9	-22.5%	4.5	0.0	-	0.0	-	0.0
Paid per HCC	\$185,633	-12.9%	\$161,609	76.3%	\$284,926	\$0	-	\$0	-	\$0
HCC Paid % of Tot	24.9%	4.5	29.4%	5.2	34.6%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,719	-37.4%	\$1,077	56.6%	\$1,687	\$0	-	\$1,414	-100.0%	\$0
Outpatient	\$1,532	4.2%	\$1,596	47.7%	\$2,358	\$1,007	-67.8%	\$325	204.9%	\$990
Physician	\$2,863	27.7%	\$3,658	-7.3%	\$3,390	\$2,765	-15.1%	\$2,347	15.8%	\$2,717
Ancillary	\$101	23.8%	\$125	-48.1%	\$65	\$277	-71.1%	\$80	141.8%	\$193

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023	⇒	2024	⇒	2025-2Q	2025-2Q	Variance
Average Enrollment							
Employees	6,223	60.7%	10,001	20.7%	12,075		
Spouses	1,558	56.9%	2,446	16.6%	2,852		
Children	4,326	56.9%	6,788	19.8%	8,133		
Tot. Members	12,107	58.9%	19,235	19.9%	23,060		
Avg. Family Size	1.9	-1.1%	1.9	-0.7%	1.9	1.9	-0.4%
Financial Summary							
Allowed	\$58,723,398	71.3%	\$100,584,108	-35.4%	\$64,975,178		
Plan Paid	\$48,928,857	71.1%	\$83,741,413	-36.0%	\$53,557,219		
Member Paid (OOP)	\$7,685,021	70.8%	\$13,125,142	-36.1%	\$8,390,558		
Paid PEPY	\$7,863	6.5%	\$8,374	5.9%	\$8,871	\$10,830	-18.1%
Paid PMPY	\$4,041	7.7%	\$4,354	6.7%	\$4,645	\$5,651	-17.8%
Paid PEPM	\$655	6.5%	\$698	5.9%	\$739	\$903	-18.1%
Paid PMPM	\$337	7.7%	\$363	6.7%	\$387	\$471	-17.8%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	48	83.3%	88	-42.0%	51		
HCCs per 1000	4.0	15.4%	4.6	-51.7%	2.2	3.0	-27.2%
Paid per HCC	\$234,319	-2.3%	\$228,980	-9.9%	\$206,321	\$208,900	-1.2%
HCC Paid % of Tot	23.0%	1.1	24.1%	-4.4	19.6%	24.8%	-5.2
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$821	1.8%	\$836	4.8%	\$875	\$1,464	-40.2%
Outpatient	\$1,204	5.8%	\$1,273	4.4%	\$1,330	\$1,635	-18.6%
Physician	\$1,931	11.8%	\$2,159	9.6%	\$2,367	\$2,430	-2.6%
Ancillary	\$85	0.6%	\$86	-14.8%	\$73	\$122	-40.2%

- Total plan paid amount for the first two quarters of 2023 was 41.9% of the full year
- Annualizing 2024 paid dollars using the same ratio would result in a total paid of \$128 M

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year (PEPY and PMPY)** have been annualized for the 2024 Plan Year.

HCCs (High-cost Claimants) are based on patients with \$100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

Financial Summary – Full Year Trend

Active Members



Measure	State Active					Non-State Active				
	2023	↔	2024	↔	2025-2Q	2023	↔	2024	↔	2025-2Q
Average Enrollment										
Employees	5,657	61.8%	9,150	21.6%	11,131	1	50.0%	1	73.3%	2
Spouses	1,380	57.7%	2,176	17.3%	2,553	1	50.0%	1	-6.7%	1
Children	4,117	57.3%	6,478	20.3%	7,796	0	-	0	-	0
Tot. Members	11,154	59.6%	17,804	20.6%	21,479	2	50.0%	3	33.3%	3
Avg. Family Size	2.0	-1.3%	1.9	-0.8%	1.9	2.0	0.0%	2.0	-23.1%	1.5
Financial Summary										
Allowed	\$50,806,828	72.2%	\$87,492,756	-33.8%	\$57,922,197	\$15,927	107.5%	\$33,055	-54.9%	\$14,924
Plan Paid	\$42,329,452	72.7%	\$73,120,641	-34.8%	\$47,699,376	\$12,324	114.9%	\$26,488	-55.6%	\$11,768
Member Paid (OOP)	\$6,852,589	72.1%	\$11,795,191	-35.6%	\$7,599,844	\$3,603	82.2%	\$6,566	-51.9%	\$3,155
Paid PEPY	\$7,483	6.8%	\$7,991	7.2%	\$8,571	\$14,788	43.3%	\$21,191	-48.7%	\$10,863
Paid PMPY	\$3,795	8.2%	\$4,107	8.1%	\$4,441	\$7,394	43.3%	\$10,595	-33.4%	\$7,061
Paid PEPM	\$624	6.8%	\$666	7.2%	\$714	\$1,232	43.3%	\$1,766	-48.7%	\$905
Paid PMPM	\$316	8.2%	\$342	8.1%	\$370	\$616	43.3%	\$883	-33.4%	\$588
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	37	89.2%	70	-37.1%	44	0	-	0	-	0
HCCs per 1000	3.3	18.5%	3.9	-47.9%	2.0	0.0	-	0.0	-	0.0
Paid per HCC	\$238,408	-3.3%	\$230,519	-15.9%	\$193,814	\$0	-	\$0	-	\$0
HCC Paid % of Tot	20.8%	1.2	22.1%	-4.2	17.9%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$768	3.4%	\$794	3.1%	\$819	\$0	-	\$0	-	\$0
Outpatient	\$1,133	5.9%	\$1,199	4.8%	\$1,256	\$0	-	\$527	392.1%	\$2,592
Physician	\$1,818	11.6%	\$2,029	13.0%	\$2,293	\$7,339	36.5%	\$10,017	-55.4%	\$4,468
Ancillary	\$76	9.9%	\$84	-12.5%	\$73	\$55	-5.8%	\$52	-100.0%	\$0

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023	↔	2024	↔	2025-2Q	2023	↔	2024	↔	2025-2Q
Average Enrollment										
Employees	543	51.2%	821	11.6%	916	22	28.2%	28	-9.7%	26
Spouses	167	53.4%	256	12.2%	287	11	16.7%	12	-8.8%	11
Children	209	48.0%	309	8.8%	336	0	500.0%	1	0.0%	1
Tot. Members	919	50.9%	1,386	11.1%	1,540	33	26.9%	42	-9.2%	38
Avg. Family Size	1.7	-0.2%	1.7	-0.5%	1.7	1.5	-1.0%	1.5	0.5%	1.5
Financial Summary										
Allowed	\$7,428,459	67.2%	\$12,423,242	-44.6%	\$6,886,492	\$472,184	34.5%	\$635,055	-76.1%	\$151,565
Plan Paid	\$6,219,868	66.0%	\$10,327,679	-44.1%	\$5,772,291	\$367,213	-27.4%	\$266,605	-72.3%	\$73,784
Member Paid (OOP)	\$782,561	57.2%	\$1,230,503	-38.3%	\$759,699	\$46,268	100.7%	\$92,881	-70.0%	\$27,861
Paid PEPY	\$11,454	9.8%	\$12,577	0.2%	\$12,600	\$16,566	-43.4%	\$9,382	-38.7%	\$5,749
Paid PMPY	\$6,771	10.0%	\$7,450	0.7%	\$7,499	\$11,184	-42.8%	\$6,399	-39.0%	\$3,900
Paid PEPM	\$955	9.8%	\$1,048	0.2%	\$1,050	\$1,380	-43.4%	\$782	-38.7%	\$479
Paid PMPM	\$564	10.0%	\$621	0.7%	\$625	\$932	-42.8%	\$533	-39.0%	\$325
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	10	80.0%	18	-61.1%	7	1	0.0%	1	-100.0%	0
HCCs per 1000	10.9	19.3%	13.0	-65.0%	4.5	30.5	-21.2%	24.0	-100.0%	0.0
Paid per HCC	\$215,577	0.5%	\$216,572	31.6%	\$284,926	\$178,686	-38.7%	\$109,572	-100.0%	\$0
HCC Paid % of Tot	34.7%	3.1	37.7%	-3.2	34.6%	48.7%	-7.6	41.1%	-41.1	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,448	-9.3%	\$1,314	28.4%	\$1,687	\$1,352	88.2%	\$2,544	-100.0%	\$0
Outpatient	\$1,879	18.3%	\$2,224	6.0%	\$2,358	\$6,322	-78.2%	\$1,379	-28.2%	\$990
Physician	\$3,252	17.0%	\$3,805	-10.9%	\$3,390	\$3,369	-30.6%	\$2,338	16.2%	\$2,717
Ancillary	\$192	-43.8%	\$108	-39.9%	\$65	\$142	-2.5%	\$138	39.9%	\$193

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2024-2Q (7/1/2023 - 12/31/2023)				2025-2Q (7/1/2024 - 12/31/2024)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$4,913,602	\$727,416	\$7,148	\$5,648,166	\$8,794,778	\$1,290,061	\$8,184	\$10,093,023	78.7%
Outpatient	\$9,316,632	\$1,033,149	\$55,962	\$10,405,743	\$13,493,802	\$1,775,954	\$38,826	\$15,308,582	47.1%
Physician	\$15,676,119	\$2,402,037	\$93,443	\$18,171,598	\$24,621,678	\$2,491,522	\$117,961	\$27,231,162	49.9%
Ancillary	\$660,622	\$80,125	\$4,951	\$745,697	\$789,118	\$44,342	\$5,441	\$838,901	12.5%
Total	\$30,566,974	\$4,242,727	\$161,503	\$34,971,205	\$47,699,376	\$5,601,880	\$170,412	\$53,471,667	52.9%
PMPM	\$296.53	\$565.74	\$234.96	\$314.30	\$370.12	\$667.16	\$202.70	\$387.16	23.2%
Non-State Members									
Inpatient	\$0	\$0	\$30,985	\$30,985	\$0	\$0	\$0	\$0	-100.0%
Outpatient	\$0	-\$4,700	\$11,815	\$7,115	\$4,321	\$12,311	\$6,413	\$23,045	223.9%
Physician	\$14,043	\$11,611	\$39,828	\$65,482	\$7,447	\$25,076	\$26,328	\$58,851	-10.1%
Ancillary	\$0	\$795	\$957	\$1,752	\$0	\$145	\$3,511	\$3,656	108.7%
Total	\$14,043	\$7,707	\$83,583	\$105,333	\$11,768	\$37,532	\$36,252	\$85,552	-18.8%
PMPM	\$1,170.27	\$111.64	\$430.91	\$383.03	\$588.41	\$872.61	\$197.03	\$346.36	-9.6%
All Members									
Inpatient	\$4,913,602	\$727,416	\$38,132	\$5,679,150	\$8,794,778	\$1,290,061	\$8,184	\$10,093,023	77.7%
Outpatient	\$9,316,632	\$1,028,449	\$67,777	\$10,412,858	\$13,498,123	\$1,788,264	\$45,239	\$15,331,627	47.2%
Physician	\$15,690,162	\$2,413,648	\$133,270	\$18,237,080	\$24,629,126	\$2,516,598	\$144,289	\$27,290,013	49.6%
Ancillary	\$660,622	\$80,920	\$5,907	\$747,449	\$789,118	\$44,487	\$8,952	\$842,557	12.7%
Total	\$30,581,018	\$4,250,434	\$245,087	\$35,076,538	\$47,711,144	\$5,639,411	\$206,664	\$53,557,219	52.7%
PMPM	\$296.63	\$561.59	\$278.08	\$314.46	\$370.15	\$668.21	\$201.68	\$387.08	23.1%

Medical Cost Distribution

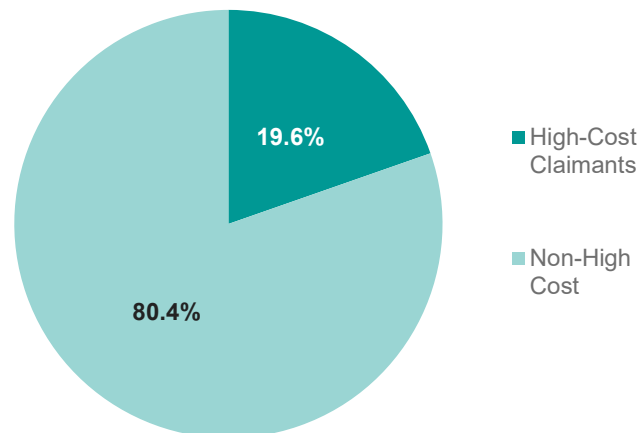
Distribution by Member Cost



Member Total Paid Range	2024-2Q (7/1/2023 - 12/31/2023)						2025-2Q (7/1/2024 - 12/31/2024)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	5,414	26.1%	\$0	0.0%	\$0	0.0%	6,198	24.3%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	514	2.5%	-\$146,787	-0.4%	\$10,611	0.2%	828	3.2%	-\$232,139	-0.4%	\$27,371	0.3%
> \$0 - \$2,500	12,313	59.5%	\$7,400,863	21.1%	\$2,489,474	39.2%	15,180	59.4%	\$9,474,384	17.7%	\$3,169,828	37.8%
> \$2,500 - \$5,000	1,147	5.5%	\$4,025,034	11.5%	\$1,106,701	17.4%	1,538	6.0%	\$5,336,773	10.0%	\$1,445,041	17.2%
> \$5,000 - \$10,000	703	3.4%	\$4,940,218	14.1%	\$1,019,010	16.0%	896	3.5%	\$6,173,890	11.5%	\$1,300,139	15.5%
> \$10,000 - \$25,000	417	2.0%	\$6,308,454	18.0%	\$962,678	15.1%	563	2.2%	\$8,760,592	16.4%	\$1,331,515	15.9%
> \$25,000 - \$50,000	130	0.6%	\$4,356,642	12.4%	\$480,191	7.6%	204	0.8%	\$6,916,334	12.9%	\$631,242	7.5%
> \$50,000 - \$100,000	44	0.2%	\$2,915,267	8.3%	\$180,941	2.8%	94	0.4%	\$6,605,020	12.3%	\$294,728	3.5%
> \$100,000	26	0.1%	\$5,276,846	15.0%	\$105,762	1.7%	51	0.2%	\$10,522,365	19.6%	\$190,694	2.3%
Total	20,708	100.0%	\$35,076,538	100.0%	\$6,355,367	100.0%	25,552	100.0%	\$53,557,219	100.0%	\$8,390,558	100.0%

* Unique Members are counted equally regardless of length of coverage. Note that because data is on a paid basis, member counts may also include those not active in the period.

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Neoplasms	21	\$1,959,432	18.6%
2	Circulatory System	25	\$1,108,199	10.5%
3	Health Status & Health Services	45	\$1,038,944	9.9%
4	Injury, Poisoning & External Causes	16	\$968,036	9.2%
5	Perinatal Originating Conditions	6	\$883,120	8.4%
6	Endocrine, Nutritional & Metabolic	22	\$725,443	6.9%
7	Musculoskeletal System	24	\$689,659	6.6%
8	Nervous System	22	\$677,989	6.4%
9	Blood & Immune Disorders	16	\$556,920	5.3%
10	Respiratory System	18	\$484,943	4.6%
...	All Others		\$1,429,681	13.6%
=	Total	51	\$10,522,365	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2025-2Q	Variance
Inpatient Admissions							
# of Admits	174	86.8%	325	30.5%	424		
# of Admit Days	778	104.4%	1,590	22.1%	1,941		
Paid per Admit	\$26,807	-12.2%	\$23,525	5.6%	\$24,834	\$31,394	-20.9%
Paid per Admit Day	\$5,995	-19.8%	\$4,809	12.8%	\$5,425	\$6,014	-9.8%
Admits per 1000	37.0	-5.4%	35.0	5.2%	36.8	48.0	-23.4%
Average LOS	4.5	9.4%	4.9	-6.4%	4.6	5.2	-12.3%
Emergency Room Visits							
# of ER Visits	881	92.8%	1,699	29.7%	2,203		
~ % resulting in Admit	10.4%	-1.7	8.7%	1.7	10.4%	10.2%	0.2
ER Visits per Patient	1.2	7.3%	1.3	-0.4%	1.3		
ER Visits per 1000	187.1	-2.3%	182.8	4.5%	191.1	222.5	-14.1%
Paid per ER Visit	\$2,739	5.2%	\$2,881	6.2%	\$3,059	\$2,383	28.4%
Urgent Care Visits							
# of UC Visits	2,369	47.2%	3,488	22.7%	4,280		
UC Visits per Patient	1.3	2.3%	1.3	-1.2%	1.3		-
UC Visits per 1000	503.2	-25.4%	375.2	-1.1%	371.2	260.9	42.3%
Paid per UC Visit	\$92	6.3%	\$97	9.6%	\$107	\$117	-8.6%
Office Visits							
Off Visits per Patient	2.7	17.1%	3.2	3.6%	3.3		
Paid per Office Visit	\$77	10.1%	\$85	5.4%	\$89	\$97	-8.0%
Office Visits Paid PMPY	\$357	0.2%	\$358	9.7%	\$392	\$369	6.2%
Services							
Radiology Svcs per 1000	3,473.6	0.6%	3,494.2	11.7%	3,902.8	3,626.2	7.6%
Radiology Paid PMPY	\$373	-10.1%	\$336	15.4%	\$387		
Lab Services per 1000	11,449.3	-16.9%	9,517.1	11.7%	10,634.5	9,516.9	11.7%
Labs Paid PMPY	\$243	-7.1%	\$226	16.9%	\$264		

- Inpatient Admission rate per 1000 increased 5.2%, and amount paid per Admission is 5.6% higher than prior period
- ER utilization increased 4.5%, and amount paid per ER visit is 6.2% higher than prior period

Admissions and all other Visits are counted for utilization if the *initial Paid Date* for the first primary claim (facility claim for non-Office Visits) fell within the time period. For cost purposes, however, all visit costs paid within the time period are included.

Counts per 1000 and amounts PMPY (per member per year) have been annualized.

Utilization Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Inpatient Admissions										
# of Admits	159	85.5%	295	39.0%	410	0	-	0	-	0
# of Admit Days	713	102.8%	1,446	27.2%	1,839	0	-	0	-	0
Paid per Admit	\$24,277	-2.4%	\$23,686	1.2%	\$23,959	\$0	-	\$0	-	\$0
Paid per Admit Day	\$5,414	-10.7%	\$4,832	10.5%	\$5,341	\$0	-	\$0	-	\$0
Admits per 1000	36.7	-6.4%	34.3	11.2%	38.2	0.0	-	0.0	-	0.0
Average LOS	4.5	9.3%	4.9	-8.5%	4.5	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	811	92.5%	1,561	32.0%	2,061	0	-	0	-	2
~ % resulting in Admit	10.1%	-1.6	8.5%	2.0	10.5%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.2	5.3%	1.3	-0.5%	1.3	0.0	-	0.0	-	2.0
ER Visits per 1000	187.1	-2.9%	181.7	5.6%	191.9	0.0	-	0.0	-	1,200.0
Paid per ER Visit	\$2,744	7.6%	\$2,952	0.8%	\$2,975	\$0	-	\$0	-	\$1,852
Urgent Care Visits										
# of UC Visits	2,241	47.5%	3,305	22.6%	4,053	1	100.0%	2	-100.0%	0
UC Visits per Patient	1.3	2.3%	1.3	-1.6%	1.3	1.0	0.0%	1.0	-100.0%	0.0
UC Visits per 1000	517.1	-25.6%	384.7	-1.9%	377.4	1,500.0	33.3%	2,000.0	-100.0%	0.0
Paid per UC Visit	\$92	5.9%	\$98	9.5%	\$107	\$144	18.3%	\$170	-100.0%	\$0
Office Visits										
Off Visits per Patient	2.6	17.0%	3.1	4.1%	3.2	4.5	55.6%	7.0	-35.7%	4.5
Paid per Office Visit	\$76	10.1%	\$84	5.6%	\$89	\$102	39.3%	\$142	11.2%	\$158
Office Visits Paid PMPY	\$342	0.8%	\$344	10.4%	\$380	\$1,379	44.4%	\$1,992	-57.1%	\$855
Services										
Radiology Svcs per 1000	3,221.1	0.2%	3,228.9	13.6%	3,668.5	4,500.0	33.3%	6,000.0	10.0%	6,600.0
Radiology Paid PMPY	\$343	-10.2%	\$308	16.7%	\$359	\$1,933	99.8%	\$3,863	-46.6%	\$2,064
Lab Services per 1000	11,039.8	-16.2%	9,253.2	12.9%	10,450.3	49,500.0	-49.5%	25,000.0	-4.0%	24,000.0
Labs Paid PMPY	\$237	-6.3%	\$222	16.2%	\$258	\$190	2.4%	\$194	14.7%	\$223

Utilization Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Inpatient Admissions										
# of Admits	15	93.3%	29	-51.7%	14	0	-	1	-100.0%	0
# of Admit Days	65	104.6%	133	-23.3%	102	0	-	11	-100.0%	0
Paid per Admit	\$53,621	-62.5%	\$20,085	151.3%	\$50,476	\$0	-	\$75,918	-100.0%	\$0
Paid per Admit Day	\$12,374	-64.6%	\$4,379	58.2%	\$6,928	\$0	-	\$6,902	-100.0%	\$0
Admits per 1000	41.6	2.1%	42.5	-57.2%	18.2	0.0	-	45.6	-100.0%	0.0
Average LOS	4.3	5.8%	4.6	58.9%	7.3	0.0	-	11.0	-100.0%	0.0
Emergency Room Visits										
# of ER Visits	69	95.7%	135	1.5%	137	1	200.0%	3	0.0%	3
~ % resulting in Admit	14.5%	-3.4	11.1%	-2.4	8.8%	0.0%	0.0	0.0%	0.0	0.0%
ER Visits per Patient	1.0	32.4%	1.4	0.5%	1.4	1.0	0.0%	1.0	50.0%	1.5
ER Visits per 1000	191.5	3.3%	197.9	-10.1%	178.0	77.4	76.8%	136.9	15.9%	158.6
Paid per ER Visit	\$2,696	-22.1%	\$2,099	107.6%	\$4,358	\$1,702	-60.4%	\$673	316.7%	\$2,805
Urgent Care Visits										
# of UC Visits	123	39.8%	172	26.2%	217	4	125.0%	9	11.1%	10
UC Visits per Patient	1.2	2.3%	1.2	6.8%	1.3	2.0	-25.0%	1.5	-16.7%	1.3
UC Visits per 1000	341.3	-26.1%	252.1	11.8%	281.9	309.7	32.6%	410.6	28.7%	528.6
Paid per UC Visit	\$84	10.9%	\$93	12.4%	\$105	\$13	350.9%	\$58	3.9%	\$61
Office Visits										
Off Visits per Patient	3.1	20.3%	3.7	-0.2%	3.7	3.2	30.6%	4.2	18.3%	4.9
Paid per Office Visit	\$84	10.3%	\$93	2.6%	\$95	\$48	13.6%	\$55	65.2%	\$91
Office Visits Paid PMPY	\$539	-3.1%	\$522	5.8%	\$552	\$419	-2.5%	\$409	109.0%	\$854
Services										
Radiology Svcs per 1000	6,163.4	4.3%	6,427.4	9.1%	7,015.0	13,083.9	22.8%	16,060.8	-37.8%	9,991.2
Radiology Paid PMPY	\$720	-5.3%	\$682	13.2%	\$772	\$790	-61.7%	\$303	114.3%	\$649
Lab Services per 1000	16,092.6	-22.2%	12,525.0	4.1%	13,033.7	17,341.9	7.3%	18,616.0	-12.0%	16,387.7
Labs Paid PMPY	\$309	-11.3%	\$274	27.9%	\$350	\$388	-61.3%	\$150	-5.9%	\$141

On Demand Care Summary

Emergency Room & Urgent Care

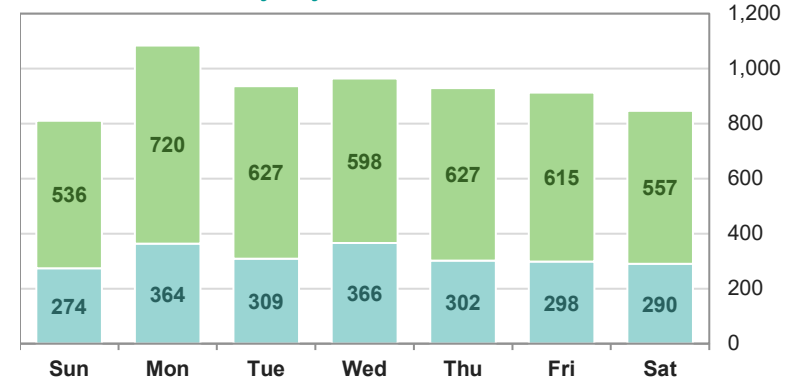


Measure	2024-2Q	2025-2Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	1,699	2,203	29.7%		
# of Patients	1,317	1,715	30.2%		
Total Plan Paid	\$4,894,015	\$6,740,039	37.7%		
Total Mem Paid	\$1,123,158	\$1,403,517	25.0%		
Visits per 1000	182.8	191.1	4.5%	222.5	-14.1%
Paid per Visit	\$2,881	\$3,059	6.2%	\$2,383	28.4%
Paid PMPM	\$44	\$49	11.0%	\$44	10.3%
% ER Patients w/ Office Visit*	90.4%	90.4%	0.0		
% Potentially Avoidable**	14.1%	16.3%	2.2	83.1%	-66.8
Urgent Care					
# of Visits	3,488	4,280	22.7%		
# of Patients	2,630	3,268	24.3%		
Total Plan Paid	\$339,799	\$457,017	34.5%		
Total Mem Paid	\$254,665	\$307,525	20.8%		
Visits per 1000	375.2	371.2	-1.1%	260.9	42.3%
Paid per Visit	\$97	\$107	9.6%	\$117	-8.6%
Paid PMPM	\$3	\$3	8.4%	\$3	30.0%

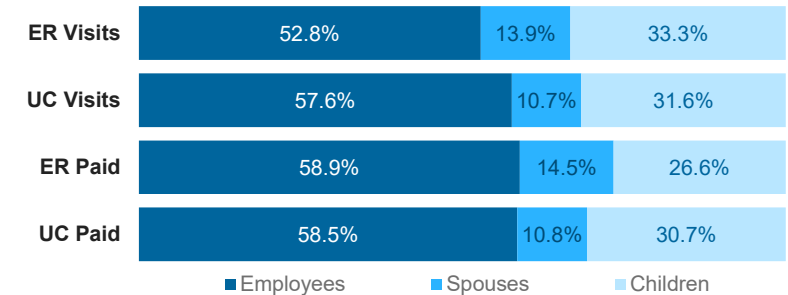
* Office Visit within prior 12 months..

** ER Visits are categorized as potentially avoidable based on primary and secondary diagnosis and do not necessarily indicate misuse of the ER for the patient's specific circumstances.

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



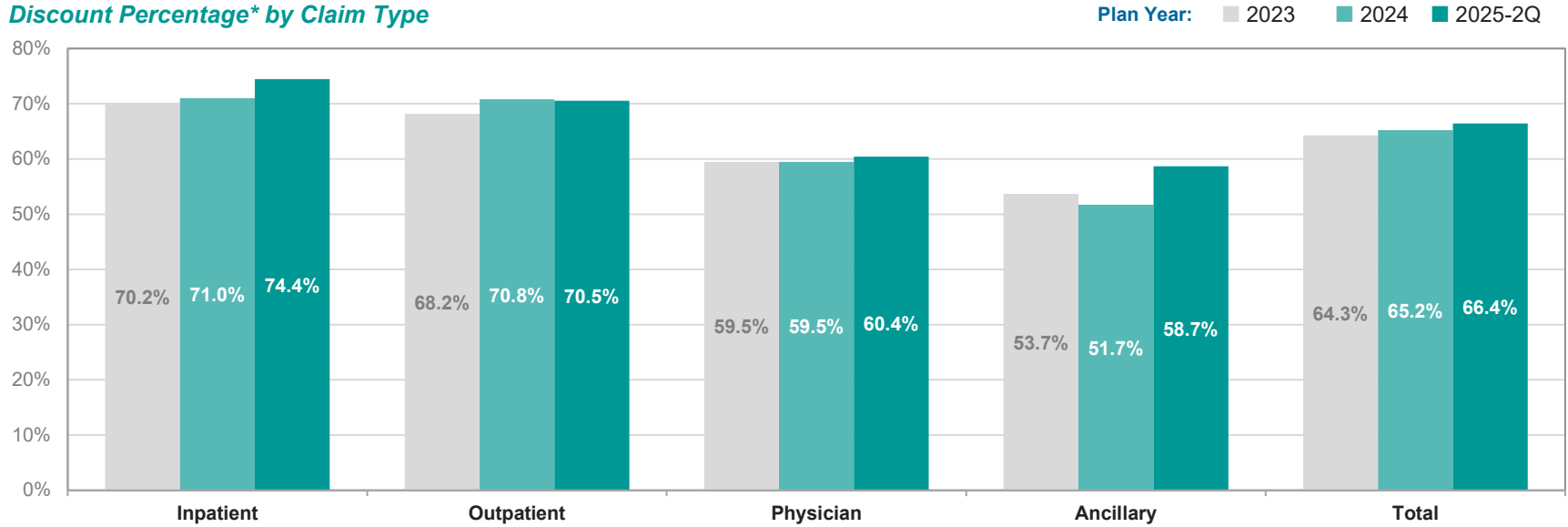
	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	1,164	2,467	3,631	\$3,969,673	\$267,379	\$4,237,051
Spouse	306	460	766	\$976,293	\$49,250	\$1,025,543
Child	733	1,353	2,086	\$1,794,074	\$140,388	\$1,934,462
Total	2,203	4,280	6,483	\$6,740,039	\$457,017	\$7,197,056

Network Summary

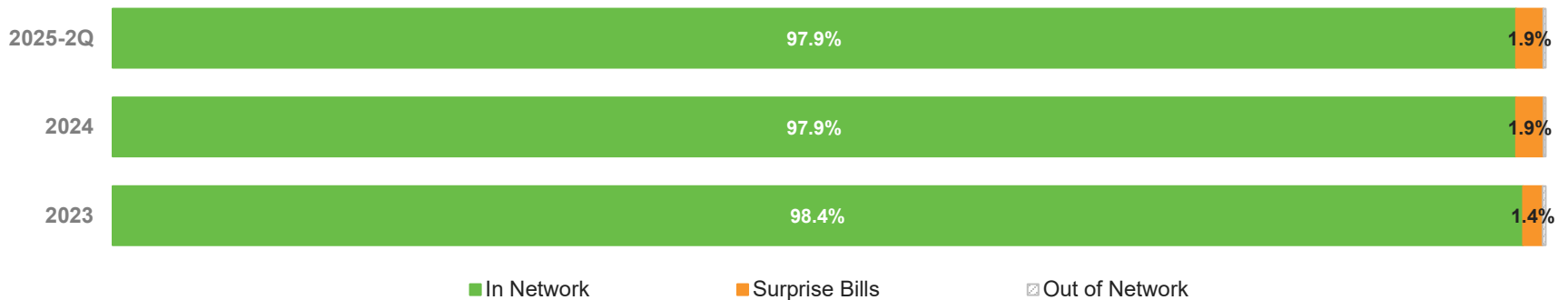
Discount Percentage & Network Utilization



Discount Percentage* by Claim Type



Network Utilization*



* Network Discounts and Utilization exclude COB Claims, and Network Discounts additionally exclude Surprise Bills.

Clinical Classification Summary

Breakout by Diagnostic Chapter



Diagnostic Chapter	2024 (Full Year)		2025-2Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	12,860	\$9,799,414	10,803	\$6,343,752	\$3,995,808	\$927,286	\$1,420,659	\$2,200,309	\$4,143,444
Musculoskeletal System	5,252	\$8,247,149	4,239	\$4,973,682	\$3,534,075	\$876,618	\$562,989	\$2,302,857	\$2,670,825
Neoplasms	2,400	\$5,750,257	1,812	\$4,700,689	\$3,711,888	\$869,023	\$119,778	\$1,534,510	\$3,166,179
Circulatory System	2,897	\$6,856,254	2,296	\$4,541,633	\$3,190,744	\$1,175,761	\$175,128	\$2,876,923	\$1,664,709
Mental, Behavioral & Neurodevelopmental	4,161	\$6,596,135	3,901	\$4,060,433	\$1,844,259	\$364,129	\$1,852,046	\$1,616,215	\$2,444,218
Injury, Poisoning & External Causes	2,586	\$5,001,111	1,938	\$3,721,740	\$1,961,561	\$520,230	\$1,239,949	\$1,897,877	\$1,823,864
Symptoms, Signs & Findings, NEC	8,003	\$5,392,767	6,336	\$3,494,887	\$2,129,850	\$616,218	\$748,819	\$1,149,134	\$2,345,753
Digestive System	2,577	\$4,958,096	1,959	\$3,449,049	\$2,360,563	\$610,345	\$478,141	\$1,217,127	\$2,231,922
Genitourinary System	3,804	\$4,801,920	3,039	\$2,928,188	\$2,169,045	\$458,251	\$300,892	\$646,157	\$2,282,032
Nervous System	2,751	\$5,952,179	2,228	\$2,577,685	\$2,025,459	\$309,570	\$242,657	\$940,786	\$1,636,899
Endocrine, Nutritional & Metabolic	5,290	\$3,869,576	4,615	\$2,575,026	\$2,038,564	\$361,003	\$175,459	\$1,077,333	\$1,497,693
Respiratory System	5,652	\$3,772,490	3,628	\$2,489,146	\$1,125,958	\$661,103	\$702,085	\$1,287,284	\$1,201,862
Pregnancy, Childbirth & the Puerperium	476	\$3,930,375	435	\$2,364,740	\$1,667,688	\$508,568	\$188,484	\$4,571	\$2,360,169
Perinatal Originating Conditions	226	\$3,322,086	171	\$1,476,490	\$874	\$0	\$1,475,616	\$887,809	\$588,681
Infectious & Parasitic Diseases	1,650	\$1,677,923	1,118	\$935,424	\$529,944	\$203,593	\$201,887	\$519,021	\$416,403
Blood & Immune Disorders	718	\$416,460	599	\$886,554	\$747,357	\$102,612	\$36,586	\$659,578	\$226,976
Eye and Adnexa	4,615	\$1,199,451	2,897	\$743,745	\$449,457	\$117,148	\$177,141	\$343,156	\$400,589
Skin & Subcutaneous Tissue	3,978	\$941,344	3,037	\$553,845	\$300,911	\$83,692	\$169,242	\$227,004	\$326,840
Ear and Mastoid Process	1,597	\$644,319	1,015	\$374,749	\$184,997	\$35,170	\$154,582	\$179,560	\$195,189
Congenital Malformations & Abnormalities	311	\$611,052	223	\$278,272	\$33,824	\$4,114	\$240,335	\$137,037	\$141,235
External Causes of Morbidity	6	\$1,053	8	\$22,254	\$21,183	\$532	\$540	\$510	\$21,744
Total	18,957	\$83,741,413	18,967	\$53,557,219	\$34,083,417	\$8,809,836	\$10,663,967	\$21,724,857	\$31,832,363

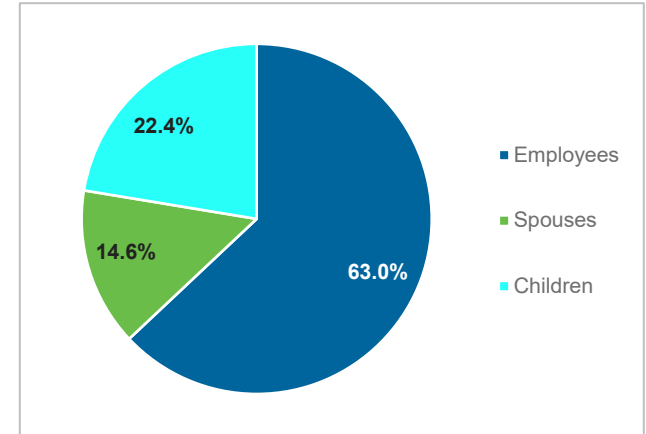
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

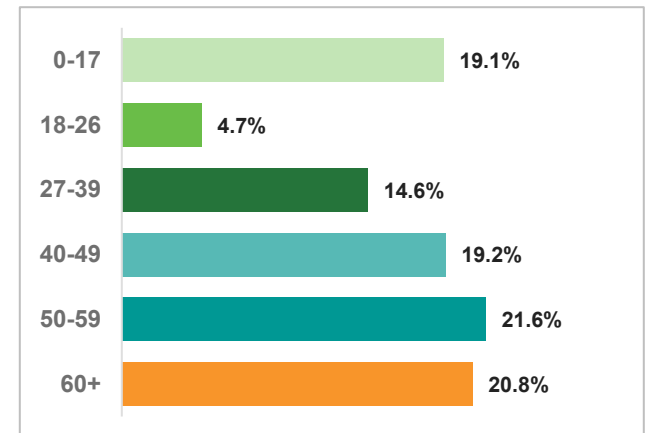


#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	38	194	\$1,642,719	25.9%
2	Medical examination/evaluation	7,150	10,967	\$1,437,956	22.7%
3	Neoplasm-related encounters	2,402	4,007	\$1,058,470	16.7%
4	Exposure, enc, screen or contact w infectious dz	3,797	5,017	\$935,580	14.7%
5	Contraceptive & procreative management	545	914	\$321,042	5.1%
6	Personal/family history of disease	438	596	\$237,949	3.8%
7	Other aftercare encounter	305	564	\$191,390	3.0%
8	Encount for obs & exam for conds ruled out	1,099	1,334	\$89,808	1.4%
9	Implant, device or graft related encounter	232	583	\$87,687	1.4%
10	Other specified encounters & counseling	275	890	\$72,051	1.1%
11	Other specified status	550	860	\$68,265	1.1%
12	Organ transplant status	22	58	\$56,172	0.9%
13	Encounter for prophylactic or oth procedures	37	41	\$44,144	0.7%
14	Acquired absence of limb or organ	22	34	\$40,506	0.6%
15	Enc for prophylactic measures (ex immuniz)	80	108	\$32,143	0.5%
16	Lifestyle/life management factors	52	94	\$10,119	0.2%
17	Encounter for administrative purposes	30	36	\$9,159	0.1%
18	Encounter for mental health conditions	649	742	\$3,556	0.1%
19	No immunization or underimmunization	14	14	\$2,366	0.0%
20	Screen for neuro -cognitive or -developmntl cond	61	68	\$1,474	0.0%
...	All Others	17	30	\$1,195	0.0%
=	Total	10,803	27,274	\$6,343,752	100.0%

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



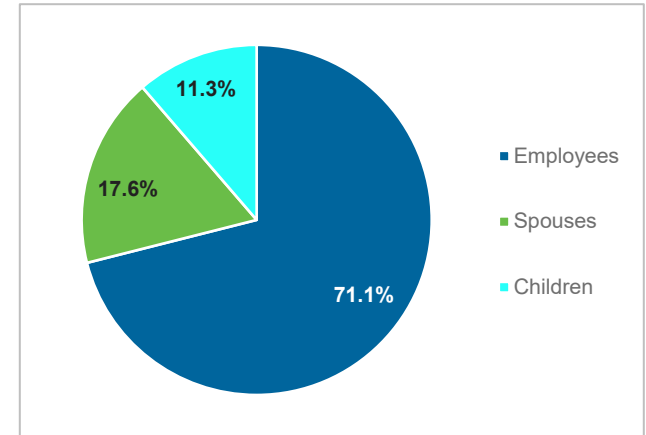
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

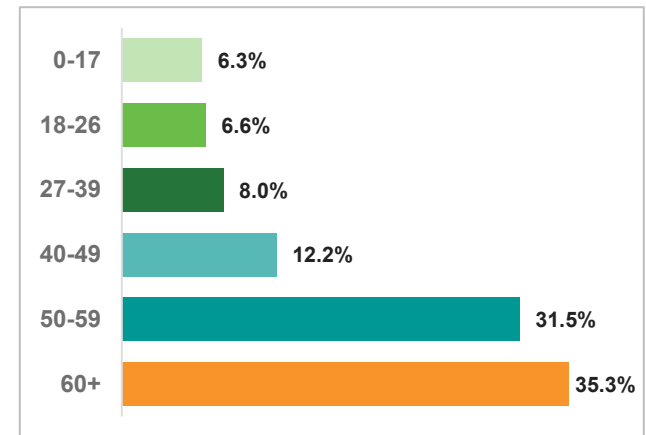


#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	1,143	3,831	\$1,234,519	24.8%
2	Osteoarthritis & osteoporosis	488	1,212	\$977,418	19.7%
3	Other musculoskeletal pain	2,215	6,093	\$882,128	17.7%
4	Scoliosis & oth deformities	321	619	\$527,162	10.6%
5	Tendon, tissue, muscle disorders	835	1,958	\$485,460	9.8%
6	Other MSK	80	271	\$274,201	5.5%
7	Joint disorders & fractures	293	641	\$208,912	4.2%
8	Low back pain	535	1,421	\$178,758	3.6%
9	Rheumatoid arthritis & related disease	127	374	\$142,294	2.9%
10	Lupus	93	271	\$40,386	0.8%
11	Biomechanical lesions	331	1,183	\$13,221	0.3%
12	Gout & crystal arthropathies	73	106	\$9,222	0.2%
=	Total	4,239	18,884	\$4,973,682	100.0%

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



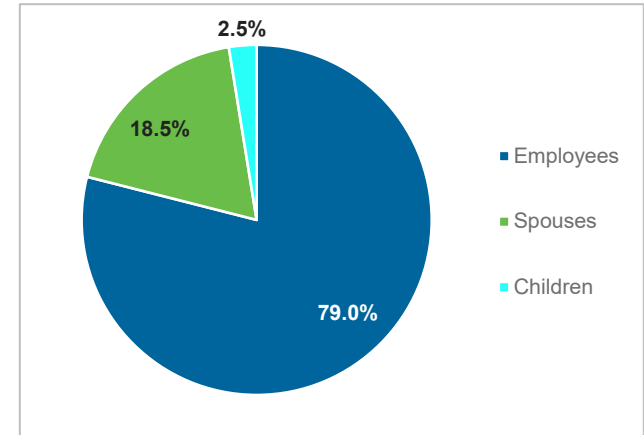
Neoplasms (Cancer)

Breakout by Diagnostic Grouping & Demographics

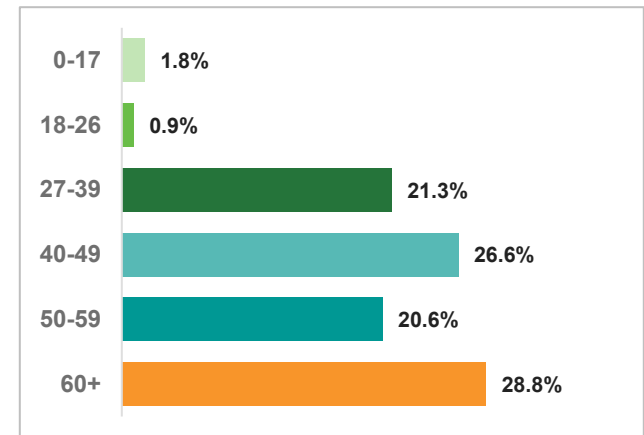


#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Breast cancer	121	1,058	\$1,151,000	24.5%
2	Benign neoplasms	1,192	1,667	\$624,538	13.3%
3	Lymphoma	28	182	\$444,048	9.4%
4	Secondary malignancies	24	112	\$443,659	9.4%
5	Skin cancer	135	327	\$292,752	6.2%
6	Prostate cancer	42	288	\$209,367	4.5%
7	Other cancer	36	199	\$208,248	4.4%
8	Other gastrointestinal cancers	15	160	\$196,618	4.2%
9	Brain cancer	9	87	\$194,880	4.1%
10	Thyroid cancer	46	182	\$192,051	4.1%
11	Colorectal cancer	23	215	\$146,589	3.1%
12	Neoplasms of unspec nature	589	787	\$117,068	2.5%
13	Head & neck cancers	13	102	\$78,444	1.7%
14	Multiple myeloma	2	17	\$71,312	1.5%
15	Cervical cancer	14	48	\$64,996	1.4%
16	Endometrial cancer	13	40	\$56,388	1.2%
17	Respiratory cancers	10	141	\$55,179	1.2%
18	Leukemia	15	164	\$49,843	1.1%
19	Pancreatic cancer	3	47	\$42,274	0.9%
20	Other urinary system cancer	6	31	\$28,662	0.6%
...	All Others	24	48	\$32,775	0.7%
=	Total	1,812	6,318	\$4,700,689	100.0%

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



Note: there are additional cancer-related costs for encounters and therapy, totaling \$2,701,189 – see Health Status for more details

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping



Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-2Q		2025-2Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	809	\$816,779	1,312	\$1,765,217	1,141	\$1,069,485	\$197,993	\$25,191	\$845,084	\$1,217
Neurodevelopmental disorders	475	\$333,190	839	\$967,358	782	\$958,705	\$0	\$3,909	\$954,796	\$0
Anxiety & related Disorders	1,022	\$497,830	1,659	\$914,955	1,473	\$635,240	\$0	\$15,855	\$618,168	\$1,217
Trauma & stressor disorders	656	\$443,281	1,151	\$777,003	991	\$541,214	\$0	\$9,013	\$532,201	\$0
Alcohol-related disorders	68	\$264,765	100	\$479,637	73	\$207,192	\$130,954	\$11,546	\$64,692	\$0
Other mental health	225	\$81,468	370	\$451,071	290	\$150,261	\$10,209	\$42,266	\$97,343	\$443
Bipolar & related Disorders	142	\$184,393	220	\$270,639	213	\$105,561	\$0	\$6,660	\$98,901	\$0
Suicidal ideation, attempt or self-harm	40	\$168,577	61	\$408,763	33	\$104,382	\$14,569	\$73,741	\$16,072	\$0
Schizophrenia spectrum disorders	23	\$59,238	29	\$162,208	26	\$103,721	\$63,072	\$14,756	\$25,892	\$0
Eating disorders	38	\$115,900	53	\$266,949	42	\$86,114	\$0	\$0	\$86,114	\$0
Obsessive compulsive disorders	35	\$95,327	82	\$67,055	78	\$68,075	\$0	\$0	\$68,075	\$0
Cannabis-related disorders	12	\$2,064	19	\$5,491	15	\$12,227	\$0	\$7,690	\$4,537	\$0
Opiod disorders	19	\$18,055	20	\$34,948	18	\$9,132	\$0	\$0	\$9,132	\$0
Other substance use	43	\$8,400	90	\$9,948	38	\$6,314	\$0	\$651	\$5,663	\$0
Stimulant disorders	7	\$6,127	11	\$14,892	3	\$2,811	\$0	\$0	\$2,811	\$0
Total	2,630	\$3,095,394	4,161	\$6,596,135	3,901	\$4,060,433	\$416,797	\$211,277	\$3,429,483	\$2,877

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions



Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	Change vs LY	# of Mems	Mems per 1000	Change vs LY	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	59	2.9	90.3%	37	1.8	76.2%	\$4,341	50.8	118.6
Asthma	729	35.8	30.4%	292	14.3	41.7%	\$4,809	52.1	220.9
Atrial Fibrillation	135	6.6	27.4%	97	4.8	38.6%	\$38,618	407.4	570.4
Blood Disorders	788	38.7	42.2%	345	17.0	47.4%	\$12,292	134.5	327.4
CAD	211	10.4	39.7%	104	5.1	40.5%	\$20,347	260.7	421.8
COPD	47	2.3	38.2%	28	1.4	75.0%	\$33,395	595.7	893.6
Cancer	1,317	64.7	33.2%	609	29.9	37.2%	\$12,567	54.7	155.7
Chronic Pain	135	6.6	18.4%	59	2.9	55.3%	\$23,511	281.5	459.3
CHF	52	2.6	147.6%	33	1.6	83.3%	\$57,512	653.8	673.1
Demyelinating Diseases	56	2.8	-3.4%	39	1.9	11.4%	\$29,553	107.1	250.0
Depression	1,403	68.9	38.1%	1,028	50.5	50.3%	\$7,193	74.1	239.5
Diabetes	1,271	62.4	39.8%	892	43.8	47.4%	\$7,181	66.1	252.6
ESRD	56	2.8	86.7%	34	1.7	41.7%	\$56,294	910.7	1,500.0
Eating Disorders	51	2.5	34.2%	36	1.8	33.3%	\$12,084	39.2	333.3
HIV/AIDS	34	1.7	25.9%	22	1.1	4.8%	\$2,242	29.4	147.1
Hyperlipidemia	672	33.0	34.9%	235	11.5	52.6%	\$2,560	10.4	68.5
Hypertension	1,710	84.0	34.9%	814	40.0	38.7%	\$6,119	63.7	209.4
Immune Disorders	62	3.0	5.1%	26	1.3	8.3%	\$7,444	16.1	177.4
IBD	90	4.4	28.6%	30	1.5	50.0%	\$2,044	11.1	55.6
Liver Disease	4	0.2	-	4	0.2	-	\$83,763	1,000.0	1,750.0
Morbid Obesity	310	15.2	67.6%	149	7.3	62.0%	\$6,748	74.2	119.4
Osteoarthritis	644	31.6	37.9%	272	13.4	40.2%	\$9,167	51.2	139.8
Peripheral Vascular Disease	74	3.6	76.2%	16	0.8	77.8%	\$6,414	81.1	229.7
Rheumatoid Arthritis	127	6.2	23.3%	87	4.3	22.5%	\$9,543	78.7	236.2

- Most prevalent chronic condition is Hypertension, with 1,710 members
- Depression is the condition with the most moderate/high risk members (1,028)
- Members with mod/high risk Cancer have the highest combined cost: 609 members totaling \$7.65M

Date Range: Service Dates 10/1/2023 - 9/30/2024, Paid through 12/31/2024

With Condition members are identified by having any covered claim with a diagnosis for the condition in Dx position 1.

Moderate/High-Risk Condition members had either multiple provider visits for the condition (based on Dx position 1) during the date range or at least one ER Visit or Admission for the condition in the range.

Cost & Utilization for All Members:

- **Allowed PMPY:** \$5,379
- **Admits per 1000:** 40.9
- **ER Visits per 1000:** 190.3

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	Oct 2022 - Sep 2023			Oct 2023 - Sep 2024			Rate Change	UMR Norm	
		Eligible	Actual	Rate	Eligible	Actual	Rate		Rate	Variance
Well Visits		<i>Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.</i>								
Well Baby Visit	0 - 15 months	197.7	1,087	5,497.9	256.0	1,398	5,459.9	-0.7%	5,308.6	2.9%
Well Child Visit	3 - 6 years	808.0	648	802.0	1,009.2	827	819.4	2.2%	792.3	3.4%
Adults w/ Well Visit	Adults 18+	11,641	5,054	43.4%	15,358	6,756	44.0%	0.6	41.2%	2.8
Screenings		<i>Rate for all screenings is the percentage of eligible population who had the screening during the period.</i>								
Mammogram	Females 40 - 69	3,626	1,668	46.0%	4,700	2,265	48.2%	2.2	47.9%	0.2
Cervical Cancer	Females 21 - 64	6,198	1,888	30.5%	8,115	2,460	30.3%	-0.1	24.1%	6.2
Prostate Cancer	Males 50 - 70	1,560	666	42.7%	2,092	959	45.8%	3.1	42.5%	3.3
Colorectal Cancer	Members 45 - 75	4,953	841	17.0%	6,519	1,233	18.9%	1.9	17.4%	1.5
Cholesterol	Female 45+ Male 35+	6,095	3,446	56.5%	8,022	4,654	58.0%	1.5	48.6%	9.5
Condition-specific Screening										
Asthma	Office Visit for Asthma	559	437	78.2%	729	588	80.7%	2.5		
COPD	Spirometry Test	34	5	14.7%	47	9	19.1%	4.4		
Type 2 Diabetes	A1c Test	830	725	87.3%	1,166	1,064	91.3%	3.9	86.2%	5.1
	Eye Exam	830	188	22.7%	1,166	246	21.1%	-1.6	25.7%	-4.6
	Lipid Panel	830	638	76.9%	1,166	947	81.2%	4.4	73.2%	8.1
	Urine Protein Test	830	547	65.9%	1,166	783	67.2%	1.2	64.2%	3.0
	Any Diabetes Screen	830	779	93.9%	1,166	1,102	94.5%	0.7	93.8%	0.7
Hyperlipidemia	Lipid Profile	498	261	52.4%	672	354	52.7%	0.3		
Hypertension	Creatinine Test	1,268	256	20.2%	1,710	320	18.7%	-1.5		
	Lipid Profile	1,268	369	29.1%	1,710	439	25.7%	-3.4		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 10/1/2023 - 9/30/2024, Paid through 12/31/2024

Note: Preventive Services do not include those performed at onsite clinics or ones for which no claim was submitted to UMR.

**Public Employees' Benefits Program - RX Costs
PY 2024 - Through Quarter Ending December 31, 2023**

Express Scripts

1Q-2Q FY2025 LDPPO		1Q-2Q FY2024 LDPPO	Difference	% Change
Membership Summary				
Member Count (Memberships)	23,010	18,549	4,461	24.0%
Utilizing Member Count (Patients)	15,040	12,302	2,738	22.3%
Percent Utilizing (Utilization)	65.4%	66.3%	(0)	-1.4%
Claim Summary				
Net Claims (Total Rx's)	174,430	134,780	39,650	29.4%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.21	0.05	4.1%
Total Claims for Generic (Generic Rx)	148,000	113,404	34,596.00	30.5%
Total Claims for Brand (Brand Rx)	26,430	21,376	5,054.00	23.6%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	518	823	(305.00)	-37.1%
Total Non-Specialty Claims	172,280	133,098	39,182.00	29.4%
Total Specialty Claims	2,150	1,682	468.00	27.8%
Generic % of Total Claims (GFR)	84.8%	84.1%	0.01	0.8%
Generic Effective Rate (GCR)	99.7%	99.3%	0.00	0.4%
Mail Order Claims	46,041	38,934	7,107.00	18.3%
Mail Penetration Rate*	30.4%	33.5%	(0.03)	-3.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$26,795,778	\$19,637,591	7,158,187.00	36.5%
Total Generic Gross Cost	\$2,873,199	\$2,257,816	615,383.00	27.3%
Total Brand Gross Cost	\$23,922,579	\$17,379,775	6,542,804.00	37.6%
Total MSB Gross Cost	\$231,238	\$375,742	(144,504.00)	-38.5%
Total Ingredient Cost	\$26,003,118	\$19,003,397	6,999,721.00	36.8%
Total Dispensing Fee	\$773,895	\$618,608	155,287.00	25.1%
Total Other (e.g. tax)	\$18,766	\$15,587	\$3,179	20.4%
Avg Total Cost per Claim (Gross Cost/Rx)	\$153.62	\$145.70	\$7.92	5.4%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.41	\$19.91	(0.50)	-2.5%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$905.13	\$813.05	92.08	11.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$446.41	\$456.55	(10.14)	-2.2%
Member Cost Summary				
Total Member Cost	\$3,728,835	\$2,721,339	\$1,007,496.00	37.0%
Total Copay	\$3,728,835	\$2,721,339	\$1,007,496.00	37.0%
Total Deductible	\$0	\$0	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.38	\$20.19	\$1.19	5.9%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.38	\$20.19	\$1.19	5.9%
Avg Copay for Generic (Copay/Generic Rx)	\$7.07	\$6.71	\$0.36	5.4%
Avg Copay for Brand (Copay/Brand Rx)	\$101.52	\$91.69	\$9.83	10.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$36.30	\$30.62	\$5.68	18.5%
Net PMPM (Participant Cost PMPM)	\$27.01	\$24.45	\$2.56	10.5%
Copay % of Total Prescription Cost (Member Cost Share %)	13.9%	13.9%	0.1%	0.4%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$23,066,943	\$16,916,252	\$6,150,691.00	36.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$12,810,809	\$8,740,916	\$4,069,893.00	46.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,256,134	\$8,175,336	\$2,080,798.00	25.5%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$132.24	\$125.51	\$6.73	5.4%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$12.35	\$13.20	(\$0.85)	-6.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$803.61	\$721.36	\$82.25	11.4%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$410.10	\$425.93	(\$15.83)	-3.7%
Net PMPM (Plan Cost PMPM)	\$167.08	\$152.00	\$15.08	9.9%
PMPM without Specialty (Non-Specialty PMPM)	\$92.79	\$78.54	\$14.25	18.1%
PMPM for Specialty Only (Specialty PMPM)	\$74.29	\$73.46	\$0.83	1.1%
Rebates Received (Q1-Q2 FY2024 actual)	\$7,098,113	\$4,478,754	\$2,619,359.46	58.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$115.67	\$111.75	\$3.91	3.5%
PMPM without Specialty (Non-Specialty PMPM)	\$56.83	\$34.67	\$22.16	63.9%
PMPM for Specialty Only (Specialty PMPM)	\$45.82	\$44.75	\$1.07	2.4%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP

July 1, 2024 – December 31, 2024

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PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review EPO Plan • 2025-2Q



Report Criteria & Contents



Experience Periods*

➤ 2025 Plan Year (Current)

2025-2Q. 1st two Quarters: Claims Paid 7/1/2024 - 12/31/2024

➤ 2024 Plan Year

2024-2Q. 1st two Quarters: Claims Paid 7/1/2023 - 12/31/2023

2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

➤ 2023 Plan Year

2023-2Q. 1st two Quarters: Claims Paid 7/1/2022 - 12/31/2022

2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

Group Data

- Data reported is for the EPO Plan only:
- Contract = 7670-00-414946 or 7670-09-414946
- Except where indicated, Report is for Medical data only excluding claim expenses

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPortSM
- Composition: 4,609 groups with approximately 6.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 12/31/2024

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* Additional date ranges for specific figures are defined on the page if applicable



Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +42.4%
- High-Cost Claimants Paid PMPM trend: +170.2%; Non HCCs trend: +8.4%
- Top Paid Diagnostic Chapters: Perinatal Conditions (+253.0% Paid PMPM), Neoplasms (Cancer) (+49.4%), Circulatory System (+36.8%)



Membership & Demographics

- Total membership is 9.7% lower than prior period
- Employees decreased 9.4%, while Dependents were down 10.0%
- 80.4% of members had < \$2,500 medical paid, with 16.4% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$42,628, which is 48.7% higher than 2024-2Q
- Paid per ER Visit was \$3,224, which is 10.0% higher than 2024-2Q



Network Utilization & Savings

- 97.0% of all Medical spend dollars were to In Network providers
- The average In Network discount was 53.0%, which is 3.2 pts below the 2024 average discount of 56.2%

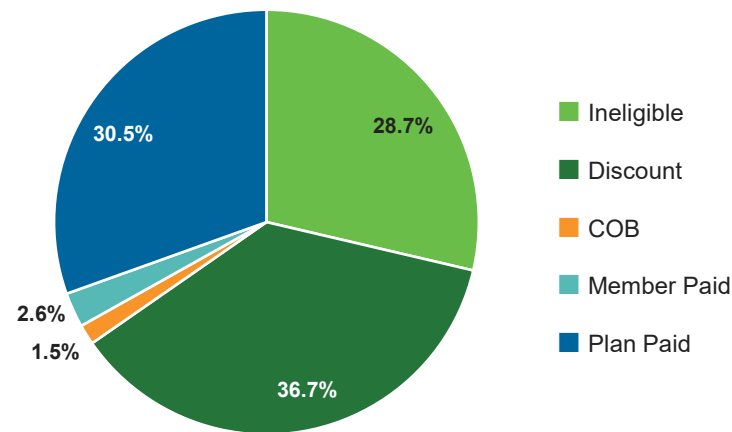
Medical Total Savings Summary



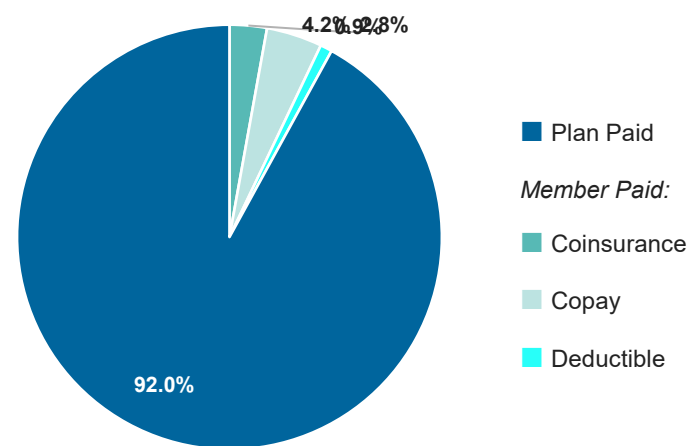
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-2Q Total Dollars	2025-2Q PMPM*	2024 PMPM*	Trend
Medical Billed	\$80,018,701	\$2,548	\$2,127	19.8%
(-) Ineligible	\$22,904,831	\$729	\$504	44.8%
Medical Covered	\$57,113,870	\$1,818	\$1,623	12.0%
(-) Discount	\$29,317,139	\$933	\$890	4.9%
Medical Allowed	\$27,796,732	\$885	\$733	20.7%
(-) COB	\$1,230,443	\$39	\$24	59.9%
(-) Coinsurance	\$751,532	\$24	\$21	15.4%
(-) Copay	\$1,122,472	\$36	\$34	5.4%
(-) Deductible	\$240,229	\$8	\$6	20.0%
Total Member Paid	\$2,114,233	\$67	\$61	10.3%
Total Plan Paid	\$24,359,762	\$776	\$643	20.5%

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



* PMPM (per member per month): Amount per the average total membership (both primary subscribers and dependents) per month.

Medical & Rx Paid Claims by Age Range



Age	2024-2Q (7/1/2023 - 12/31/2023)						2025-2Q (7/1/2024 - 12/31/2024)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	\$1,049,945	\$3,480	\$3,641	\$12	\$1,053,586	\$3,492	\$3,293,367	\$16,633	\$1,177	\$6	\$3,294,544	\$16,639	212.7%	376.5%
1	\$94,317	\$327	\$1,499	\$5	\$95,816	\$333	\$152,050	\$606	\$1,962	\$8	\$154,012	\$613	60.7%	84.4%
2 - 4	\$332,042	\$294	\$5,918	\$5	\$337,960	\$300	\$87,462	\$105	\$4,561	\$5	\$92,022	\$110	-72.8%	-63.3%
5 - 9	\$180,268	\$95	\$28,313	\$15	\$208,581	\$110	\$253,896	\$132	\$31,576	\$16	\$285,471	\$149	36.9%	35.2%
10 - 14	\$550,873	\$214	\$73,718	\$29	\$624,592	\$243	\$505,461	\$222	\$95,288	\$42	\$600,749	\$264	-3.8%	8.7%
15 - 19	\$904,692	\$307	\$343,584	\$117	\$1,248,276	\$424	\$998,903	\$380	\$384,030	\$146	\$1,382,933	\$525	10.8%	23.9%
20 - 24	\$626,178	\$219	\$110,231	\$39	\$736,409	\$258	\$671,886	\$250	\$265,311	\$99	\$937,197	\$349	27.3%	35.6%
25 - 29	\$312,998	\$284	\$211,510	\$192	\$524,508	\$476	\$295,064	\$332	\$161,814	\$182	\$456,878	\$514	-12.9%	8.1%
30 - 34	\$740,382	\$528	\$800,854	\$571	\$1,541,236	\$1,099	\$640,216	\$523	\$341,002	\$278	\$981,218	\$801	-36.3%	-27.1%
35 - 39	\$1,252,641	\$570	\$340,225	\$155	\$1,592,866	\$725	\$954,245	\$528	\$216,060	\$120	\$1,170,304	\$648	-26.5%	-10.7%
40 - 44	\$1,028,389	\$432	\$737,118	\$310	\$1,765,507	\$742	\$1,152,762	\$528	\$1,111,567	\$509	\$2,264,328	\$1,038	28.3%	39.8%
45 - 49	\$1,299,195	\$495	\$1,001,287	\$381	\$2,300,483	\$876	\$3,097,330	\$1,381	\$752,722	\$336	\$3,850,052	\$1,717	67.4%	95.9%
50 - 54	\$2,267,103	\$663	\$845,002	\$247	\$3,112,105	\$911	\$1,915,386	\$634	\$924,691	\$306	\$2,840,076	\$940	-8.7%	3.3%
55 - 59	\$2,829,760	\$810	\$1,401,078	\$401	\$4,230,838	\$1,211	\$3,147,378	\$914	\$1,603,886	\$466	\$4,751,264	\$1,380	12.3%	13.9%
60 - 64	\$3,641,323	\$890	\$1,901,346	\$465	\$5,542,669	\$1,354	\$3,752,253	\$1,019	\$1,947,647	\$529	\$5,699,900	\$1,548	2.8%	14.3%
65+	\$1,767,678	\$849	\$902,379	\$433	\$2,670,057	\$1,282	\$3,442,105	\$1,616	\$1,181,327	\$555	\$4,623,432	\$2,171	73.2%	69.4%
Total	\$18,877,784	\$543	\$8,707,703	\$250	\$27,585,487	\$793	\$24,359,762	\$775	\$9,024,620	\$287	\$33,384,383	\$1,063	21.0%	34.0%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2025-2Q	Variance
Average Enrollment							
Employees	2,320	34.9%	3,131	-9.4%	2,837		
Spouses	460	31.6%	605	-9.7%	546		
Children	1,539	33.8%	2,060	-10.1%	1,851		
Tot. Members	4,319	34.2%	5,796	-9.7%	5,235		
Avg. Family Size	1.9	-0.6%	1.9	-0.3%	1.8	1.9	-3.7%
Financial Summary							
Allowed	\$14,159,388	53.6%	\$21,750,264	27.8%	\$27,796,732		
Plan Paid	\$11,874,152	59.0%	\$18,877,784	29.0%	\$24,359,762		
Member Paid (OOP)	\$1,598,943	37.0%	\$2,189,860	-3.5%	\$2,114,233		
Paid PEPY	\$10,236	17.8%	\$12,059	42.4%	\$17,171	\$10,830	58.5%
Paid PMPY	\$5,499	18.5%	\$6,514	42.9%	\$9,306	\$5,651	64.7%
Paid PEPM	\$853	17.8%	\$1,005	42.4%	\$1,431	\$903	58.5%
Paid PMPM	\$458	18.5%	\$543	42.9%	\$776	\$471	64.7%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	12	75.0%	21	47.6%	31		
HCCs per 1000	2.8	30.4%	3.6	63.4%	5.9	3.0	95.0%
Paid per HCC	\$174,563	9.6%	\$191,350	65.3%	\$316,384	\$208,900	51.5%
HCC Paid % of Tot	17.6%	3.6	21.3%	19.0	40.3%	24.8%	15.4
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$1,283	24.8%	\$1,602	124.5%	\$3,595	\$1,464	145.5%
Outpatient	\$1,881	3.8%	\$1,953	25.0%	\$2,441	\$1,635	49.3%
Physician	\$2,280	26.2%	\$2,876	10.2%	\$3,170	\$2,430	30.4%
Ancillary	\$54	54.1%	\$83	20.5%	\$101	\$122	-17.8%

- With \$20.9M paid, the State Active population is 85.8% of total 2025-2Q med spend
- On a Paid PMPM basis, State Actives are up 44.6% compared to prior year
- Total EPO Plan Paid PMPM trend is +42.9%

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year (PEPY and PMPY)** have been annualized.

HCCs (High-cost Claimants) are based on patients with \$100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

Financial Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Average Enrollment										
Employees	1,935	33.7%	2,588	-10.3%	2,321	1	25.0%	2	0.0%	2
Spouses	393	31.0%	514	-9.8%	464	0	-	0	-	0
Children	1,435	33.8%	1,920	-10.5%	1,719	0	-	0	-	0
Tot. Members	3,763	33.5%	5,022	-10.3%	4,504	1	25.0%	2	0.0%	2
Avg. Family Size	1.9	-0.2%	1.9	0.0%	1.9	1.0	0.0%	1.0	0.0%	1.0
Financial Summary										
Allowed	\$11,256,250	59.7%	\$17,977,921	27.7%	\$22,959,098	\$1,734	-6.9%	\$1,615	150.2%	\$4,040
Plan Paid	\$9,609,643	67.6%	\$16,109,752	29.7%	\$20,894,147	\$1,360	-5.3%	\$1,287	135.6%	\$3,033
Member Paid (OOP)	\$1,316,812	37.2%	\$1,806,848	-5.2%	\$1,712,296	\$373	-12.3%	\$327	207.7%	\$1,007
Paid PEPY	\$9,932	25.4%	\$12,451	44.6%	\$18,002	\$2,040	-24.3%	\$1,545	135.6%	\$3,640
Paid PMPY	\$5,108	25.6%	\$6,416	44.6%	\$9,279	\$2,040	-24.3%	\$1,545	135.6%	\$3,640
Paid PEPM	\$828	25.4%	\$1,038	44.6%	\$1,500	\$170	-24.3%	\$129	135.6%	\$303
Paid PMPM	\$426	25.6%	\$535	44.6%	\$773	\$170	-24.3%	\$129	135.6%	\$303
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	10	70.0%	17	41.2%	24	0	-	0	-	0
HCCs per 1000	2.7	27.4%	3.4	57.4%	5.3	0.0	-	0.0	-	0.0
Paid per HCC	\$150,598	35.3%	\$203,690	75.8%	\$358,140	\$0	-	\$0	-	\$0
HCC Paid % of Tot	15.7%	5.8	21.5%	19.6	41.1%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,148	40.4%	\$1,612	137.9%	\$3,835	\$0	-	\$0	-	\$0
Outpatient	\$1,746	9.9%	\$1,919	18.5%	\$2,274	\$0	-	\$0	-	\$0
Physician	\$2,167	29.5%	\$2,807	9.4%	\$3,072	\$1,801	-14.2%	\$1,545	104.9%	\$3,165
Ancillary	\$46	70.0%	\$78	25.2%	\$98	\$240	-100.0%	\$0	-	\$475

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-2Q	↔	2024-2Q	↔	2025-2Q	2023-2Q	↔	2024-2Q	↔	2025-2Q
Average Enrollment										
Employees	342	43.1%	489	-3.8%	470	42	25.7%	53	-16.0%	45
Spouses	57	40.6%	80	-7.0%	75	10	5.0%	11	-23.8%	8
Children	95	35.3%	128	-3.2%	124	9	28.6%	12	-27.8%	9
Tot. Members	493	41.3%	697	-4.1%	668	62	22.8%	76	-19.0%	61
Avg. Family Size	1.4	-1.2%	1.4	-0.3%	1.4	1.5	-2.3%	1.4	-3.5%	1.4
Financial Summary										
Allowed	\$2,621,011	33.8%	\$3,506,100	33.1%	\$4,668,156	\$280,393	-5.6%	\$264,627	-37.5%	\$165,438
Plan Paid	\$2,135,673	24.1%	\$2,649,716	28.2%	\$3,398,202	\$127,475	-8.2%	\$117,029	-45.0%	\$64,379
Member Paid (OOP)	\$243,201	42.2%	\$345,786	7.7%	\$372,355	\$38,557	-4.3%	\$36,898	-22.6%	\$28,576
Paid PEPY	\$12,507	-13.3%	\$10,846	33.4%	\$14,464	\$6,046	-27.0%	\$4,416	-34.5%	\$2,893
Paid PMPY	\$8,660	-12.2%	\$7,605	33.7%	\$10,167	\$4,146	-25.2%	\$3,100	-32.1%	\$2,105
Paid PEPM	\$1,042	-13.3%	\$904	33.4%	\$1,205	\$504	-27.0%	\$368	-34.5%	\$241
Paid PMPM	\$722	-12.2%	\$634	33.7%	\$847	\$345	-25.2%	\$258	-32.1%	\$175
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	2	100.0%	4	75.0%	7	0	-	0	-	0
HCCs per 1000	4.1	41.5%	5.7	82.4%	10.5	0.0	-	0.0	-	0.0
Paid per HCC	\$294,386	-52.8%	\$138,905	21.5%	\$168,765	\$0	-	\$0	-	\$0
HCC Paid % of Tot	27.6%	-6.6	21.0%	13.8	34.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$2,418	-30.3%	\$1,685	36.4%	\$2,298	\$469	-64.7%	\$166	25.0%	\$207
Outpatient	\$2,940	-24.2%	\$2,227	68.1%	\$3,744	\$1,658	2.8%	\$1,704	-68.5%	\$536
Physician	\$3,189	11.8%	\$3,564	11.9%	\$3,990	\$1,936	-38.1%	\$1,198	20.5%	\$1,444
Ancillary	\$113	13.4%	\$128	5.4%	\$135	\$82	-61.0%	\$32	-358.5%	-\$83

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023	⇒	2024	⇒	2025-2Q	2025-2Q	Variance
Average Enrollment							
Employees	2,851	8.3%	3,089	-8.1%	2,837		
Spouses	560	7.5%	602	-9.2%	546		
Children	1,902	7.1%	2,037	-9.1%	1,851		
Tot. Members	5,312	7.8%	5,727	-8.6%	5,235		
Avg. Family Size	1.9	-0.5%	1.9	-0.5%	1.8	1.9	-3.7%
Financial Summary							
Allowed	\$42,927,918	17.4%	\$50,382,246	-44.8%	\$27,796,732		
Plan Paid	\$37,698,949	17.3%	\$44,213,123	-44.9%	\$24,359,762		
Member Paid (OOP)	\$3,655,799	14.7%	\$4,194,135	-49.6%	\$2,114,233		
Paid PEPY	\$13,224	8.2%	\$14,315	20.0%	\$17,171	\$10,830	58.5%
Paid PMPY	\$7,097	8.8%	\$7,720	20.5%	\$9,306	\$5,651	64.7%
Paid PEPM	\$1,102	8.2%	\$1,193	20.0%	\$1,431	\$903	58.5%
Paid PMPM	\$591	8.8%	\$643	20.5%	\$776	\$471	64.7%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	50	24.0%	62	-50.0%	31		
HCCs per 1000	9.4	15.0%	10.8	-45.3%	5.9	3.0	95.0%
Paid per HCC	\$256,471	4.8%	\$268,731	17.7%	\$316,384	\$208,900	51.5%
HCC Paid % of Tot	34.0%	3.7	37.7%	2.6	40.3%	24.8%	15.4
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$2,047	12.9%	\$2,312	55.5%	\$3,595	\$1,464	145.5%
Outpatient	\$2,174	0.1%	\$2,177	12.1%	\$2,441	\$1,635	49.3%
Physician	\$2,798	12.0%	\$3,134	1.1%	\$3,170	\$2,430	30.4%
Ancillary	\$78	25.6%	\$98	2.7%	\$101	\$122	-17.8%

- Total plan paid amount for the first two quarters of 2023 was 42.7% of the full year
- Annualizing 2024 paid dollars using the same ratio would result in a total paid of \$57.1 M

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year (PEPY and PMPY)** have been annualized for the 2024 Plan Year.

HCCs (High-cost Claimants) are based on patients with \$100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

Financial Summary – Full Year Trend

Active Members



Measure	State Active					Non-State Active				
	2023	↔	2024	↔	2025-2Q	2023	↔	2024	↔	2025-2Q
Average Enrollment										
Employees	2,378	7.3%	2,551	-9.0%	2,321	2	22.2%	2	-9.1%	2
Spouses	480	6.6%	512	-9.4%	464	0	-	0	-	0
Children	1,775	6.8%	1,896	-9.3%	1,719	0	-	0	-	0
Tot. Members	4,632	7.0%	4,959	-9.2%	4,504	2	22.2%	2	-9.1%	2
Avg. Family Size	1.9	-0.2%	1.9	-0.2%	1.9	1.0	0.0%	1.0	0.0%	1.0
Financial Summary										
Allowed	\$34,840,103	20.3%	\$41,912,359	-45.2%	\$22,959,098	\$3,978	13.6%	\$4,517	-10.6%	\$4,040
Plan Paid	\$31,178,774	22.5%	\$38,203,284	-45.3%	\$20,894,147	\$3,168	12.0%	\$3,547	-14.5%	\$3,033
Member Paid (OOP)	\$3,001,569	15.3%	\$3,460,814	-50.5%	\$1,712,296	\$810	19.8%	\$970	3.8%	\$1,007
Paid PEPY	\$13,113	14.2%	\$14,974	20.2%	\$18,002	\$2,112	-8.4%	\$1,935	88.1%	\$3,640
Paid PMPY	\$6,731	14.5%	\$7,704	20.4%	\$9,279	\$2,112	-8.4%	\$1,935	88.1%	\$3,640
Paid PEPM	\$1,093	14.2%	\$1,248	20.2%	\$1,500	\$176	-8.4%	\$161	88.1%	\$303
Paid PMPM	\$561	14.5%	\$642	20.4%	\$773	\$176	-8.4%	\$161	88.1%	\$303
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	39	38.5%	54	-55.6%	24	0	-	0	-	0
HCCs per 1000	8.4	29.4%	10.9	-51.1%	5.3	0.0	-	0.0	-	0.0
Paid per HCC	\$260,607	6.8%	\$278,222	28.7%	\$358,140	\$0	-	\$0	-	\$0
HCC Paid % of Tot	32.6%	6.7	39.3%	1.8	41.1%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,952	26.8%	\$2,476	54.9%	\$3,835	\$0	-	\$0	-	\$0
Outpatient	\$2,029	2.0%	\$2,071	9.8%	\$2,274	\$0	-	\$0	-	\$0
Physician	\$2,680	14.4%	\$3,067	0.2%	\$3,072	\$1,741	3.6%	\$1,804	75.5%	\$3,165
Ancillary	\$69	33.0%	\$92	6.8%	\$98	\$371	-64.6%	\$131	261.5%	\$475

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023	↔	2024	↔	2025-2Q	2023	↔	2024	↔	2025-2Q
Average Enrollment										
Employees	422	15.0%	486	-3.3%	470	49	0.8%	50	-10.6%	45
Spouses	69	16.9%	80	-6.8%	75	11	-10.7%	10	-17.9%	8
Children	116	11.7%	130	-4.3%	124	11	1.5%	12	-24.6%	9
Tot. Members	607	14.6%	695	-3.9%	668	72	-0.8%	71	-13.8%	61
Avg. Family Size	1.4	-0.4%	1.4	-0.6%	1.4	1.5	-1.6%	1.4	-3.7%	1.4
Financial Summary										
Allowed	\$7,555,779	3.0%	\$7,783,435	-40.0%	\$4,668,156	\$528,058	29.1%	\$681,934	-75.7%	\$165,438
Plan Paid	\$6,296,019	-10.2%	\$5,652,251	-39.9%	\$3,398,202	\$220,989	60.2%	\$354,041	-81.8%	\$64,379
Member Paid (OOP)	\$577,466	13.5%	\$655,475	-43.2%	\$372,355	\$75,953	1.2%	\$76,876	-62.8%	\$28,576
Paid PEPY	\$14,911	-22.0%	\$11,637	24.3%	\$14,464	\$4,480	58.9%	\$7,116	-59.3%	\$2,893
Paid PMPY	\$10,376	-21.7%	\$8,129	25.1%	\$10,167	\$3,087	61.5%	\$4,986	-57.8%	\$2,105
Paid PEPM	\$1,243	-22.0%	\$970	24.3%	\$1,205	\$373	58.9%	\$593	-59.3%	\$241
Paid PMPM	\$865	-21.7%	\$677	25.1%	\$847	\$257	61.5%	\$416	-57.8%	\$175
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	12	-41.7%	7	0.0%	7	0	-	1	-100.0%	0
HCCs per 1000	19.8	-49.1%	10.1	4.0%	10.5	0.0	-	14.1	-100.0%	0.0
Paid per HCC	\$221,656	-9.1%	\$201,561	-16.3%	\$168,765	\$0	-	\$132,680	-100.0%	\$0
HCC Paid % of Tot	42.2%	-17.3	25.0%	9.8	34.8%	0.0%	-	37.5%	-37.5	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$2,991	-57.1%	\$1,283	79.1%	\$2,298	\$202	399.6%	\$1,007	-79.4%	\$207
Outpatient	\$3,410	-15.0%	\$2,898	29.2%	\$3,744	\$1,145	125.1%	\$2,576	-79.2%	\$536
Physician	\$3,829	-0.4%	\$3,812	4.7%	\$3,990	\$1,661	-26.1%	\$1,228	17.7%	\$1,444
Ancillary	\$146	-7.6%	\$135	-0.2%	\$135	\$79	120.9%	\$175	-147.3%	-\$83

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2024-2Q (7/1/2023 - 12/31/2023)				2025-2Q (7/1/2024 - 12/31/2024)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$4,047,822	\$506,696	\$80,388	\$4,634,907	\$8,635,418	\$522,856	\$245,327	\$9,403,601	102.9%
Outpatient	\$4,818,426	\$746,795	\$29,308	\$5,594,529	\$5,121,893	\$1,181,147	\$70,214	\$6,373,253	13.9%
Physician	\$7,047,594	\$1,163,796	\$78,067	\$8,289,457	\$6,916,779	\$1,180,762	\$152,749	\$8,250,290	-0.5%
Ancillary	\$195,911	\$31,674	\$12,990	\$240,575	\$220,058	\$32,263	\$12,884	\$265,205	10.2%
Total	\$16,109,752	\$2,448,962	\$200,754	\$18,759,468	\$20,894,147	\$2,917,028	\$481,174	\$24,292,350	29.5%
PMPM	\$534.64	\$695.38	\$304.39	\$546.72	\$773.21	\$872.30	\$721.56	\$782.78	43.2%
Non-State Members									
Inpatient	\$0	\$0	\$6,259	\$6,259	\$0	\$0	\$6,337	\$6,337	1.2%
Outpatient	\$0	\$5,174	\$59,155	\$64,328	\$0	\$0	\$16,404	\$16,404	-74.5%
Physician	\$1,287	\$9,464	\$35,768	\$46,519	\$2,637	\$5,257	\$38,915	\$46,810	0.6%
Ancillary	\$0	\$0	\$1,210	\$1,210	\$396	\$0	-\$2,534	-\$2,138	-276.7%
Total	\$1,287	\$14,638	\$102,391	\$118,316	\$3,033	\$5,257	\$59,123	\$67,413	-43.0%
PMPM	\$128.74	\$232.35	\$262.54	\$255.54	\$303.33	\$175.22	\$175.44	\$178.81	-30.0%
All Members									
Inpatient	\$4,047,822	\$506,696	\$86,647	\$4,641,166	\$8,635,418	\$522,856	\$251,664	\$9,409,938	102.7%
Outpatient	\$4,818,426	\$751,969	\$88,463	\$5,658,858	\$5,121,893	\$1,181,147	\$86,618	\$6,389,657	12.9%
Physician	\$7,048,881	\$1,173,260	\$113,835	\$8,335,976	\$6,919,417	\$1,186,019	\$191,664	\$8,297,099	-0.5%
Ancillary	\$195,911	\$31,674	\$14,200	\$241,785	\$220,453	\$32,263	\$10,351	\$263,068	8.8%
Total	\$16,111,039	\$2,463,600	\$303,145	\$18,877,784	\$20,897,181	\$2,922,285	\$540,296	\$24,359,762	29.0%
PMPM	\$534.51	\$687.25	\$288.84	\$542.84	\$773.04	\$866.10	\$538.22	\$775.53	42.9%

Medical Cost Distribution

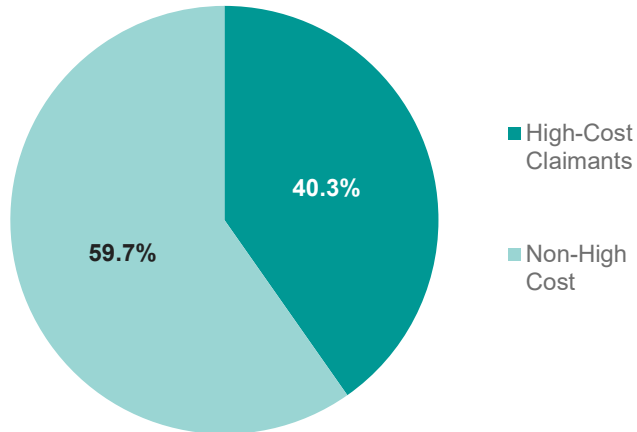
Distribution by Member Cost



Member Total Paid Range	2024-2Q (7/1/2023 - 12/31/2023)						2025-2Q (7/1/2024 - 12/31/2024)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	1,050	16.5%	\$0	0.0%	\$0	0.0%	938	16.4%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	201	3.2%	-\$25,301	-0.1%	-\$1,385	-0.1%	195	3.4%	-\$110,239	-0.5%	\$2,375	0.1%
> \$0 - \$2,500	3,977	62.4%	\$2,690,636	14.3%	\$747,041	34.1%	3,478	60.6%	\$2,420,374	9.9%	\$686,814	32.5%
> \$2,500 - \$5,000	516	8.1%	\$1,794,654	9.5%	\$405,526	18.5%	492	8.6%	\$1,733,276	7.1%	\$380,879	18.0%
> \$5,000 - \$10,000	299	4.7%	\$2,076,734	11.0%	\$363,417	16.6%	267	4.7%	\$1,845,403	7.6%	\$325,889	15.4%
> \$10,000 - \$25,000	197	3.1%	\$3,074,842	16.3%	\$315,682	14.4%	218	3.8%	\$3,512,617	14.4%	\$375,923	17.8%
> \$25,000 - \$50,000	74	1.2%	\$2,558,649	13.6%	\$177,919	8.1%	85	1.5%	\$2,890,887	11.9%	\$165,985	7.9%
> \$50,000 - \$100,000	39	0.6%	\$2,689,214	14.2%	\$113,338	5.2%	31	0.5%	\$2,259,536	9.3%	\$88,675	4.2%
> \$100,000	21	0.3%	\$4,018,355	21.3%	\$68,321	3.1%	31	0.5%	\$9,807,909	40.3%	\$87,693	4.1%
Total	6,374	100.0%	\$18,877,784	100.0%	\$2,189,860	100.0%	5,735	100.0%	\$24,359,762	100.0%	\$2,114,233	100.0%

* Unique Members are counted equally regardless of length of coverage. Note that because data is on a paid basis, member counts may also include those not active in the period.

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Perinatal Originating Conditions	3	\$3,082,258	31.4%
2	Neoplasms	13	\$2,036,223	20.8%
3	Circulatory System	22	\$1,394,832	14.2%
4	Injury, Poisoning & External Causes	12	\$1,137,872	11.6%
5	Infectious & Parasitic Diseases	6	\$425,184	4.3%
6	Digestive System	11	\$401,694	4.1%
7	Health Status & Health Services	25	\$299,149	3.1%
8	Blood & Immune Disorders	7	\$265,774	2.7%
9	Endocrine, Nutritional & Metabolic	12	\$154,768	1.6%
10	Ear and Mastoid Process	2	\$117,439	1.2%
...	All Others		\$492,715	5.0%
=	Total	31	\$9,807,909	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2025-2Q	Variance
Inpatient Admissions							
# of Admits	139	13.7%	158	-7.0%	147		
# of Admit Days	684	2.8%	703	34.7%	947		
Paid per Admit	\$39,264	-27.0%	\$28,673	48.7%	\$42,628	\$31,394	35.8%
Paid per Admit Day	\$7,979	-19.2%	\$6,444	2.7%	\$6,617	\$6,014	10.0%
Admits per 1000	64.4	-15.3%	54.5	3.0%	56.2	48.0	17.0%
Average LOS	4.9	-9.6%	4.4	44.8%	6.4	5.2	23.4%
Emergency Room Visits							
# of ER Visits	544	21.1%	659	-5.3%	624		
~ % resulting in Admit	10.7%	4.2	14.9%	-0.3	14.6%	10.2%	4.4
ER Visits per Patient	1.3	6.4%	1.3	-1.9%	1.3		
ER Visits per 1000	251.9	-9.7%	227.4	4.8%	238.4	222.5	7.2%
Paid per ER Visit	\$2,648	10.7%	\$2,932	10.0%	\$3,224	\$2,383	35.3%
Urgent Care Visits							
# of UC Visits	1,187	7.9%	1,281	-4.4%	1,225		
UC Visits per Patient	1.3	1.9%	1.4	1.6%	1.4		-
UC Visits per 1000	549.7	-19.6%	442.0	5.9%	468.0	260.9	79.4%
Paid per UC Visit	\$106	19.5%	\$126	3.1%	\$130	\$117	11.5%
Office Visits							
Off Visits per Patient	2.9	21.6%	3.5	3.2%	3.6		
Paid per Office Visit	\$103	7.6%	\$111	5.0%	\$117	\$97	20.3%
Office Visits Paid PMPY	\$585	-1.4%	\$577	9.0%	\$629	\$369	70.3%
Services							
Radiology Svcs per 1000	3,731.9	-10.8%	3,328.5	15.5%	3,843.7	3,626.2	6.0%
Radiology Paid PMPY	\$536	-2.8%	\$521	14.8%	\$598		
Lab Services per 1000	11,463.8	-7.8%	10,568.7	5.7%	11,169.6	9,516.9	17.4%
Labs Paid PMPY	\$220	-5.7%	\$208	29.6%	\$269		

- Inpatient Admission rate per 1000 increased 3.0%, and amount paid per Admission is significantly (+48.7%) higher than prior period
- ER utilization increased 4.8%, and amount paid per ER visit is 10.0% higher than prior period

Admissions and all other **Visits** are counted for utilization if the *initial Paid Date* for the first primary claim (facility claim for non-Office Visits) fell within the time period. For cost purposes, however, all visit costs paid within the time period are included.

Counts **per 1000** and amounts **PMPY** (per member per year) have been annualized.

Utilization Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Inpatient Admissions										
# of Admits	119	11.8%	133	-12.8%	116	0	-	0	-	0
# of Admit Days	592	-0.8%	587	29.1%	758	0	-	0	-	0
Paid per Admit	\$36,903	-19.1%	\$29,868	55.7%	\$46,496	\$0	-	\$0	-	\$0
Paid per Admit Day	\$7,418	-8.8%	\$6,767	5.1%	\$7,116	\$0	-	\$0	-	\$0
Admits per 1000	63.2	-16.3%	53.0	-2.7%	51.5	0.0	-	0.0	-	0.0
Average LOS	5.0	-11.3%	4.4	48.1%	6.5	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	473	20.5%	570	-8.9%	519	0	-	0	-	1
~ % resulting in Admit	10.4%	3.0	13.3%	-1.8	11.6%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.2	6.0%	1.3	-1.7%	1.3	0.0	-	0.0	-	1.0
ER Visits per 1000	251.4	-9.7%	227.0	1.5%	230.5	0.0	-	0.0	-	1,200.0
Paid per ER Visit	\$2,624	14.9%	\$3,016	7.0%	\$3,227	\$0	-	\$0	-	\$369
Urgent Care Visits										
# of UC Visits	1,052	8.1%	1,137	-5.4%	1,076	0	-	0	-	0
UC Visits per Patient	1.3	1.6%	1.4	1.6%	1.4	0.0	-	0.0	-	0.0
UC Visits per 1000	559.1	-19.0%	452.8	5.5%	477.8	0.0	-	0.0	-	0.0
Paid per UC Visit	\$107	20.5%	\$129	2.7%	\$132	\$0	-	\$0	-	\$0
Office Visits										
Off Visits per Patient	2.8	20.8%	3.4	2.3%	3.4	7.0	-42.9%	4.0	0.0%	4.0
Paid per Office Visit	\$106	8.4%	\$115	6.1%	\$122	\$112	71.9%	\$193	-34.9%	\$126
Office Visits Paid PMPY	\$570	-0.7%	\$566	9.3%	\$619	\$1,179	-21.4%	\$926	-34.9%	\$603
Services										
Radiology Svcs per 1000	3,343.1	-5.7%	3,151.0	13.2%	3,566.8	6,000.0	-60.0%	2,400.0	100.0%	4,800.0
Radiology Paid PMPY	\$522	-1.3%	\$515	13.5%	\$584	\$521	-100.0%	\$0	-	\$452
Lab Services per 1000	11,044.6	-7.9%	10,168.5	5.2%	10,699.0	27,000.0	-42.2%	15,600.0	7.7%	16,800.0
Labs Paid PMPY	\$216	-5.7%	\$204	31.0%	\$267	\$37	1019.3%	\$411	24.9%	\$514

Utilization Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-2Q	⇒	2024-2Q	⇒	2025-2Q	2023-2Q	⇒	2024-2Q	⇒	2025-2Q
Inpatient Admissions										
# of Admits	18	22.2%	22	36.4%	30	2	50.0%	3	-66.7%	1
# of Admit Days	85	28.2%	109	71.6%	187	7	0.0%	7	-71.4%	2
Paid per Admit	\$58,256	-57.1%	\$24,972	15.6%	\$28,863	\$8,833	-68.1%	\$2,816	143.4%	\$6,853
Paid per Admit Day	\$12,337	-59.1%	\$5,040	-8.1%	\$4,630	\$2,524	-52.2%	\$1,207	183.9%	\$3,426
Admits per 1000	73.0	-13.5%	63.1	42.2%	89.8	65.0	22.2%	79.5	-58.9%	32.7
Average LOS	4.7	4.9%	5.0	25.8%	6.2	3.5	-33.3%	2.3	-14.3%	2.0
Emergency Room Visits										
# of ER Visits	62	35.5%	84	14.3%	96	9	-44.4%	5	60.0%	8
~ % resulting in Admit	12.9%	9.7	22.6%	8.6	31.3%	11.1%	48.9	60.0%	-47.5	12.5%
ER Visits per Patient	1.3	13.3%	1.5	-6.2%	1.4	1.5	-33.3%	1.0	14.3%	1.1
ER Visits per 1000	251.4	-4.1%	241.1	19.1%	287.2	292.7	-54.7%	132.5	97.5%	261.6
Paid per ER Visit	\$3,025	-25.1%	\$2,265	52.5%	\$3,456	\$1,289	245.2%	\$4,449	-86.3%	\$611
Urgent Care Visits										
# of UC Visits	122	5.7%	129	7.8%	139	13	15.4%	15	-33.3%	10
UC Visits per Patient	1.3	2.5%	1.3	3.5%	1.4	1.2	26.9%	1.5	-16.7%	1.3
UC Visits per 1000	494.7	-25.2%	370.2	12.3%	415.9	422.8	-6.0%	397.4	-17.7%	327.0
Paid per UC Visit	\$99	15.7%	\$114	5.4%	\$121	\$70	-46.6%	\$38	20.8%	\$45
Office Visits										
Off Visits per Patient	3.3	26.5%	4.1	6.9%	4.4	3.5	20.6%	4.2	-3.6%	4.1
Paid per Office Visit	\$96	3.2%	\$99	-0.6%	\$98	\$50	-3.8%	\$48	-0.8%	\$48
Office Visits Paid PMPY	\$722	-5.4%	\$683	6.5%	\$727	\$393	-16.4%	\$328	-3.3%	\$317
Services										
Radiology Svcs per 1000	6,528.7	-29.9%	4,574.7	26.0%	5,765.3	5,040.7	-27.5%	3,655.6	-12.3%	3,204.4
Radiology Paid PMPY	\$658	-6.9%	\$612	19.3%	\$731	\$435	-76.4%	\$102	43.2%	\$147
Lab Services per 1000	14,618.5	-6.9%	13,606.4	8.4%	14,743.8	11,479.7	-21.3%	9,033.1	-26.9%	6,604.9
Labs Paid PMPY	\$255	-4.1%	\$244	24.2%	\$303	\$221	-34.9%	\$143	-49.9%	\$72

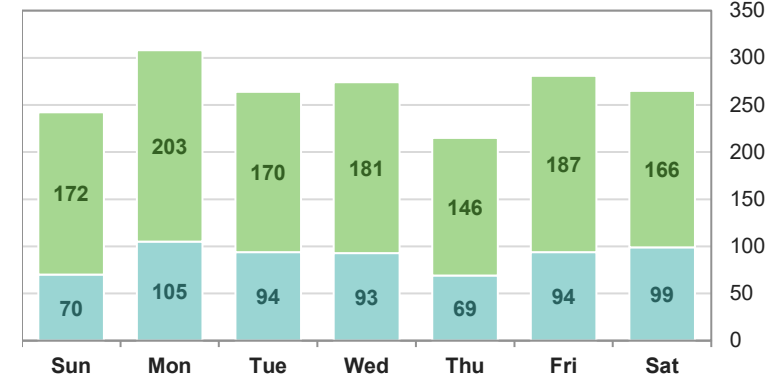
On Demand Care Summary

Emergency Room & Urgent Care

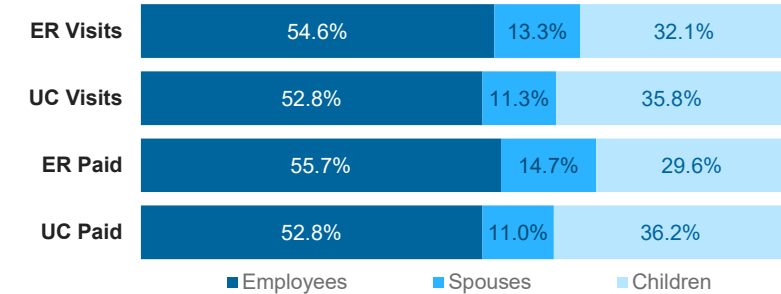


Measure	2024-2Q	2025-2Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	659	624	-5.3%		
# of Patients	492	475	-3.5%		
Total Plan Paid	\$1,931,912	\$2,012,034	4.1%		
Total Mem Paid	\$322,982	\$299,667	-7.2%		
Visits per 1000	227.4	238.4	4.8%	222.5	7.2%
Paid per Visit	\$2,932	\$3,224	10.0%	\$2,383	35.3%
Paid PMPM	\$56	\$64	15.3%	\$44	45.0%
% ER Patients w/ Office Visit*	95.7%	96.4%	0.7		
% Potentially Avoidable**	13.8%	10.6%	-3.2	83.1%	-72.5
Urgent Care					
# of Visits	1,281	1,225	-4.4%		
# of Patients	939	884	-5.9%		
Total Plan Paid	\$161,913	\$159,674	-1.4%		
Total Mem Paid	\$58,733	\$54,517	-7.2%		
Visits per 1000	442.0	468.0	5.9%	260.9	79.4%
Paid per Visit	\$126	\$130	3.1%	\$117	11.5%
Paid PMPM	\$5	\$5	9.2%	\$3	100.1%

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	341	647	988	\$1,120,454	\$84,317	\$1,204,770
Spouse	83	139	222	\$295,693	\$17,590	\$313,283
Child	200	439	639	\$595,887	\$57,767	\$653,654
Total	624	1,225	1,849	\$2,012,034	\$159,674	\$2,171,708

* Office Visit within prior 12 months..

** ER Visits are categorized as potentially avoidable based on primary and secondary diagnosis and do not necessarily indicate misuse of the ER for the patient's specific circumstances.

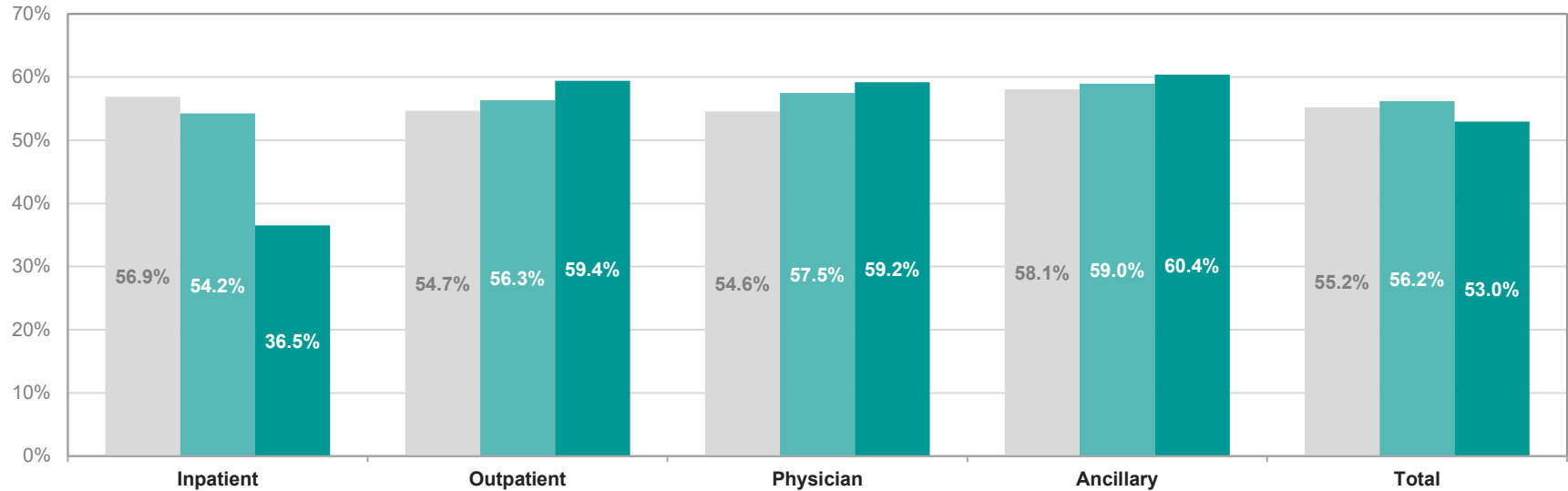
Network Summary

Discount Percentage & Network Utilization

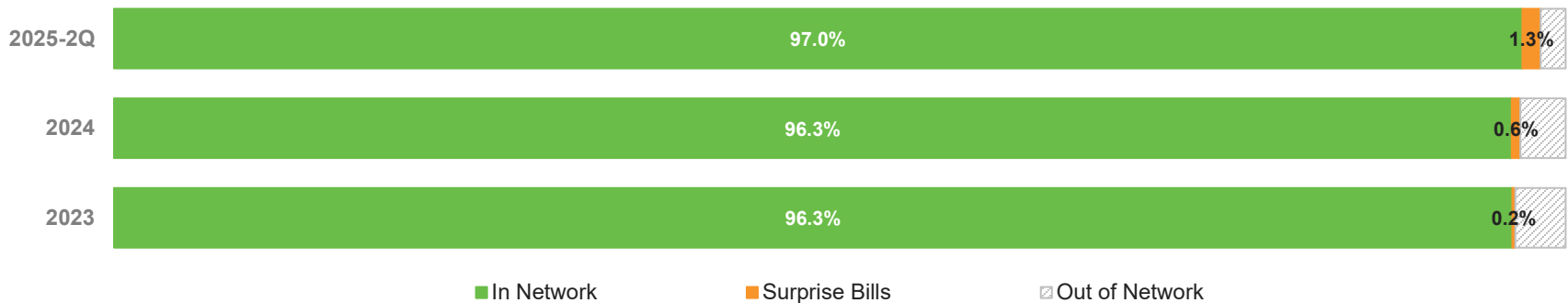


Discount Percentage* by Claim Type

Plan Year: 2023 2024 2025-2Q



Network Utilization*



* Network Discounts and Utilization exclude COB Claims, and Network Discounts additionally exclude Surprise Bills.

Clinical Classification Summary

Breakout by Diagnostic Chapter



Diagnostic Chapter	2024 (Full Year)		2025-2Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Perinatal Originating Conditions	76	\$1,990,280	36	\$3,211,385	\$461	\$115	\$3,210,809	\$416,681	\$2,794,704
Neoplasms	956	\$4,619,242	617	\$3,154,338	\$1,485,892	\$1,576,154	\$92,292	\$611,279	\$2,543,059
Circulatory System	1,084	\$4,487,845	689	\$2,805,907	\$2,126,868	\$618,956	\$60,083	\$1,321,266	\$1,484,641
Musculoskeletal System	2,070	\$4,602,332	1,356	\$2,401,507	\$1,968,321	\$300,393	\$132,793	\$929,849	\$1,471,658
Injury, Poisoning & External Causes	987	\$3,319,950	576	\$1,980,720	\$1,278,656	\$291,199	\$410,864	\$658,859	\$1,321,860
Health Status & Health Services	4,187	\$4,675,804	2,710	\$1,546,881	\$947,220	\$217,767	\$381,895	\$696,421	\$850,460
Digestive System	848	\$2,625,472	481	\$1,408,171	\$1,137,289	\$125,962	\$144,920	\$449,249	\$958,921
Symptoms, Signs & Findings, NEC	2,600	\$2,268,545	1,561	\$1,091,959	\$720,574	\$168,229	\$203,156	\$383,106	\$708,853
Mental, Behavioral & Neurodevelopmental	1,352	\$2,322,608	1,006	\$1,065,328	\$460,912	\$161,173	\$443,244	\$357,421	\$707,908
Genitourinary System	1,208	\$2,173,973	721	\$1,007,389	\$803,673	\$84,603	\$119,114	\$323,944	\$683,445
Nervous System	1,174	\$1,812,222	789	\$879,889	\$591,360	\$150,855	\$137,674	\$352,926	\$526,963
Endocrine, Nutritional & Metabolic	1,892	\$2,071,739	1,238	\$761,374	\$598,954	\$78,923	\$83,497	\$393,278	\$368,097
Respiratory System	1,820	\$1,973,123	914	\$668,964	\$406,074	\$119,604	\$143,285	\$261,349	\$407,615
Infectious & Parasitic Diseases	519	\$1,452,642	280	\$562,583	\$517,362	\$19,135	\$26,086	\$112,904	\$449,680
Pregnancy, Childbirth & the Puerperium	117	\$1,094,523	76	\$519,939	\$300,302	\$109,943	\$109,694	\$125	\$519,815
Blood & Immune Disorders	252	\$886,310	124	\$355,605	\$219,952	\$10,019	\$125,634	\$252,739	\$102,866
Ear and Mastoid Process	573	\$333,384	273	\$302,972	\$209,548	\$41,435	\$51,990	\$104,440	\$198,533
Skin & Subcutaneous Tissue	1,429	\$854,655	899	\$215,698	\$161,423	\$26,795	\$27,481	\$79,092	\$136,607
Congenital Malformations & Abnormalities	93	\$115,196	53	\$202,295	\$61,926	\$0	\$140,369	\$113,468	\$88,827
Eye and Adnexa	1,733	\$533,279	860	\$195,129	\$141,511	\$23,076	\$30,541	\$91,874	\$103,255
External Causes of Morbidity	1	\$0	0	\$0	\$0	\$0	\$0	\$0	\$0
Total	5,860	\$44,213,123	4,689	\$24,359,762	\$14,156,304	\$4,128,038	\$6,075,420	\$7,914,780	\$16,444,982

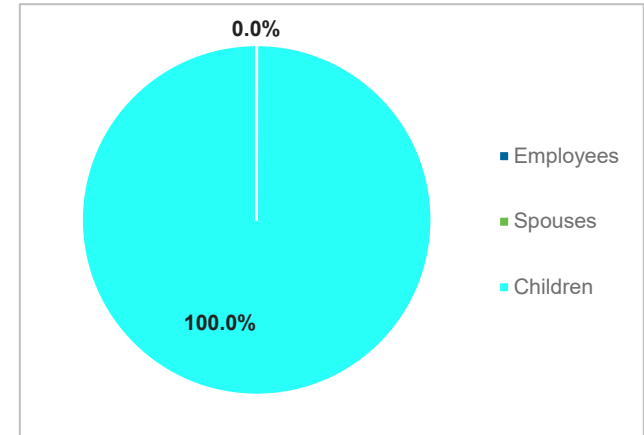
Perinatal Originating Conditions

Breakout by Diagnostic Grouping & Demographics

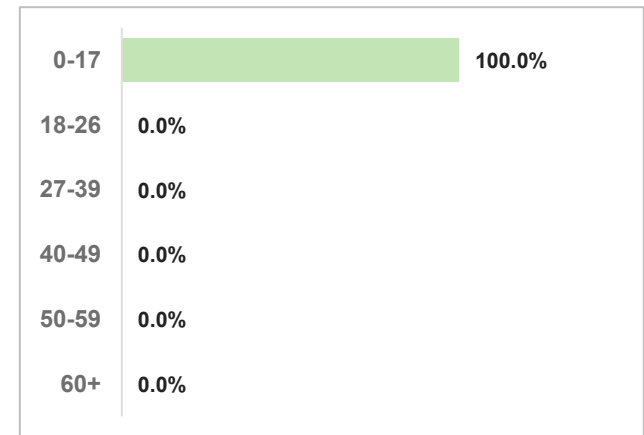


#	Perinatal Conditions Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Respiratory perinatal condition	6	16	\$1,567,079	48.8%
2	Other specified & unspec perinatal conds	5	8	\$1,373,328	42.8%
3	Liveborn	26	44	\$241,407	7.5%
4	Respiratory distress syndrome	3	18	\$18,868	0.6%
5	Neonatal abstinence syndrome	1	1	\$3,716	0.1%
6	Short gestation; low birth weight; fetal growth	4	4	\$3,504	0.1%
7	Hemolytic jaundice & perinatal jaundice	3	5	\$1,757	0.1%
8	Neonatal digestive & feeding disorders	6	11	\$1,217	0.0%
9	Perinatal infections	1	1	\$275	0.0%
10	Birth trauma	1	1	\$188	0.0%
11	Neonatal acidemia & hypoxia	2	4	\$46	0.0%
12	Newborn aff by matern conds or comps of labor	1	1	\$0	0.0%
13	Hemorrhagic & hematologic disorders of newborn	2	2	\$0	0.0%
=	Total	36	152	\$3,211,385	100.0%

Perinatal Conditions Paid by Relationship



Perinatal Conditions Paid by Age Range



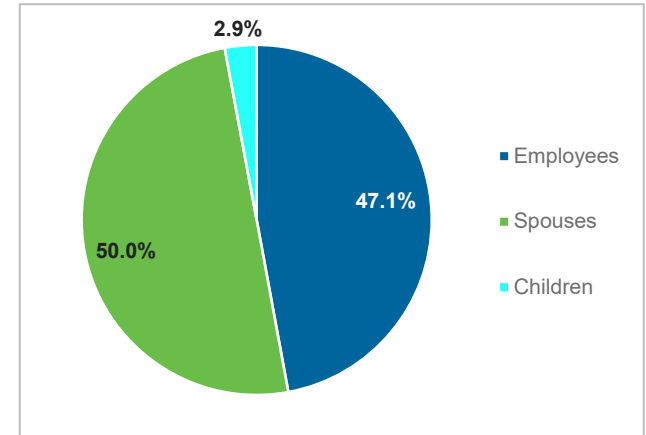
Neoplasms (Cancer)

Breakout by Diagnostic Grouping & Demographics

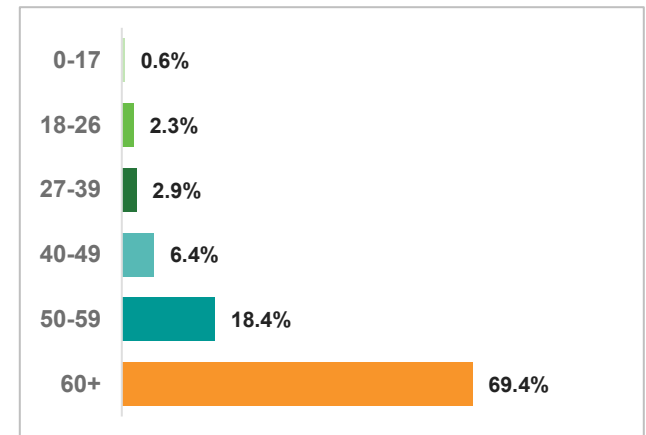


#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Other gastrointestinal cancers	6	36	\$1,294,934	41.1%
2	Breast cancer	39	248	\$479,484	15.2%
3	Benign neoplasms	375	574	\$330,698	10.5%
4	Lymphoma	16	138	\$213,639	6.8%
5	Ovarian cancer	5	25	\$126,918	4.0%
6	Respiratory cancers	5	43	\$100,801	3.2%
7	Other cancer	13	26	\$85,035	2.7%
8	Colorectal cancer	7	38	\$81,181	2.6%
9	Skin cancer	60	139	\$70,756	2.2%
10	Prostate cancer	20	169	\$63,541	2.0%
11	Head & neck cancers	4	33	\$58,746	1.9%
12	Pancreatic cancer	3	46	\$54,951	1.7%
13	Neoplasms of unspec nature	228	276	\$50,361	1.6%
14	Leukemia	8	41	\$39,576	1.3%
15	Kidney Cancer	6	20	\$32,991	1.0%
16	Secondary malignancies	12	52	\$27,616	0.9%
17	Endometrial cancer	6	23	\$25,559	0.8%
18	Oral cancer	2	5	\$14,333	0.5%
19	Female reproductive	3	3	\$993	0.0%
20	Brain cancer	4	8	\$860	0.0%
...	All Others	7	12	\$1,366	0.0%
=	Total	617	2,082	\$3,154,338	100.0%

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



Note: there are additional cancer-related costs for encounters and therapy, totaling \$715,004 – these costs are categorized under Health Status

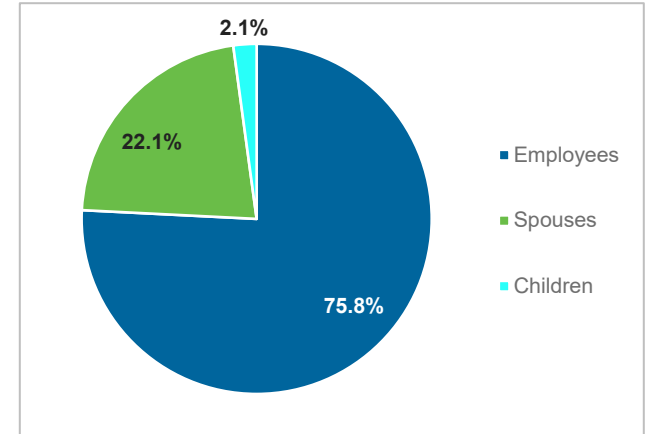
Circulatory System

Breakout by Diagnostic Grouping & Demographics

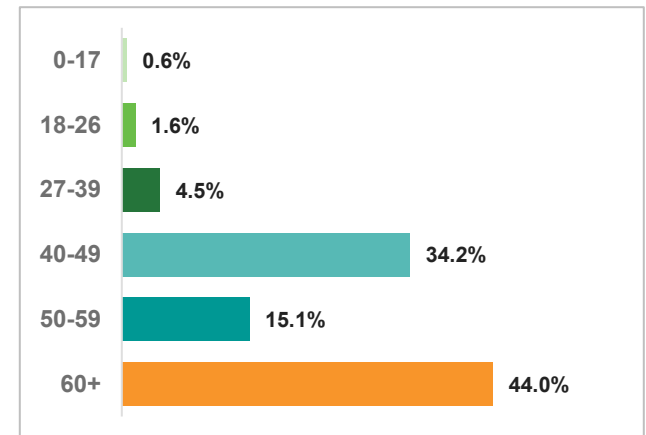


#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Cerebrovascular disease	27	104	\$970,496	34.6%
2	Cardiac dysrhythmias	124	360	\$521,344	18.6%
3	Myocardial infarction	11	39	\$324,468	11.6%
4	Coronary atherosclerosis & oth heart disease	87	219	\$265,362	9.5%
5	Nonrheumatic & unspecified valve disorders	40	51	\$190,183	6.8%
6	Nonspecific chest pain	137	255	\$138,101	4.9%
7	Heart failure	29	106	\$97,780	3.5%
8	Vascular disease	48	105	\$92,503	3.3%
9	Hypertension	352	537	\$91,616	3.3%
10	Acute pulmonary embolism, DVT	26	102	\$56,887	2.0%
11	Other circulatory	30	54	\$54,445	1.9%
12	Myocarditis & cardiomyopathy	9	16	\$2,721	0.1%
=	Total	689	2,190	\$2,805,907	100.0%

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping



Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-2Q		2025-2Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	394	\$484,494	424	\$531,931	305	\$242,761	\$46,203	\$7,916	\$187,226	\$1,416
Anxiety & related Disorders	521	\$279,609	512	\$337,685	329	\$177,103	\$0	\$2,904	\$174,199	\$0
Trauma & stressor disorders	294	\$210,733	338	\$370,626	241	\$150,361	\$0	\$0	\$150,361	\$0
Alcohol-related disorders	29	\$154,326	45	\$307,936	24	\$124,788	\$85,944	\$10,764	\$28,081	\$0
Neurodevelopmental disorders	225	\$140,318	253	\$292,459	197	\$119,651	\$0	\$0	\$119,651	\$0
Suicidal ideation, attempt or self-harm	21	\$78,998	23	\$42,788	13	\$72,931	\$33,084	\$33,066	\$6,781	\$0
Other mental health	143	\$50,896	146	\$124,135	92	\$68,549	\$0	\$18,000	\$50,550	\$0
Bipolar & related Disorders	82	\$64,002	79	\$92,390	54	\$41,205	\$10,440	\$0	\$30,765	\$0
Eating disorders	17	\$31,584	15	\$51,171	6	\$33,747	\$0	\$0	\$33,747	\$0
Schizophrenia spectrum disorders	14	\$17,003	16	\$33,159	11	\$16,380	\$3,480	\$1,089	\$11,803	\$8
Obsessive compulsive disorders	20	\$19,073	22	\$60,775	14	\$5,822	\$0	\$0	\$5,822	\$0
Stimulant disorders	5	\$31,458	6	\$31,146	1	\$5,176	\$2,656	\$0	\$2,520	\$0
Opiod disorders	15	\$8,462	11	\$36,789	5	\$3,299	\$0	\$0	\$3,299	\$0
Other substance use	37	\$3,370	37	\$8,935	12	\$2,714	\$0	\$0	\$2,714	\$0
Cannabis-related disorders	9	\$2,149	4	\$681	3	\$841	\$0	\$0	\$841	\$0
Total	1,310	\$1,576,476	1,352	\$2,322,608	1,006	\$1,065,328	\$181,806	\$73,738	\$808,359	\$1,425

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions



Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	Change vs LY	# of Mems	Mems per 1000	Change vs LY	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	12	2.1	33.3%	6	1.1	-14.3%	\$4,321	83.3	250.0
Asthma	240	43.0	-8.0%	123	22.0	6.0%	\$5,857	45.8	266.7
Atrial Fibrillation	62	11.1	5.1%	45	8.1	18.4%	\$46,899	161.3	612.9
Blood Disorders	218	39.0	-11.4%	95	17.0	-12.8%	\$46,035	334.9	422.0
CAD	89	15.9	3.5%	40	7.2	-9.1%	\$19,860	146.1	337.1
COPD	38	6.8	18.8%	26	4.7	8.3%	\$36,264	394.7	789.5
Cancer	575	102.9	15.7%	263	47.1	6.9%	\$19,790	109.6	173.9
Chronic Pain	47	8.4	20.5%	24	4.3	26.3%	\$112,663	680.9	893.6
CHF	32	5.7	14.3%	20	3.6	-9.1%	\$164,184	625.0	625.0
Demyelinating Diseases	17	3.0	-43.3%	13	2.3	-35.0%	\$32,429	176.5	411.8
Depression	417	74.6	0.0%	293	52.4	3.2%	\$10,984	129.5	326.1
Diabetes	499	89.3	1.2%	385	68.9	-2.5%	\$16,943	100.2	260.5
ESRD	14	2.5	-48.1%	13	2.3	-35.0%	\$437,025	1,928.6	2,142.9
Eating Disorders	15	2.7	25.0%	11	2.0	37.5%	\$10,313	66.7	266.7
HIV/AIDS	6	1.1	-40.0%	5	0.9	-37.5%	\$3,415	0.0	0.0
Hyperlipidemia	195	34.9	-3.9%	66	11.8	13.8%	\$2,212	10.3	41.0
Hypertension	568	101.7	-8.2%	231	41.3	-18.1%	\$8,968	75.7	227.1
Immune Disorders	23	4.1	-11.5%	13	2.3	8.3%	\$31,652	43.5	130.4
IBD	24	4.3	-4.0%	5	0.9	-50.0%	\$1,492	0.0	41.7
Liver Disease	3	0.5	0.0%	1	0.2	-66.7%	\$544,864	666.7	333.3
Morbid Obesity	105	18.8	-9.5%	58	10.4	-4.9%	\$25,837	161.9	238.1
Osteoarthritis	277	49.6	-12.3%	122	21.8	-8.3%	\$11,466	46.9	205.8
Peripheral Vascular Disease	32	5.7	23.1%	11	2.0	57.1%	\$25,837	406.3	500.0
Rheumatoid Arthritis	64	11.5	-3.0%	45	8.1	-8.2%	\$9,141	0.0	171.9

- *Most prevalent chronic condition is Cancer, with 575 members*
- *Diabetes is the condition with the most moderate/high risk members (385)*
- *Members with mod/high risk Diabetes also have the highest combined cost, totaling \$6.52M*

Date Range: Service Dates 10/1/2023 - 9/30/2024, Paid through 12/31/2024

With Condition members are identified by having any covered claim with a diagnosis for the condition in Dx position 1.

Moderate/High-Risk Condition members had either multiple provider visits for the condition (based on Dx position 1) during the date range or at least one ER Visit or Admission for the condition in the range.

Cost & Utilization for All Members:

- **Allowed PMPY:** \$8,884
- **Admits per 1000:** 57.8
- **ER Visits per 1000:** 238.4

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	Oct 2022 - Sep 2023			Oct 2023 - Sep 2024			Rate Change	UMR Norm	
		Eligible	Actual	Rate	Eligible	Actual	Rate		Rate	Variance
Well Visits		<i>Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.</i>								
Well Baby Visit	0 - 15 months	78.6	451	5,735.3	51.8	282	5,439.9	-5.2%	5,308.6	2.5%
Well Child Visit	3 - 6 years	270.0	228	844.4	238.2	188	789.4	-6.5%	792.3	-0.4%
Adults w/ Well Visit	Adults 18+	4,809	2,052	42.7%	4,332	1,828	42.2%	-0.5	41.2%	1.0
Screenings		<i>Rate for all screenings is the percentage of eligible population who had the screening during the period.</i>								
Mammogram	Females 40 - 69	1,721	858	49.9%	1,562	773	49.5%	-0.4	47.9%	1.6
Cervical Cancer	Females 21 - 64	2,352	615	26.1%	2,092	503	24.0%	-2.1	24.1%	0.0
Prostate Cancer	Males 50 - 70	976	420	43.0%	900	434	48.2%	5.2	42.5%	5.7
Colorectal Cancer	Members 45 - 75	2,746	459	16.7%	2,507	431	17.2%	0.5	17.4%	-0.2
Cholesterol	Female 45+ Male 35+	3,095	1,713	55.4%	2,826	1,594	56.4%	1.1	48.6%	7.9
Condition-specific Screening										
Asthma	Office Visit for Asthma	261	204	78.2%	240	198	82.5%	4.3		
COPD	Spirometry Test	32	4	12.5%	38	8	21.1%	8.6		
Type 2 Diabetes	A1c Test	441	400	90.7%	457	414	90.6%	-0.1	86.2%	4.4
	Eye Exam	441	139	31.5%	457	121	26.5%	-5.0	25.7%	0.8
	Lipid Panel	441	348	78.9%	457	343	75.1%	-3.9	73.2%	1.9
	Urine Protein Test	441	329	74.6%	457	292	63.9%	-10.7	64.2%	-0.3
	Any Diabetes Screen	441	426	96.6%	457	435	95.2%	-1.4	93.8%	1.4
Hyperlipidemia	Lipid Profile	203	98	48.3%	195	102	52.3%	4.0		
Hypertension	Creatinine Test	619	160	25.8%	568	136	23.9%	-1.9		
	Lipid Profile	619	168	27.1%	568	160	28.2%	1.0		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 10/1/2023 - 9/30/2024, Paid through 12/31/2024

Note: Preventive Services do not include those performed at onsite clinics or ones for which no claim was submitted to UMR.

**Public Employees' Benefits Program - RX Costs
PY 2025 - Through Quarter Ending December 31, 2024**

Express Scripts

1Q-2Q FY2025 EPO		1Q-2Q FY2023 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	5,238	5,797	(559)	-9.6%
Utilizing Member Count (Patients)	3,866	4,161	(295)	-7.1%
Percent Utilizing (Utilization)	73.8%	71.8%	0	2.8%
Claim Summary				
Net Claims (Total Rx's)	60,738	63,291	(2,553)	-4.0%
Claims per Elig Member per Month (Claims PMPM)	1.93	1.82	0.11	6.0%
Total Claims for Generic (Generic Rx)	51,800	53,768	(1,968.00)	-3.7%
Total Claims for Brand (Brand Rx)	8,938	9,523	(585.00)	-6.1%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	225	413	(188.00)	-45.5%
Total Non-Specialty Claims	59,828	62,523	(2,695.00)	-4.3%
Total Specialty Claims	910	768	142.00	18.5%
Generic % of Total Claims (GFR)	85.3%	85.0%	0.00	0.4%
Generic Effective Rate (GCR)	99.6%	99.2%	0.00	0.3%
Mail Order Claims	17,329	18,689	(1,360.00)	-7.3%
Mail Penetration Rate*	31.6%	32.7%	(0.01)	-1.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$10,528,698	\$10,045,058	\$483,640.00	4.8%
Total Generic Gross Cost	\$926,637	\$933,816	(\$7,179.00)	-0.8%
Total Brand Gross Cost	\$9,602,061	\$9,111,242	\$490,819.00	5.4%
Total MSB Gross Cost	\$238,411	\$223,146	\$15,265.00	6.8%
Total Ingredient Cost	\$10,245,895	\$9,763,024	\$482,871.00	4.9%
Total Dispensing Fee	\$276,668	\$273,452	\$3,216.00	1.2%
Total Other (e.g. tax)	\$6,135	\$8,581	(\$2,446.00)	-28.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$173.35	\$158.71	\$14.63	9.2%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$17.89	\$17.37	\$0.52	3.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$1,074.30	\$956.76	\$117.54	12.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,059.60	\$540.31	\$519.29	96.1%
Member Cost Summary				
Total Member Cost	\$1,490,034	\$1,331,951	\$158,083.00	11.9%
Total Copay	\$1,486,909	\$1,330,062	\$156,847.00	11.8%
Total Deductible	\$3,125	\$1,889	\$1,236.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$24.48	\$21.02	\$3.47	16.5%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$24.53	\$21.04	\$3.49	16.6%
Avg Copay for Generic (Copay/Generic Rx)	\$7.02	\$6.84	\$0.18	2.6%
Avg Copay for Brand (Copay/Brand Rx)	\$126.01	\$101.25	\$24.76	24.5%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$50.97	\$52.63	(\$1.66)	-3.2%
Net PMPM (Participant Cost PMPM)	\$47.41	\$38.29	\$9.12	23.8%
Copay % of Total Prescription Cost (Member Cost Share %)	14.2%	13.3%	0.9%	6.7%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$9,038,664	\$8,713,107	\$325,557.00	3.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,390,109	\$4,140,543	\$249,566.00	6.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,648,554	\$4,572,564	\$75,990.00	1.7%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$148.81	\$137.67	\$11.15	8.1%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$10.87	\$10.53	\$0.34	3.2%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$948.29	\$855.51	\$92.78	10.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$1,008.63	\$487.68	\$520.95	106.8%
Net PMPM (Plan Cost PMPM)	\$287.60	\$250.51	\$37.09	14.8%
PMPM without Specialty (Non-Specialty PMPM)	\$139.69	\$119.04	\$20.65	17.3%
PMPM for Specialty Only (Specialty PMPM)	\$147.91	\$131.46	\$16.45	12.5%
Rebates Received (Q1 FY2024 actual)	\$3,688,790	\$2,833,099	\$855,691.97	30.2%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$170.23	\$169.05	\$1.17	0.7%
PMPM without Specialty (Non-Specialty PMPM)	\$82.44	\$75.05	\$7.39	9.8%
PMPM for Specialty Only (Specialty PMPM)	\$97.07	\$92.97	\$4.10	4.4%

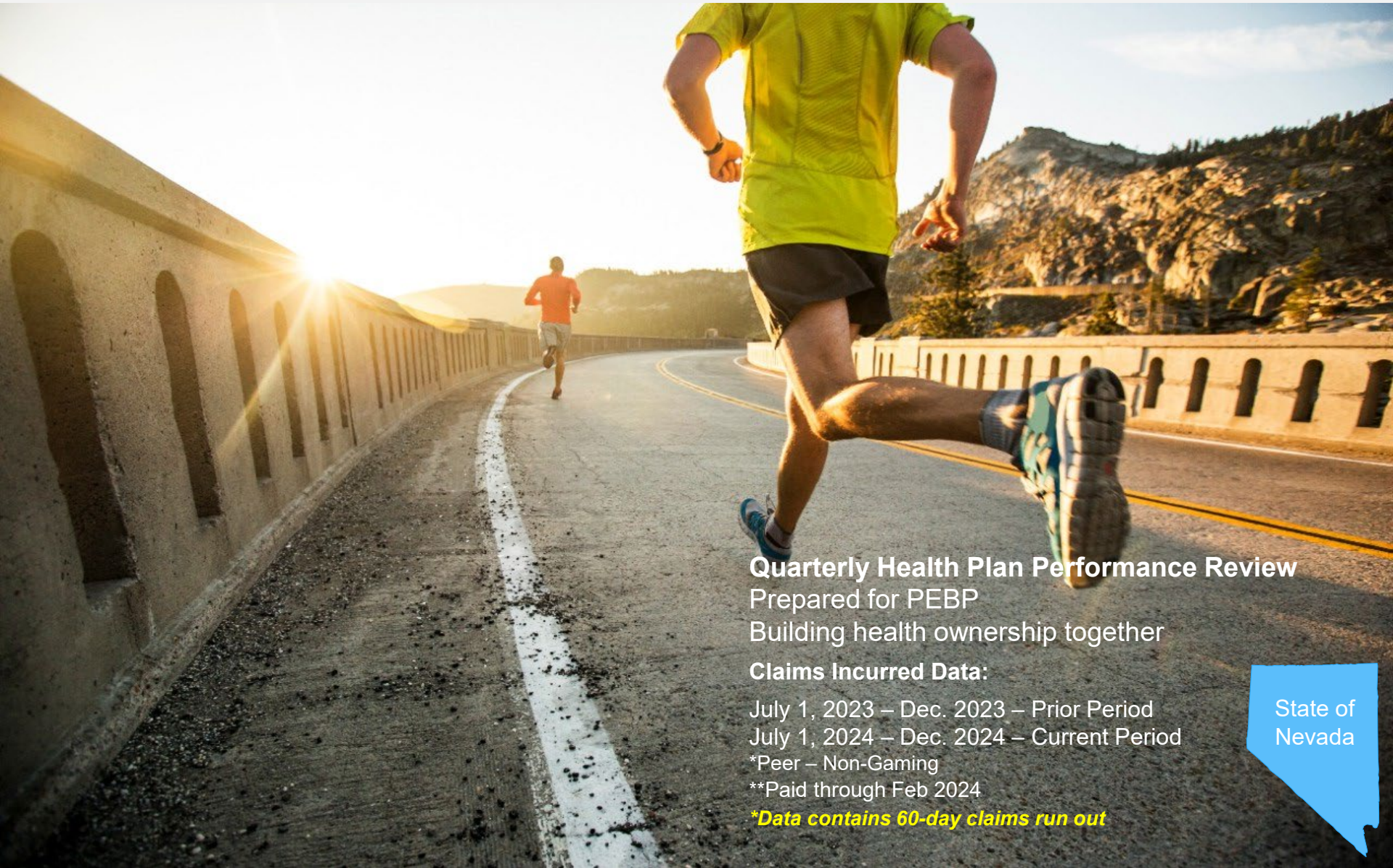
Appendix D

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Health Plan of Nevada –Utilization Review for PEBP July 1, 2024 – December 31, 2024

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Power Of Partnership.



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

Claims Incurred Data:

July 1, 2023 – Dec. 2023 – Prior Period
July 1, 2024 – Dec. 2024 – Current Period

*Peer – Non-Gaming

**Paid through Feb 2024

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

State of
Nevada



Executive Summary
Spend and Utilization

Population

- -0.8% decrease for employees
- -1.5% decrease for members

Medical Paid PMPM

- 8.5% increase in overall medical paid from prior period
- 1.5% increase in non-Catastrophic spend
- 2.0% increase in Catastrophic spend

High-Cost Claimants

- 30 HCC in 2Q24, flat from prior period
- % of HCC spend saw a small increase of 2.0%
- Avg. Paid per case decreased -4.9%

Emergency Room

- ER Visits Per 1,000 members decreased -9.4%
- Avg. paid per ER Visit increased 12.4%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -13.6%
- Avg. paid per Urgent care visit increased 12.4%

Rx Drivers

- Rx Net Paid PMPM increased 11.8%
- Specialty Spend decreased -5.9%
- Specialty Rx driving 37.7% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx increased 9.6% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
July - Dec. 2023 Q2							July - Dec 2024 Q2						Change	
Age Band	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Med/Rx Net Paid	Med/Rx Net PMPM
<1	\$290,128	\$1,131	\$896	\$3	\$291,024	\$1,135	\$210,135	\$857	\$667	\$3	\$210,802	\$860	-27.6%	-22.1%
01	\$85,476	\$289	\$1,948	\$7	\$87,424	\$295	\$43,699	\$198	\$355	\$2	\$44,055	\$200	-31.3%	-75.5%
02-04	\$242,756	\$250	\$9,240	\$10	\$251,996	\$259	\$462,247	\$468	\$3,286	\$3	\$465,533	\$472	87.6%	-65.0%
05-09	\$368,337	\$191	\$33,250	\$17	\$401,587	\$208	\$392,673	\$210	\$17,330	\$9	\$410,003	\$220	10.1%	-46.2%
10-14	\$456,047	\$170	\$93,177	\$35	\$549,224	\$204	\$461,170	\$176	\$51,668	\$20	\$512,838	\$195	3.6%	-43.2%
15-19	\$564,691	\$181	\$149,178	\$48	\$713,869	\$229	\$663,252	\$216	\$94,075	\$31	\$757,328	\$247	19.1%	-36.1%
20-24	\$573,603	\$199	\$62,015	\$22	\$635,618	\$220	\$665,618	\$230	\$134,397	\$46	\$800,015	\$276	15.4%	115.6%
25-29	\$656,957	\$425	\$110,379	\$71	\$767,336	\$497	\$517,139	\$302	\$151,373	\$88	\$668,512	\$391	-28.9%	23.8%
30-34	\$616,396	\$338	\$282,294	\$155	\$898,690	\$493	\$642,729	\$362	\$281,310	\$159	\$924,039	\$521	7.1%	2.3%
35-39	\$574,943	\$241	\$656,698	\$275	\$1,231,641	\$516	\$672,814	\$305	\$435,946	\$197	\$1,108,760	\$502	26.4%	-28.3%
40-44	\$1,146,004	\$450	\$331,767	\$130	\$1,477,771	\$580	\$803,399	\$317	\$447,914	\$177	\$1,251,313	\$494	-29.5%	35.7%
45-49	\$1,141,447	\$352	\$702,073	\$217	\$1,843,520	\$569	\$1,527,833	\$504	\$990,039	\$326	\$2,517,872	\$830	42.9%	50.6%
50-54	\$1,122,784	\$301	\$1,086,300	\$291	\$2,209,084	\$592	\$1,637,073	\$432	\$1,395,122	\$368	\$3,032,195	\$800	43.7%	26.5%
55-59	\$1,486,318	\$399	\$1,362,052	\$365	\$2,848,369	\$764	\$1,421,315	\$393	\$1,398,217	\$386	\$2,819,533	\$779	-1.5%	5.7%
60-64	\$1,714,598	\$476	\$1,094,153	\$304	\$2,808,751	\$779	\$1,645,585	\$471	\$1,232,524	\$352	\$2,878,109	\$823	-1.1%	16.1%
65+	\$1,672,293	\$670	\$1,031,547	\$413	\$2,703,840	\$1,083	\$1,814,167	\$700	\$1,077,318	\$416	\$2,891,485	\$1,116	4.5%	0.6%
Total	\$12,712,778	\$341	\$7,006,967	\$188	\$19,719,744	\$530	\$13,580,848	\$370	\$7,711,542	\$210	\$21,292,390	\$581	8.0%	9.6%

Financial Summary



Financial and Demographic (July 2024 thru Dec 2024 Q2)

Summary	Total				State Active				Retiree (State/Non-State)			
	Thru 2Q22	Thru 2Q23	Thru 2Q24	▲	Thru 2Q22	Thru 2Q23	Thru 2Q24	▲	Thru 2Q22	Thru 2Q23	Thru 2Q24	▲
Avg. # Employees	3,665	3,539	3,512	-0.8%	3,232	3,094	3,103	0.3%	433	445	409	-8.1%
Avg. # Members	6,461	6,206	6,112	-1.5%	5,875	5,597	5,552	-0.8%	586	610	560	-8.1%
Ratio	1.8	1.8	1.7	-0.8%	1.8	1.8	1.8	-1.1%	1.4	1.4	1.4	-0.1%
Financial												
Medical Paid	\$13,640,231	\$12,712,778	\$13,580,848	6.8%	\$12,571,555	\$10,880,065	\$12,078,769	11.0%	\$1,068,676	\$1,832,713	\$1,502,080	-18.0%
Member Paid	\$1,032,769	\$1,088,174	\$1,139,813	4.7%	\$723,513	\$785,185	\$888,944	13.2%	\$309,256	\$302,990	\$250,868	-17.2%
Net Paid PEPY	\$7,444	\$7,184	\$7,733	7.6%	\$7,666	\$6,886	\$7,785	13.1%	\$5,782	\$9,261	\$7,342	-20.7%
Net Paid PMPY	\$4,222	\$4,097	\$4,444	8.5%	\$4,218	\$3,807	\$4,351	14.3%	\$4,268	\$6,759	\$5,362	-20.7%
Net Paid PEPM	\$620	\$599	\$644	7.6%	\$639	\$574	\$649	13.1%	\$482	\$772	\$612	-20.7%
Net Paid PMPM	\$352	\$341	\$370	8.5%	\$351	\$317	\$363	14.3%	\$356	\$563	\$447	-20.7%
High Cost Claimants												
# of HCC's > \$50k	34	32	30	-6.3%	32	22	25	13.6%	2	10	5	-50.0%
Avg. paid per claimant	\$109,700	\$95,110	\$103,527	8.9%	\$109,763	\$95,574	\$108,965	14.0%	\$108,694	\$94,088	\$76,338	-18.9%
HCC % of Spend	27.3%	23.9%	22.7%	-4.9%	28.4%	19.7%	22.5%	14.0%	17.4%	45.3%	24.8%	-45.4%
Spend by Location (PMPY)												
Inpatient	\$3,534	\$1,167	\$1,170	0.3%	\$1,122	\$987	\$1,256	27.3%	\$1,065	\$2,704	\$1,418	-47.6%
Outpatient	\$1,191	\$1,230	\$1,090	-11.3%	\$1,195	\$861	\$1,152	33.8%	\$1,156	\$1,599	\$1,396	-12.7%
Professional	\$2,168	\$2,004	\$2,015	0.5%	\$1,963	\$1,195	\$1,475	23.4%	\$2,115	\$2,432	\$2,632	8.2%
Total	\$6,893	\$4,401	\$4,275	-2.8%	\$4,280	\$3,888	\$4,351	11.9%	\$4,336	\$6,734	\$5,446	-19.1%

Paid Claims by Claim Type



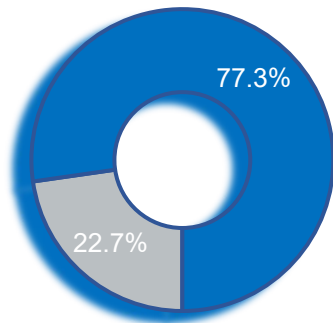
Net Paid Claims - Total									
Total Participants									
	July - Dec 2023 Q2				July - Dec 2024 Q2				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$2,451,823	\$241,236	\$765,229	\$3,458,288	\$2,425,118	\$187,808	\$865,417	\$3,478,343	0.6%
OutPatient	\$8,099,089	\$272,047	\$883,354	\$9,254,489	\$8,935,372	\$220,994	\$946,140	\$10,102,506	9.2%
Total - Medical	\$10,550,911	\$513,283	\$1,648,583	\$12,712,778	\$11,360,490	\$408,802	\$1,811,557	\$13,580,848	6.8%
Net Paid Claims - Total									
Total Participants									
	July - Dec 2023 Q2				July - Dec 2024 Q2				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$310	\$683	\$2,194	\$341	\$341	\$532	\$699	\$370	8.5%

Cost Distribution – Medical Claims > \$50K



July - Dec 2Q23						July - Dec 2Q24						
# 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
3	0.0%	\$539,847	4.2%	\$0	0.0%	> \$100k	3	0.0%	\$508,215	3.7%	\$508,215	100.0%
12	0.2%	\$939,977	7.4%	\$389,819	41.5%	\$50k- \$100k	12	0.2%	\$867,741	6.4%	\$326,795	37.7%
35	0.6%	\$1,313,714	10.3%	\$857,400	65.3%	\$25k - \$50k	50	0.8%	\$1,884,512	13.9%	\$1,099,034	58.3%
124	2.0%	\$2,473,114	19.5%	\$1,486,793	60.1%	\$10k - \$25k	129	2.1%	\$2,569,658	18.9%	\$1,420,288	55.3%
180	2.9%	\$1,504,805	11.8%	\$969,032	64.4%	\$5k - \$10k	252	4.1%	\$1,997,298	14.7%	\$1,268,034	63.5%

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - AHRQ Chapter Conditions - Thru 2Q24

Top 5 AHRQ Category Conditions	# of Patients	Total Paid	% of Med Paid
Neoplasms	4	\$318,082	2.3%
Congenital malformations, chromosomal abnormalities	1	\$301,132	2.2%
Diseases of the circulatory system	4	\$300,391	2.2%
Diseases of the musculoskeletal system	4	\$254,147	1.9%
Factors influencing health status	4	\$243,627	1.8%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	July - Dec 2Q23	July - Dec 2Q24	▲	July - Dec 2Q23	July - Dec 2Q24	▲	July - Dec 2Q23	July - Dec 2Q24	▲
Inpatient									
# of Admits	175	205	17.2%	158	165	4.3%	17	40	136.5%
# of Bedays	957	1,101	15.0%	885	745	-15.8%	72	356	393.8%
Avg. Paid per Admit	\$20,691	\$16,869	-18.5%	\$20,887	\$15,907	-23.8%	\$18,872	\$20,814	10.3%
Avg. Paid per Day	\$3,784	\$3,142	-16.9%	\$3,729	\$3,519	-5.6%	\$4,456	\$2,353	-47.2%
Admits Per K	56.4	67.1	19.0%	56.5	59.4	5.2%	55.8	143.6	157.4%
Days Per K	308.4	360.2	16.8%	316.3	268.5	-15.1%	236.2	1,269.7	437.6%
ALOS	5.5	5.4	-1.8%	5.6	4.5	-19.3%	5.5	5.9	7.3%
Admits from ER	87	104	19.5%	76	81	6.6%	11	23	109.1%
Physician Office Visits									
Per Member Per Year	2.2	2.0	-10.9%	2.2	2.0	-10.7%	2.5	2.2	-11.7%
Paid Per Visit	\$151	\$167	10.8%	\$156	\$172	10.1%	\$105	\$122	15.4%
Net Paid PMPM	\$28	\$28	-1.2%	\$29	\$28	-1.7%	\$22	\$22	1.9%
Emergency Room									
# of Visits	395	358	-9.4%	362	328	-9.4%	33	30	-9.1%
Visits Per K	127.3	117.1	-8.0%	129.4	118.1	-8.7%	108.3	107.1	-1.0%
Avg Paid Per Visit	\$2,696	\$3,491	29.5%	\$2,772	\$3,477	25.4%	\$1,863	\$3,646	95.7%
Urgent Care									
# of Visits	2,053	1,773	-13.6%	1,836	1,619	-11.8%	217	154	-29.0%
Visits Per K	661.6	580.1	-12.3%	656.1	583.2	-11.1%	711.9	550.0	-22.7%
Avg Paid Per Visit	\$123	\$138	12.4%	\$92	\$93	1.1%	\$91	\$88	-3.1%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Neurodevelopmental disorders	\$402,811	3.7%	\$17,995	\$577	\$384,239	\$267,524	\$135,287	\$0
Spondylopathies/spondyloarthropathy (including infective)	\$328,898	3.1%	\$218,888	\$94,813	\$15,197	\$116,440	\$212,458	\$0
Osteoarthritis	\$272,075	2.5%	\$143,279	\$128,795		\$128,716	\$143,358	\$0
Encounter for antineoplastic therapies	\$252,303	2.3%	\$188,744	\$63,558		\$44,887	\$207,416	\$0
Cardiac and circulatory congenital anomalies	\$250,527	2.3%	\$249,341	\$39	\$1,148	\$249,997	\$531	\$0
Depressive disorders	\$241,176	2.2%	\$91,123	\$13,800	\$136,253	\$101,601	\$139,575	\$0
Pneumonia (except that caused by tuberculosis)	\$216,930	2.0%	\$196,359	\$19,105	\$1,466	\$149,954	\$66,976	\$0
Breast cancer - all other types	\$186,256	1.7%	\$104,133	\$82,123			\$186,256	\$0
Acute and unspecified renal failure	\$184,650	1.7%	\$77,604	\$101,966	\$5,079	\$183,996	\$654	\$0
Coronary atherosclerosis and other heart disease	\$169,141	1.6%	\$162,699	\$6,443		\$137,784	\$31,357	\$0
Abdominal pain and other digestive/abdomen signs and syn	\$158,738	1.5%	\$105,423	\$17,093	\$36,222	\$60,936	\$97,801	\$0
Sprains and strains, initial encounter	\$157,944	1.5%	\$106,923	\$36,831	\$14,190	\$57,018	\$100,926	\$0
Medical examination/evaluation	\$156,954	1.5%	\$28,302	\$25,830	\$102,822	\$63,792	\$93,162	\$0
Septicemia	\$155,529	1.4%	\$95,894	\$59,635		\$132,743	\$22,786	\$0
Biliary tract disease	\$155,045	1.4%	\$99,416	\$6,405	\$49,224	\$88,554	\$66,491	\$0
Diabetes mellitus with complication	\$154,105	1.4%	\$120,704	\$11,967	\$21,434	\$70,595	\$83,510	\$0
Nonspecific chest pain	\$151,966	1.4%	\$99,172	\$17,380	\$35,414	\$49,602	\$102,364	\$0
Hearing loss	\$134,730	1.3%	\$111,861	\$20,197	\$2,671	\$47,373	\$87,356	\$0
Gastrointestinal cancers - esophagus	\$132,225	1.2%		\$132,225		\$132,225		\$0
Complication of other surgical or medical care, injury, initial	\$130,248	1.2%	\$93,849	\$32,201	\$4,199	\$31,071	\$99,177	\$0
Neoplasm-related encounters	\$129,490	1.2%	\$108,730	\$20,352	\$408	\$56,958	\$72,532	\$0
Obesity	\$124,925	1.2%	\$124,586	\$331	\$8	\$113	\$124,812	\$0
Anxiety and fear-related disorders	\$124,386	1.2%	\$78,286	\$17,884	\$28,216	\$30,041	\$94,345	\$0
Other specified and unspecified nutritional and metabolic di	\$118,723	1.1%	\$41,103	\$77,536	\$84	\$40,436	\$78,286	\$0
Cardiac dysrhythmias	\$105,533	1.0%	\$45,614	\$58,048	\$1,871	\$83,699	\$21,834	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Top 10 Mental Health				
CCSR Category Description	July - Dec 2Q23		July - Dec 2Q24	
	Patients	Total Paid	Patients	Total Paid
Neurodevelopmental disorders	154	\$270,285	174	\$402,811
Depressive disorders	232	\$184,596	255	\$241,176
Anxiety and fear-related disorders	273	\$91,180	324	\$124,386
Trauma- and stressor-related disorders	155	\$62,694	174	\$82,168
Alcohol-related disorders	20	\$62,108	15	\$42,889
Bipolar and related disorders	60	\$35,984	60	\$63,036
Suicidal ideation/attempt/intentional self-harm	9	\$26,145	8	\$27,901
Schizophrenia spectrum and other psychotic disorders	13	\$27,061	6	\$3,483
Other specified and unspecified mood disorders	17	\$8,657	13	\$6,150
Cannabis-related disorders			5	\$7,334

**Not Representative of all utilization*

**Data based on medical spend only*

Respiratory Disorders



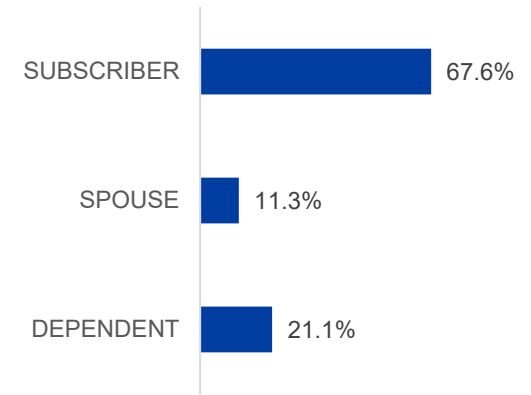
Top 10 Respiratory Disorders

CCSR Category Description	Patients	Claims	Total Paid	% Paid
Pneumonia (except that caused by tuberculosis)	16	83	\$89,277	13.1%
Sinusitis	171	222	\$88,693	13.0%
Other specified upper respiratory infections	338	412	\$83,310	12.2%
Asthma	138	250	\$65,982	9.7%
Pneumothorax	5	99	\$63,043	9.2%
Acute and chronic tonsillitis	37	74	\$40,384	5.9%
Other specified and unspecified upper respiratory disease	200	643	\$13,646	2.0%
Respiratory failure; insufficiency; arrest	16	128	\$8,366	1.2%
Other specified and unspecified lower respiratory disease	29	51	\$7,722	1.1%
Influenza	38	43	\$5,466	0.8%

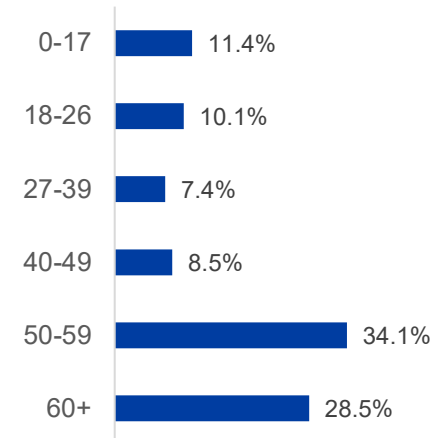
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range

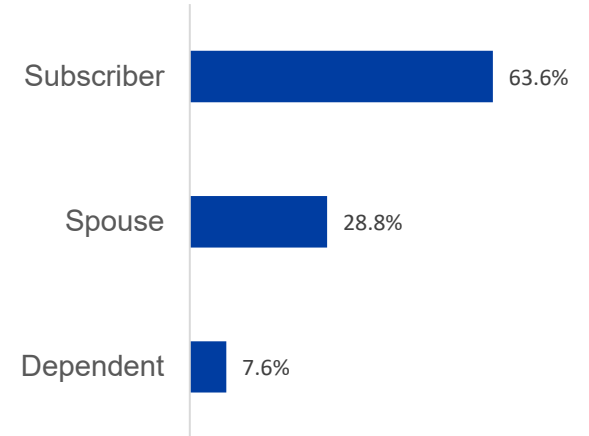


Top 10 Infectious and Parasitic Diseases				
CCSR Description	Patients	Claims	Total Paid	% Paid
Septicemia	46	155,529	\$108,632	46.7%
Viral infection	122	34,076	\$91,625	39.4%
COVID-19	146	25,348	\$38,379	16.5%
Tuberculosis	19	8824	\$2,298	1.0%
HIV infection	59	5926	\$1,156	0.5%
Bacterial infections	16	1445	\$830	0.4%
Sexually transmitted infections	15	901	\$729	0.3%
Hepatitis	11	388	\$638	0.3%
Fungal infections	57	222	\$158	0.1%
Parasitic, other specified unspecified infections	2	135	\$0	0.0%

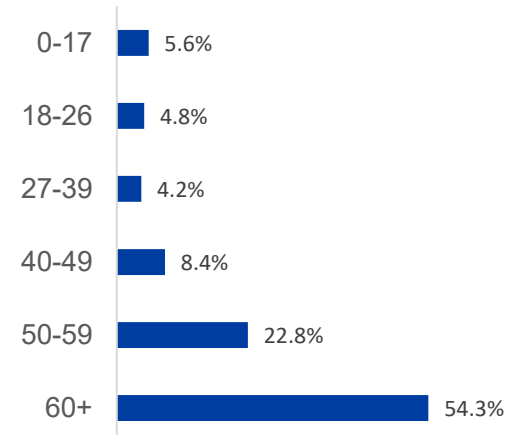
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Pregnancy Related Disorders

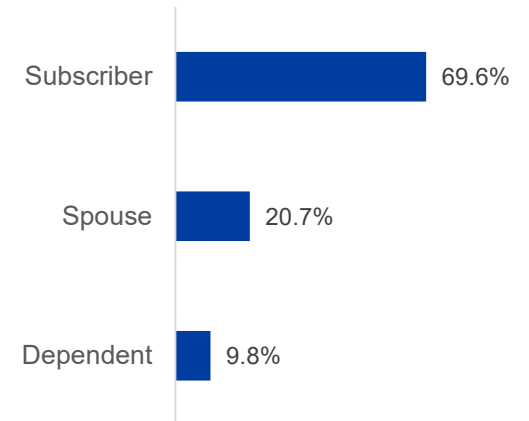


Top 10 Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Uncomplicated pregnancy, delivery or puerperium	54	186	\$65,123	12.8%
Previous C-section	4	12	\$61,908	12.1%
Complications specified during childbirth	10	13	\$60,611	11.9%
Maternal care related to fetal conditions	13	25	\$46,001	9.0%
Hypertension and hypertensive-related conditions pregnancy	6	28	\$35,386	6.9%
Other specified complications in pregnancy	28	61	\$32,205	6.3%
Early or threatened labor	10	16	\$30,811	6.0%
Malposition, disproportion or other labor complications	5	14	\$30,295	5.9%
Prolonged pregnancy	3	6	\$29,280	5.7%
OB-related trauma to perineum and vulva	3	4	\$26,032	5.1%

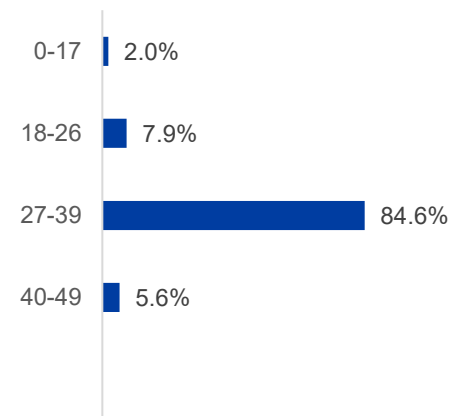
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Emergency Room and Urgent Care

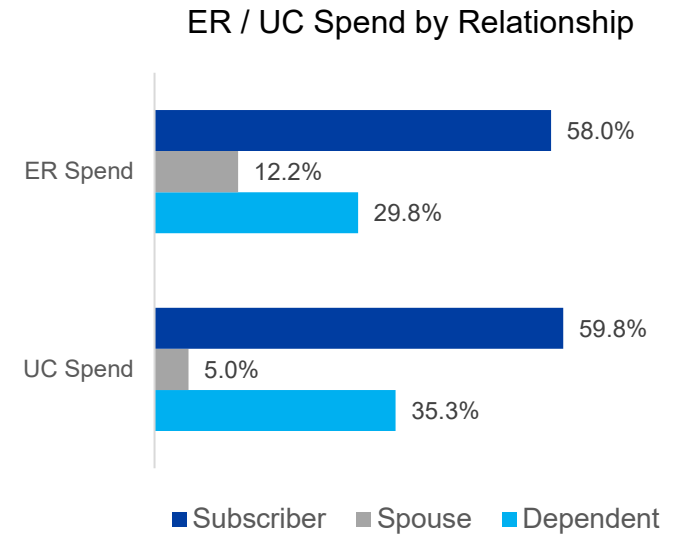


Metric	July - Dec 2Q23		July - Dec 2Q24		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	395	2,053	358	1,773		
Visits Per Member	0.06	0.33	0.06	0.29	0.08	0.31
Visits Per K	127.3	661.6	117.1	580.1	89.9	412.2
Avg. Paid Per Visit	\$2,696	\$123	\$3,490.98	\$138	\$2,605	\$116

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 2Q24				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	201	65.8	1,100	359.9
Spouse	44	14.4	172	56.3
Dependent	113	37.0	501	163.9
Total	358	117.1	1,773	580.1



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	602	9.7%	96.9	\$19.23
Intervertebral Disc Disorders	448	7.2%	72.1	\$8.36
Diabetes with complications	355	5.7%	57.1	\$6.73
Breast Cancer	61	1.0%	9.8	\$6.43
Asthma	183	2.9%	29.5	\$3.44
Hypertension	425	6.8%	68.4	\$3.98
Acute Myocardial Infarction	15	0.2%	2.4	\$1.87
Prostate Cancer	38	0.6%	6.1	\$1.56
Congestive Heart Failure (CHF)	48	0.8%	7.7	\$1.48
Cervical Cancer	21	0.3%	3.4	\$0.78
Diabetes without complications	301	4.8%	48.5	\$0.51
Chronic Renal Failure	32	0.5%	5.2	\$0.55
Coronary Atherosclerosis	38	0.6%	6.1	\$0.21
Colon Cancer	14	0.2%	2.3	\$0.33
COPD	72	1.2%	11.6	\$0.07

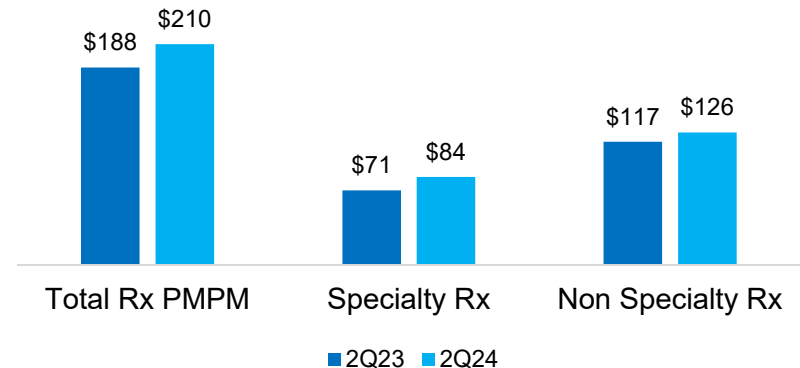
**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

	July - Dec 2Q23	July - Dec 2Q24	Δ
Enrolled Members	6,206	6,112	-1.5%
Average Prescriptions PMPY	17.3	17.5	0.9%
Formulary Rate	86.9%	87.9%	1.2%
Generic Use Rate	84.0%	84.3%	0.3%
Generic Substitution Rate	98.1%	98.9%	0.8%
Avg Net Paid per Prescription	\$131	\$145	10.7%
Net Paid PMPM	\$188	\$210	11.8%

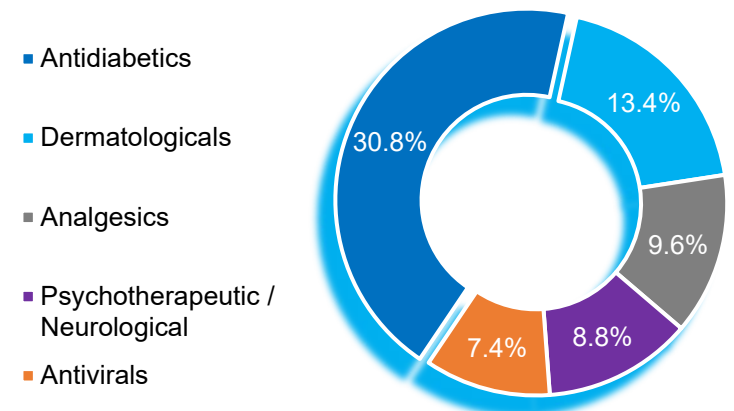
Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of **11.8%**, (**\$22 PMPM**) from prior period
- Avg. paid per Script increased **10.7%** (**\$11 PMPM**) year over year
- Specialty Rx spend driving **37.7%** of Rx Spend
- Specialty Rx spend decreased **-5.6%** from prior period
Specialty Rx Drivers:
 - Mounjaro** (Antidiabetic) Spend up **134.7%**
 - Ozempic** (Antidiabetic) Spend up **26.6%**
- Tier 1 Rx drove **74.1%** of total claim volume, but only accounts for **5.2%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend



Appendix E

Index of Tables Dental Plan –Utilization Review for PEBP July 1, 2024 – December 31, 2024

DENTAL TOTAL SAVINGS SUMMARY.....2

DENTAL CLAIMS BREAKOUTS.....3

DENTAL PAID BY MEMBER STATUS.....4



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

Dental • 2025-2Q

Claims Paid 7/1/2024 - 12/31/2024



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Dental Total Savings Summary

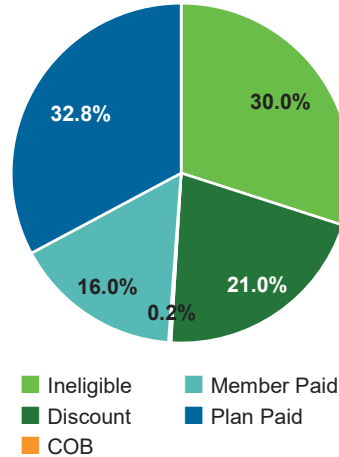
Breakouts & Network Performance



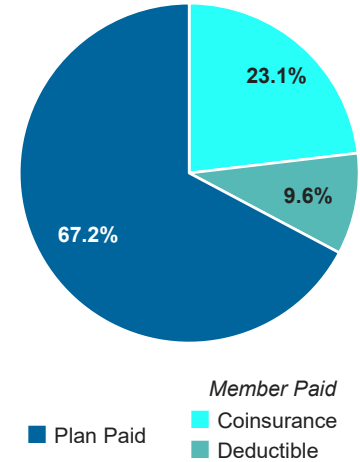
Dental Dollar Chain: Billed to Paid Dollars

Dollar Amount	Total Dollars	PMPM
Dental Billed	\$44,211,849	\$108.81
(-) Ineligible	\$13,273,453	\$32.67
Dental Covered	\$30,938,396	\$76.15
(-) Discount	\$9,300,755	\$22.89
Dental Allowed	\$21,637,641	\$53.25
(-) COB	\$105,501	\$0.26
(-) Coinsurance	\$4,998,618	\$12.30
(-) Deductible	\$2,085,129	\$5.13
Total Member Paid	\$7,083,748	\$17.43
Total Plan Paid	\$14,534,236	\$35.77

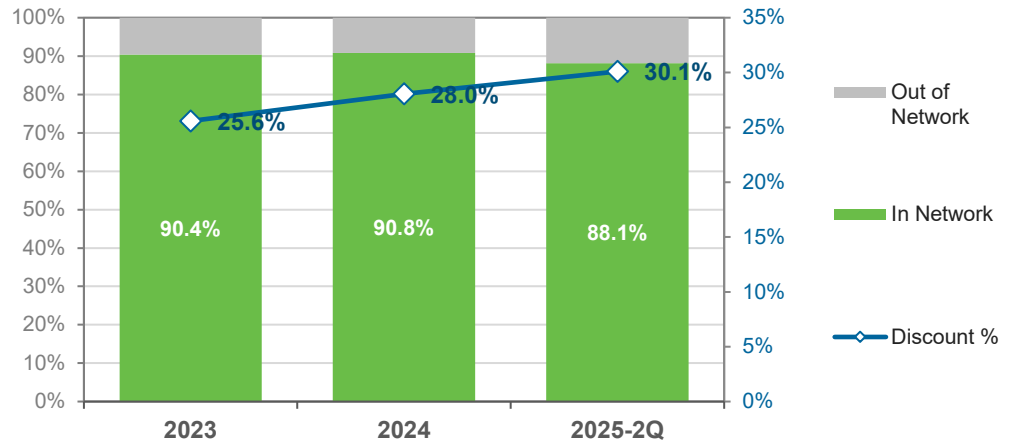
Breakout of Billed Dollars



Breakout of Paid Dollars



Dental Network Performance





Dental Claims Breakouts

Age Range, Member Cost, and Dental Category



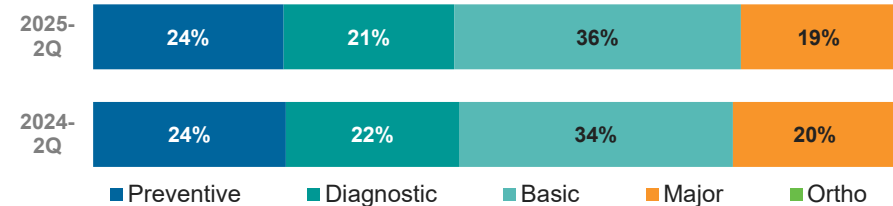
Dental Paid Claims by Age Range

Age	2024-2Q		2025-2Q		Change	
	Total Paid	Paid PMPM	Total Paid	Paid PMPM	Total	PMPM
< 01	\$5,026	\$2.22	\$4,039	\$1.68	-19.6%	-24.0%
01	\$24,610	\$9.62	\$26,053	\$9.96	5.9%	3.5%
02 - 04	\$214,693	\$22.96	\$232,327	\$24.04	8.2%	4.7%
05 - 09	\$609,666	\$33.80	\$640,226	\$33.14	5.0%	-2.0%
10 - 14	\$674,491	\$31.04	\$718,735	\$31.81	6.6%	2.5%
15 - 19	\$968,339	\$38.22	\$933,239	\$35.22	-3.6%	-7.8%
20 - 24	\$551,556	\$20.93	\$609,295	\$21.73	10.5%	3.8%
25 - 29	\$450,701	\$25.06	\$502,466	\$25.23	11.5%	0.7%
30 - 34	\$603,232	\$27.84	\$641,937	\$27.57	6.4%	-1.0%
35 - 39	\$753,166	\$30.34	\$792,592	\$30.43	5.2%	0.3%
40 - 44	\$840,015	\$32.12	\$861,683	\$31.19	2.6%	-2.9%
45 - 49	\$871,596	\$34.89	\$896,234	\$34.52	2.8%	-1.0%
50 - 54	\$999,367	\$34.54	\$1,088,255	\$36.50	8.9%	5.7%
55 - 59	\$1,169,130	\$40.22	\$1,147,056	\$38.25	-1.9%	-4.9%
60 - 64	\$1,378,200	\$43.82	\$1,342,069	\$42.95	-2.6%	-2.0%
65+	\$3,971,708	\$49.17	\$4,098,030	\$50.41	3.2%	2.5%
Total	\$14,085,496	\$35.98	\$14,534,236	\$35.77	3.2%	-0.6%

Dental Cost Distribution

Member Total Paid Range	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Mem Paid)	OOP % of Tot
No Claims	32,270	45.1%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	1,112	1.6%	-\$5,060	0.0%	\$52,494	0.7%
> \$0 - \$250	23,824	33.3%	\$3,514,042	24.2%	\$1,059,469	15.0%
> \$250 - \$500	6,729	9.4%	\$2,303,592	15.8%	\$831,771	11.7%
> \$500 - \$750	2,504	3.5%	\$1,546,839	10.6%	\$894,295	12.6%
> \$750 - \$1000	1,461	2.0%	\$1,259,970	8.7%	\$746,142	10.5%
> \$1000	3,583	5.0%	\$5,914,854	40.7%	\$3,499,575	49.4%
Total	71,483	100.0%	\$14,534,236	100.0%	\$7,083,748	100.0%

Paid Breakout by Dental Category



Dental Category	2024-2Q		2025-2Q		Change
	Patients	Total Paid	Patients	Total Paid	Total Paid
Preventive	28,952	\$3,380,237	29,741	\$3,443,283	1.9%
Diagnostic	29,423	\$3,033,125	30,544	\$3,087,533	1.8%
Basic	13,794	\$4,801,062	14,515	\$5,181,443	7.9%
Major	4,383	\$2,871,071	4,240	\$2,821,978	-1.7%
Orthodontia	2	\$0	1	\$0	-
Total Dental	37,409	\$14,085,496	38,797	\$14,534,236	3.2%



Dental Paid by Member Status

Breakout of State vs. Non-State by Member Status



Program	2024-2Q (7/1/2023 - 12/31/2023)				2025-2Q (7/1/2024 - 12/31/2024)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Dental	\$9,327,748	\$1,184,867	\$320,982	\$10,833,596	\$9,708,166	\$1,181,319	\$306,537	\$11,196,022	3.3%
Dental Exchange			\$2,032,808	\$2,032,808			\$2,171,512	\$2,171,512	6.8%
Total	\$9,327,748	\$1,184,867	\$2,353,790	\$12,866,405	\$9,708,166	\$1,181,319	\$2,478,049	\$13,367,534	3.9%
PMPM	\$32.35	\$39.62	\$49.48	\$35.17	\$31.82	\$41.35	\$51.34	\$35.00	-0.5%
Non-State Members									
Dental	\$2,915	\$37,534	\$132,992	\$173,441	\$1,726	\$33,772	\$121,531	\$157,029	-9.5%
Dental Exchange			\$1,045,650	\$1,045,650			\$1,009,674	\$1,009,674	-3.4%
Total	\$2,915	\$37,534	\$1,178,642	\$1,219,091	\$1,726	\$33,772	\$1,131,205	\$1,166,702	-4.3%
PMPM	\$40.48	\$36.51	\$48.07	\$47.58	\$25.40	\$48.18	\$47.97	\$47.92	0.7%
All Members									
Dental	\$9,330,663	\$1,222,401	\$453,974	\$11,007,037	\$9,709,892	\$1,215,091	\$428,068	\$11,353,050	3.1%
Dental Exchange			\$3,078,459	\$3,078,459			\$3,181,186	\$3,181,186	3.3%
Total	\$9,330,663	\$1,222,401	\$3,532,432	\$14,085,496	\$9,709,892	\$1,215,091	\$3,609,254	\$14,534,236	3.2%
PMPM	\$32.35	\$39.51	\$49.00	\$35.98	\$31.82	\$41.51	\$50.24	\$35.77	-0.6%

4.2.3

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.2 Receipt of quarterly staff reports for the period ending December 31, 2024:

4.2.1 Q2 Budget Report

4.2.2 Q2 Utilization Report

4.2.3 Contract Status Report



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109, Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
<https://pebp.nv.gov>

JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: March 20, 2025
Item Number: 4.2.3
Title: Contract Status Report

Summary

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Contract Solicitations for approval
5. Status of Current Solicitations

1. Contracts Overview

Below is a listing of the active PEBP contracts as of March 07, 2025.

PEBP Active Contracts Summary							
Vendor	Service	Contract #	Effective Date	Termination Date	Contract Max	Current Expenditures	Amount Remaining
Eide Bailly	Financial Auditor	27703	7/11/2023	12/31/2026	\$ 386,500.00	\$ 127,500.00	\$ 259,000.00
Health Plan of Nevada Inc	Southern Nevada HMO	23802	7/1/2021	6/30/2025	\$ 192,093,848.00	\$ 151,070,130.69	\$ 41,023,717.31
Diversified Dental Services Inc.	Dental PPO	23810	7/1/2021	6/30/2026	\$ 1,601,613.00	\$ 1,144,257.75	\$ 457,355.25
Lifeworks/Telus Health	Benefits Management System	25935	5/10/2022	12/31/2026	\$ 6,145,600.00	\$ 3,741,212.12	\$ 2,404,387.88
Express Scripts, Inc.	Pharmacy Benefit Manager	25582	5/10/2022	6/30/2026	\$ 332,109,496.00	\$ 241,611,766.35	\$ 90,497,729.65
*Willis Towers Watson (VIA)	*Medicare Exchange	16468	7/1/2015	6/30/2025	\$ 1,546,000.00	\$ 1,233,741.92	\$ 312,258.08
HSABank	HSA/HRA Account Manager	25213	7/1/2022	6/30/2026	\$ -	\$ -	\$ -
United Healthcare Insurance	Group Basic Life Insurance	25607	7/1/2022	6/30/2026	\$ 12,824,248.00	\$ 11,702,090.93	\$ 1,122,157.07
Brown & Brown of Massachusetts	Health Plan Auditor	24030	4/13/2021	6/30/2027	\$ 1,581,662.00	\$ 706,346.00	\$ 875,316.00
Segal Company, Inc.	Consulting Services	25557	7/1/2022	6/30/2027	\$ 4,285,410.00	\$ 2,074,960.00	\$ 2,210,450.00
Capitol Reporters	Court Reporting	27029	2/1/2023	6/30/2025	\$ 31,932.00	\$ 12,496.00	\$ 19,436.00
Carrum Health	Centers of Excellence	28745	2/12/2024	6/30/2028	\$ 4,000,000.00	\$ 225,931.96	\$ 3,774,068.04
Carrum Health	Oncology Concierge	29053	5/14/2024	6/30/2028	\$ 1,490,000.00	\$ 206,984.99	\$ 1,283,015.01
UMR, Inc.	TPA and Other Services	25155	7/1/2022	6/30/2028	\$ 65,413,106.00	\$ 9,345,082.04	\$ 56,068,023.96

*As of July 1, 2019 Willis Towers Watson no longer charges PEBP an administrative fee.

Recommendation

No action necessary

2. New Contracts

New contracts pending BOE approval for HMO and Medicare Exchange Services – approved at the January 23, 2025, board meeting.

Recommendation

No action required

3. Contract Amendment Ratifications

No contract amendments.

Recommendation

No action required.

4. Status of Current Solicitations

The chart below provides information on the status of PEBP’s in-progress solicitations:

Service	Anticipated/ Actual RFP release date	Anticipated/ Actual NOI	Winning Vendor	Anticipated Board Approval
Eligibility & Enrollment	01/27/2025	05/2025	TBA	05/2025
Pharmacy Benefit Manager	02/2025	05/2025	TBA	05/2025
Secondary Network - CTH	02/2025	05/2025	TBA	05/2025

4.3

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

- 4.3.1 Q2 UMR – Obesity Care Management
- 4.3.2 Q2 UMR – Diabetes Care Management
- 4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q2 Express Scripts – Summary Report
- 4.3.6 Q2 Express Scripts – Utilization Report
- 4.3.7 Q2 UnitedHealthcare Basic Life Insurance
- 4.3.8 Q2 WTW’s Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.3.1

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

OCM • 2025-2Q



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Obesity Care Management

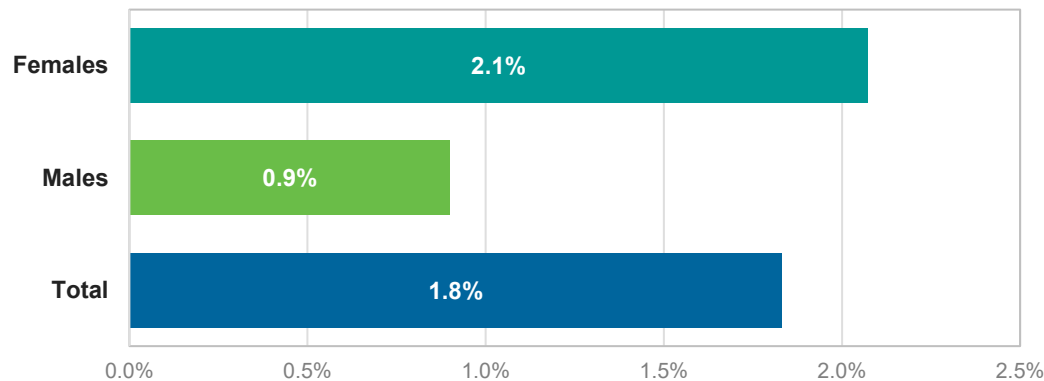
Overview



Weight Management Summary	Females	Males	Total
Members Enrolled in OCM	277	59	336
Average Pounds Lost	4.3	2.3	3.9
Total Pounds Lost	1,192.5	134.0	1,326.5
% Pounds Lost	2.1%	0.9%	1.8%
Average Paid per Member	\$2,774	\$2,023	\$2,642

➤ At \$436.78, Paid PMPM for OCM participants is significantly (-57.5%) lower than non-participants (\$1,027.96)

Average % Pounds Lost



Obesity Care Management participation is for the 2025 Plan Year with activity through 12/31/2024

Claims Date Range (for Avg. Paid per Member): Service Dates 7/1/2024 - 12/31/2024, Paid through 12/31/2024



Obesity Care Management

Financial & Utilization Summary

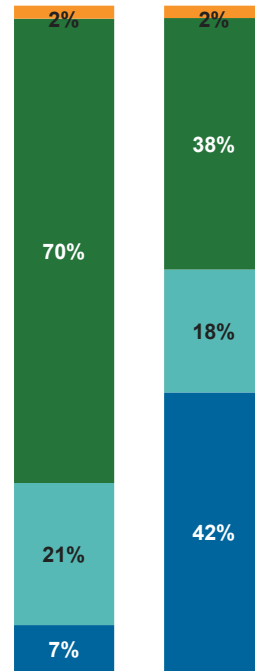


Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	302	508	-40.6%
Tot. Members	336	590	-43.1%
Emp to Total Ratio	1.1	1.2	-4.2%
Financial Summary			
Allowed	\$1,084,449	\$4,300,797	-74.8%
Plan Paid	\$887,787	\$3,668,886	-75.8%
Member Paid (OOP)	\$193,224	\$559,654	-65.5%
Paid PEPY*	\$5,831	\$14,327	-59.3%
Paid PMPY*	\$5,241	\$12,336	-57.5%
Paid PEPM	\$486	\$1,194	-59.3%
Paid PMPM	\$437	\$1,028	-57.5%
High-Cost Claimants (Med Paid \$100,000+)			
# of HCCs	0	5	-100.0%
HCCs per 1000	0.0	8.5	-100.0%
Paid per HCC	\$0	\$358,638	-
HCC Paid % of Tot	0.0%	48.9%	-48.9
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	\$372	\$5,176	-92.8%
Outpatient	\$1,117	\$2,277	-50.9%
Physician	\$3,651	\$4,653	-21.5%
Ancillary	\$102	\$230	-55.8%

* Annualized

Cost Distribution By Claim Type



Participant Non-Partic

■ Inpatient ■ Outpatient
■ Physician ■ Ancillary

Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	6	33	-81.8%
# of Admit Days	16	221	-92.8%
Paid per Admit	\$11,793	\$49,810	-76.3%
Paid per Admit Day	\$4,422	\$7,438	-40.5%
Admits per 1000	35.4	111.0	-68.1%
Average LOS	2.7	6.7	-60.2%
Emergency Room Visits			
# of ER Visits	26	115	-77.4%
~ % resulting in Admit	3.8%	7.8%	-4.0
ER Visits per Patient	1.2	1.5	-18.8%
ER Visits per 1000	153.5	386.7	-60.3%
Paid per ER Visit	\$2,850	\$3,363	-15.3%
Urgent Care Visits			
# of UC Visits	68	168	-59.5%
UC Visits per Patient	1.4	1.3	7.6%
UC Visits per 1000	401.5	564.8	-28.9%
Paid per UC Visit	\$93	\$106	-12.4%
Office Visits			
Off Visits per Patient	9.1	4.7	94.5%
Paid per Office Visit	\$120	\$81	47.6%
Office Visits Paid PMPY	\$2,121	\$699	203.5%
Services			
Radiology Svcs per 1000	5,892.0	5,947.7	-0.9%
Radiology Paid PMPY	\$439	\$658	-33.2%
Lab Services per 1000	13,673.3	20,516.1	-33.4%
Labs Paid PMPY	\$339	\$499	-32.1%

Non-participants are defined as members identified with a morbid obesity condition in the prior 12 months (2024), but who are not enrolled in the Obesity Care Management program

Claims Date Range: Service Dates 7/1/2024 - 12/31/2024, Paid through 12/31/2024

4.3.2

4. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

DCM • 2025-2Q



A UnitedHealthcare Company



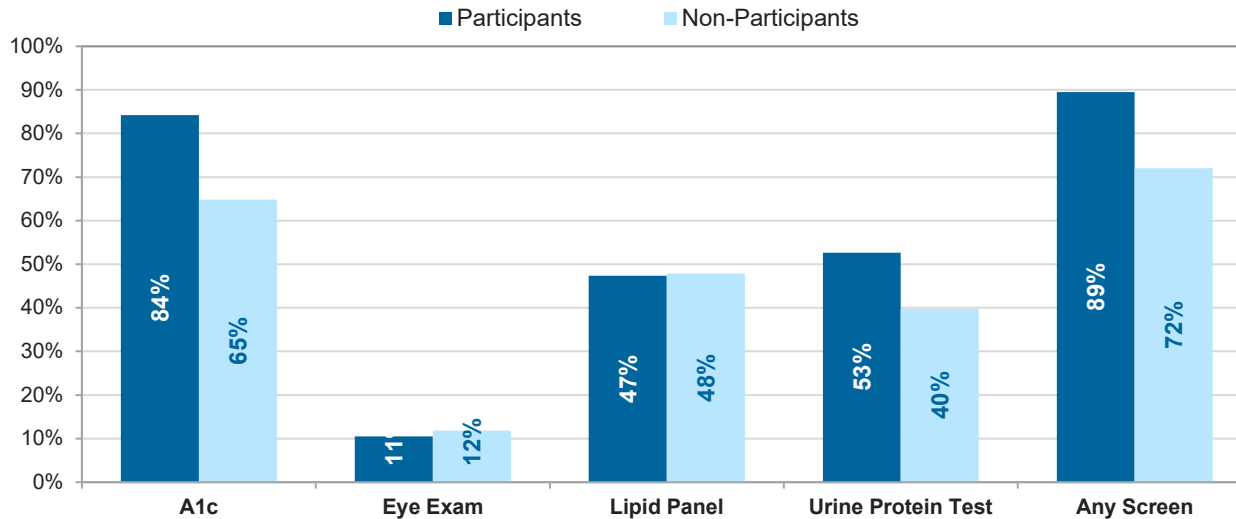
Diabetes Care Management

Screenings Breakout: Participants vs. Non-Participants



Diabetes Screening	Participants			Non-Participants			Participant vs. Non-Variance
	Members	# with Screening	Screening Rate	Members	# with Screening	Screening Rate	
A1c Test	19	16	84.2%	3,213	2,082	64.8%	19.4
Eye Exam	19	2	10.5%	3,213	381	11.9%	-1.3
Lipid Panel	19	9	47.4%	3,213	1,538	47.9%	-0.5
Urine Protein Test	19	10	52.6%	3,213	1,276	39.7%	12.9
Any Diabetes Screen	19	17	89.5%	3,213	2,315	72.1%	17.4

- 73.7% of DCM participants had an office visit for Diabetes, while 51.3% of non-participants had a visit
- No DCM participants received all four screenings, while 4.3% of non-participants did



Diabetes Care Management participation is for the 2025 Plan Year with activity through 12/31/2024

Non-participants are defined as members identified with diabetes in the prior 12 months (2024), but who are not enrolled in the Diabetes Care Management program

Screening Date Range: Service Dates 7/1/2024 - 12/31/2024, Paid through 12/31/2024



Diabetes Care Management

Financial & Utilization Summary

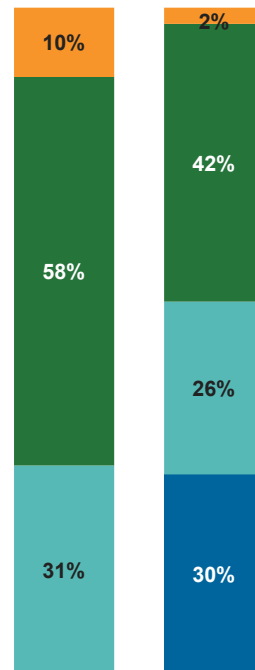


Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	11	2,554	-99.6%
Tot. Members	19	3,213	-99.4%
Emp to Total Ratio	1.7	1.3	37.3%
Financial Summary			
Allowed	\$20,508	\$16,224,630	-99.9%
Plan Paid	\$8,314	\$11,759,673	-99.9%
Member Paid (OOP)	\$12,193	\$2,745,868	-99.6%
Paid PEPY*	\$1,499	\$9,134	-83.6%
Paid PMPY*	\$868	\$7,260	-88.0%
Paid PEPM	\$125	\$761	-83.6%
Paid PMPM	\$72	\$605	-88.0%
High-Cost Claimants (Med Paid \$100,000+)			
# of HCCs	0	13	-100.0%
HCCs per 1000	0.0	4.0	-100.0%
Paid per HCC	\$0	\$210,626	-
HCC Paid % of Tot	0.0%	23.3%	-23.3
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	\$0	\$2,176	-100.0%
Outpatient	\$272	\$1,881	-85.5%
Physician	\$506	\$3,027	-83.3%
Ancillary	\$90	\$176	-48.7%

* Annualized

Cost Distribution By Claim Type



Participant Non-Partic

■ Inpatient ■ Outpatient
■ Physician ■ Ancillary

Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	0	142	-100.0%
# of Admit Days	0	727	-100.0%
Paid per Admit	\$0	\$27,674	-
Paid per Admit Day	\$0	\$5,405	-
Admits per 1000	0.0	87.7	-100.0%
Average LOS	0.0	5.1	-
Emergency Room Visits			
# of ER Visits	1	398	-99.7%
~ % resulting in Admit	0.0%	22.1%	-22.1
ER Visits per Patient	1.0	1.3	-25.1%
ER Visits per 1000	104.4	245.7	-57.5%
Paid per ER Visit	\$1,994	\$2,829	-29.5%
Urgent Care Visits			
# of UC Visits	1	560	-99.8%
UC Visits per Patient	1.0	1.4	-26.4%
UC Visits per 1000	104.4	345.7	-69.8%
Paid per UC Visit	\$0	\$85	-100.0%
Office Visits			
Off Visits per Patient	1.9	4.2	-53.5%
Paid per Office Visit	\$46	\$79	-42.0%
Office Visits Paid PMPY	\$159	\$561	-71.7%
Services			
Radiology Svcs per 1000	313.2	6,348.1	-95.1%
Radiology Paid PMPY	\$0	\$544	-100.0%
Lab Services per 1000	12,111.0	17,022.2	-28.9%
Labs Paid PMPY	\$120	\$321	-62.5%

Non-participants are defined as members identified with diabetes in the prior 12 months (2024), but who are not enrolled in the Diabetes Care Management program

Claims Date Range: Service Dates 7/1/2024 - 12/31/2024, Paid through 12/31/2024

4.3.3

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Option – Utilization and Large Case Management

Executive Summary

Metrics	Oct-24	Nov-24	Dec-24	Average
Enrollment	51,528	51,785	51,916	51,743

Inpatient All - LTACH, AIR, SNF, and OOA

Month	Oct-24	Nov-24	Dec-24	Total	Average
Total Discharges	156	158	163	477	159
Total Discharges LOS	747	722	729	2,198	733
Average LOS	4.8	4.6	4.5	4.6	4.6

Out of Area, Hospital Rehabilitation and Skilled Nursing are excluded from this calculation.

Inpatient Hospital Acute Only

Month	Oct-24	Nov-24	Dec-24	Total	Average
Total Discharges	132	116	125	373	124
Total Discharges LOS	590	465	459	1,514	505
Average LOS	4.5	4.0	3.7	4.1	4.1

Beddays by Facility Type

Metrics	Beddays				
Facility Type	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	592	627	462	1,681	560
Hospital Rehabilitation	16	36	0	52	26
Skilled Nursing	10	16	35	61	20
Out of Area	132	206	308	646	215

Beddays per K

Metrics	Beddays per K			
Facility Type	Oct-24	Nov-24	Dec-24	Total
Hospital	137.9	145.3	106.8	130.0
Hospital Rehabilitation	3.7	8.3	0.0	4.0
Skilled Nursing	2.3	3.7	8.1	4.7
Out of Area	30.7	47.7	71.2	49.9

Admits by Facility Type

Metrics	Admits				
Facility Type	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	130	113	123	366	122
Hospital Rehabilitation	2	2	0	4	1
Skilled Nursing	1	1	2	4	1
Out of Area	28	39	37	104	35

Admits per K

Metrics	Admits per K			
Facility Type	Oct-24	Nov-24	Dec-24	Total
Hospital	30.3	26.2	28.4	28.3
Hospital Rehabilitation	0.5	0.5	0.0	0.3

Executive Summary

Metrics	Admits per K			
	Oct-24	Nov-24	Dec-24	Total
Skilled Nursing	0.2	0.2	0.5	0.3
Out of Area	6.5	9.0	8.6	8.0

Metrics	Readmits by Facility Type				
	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	6	7	6	19	6
Hospital Rehabilitation	0	0	0	0	0
Skilled Nursing	0	0	0	0	0
All Other	0	2	0	2	1

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Oct-24	Nov-24	Dec-24	Total
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0.0	0.0	3.0	3.0
	CARSON TAHOE REGIONAL MEDICAL CENTER	2.6	7.7	3.5	4.2
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	2.7	1.5	2.5	2.3
	HENDERSON HOSPITAL	1.8	6.5	0.7	2.4
	MIKE O CALLAGHAN FEDERAL HOSPITAL	0.0	5.0	0.0	5.0
	MOUNTAIN VIEW HOSPITAL	12.3	3.6	5.5	5.8
	NORTH VISTA HOSPITAL	1.0	1.0	1.0	1.0
	RENOWN REGIONAL MEDICAL CENTER	4.1	2.7	3.3	3.4
	SOUTHERN HILLS HOSPITAL	2.9	9.0	3.8	3.9
	SPRING VALLEY HOSPITAL	3.3	1.7	6.5	3.5
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	13.0	3.5	3.0	5.0
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	2.6	3.6	3.9	3.3
	SUMMERLIN HOSPITAL MEDICAL CTR	11.7	6.2	2.4	6.2
	SUNRISE HOSPITAL	8.5	4.4	14.3	8.0
	UNIVERSITY MEDICAL CENTER SO NV	4.0	4.0	3.0	3.7
VALLEY HOSPITAL MEDICAL CTR	5.0	5.0	2.0	3.2	
Total	4.5	4.0	3.7	4.1	
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0.0	11.0	0.0	11.0
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	16.0	0.0	0.0	8.0
	KINDRED HOSPITAL W SAHARA	0.0	0.0	0.0	25.0
	Total	16.0	18.0	0.0	13.0
Skilled Nursing	SAGE CREEK POST ACUTE	0.0	0.0	0.0	0.0
	SANDSTONE SPRING VALLEY LLC	0.0	16.0	12.0	9.3

Executive Summary

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Oct-24	Nov-24	Dec-24	Total
Skilled Nursing	WELBROOK CENTENNIAL HILLS	10.0	0.0	23.0	16.5
	Total	3.3	16.0	17.5	10.2
Out of Area	Out of Area	6.6	5.3	6.7	6.1
	Total	6.6	5.3	6.7	6.1

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0	0	3	3	3
	CARSON TAHOE REGIONAL MEDICAL CENTER	52	100	66	218	73
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	32	9	10	51	17
	HENDERSON HOSPITAL	9	13	2	24	8
	MIKE O CALLAGHAN FEDERAL HOSPITAL	0	5	0	5	5
	MOUNTAIN VIEW HOSPITAL	37	29	44	110	37
	NORTH VISTA HOSPITAL	1	2	1	4	1
	RENOWN REGIONAL MEDICAL CENTER	199	275	171	645	215
	SOUTHERN HILLS HOSPITAL	26	18	15	59	20
	SPRING VALLEY HOSPITAL	10	5	13	28	9
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	13	14	3	30	10
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	23	29	31	83	28
	SUMMERLIN HOSPITAL MEDICAL CTR	105	68	31	204	68
	SUNRISE HOSPITAL	68	35	57	160	53
	UNIVERSITY MEDICAL CENTER SO NV	12	20	9	41	14
	VALLEY HOSPITAL MEDICAL CTR	5	5	6	16	5
Total	592	627	462	1,681	0	
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0	11	0	11	11
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	16	0	0	16	16
	KINDRED HOSPITAL W SAHARA	0	25	0	25	25
	Total	16	36	0	52	0
Skilled Nursing	SAGE CREEK POST ACUTE	0	0	0	0	0
	SANDSTONE SPRING VALLEY LLC	0	16	12	28	14
	WELBROOK CENTENNIAL HILLS	10	0	23	33	17
	Total	10	16	35	61	0
Out of Area	Out of Area	132	206	308	646	215
	Total	132	206	308	646	0

Executive Summary

Facility Type	Admits by Facility					
	Metrics	Admits				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0	0	1	1	1
	CARSON TAHOE REGIONAL MEDICAL CENTER	19	16	15	50	17
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	12	5	4	21	7
	HENDERSON HOSPITAL	4	3	2	9	3
	MIKE O CALLAGHAN FEDERAL HOSPITAL	0	1	0	1	1
	MOUNTAIN VIEW HOSPITAL	4	7	9	20	7
	NORTH VISTA HOSPITAL	1	2	1	4	1
	RENOWN REGIONAL MEDICAL CENTER	48	39	53	140	47
	SOUTHERN HILLS HOSPITAL	8	2	3	13	4
	SPRING VALLEY HOSPITAL	3	2	2	7	2
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	2	3	1	6	2
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	7	9	9	25	8
	SUMMERLIN HOSPITAL MEDICAL CTR	9	12	11	32	11
	SUNRISE HOSPITAL	9	6	5	20	7
	UNIVERSITY MEDICAL CENTER SO NV	3	5	4	12	4
VALLEY HOSPITAL MEDICAL CTR	1	1	3	5	2	
Total	130	113	123	366	0	
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0	1	0	1	1
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	2	0	0	2	1
	KINDRED HOSPITAL W SAHARA	0	1	0	1	1
	Total	2	2	0	4	0
Skilled Nursing	SAGE CREEK POST ACUTE	0	0	0	0	0
	SANDSTONE SPRING VALLEY LLC	0	1	1	2	1
	WELBROOK CENTENNIAL HILLS	1	0	1	2	1
	Total	1	1	2	4	0
Out of Area	Out of Area	28	39	37	104	35
	Total	28	39	37	104	0

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0	0	0	0	0
	CARSON TAHOE REGIONAL MEDICAL CENTER	3	0	0	3	1
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	0	0	0	0	0
	HENDERSON HOSPITAL	0	0	0	0	0

Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	MIKE O CALLAGHAN FEDERAL HOSPITAL	0	0	0	0	0
	MOUNTAIN VIEW HOSPITAL	0	1	1	2	1
	NORTH VISTA HOSPITAL	0	0	0	0	0
	RENOWN REGIONAL MEDICAL CENTER	3	5	3	11	4
	SOUTHERN HILLS HOSPITAL	0	0	0	0	0
	SPRING VALLEY HOSPITAL	0	0	0	0	0
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	0	0	0
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0	0	1	1	0
	SUMMERLIN HOSPITAL MEDICAL CTR	0	1	1	2	1
	SUNRISE HOSPITAL	0	0	0	0	0
	UNIVERSITY MEDICAL CENTER SO NV	0	0	0	0	0
	VALLEY HOSPITAL MEDICAL CTR	0	0	0	0	0
Total	6	7	6	19	0	
Out of Area	Out of Area	0	2	0	2	1
	Total	0	2	0	2	0

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0.0%	0.0%	0.0%	0.0%	0.0%
	CARSON TAHOE REGIONAL MEDICAL CENTER	15.8%	0.0%	0.0%	6.0%	6.0%
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	HENDERSON HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	MIKE O CALLAGHAN FEDERAL HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	MOUNTAIN VIEW HOSPITAL	0.0%	14.3%	11.1%	10.0%	10.0%
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	RENOWN REGIONAL MEDICAL CENTER	6.3%	12.8%	5.7%	7.9%	7.9%
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	SPRING VALLEY HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0.0%	0.0%	0.0%	0.0%	0.0%
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0.0%	0.0%	11.1%	4.0%	4.0%
	SUMMERLIN HOSPITAL MEDICAL CTR	0.0%	8.3%	9.1%	6.3%	6.3%
	SUNRISE HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	UNIVERSITY MEDICAL CENTER SO NV	0.0%	0.0%	0.0%	0.0%	0.0%
	VALLEY HOSPITAL MEDICAL CTR	0.0%	0.0%	0.0%	0.0%	0.0%
Total	4.6%	6.2%	4.9%	5.2%	0.0%	

Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Out of Area	Out of Area	0.0%	5.1%	0.0%	1.9%	1.9%
	Total	0.0%	5.1%	0.0%	1.9%	0.0%

Utilization Summary

Outpatient Case Management

Month	Oct-24	Nov-24	Dec-24	YTD	Average
New Cases	242	216	256	714	238
Accepted	136	128	160	424	141
Acceptance Rate	56.2%	59.3%	62.5%	59.4%	59.4%
Average Duration (closed only)	8.0	6.4	5.9	6.7	6.7

Inpatient Case Management

Month	Oct-24	Nov-24	Dec-24	YTD	Average
Open End of Month	31	26	26	83	28
Cases opened in the month	161	155	162	478	159
Cases closed in the month	156	158	163	477	159
Denied Days	4	6	9	19	6
Average LOS	4.8	4.6	4.5	4.6	4.6
NICU Open at End of Month	4	0	1	5	2
NICU Cases opened in the month	11	5	5	21	7
NICU Cases closed in the month	11	7	5	23	8
NICU Average Legth of Stay	15.4	1.4	5.6	9.0	9.0

Authorizations

Month	Oct-24	Nov-24	Dec-24	YTD	Average
Total services reviewed	4,263	3,533	3,848	11,644	3,881
Services Approved	4,123	3,426	3,750	11,299	3,766
Approval Rate	96.7%	97.0%	97.5%	97.0%	97.0%
Services Denied	140	107	98	345	115
Denied Charges	\$91,068	\$31,624	\$41,797	\$164,489	\$54,830
Denial Rate	3%	3%	3%	3%	3%

Denial Reason

Month	Oct-24	Nov-24	Dec-24	YTD	Average
Denial Reason	Denied	Denied	Denied	Denied	Denied
Not medically necessary	140	107	98	345	115

Utilization Summary

Turn Around Time					
Month	Oct-24	Nov-24	Dec-24	YTD	Average
2 or fewer days	931	881	706	2,518	839
2 or fewer Pct	56.3%	61.7%	44.9%	54.1%	54.1%
5 or fewer days	1,137	960	1,010	3,107	1,036
5 or fewer Pct	68.8%	67.3%	64.3%	66.8%	66.8%
15 or fewer Days	1,616	1,389	1,518	4,523	1,508
15 or fewer Pct	97.8%	97.3%	96.6%	97.2%	97.2%
Over 15 days	37	38	53	128	43
Over 15 days Pct	2.2%	2.7%	3.4%	2.8%	2.8%

Turn around time is the number of days between the case open date and case close date.

Stat					
Month	Oct-24	Nov-24	Dec-24	YTD	Average
Stat Request	996	883	835	2,714	905

Appeals					
Month	Oct-24	Nov-24	Dec-24	YTD	Average
Appeals 1st Level	0	0	0	0.00	0.00
Appeals 2nd Level	0	0	0	0.00	0.00
Appeals 3rd Level	0	0	0	0.00	0.00
Appeals Overturned	0	0	0	0.00	0.00
Appeals Upheld	0	0	0	0.00	0.00

Utilization Summary

Retro Reviews

Month	Oct-24	Nov-24	Dec-24	YTD	Average
Retros	3	2	2	7	2

Telephone Advise Nurse

Metrics

Outcome description	Oct-24	Nov-24	Dec-24	YTD	Average
Call 911	2	1	3	6	2
ER	8	3	1	12	4
Information or Advice Only	5	1	2	8	3
Other	17	13	16	46	15
PCP	11	12	6	29	10
Poison Center	0	0	1	1	1
Self-Care/Home Care	3	3	3	9	3
Urgent Care	8	11	16	35	12

Bedday Summary

Acute only

NOTE: Per K formula: Actual number / membership * 12,000

Month	Oct-24	Nov-24	Dec-24	YTD
Membership	51,528	51,785	51,916	51,743
Beddays per K	172.3	184.0	155.1	170.5
Admits per K	37.3	35.2	36.1	36.2
Average LOS	4.8	4.0	4.0	4.3
Readmits per K	1.4	2.1	1.4	1.6
Readmit Rate	3.8%	5.9%	3.8%	4.5%

SHO

Month	Oct-24	Nov-24	Dec-24	YTD
Beddays per K	167.0	182.1	198.4	182.5
Admits per K	36.5	35.6	42.1	38.1
Average LOS	4.7	4.7	4.6	4.7
Readmits per K	2.4	2.9	1.4	2.2
Readmit Rate	6.6%	8.0%	3.4%	5.9%

SHL PPO

Month	Oct-24	Nov-24	Dec-24	YTD
Beddays per K	146.6	136.0	151.0	144.5
Admits per K	40.4	39.8	42.1	40.8
Average LOS	5.3	4.2	4.4	4.6
Reamits per K	4.1	5.0	3.7	4.3
Readmit Rate	10.2%	12.6%	8.7%	10.5%

This report includes: Place of service 21 Acute only with a status of "to be discharged" or discharged.

Executive Summary (Behavioral Health)

Metrics	Oct-24	Nov-24	Dec-24	Average
Enrollment	51,528	51,785	51,916	51,743

Inpatient All - Acute, RTC, and OOA

Month	Oct-24	Nov-24	Dec-24	Total	Average
Total Discharges	15	16	11	42	14
Total Discharges LOS	68	110	70	248	83
Average LOS	4.5	6.9	6.4	5.9	5.9

Beddays by Facility Type

Metrics	Beddays				
Facility Type	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	40	48	51	139	46
RTC	0	0	0	0	0
Out of Area	49	64	31	144	48

Beddays per K

Metrics	Beddays per K			
Facility Type	Oct-24	Nov-24	Dec-24	Total
Hospital	9.3	11.1	11.8	10.7
RTC	0.0	0.0	0.0	0.0
Out of Area	11.4	14.8	7.2	11.1

Admits by Facility Type

Metrics	Admits				
Facility Type	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	11	13	11	35	12
RTC	0	0	0	0	0
Out of Area	7	5	3	15	5

Admits per K

Metrics	Admits per K			
Facility Type	Oct-24	Nov-24	Dec-24	Total
Hospital	2.6	3.0	2.5	2.7
RTC	0.0	0.0	0.0	0.0
Out of Area	1.6	1.2	0.7	1.2

Readmits by Facility Type

Metrics	Readmits				
Facility Type	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	0	0	0	0	0
RTC	0	0	0	0	0
Out of Area	1	0	0	1	0

Executive Summary (Behavioral Health)

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Oct-24	Nov-24	Dec-24	Total
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0	3.0	12.0	6.0
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0	0.0	4.0	4.0
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0	4.0	4.0	4.0
	DESERT WINDS HOSPITAL	5.0	0.0	0.0	5.0
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	4.0	4.0	3.0	3.6
	SEVEN HILLS HOSPITAL INC	9.0	3.7	5.0	4.5
	SOUTHERN HILLS HOSPITAL	2.5	0.0	0.0	2.5
	SPRING MOUNTAIN SAHARA	3.0	0.0	0.0	3.0
	SPRING MOUNTAIN TREATMENT CENTER	0.0	3.0	5.0	4.0
Total	4.3	3.6	4.9	4.1	
RTC	DESERT HOPE CENTER	0.0	0.0	0.0	0.0
	WILLOW SPRINGS LLC	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0
Out of Area	Out of Area	6.3	21.0	10.3	11.0
	Total	6.3	21.0	10.3	11.0

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	1	6	12	19	6
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	4	4	4
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	5	4	9	5
	DESERT WINDS HOSPITAL	10	0	0	10	10
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	12	12	14	38	13
	SEVEN HILLS HOSPITAL INC	9	22	5	36	12
	SOUTHERN HILLS HOSPITAL	5	0	0	5	5
	SPRING MOUNTAIN SAHARA	3	0	0	3	3
	SPRING MOUNTAIN TREATMENT CENTER	0	3	12	15	8
Total	40	48	51	139	0	
RTC	DESERT HOPE CENTER	0	0	0	0	0
	WILLOW SPRINGS LLC	0	0	0	0	0
	Total	0	0	0	0	0
Out of Area	Out of Area	49	64	31	144	48
	Total	49	64	31	144	0

Executive Summary (Behavioral Health)

Admits by Facility						
Facility Type BHO	Metrics	Admits				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	1	2	1	4	1
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	1	1	1
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	2	2	4	2
	DESERT WINDS HOSPITAL	2	0	0	2	2
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	3	3	4	10	3
	SEVEN HILLS HOSPITAL INC	2	5	1	8	3
	SOUTHERN HILLS HOSPITAL	2	0	0	2	2
	SPRING MOUNTAIN SAHARA	1	0	0	1	1
	SPRING MOUNTAIN TREATMENT CENTER	0	1	2	3	2
Total	11	13	11	35	0	
RTC	DESERT HOPE CENTER	0	0	0	0	0
	WILLOW SPRINGS LLC	0	0	0	0	0
	Total	0	0	0	0	0
Out of Area	Out of Area	7	5	3	15	5
	Total	7	5	3	15	0

Readmits by Facility						
Facility Type BHO	Metrics	Readmits				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	0	0	0	0
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	0	0	0
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	0	0	0	0
	DESERT WINDS HOSPITAL	0	0	0	0	0
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	0	0	0	0
	SEVEN HILLS HOSPITAL INC	0	0	0	0	0
	SOUTHERN HILLS HOSPITAL	0	0	0	0	0
	SPRING MOUNTAIN SAHARA	0	0	0	0	0
	SPRING MOUNTAIN TREATMENT CENTER	0	0	0	0	0
Total	0	0	0	0	0	
RTC	DESERT HOPE CENTER	0	0	0	0	0
	WILLOW SPRINGS LLC	0	0	0	0	0
	Total	0	0	0	0	0
Out of Area	Out of Area	1	0	0	1	0
	Total	1	0	0	1	0

Executive Summary (Behavioral Health)

Facility Type BHO	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-24	Nov-24	Dec-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	DESERT WINDS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	SEVEN HILLS HOSPITAL INC	0.0%	0.0%	0.0%	0.0%	0.0%
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	SPRING MOUNTAIN SAHARA	0.0%	0.0%	0.0%	0.0%	0.0%
	SPRING MOUNTAIN TREATMENT CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	0.0%	0.0%	0.0%	0.0%	0.0%
RTC	DESERT HOPE CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	WILLOW SPRINGS LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	0.0%	0.0%	0.0%	0.0%	0.0%
Out of Area	Out of Area	14.3%	0.0%	0.0%	6.7%	6.7%
	Total	14.3%	0.0%	0.0%	6.7%	0.0%

Utilization Summary (Behavioral Health)

Inpatient Case Management

Month	Oct-24	Nov-24	Dec-24	YTD	Average
Open End of Month	2	2	4	8	3
Cases opened in the month	18	18	14	50	17
Cases closed in the month	15	16	11	42	14
Denied Days	15	2	12	29	10
Average LOS	4.5	6.9	6.4	5.9	5.9

Authorizations

Month	Oct-24	Nov-24	Dec-24	YTD	Average
Total services reviewed	28	52	28	108	36
Services Approved	27	51	28	106	35
Approval Rate	96.4%	98.1%	100.0%	98.1%	98.1%
Services Denied	1	1	0	2	1
Denied Charges	\$0	\$0	\$0	\$0	\$0
Denial Rate	4%	2%	0%	2%	2%

Denial Reason

Month	Oct-24	Nov-24	YTD	Average
Denial Reason	Denied	Denied	Denied	Denied
Not medically necessary	1	1	2	1

Utilization Summary (Behavioral Health)

Stat					
Month	Oct-24	Nov-24	Dec-24	YTD	Average
Stat Request	0	0	0	0	0

Appeals					
Month	Oct-24	Nov-24	Dec-24	YTD	Average
Appeals 1st Level	0	0	0	0.00	0.00
Appeals 2nd Level	0	0	0	0.00	0.00
Appeals 3rd Level	0	0	0	0.00	0.00
Appeals Overturned	0	0	0	0.00	0.00
Appeals Upheld	0	0	0	0.00	0.00

Utilization Summary (Behavioral Health)

Month	Retro Reviews			YTD	Average
	Oct-24	Nov-24	Dec-24		
Retros	0	0	0	0	0

Bedday Summary (Behavioral Health)

Acute only

NOTE: Per K formula: Actual number / membership * 12,000

Month	Oct-24	Nov-24	Dec-24	YTD
Membership	51,528	51,785	51,916	51,743
Beddays per K	15.1	11.6	15.7	14.1
Admits per K	3.7	3.2	3.0	3.3
Average LOS	4.4	3.5	7.0	4.7
Readmits per K	0.2	0.0	0.0	0.1
Readmit Rate	6.3%	0.0%	0.0%	2.3%

SHO

Month	Oct-24	Nov-24	Dec-24	YTD
Beddays per K	15.1	15.1	14.0	14.7
Admits per K	3.7	3.5	2.9	3.3
Average LOS	4.3	4.6	4.8	4.6
Readmits per K	0.4	0.1	0.2	0.3
Readmit Rate	12.2%	4.3%	6.8%	7.9%

This report excludes: Place of service 55 & 56 (RTCs)

4.3.4

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

Network Repricing Quality - UMR		
PEBP PG Target	97%	
Q1 Results	98.90%	
Q2 Results	97.52%	
Q3 Results		
Q4 Results		

Network Repricing Turnaround Time - UMR		
PEBP PG Target	Returned 97% in 3 Days	Returned 99% in 5 days
Q1 Results	99.50%	99.50%
Q2 Results	99.50%	99.77%
Q3 Results		
Q4 Results		

Network Provider Directory Disputes - UMR		
PEBP PG Target	Total Directory Disputes	TAT - Within 10 Business Days
Q1 Results	0	N/A
Q2 Results	0	N/A
Q3 Results		
Q4 Results		

4.3.5

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

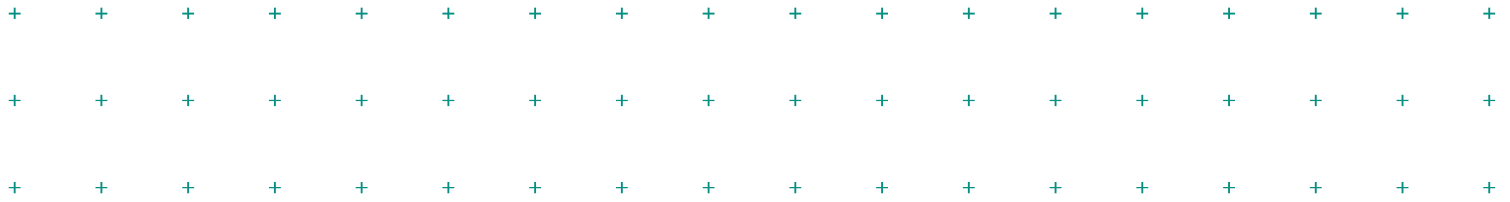
4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.5 Q2 Express Scripts – Summary Report



Nevada PEBP

Q2 FY2025

Prepared by Client Analytics

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02/28/2025

**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.*

Hello PEBP Team,

This is the Q2 FY25 Summary File for the three State of Nevada PEBP plans (CDHP, EPO, and PPO). The summary contains Trend breakouts for each plan (Utilization, Unit Cost, and Cost Share). Along with the most notable changes of drugs within the top moving indications. Each plan breakout has a peer comparison of Trend. The file concludes with several Key Statistics of the three plans in aggregate.

CDHP Overall Trend Summaries:

CDHP Overall Trend		% Change
Current Period - Plan Cost Net PMPM	\$71.89	
Utilization	\$3.37	4.6%
Unit Cost	(\$0.75)	(1.0%)
Member Share	(\$3.19)	(4.4%)
Total Change in Plan Cost Net PMPM	(\$0.57)	(0.8%)
Previous Period - Plan Cost Net PMPM	\$72.47	

Top moving indications and most notable drug changes within the indications are as follows:

- **Inflammatory Conditions:** Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$274k (-14.3%) to current \$1.6m.
 - Plan Cost Net PMPM ↓ \$1.21 (-9.2%) to current \$11.95.
 - Patient Count ↓ 8 to current count of 214.
 - Adjusted Rx's ↓ 13 to current count of 1,163.

- **Notable Drug Changes within Indication:**
 - **Skyrizi Pen:**
 - Previous ranked 3rd, currently ranked 1st, by Plan Cost Net.
 - Plan Cost Net ↑ \$68k (41.0%) to current \$233k.
 - Plan Cost Net PMPM ↑ \$.56 (49.4%) to current \$1.70.
 - Patient Count: Remains at 9.
 - Adjusted Rx's ↑ 11 to current count of 59.

 - **Humira(CF) Pen:**
 - Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$317k (-65.3%) to current \$168k.
 - Plan Cost Net PMPM ↓ \$2.10 (-65.3%) to current \$1.22.
 - Patient Count ↓ 4 to current count of 26.
 - Adjusted Rx's ↓ 53 to current count of 92.

- **Rinvoq:**
 - Previous ranked 8th, currently ranked 3rd, by Plan Cost Net.
 - Plan Cost Net ↑ \$72k (81.9%) to current \$160k.
 - Plan Cost Net PMPM ↑ \$.56 (92.8%) to current \$1.16.
 - Patient Count ↑5 to current count of 11.
 - Adjusted Rxs ↑23 to current count of 50.

- **Stelara:**
 - Previous ranked 2nd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$71k (-32.2%) to current \$150k.
 - Plan Cost Net PMPM ↓ \$.43 (-28.2%) to current \$1.09.
 - Patient Count ↓1 to current count of 6.
 - Adjusted Rxs ↓7 to current count of 38.

- **HIV:** Previous ranked 5th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$112k (16.5%) to current \$787k.
 - Plan Cost Net PMPM ↑ \$1.09 (23.5%) to current \$5.72.
 - Patient Count ↑15 to current count of 107.
 - Adjusted Rxs ↑65 to current count of 529.

- **Notable Drug Changes within Indication:**
 - **Biktarvy:**
 - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$68k (33.3%) to current \$273k.
 - Plan Cost Net PMPM ↑ \$.58 (41.3%) to current \$1.99.
 - Patient Count ↑5 to current count of 20.
 - Adjusted Rxs ↑20 to current count of 97.

 - **Descovy:**
 - Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$22k (12.3%) to current \$199k.
 - Plan Cost Net PMPM ↑ \$.23 (19.0%) to current \$1.45.
 - Patient Count ↑8 to current count of 34.
 - Adjusted Rxs ↑36 to current count of 160.

 - **Triumeq:**
 - Previous ranked 4th, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net ↓ \$19k (-33.2%) to current \$38k.
 - Plan Cost Net PMPM ↓ \$.12 (-29.2%) to current \$.28.
 - Patient Count ↓2 to current count of 3.
 - Adjusted Rxs ↓9 to current count of 16.

- **Blood Cell Deficiency:** Previous ranked 55th, currently ranked 10th by Plan Cost Net.
 - Plan Cost Net ↑ \$199k (3007.9%) to current \$205k.
 - Plan Cost Net PMPM ↑ \$1.45 (3194.2%) to current \$1.49.
 - Patient Count ↑3 to current count of 6.
 - Adjusted Rxs ↑4 to current count of 15.

- **Notable Drug Changes within Indication:**
 - **Promacta:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$181k.
 - Plan Cost Net PMPM: New, current \$1.32.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 5.

 - **Doptelet:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$18k.
 - Plan Cost Net PMPM: New, current \$.13.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.

 - **Other drug changes in this indication were not notable.**

- **Gout:** Previous ranked 68th, currently ranked 12th by Plan Cost Net.
 - Plan Cost Net ↑ \$184k (9545.7%) to current \$186k.
 - Plan Cost Net PMPM ↑ \$1.34 (10123.9%) to current \$1.35.
 - Patient Count ↓22 to current count of 279.
 - Adjusted Rxs ↓53 to current count of 1,361.

- **Krystexxa:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$183k.
 - Plan Cost Net PMPM: New, current \$1.33.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 4.

- **Other drug changes in this indication were not notable.**

Peer Comparison:

- Peer: ESI CDH Program
- PEBP CDHP is outperforming the peer.
- Peer experienced Plan Cost Net PMPM of \$102.83 compared to CDHP PEBP of \$71.89.
- Peer experienced Trend of 15.8%, compared to CDHP PEBP Trend of -0.8%

EPO Overall Trend Summaries:

EPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM	\$179.51	
Utilization	\$9.99	6.4%
Unit Cost	\$15.51	9.9%
Member Share	(\$2.89)	(1.8%)
Total Change in Plan Cost Net PMPM	\$22.61	14.4%

Previous Period - Plan Cost Net PMPM **\$156.90**

Top moving indications and most notable drug changes within the indications are as follows:

- **Inflammatory Conditions:** Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$154k (-14.6%) to current \$903k.
 - Plan Cost Net PMPM ↓ \$1.65 (-5.4%) to current \$28.75.
 - Patient Count ↓3 to current count of 117.
 - Adjusted Rxs ↓56 to current count of 667.
- **Notable Drug Changes within Indication:**
 - **Tavneos:**
 - Previous ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$64k (51.0%) to current \$190k.
 - Plan Cost Net PMPM ↑ \$2.43 (67.1%) to current \$6.05.
 - Patient Count: Remains at 2.
 - Adjusted Rxs ↑4 to current count of 13.
 - **Adalimumab-Ryvok(CF) Autoinject (Biosimilar for Humira(CF)Pen)**
 - New, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net: New, current \$59k.
 - Plan Cost Net PMPM: New, current \$1.88.
 - Patient Count: New, current count of 14.
 - Adjusted Rxs: New, current count of 57.

- **Humira(CF) Pen:**
 - Previous ranked 1st, currently ranked 10th by Plan Cost Net.
 - Plan Cost Net ↓ \$260k (-92.0%) to current \$23k.
 - Plan Cost Net PMPM ↓ \$7.40 (-91.1%) to current \$.72.
 - Patient Count ↓8 to current count of 12.
 - Adjusted Rxs ↓66 to current count of 42.

- **Cancer:** Previous ranked 4th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$216k (50.1%) to current \$647k.
 - Plan Cost Net PMPM ↑ \$8.19 (66.1%) to current \$20.57.
 - Patient Count ↓9 to current count of 58.
 - Adjusted Rxs ↑2 to current count of 294.

- **Notable Drug Changes within Indication:**
 - **Koselugo:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$113k.
 - Plan Cost Net PMPM: New, current \$3.59.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 5.

 - **Venclexta:**
 - Previous ranked 4th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$61k (149.4%) to current \$101k.
 - Plan Cost Net PMPM ↑ \$2.05 (176.0%) to current \$3.22.
 - Patient Count ↑1 to current count of 2.
 - Adjusted Rxs ↑3 to current count of 7.

 - **Erleada:**
 - Previous ranked 9th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$61k (798.5%) to current \$69k.
 - Plan Cost Net PMPM ↑ \$1.98 (894.4%) to current \$2.20.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↑5 to current count of 6.

- **Seizures:** Previous ranked 7th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$155k (94.8%) to current \$318k.
 - Plan Cost Net PMPM ↑ \$5.43 (115.6%) to current \$10.13.
 - Patient Count ↓26 to current count of 189.
 - Adjusted Rxs ↓72 to current count of 1,122.

- **Notable Drug Changes within Indication:**

- **Fintepla:** Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$150k (159.2%) to current \$244k.
 - Plan Cost Net PMPM ↑ \$5.06 (186.8%) to current \$7.78.
 - Patient Count ↑1 to current count of 2.
 - Adjusted Rxs ↑8 to current count of 13.

- **Other drug changes in this indication were not notable.**

- **Endocrine Disorders:** Previous ranked 2nd, currently ranked 8th by Plan Cost Net.
 - Plan Cost Net ↓ \$551k (-74.3%) to current \$191k.
 - Plan Cost Net PMPM ↓ \$15.25 (-71.5%) to current \$6.07.
 - Patient Count ↑3 to current count of 28.
 - Adjusted Rxs ↑17 to current count of 124.

- **Notable Drug Changes within Indication:**
 - **Korlym:**
 - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$622k (-88.6%) to current \$80k.
 - Plan Cost Net PMPM ↓ \$17.65 (-87.4%) to current \$2.55.
 - Patient Count: Remains at 2.
 - Adjusted Rxs ↓10 to current count of 2.

 - **Supprelin LA:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$49k.
 - Plan Cost Net PMPM: New, current \$1.55.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 12.

 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP EPO plan)
- The peer is outperforming PEBP EPO in Plan Cost Net PMPM but underperforming in Trend.
- Peer experienced Plan Cost Net PMPM of \$130.06 compared to PEBP EPO of \$179.51
- Peer experienced Trend of 20.9%, compared to PEBP EPO of 14.4%

PPO Overall Trend Summaries:

PPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM	\$102.65	
Utilization	\$5.03	5.3%
Unit Cost	\$2.78	2.9%
Member Share	(\$0.49)	(50.0%)
Total Change in Plan Cost Net PMPM	\$7.32	7.7%
Previous Period - Plan Cost Net PMPM	\$95.33	

Top moving indications and most notable drug changes within the indications are as follows:

- **Inflammatory Conditions:** Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$335k (18.3%) to current \$2.2m.
 - Plan Cost Net PMPM ↓ \$.76 (-4.6%) to current \$15.66.
 - Patient Count ↑78 to current count of 300.
 - Adjusted Rxs ↑337 to current count of 1,601.
- **Notable Drug Changes within Indication:**
 - **Rinvoq:**
 - Previous ranked 4th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$149k (98.4%) to current \$300k.
 - Plan Cost Net PMPM ↑ \$.82 (59.9%) to current \$2.18.
 - Patient Count ↑5 to current count of 16.
 - Adjusted Rxs ↑32 to current count of 84.
 - **Skyrizi Pen:**
 - Previous ranked 5th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$84k (55.3%) to current \$235k.
 - Plan Cost Net PMPM ↑ \$.34 (25.2%) to current \$1.70.
 - Patient Count ↑4 to current count of 13.
 - Adjusted Rxs ↑22 to current count of 69.
 - **Adalimumab-Ryvok(CF) Autoinject (Biosimilar for Humira(CF)Pen)**
 - New, currently ranked 8th by Plan Cost Net.
 - Plan Cost Net: New, current \$81k.
 - Plan Cost Net PMPM: New, current \$.59.
 - Patient Count: New, current count of 23.
 - Adjusted Rxs: New, current count of 82.

- **Humira(CF) Pen:**
 - Previous ranked 1st, currently ranked 10th by Plan Cost Net.
 - Plan Cost Net ↓ \$291k (-80.2%) to current \$72k.
 - Plan Cost Net PMPM ↓ \$2.74 (-84.0%) to current \$.52.
 - Patient Count ↓8 to current count of 23.
 - Adjusted Rxs ↓64 to current count of 99.

- **Diabetes:** Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$663k (52.9%) to current \$1.9m.
 - Plan Cost Net PMPM ↑ \$2.62 (23.2%) to current \$13.90.
 - Patient Count ↑451 to current count of 1,676.
 - Adjusted Rxs ↑3,982 to current count of 15,113.

- **Notable Drug Changes within Indication:**
 - **Mounjaro:**
 - Previous ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$360k (137.7%) to current \$621k.
 - Plan Cost Net PMPM ↑ \$2.15 (91.6%) to current \$4.50.
 - Patient Count ↑164 to current count of 309.
 - Adjusted Rxs ↑1,034 to current count of 1,764.

 - **Ozempic:**
 - Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$175k (48.6%) to current \$536k.
 - Plan Cost Net PMPM ↑ \$.64 (19.8%) to current \$3.89.
 - Patient Count ↑109 to current count of 351.
 - Adjusted Rxs ↑639 to current count of 1,749.

 - **Trulicity:**
 - Previous ranked 3rd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$56k (-35.6%) to current \$101k.
 - Plan Cost Net PMPM ↓ \$.68 (-48.1%) to current \$.73.
 - Patient Count ↓34 to current count of 59.
 - Adjusted Rxs ↓179 to current count of 314.

- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$357k (41.3%) to current \$11.2m.
 - Plan Cost Net PMPM ↑ \$1.08 (13.9%) to current \$8.85.
 - Patient Count ↑41 to current count of 175.
 - Adjusted Rxs ↑158 to current count of 800.

- **Notable Drug Changes within Indication:**

- **Idhifa:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$169k.
 - Plan Cost Net PMPM: New, current \$1.23.
 - Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 5.

- **Venclexta:**
 - New, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net: New, current \$94k.
 - Plan Cost Net PMPM: New, current \$.68.
 - Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 11.

- **Lynparza:**
 - New, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net: New, current \$83k.
 - Plan Cost Net PMPM: New, current \$.60.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 10.

- **Sprycel:**
 - New, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net: New, current \$78k.
 - Plan Cost Net PMPM: New, current \$.56.
 - Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 9.

- **HIV:** Previous ranked 6th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$355k (60.6%) to current \$939k.
 - Plan Cost Net PMPM ↑ \$1.55 (29.5%) to current \$6.80.
 - Patient Count ↑46 to current count of 111.
 - Adjusted Rxs ↑202 to current count of 503.

- **Notable Drug Changes within Indication:**
 - **Biktarvy:**
 - Previous ranked 6th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$96k (36.0%) to current \$363k.
 - Plan Cost Net PMPM ↑ \$.23 (9.6%) to current \$2.63.
 - Patient Count ↑7 to current count of 23.
 - Adjusted Rxs ↑24 to current count of 105.

- **Descovy:**
 - Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$138k (134.4%) to current \$240k.
 - Plan Cost Net PMPM ↑ \$.82 (89.0%) to current \$1.74.
 - Patient Count ↑24 to current count of 40.
 - Adjusted Rxs ↑92 to current count of 157.

- **Rukobia:**
 - Previous ranked 11th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$41k (533.4%) to current \$49k.
 - Plan Cost Net PMPM ↑ \$.28 (410.6%) to current \$.35.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↑5 to current count of 6.

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP PPO plan)
- PEBP PPO is outperforming the peer in Plan Cost Net,
- PEBP PPO experienced Plan Cost Net PMPM of \$102.65 compared to peer of \$130.06.
- Peer experienced Trend of 20.9%, compared to PEBP PPO of 7.7%.

Total Overall Trend		% Change
Current Period - Plan Cost Net PMPM	\$96.74	
Utilization	\$3.95	4.3%
Unit Cost	\$2.69	2.9%
Member Share	(\$1.15)	(1.3%)
Total Change in Plan Cost Net PMPM	\$5.49	6.0%
Previous Period - Plan Cost Net PMPM	\$91.25	

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 19.0% in Specialty patients. This resulted in a 16.8% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 25.4%. This produced a negative Unit Cost Trend of (-12.5%) on Specialty drugs and reduced NonSpecialty Unit Cost Trend to 14.2%, combined is 2.9%. There were also significant reductions in multiple rare conditions that contributed to a negative Unit Cost Trend.

Member Cost was mitigating to Trend on Specialty drugs, in part due to the reduction in Unit Cost. Member Cost contributed to trend on Nonspecialty drugs. This is due to increased Utilization and Drug Mix of more expensive brand drugs.

Key Statistics:

Nevada PEBP Total			
Description	Q2 FY25	Q2 FY24	Change
Average Members per Month	51,168	48,640	5.2%
Number of Unique patients	32,714	31,289	4.6%
Members Utilizing the Benefit	63.9%	64.3%	-0.4
Gross Cost/Adjusted Rx	\$148.48	\$138.69	7.1%
Plan Spend	\$49,447,442	\$42,382,450	16.7%
Rebates (estimated)	\$19,746,109	\$15,751,660	25.4%
Plan Cost Net	\$29,701,332	\$26,630,790	11.5%
Plan Cost Net PMPM	\$96.74	\$91.25	6.0%
Non-Specialty Plan Cost Net PMPM	\$45.33	\$37.77	20.0%
Specialty Plan Cost Net PMPM	\$51.42	\$53.48	9.7%
Generic Fill Rate	85.7%	85.1%	0.6
90 Day Utilization	59.8%	60.8%	-1.4
Retail - Maintenance 90 Utilization	29.7%	28.5%	1.2
Home Delivery Utilization	30.1%	32.3%	-2.2
Member Cost Net %	17.3%	17.3%	0.0

END OF REPORT

4.3.6

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.5 Q2 Express Scripts – Summary Report

4.3.6 Q2 Express Scripts – Utilization Report

Nevada PEBP FY25 Report

7/1/2024 – 12/31/2025

Report Includes:

- CDHP Comparison Data from Q2 FY25 to Q2 FY24
- EPO Comparison Data from Q2 FY25 to Q2 FY24
- PPO Comparison Data from Q2 FY25 to Q2 FY24
- CDHP, EPO, PPO Breakout Data from Q3 FY25
- Summary Comparison Data from FY25
- Key Metric Breakout Data from FY25

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)

2/28/2025

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY25 vs Q2 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	51,168	48,640	5.2%
Utilizing Member Count (Patients)	32,714	31,289	4.6%
Percent Utilizing (Utilization)	63.9%	64.3%	-0.4

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	402,631	369,373	9.0%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.27	3.6%
Total Claims for Generic (Generic ARx)	345,200	314,505	9.8%
Total Claims for Brand (Brand ARx)	57,431	54,868	4.7%
Total Claims for Multisource Brand Claims (MSB ARx)	1,034	1,990	-48.0%
Total Non-Specialty Claims	397,549	364,981	8.9%
Total Specialty Claims	5,082	4,392	15.7%
Generic % of Total Claims (GFR)	85.7%	85.1%	0.6
Generic Effective Rate (GCR)	99.7%	99.4%	0.3
Mail Order Claims	106,161	104,196	1.9%
Mail Penetration Rate*	30.1%	32.3%	-2.2

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$59,782,760	\$51,228,312	16.7%
Total Generic Gross Cost	\$6,051,596	\$5,365,166	12.8%
Total Brand Gross Cost	\$53,731,164	\$45,863,146	17.2%
Total MSB Gross Cost	\$651,925	\$921,665	-29.3%
Total Ingredient Cost	\$57,930,884	\$49,511,321	17.0%
Total Dispensing Fee	\$1,814,038	\$1,678,937	8.0%
Total Other (e.g. tax)	\$37,838	\$38,054	-0.6%
Avg Total Cost per Claim (Gross Cost/ARx)	\$148.48	\$138.69	7.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.53	\$17.06	2.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$935.58	\$835.88	11.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$630.49	\$463.15	36.1%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$10,335,318	\$8,845,863	16.8%
Generic Cost Share	\$2,532,739	\$2,186,795	15.8%
Brand Cost Share	\$7,802,580	\$6,659,068	17.2%
MSB Cost Share	\$113,256	\$121,078	-6.5%
Total Copay	\$8,933,321	\$7,697,158	16.1%
Total Deductible	\$1,401,997	\$1,148,704	22.1%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.67	\$23.95	7.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.34	\$6.95	5.5%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$135.86	\$121.37	11.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$109.53	\$60.84	80.0%
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	17.3%	0.0
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$49,447,442	\$42,382,450	16.7%
Generic Plan Cost	\$3,518,857	\$3,178,372	10.7%
Brand Plan Cost	\$45,928,585	\$39,204,078	17.2%
MSB Plan Cost	\$538,669	\$800,588	-32.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$24,260,280	\$19,787,071	22.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$25,187,162	\$22,595,379	11.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$122.81	\$114.74	7.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.19	\$10.11	0.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$799.72	\$714.52	11.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$520.96	\$402.31	29.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$61.02	\$54.21	12.6%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,956.15	\$5,144.67	-3.7%
Plan Cost PMPM	\$161.06	\$145.22	10.9%
Non-Specialty Plan Cost PMPM	\$79.02	\$67.80	16.5%
Specialty Plan Cost PMPM	\$82.04	\$77.42	6.0%
Specialty % of Plan Cost	50.9%	53.3%	-2.4
Net Plan Cost PMPM (factoring Rebates)	\$96.74	\$91.25	6.0%
Non-Specialty Plan Cost PMPM	\$45.33	\$37.77	20.0%
Specialty Plan Cost PMPM	\$51.42	\$53.48	-3.9%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY25 vs Q2 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,923	24,297	-5.7%
Utilizing Member Count (Patients)	13,847	14,851	-6.8%
Percent Utilizing (Utilization)	60.4%	61.1%	-0.7%

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	167,463	171,202	-2.2%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.17	3.7%
Total Claims for Generic (Generic ARx)	145,400	147,270	-1.3%
Total Claims for Brand (Brand ARx)	22,063	23,932	-7.8%
Total Claims for Multisource Brand Claims (MSB ARx)	291	754	-61.4%
Total Non-Specialty Claims	165,441	169,260	-2.3%
Total Specialty Claims	2,022	1,942	4.1%
Generic % of Total Claims (GFR)	86.8%	86.0%	0.8
Generic Effective Rate (GCR)	99.8%	99.5%	0.3
Mail Order Claims	42,791	46,573	-8.1%
Mail Penetration Rate*	29.2%	31.3%	-2.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$22,458,284	\$21,520,815	4.4%
Total Generic Gross Cost	\$2,251,760	\$2,173,191	3.6%
Total Brand Gross Cost	\$20,206,524	\$19,347,624	4.4%
Total MSB Gross Cost	\$182,276	\$322,777	-43.5%
Total Ingredient Cost	\$21,681,872	\$20,720,171	4.6%
Total Dispensing Fee	\$763,476	\$786,762	-3.0%
Total Other (e.g. tax)	\$12,937	\$13,882	-6.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$134.11	\$125.70	6.7%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.49	\$14.76	4.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$915.86	\$808.44	13.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$626.38	\$428.09	46.3%

Express Scripts

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STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
 + CDHP PLAN
 + Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$5,116,449	\$4,786,169	6.9%
Generic Cost Share	\$1,123,185	\$1,057,107	6.3%
Brand Cost Share	\$3,993,264	\$3,729,062	7.1%
MSB Cost Share	\$82,982	\$74,141	11.9%
Total Copay	\$3,717,578	\$3,639,353	2.1%
Total Deductible	\$1,398,872	\$1,146,816	22.0%
Avg Copay per Claim (Member Cost Share/ARx)	\$30.55	\$27.96	9.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.72	\$7.18	7.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$180.99	\$155.82	16.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$285.16	\$98.33	190.0%
Copay % of Total Prescription Cost (Member Cost Share %)	22.8%	22.2%	0.5
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$17,341,835	\$16,734,646	3.6%
Generic Plan Cost	\$1,128,575	\$1,116,084	1.1%
Brand Plan Cost	\$16,213,260	\$15,618,562	3.8%
MSB Plan Cost	\$99,294	\$248,636	-60.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,059,361	\$6,887,168	2.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,282,474	\$9,847,478	4.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$103.56	\$97.75	5.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$7.76	\$7.58	2.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$734.86	\$652.62	12.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$341.21	\$329.76	3.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$42.67	\$40.69	4.9%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,085.30	\$5,070.79	0.3%
Plan Cost PMPM	\$126.09	\$114.79	9.8%
Non-Specialty Plan Cost PMPM	\$51.33	\$47.24	8.6%
Specialty Plan Cost PMPM	\$74.76	\$67.55	10.7%
Specialty % of Plan Cost	59.3%	58.8%	0.4
Net Plan Cost PMPM (factoring Rebates)	\$71.89	\$72.47	-0.8%
Non-Specialty Plan Cost PMPM	\$25.29	\$24.44	3.5%
Specialty Plan Cost PMPM	\$46.60	\$48.02	-3.0%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY25 vs Q2 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	5,238	5,797	-9.6%
Utilizing Member Count (Patients)	3,866	4,163	-7.1%
Percent Utilizing (Utilization)	73.8%	71.8%	2.0

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	60,738	63,299	-4.0%
Claims per Elig Member per Month (Claims PMPM)	1.93	1.82	6.2%
Total Claims for Generic (Generic ARx)	51,800	53,779	-3.7%
Total Claims for Brand (Brand ARx)	8,938	9,520	-6.1%
Total Claims for Multisource Brand Claims (MSB ARx)	225	413	-45.5%
Total Non-Specialty Claims	59,828	62,531	-4.3%
Total Specialty Claims	910	768	18.5%
Generic % of Total Claims (GFR)	85.3%	85.0%	0.3
Generic Effective Rate (GCR)	99.6%	99.2%	0.4
Mail Order Claims	17,329	18,689	-7.3%
Mail Penetration Rate*	31.6%	32.7%	-1.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$10,528,698	\$10,044,959	4.8%
Total Generic Gross Cost	\$926,637	\$934,045	-0.8%
Total Brand Gross Cost	\$9,602,061	\$9,110,914	5.4%
Total MSB Gross Cost	\$238,411	\$223,146	6.8%
Total Ingredient Cost	\$10,245,895	\$9,762,924	4.9%
Total Dispensing Fee	\$276,668	\$273,454	1.2%
Total Other (e.g. tax)	\$6,135	\$8,581	-28.5%
Avg Total Cost per Claim (Gross Cost/ARx)	\$173.35	\$158.69	9.2%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.89	\$17.37	3.0%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,074.30	\$957.03	12.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,059.60	\$540.31	96.1%

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$1,490,034	\$1,331,976	11.9%
Generic Cost Share	\$363,760	\$367,818	-1.1%
Brand Cost Share	\$1,126,274	\$964,158	16.8%
MSB Cost Share	\$11,468	\$21,734	-47.2%
Total Copay	\$1,486,909	\$1,330,088	11.8%
Total Deductible	\$3,125	\$1,889	65.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.53	\$21.04	16.6%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.02	\$6.84	2.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$126.01	\$101.28	24.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$50.97	\$52.63	-3.1%
Copay % of Total Prescription Cost (Member Cost Share %)	14.2%	13.3%	0.9

Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$9,038,664	\$8,712,982	3.7%
Generic Plan Cost	\$562,877	\$566,227	-0.6%
Brand Plan Cost	\$8,475,787	\$8,146,755	4.0%
MSB Plan Cost	\$226,943	\$201,412	12.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,390,109	\$4,140,418	6.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,648,554	\$4,572,564	1.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$148.81	\$137.65	8.1%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.87	\$10.53	3.2%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$948.29	\$855.75	10.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$1,008.63	\$487.68	106.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$73.38	\$66.21	10.8%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,108.30	\$5,953.86	-14.2%
Plan Cost PMPM	\$287.60	\$250.50	14.8%
Non-Specialty Plan Cost PMPM	\$139.69	\$119.04	17.3%
Specialty Plan Cost PMPM	\$147.91	\$131.46	12.5%
Specialty % of Plan Cost	51.4%	52.5%	-1.1
Net Plan Cost PMPM (factoring Rebates)	\$179.51	\$156.90	14.4%
Non-Specialty Plan Cost PMPM	\$82.44	\$66.43	24.1%
Specialty Plan Cost PMPM	\$97.07	\$90.47	7.3%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q2 FY25 vs Q2 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	23,010	18,549	24.0%
Utilizing Member Count (Patients)	15,040	12,319	22.1%
Percent Utilizing (Utilization)	65.4%	66.4%	-1.1

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	174,430	134,872	29.3%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.21	4.3%
Total Claims for Generic (Generic ARx)	148,000	113,456	30.4%
Total Claims for Brand (Brand ARx)	26,430	21,416	23.4%
Total Claims for Multisource Brand Claims (MSB ARx)	518	823	-37.1%
Total Non-Specialty Claims	172,280	133,190	29.3%
Total Specialty Claims	2,150	1,682	27.8%
Generic % of Total Claims (GFR)	84.8%	84.1%	0.7
Generic Effective Rate (GCR)	99.7%	99.3%	0.4
Mail Order Claims	46,041	38,934	18.3%
Mail Penetration Rate*	30.4%	33.5%	-3.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$26,795,778	\$19,662,539	36.3%
Total Generic Gross Cost	\$2,873,199	\$2,257,930	27.2%
Total Brand Gross Cost	\$23,922,579	\$17,404,608	37.4%
Total MSB Gross Cost	\$231,238	\$375,742	-38.5%
Total Ingredient Cost	\$26,003,118	\$19,028,226	36.7%
Total Dispensing Fee	\$773,895	\$618,721	25.1%
Total Other (e.g. tax)	\$18,766	\$15,591	20.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$153.62	\$145.79	5.4%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.41	\$19.90	-2.5%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$905.13	\$812.69	11.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$446.41	\$456.55	-2.2%

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$3,728,835	\$2,727,717	36.7%
Generic Cost Share	\$1,045,793	\$761,870	37.3%
Brand Cost Share	\$2,683,042	\$1,965,847	36.5%
MSB Cost Share	\$18,806	\$25,202	-25.4%
Total Copay	\$3,728,835	\$2,727,717	36.7%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$21.38	\$20.22	5.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.07	\$6.72	5.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$101.52	\$91.79	10.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$36.30	\$30.62	18.6%
Copay % of Total Prescription Cost (Member Cost Share %)	13.9%	13.9%	0.0
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$23,066,943	\$16,934,821	36.2%
Generic Plan Cost	\$1,827,406	\$1,496,060	22.1%
Brand Plan Cost	\$21,239,538	\$15,438,761	37.6%
MSB Plan Cost	\$212,432	\$350,540	-39.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$12,810,809	\$8,759,485	46.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,256,134	\$8,175,336	25.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$132.24	\$125.56	5.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.35	\$13.19	-6.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$803.61	\$720.90	11.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$410.10	\$425.93	-3.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$74.36	\$65.77	13.1%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,770.29	\$4,860.49	-1.9%
Plan Cost PMPM	\$167.08	\$152.16	9.8%
Non-Specialty Plan Cost PMPM	\$92.79	\$78.71	17.9%
Specialty Plan Cost PMPM	\$74.29	\$73.46	1.1%
Specialty % of Plan Cost	44.5%	48.3%	-3.8
Net Plan Cost PMPM (factoring Rebates)	\$102.65	\$95.33	7.7%
Non-Specialty Plan Cost PMPM	\$56.83	\$46.27	22.8%
Specialty Plan Cost PMPM	\$45.82	\$49.06	-6.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q2 FY25

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	51,168	5,238	22,923	23,010
Utilizing Member Count (Patients)	32,714	3,866	13,847	15,040
Percent Utilizing (Utilization)	63.9%	73.8%	60.4%	65.4%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	402,631	60,738	167,463	174,430
Claims per Elig Member per Month (Claims PMPM)	1.31	1.93	1.22	1.26
Total Claims for Generic (Generic Rx)	345,200	51,800	145,400	148,000
Total Claims for Brand (Brand Rx)	57,431	8,938	22,063	26,430
Total Claims for Multisource Brand Claims (MSB Rx)	1,034	225	291	518
Total Non-Specialty Claims	397,549	59,828	165,441	172,280
Total Specialty Claims	5,082	910	2,022	2,150
Generic % of Total Claims (GFR)	85.7%	85.3%	86.8%	84.8%
Generic Effective Rate (GCR)	99.7%	99.6%	99.8%	99.7%
Mail Order Claims	106,161	17,329	42,791	46,041
Mail Penetration Rate*	30.1%	31.6%	29.2%	30.4%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$59,782,760	\$10,528,698	\$22,458,284	\$26,795,778
Total Generic Gross Cost	\$6,051,596	\$926,637	\$2,251,760	\$2,873,199
Total Brand Gross Cost	\$53,731,164	\$9,602,061	\$20,206,524	\$23,922,579
Total MSB Gross Cost	\$651,925	\$238,411	\$182,276	\$231,238
Total Ingredient Cost	\$57,930,884	\$10,245,895	\$21,681,872	\$26,003,118
Total Dispensing Fee	\$1,040,144	\$276,668	\$763,476	\$773,895
Total Other (e.g. tax)	\$37,838	\$6,135	\$12,937	\$18,766
Avg Total Cost per Claim (Gross Cost/Rx)	\$148.48	\$173.35	\$134.11	\$153.62
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.53	\$17.89	\$15.49	\$19.41
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$935.58	\$1,074.30	\$915.86	\$905.13
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$630.49	\$1,059.60	\$626.38	\$446.41

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ EPO, CDHP, & PPO PLAN
+ Q2 FY25

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$10,335,318	\$1,490,034	\$5,116,449	\$3,728,835
Generic Cost Share	\$2,532,739	\$363,760	\$1,123,185	\$1,045,793
Brand Cost Share	\$7,802,580	\$1,126,274	\$3,993,264	\$2,683,042
MSB Cost Share	\$113,256	\$11,468	\$82,982	\$18,806
Total Copay	\$8,933,321	\$1,486,909	\$3,717,578	\$3,728,835
Total Deductible	\$1,401,997	\$3,125	\$1,398,872	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$25.67	\$24.53	\$30.55	\$21.38
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$7.34	\$7.02	\$7.72	\$7.07
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$135.86	\$126.01	\$180.99	\$101.52
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$109.53	\$50.97	\$285.16	\$36.30
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	14.2%	22.8%	13.9%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$49,447,442	\$9,038,664	\$17,341,835	\$23,066,943
Generic Plan Cost	\$3,518,857	\$562,877	\$1,128,575	\$1,827,406
Brand Plan Cost	\$45,928,585	\$8,475,787	\$16,213,260	\$21,239,538
MSB Plan Cost	\$538,669	\$226,943	\$99,294	\$212,432
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$24,260,280	\$4,390,109	\$7,059,361	\$12,810,809
Total Specialty Drug Cost (Specialty Plan Cost)	\$25,187,162	\$4,648,554	\$10,282,474	\$10,256,134
Avg Plan Cost per Claim (Plan Cost/Rx)	\$122.81	\$148.81	\$103.56	\$132.24
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.19	\$10.87	\$7.76	\$12.35
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$799.72	\$948.29	\$734.86	\$803.61
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$520.96	\$1,008.63	\$341.21	\$410.10
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$61.02	\$73.38	\$42.67	\$74.36
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,956.15	\$5,108.30	\$5,085.30	\$4,770.29
Plan Cost PMPM	\$161.06	\$287.60	\$126.09	\$167.08
Non-Specialty Plan Cost PMPM	\$79.02	\$139.69	\$51.33	\$92.79
Specialty Plan Cost PMPM	\$82.04	\$147.91	\$74.76	\$74.29
Specialty % of Plan Cost	50.9%	51.4%	59.3%	44.5%
Net Plan Cost PMPM (factoring Rebates)	\$96.74	\$179.51	\$71.89	\$102.65
Non-Specialty Net Plan Cost PMPM	\$45.33	\$82.44	\$25.29	\$56.83
Specialty Net Plan Cost PMPM	\$51.42	\$97.07	\$46.60	\$45.82

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY25

State of Nevada PEBP				
FY2025 Q2				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	51,168	5,238	22,923	23,010
Pct Members Utilizing Benefit	63.9%	73.8%	60.4%	65.4%
Total Plan Cost	\$ 49,447,442	\$ 9,038,664	\$ 17,341,835	\$ 23,066,943
Total Days	10,470,306	1,625,452	4,353,753	4,491,101
Total Adjusted Rxs	402,631	60,738	167,463	174,430
Plan Cost PMPM	\$ 161.06	\$ 287.60	\$ 126.09	\$ 167.08
Plan Cost Net PMPM	\$ 96.74	\$ 179.51	\$ 71.89	\$ 102.65
Plan Cost/Day	\$ 4.72	\$ 5.56	\$ 3.98	\$ 5.14
Plan Cost per Adjusted Rx	\$ 122.81	\$ 148.81	\$ 103.56	\$ 132.24
Nbr Rxs PMPM	1.31	1.93	1.22	1.26
Generic Fill Rate	85.7%	85.3%	86.8%	84.8%
Home Delivery Utilization	30.1%	31.6%	29.2%	30.4%
Member Cost %	17.3%	14.2%	22.8%	13.9%
Specialty Percent of Plan Cost	50.9%	51.4%	59.3%	44.5%
Specialty Plan Cost PMPM	\$ 82.04	\$ 147.91	\$ 74.76	\$ 74.29
Formulary Compliance Rate	99.5%	99.4%	99.8%	99.4%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	51,168	45,172	5,552	10	437
Pct Members Utilizing Benefit	63.9%	62.0%	79.3%	40.0%	89.7%
Total Plan Cost	\$ 49,447,442	\$ 38,996,177	\$ 9,682,233	\$ 9,416	\$ 759,616
Total Days	10,470,306	8,006,441	2,169,568	2,780	291,517
Total Adjusted Rxs	402,631	312,311	79,622	102	10,596
Plan Cost PMPM	\$ 161.06	\$ 143.88	\$ 290.65	\$ 156.93	\$ 289.71
Plan Cost Net PMPM	\$ 96.74	\$ 86.75	\$ 174.88	\$ 93.93	\$ 136.68
Plan Cost/Day	\$ 4.72	\$ 4.87	\$ 4.46	\$ 3.39	\$ 2.61
Plan Cost per Adjusted Rx	\$ 122.81	\$ 124.86	\$ 121.60	\$ 92.31	\$ 71.69
Nbr Rxs PMPM	1.31	1.15	2.39	1.70	4.04
Generic Fill Rate	85.7%	85.4%	86.7%	85.3%	87.4%
Home Delivery Utilization	30.1%	28.0%	37.0%	84.9%	36.6%
Member Cost %	17.3%	17.3%	17.2%	9.5%	19.6%
Specialty Percent of Plan Cost	50.9%	50.1%	56.3%	0.0%	28.2%
Specialty Plan Cost PMPM	\$ 82.04	\$ 72.03	\$ 163.66	\$ -	\$ 81.65
Formulary Compliance Rate	99.5%	99.5%	99.6%	100.0%	99.7%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ CDHP PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,923	19,240	3,340	31	338
Pct Members Utilizing Benefit	60.4%	57.2%	76.7%	6.5%	89.3%
Total Plan Cost	\$ 17,341,835	\$ 11,961,201	\$ 4,829,952	\$ 35	\$ 550,646
Total Days	4,353,753	2,908,537	1,213,364	54	231,798
Total Adjusted Rxs	167,463	114,501	44,528	3	8,431
Plan Cost PMPM	\$ 126.09	\$ 103.61	\$ 241.02	\$ 1.14	\$ 271.52
Plan Cost Net PMPM	\$ 71.89	\$ 58.19	\$ 146.83	\$ 1.14	\$ 112.51
Plan Cost/Day	\$ 3.98	\$ 4.11	\$ 3.98	\$ 0.66	\$ 2.38
Plan Cost per Adjusted Rx	\$ 103.56	\$ 104.46	\$ 108.47	\$ -	\$ 65.31
Nbr Rxs PMPM	1.22	0.99	2.22	0.02	4.16
Generic Fill Rate	86.8%	86.4%	87.9%	100.0%	86.9%
Home Delivery Utilization	29.2%	25.6%	36.6%	0.0%	36.5%
Member Cost %	22.8%	23.7%	20.3%	66.3%	23.4%
Specialty Percent of Plan Cost	59.3%	58.7%	64.3%	0.0%	29.3%
Specialty Plan Cost PMPM	\$ 74.76	\$ 60.78	\$ 154.93	\$ -	\$ 79.53
Formulary Compliance Rate	99.8%	99.8%	99.7%	100.0%	99.7%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ EPO PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,238	4,506	669	2	61
Pct Members Utilizing Benefit	73.8%	72.2%	86.1%	50.0%	85.2%
Total Plan Cost	\$ 9,038,664	\$ 6,577,551	\$ 2,372,607	\$ 9,163	\$ 79,342
Total Days	1,625,452	1,237,212	355,426	1,431	31,383
Total Adjusted Rxs	60,738	46,638	12,919	51	1,130
Plan Cost PMPM	\$ 287.60	\$ 243.29	\$ 591.08	\$ 763.60	\$ 216.78
Plan Cost Net PMPM	\$ 179.51	\$ 148.02	\$ 394.10	\$ 448.60	\$ 143.62
Plan Cost/Day	\$ 5.56	\$ 5.32	\$ 6.68	\$ 6.40	\$ 2.53
Plan Cost per Adjusted Rx	\$ 148.81	\$ 141.03	\$ 183.65	\$ 179.67	\$ 70.21
Nbr Rxs PMPM	1.93	1.73	3.22	4.25	4.04
Generic Fill Rate	85.3%	85.3%	85.1%	70.6%	89.9%
Home Delivery Utilization	31.6%	30.4%	35.0%	99.8%	38.0%
Member Cost %	14.2%	14.5%	13.3%	5.3%	10.5%
Specialty Percent of Plan Cost	51.4%	49.1%	59.0%	0.0%	22.6%
Specialty Plan Cost PMPM	\$ 147.91	\$ 119.50	\$ 348.70	\$ -	\$ 49.01
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.2%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	23,010	21,426	1,543	4	38
Pct Members Utilizing Benefit	65.4%	64.3%	82.2%	25.0%	100.0%
Total Plan Cost	\$ 23,066,943	\$ 20,457,424	\$ 2,479,674	\$ 217	\$ 129,628
Total Days	4,491,101	3,860,692	600,778	1,295	28,336
Total Adjusted Rxs	174,430	151,172	22,175	48	1,035
Plan Cost PMPM	\$ 167.08	\$ 159.13	\$ 267.84	\$ 10.85	\$ 568.54
Plan Cost Net PMPM	\$ 102.65	\$ 99.51	\$ 140.58	\$ 10.85	\$ 340.55
Plan Cost/Day	\$ 5.14	\$ 5.30	\$ 4.13	\$ 0.17	\$ 4.57
Plan Cost per Adjusted Rx	\$ 132.24	\$ 135.33	\$ 111.82	\$ 4.52	\$ 125.24
Nbr Rxs PMPM	1.26	1.18	2.40	2.00	4.54
Generic Fill Rate	84.8%	84.7%	85.3%	100.0%	88.5%
Home Delivery Utilization	30.4%	29.0%	39.2%	72.0%	36.3%
Member Cost %	13.9%	13.9%	14.5%	65.0%	6.1%
Specialty Percent of Plan Cost	44.5%	45.3%	38.2%	0.0%	26.9%
Specialty Plan Cost PMPM	\$ 74.29	\$ 72.14	\$ 102.34	\$ -	\$ 152.86
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	100.0%

4.3.7

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.5 Q2 Express Scripts – Summary Report

4.3.6 Q2 Express Scripts – Utilization Report

4.3.7 Q2 UnitedHealthcare Basic Life Insurance

370074 State of Nevada Public Employees' Benefits Program

Life Performance Guarantees 2025 Q2 – (10/01/2024-12/31/2024)

Service	Metric	Measurement	How Measured	Fee at Risk	Results Details	Guarantee Achieved?
Claim Processing	Life Insurance - Complete Life Claim Decision	A. <u>Basic Life Claim Determination</u> 97% of claims processed within 10 days of receipt of complete information	Claim Turn Around Reports	.3% of quarterly Basic Life Insurance Premium	100%	Yes
	Life Insurance - Timeliness of Claim Payments	A. <u>Timeliness of Claim Payment</u> 97% of claims approved and payment issued, or claims denied, and letter mailed in five business days following receipt of all information necessary to make a claim decision.	Quarterly claim decision report	.3% of quarterly Basic Life Insurance Premium	95%	No
	Life Insurance - Accuracy of claim payment	98% of claims processed accurately	Internal Claims Audit	.3% of quarterly Basic Life Insurance Premium	96%	No
Claim Customer Service	Average Speed of Answer	80% of Calls will be answered in less than 30 seconds	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	80.33%	No
	Abandonment Rate	Less than 5% of calls will be abandoned	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	2.32%	Yes

V. Life Insurance• Complete Life Claim Decision	97%	A. <u>Basic Life Claim Determination</u> 97% of claims processed within 10 days of receipt of complete information.	A. 0.3%of quarterly Basic Life Insurance Premium.
VI. Life Insurance• Timeliness of Claim Payments	97%	A. <u>Timeliness of Claim Payment</u> 97% of claims Approved and payment issued, or claims denied, and letter mailed in five (5) business days following receipt of all information necessary to make a claim decision.	A. 0.3%of quarterly Basic Life Insurance Premium.
VII. Life Insurance - Accuracy of Claim Payment	98%	A. <u>Basic Life Claim Accuracy</u> 98% of payments processed accurately.	A. 0.3%of quarterly Basic Life Insurance Premium.
III. Life Insurance - Claim Customer Service	80% in less than 30 seconds <5%	A. <u>Average Speed of Answer</u> 80% of calls will be answered in less than 30 seconds reported on a book of business level measured by the Call Center Statistics. B. <u>Abandonment Rate</u> Less than 5% of calls will be abandoned reported on a book of business level. Measured by the Call Center Statistics.	A. 0.3%of quarterly Basic Life Insurance Premium. B. 0.3% of quarterly Basic Life Insurance Premium.

4.3.8

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending December 31, 2024:

4.3.1 Q2 UMR – Obesity Care Management

4.3.2 Q2 UMR – Diabetes Care Management

4.3.3 Q2 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.5 Q2 Express Scripts – Summary Report

4.3.6 Q2 Express Scripts – Utilization Report

4.3.7 Q2 UnitedHealthcare Basic Life Insurance

4.3.8 Q2 WTW’s Individual Marketplace (VIA Benefits) Enrollment and Performance Report



Public Employees Benefit Program

Quarterly Update – 2nd Quarter Plan Year 2025

WTW's Individual Marketplace (Via Benefits)

February 19, 2025

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 2nd Quarter Plan Year 2025

Executive Summary

Plan Enrollment:

- At the end of FY Q1 2025, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace decreased slightly to 11,353. Since PEBP started with Via Benefits back on July 1, 2011, 124 carriers have been selected by PEBP's retirees with current enrollment in 2,338 different plans.
- Medicare Supplement (MS) plan selection remained consistent at 83% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 5,842 and 1,571 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$147.
- The percentage of Medicare Advantage (MA or MAPD) plans selected remained consistent at 17%. Top MA carriers include Aetna with 640 individual plan selections and AARP with 398 individual plan selections. The average monthly premium cost to PEBP participants decreased slightly to \$7.

Customer Satisfaction:

- In Q2 2025, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.5 out of 5.0 based on 48 surveys returned.
- For Q2 2025, the average satisfaction score for Service Calls was 3.8 out of 5.0 based on 407 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 3.9 out of 5.0 for Q1 2025.

Health Reimbursement Arrangement:

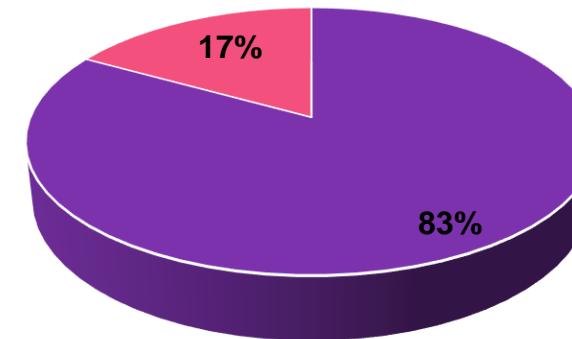
- At the end of Q2 2025 there were 13,733 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 120,336 claims processed in Q2, with 85.5% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 102,908 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q2 was \$8,274,987 paid from 47,798 payments for an average of \$173.12 per claim payment.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 12/31/2024		Previous Qtr.
Total enrolled through individual marketplace	11,353	11,408
Number of carriers**	124	124
Number of plans**	2,338	2,257

Plan Type Selection Through 12/31/2024		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,931	1,882
Medicare Supplement (MS)	9,459	9,558

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is slightly below the average for WTW's Book of Business."

■ MS ■ MA

Plan Type	Number Enrolled	Average Premium
Medicare Supplement (MS)	9,459	\$150
Medicare Advantage (MA, MAPD)	1,931	\$6 / \$17
Part D drug coverage	6,172	\$26
Dental coverage	833	\$35
Vision coverage	1,662	\$11

** Reflects total carriers and plans that PEBP participants have enrolled in nationwide, since inception.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 2nd Quarter Plan Year 2025

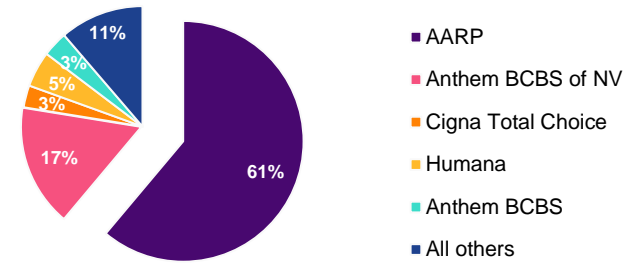
Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	5,842
Anthem BCBS of NV	1,571
Humana	459
Cigna Total Choice	283
Anthem BCBS	324

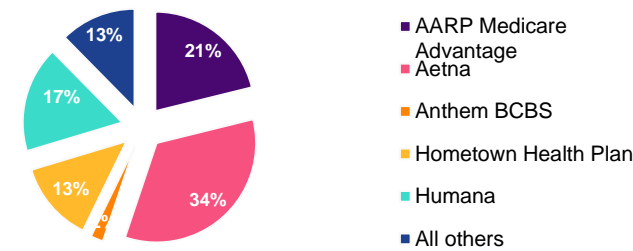
Top Medicare Advantage Plans	Total
Aetna	640
Humana	325
AARP	398
Hometown Health Plan	247
Anthem BCBS	39

Top Medicare Part D (RX)	Total
WellCare	2,252
Humana	1,754
AARP Part D from United Healthcare	1,490
Aetna Medicare Rx (SilverScript)	336
Cigna HealthSpring	299

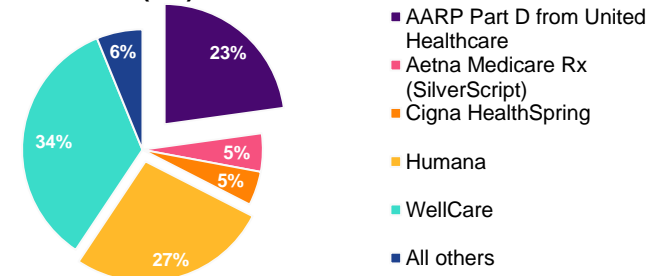
Medicare Supplement Carrier Choice



Medicare Advantage Carrier Choice



Part D (RX) Carrier Choice



Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$147
Median	\$140
Maximum	\$481

Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$7
Median	\$0
Maximum	\$230

Cost Data For Part D (RX)	Cost
Minimum	\$0
Average	\$21
Median	\$15
Maximum	\$156

The Public Employees Benefit Program Executive Dashboard

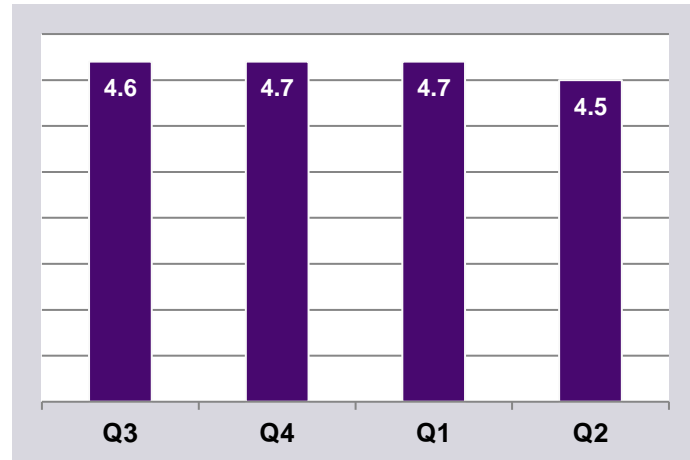
Quarterly Update – 2nd Quarter Plan Year 2025

Customer Service – Voice of the Customer (VoC)

Individual Marketplace conducts phone and email surveys of all participant transactions. Each survey contains approximately 12-16 questions. Responses are scanned by IBM Mindshare Analytics which expose trends within an hour, alerting Individual Marketplace of issues and allowing for real-time feedback and adjustments

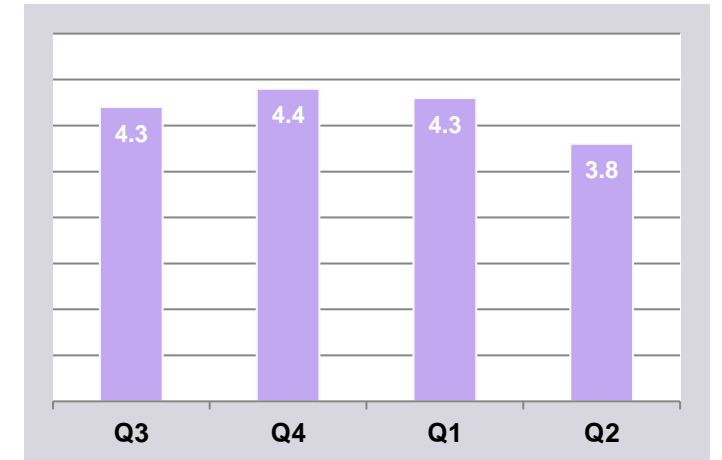
Q2 Enrollment Satisfaction

CSAT score	Count	%
5	32	67%
4	10	21%
3	5	10%
2	0	0%
1	1	2%
	48	100%



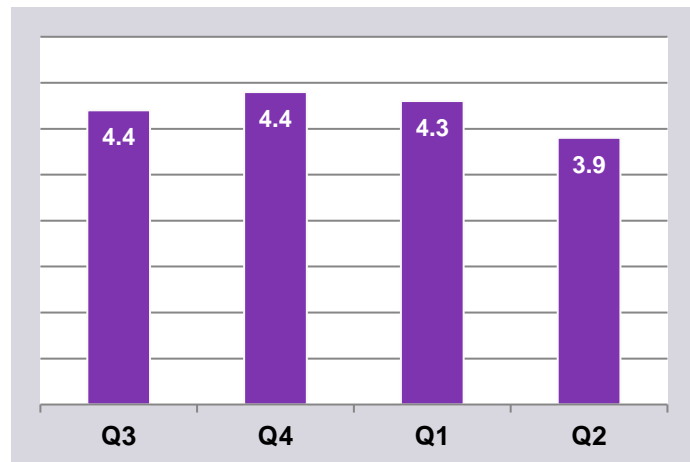
Q2 Service Satisfaction

CSAT score	Count	%
5	213	52%
4	58	14%
3	52	13%
2	32	8%
1	52	13%
	407	100%



Q2 Enrollment & Service Combined

CSAT score	Count	%
5	245	54%
4	68	15%
3	57	12%
2	32	7%
1	53	12%
	544	100%

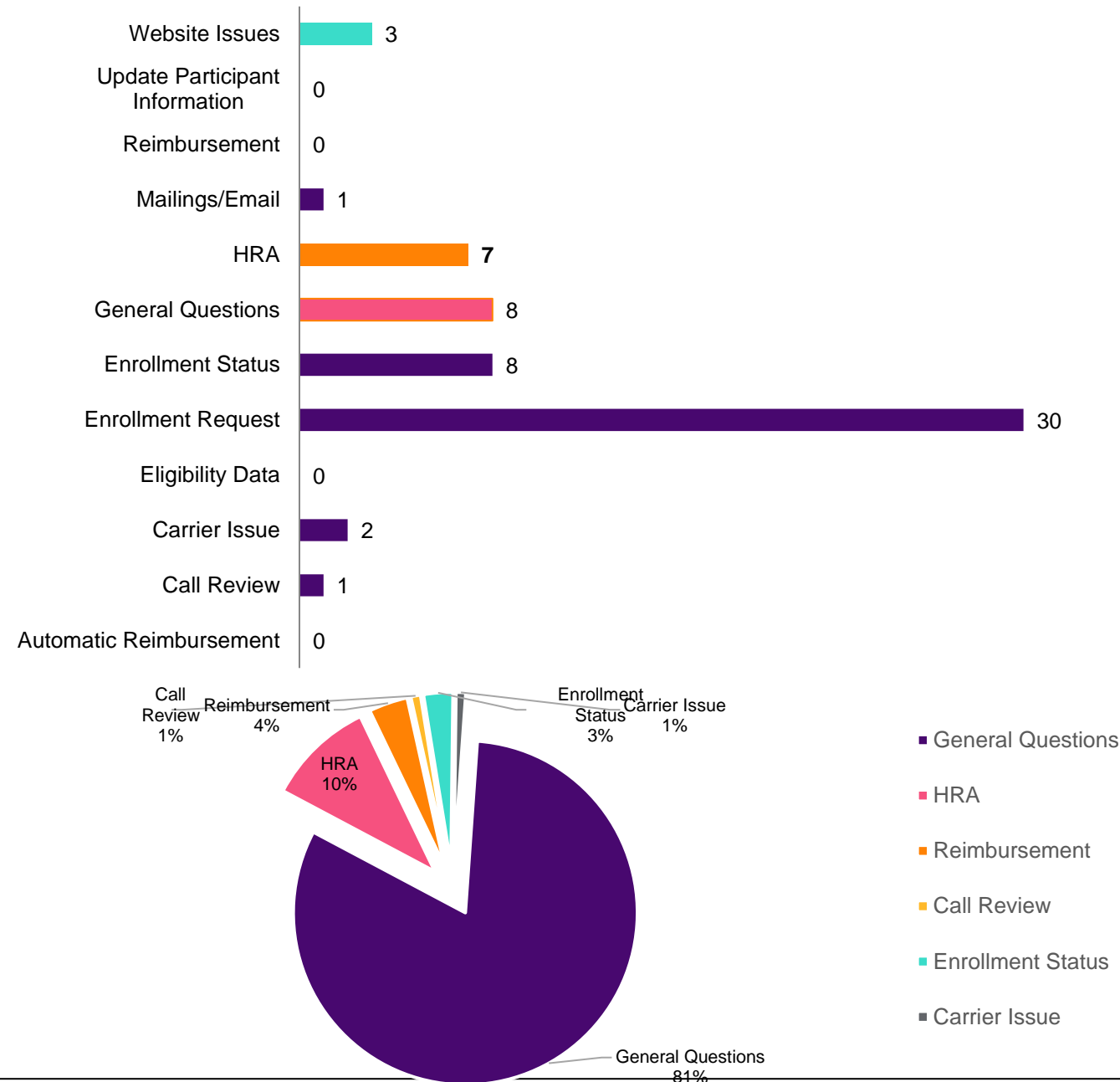


The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 2nd Quarter Plan Year 2025

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q1-PY 2025 is 30 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,733
Number of payments	47,798
Accounts with no balance	415
Claims paid amount	\$8,274,987

Claims By Source	Total
A/R file	102,908
Mail	6,547
Web	7,455
Mobile App	3,399
TOTAL	120,336

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 2nd Quarter Plan Year 2025

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.36 Days	Yes
Claim Financial Precision	≥ 98%	99.9%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.9%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q2 and Q3 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	11 minute 41 Seconds	No – Note that this performance guarantee is measured quarterly and a penalty of \$2,000 to Nevada PEBP for this missed measure.
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	17.4%	No – Note that this performance guarantee is measured annually based on the annual audit period. Once the audit period is completed the full results for the period will be reviewed and determined if a penalty is due.
Customer Satisfaction	≥ 80%	81.3%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 2nd Quarter Plan Year 2025

Operations Report

Medicare Open Enrollment Plan Changes for 2025:

The Medicare Open Enrollment Season for 2025 occurred from October 15, 2023 – December 7, 2023. The below chart captures information on the number of participants that made changes to their existing Medicare Medical or Prescription Drug Plan. There was a significant increase in the number of participants who changed their Prescription Drug Plan, likely due to new lower premium Rx plans being available in 2024. There was also a decrease in the number of changes captured for those moving from a Medicare Advantage plan to another Medicare Advantage plan. This decrease is likely due to fewer carriers increasing their premiums or changing plan designs which previously required participants to be “cross walked” to another plan.

Original Plan	New Plan	1/1/2025 Changes	1/1/2024 Changes	1/1/2023 Changes
Medicare Supplement	Medicare Supplement	56	42	37
Medicare Supplement	Medicare Advantage	47	87	89
Medicare Advantage	Medicare Advantage	474	440	1,487
Medicare Advantage	Medicare Supplement	19	7	9
Prescription Drug Plan	Prescription Drug Plan	1,065	647	548

HRA Available Balance Cap of \$8,000:

Effective May 31, 2025, we will process the annual \$8,000 HRA Available Balance Cap reduction on accounts with a balance of more than \$8,000. Nevada PEBP is planning on sending communications related to the Available Balance Cap to 824 participants with balances of \$7,000 or greater as they are expected to be the ones who will potentially be impacted by the Cap this year. The goal of the communication is to remind participants to submit claims against their balance to reduce it below the \$8,000 threshold so they do not lose any of their HRA balance. Once funds are removed because they are over the \$8,000 cap, they cannot be added back.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 2nd Quarter Plan Year 2025

Operations Report

Spring Retiree Meetings:

WTW and Nevada PEBP have scheduled virtual retiree meetings on April 2 and 3, with a live attendance option at the PEBP offices in Carson City. The meetings are designed to help age-in participants and employees who are 65 or older who are considering retiring get educated on the transition to Medicare as well as assist those who are already enrolled through Via Benefits with Medicare and the HRA. Registration links for these meetings have been added to the Via Benefits website for Nevada PEBP at <https://my.viabenefits.com/PEBP>. Recordings of meetings are later made available on the website as well.

Meeting Date/Time	Meeting Type
April 2 – 11:30 am PT	Pre-Medicare/Ageing into Medicare
April 2 – 2:00 pm PT	Already enrolled in Medicare/HRA
April 3 – 9:30 am PT	Already enrolled in Medicare/HRA
April 3 - 12:00 pm PT	Pre-Medicare/Ageing into Medicare

Communications:

Below is information on communications that were mailed and/or emailed recently by Via Benefits to Nevada PEBP participants.

- Spring Balance Reminder
 - This communication is mailed to participants who have not had any payment activity in their HRA in the prior 90 days. It is designed to remind them of their HRA balance so they can take action and submit new claims for reimbursement from their account. The Balance Reminder for the spring was mailed in mid-February to 268 Nevada PEBP participants.

VIA BENEFITS Balance Reminder

Via Benefits
PO Box 12345
City Name, PA 67890-1234
Electronic Service Requested

Identifier: 17882608_1355910
GROUP NAME, LLC

John Sample
1234 Street Name
Any Town, OH 12345
United States

10/15/2021

You have a total available balance of \$1,200.00 in your reimbursement account that you can use for eligible expenses. The table below shows the available balance from each account and plan year.

Account Balance Breakdown		
Account	Plan Year	Available Balance
HRA	2018	\$140.00
HRA	2019	\$220.00
HRA	2020	\$1,200.00
Total Available Balance: \$1,560.00		

We're here to assist you
If you have questions, please call Via Benefits at 1-800-888-8888 (TTY: 711), Monday through Friday 9:00 a.m. to 6:00 p.m. Time Zone.

Sincerely,
Via Benefits

Get Informed Faster | Get instant updates via email. Update your notification settings at my.viabenefits.com.

4.4

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.4 VIA Benefits Data Request



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

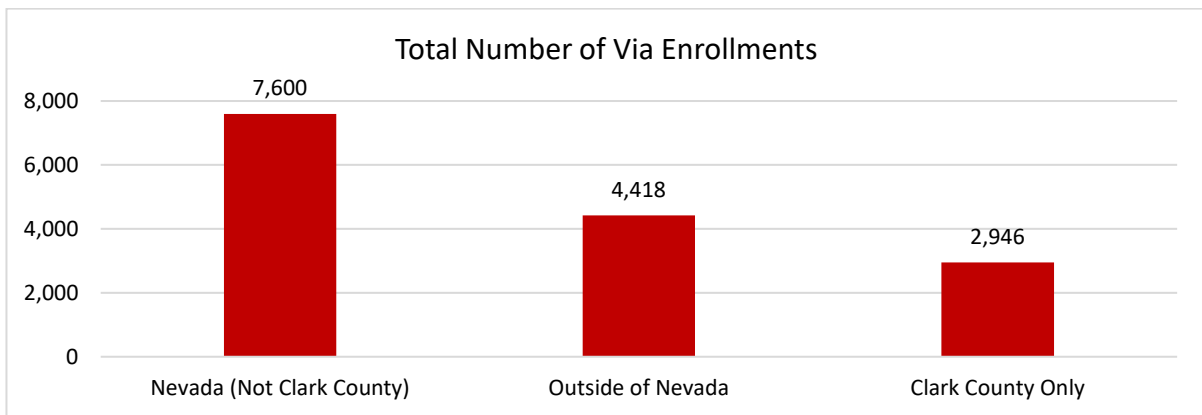
STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109 | Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
<https://pebp.nv.gov>

JOY GRIMMER
Board Chair

March 20, 2025

Re: Member request for data (Via Benefits)

- 1) Total number of Via Enrollments broken down by Clark County, Nevada (excluding Clark County), and outside of Nevada. *As of 2/5/25, there were 14,964 PEBP retirees enrolled in Via Benefits.*



- 2) Total number of Health Reimbursement Accounts (HRA) with reimbursement requests greater than the available balance: *In 2024, 8,057 HRA's had claims approved for greater than their account balance. Via Benefits automates as many claims as possible and approves them even if there are no available funds in the HRA. There is no negative impact on members for submitting more claims than their available balance.*
- 3) Total number of HRAs that carried over a balance to the next calendar year. *There were 4,210 HRA's with a balance in 2024 carried over into 2025.*
- 4) Average HRA balance rolled over from 2024 to 2025. *The average balance rolled over from 2024 to 2025 was \$3,300.27.*

All data presented was provided by Via Benefits on 2/5/25, and was prepared by:

Leslie Bittleston, MSQA
Quality Control Officer
Public Employees' Benefits Program

5.

5. Executive Officer Report (Celestena Glover, Executive Officer) (Information/Discussion)



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109 | Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
<https://pebp.nv.gov>

JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: March 20, 2025
Item Number: 5
Title: Executive Officer Report

SUMMARY

This report provides the Board and members of the public with updates on agency operations.

REPORT

2025 LEGISLATIVE SESSION

PEBP provided a budget presentation to the Joint Senate Finance and Assembly Ways and Means Committee on February 14, 2025. There were questions about the timeline for the Board to determine plan design, set rates and open enrollment. In addition, they had questions about the medical/dental/pharmacy inflation and how that affects the plan rates both in employer and employee contributions.

PEBP also presented to the Senate Government Affairs Committee on Senate Bill 32 on February 19, 2025, and to the Assembly Government Affairs Committee on Assembly Bill 22 on February 21, 2025.

Finally, PEBP staff with their vendor partners continue to review bills that may affect the program and how we do business. Many of those bills require fiscal notes be attached to inform the bill sponsor as to how the bills may impact the program.

FUTURE BOARD MEETINGS

PEBP will be scheduling legislative update meetings in April and May as they are needed. These meetings will be held virtually. Future board meeting beginning with the meeting scheduled for May 22, 2025, will again be held in person. We will provide a virtual option for those board members with conflicting schedules as needed.

6.

6. Discussion and possible action to include approving Plan Year 2026 rates for State and Non-State employees, retirees, and their dependents for the Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO), and Health Maintenance Organization Plan (HMO). (Celestena Glover, Executive Officer) **(For Possible Action)**

A. Plan Year 2026 Rates Table

B. Plan Year 2026 Comparison Table

6.1 Segal PY25 Trend Report

Scenario 1: 3% migration to LDPP0 plan

STATE

FY2025

Active Rates	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Participant	\$714.88	\$753.70	\$852.80	\$651.32	\$651.32	\$651.32	\$8.30	\$17.12	\$20.24	\$55.26	\$85.26	\$181.24
Participant + Spouse	\$1,415.07	\$1,492.73	\$1,690.93	\$1,123.53	\$1,123.53	\$1,123.53	\$20.27	\$37.92	\$44.15	\$271.27	\$331.28	\$523.25
Participant + Children	\$977.46	\$1,030.84	\$1,167.10	\$828.40	\$828.40	\$828.40	\$12.80	\$24.92	\$29.20	\$136.26	\$177.52	\$309.50
Participant + Family	\$1,677.64	\$1,769.86	\$2,005.22	\$1,300.56	\$1,300.60	\$1,300.60	\$24.80	\$45.72	\$53.11	\$352.28	\$423.54	\$651.51
Retiree Rates												
Participant	\$708.41	\$747.23	\$846.33	\$436.29	\$436.29	\$436.29	\$8.30	\$17.12	\$20.24	\$263.82	\$293.82	\$389.80
Participant + Spouse	\$1,408.60	\$1,486.24	\$1,684.44	\$752.60	\$752.60	\$752.60	\$20.27	\$37.92	\$44.15	\$635.73	\$695.72	\$887.69
Participant + Children	\$970.97	\$1,024.35	\$1,160.63	\$554.90	\$554.91	\$554.91	\$12.80	\$24.92	\$29.20	\$403.27	\$444.52	\$576.52
Participant + Family	\$1,671.16	\$1,763.38	\$1,998.74	\$871.17	\$871.22	\$871.22	\$24.80	\$45.72	\$53.11	\$775.19	\$846.44	\$1,074.41
Surviving Spouse	\$708.40	\$747.22	\$846.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$708.40	\$747.22	\$846.32
Survivor + Children	\$970.98	\$1,024.36	\$1,160.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.98	\$1,024.36	\$1,160.62

FY2026

Active Rates	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Participant	\$850.01	\$885.75	\$1,012.08	\$806.24	\$806.24	\$806.24	\$0.00	\$0.00	\$0.00	\$43.77	\$79.51	\$205.84
Participant + Spouse	\$1,685.08	\$1,756.57	\$2,009.23	\$1,390.76	\$1,390.76	\$1,390.76	\$0.00	\$0.00	\$0.00	\$294.32	\$365.81	\$618.47
Participant + Children	\$1,163.16	\$1,212.30	\$1,386.01	\$1,025.44	\$1,025.44	\$1,025.44	\$0.00	\$0.00	\$0.00	\$137.72	\$186.86	\$360.57
Participant + Family	\$1,998.24	\$2,083.12	\$2,383.16	\$1,609.96	\$1,609.96	\$1,609.96	\$0.00	\$0.00	\$0.00	\$388.28	\$473.16	\$773.20
Retiree Rates												
Participant	\$843.74	\$879.48	\$1,005.82	\$564.90	\$564.90	\$564.90	\$0.00	\$0.00	\$0.00	\$278.84	\$314.58	\$440.92
Participant + Spouse	\$1,678.82	\$1,750.30	\$2,002.97	\$974.45	\$974.45	\$974.45	\$0.00	\$0.00	\$0.00	\$704.37	\$775.85	\$1,028.52
Participant + Children	\$1,156.90	\$1,206.04	\$1,379.75	\$718.48	\$718.48	\$718.48	\$0.00	\$0.00	\$0.00	\$438.42	\$487.56	\$661.27
Participant + Family	\$1,991.98	\$2,076.86	\$2,376.90	\$1,128.03	\$1,128.03	\$1,128.03	\$0.00	\$0.00	\$0.00	\$863.95	\$948.83	\$1,248.87
Surviving Spouse	\$843.74	\$879.48	\$1,005.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$843.74	\$879.48	\$1,005.82
Survivor + Children	\$1,156.90	\$1,206.04	\$1,379.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,156.90	\$1,206.04	\$1,379.75

Scenario 2: 3% migration to LDPPO plan, AEGIS reduction with State CDHP EO +\$0 PEPM

STATE

FY2025

Active Rates	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Participant	\$714.88	\$753.70	\$852.80	\$651.32	\$651.32	\$651.32	\$8.30	\$17.12	\$20.24	\$55.26	\$85.26	\$181.24
Participant + Spouse	\$1,415.07	\$1,492.73	\$1,690.93	\$1,123.53	\$1,123.53	\$1,123.53	\$20.27	\$37.92	\$44.15	\$271.27	\$331.28	\$523.25
Participant + Children	\$977.46	\$1,030.84	\$1,167.10	\$828.40	\$828.40	\$828.40	\$12.80	\$24.92	\$29.20	\$136.26	\$177.52	\$309.50
Participant + Family	\$1,677.64	\$1,769.86	\$2,005.22	\$1,300.56	\$1,300.60	\$1,300.60	\$24.80	\$45.72	\$53.11	\$352.28	\$423.54	\$651.51
Retiree Rates												
Participant	\$708.41	\$747.23	\$846.33	\$436.29	\$436.29	\$436.29	\$8.30	\$17.12	\$20.24	\$263.82	\$293.82	\$389.80
Participant + Spouse	\$1,408.60	\$1,486.24	\$1,684.44	\$752.60	\$752.60	\$752.60	\$20.27	\$37.92	\$44.15	\$635.73	\$695.72	\$887.69
Participant + Children	\$970.97	\$1,024.35	\$1,160.63	\$554.90	\$554.91	\$554.91	\$12.80	\$24.92	\$29.20	\$403.27	\$444.52	\$576.52
Participant + Family	\$1,671.16	\$1,763.38	\$1,998.74	\$871.17	\$871.22	\$871.22	\$24.80	\$45.72	\$53.11	\$775.19	\$846.44	\$1,074.41
Surviving Spouse	\$708.40	\$747.22	\$846.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$708.40	\$747.22	\$846.32
Survivor + Children	\$970.98	\$1,024.36	\$1,160.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.98	\$1,024.36	\$1,160.62

FY2026

Active Rates	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Participant	\$849.22	\$885.75	\$1,013.87	\$806.24	\$806.24	\$806.24	-\$12.28	-\$12.28	-\$12.28	\$55.26	\$91.79	\$219.91
Participant + Spouse	\$1,683.52	\$1,756.57	\$2,012.81	\$1,390.76	\$1,390.76	\$1,390.76	-\$21.18	-\$21.18	-\$21.18	\$313.94	\$386.99	\$643.23
Participant + Children	\$1,162.09	\$1,212.30	\$1,388.47	\$1,025.44	\$1,025.44	\$1,025.44	-\$15.62	-\$15.62	-\$15.62	\$152.27	\$202.48	\$378.65
Participant + Family	\$1,996.38	\$2,083.12	\$2,387.41	\$1,609.96	\$1,609.96	\$1,609.96	-\$24.52	-\$24.52	-\$24.52	\$410.94	\$497.68	\$801.97
Retiree Rates												
Participant	\$842.96	\$879.48	\$1,007.60	\$564.90	\$564.90	\$564.90	\$0.00	\$0.00	\$0.00	\$278.06	\$314.58	\$442.70
Participant + Spouse	\$1,677.26	\$1,750.30	\$2,006.54	\$974.45	\$974.45	\$974.45	\$0.00	\$0.00	\$0.00	\$702.81	\$775.85	\$1,032.09
Participant + Children	\$1,155.82	\$1,206.04	\$1,382.21	\$718.48	\$718.48	\$718.48	\$0.00	\$0.00	\$0.00	\$437.34	\$487.56	\$663.73
Participant + Family	\$1,990.12	\$2,076.86	\$2,381.15	\$1,128.03	\$1,128.03	\$1,128.03	\$0.00	\$0.00	\$0.00	\$862.09	\$948.83	\$1,253.12
Surviving Spouse	\$842.96	\$879.48	\$1,007.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$842.96	\$879.48	\$1,007.60
Survivor + Children	\$1,155.82	\$1,206.04	\$1,382.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,155.82	\$1,206.04	\$1,382.21

Recommendation: PEBP Board Approve Scenario 2 for Plan Year 2026 Rates

Scenario 1: 3% migration to LDPP0 plan

NON-STATE

FY2025

	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Active Rates												
Participant	\$997.33	\$1,063.39	\$1,075.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$997.33	\$1,063.39	\$1,075.11
Participant + Spouse	\$1,979.98	\$2,112.10	\$2,135.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,979.98	\$2,112.10	\$2,135.54
Participant + Children	\$1,365.83	\$1,456.66	\$1,472.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,365.83	\$1,456.66	\$1,472.77
Participant + Family	\$2,348.47	\$2,505.37	\$2,533.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,348.47	\$2,505.37	\$2,533.20
Retiree Rates												
Participant	\$990.86	\$1,056.92	\$1,068.64	\$718.74	\$745.98	\$658.60	\$8.30	\$17.12	\$20.24	\$263.82	\$293.82	\$389.80
Participant + Spouse	\$1,973.51	\$2,105.62	\$2,129.06	\$1,317.51	\$1,371.98	\$1,197.22	\$20.27	\$37.92	\$44.15	\$635.73	\$695.72	\$887.69
Participant + Children	\$1,359.35	\$1,450.18	\$1,466.30	\$943.28	\$980.74	\$860.58	\$12.80	\$24.92	\$29.20	\$403.27	\$444.52	\$576.52
Participant + Family	\$2,341.99	\$2,498.90	\$2,526.72	\$1,542.00	\$1,606.74	\$1,399.20	\$24.80	\$45.72	\$53.11	\$775.19	\$846.44	\$1,074.41
Surviving Spouse	\$990.86	\$1,056.92	\$1,068.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$990.86	\$1,056.92	\$1,068.64
Survivor + Children	\$1,359.36	\$1,450.18	\$1,466.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,359.36	\$1,450.18	\$1,466.30

FY2026

	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Active Rates												
Participant	\$962.88	\$999.59	\$1,136.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$962.88	\$999.59	\$1,136.79
Participant + Spouse	\$1,910.84	\$1,984.26	\$2,258.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,910.84	\$1,984.26	\$2,258.65
Participant + Children	\$1,318.36	\$1,368.84	\$1,557.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,318.36	\$1,368.84	\$1,557.48
Participant + Family	\$2,266.32	\$2,353.51	\$2,679.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,266.32	\$2,353.51	\$2,679.34
Retiree Rates												
Participant	\$956.62	\$993.33	\$1,130.53	\$677.78	\$678.75	\$689.61	\$0.00	\$0.00	\$0.00	\$278.84	\$314.58	\$440.92
Participant + Spouse	\$1,904.58	\$1,978.00	\$2,252.39	\$1,200.21	\$1,202.15	\$1,223.87	\$0.00	\$0.00	\$0.00	\$704.37	\$775.85	\$1,028.52
Participant + Children	\$1,312.10	\$1,362.58	\$1,551.22	\$873.68	\$875.02	\$889.95	\$0.00	\$0.00	\$0.00	\$438.42	\$487.56	\$661.27
Participant + Family	\$2,260.06	\$2,347.25	\$2,673.08	\$1,396.11	\$1,398.42	\$1,424.21	\$0.00	\$0.00	\$0.00	\$863.95	\$948.83	\$1,248.87
Surviving Spouse	\$956.62	\$993.33	\$1,130.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$956.62	\$993.33	\$1,130.53
Survivor + Children	\$1,312.10	\$1,362.58	\$1,551.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,312.10	\$1,362.58	\$1,551.22

Scenario 2: 3% migration to LDPO plan, AEGIS reduction with State CDHP EO +\$0 PEPM

NON-STATE

FY2025

Active Rates	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Participant	\$997.33	\$1,063.39	\$1,075.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$997.33	\$1,063.39	\$1,075.11
Participant + Spouse	\$1,979.98	\$2,112.10	\$2,135.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,979.98	\$2,112.10	\$2,135.54
Participant + Children	\$1,365.83	\$1,456.66	\$1,472.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,365.83	\$1,456.66	\$1,472.77
Participant + Family	\$2,348.47	\$2,505.37	\$2,533.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,348.47	\$2,505.37	\$2,533.20
Retiree Rates												
Participant	\$990.86	\$1,056.92	\$1,068.64	\$718.74	\$745.98	\$658.60	\$8.30	\$17.12	\$20.24	\$263.82	\$293.82	\$389.80
Participant + Spouse	\$1,973.51	\$2,105.62	\$2,129.06	\$1,317.51	\$1,371.98	\$1,197.22	\$20.27	\$37.92	\$44.15	\$635.73	\$695.72	\$887.69
Participant + Children	\$1,359.35	\$1,450.18	\$1,466.30	\$943.28	\$980.74	\$860.58	\$12.80	\$24.92	\$29.20	\$403.27	\$444.52	\$576.52
Participant + Family	\$2,341.99	\$2,498.90	\$2,526.72	\$1,542.00	\$1,606.74	\$1,399.20	\$24.80	\$45.72	\$53.11	\$775.19	\$846.44	\$1,074.41
Surviving Spouse	\$990.86	\$1,056.92	\$1,068.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$990.86	\$1,056.92	\$1,068.64
Survivor + Children	\$1,359.36	\$1,450.18	\$1,466.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,359.36	\$1,450.18	\$1,466.30

FY2026

Active Rates	Budget Rates			State Subsidy (AEGIS/REGI)			Planned Spend-Down/(Surplus)			Employee Contributions		
	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO/HMO	CDHP	Copay	EPO
Participant	\$962.11	\$999.75	\$1,138.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$962.11	\$999.75	\$1,138.10
Participant + Spouse	\$1,909.28	\$1,984.57	\$2,261.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,909.28	\$1,984.57	\$2,261.28
Participant + Children	\$1,317.30	\$1,369.06	\$1,559.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,317.30	\$1,369.06	\$1,559.30
Participant + Family	\$2,264.47	\$2,353.88	\$2,682.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,264.47	\$2,353.88	\$2,682.47
Retiree Rates												
Participant	\$955.85	\$993.49	\$1,131.84	\$677.79	\$678.91	\$689.14	\$0.00	\$0.00	\$0.00	\$278.06	\$314.58	\$442.70
Participant + Spouse	\$1,903.02	\$1,978.31	\$2,255.02	\$1,200.21	\$1,202.46	\$1,222.93	\$0.00	\$0.00	\$0.00	\$702.81	\$775.85	\$1,032.09
Participant + Children	\$1,311.04	\$1,362.80	\$1,553.04	\$873.70	\$875.24	\$889.31	\$0.00	\$0.00	\$0.00	\$437.34	\$487.56	\$663.73
Participant + Family	\$2,258.21	\$2,347.62	\$2,676.21	\$1,396.12	\$1,398.79	\$1,423.09	\$0.00	\$0.00	\$0.00	\$862.09	\$948.83	\$1,253.12
Surviving Spouse	\$955.85	\$993.49	\$1,131.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$955.85	\$993.49	\$1,131.84
Survivor + Children	\$1,311.04	\$1,362.80	\$1,553.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,311.04	\$1,362.80	\$1,553.04

Recommendation: PEBP Board Approve Scenario 2 for Plan Year 2026 Rates

Plan Year 2025 State Rates - Active Employees

State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	714.88	651.32	63.56	753.70	651.32	102.38	852.80	651.32	201.48
Employee + Spouse	1,415.07	1,123.53	291.54	1,492.73	1,123.53	369.20	1,690.93	1,123.53	567.40
Employee + Child(ren)	977.46	828.40	149.06	1,030.84	828.40	202.44	1,167.10	828.40	338.70
Employee + Family	1,677.64	1,300.60	377.04	1,769.86	1,300.60	469.26	2,005.22	1,300.60	704.62

Plan Year 2025 State Rates - Retirees

State Retirees Non-Medicare	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Retiree only	708.41	436.29	272.12	747.23	436.29	310.94	846.33	436.29	410.04
Retiree + Spouse	1,408.60	752.60	656.00	1,486.24	752.60	733.64	1,684.44	752.60	931.84
Retiree + Child(ren)	970.97	554.91	416.06	1,024.35	554.91	469.44	1,160.63	554.91	605.72
Retiree + Family	1,671.16	871.22	799.94	1,763.38	871.22	892.16	1,998.74	871.22	1,127.52
Surviving/Unsubsidized Dependent	708.40	-	708.40	747.22	-	747.22	846.32	-	846.32
Surviving/Unsubsidized Spouse + Child(ren)	970.98	-	970.98	1,024.36	-	1,024.36	1,160.62	-	1,160.62

Plan Year 2025 Non-State Rates - Active Employees

Non-State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	997.33	-	997.33	1,063.39	-	1,063.39	1,075.11	-	1,075.11
Employee + Spouse/DP	1,979.98	-	1,979.98	2,112.10	-	2,112.10	2,135.54	-	2,135.54
Employee + Child(ren)	1,365.83	-	1,365.83	1,456.66	-	1,456.66	1,472.77	-	1,472.77
Employee + Family	2,348.47	-	2,348.47	2,505.37	-	2,505.37	2,533.20	-	2,533.20

Plan Year 2025 Non-State Rates - Retirees

Non-State Retirees Non-Medicare	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Retiree only	990.86	718.74	272.12	1,056.92	745.98	310.94	1,068.64	658.60	410.04
Retiree + Spouse/DP	1,973.51	1,317.51	656.00	2,105.62	1,371.98	733.64	2,129.06	1,197.22	931.84
Retiree + Child(ren)	1,359.35	943.29	416.06	1,450.18	980.74	469.44	1,466.30	860.58	605.72
Retiree + Family	2,341.99	1,542.05	799.94	2,498.90	1,606.74	892.16	2,526.72	1,399.20	1,127.52
Surviving/Unsubsidized	990.86	-	990.86	1,056.92	-	1,056.92	1,068.64	-	1,068.64
Surviving/Unsubsidized	1,359.36	-	1,359.36	1,450.18	-	1,450.18	1,466.30	-	1,466.30

6.1

6. Discussion and possible action to include approving Plan Year 2026 rates for State and Non-State employees, retirees, and their dependents for the Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO), and Health Maintenance Organization Plan (HMO). (Celestena Glover, Executive Officer) **(For Possible Action)**
 - A. Plan Year 2026 Rates Table
 - B. Plan Year 2026 Comparison Table

6.1 Segal PY25 Trend Report



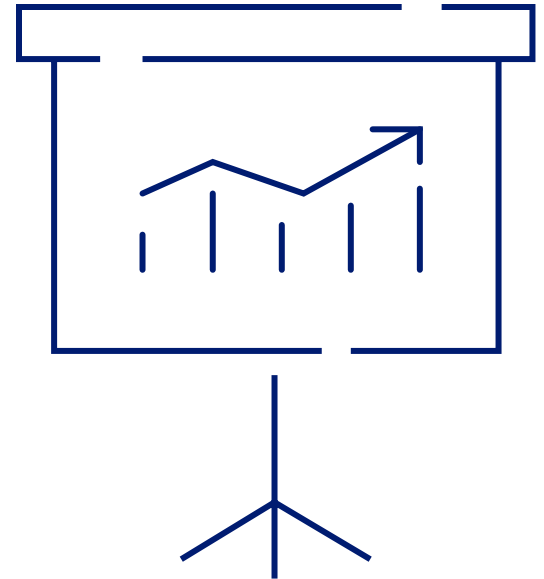
State of Nevada – Public Employees’ Benefit Program

Trend Presentation

March 20, 2025

Agenda

- Historical plan cost trends
- Results of 2025 *Segal Health Plan Cost Trend Survey*
- PY2026 Pricing methodology and assumptions
- Questions



Executive Summary

- For plan years 2022-2024, PEBP’s medical and dental trends are running slightly above industry, while pharmacy trend is running above
- Segal is projecting moderately higher medical claims trend, lower (but still higher than industry) Rx claims trend and continued low dental claims trend.
 - Medical claims trend is higher than last year’s 4.0%, projected to be 6.8% for PY25
 - Gross pharmacy claims trend is running lower than last year’s 19.2%, projected to be 15.5% for PY25
 - Gross pharmacy trend has exceeded 10% since PY22
 - Net Rx trend is reduced to 13.9% after rebates are applied
 - Dental claims trend was 11.8% in PY24 due to the increase in maximum benefit. Trend is projected to decrease to 2.4% for PY25
 - Dental claims trend ran low post-COVID, at -1.6% in PY23
- These trends assume no plan design changes.

Plan Years 2022-2024 Actual ¹		
	PEBP	Industry ²
Medical	6.0%	5.8%
Pharmacy	17.5%	11.9%
Dental	4.9%	4.5%

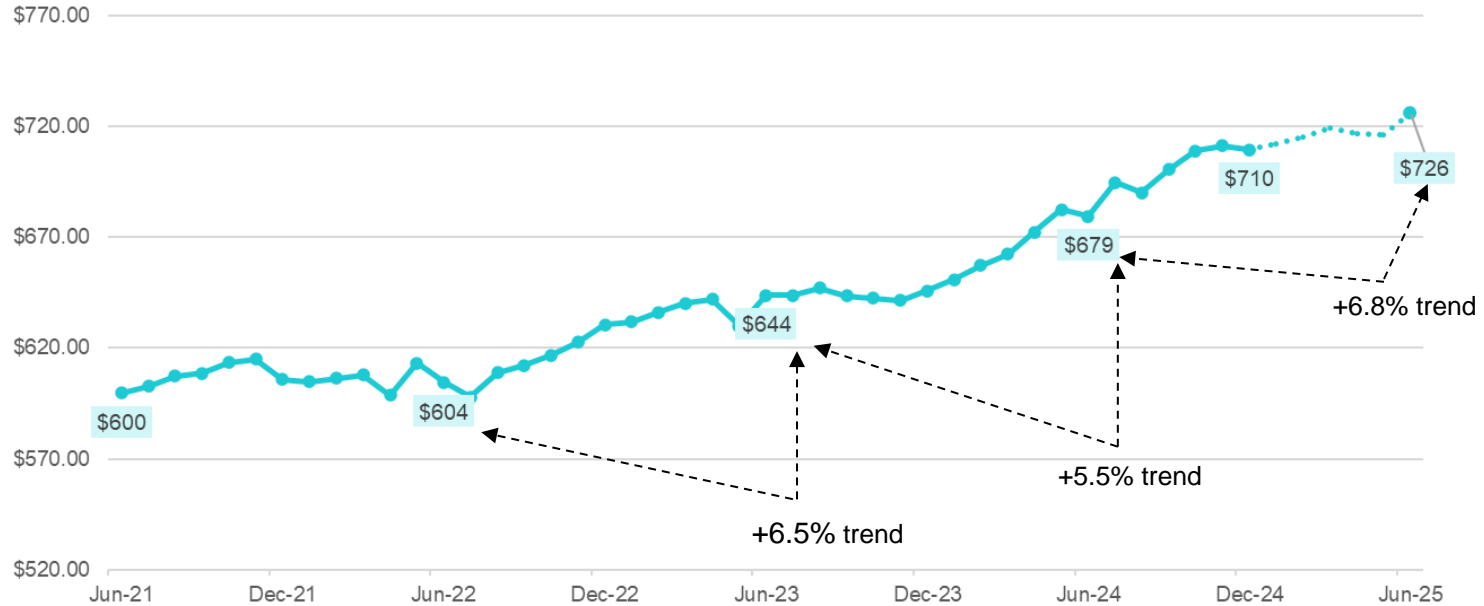
Plan Year 2025 Projected		
	PEBP	Industry
Medical	6.8%	7.4%
Pharmacy	15.5%	10.7%
Dental	2.4%	4.3%

Plan Year 2026 Projected		
	PEBP	Industry
Medical	5.0%	7.9%
Pharmacy	15.0%	11.4%
Dental	3.0%	4.5%

¹ Average annualized trend comparing PY2024 to PY2022 costs.
² PY2024 industry trends use a projected component.

Historical Trend - Medical

Medical PEPM Cost History
Rolling 12-month Incurred Basis



Plan Year	Governor's Budget Trend	Pricing Trend ¹	Actual ²
2022	3.52%	3.0%	0.8%
2023	3.52%	5.4%	6.5%
2024	3.91%	4.0%	5.5%
2025 ³	3.91%	3.0%	6.8%
2026	5.00%	5.0%	TBD

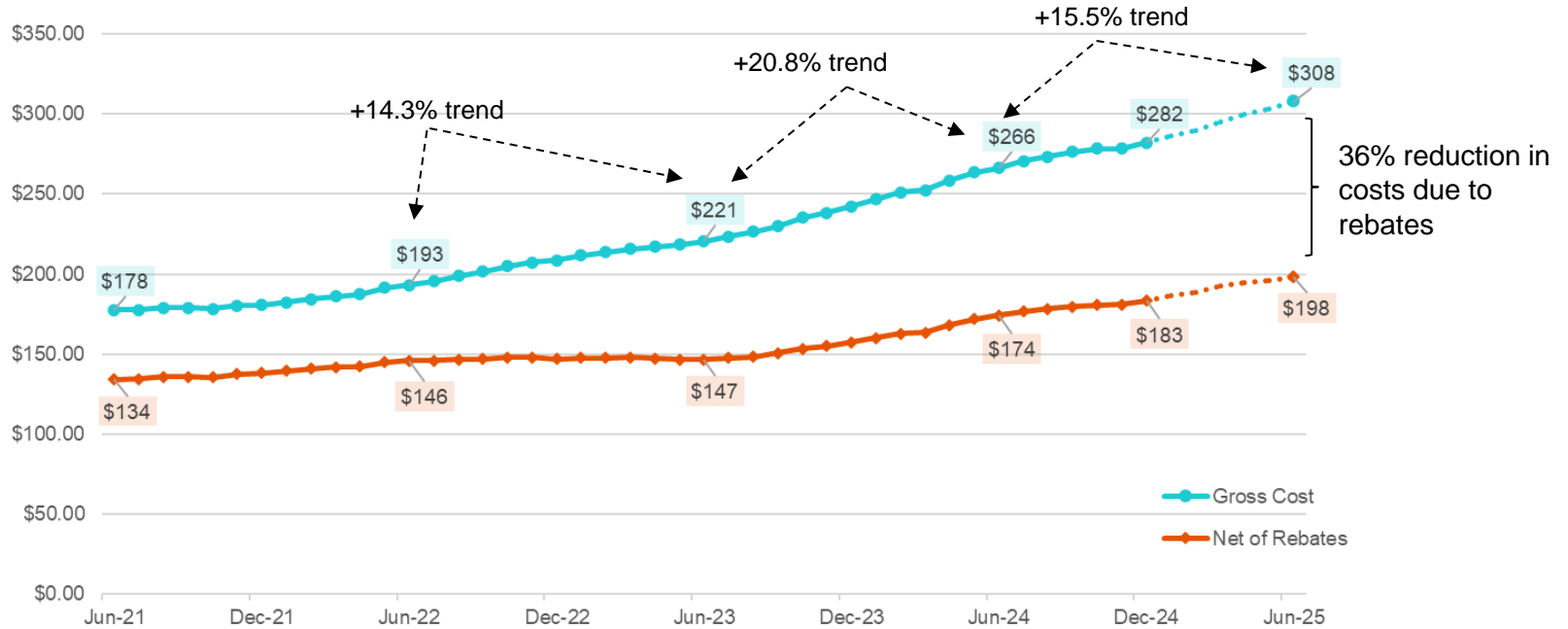
¹ Expected trends are based on the pricing trend assumed when setting each Plan Year's rates.

² Actual trends are based on incurred claims data as reported by UMR with runout paid through December 31, 2024.

³ The actual trend shown for PY2025 is estimated based on actual claims incurred year-to-date with a projection of expected claim cost. Therefore, actual PY2025 trends may change as experience develops.

Historical Trend – Rx

Prescription Drug PEPM Cost History
Rolling 12-month Incurred Basis



Plan Year	Governor's Budget Trend	Pricing Trend ¹	Actual ² (Gross)	Actual ² (Net)
2022	4.00%	7.0%	8.7%	8.9%
2023	4.00%	6.7%	14.3%	0.5%
2024	3.67%	8.0%	20.8%	18.8%
2025 ³	3.67%	10.0%	15.5%	13.9%
2026	15.00%	15.0%	TBD	TBD

¹ Expected trends are based on the pricing trend assumed when setting each Plan Year's rates.

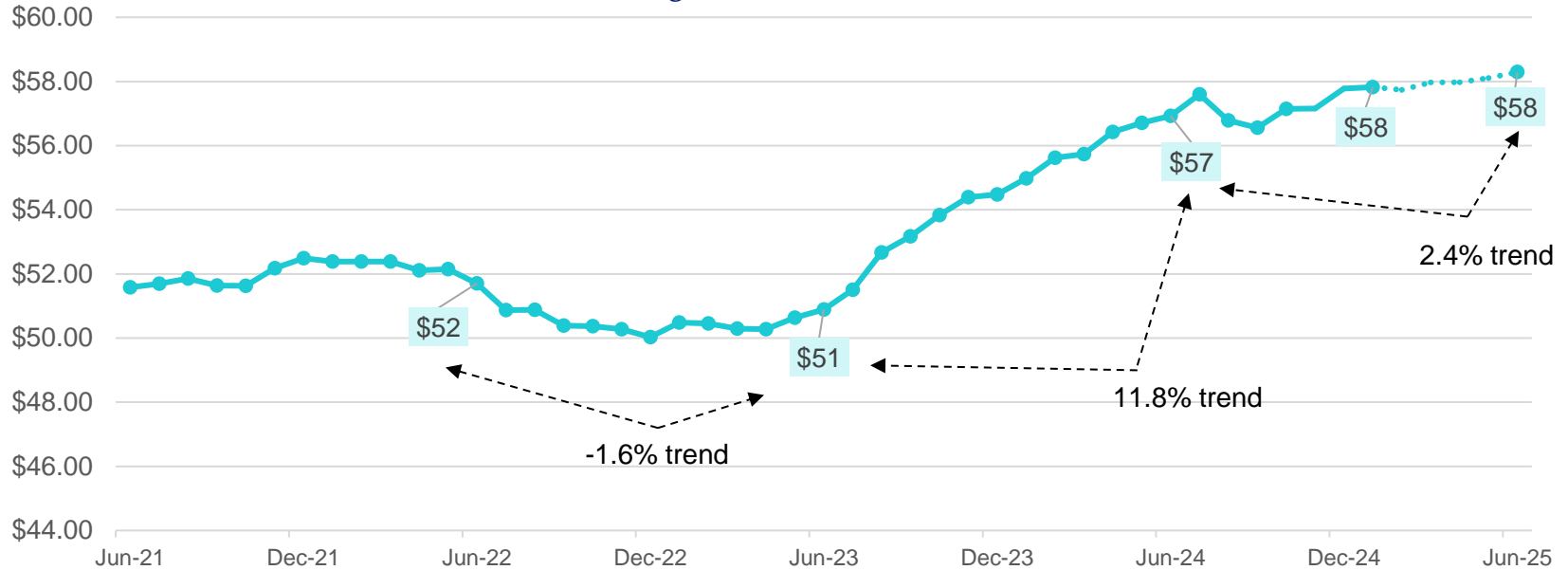
² Actual trends are based on incurred claims data as reported by ESI with runout paid through December 31, 2024.

³ The actual trend shown for PY2025 is estimated based on actual claims incurred year-to-date with a projection of expected claim cost. Therefore, actual PY2025 trends may change as experience develops.

Pharmacy trends are shown on both a gross and net plan cost basis (i.e., before and after the application of manufacturer rebates).

Historical Trend - Dental

Dental PEPM Cost History
Rolling 12-month Incurred Basis



Plan Year	Governor's Budget Trend	Pricing Trend ¹	Actual ²
2022	1.75%	1.8%	0.2%
2023	1.75%	3.0%	-1.6%
2024	2.00%	1.0%	11.8%
2025 ³	2.00%	2.0%	2.4%
2026	3.00%	3.0%	TBD

¹ Expected trends are based on the pricing trend assumed when setting each Plan Year's rates.

² Actual trends are based on incurred claims data as reported by UMR with runout paid through December 31, 2024.

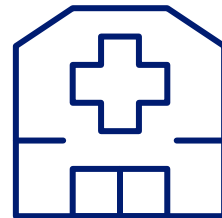
³ The actual trend shown for PY2025 is estimated based on actual claims incurred year-to-date with a projection of expected claim cost. Therefore, actual PY2025 trends may change as experience develops.

About the Segal Health Plan Cost Trend Survey

- The 2025 Segal Health Plan Cost Trend Survey is our 28th annual survey of managed care organizations, health insurers, PBMs and TPAs. We conducted the survey during the summer of 2024.
- Respondents reported 2024 trend forecasts for medical, prescription drug, dental and vision coverage. In addition, the survey respondents reported actual allowed health cost trends for 2023 based on their group health plan experience.
- Respondents include approximately 70 national and regional insurance carriers, administrators and pharmacy benefit managers.
 - Collectively, the survey respondents represent more than 80 percent of the commercially insured and self-insured market.
- Three categories of active and early retiree coverage are tracked in the survey:



PPO/POS Plans

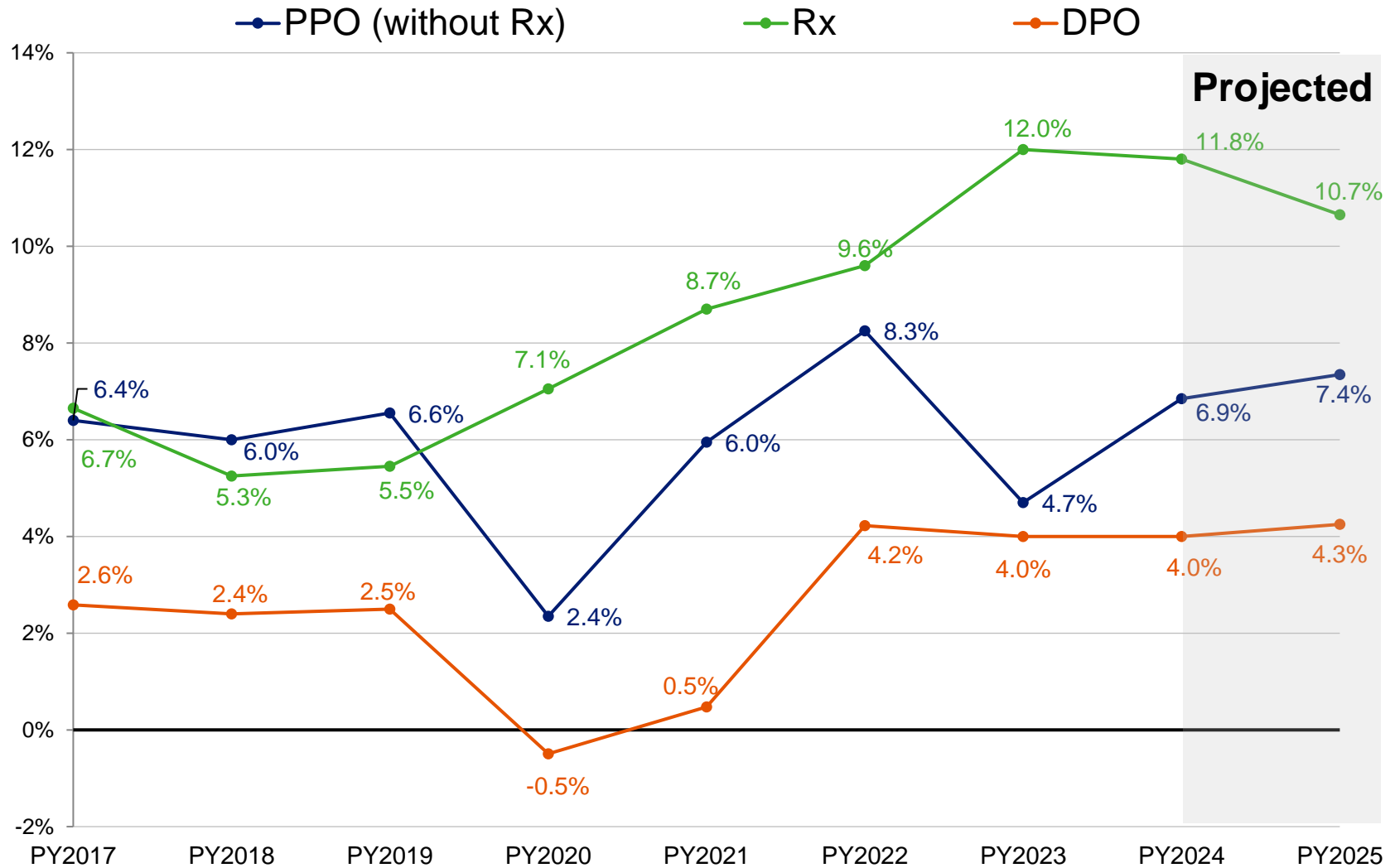


HMO/EPO Plans



HSA-Qualified HDHPs

Ten-Year Summary of Selected Medical, Prescription Drug Carve-Out and Dental Trends: 2016–2023 Actual and 2024 and 2025 Projected¹



Source: 2025 Segal Health Plan Cost Trend Survey

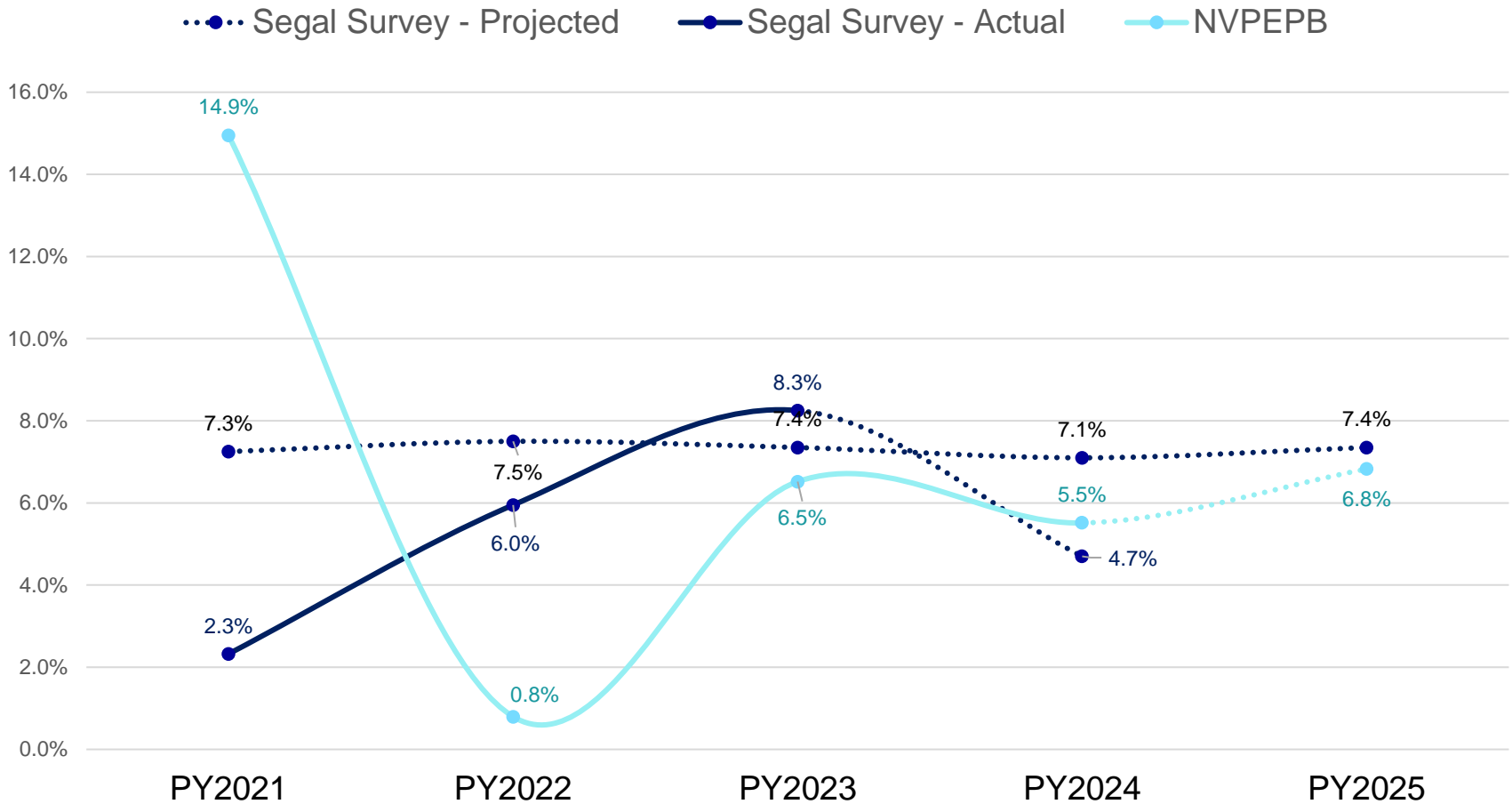
¹ All trends are illustrated for actives and retirees under age 65, except for MA HMOs.

² Prescription drug trend is combined for retail and mail order delivery channels.

The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEBP's fiscal year.

Five-Year Summary of Selected Medical Trends

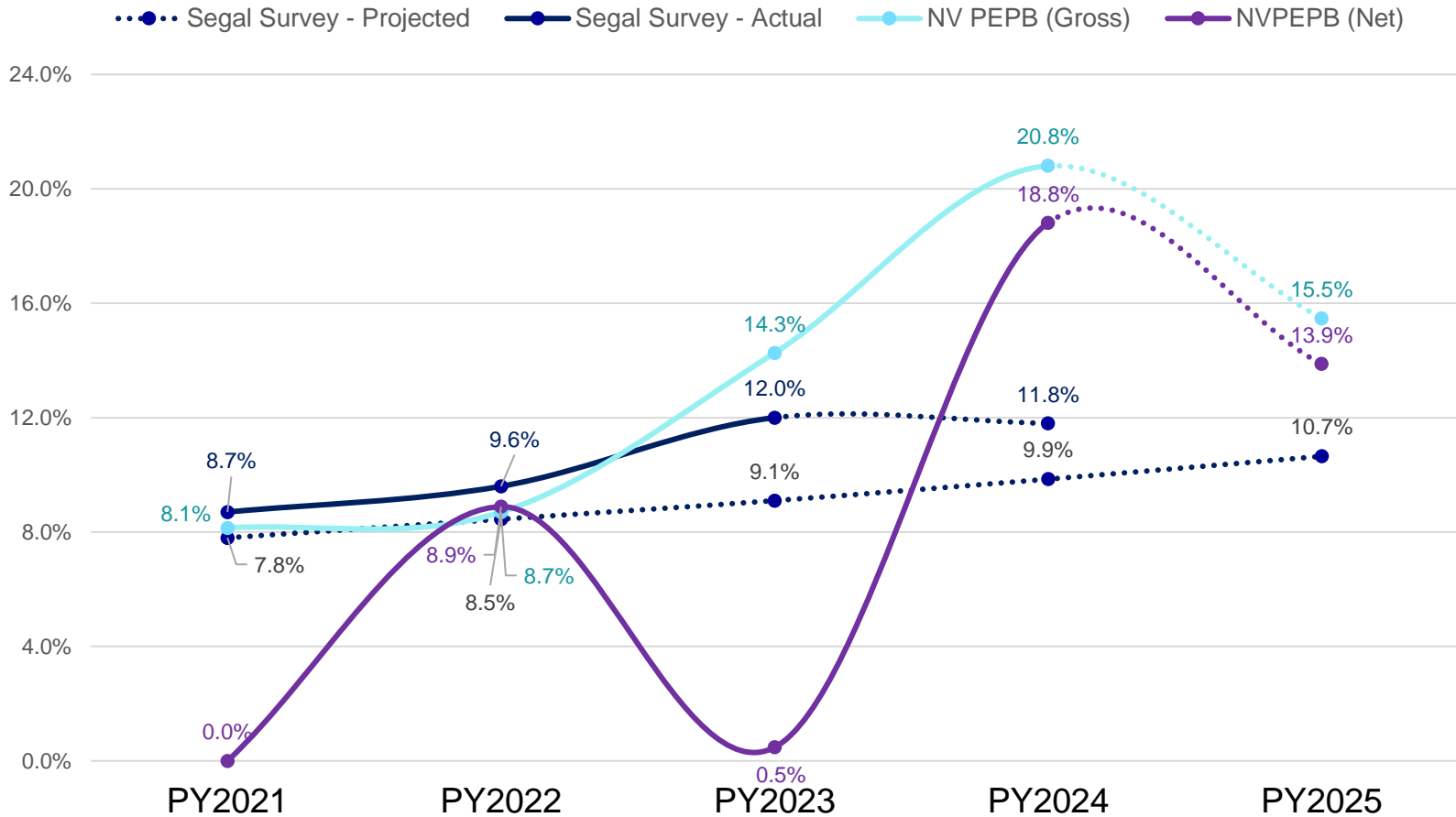
Plan Year 2021–2023 Actual and 2024 and 2025 Projected



Source: 2025 Segal Health Plan Cost Trend Survey. All trends are illustrated for actives and retirees under age 65, except for MA HMOs, in the Segal Survey. The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEBP's fiscal year. The PY2024 Segal Survey Actual figure includes a projected component.

Five-Year Summary of Selected Prescription Drug Carve-Out Trends

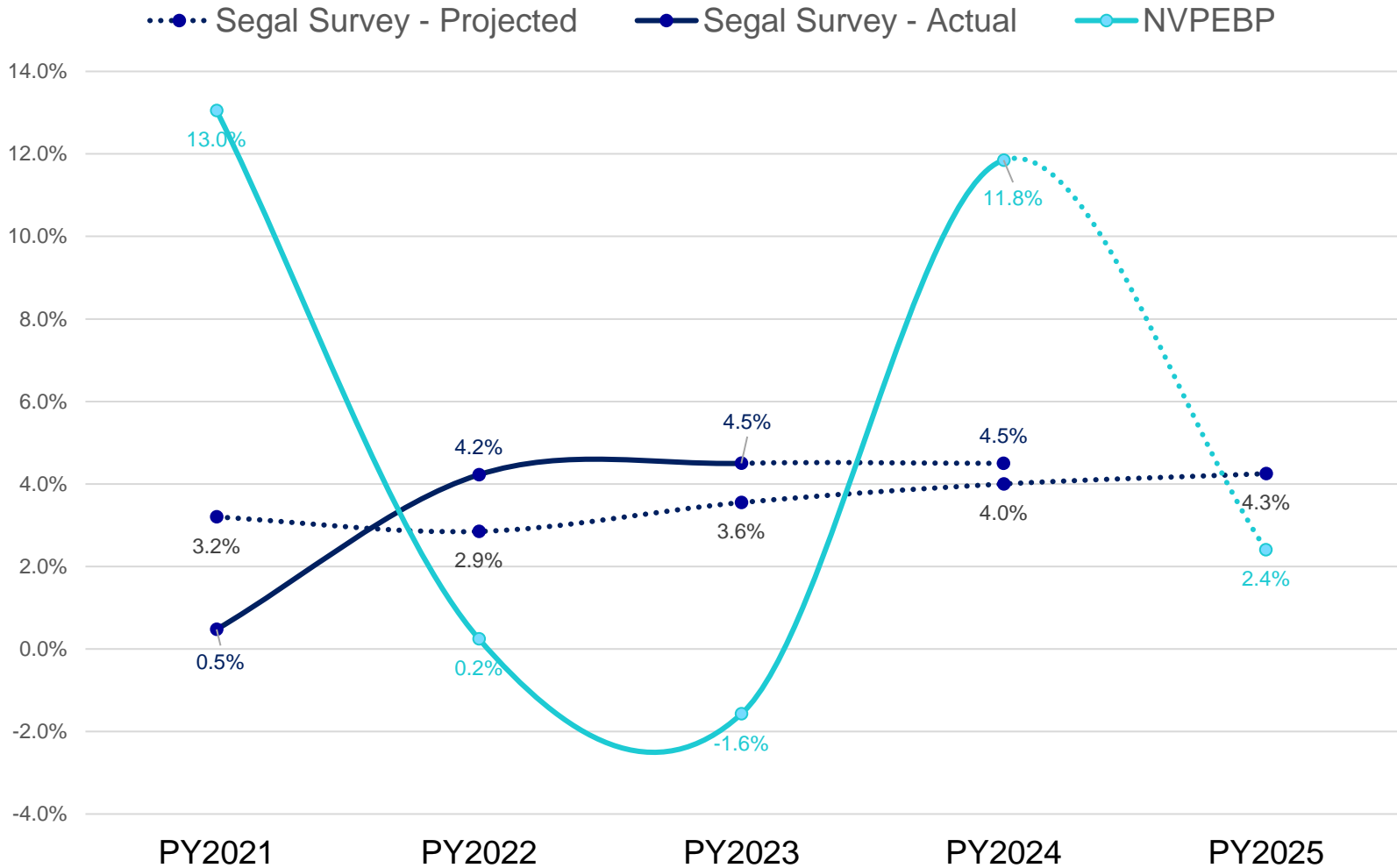
Plan Year 2021–2023 Actual and 2024 and 2025 Projected



Source: 2025 Segal Health Plan Cost Trend Survey. All trends are illustrated for actives and retirees under age 65, except for MA HMOs, in the Segal Survey. The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEPB's fiscal year. The PY2024 Segal Survey Actual figure includes a projected component.

Five-Year Summary of Selected Dental Trends

Plan Year 2021–2023 Actual and 2024 and 2025 Projected



Source: 2025 Segal Health Plan Cost Trend Survey. All trends are illustrated for actives and retirees under age 65, except for MA HMOs, in the Segal Survey. The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEBP's fiscal year. The PY2024 Segal Survey Actual figure includes a projected component.

What's Behind the Numbers

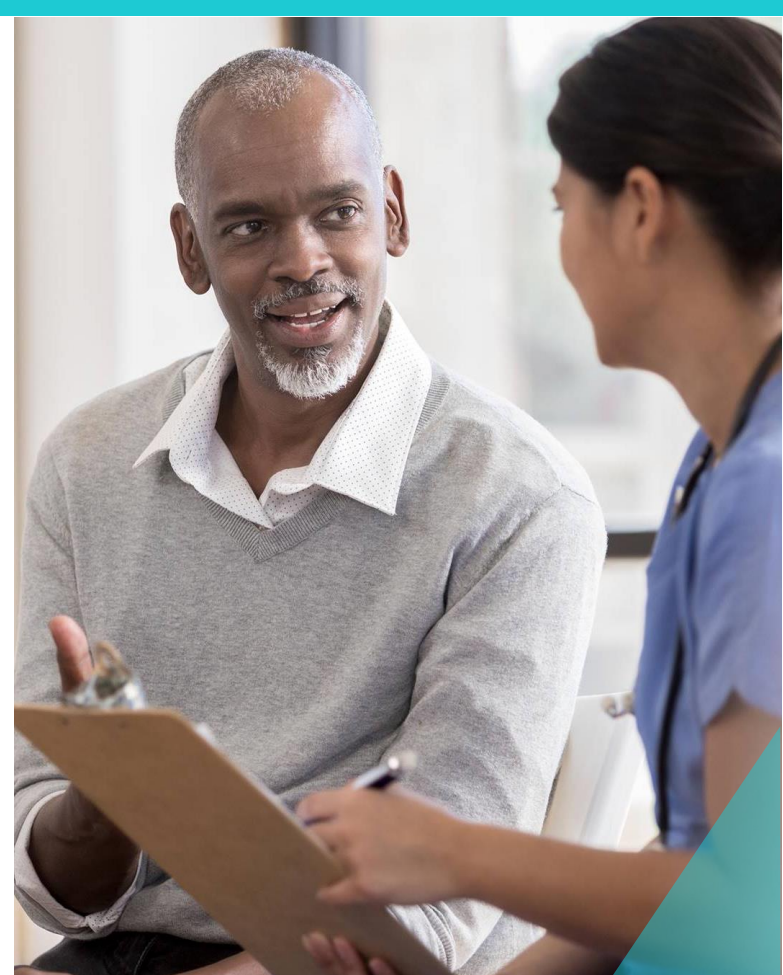
1. Price inflation is the primary component of health plan cost increases, driven by:
 - Inpatient cost increases as hospital systems look to recoup losses
 - Supply challenges and labor shortages
 - Provider group consolidation
2. Specialty drug trend remains in the double-digits, driven by:
 - Utilization of high-cost new specialty drugs, replacing current drug therapies that have lower prices. In some cases, without strong evidence of superior outcomes.
 - Utilization changes accounts for almost 60 percent of the gross cost trend increase before rebates
 - High list price increases



What Drives Trend?

- New treatments, therapies and technology
- Greater emphasis on detection and diagnostics
- Medical inflation, impacting the cost of care delivery
- Provider price increases
- Increased demand from increased health risks due to aging populations or rise in obesity
- Increased treatment burden due to the aging population and rise in obesity
- Social and economic factors, which can influence utilization or care decisions
- Provider cost shifting from reduced payment by Medicare and Medicaid
- Erosion effect of fixed deductibles and copayments¹

¹ This is a driver of net paid claim cost trends, not gross per capita claims cost increases.



Pricing Methodology Overview

1

Historical Claims and Enrollment

Medical, pharmacy and dental claims + shared savings fees + capitation fees, less pharmacy rebates

2

Project to Experience Period

Pricing trend assumptions, plan design changes, demographic and seasonality adjustments

3

Administrative Fees

Medical, pharmacy, dental ASO fees and other applicable fees or credits

4

Rates & Contributions

Develop budget rates by coverage tier as the basis for setting employee and retiree contributions

Pricing Methodology and Assumptions

1

Historical Claims and Enrollment¹

- Historical claims and enrollment from November 2022 through October 2024 were used as the basis of the projection. Data was provided by the NV PEBP vendors: UMR, ESI, and TELUS Health.

2

Project to Experience Period

- Claims costs are projected on an incurred basis with 70% weighting to the most recent 12-month experience period.
- Trend assumptions
 - Assumptions are based on a combination of factors: actual PEPM NV PEBP cost changes, Segal's Book of Business trend norms and expected unit cost changes in the Nevada marketplace
 - Annual claims trend assumption rates are market expectations for per capita increases assuming no plan changes and do not necessarily equal net NV PEBP trend rates
 - These are trend rates prior to any actions employed to mitigate trend, such as plan migration, plan design changes and mix of services
- Costs/savings projections for the following programs and plan design changes were included in the projection:
 - Increase in deductible for the CDHP plan per IRS rules²
 - Increase HSA and HRA to \$700 for primary participant and \$200 for each dependent (\$600 max)
- Pharmacy rebates are modeled based on the anticipated minimum guarantees for PY2025 in the current ESI contract.

Medical	5%
Rx	15%
Dental	3%

¹ In conducting our analysis, we have relied on data provided by NV PEBP's vendors. We have accepted the data without audit and relied upon the sources for the accuracy of the data.

² FY2024 CDHP deductibles of \$1,600 Individual and \$3,200 for family coverages is increased to \$1,650 and \$3,300 respectively.

Pricing Methodology and Assumptions

3

Administrative Fees

- Administrative Fees
 - Medical ASO
 - Rx ASO
 - Dental ASO
 - General Administration fees
 - Life premiums
- Fully Insured HMO premiums for PY2025, which included a 12% increase over current rates, were provided by UHC.

4

Rates & Contributions

- AEGIS and REGI amounts were set forth in the Governor's Recommended Budget Presentation, which was released February 14, 2025.

Thank
You

7.

7. Discussion and possible action on recommended changes and updates to the Master Plan Documents for Plan Year 2026 (July 1, 2025 – June 30, 2026). (Leslie Bittleston, Quality Control Officer) **(For Possible Action)**



JOE LOMBARDO
Governor



CELESTENA GLOVER
Executive Officer

STATE OF NEVADA
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JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: March 20, 2025

Item Number: 7

Title: Proposed Changes to the Plan Year 2026 Master Plan Documents (MPDs)

Summary

This report will go over the benefit changes and updates to the Master Plan Documents (MPD) and Summary of Benefits and Coverage for plan year 2026:

- Consumer Driven Health Plan Master Plan Document and Summary of Benefits and Coverage
- Low-Deductible PPO Master Plan Document and Summary of Benefits and Coverage
- Exclusive Provider Organization Master Plan Document and Summary of Benefits and Coverage

The following documents are unchanged from the previous plan year. Updated rates do apply, as applicable. See page 7 for the revision plan.

- Dental Plan and Life Insurance Master Plan Document
- Health Reimbursement Arrangement Summary Plan Document
- Flexible Spending Account Master Plan Document
- Enrollment & Eligibility Master Plan Document
- Medicare Health Reimbursement Arrangement Master Plan Document
- Health and Welfare Wrap for Actives
- Health and Welfare Wrap for Retirees
- Section 125 Master Plan Document

Due to file size, to see red-lined changes please visit [Current Board Meetings](https://pebp.nv.gov/Meetings/current-board-meetings/)
<https://pebp.nv.gov/Meetings/current-board-meetings/>

Background

Throughout the plan year, several intricacies in the plan document verbiage are identified through various methods such as appeals/complaints, audits, and vendor inquiries.

PEBP staff and its vendor partners, reviewed Master Plan Documents and Summary of Benefits and Coverages. The proposed changes stem from input received from subject matter experts – some changes being simply housekeeping efforts, while others are regulatory and compliance matters.

Report

The lists and tables below will review housekeeping/clerical changes, changes pursuant to the Biennial Compliance Review from November 2024, and other changes deemed necessary for board approval.

Plan Design Changes: The following are changes to plan design; for board approval.

#	Change Type	Proposed Change	Justification	Section
1	Enhancement	Prescription Drug Benefit: Added coverage for Lofexidine to the list of drugs used to treat substance use disorders and added that drugs for substance use disorders are not subject to step therapy.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPO Prescription Drug Benefit
2	Enhancement	Prescription Drug Benefit: Added coverage for FDA approved drugs used for the prevention of HIV.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPO Schedule of Benefits
3	Enhancement	Mammograms: Mammograms for women begin at age 40. Additional mammography recommendations include high risk women (20% chance or greater of developing breast cancer) beginning at age 30, and some women with genetic mutations present beginning at age 20. Men at high risk or with genetic mutations present may receive breast cancer screenings, including mammograms or other diagnostic testing.	Updated guidance regarding mammograms	Master Plan Documents for the EPO, CDHP, and the LDPPO Schedule of Benefits

Clarification for Master Plan Documents: Listed are the plan document updates recommended for clarification.

#	Change Type	Proposed Change	Justification	Section
1	Clarification	Removed vision benefit limitation for children under the age of 19.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPO Schedule of Benefits
2	Clarification	Prescription Drug Benefit: Clarified routine vaccinations. The following are considered routine vaccinations: Covid-19, dengue, diphtheria, tetanus, pertussis, Flu, Hepatitis A & B, Shingles & Herpes Zoster, HPV, Measles, Mumps, and Rubella (MMR), Meningococcal, Monkeypox, Pneumonia, TDAP (whooping cough), Polio, RSV, Rotavirus, and Varicella.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPO Prescription Drug Benefit
3	Clarification	Added a copay structure for telehealth and removed coinsurance requirement after deductible.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPO Schedule of Benefits

#	Change Type	Proposed Change	Justification	Section
4	Clarification	Clarified that telehealth is not provided out of network.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Schedule of Benefits
5	Clarification	Added as a component of the qualified medical child support notice; “you and the affected child will be notified in an order is received and copy of the procedures is available free of charge upon request.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO
6	Clarification	Prescription Drug Benefit: clarified that testing for HIV and HEP C are included in benefit.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Prescription Drug Benefit
7	Clarification	Clarified that abortion services are covered pursuant to NRS 422.250.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Prescription Drug Benefit
8	Clarification	Gestational carrier defined and covered for maternity services.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Schedule of Benefits
9	Clarification	Clarified payment procedures for out-of-new mental health and substance abuse providers NRS 686A.135.	Biennial Compliance Review November 2024	Master Plan Documents for the CDHP and the LDPPPO
10	Clarification	Clarified that vendors must use overpayment procedures mandated by NRS687B.725	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO
11	Clarification	Clarified that members may obtain 3 emergency prescription refills per prescription/per plan year and may also receive an emergency refill if in a designated disaster area.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Prescription Drug Benefit
12	Clarification	Prescription Drug Benefit: clarified that testing in accordance with NRS 695G.1714 is a component of maternity services, and does not require prior authorization	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Prescription Drug Benefit
13	Clarification	Began coverage for hormone replacement therapy coverage in the last plan year, clarified in current MPDs.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Schedule of Benefits
14	Clarification	Verified coverage for condoms for those aged 13 and older.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPPO Schedule of Benefits

#	Change Type	Proposed Change	Justification	Section
15	Clarification	Prescription Drug Benefit: Added coverage for FDA approved drugs used for the prevention of HIV.	Biennial Compliance Review November 2024	Master Plan Documents for the EPO, CDHP, and the LDPPO Schedule of Benefits

Housekeeping/Clerical Changes for Master Plan Documents: Listed are the plan document updates recommended as housekeeping/clerical changes.

#	Change Type	Proposed Change	Justification	Section
1	Clerical	Deleting redundant instructions regarding the travel instructions	The same words are repeated 2x in the Transplant Services (Organ and Tissue)	Master Plan Documents for the EPO, CDHP, and the LDPPO Travel Section
2	Clerical	Formatting: Made formatting changes throughout documents.	Additions and deletions mis align formatting.	Master Plan Documents for the EPO, CDHP, and the LDPPO
3	Clerical	Removal of PEBP-specific one-time funding information for Health Savings Accounts and Health Reimbursement Arrangements.	Approved in a previous legislative session but not continued.	Master Plan Documents for the EPO and the LDPPO
4	Clerical	Reworded and moved paragraphs for better flow of information.	Duplicative paragraphs and information out of sequence.	Master Plan Documents for the EPO, CDHP, and the LDPPO
5	Clerical	Plan year timeframe updated to 07/01/2025 through 06/30/2026.	Plan year update	Master Plan Documents for the EPO, CDHP, and the LDPPO
6	Clerical	Updated Key Terms and Definitions and incorporated them into the body of the document and removed the definition section.	Definitions sections were very long, included definitions not used in the body and outdated definitions.	Master Plan Documents for the EPO, CDHP, and the LDPPO
7	Clerical	Updated references to Nevada Revised Statute (NRS) or Nevada Administrative Code throughout documents	Verified all NRS and NAC references and revised as needed.	Master Plan Documents for the EPO, CDHP, and the LDPPO

PLAN for MPDs: The long-term plan for the master plan documents is to consolidate what can be consolidated and to revise/update what is remaining. It is anticipated that this will be done in stages over the next two years. The following highlights this long-term proposal.

Current Document	New Document
Consumer Driven Health Plan Master Plan Document	Master Plan Document for Health, Dental, and Basic Life Insurance
Low-Deductible PPO Master Plan Document	

Exclusive Provider Organization Master Plan Document	
Dental Plan and Life Insurance Master Plan Document	
Enrollment & Eligibility Master Plan Document	Enrollment & Eligibility Policy (This will no longer be public facing – rather the Qualifying Life Events Guide and the Benefit Guide provides all information the public needs to know)
Health and Welfare Wrap for Actives	Health and Welfare Wrap Document
Health and Welfare Wrap for Retirees	
Health Reimbursement Arrangement Summary Plan Document	Health Reimbursement and Flexible Spending Accounts Master Plan Document
Flexible Spending Account Master Plan Document	
Medicare Health Reimbursement Arrangement Master Plan Document	
Section 125 Master Plan Document	Section 125 Master Plan Document

Plan for Plan Year Documents: The short-term plan for these documents is as follows. These documents will be as follows. Minor revisions to rates and references will be verified and revised as needed. These documents will be ready July 1, 2025.

Current Document	New Document
2025 Benefit Guide	2026 Benefit Guide
General Plan Option Details	
2025 Plan Comparison	2026 Plan Comparison
Qualifying Life Events	Qualifying Life Events
Commonly Use Health Coverage and Medical Terms	Commonly Use Health Coverage and Medical Terms

Recommendation from PEBP Staff:

- Approve PEBP Staff’s proposed changes, as presented.
- Allow PEBP staff to continue formatting document prior to publication.
- Allow PEBP staff to update the table of contents prior to publication.
- Allow PEBP staff final review prior to publication.
- Allow vendor’s final review prior to publication.
- Allow for technical adjustment as necessary.

8.

8. Discussion and possible action regarding the permanent appointment or recruitment of the PEBP Executive Officer. (Joy Grimmer, Board Chair) **(For Possible Action)**

9.

9. Discussion and possible action regarding 2025 Legislative Bills that may impact the Public Employees' Benefits Program, including the following:

- * Assembly Bills
- * Senate Bills
- * Bill Draft Requests

(Celestena Glover, Executive Officer) **(For Possible Action)**

*Due to time constraints inherent in the legislative process, a list of specific bills or bill draft requests, if applicable, on which PEBP staff will seek direction from the Board during this meeting will be posted at <https://pebp.nv.gov/Meetings/current-board-meetings/> by March 17, 2025.

10.

10. Public Comment.

11.

11. Adjournment