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AGENDA ITEM



Action Item



Information Only

Date: January 26, 2024

Item Number: 4.2.1

Title: Self-Funded CDHP, LDPPPO, and EPO Plan Utilization Report for the period ending September 30, 2023

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2024 period ending September 30, 2023. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. 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 Q1 Plan Year 2024 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q1 of Plan Year 2024 compared to Q1 of Plan Year 2023 is summarized below.

- Population:
 - 11.5% decrease for primary participants
 - 13.5% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 7.3% increase for primary participants
 - 9.8% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 18 High-Cost Claimants accounting for 17.9% of the total plan paid for Q1 of Plan Year 2024
 - 23.3% increase in High-Cost Claimants per 1,000 members
 - 24.6% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$2.1 million) – 14.1% of paid claims
 - Health Status/Encounters (\$1.7 million) – 11.6% of paid claims
 - Cardiac Disorders (\$1.4 million) – 9.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 10.1%
 - Average paid per ER visit increased by 35.4%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 16.7%
 - Average paid per Urgent Care visit decreased 45.2% (decrease from \$31 to \$17)
- Network Utilization:
 - 97.2% of claims are from In-Network providers
 - Q1 of Plan Year 2024 In-Network utilization decreased 0.2% over PY 2023
 - Q1 of Plan Year 2024 In-Network discounts decreased 0.5% over PY 2023
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 11.2%
 - Total Gross Claims Costs decreased 4.2% (\$0.4 million)
 - Average Total Cost per Claim increased 7.9%
 - From \$113.95 to \$122.90
 - Member:
 - Total Member Cost decreased 12.3%
 - Average Participant Share per Claim decreased 1.3%
 - Net Member PMPM increased 1.9%
 - From \$34.03 to \$34.68

- Plan
 - Total Plan Cost decrease 1.2%
 - Average Plan Share per Claim increased 11.3%
 - Net Plan PMPM increased 14.9%
 - From \$91.33 to \$104.92
 - Net Plan PMPM factoring rebates increased 9.9%
 - From \$56.65 to \$62.23

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q1 of Plan Year 2023 is summarized below.

- Population:
 - 36.0% increase for primary participants
 - 34.0% increase for primary participants plus dependents (members)
- Medical Cost:
 - 10.0% increase for primary participants
 - 11.6% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 13 High-Cost Claimants accounting for 12.2% of the total plan paid for Q1 of Plan Year 2024
 - 18.3% increase in High-Cost Claimants per 1,000 members
 - 4.4% decrease in average cost of High-Cost Claimant paid.
- Top three highest cost clinical classifications include:
 - Cancer (\$1.7 million) – 10.2% of paid claims
 - Health Status Encounters (\$1.5 million) – 9.4% of paid claims
 - Gastrointestinal Disorders (\$1.3 million) – 8.3% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 17.8%
 - Average paid per ER visit increased 18.3%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 7.8%
 - Average paid per Urgent Care visit decreased 1.9% (decrease from \$104 to \$102)
- Network Utilization:
 - 98.2% of claims are from In-Network providers
 - Q1 of Plan Year 2024 In-Network utilization increased 0.4% over PY 2023
 - Q1 of Plan Year 2024 In-Network discounts increased 2.1% over PY 2023
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 36.9%
 - Total Gross Claims Costs increased 60.3% (\$3.5 million)
 - Average Total Cost per Claim increased 17.0%
 - From \$123.46 to \$144.51
 - Member:

- Total Member Cost increased 38.2%
- Average Participant Share per Claim increased 0.9%
- Net Member PMPM increased 3.1%
 - From \$23.12 to \$23.82
- Plan
 - Total Plan Cost increased 64.6%
 - Average Plan Share per Claim increased 20.2%
 - Net Plan PMPM increased 22.8%
 - From \$117.24 to \$143.98
 - Net Plan PMPM factoring rebates increased 20.06%
 - From \$75.73 to \$91.33

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2024 compared to Q1 of Plan Year 2023 is summarized below.

- Population:
 - 11.4% decrease for primary participants
 - 11.9% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 19.7% increase for primary participants
 - 20.3% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 7 High-Cost Claimants accounting for 12.8% of the total plan paid for Q1 Plan Year 2024
 - 33.3% increase in High-Cost Claimants per 1,000 members
 - 3.7% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$0.7 million) – 9.1% of paid claims
 - Health Status/Encounters (\$0.7 million) – 8.5% of paid claims
 - Musculoskeletal Disorders (\$0.6 million) – 7.5% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 13.8%
 - Average paid per ER visit increased by 3.3%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 19.6%
 - Average paid per Urgent Care visit increased 9.1%
- Network Utilization:
 - 97.3% of claims are from In-Network providers
 - In-Network utilization increased 1.2%
 - In-Network discounts increased 2.1%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 10.0%

- Total Gross Claims Costs decreased 1.5% (\$.1 million)
- Average Total Cost per Claim increased 9.4%
 - From \$144.92 to \$158.50
- Member:
 - Total Member Cost decreased 16.8%
 - Average Participant Share per Claim decreased 7.6%
 - Net Member PMPM decreased 5.1%
 - From \$40.24 to \$38.18
- Plan
 - Total Plan Cost increased 1.4%
 - Average Plan Share per Claim increased 12.6%
 - Net Plan PMPM increased 15.6%
 - From \$210.84 to \$243.80
 - Net Plan PMPM factoring rebates increased 14.2%
 - From \$139.16 to \$158.92

DENTAL PLAN

The Dental Plan experience for Q1 of Plan Year 2024 is summarized below.

- Dental Cost:
 - Total of \$6,781,648 paid for Dental claims.
 - Preventative claims account for 24.5% (\$1.7 million)
 - Basic claims account for 33.2% (\$2.2 million)
 - Major claims account for 20.1% (\$1.4 million)
 - Diagnostic claims account for 22.3% (\$1.5 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of September 30, 2023.

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

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 first quarter of Plan Year 2024. The CDHP total plan paid costs increased 7.3% over the same time for Plan Year 2023. The LDPPO total plan paid costs increased 10.0% over Q1 of Plan Year 2023. The EPO total plan paid costs increased 19.7% over Q1 of Plan Year 2023. 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, 2023 – September 30, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

HDHP Plan

July – September 2023 Incurred,

Paid through November 2023



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Overview

- Total Medical Spend for 1Q24 was \$14,697,249 of which 77.4% was spent in the State Active population. When compared to 1Q23, this reflected a decrease of 5.0% in plan spend, with State Actives having a decrease of 5.5%.
 - When compared to 1Q22, 1Q24 decreased 23.5%, with State Actives having a decrease of 25.1%.
- On a PEPY basis, 1Q24 reflected an increase of 7.3% when compared to 1Q23. The largest group, State Actives, had an increase of 7.0%.
 - When compared to 1Q22, 1Q24 increased .7%, with State Actives decreasing .6%.
- 96.8% of the Average Membership had paid Medical claims less than \$2,500, with 47.2% having no claims paid at all during the reporting period.
- There were 18 high-cost Claimants (HCC's) over \$100K, that accounted for 17.9% of the total spend. HCCs accounted for 22.5% of total spend during 1Q23, with 18 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 25.8% of high-cost claimant dollars.
- IP Paid per Admit was \$18,385 which is a decrease of 2.5% compared to 1Q23.
- ER Paid per Visit is \$2,324, which is an increase of 35.4% compared to 1Q23.
- 97.2% of all Medical spend dollars were to In Network providers. The average In Network discount was 67.9%, which is a decrease of .7% compared to the PY23 average discount of 68.4%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q23						1Q24						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 908,346	\$ 1,655	\$ 300	\$ 1	\$908,646	\$ 1,655	\$ 102,629	\$ 261	\$ 24	\$ 0	\$ 102,653	\$ 261	-88.7%	-84.2%
1	\$ 71,998	\$ 109	\$ 557	\$ 1	\$72,555	\$ 110	\$ 69,123	\$ 159	\$ 26,441	\$ 61	\$ 95,564	\$ 220	31.7%	99.7%
2 - 4	\$ 173,075	\$ 88	\$ 42,433	\$ 21	\$215,508	\$ 109	\$ 125,291	\$ 77	\$ 32,583	\$ 20	\$ 157,874	\$ 97	-26.7%	-10.9%
5 - 9	\$ 426,199	\$ 99	\$ 42,654	\$ 10	\$468,853	\$ 109	\$ 224,011	\$ 65	\$ 86,141	\$ 25	\$ 310,152	\$ 90	-33.8%	-17.2%
10 - 14	\$ 380,727	\$ 75	\$ 73,377	\$ 15	\$454,104	\$ 90	\$ 419,505	\$ 100	\$ 156,245	\$ 37	\$ 575,750	\$ 137	26.8%	52.1%
15 - 19	\$ 985,395	\$ 176	\$ 187,388	\$ 33	\$1,172,783	\$ 209	\$ 560,657	\$ 113	\$ 127,792	\$ 26	\$ 688,449	\$ 139	-41.3%	-33.7%
20 - 24	\$ 644,210	\$ 95	\$ 246,498	\$ 36	\$890,708	\$ 131	\$ 422,239	\$ 71	\$ 473,566	\$ 80	\$ 895,805	\$ 151	0.6%	15.5%
25 - 29	\$ 785,930	\$ 165	\$ 227,385	\$ 48	\$1,013,315	\$ 212	\$ 449,933	\$ 114	\$ 97,997	\$ 25	\$ 547,930	\$ 139	-45.9%	-34.4%
30 - 34	\$ 1,121,299	\$ 192	\$ 277,940	\$ 48	\$1,399,239	\$ 239	\$ 877,403	\$ 180	\$ 197,654	\$ 40	\$ 1,075,057	\$ 220	-23.2%	-8.0%
35 - 39	\$ 633,006	\$ 102	\$ 347,087	\$ 56	\$980,093	\$ 157	\$ 917,303	\$ 172	\$ 324,815	\$ 61	\$ 1,242,118	\$ 233	26.7%	48.7%
40 - 44	\$ 807,807	\$ 123	\$ 464,125	\$ 71	\$1,271,932	\$ 194	\$ 833,215	\$ 142	\$ 423,165	\$ 72	\$ 1,256,380	\$ 215	-1.2%	10.6%
45 - 49	\$ 800,634	\$ 130	\$ 520,322	\$ 84	\$1,320,956	\$ 214	\$ 912,512	\$ 169	\$ 543,294	\$ 101	\$ 1,455,806	\$ 270	10.2%	26.0%
50 - 54	\$ 2,070,352	\$ 292	\$ 928,294	\$ 131	\$2,998,646	\$ 422	\$ 1,372,156	\$ 221	\$ 988,171	\$ 159	\$ 2,360,327	\$ 380	-21.3%	-9.9%
55 - 59	\$ 1,961,822	\$ 250	\$ 1,233,676	\$ 157	\$3,195,498	\$ 407	\$ 1,889,334	\$ 276	\$ 914,407	\$ 134	\$ 2,803,741	\$ 410	-12.3%	0.8%
60 - 64	\$ 2,504,622	\$ 270	\$ 1,781,601	\$ 192	\$4,286,223	\$ 461	\$ 3,638,649	\$ 438	\$ 1,673,138	\$ 202	\$ 5,311,787	\$ 640	23.9%	38.9%
65+	\$ 1,198,951	\$ 197	\$ 1,398,679	\$ 230	\$2,597,630	\$ 427	\$ 1,883,291	\$ 332	\$ 1,604,138	\$ 283	\$ 3,487,429	\$ 615	34.3%	44.0%
Total	\$ 15,474,372	\$ 182	\$ 7,772,316	\$ 92	\$ 23,246,688	\$ 274	\$ 14,697,249	\$ 200	\$ 7,669,573	\$ 104	\$ 22,366,822	\$ 305	-3.8%	11.2%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year
Average Enrollment												
Employees	19,387	16,758	14,834	-11.5%	15,913	13,583	11,992	-11.7%	3	3	3	0.0%
Spouses	4,147	3,373	2,827	-16.2%	3,299	2,583	2,142	-17.0%	1	1	1	0.0%
Children	10,550	8,156	6,809	-16.5%	9,793	7,509	6,239	-16.9%	4	4	4	0.0%
Total Members	34,084	28,288	24,470	-13.5%	29,005	23,675	20,373	-13.9%	8	8	8	0.0%
Family Size	1.8	1.7	1.7	-2.9%	1.8	1.7	1.7	0.0%	2.7	2.7	2.7	-1.1%
Financial Summary												
Gross Cost	\$30,138,301	\$24,743,098	\$23,737,814	-4.1%	\$23,550,658	\$18,886,283	\$17,971,228	-4.8%	\$5,957	\$7,455	\$7,763	4.1%
Client Paid	\$19,209,638	\$15,474,372	\$14,697,249	-5.0%	\$15,196,144	\$12,046,374	\$11,380,069	-5.5%	\$857	\$2,557	\$3,655	42.9%
Employee Paid	\$10,928,663	\$9,268,726	\$9,040,565	-2.5%	\$8,354,514	\$6,839,909	\$6,591,159	-3.6%	\$5,099	\$4,898	\$4,108	-16.1%
Client Paid-PEPY	\$3,936	\$3,694	\$3,963	7.3%	\$3,820	\$3,547	\$3,796	7.0%	\$1,143	\$3,409	\$4,873	42.9%
Client Paid-PMPY	\$2,254	\$2,188	\$2,403	9.8%	\$2,096	\$2,035	\$2,234	9.8%	\$429	\$1,278	\$1,828	43.0%
Client Paid-PEPM	\$330	\$308	\$330	7.1%	\$318	\$296	\$316	6.8%	\$95	\$284	\$406	43.0%
Client Paid-PMPM	\$188	\$182	\$200	9.9%	\$175	\$170	\$186	9.4%	\$36	\$107	\$152	42.1%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	27	18	18	0.0%	20	13	14	7.7%	0	0	0	0.0%
HCC's / 1,000	0.8	0.6	0.7	23.3%	0.7	0.6	0.7	15.0%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$163,951	\$193,351	\$145,790	-24.6%	\$174,359	\$197,111	\$153,037	-22.4%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	23.0%	22.5%	17.9%	-20.4%	22.9%	21.3%	18.8%	-11.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$798	\$647	\$558	-13.8%	\$742	\$589	\$538	-8.7%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$660	\$744	\$980	31.7%	\$573	\$675	\$886	31.3%	\$40	\$1,278	\$1,774	38.8%
Physician	\$748	\$797	\$865	8.5%	\$736	\$771	\$811	5.2%	\$389	\$0	\$53	0.0%
Other	\$48	\$0	\$0	0.0%	\$45	\$0	\$0	0.0%	\$0	\$0	\$0	0.0%
Total	\$2,254	\$2,188	\$2,403	9.8%	\$2,096	\$2,035	\$2,234	9.8%	\$429	\$1,278	\$1,828	43.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	3,018	2,785	2,506	-10.0%	453	387	333	-14.0%	
Spouses	779	736	644	-12.5%	67	54	39	-27.2%	
Children	735	627	553	-11.8%	18	17	14	-17.6%	
Total Members	4,532	4,147	3,703	-10.7%	538	458	386	-15.7%	
Family Size	1.5	1.5	1.5	-1.3%	1.2	1.2	1.2	-3.3%	1.6
Financial Summary									
Gross Cost	\$5,840,912	\$4,829,975	\$5,116,537	5.9%	\$740,774	\$1,019,385	\$642,286	-37.0%	
Client Paid	\$3,643,511	\$2,793,575	\$3,032,619	8.6%	\$369,125	\$631,866	\$280,905	-55.5%	
Employee Paid	\$2,197,401	\$2,036,400	\$2,083,917	2.3%	\$371,649	\$387,519	\$361,382	-6.7%	
Client Paid-PEPY	\$4,829	\$4,013	\$4,840	20.6%	\$3,259	\$6,525	\$3,378	-48.2%	\$6,297
Client Paid-PMPY	\$3,216	\$2,695	\$3,276	21.6%	\$2,743	\$5,514	\$2,911	-47.2%	\$3,879
Client Paid-PEPM	\$402	\$334	\$403	20.7%	\$272	\$544	\$281	-48.3%	\$525
Client Paid-PMPM	\$268	\$225	\$273	21.3%	\$229	\$460	\$243	-47.2%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	6	3	4	33.3%	1	2	0	-100.0%	
HCC's / 1,000	1.3	0.7	1.1	54.3%	1.9	4.4	0.0	-100.0%	
Avg HCC Paid	\$138,675	\$167,466	\$120,422	-28.1%	\$107,427	\$207,741	\$0	-100.0%	
HCC's % of Plan Paid	22.8%	18.0%	15.9%	-11.7%	29.1%	65.8%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,151	\$738	\$725	-1.8%	\$913	\$2,825	\$59	-97.9%	\$1,149
Facility Outpatient	\$1,197	\$1,062	\$1,388	30.7%	\$840	\$1,436	\$1,989	38.5%	\$1,333
Physician	\$805	\$895	\$1,163	29.9%	\$912	\$1,253	\$863	-31.1%	\$1,301
Other	\$63	\$0	\$0	0.0%	\$78	\$0	\$0	0.0%	\$96
Total	\$3,216	\$2,695	\$3,276	21.6%	\$2,743	\$5,514	\$2,911	-47.2%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year
Average Enrollment												
Employees	18,943	16,411	14,834	-9.6%	15,526	13,332	11,992	-10.1%	3	3	3	0.0%
Spouses	3,974	7,866	2,827	-64.1%	3,134	7,223	2,142	-70.3%	1	4	1	-75.0%
Children	10,172	3,266	6,809	108.5%	9,421	2,504	6,239	149.2%	4	1	4	300.0%
Total Members	33,089	27,544	24,470	-11.2%	28,082	23,059	20,373	-11.6%	8	8	8	0.0%
Family Size	1.8	1.7	1.7	-1.8%	1.8	1.7	1.7	-1.7%	2.7	2.7	2.7	0.0%
Financial Summary												
Gross Cost	\$138,077,453	\$116,590,277	\$23,737,814	-79.6%	\$106,593,460	\$87,356,314	\$17,971,228	-79.4%	\$55,484	\$42,591	\$7,763	-81.8%
Client Paid	\$104,706,277	\$88,479,381	\$14,697,249	-83.4%	\$80,561,976	\$66,125,338	\$11,380,069	-82.8%	\$38,304	\$30,890	\$3,655	-88.2%
Employee Paid	\$33,371,175	\$28,110,896	\$9,040,565	-67.8%	\$26,031,484	\$21,230,976	\$6,591,159	-69.0%	\$17,181	\$11,702	\$4,108	-64.9%
Client Paid-PEPY	\$5,527	\$5,391	\$3,963	-26.5%	\$5,189	\$4,960	\$3,796	-23.5%	\$12,768	\$10,297	\$4,873	-52.7%
Client Paid-PMPY	\$3,164	\$3,212	\$2,403	-25.2%	\$2,869	\$2,868	\$2,234	-22.1%	\$4,788	\$3,861	\$1,828	-52.7%
Client Paid-PEPM	\$461	\$449	\$330	-26.5%	\$432	\$413	\$316	-23.5%	\$1,064	\$858	\$406	-52.7%
Client Paid-PMPM	\$264	\$268	\$200	-25.4%	\$239	\$239	\$186	-22.2%	\$399	\$322	\$152	-52.8%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	160	126	18		115	94	14		0	0	0	
HCC's / 1,000	4.8	4.6	0.7		4.1	4.1	0.7		0.0	0.0	0.0	
Avg HCC Paid	\$251,190	\$238,643	\$145,790	-38.9%	\$262,921	\$233,021	\$153,037	-34.3%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	38.4%	34.0%	17.9%	-47.4%	37.5%	33.1%	18.8%	-43.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,153	\$995	\$558	-43.9%	\$1,028	\$895	\$538	-39.9%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$939	\$1,074	\$980	-8.8%	\$821	\$930	\$886	-4.7%	\$3,554	\$2,208	\$1,774	-19.7%
Physician	\$1,011	\$1,143	\$865	-24.3%	\$964	\$1,043	\$811	-22.2%	\$1,200	\$1,653	\$53	-96.8%
Other	\$62	\$0	\$0	0.0%	\$56	\$0	\$0	0.0%	\$34	\$0	\$0	0.0%
Total	\$3,164	\$3,212	\$2,403	-25.2%	\$2,869	\$2,868	\$2,234	-22.1%	\$4,788	\$3,861	\$1,828	-52.7%
	Annualized				Annualized				Annualized			

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

	State Retirees				Non-State Retirees				
Summary	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	2,981	2,711	2,506	-7.5%	433	366	333	-9.0%	
Spouses	776	624	644	3.2%	62	16	39	153.8%	
Children	729	715	553	-22.7%	18	46	14	-69.7%	
Total Members	4,486	4,049	3,703	-8.6%	514	427	386	-9.7%	
Family Size	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	-0.9%	1.6
Financial Summary									
Gross Cost	\$27,879,066	\$25,102,026	\$5,116,537	-79.6%	\$3,549,442	\$4,089,345	\$642,286	-84.3%	
Client Paid	\$21,491,378	\$19,194,786	\$3,032,619	-84.2%	\$2,614,619	\$3,128,367	\$280,905	-91.0%	
Employee Paid	\$6,387,688	\$5,907,239	\$2,083,917	-64.7%	\$934,823	\$960,978	\$361,382	-62.4%	
Client Paid-PEPY	\$7,210	\$7,082	\$4,840	-31.7%	\$6,033	\$8,557	\$3,378	-60.5%	\$6,642
Client Paid-PMPY	\$4,791	\$4,740	\$3,276	-30.9%	\$5,091	\$7,321	\$2,911	-60.2%	\$4,116
Client Paid-PEPM	\$601	\$590	\$403	-31.7%	\$503	\$713	\$281	-60.6%	\$553
Client Paid-PMPM	\$399	\$395	\$273	-30.9%	\$424	\$610	\$243	-60.2%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	44	31	4		5	5	0		
HCC's / 1,000	9.8	7.7	1.1		9.7	11.7	0.0		
Avg HCC Paid	\$199,873	\$213,853	\$120,422	-43.7%	\$231,987	\$307,109	\$0	-100.0%	
HCC's % of Plan Paid	40.9%	34.5%	15.9%	-53.9%	44.4%	49.1%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,808	\$1,250	\$725	-42.0%	\$2,262	\$4,005	\$59	-98.5%	\$1,190
Facility Outpatient	\$1,612	\$1,838	\$1,388	-24.5%	\$1,488	\$1,591	\$1,989	25.0%	\$1,376
Physician	\$1,280	\$1,652	\$1,163	-29.6%	\$1,227	\$1,724	\$863	-49.9%	\$1,466
Other	\$91	\$0	\$0	0.0%	\$115	\$0	\$0	0.0%	\$84
Total	\$4,791	\$4,740	\$3,276	-30.9%	\$5,091	\$7,321	\$2,911	-60.2%	\$4,116
	Annualized				Annualized				

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 4,247,464	\$ 849,667	\$ 34,622	\$ 5,131,753	\$ 3,262,334	\$ 612,876	\$ 168,827	\$ 4,044,036	-21.2%	
Outpatient	\$ 7,798,910	\$ 1,646,356	\$ 262,930	\$ 9,708,196	\$ 8,117,736	\$ 1,816,531	\$ 434,385	\$ 10,368,652	6.8%	
Total - Medical	\$ 12,046,374	\$ 2,496,023	\$ 297,552	\$ 14,839,949	\$ 11,380,069	\$ 2,429,407	\$ 603,212	\$ 14,412,689	-2.9%	

Net Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 296	\$ 375	\$ 174	\$ 302	\$ 316	\$ 413	\$ 370	\$ 331	9.7%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q23					1Q24				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Actives	Pre-Medicare Retirees	Medicare Retirees	Total	% Change
Medical										
Inpatient	\$ -	\$ 113,698	\$ 260,769	\$ 374,467		\$ -	\$ 2,503	\$ 10,933	\$ 13,435	-96.4%
Outpatient	\$ 2,557	\$ 116,539	\$ 140,860	\$ 259,955		\$ 3,655	\$ 139,384	\$ 128,086	\$ 271,125	4.3%
Total - Medical	\$ 2,557	\$ 230,237	\$ 401,629	\$ 634,422		\$ 3,655	\$ 141,886	\$ 139,019	\$ 284,560	-55.1%

Net Paid Claims - Per Participant per Month										
	1Q23					1Q24				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Actives	Pre-Medicare Retirees	Medicare Retirees	Total	% Change
Medical	\$ 284	\$ 606	\$ 514	\$ 542		\$ 406	\$ 561	\$ 187	\$ 283	-47.8%

Paid Claims by Claim Type – Total Participants

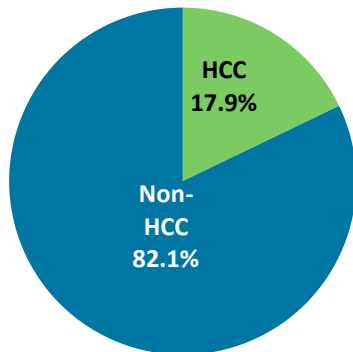
Net Paid Claims - Total										
Total Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 4,247,464	\$ 963,365	\$ 295,391	\$ 5,506,220	\$ 3,262,334	\$ 615,379	\$ 179,759	\$ 4,057,472	-26.3%	
Outpatient	\$ 7,801,466	\$ 1,762,895	\$ 403,790	\$ 9,968,152	\$ 8,121,391	\$ 1,955,915	\$ 562,471	\$ 10,639,777	6.7%	
Total - Medical	\$ 12,048,930	\$ 2,726,260	\$ 699,181	\$ 15,474,372	\$ 11,383,724	\$ 2,571,294	\$ 742,231	\$ 14,697,249	-5.0%	

Net Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical	\$ 296	\$ 388	\$ 281	\$ 308	\$ 316	\$ 419	\$ 313	\$ 330	7.2%	

Cost Distribution – Medical Claims

1Q23							1Q24					
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
17	0.1%	\$3,480,327	22.5%	\$106,738	1.2%	\$100,000.01 Plus	17	0.1%	\$2,624,212	17.9%	\$101,641	1.1%
28	0.1%	\$1,861,863	12.0%	\$168,221	1.8%	\$50,000.01-\$100,000.00	31	0.1%	\$2,194,155	14.9%	\$161,742	1.8%
61	0.2%	\$2,118,895	13.7%	\$380,394	4.1%	\$25,000.01-\$50,000.00	60	0.2%	\$2,155,899	14.7%	\$307,842	3.4%
159	0.6%	\$2,580,710	16.7%	\$798,374	8.6%	\$10,000.01-\$25,000.00	166	0.7%	\$2,696,044	18.3%	\$835,784	9.2%
227	0.8%	\$1,600,463	10.3%	\$881,354	9.5%	\$5,000.01-\$10,000.00	196	0.8%	\$1,338,419	9.1%	\$755,669	8.4%
318	1.1%	\$1,147,137	7.4%	\$864,049	9.3%	\$2,500.01-\$5,000.00	318	1.3%	\$1,141,352	7.8%	\$880,578	9.7%
7,163	25.3%	\$2,684,976	17.4%	\$3,807,661	41.1%	\$0.01-\$2,500.00	5,798	23.7%	\$2,547,168	17.3%	\$3,605,954	39.9%
6,373	22.5%	\$0	0.0%	\$2,261,935	24.4%	\$0.00	6,336	25.9%	\$0	0.0%	\$2,391,356	26.5%
13,942	49.3%	\$0	0.0%	\$0	0.0%	No Claims	11,548	47.2%	\$0	0.0%	\$0	0.0%
28,288	100.0%	\$15,474,372	100.0%	\$9,268,726	100.0%		24,470	100.0%	\$14,697,249	100.0%	\$9,040,565	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	6	\$675,885	25.8%
Cardiac Disorders	15	\$303,035	11.5%
Pulmonary Disorders	14	\$251,679	9.6%
Renal/Urologic Disorders	6	\$196,019	7.5%
Infections	9	\$174,698	6.7%
Hematological Disorders	8	\$163,110	6.2%
Gastrointestinal Disorders	10	\$160,489	6.1%
Endocrine/Metabolic Disorders	9	\$152,598	5.8%
Medical/Surgical Complications	2	\$119,059	4.5%
Spine-related Disorders	4	\$118,709	4.5%
All Other		\$308,930	11.8%
Overall	----	\$2,624,212	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.

DX&L = Diagnostics, X-Ray and Laboratory

	Total				State Active				Non-State Active			
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year
Inpatient Summary												
# of Admits	357	260	196		270	190	145		0	0	0	
# of Bed Days	2,408	1,486	931		1,857	1,102	677		0	0	0	
Paid Per Admit	\$32,712	\$18,851	\$18,385	-2.5%	\$33,162	\$19,243	\$19,248	0.0%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,850	\$3,298	\$3,871	17.4%	\$4,822	\$3,318	\$4,122	24.2%	\$0	\$0	\$0	0.0%
Admits Per 1,000	42	37	32	-13.5%	37	32	28	-12.5%	0	0	0	0.0%
Days Per 1,000	283	210	152	-27.6%	256	186	133	-28.5%	0	0	0	0.0%
Avg LOS	6.7	5.7	4.8	-15.8%	6.9	5.8	4.7	-19.0%	0	0	0	0.0%
# Admits From ER	217	167	140	-16.2%	149	112	98	-12.5%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	3.7	3.4	3.8	11.8%	3.5	3.1	3.5	12.9%	2.5	1.5	2.5	66.7%
Avg Paid per OV	\$64	\$61	\$56	-8.2%	\$67	\$63	\$55	-12.7%	\$45	\$0	\$21	0.0%
Avg OV Paid per Member	\$236	\$210	\$215	2.4%	\$234	\$198	\$193	-2.5%	\$114	\$0	\$53	0.0%
DX&L Utilization per Member	6.9	9.3	9.2	-1.1%	6.5	8.3	8.6	3.6%	24	4	2	-50.0%
Avg Paid per DX&L	\$40	\$33	\$44	33.3%	\$36	\$33	\$43	30.3%	\$6	\$0	\$887	0.0%
Avg DX&L Paid per Member	\$277	\$308	\$403	30.8%	\$236	\$274	\$374	36.5%	\$154	\$0	\$1,774	0.0%
Emergency Room												
# of Visits	1,229	978	932		1,007	746	737		1	1	0	
Visits Per Member	0.14	0.14	0.15	7.1%	0.14	0.13	0.14	7.7%	0.5	0.50	0.00	-100.0%
Visits Per 1,000	144	138	152	10.1%	139	126	145	15.1%	500	500	0	-100.0%
Avg Paid per Visit	\$1,717	\$1,717	\$2,324	35.4%	\$1,776	\$1,737	\$2,408	38.6%	\$209	\$2,476	\$0	-100.0%
Urgent Care												
# of Visits	2,320	1,652	1,671		2,048	1,435	1,443		1	2	1	
Visits Per Member	0.27	0.23	0.27	17.4%	0.28	0.24	0.28	16.7%	0.50	1.00	0.50	-50.0%
Visits Per 1,000	272	234	273	16.7%	282	242	283	16.9%	500	1,000	500	-50.0%
Avg Paid per Visit	\$52	\$31	\$17	-45.2%	\$53	\$32	\$17	-46.9%	\$113	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

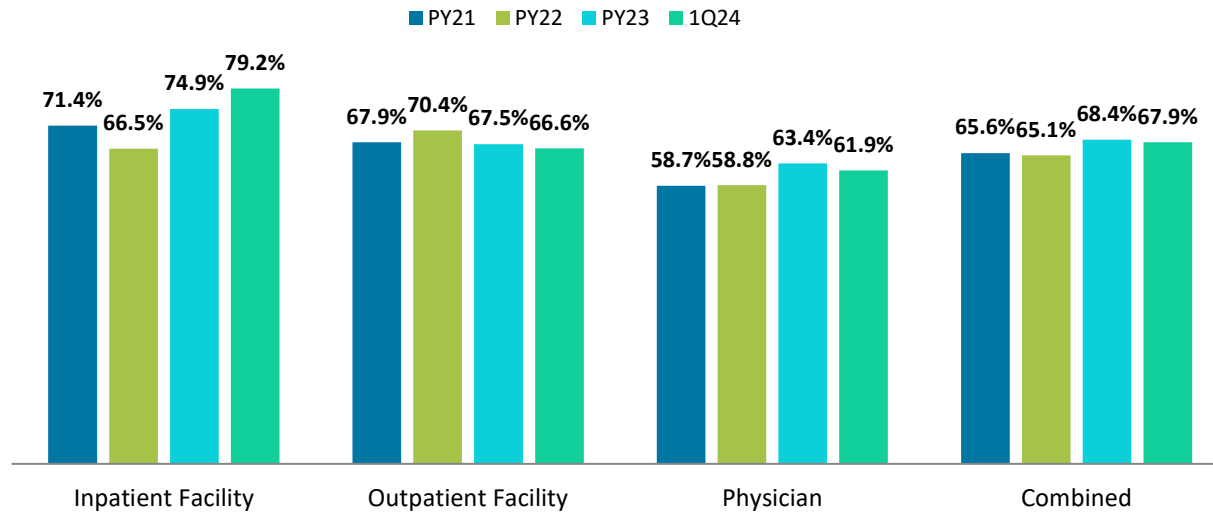
Inpatient data reflects facility charges and professional services.

DX&L = Diagnostics, X-Ray and Laboratory

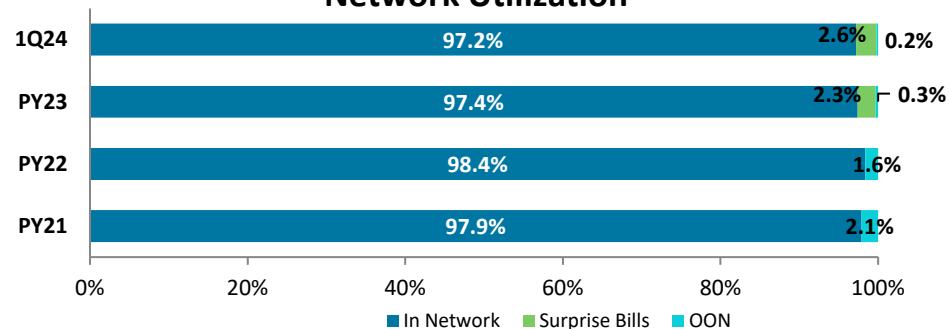
	State Retirees				Non-State Retirees				
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	Peer Index
Inpatient Summary									
# of Admits	79	53	39		8	17	12		
# of Bed Days	467	261	206		84	123	48		
Paid Per Admit	\$31,731	\$16,415	\$20,084	22.4%	\$27,205	\$22,054	\$2,440	-88.9%	\$16,632
Paid Per Day	\$5,368	\$3,333	\$3,802	14.1%	\$2,591	\$3,048	\$610	-80.0%	\$3,217
Admits Per 1,000	70	51	42	-17.6%	59	148	124	-16.2%	76
Days Per 1,000	412	252	223	-11.5%	624	1,073	497	-53.7%	391
Avg LOS	5.9	4.9	5.3	8.2%	10.5	7.2	4.0	-44.4%	5.2
# Admits From ER	63	42	31	-26.2%	5	13	11	-15.4%	
Physician Office									
OV Utilization per Member	4.7	4.7	4.8	2.1%	6.7	7.8	7.9	1.3%	5.0
Avg Paid per OV	\$55	\$62	\$70	12.9%	\$17	\$18	\$25	38.9%	\$57
Avg OV Paid per Member	\$259	\$289	\$337	16.6%	\$117	\$139	\$198	42.4%	\$286
DX&L Utilization per Member	8.9	13	11.6	-10.8%	9.1	23.3	17.6	-24.5%	10.5
Avg Paid per DX&L	\$59	\$35	\$45	28.6%	\$43	\$32	\$41	28.1%	\$50
Avg DX&L Paid per Member	\$525	\$458	\$525	14.6%	\$390	\$736	\$726	-1.4%	\$522
Emergency Room									
# of Visits	184	191	162		37	40	33		
Visits Per Member	0.16	0.18	0.17	-5.6%	0.27	0.35	0.34	-2.9%	0.24
Visits Per 1,000	162	184	175	-4.9%	275	349	342	-2.0%	235
Avg Paid per Visit	\$1,484	\$1,616	\$2,247	39.0%	\$1,329	\$1,826	\$831	-54.5%	\$943
Urgent Care									
# of Visits	245	195	208		26	20	19		
Visits Per Member	0.22	0.19	0.22	15.8%	0.19	0.17	0.20	17.6%	0.3
Visits Per 1,000	216	188	225	19.7%	193	175	197	12.6%	300
Avg Paid per Visit	\$42	\$30	\$17	-43.3%	\$29	\$37	\$2	-94.6%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$2,078,092	14.1%	\$1,777,721	\$267,377	\$32,994	\$632,337	\$1,445,756
Health Status/Encounters	\$1,700,044	11.6%	\$1,051,305	\$219,392	\$429,347	\$577,919	\$1,122,126
Cardiac Disorders	\$1,381,951	9.4%	\$1,107,157	\$234,950	\$39,844	\$865,641	\$516,310
Gastrointestinal Disorders	\$1,265,645	8.6%	\$948,669	\$217,034	\$99,941	\$497,758	\$767,887
Trauma/Accidents	\$837,058	5.7%	\$600,426	\$55,532	\$181,100	\$400,155	\$436,903
Spine-related Disorders	\$678,972	4.6%	\$601,378	\$69,656	\$7,938	\$430,972	\$248,000
Musculoskeletal Disorders	\$669,146	4.6%	\$503,584	\$87,107	\$78,456	\$199,346	\$469,801
Mental Health	\$655,174	4.5%	\$303,181	\$48,901	\$303,092	\$399,007	\$256,168
Infections	\$650,578	4.4%	\$373,535	\$247,769	\$29,274	\$216,001	\$434,577
Renal/Urologic Disorders	\$639,798	4.4%	\$529,508	\$51,133	\$59,157	\$301,731	\$338,067
Neurological Disorders	\$621,108	4.2%	\$358,519	\$134,312	\$128,278	\$256,137	\$364,972
Pulmonary Disorders	\$520,904	3.5%	\$348,708	\$39,042	\$133,154	\$230,897	\$290,007
Eye/ENT Disorders	\$365,407	2.5%	\$237,457	\$82,601	\$45,349	\$150,476	\$214,931
Pregnancy-related Disorders	\$357,837	2.4%	\$291,256	\$18,105	\$48,477	\$11,471	\$346,366
Endocrine/Metabolic Disorders	\$349,602	2.4%	\$308,130	\$34,793	\$6,679	\$208,184	\$141,418
Gynecological/Breast Disorders	\$309,099	2.1%	\$223,619	\$47,598	\$37,881	\$2,221	\$306,878
Medical/Surgical Complications	\$295,900	2.0%	\$286,744	\$6,528	\$2,628	\$57,425	\$238,475
Hematological Disorders	\$235,873	1.6%	\$88,957	\$137,082	\$9,834	\$140,326	\$95,547
Non-malignant Neoplasm	\$186,853	1.3%	\$152,889	\$28,689	\$5,275	\$34,155	\$152,698
Vascular Disorders	\$171,756	1.2%	\$136,845	\$15,593	\$19,318	\$43,944	\$127,812
Diabetes	\$147,829	1.0%	\$133,399	\$5,021	\$9,410	\$31,255	\$116,574
Miscellaneous	\$132,630	0.9%	\$99,357	\$8,768	\$24,505	\$36,241	\$96,389
Medication Related Conditions	\$127,587	0.9%	\$28,450	\$331	\$98,806	\$1,421	\$126,166
Abnormal Lab/Radiology	\$87,554	0.6%	\$76,817	\$6,145	\$4,592	\$36,094	\$51,459
Dermatological Disorders	\$86,085	0.6%	\$50,723	\$11,488	\$23,875	\$34,964	\$51,121
Congenital/Chromosomal Anomalies	\$60,077	0.4%	\$8,175	\$31	\$51,871	\$9,716	\$50,361
External Hazard Exposure	\$55,861	0.4%	\$2,107	\$1,716	\$52,038	\$52,260	\$3,601
Cholesterol Disorders	\$22,783	0.2%	\$19,849	\$2,694	\$240	\$16,730	\$6,053
Allergic Reaction	\$5,642	0.0%	\$1,866	\$270	\$3,506	\$463	\$5,179
Dental Conditions	\$274	0.0%	\$125	\$149	\$0	\$125	\$149
Cause of Morbidity	\$128	0.0%	\$0	\$0	\$128	\$128	\$0
Social Determinants of Health	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$14,697,249	100.0%	\$10,650,454	\$2,079,807	\$1,966,987	\$5,875,498	\$8,821,750

Mental Health Drilldown

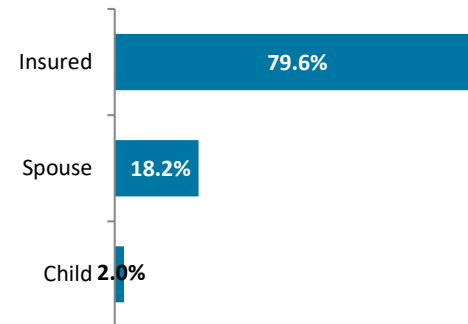
Group	PY21		PY22		PY23		1Q24	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,597	\$1,103,414	1,156	\$1,279,244	974	\$1,005,022	476	\$84,104
Developmental Disorders	179	\$1,179,402	113	\$719,871	106	\$1,143,180	56	\$152,459
Alcohol Abuse/Dependence	136	\$1,288,204	101	\$873,612	129	\$434,007	45	\$228,978
Mental Health Conditions, Other	1,220	\$771,034	911	\$431,490	774	\$383,973	317	\$33,494
Mood and Anxiety Disorders	1,920	\$638,818	1,486	\$406,189	1,263	\$370,422	494	\$30,622
Bipolar Disorder	315	\$464,418	225	\$197,224	193	\$202,937	112	\$32,231
Psychoses	54	\$86,357	32	\$70,201	35	\$108,586	10	\$16,210
Eating Disorders	55	\$647,596	44	\$596,928	34	\$112,463	9	\$597
Complications of Substance Abuse	42	\$202,208	22	\$89,081	26	\$88,753	12	\$19,652
Substance Abuse/Dependence	140	\$213,345	86	\$540,594	81	\$99,940	31	\$3,825
Schizophrenia	26	\$141,033	25	\$110,357	21	\$81,413	9	\$329
Sexually Related Disorders	68	\$90,021	42	\$11,305	56	\$109,156	19	\$38,434
Attention Deficit Disorder	482	\$72,965	374	\$57,319	369	\$42,820	179	\$3,661
Sleep Disorders	564	\$76,491	371	\$46,254	347	\$39,783	101	\$8,246
Tobacco Use Disorder	126	\$8,010	106	\$6,184	103	\$7,184	24	\$760
Personality Disorders	25	\$16,690	19	\$13,480	8	\$1,502	8	\$1,571
Total		\$7,000,007		\$5,449,334		\$4,231,141		\$655,174

Diagnosis Grouper – Cancer

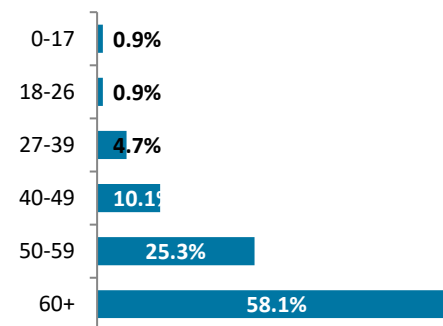
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	41	124	\$964,767	46.4%
Cancers, Other	41	231	\$229,013	11.0%
Colon Cancer	25	145	\$189,351	9.1%
Breast Cancer	96	433	\$149,978	7.2%
Prostate Cancer	50	204	\$130,381	6.3%
Lung Cancer	12	65	\$96,205	4.6%
Lymphomas	19	105	\$59,280	2.9%
Leukemias	18	119	\$37,846	1.8%
Thyroid Cancer	17	65	\$34,751	1.7%
Cervical/Uterine Cancer	23	82	\$33,088	1.6%
Secondary Cancers	24	95	\$32,348	1.6%
Kidney Cancer	11	53	\$27,922	1.3%
Non-Melanoma Skin Cancers	96	176	\$22,931	1.1%
Carcinoma in Situ	26	65	\$18,255	0.9%
Pancreatic Cancer	2	52	\$15,276	0.7%
Ovarian Cancer	10	58	\$14,927	0.7%
Melanoma	14	45	\$8,332	0.4%
Brain Cancer	2	3	\$5,907	0.3%
Bladder Cancer	12	37	\$3,789	0.2%
Myeloma	6	28	\$3,746	0.2%
Overall	----	----	\$2,078,092	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

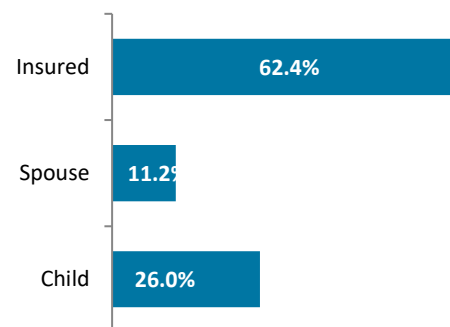


Diagnosis Grouper – Health Status/Encounters

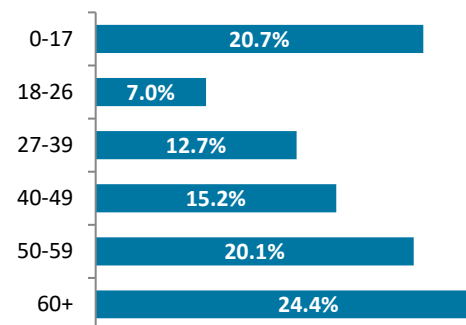
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	2,080	3,393	\$605,337	35.6%
Exams	2,596	4,053	\$379,195	22.3%
Prophylactic Measures	956	1,043	\$261,994	15.4%
Encounters - Infants/Children	960	1,079	\$163,898	9.6%
Counseling	432	1,570	\$109,765	6.5%
Aftercare	144	248	\$55,004	3.2%
Prosthetics/Devices/Implants	167	376	\$41,712	2.5%
Personal History of Condition	241	365	\$24,297	1.4%
Family History of Condition	45	66	\$20,813	1.2%
Encounter - Procedure	12	22	\$12,924	0.8%
Health Status, Other	25	41	\$12,288	0.7%
Encounter - Transplant Related	18	42	\$6,853	0.4%
Acquired Absence	21	22	\$3,582	0.2%
Lifestyle/Situational Issues	27	52	\$2,383	0.1%
Patient Non-compliance	1	1	\$0	0.0%
Miscellaneous Examinations	4	5	\$0	0.0%
Follow-Up Encounters	1	1	\$0	0.0%
Overall	----	----	\$1,700,044	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

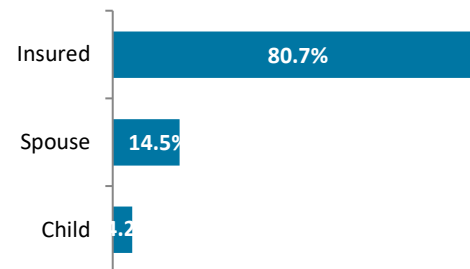


Diagnosis Grouper – Cardiac Disorders

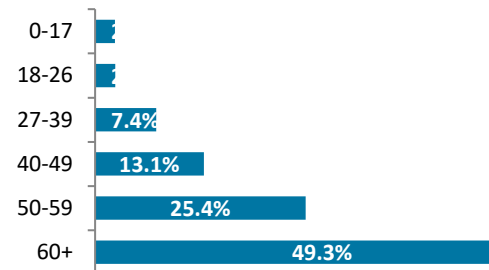
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Atrial Fibrillation	105	304	\$322,348	23.3%
Chest Pain	321	648	\$211,382	15.3%
Myocardial Infarction	17	72	\$191,424	13.9%
Congestive Heart Failure	45	135	\$164,405	11.9%
Coronary Artery Disease	171	314	\$122,924	8.9%
Cardiac Arrhythmias	176	296	\$79,143	5.7%
Cardiomyopathy	13	26	\$78,691	5.7%
Hypertension	924	1,428	\$66,885	4.8%
Cardiac Conditions, Other	181	306	\$48,633	3.5%
Pulmonary Embolism	18	68	\$37,013	2.7%
Heart Valve Disorders	115	149	\$30,057	2.2%
Cardio-Respiratory Arrest	25	66	\$22,477	1.6%
Shock	7	24	\$6,569	0.5%
Overall	----	----	\$1,381,951	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



Emergency Room / Urgent Care Summary

	1Q23		1Q24		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	978	1,652	932	1,671		
Visits Per Member	0.14	0.23	0.15	0.27	0.22	0.35
Visits/1000 Members	138	234	152	273	221	352
Avg Paid Per Visit	\$1,717	\$31	\$2,324	\$17	\$968	\$135
% with OV*	81.7%	79.2%	82.6%	75.9%		
% Avoidable	11.7%	37.8%	13.7%	35.3%		
Total Member Paid	\$1,507,498	\$236,520	\$1,575,804	\$280,384		
Total Plan Paid	\$1,679,653	\$51,999	\$2,165,879	\$28,005		

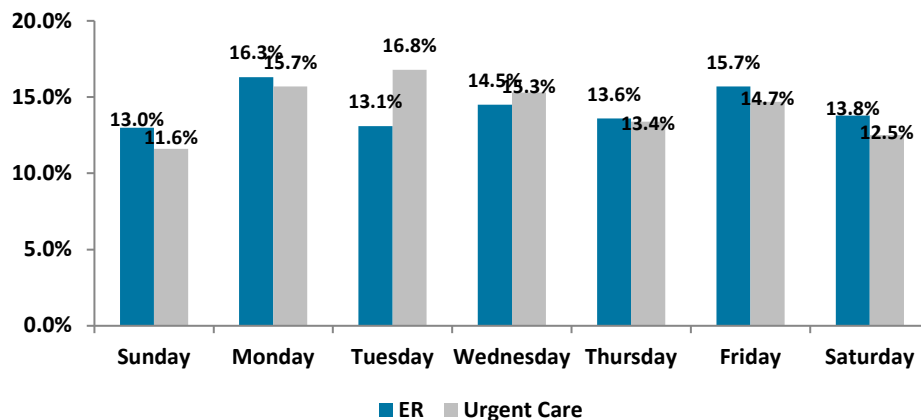
*looks back 12 months

Annualized Annualized Annualized Annualized

% of Paid

UC	Insured 61.1%	Spouse 8.0%	Child 30.9%
ER	Insured 70.8%	Spouse 12.8%	Child 16.4%

Visits by Day of Week



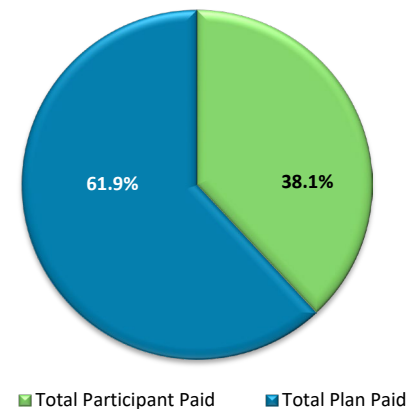
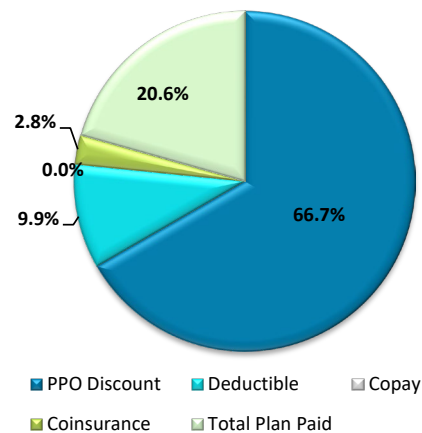
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	593	40	1,060	4,380	1,653	111
Spouse	109	40	157	863	266	97
Child	230	33	454	1,655	684	99
Total	932	38	1,671	68	2,603	106

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

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$73,031,057	\$1,641	100.0%
PPO Discount	\$47,503,613	\$1,067	65.0%
Deductible	\$7,060,402	\$159	9.7%
Copay	\$873	\$0	0.0%
Coinsurance	\$1,979,290	\$44	2.7%
Total Participant Paid	\$9,040,565	\$203	12.4%
Total Plan Paid	\$14,697,249	\$330	20.1%

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



Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	1Q22		1Q23		1Q24		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 1,507	\$ 1	\$ 1,753	\$ 1	\$ 2,412	\$ 2	37.6%	103.0%
1	\$ 10,899	\$ 7	\$ 12,789	\$ 9	\$ 12,554	\$ 10	-1.8%	7.4%
2 - 4	\$ 102,021	\$ 20	\$ 100,891	\$ 21	\$ 110,644	\$ 24	9.7%	12.6%
5 - 9	\$ 319,163	\$ 33	\$ 271,893	\$ 29	\$ 314,629	\$ 35	15.7%	19.9%
10 - 14	\$ 324,158	\$ 28	\$ 296,169	\$ 27	\$ 334,442	\$ 31	12.9%	13.6%
15 - 19	\$ 394,924	\$ 32	\$ 370,678	\$ 30	\$ 489,200	\$ 39	32.0%	29.5%
20 - 24	\$ 234,582	\$ 18	\$ 206,524	\$ 16	\$ 289,357	\$ 22	40.1%	37.4%
25 - 29	\$ 215,302	\$ 23	\$ 186,386	\$ 21	\$ 203,865	\$ 23	9.4%	9.7%
30 - 34	\$ 287,473	\$ 25	\$ 229,556	\$ 21	\$ 302,026	\$ 28	31.6%	32.7%
35 - 39	\$ 367,720	\$ 29	\$ 287,537	\$ 23	\$ 351,919	\$ 29	22.4%	23.9%
40 - 44	\$ 355,358	\$ 28	\$ 322,871	\$ 25	\$ 405,150	\$ 31	25.5%	24.3%
45 - 49	\$ 386,977	\$ 31	\$ 306,176	\$ 25	\$ 403,519	\$ 33	31.8%	30.3%
50 - 54	\$ 482,828	\$ 34	\$ 403,009	\$ 28	\$ 475,476	\$ 33	18.0%	18.0%
55 - 59	\$ 562,394	\$ 38	\$ 465,071	\$ 32	\$ 547,164	\$ 38	17.7%	17.7%
60 - 64	\$ 691,492	\$ 42	\$ 565,836	\$ 35	\$ 668,212	\$ 42	18.1%	21.3%
65+	\$ 1,805,355	\$ 45	\$ 1,559,384	\$ 38	\$ 1,871,078	\$ 46	20.0%	21.9%
Total	\$6,542,153	\$ 33	\$5,586,524	\$ 28	\$ 6,781,648	\$ 35	21.4%	24.0%

Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 3,659,859	\$ 514,900	\$ 109,193	\$ 4,283,953	\$ 4,559,231	\$ 569,259	\$ 142,030	\$ 5,270,521	23.0%	
Dental Exchange	\$ -	\$ -	\$ 825,911	\$ 825,911	\$ -	\$ -	\$ 949,822	\$ 949,822	15.0%	
Total	\$ 3,659,859	\$ 514,900	\$ 935,104	\$ 5,109,864	\$ 4,559,231	\$ 569,259	\$ 1,091,852	\$ 6,220,343	38.0%	

Dental Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 47	\$ 49	\$ 50	\$ 47	\$ 58	\$ 56	\$ 66	\$ 58	22.6%	
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 54	\$ 54	13.7%	

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total										
Non-State Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 542	\$ 20,570	\$ 49,276	\$ 70,389	\$ 1,995	\$ 15,032	\$ 53,720	\$ 70,746	0.5%	
Dental Exchange	\$ -	\$ -	\$ 406,272	\$ 406,272	\$ -	\$ -	\$ 490,559	\$ 490,559	20.7%	
Total	\$ 542	\$ 20,570	\$ 455,548	\$ 476,660	\$ 1,995	\$ 15,032	\$ 544,279	\$ 561,305	17.8%	

Dental Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 30	\$ 32	\$ 39	\$ 36	\$ 111	\$ 33	\$ 44	\$ 42	15.0%	
Dental Exchange	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ 50	\$ 50	24.6%	

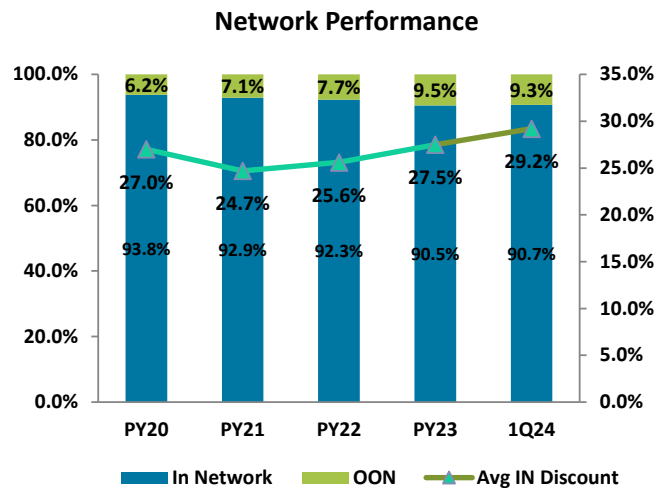
Dental Paid Claims – Total Participants

Dental Paid Claims - Total										
Total Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 3,660,402	\$ 535,471	\$ 158,470	\$ 4,354,342	\$ 4,561,226	\$ 584,291	\$ 195,750	\$ 5,341,267	22.7%	
Dental Exchange	\$ -	\$ -	\$ 1,232,183	\$ 1,232,183	\$ -	\$ -	\$ 1,440,381	\$ 1,440,381	16.9%	
Total	\$ 3,660,402	\$ 535,471	\$ 1,390,652	\$ 5,586,524	\$ 4,561,226	\$ 584,291	\$ 1,636,131	\$ 6,781,648	21.4%	

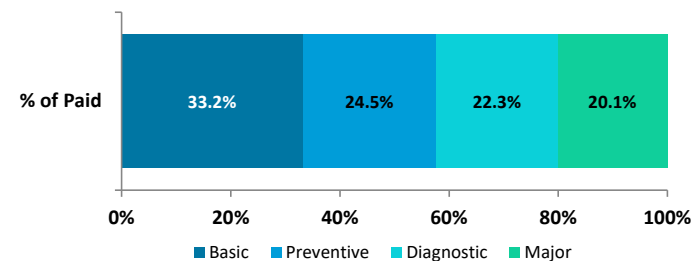
Dental Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Dental	\$ 47	\$ 48	\$ 46	\$ 47	\$ 58	\$ 55	\$ 58	\$ 58	22.6%	
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 53	\$ 53	17.4%	

Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	1,457	2.2%	4,368	12.9%	\$2,270,617	33.5%	\$1,368,437	40.8%
\$750.01-\$1,000.00	716	1.1%	1,807	5.3%	\$621,446	9.2%	\$403,648	12.0%
\$500.01-\$750.00	1,223	1.9%	2,703	8.0%	\$757,342	11.2%	\$474,494	14.2%
\$250.01-\$500.00	2,308	3.5%	4,071	12.0%	\$806,852	11.9%	\$384,019	11.5%
\$0.01-\$250.00	17,525	26.9%	20,051	59.0%	\$2,325,391	34.3%	\$663,931	19.8%
\$0.00	784	1.2%	972	2.9%	\$0	0.0%	\$58,166	1.7%
No Claims	41,106	63.1%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	65,120	100.0%	33,972	100.0%	\$6,781,648	100.0%	\$3,352,694	100.0%



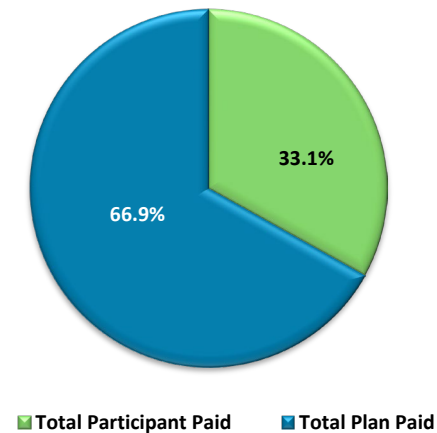
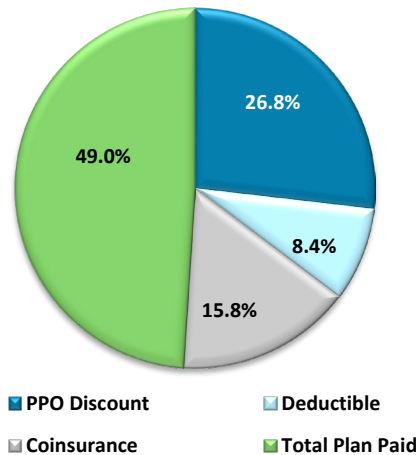
Claim Category	Total Paid	% of Paid
Basic	\$2,249,909	33.2%
Preventive	\$1,658,291	24.5%
Diagnostic	\$1,509,150	22.3%
Major	\$1,364,298	20.1%
Total	\$6,781,648	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$13,846,159	\$115	100.0%
PPO Discount	\$3,713,412	\$31	26.8%
Deductible	\$1,169,840	\$10	8.4%
Coinsurance	\$2,182,854	\$18	15.8%
Total Participant Paid	\$3,352,694	\$28	24.2%
Total Plan Paid	\$6,781,648	\$56	49.0%

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



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	936	908	28	96.2%
	<2 asthma related ER Visits in the last 6 months	936	936	0	100.0%
	No asthma related admit in last 12 months	936	934	2	99.8%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	214	207	7	96.7%
	Members with COPD who had an annual spirometry test	214	28	186	13.1%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	4	4	0	100.0%
	No ER Visit for Heart Failure in last 90 days	185	181	4	97.8%
	Follow-up OV within 4 weeks of discharge from HF admission	4	3	1	75.0%
Diabetes	Annual office visit	1,375	1,290	85	93.8%
	Annual dilated eye exam	1,375	502	873	36.5%
	Annual foot exam	1,375	621	754	45.2%
	Annual HbA1c test done	1,375	1,135	240	82.5%
	Diabetes Annual lipid profile	1,375	1,042	333	75.8%
	Annual microalbumin urine screen	1,375	942	433	68.5%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	3,778	3,029	749	80.2%
Hypertension	Annual lipid profile	3,842	2,634	1,208	68.6%
	Annual serum creatinine test	3,769	2,997	772	79.5%
Wellness	Well Child Visit - 15 months	139	134	5	96.4%
	Routine office visit in last 6 months (All Ages)	24,368	14,724	9,644	60.4%
	Colorectal cancer screening ages 45-75 within the appropriate time period	10,229	4,829	5,400	47.2%
	Women age 25-65 with recommended cervical cancer/HPV screening	7,476	5,091	2,385	68.1%
	Males age greater than 49 with PSA test in last 24 months	4,090	2,004	2,086	49.0%
	Routine exam in last 24 months (All Ages)	24,368	20,077	4,291	82.4%
	Women age 40 to 75 with a screening mammogram last 24 months	6,530	3,889	2,641	59.6%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	169	0.69%	6.91	219.96	488.80	\$10,603
Asthma	1,053	4.32%	43.03	130.26	390.79	\$13,110
Atrial Fibrillation	275	1.13%	11.24	342.43	550.87	\$27,618
Blood Disorders	1,519	6.23%	62.08	252.11	496.00	\$21,790
CAD	577	2.36%	23.58	264.76	407.87	\$17,884
COPD	211	0.86%	8.62	337.19	436.36	\$22,877
Cancer	993	4.07%	40.58	175.18	287.80	\$20,996
Chronic Pain	650	2.66%	26.56	147.99	540.48	\$15,340
Congestive Heart Failure	185	0.76%	7.56	578.85	734.69	\$36,239
Demyelinating Diseases	63	0.26%	2.57	326.09	391.30	\$32,983
Depression	1,476	6.05%	60.32	107.52	404.62	\$9,799
Diabetes	1,526	6.25%	62.36	118.07	289.80	\$12,861
ESRD	34	0.14%	1.39	1,425.74	1,900.99	\$34,394
Eating Disorders	76	0.31%	3.11	220.18	275.23	\$23,482
HIV/AIDS	32	0.13%	1.31	0.00	125.00	\$32,652
Hyperlipidemia	4,678	19.17%	191.18	74.79	213.81	\$8,248
Hypertension	3,863	15.83%	157.87	107.82	282.24	\$10,555
Immune Disorders	112	0.46%	4.58	450.00	562.50	\$43,005
Inflammatory Bowel Disease	85	0.35%	3.47	96.00	624.00	\$34,039
Liver Diseases	497	2.04%	20.31	221.28	468.09	\$18,460
Morbid Obesity	718	2.94%	29.34	204.48	385.59	\$14,617
Osteoarthritis	1,022	4.19%	41.77	117.61	369.04	\$12,639
Peripheral Vascular Disease	160	0.66%	6.54	398.23	637.17	\$23,425
Rheumatoid Arthritis	141	0.58%	5.76	28.50	313.54	\$26,374

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

Data Includes Medical and Pharmacy
Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

**Public Employees' Benefits Program - RX Costs
PY 2024 - Quarter Ending September 30, 2023**

Express Scripts

1Q FY2024 CDHP		1Q FY2023 CDHP	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	24,365	28,326	(3,961)	-14.0%
Utilizing Member Count (Patients)	11,703	13,847	(2,144)	-15.5%
Percent Utilizing (Utilization)	48.0%	48.9%	(0.01)	-1.7%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	83,031	93,485	(10,454)	-11.2%
Claims per Elig Member per Month (Claims PMPM)	1.14	1.10	0.04	3.6%
Total Claims for Generic (Generic Rx)	72,817	80,707	(7,890.00)	-9.8%
Total Claims for Brand (Brand Rx)	10,214	12,778	(2,564.00)	-20.1%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	315	382	(67.00)	-17.5%
Total Non-Specialty Claims	82,077	92,189	(10,112.00)	-11.0%
Total Specialty Claims	954	1,296	(342.00)	-26.4%
Generic % of Total Claims (GFR)	87.7%	86.3%	0.01	1.6%
Generic Effective Rate (GCR)	99.6%	99.5%	0.00	0.0%
Mail Order Claims	23,453	25,153	(1,700.00)	-6.8%
Mail Penetration Rate*	31.8%	30.7%	0.01	1.1%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$10,204,216	\$10,652,373	(\$448,157.00)	-4.2%
Total Generic Gross Cost	\$1,027,449	\$1,238,257	(\$210,808.00)	-17.0%
Total Brand Gross Cost	\$9,176,768	\$9,414,116	(\$237,348.00)	-2.5%
Total MSB Gross Cost	\$139,084	\$194,122	(\$55,038.00)	-28.4%
Total Ingredient Cost	\$9,854,938	\$10,522,055	(\$667,117.00)	-6.3%
Total Dispensing Fee	\$342,436	\$121,570	\$220,866.00	181.7%
Total Other (e.g. tax)	\$9,843	\$8,748	\$1,095.00	12.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$122.90	\$113.95	\$8.95	7.9%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$14.11	\$15.34	(\$1.23)	-8.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$898.45	\$736.74	\$161.71	21.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$441.54	\$508.17	(\$66.63)	-13.1%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$2,535,118	\$2,891,673	(\$356,555.00)	-12.3%
Total Copay	\$1,771,104	\$1,918,536	(\$147,432.00)	-7.7%
Total Deductible	\$764,014	\$973,136	(\$209,122.00)	-21.5%
Avg Copay per Claim (Copay/Rx)	\$21.33	\$20.52	\$0.81	3.9%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$30.53	\$30.93	(\$0.40)	-1.3%
Avg Copay for Generic (Copay/Generic Rx)	\$7.59	\$8.95	(\$1.36)	-15.2%
Avg Copay for Brand (Copay/Brand Rx)	\$194.12	\$169.79	\$24.33	14.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$110.45	\$182.09	(\$71.64)	-39.3%
Net PMPM (Participant Cost PMPM)	\$34.68	\$34.03	\$0.65	1.9%
Copay % of Total Prescription Cost (Member Cost Share %)	24.8%	27.1%	-2.3%	-8.5%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$7,669,098	\$7,760,701	(\$91,603.00)	-1.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,975,171	\$2,609,897	\$365,274.00	14.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,693,927	\$5,150,803	(\$456,876.00)	-8.9%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$92.36	\$83.02	\$9.35	11.3%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$6.52	\$6.39	\$0.13	2.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$704.33	\$566.96	\$137.37	24.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$331.09	\$326.08	\$5.01	1.5%
Net PMPM (Plan Cost PMPM)	\$104.92	\$91.33	\$13.59	14.9%
PMPM without Specialty (Non-Specialty PMPM)	\$40.70	\$30.71	\$4.02	17.3%
PMPM for Specialty Only (Specialty PMPM)	\$64.22	\$60.61	\$3.61	6.0%
Specialty % of Plan Cost	61.2%	66.40%	(\$0.05)	-7.8%
Rebates Received (Q1 FY2024 actual)	\$3,120,343	\$2,946,821	\$173,521.85	5.9%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$62.23	\$56.65	\$5.58	9.9%
PMPM without Specialty (Non-Specialty PMPM)	\$20.86	\$11.08	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$41.51	\$45.99	(\$4.48)	-9.7%

Appendix B

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UMR Inc. – LDPPO Utilization Review for PEBP July 1, 2023 – September 30, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July – September 2023 Incurred,

Paid through November 2023



Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q24 was \$16,155,131 with a plan cost per employee per year (PEPY) of \$6,850. This is an increase of 10.0% when compared to 1Q23.
 - IP Cost per Admit is \$18,128 which is 15.4% lower than 1Q23.
 - ER Cost per Visit is \$3,164 which is 18.1% higher than 1Q23.
- Employees shared in 16.1% of the medical cost.
- Inpatient facility costs were 14.8% of the plan spend.
- 94.3% of the Average Membership had paid Medical claims less than \$2,500, with 39.8% of those having no claims paid at all during the reporting period.
- 13 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 12.2% of the plan spend. The highest diagnosis category was Cancer, accounting for 44.9% of the high-cost claimant dollars.
- Total spending with in-network providers was 98.2%. The average In Network discount was 66.4%, which is 3.3% higher than the PY23 average discount of 64.3%.

Paid Claims by Age Group

Paid Claims by Age Group															
1Q23							1Q24							% Change	
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM	
<1	\$ 239,257	\$ 539	\$ 2,298	\$ 5	\$ 241,555	\$ 544	\$ 656,761	\$ 1,123	\$ 2,462	\$ 4	\$ 659,223	\$ 1,127	172.9%	107.1%	
1	\$ 109,503	\$ 270	\$ 2,151	\$ 5	\$ 111,654	\$ 276	\$ 101,083	\$ 172	\$ 1,025	\$ 2	\$ 102,108	\$ 174	-8.5%	-37.1%	
2 - 4	\$ 171,723	\$ 106	\$ 13,349	\$ 8	\$ 185,072	\$ 114	\$ 246,683	\$ 124	\$ 6,692	\$ 3	\$ 253,375	\$ 128	36.9%	11.9%	
5 - 9	\$ 212,419	\$ 75	\$ 149,243	\$ 52	\$ 361,662	\$ 127	\$ 507,114	\$ 137	\$ 141,159	\$ 38	\$ 648,273	\$ 175	79.2%	37.7%	
10 - 14	\$ 417,906	\$ 136	\$ 71,396	\$ 23	\$ 489,302	\$ 159	\$ 616,787	\$ 153	\$ 138,840	\$ 34	\$ 755,627	\$ 187	54.4%	17.8%	
15 - 19	\$ 420,422	\$ 121	\$ 116,420	\$ 34	\$ 536,842	\$ 155	\$ 670,164	\$ 145	\$ 152,568	\$ 33	\$ 822,732	\$ 178	53.3%	14.8%	
20 - 24	\$ 467,917	\$ 143	\$ 159,612	\$ 49	\$ 627,529	\$ 192	\$ 1,063,698	\$ 243	\$ 182,322	\$ 42	\$ 1,246,020	\$ 284	98.6%	48.0%	
25 - 29	\$ 449,494	\$ 171	\$ 213,475	\$ 81	\$ 662,969	\$ 253	\$ 860,633	\$ 238	\$ 400,552	\$ 111	\$ 1,261,185	\$ 349	90.2%	38.0%	
30 - 34	\$ 757,588	\$ 243	\$ 222,849	\$ 71	\$ 980,437	\$ 315	\$ 1,069,711	\$ 248	\$ 982,564	\$ 228	\$ 2,052,275	\$ 476	109.3%	51.0%	
35 - 39	\$ 888,902	\$ 249	\$ 384,436	\$ 108	\$ 1,273,338	\$ 357	\$ 1,499,240	\$ 317	\$ 615,983	\$ 130	\$ 2,115,223	\$ 447	66.1%	25.3%	
40 - 44	\$ 815,728	\$ 238	\$ 679,406	\$ 198	\$ 1,495,134	\$ 436	\$ 1,360,542	\$ 288	\$ 781,718	\$ 166	\$ 2,142,260	\$ 454	43.3%	4.2%	
45 - 49	\$ 1,371,839	\$ 439	\$ 407,209	\$ 130	\$ 1,779,048	\$ 569	\$ 1,386,228	\$ 342	\$ 735,430	\$ 181	\$ 2,121,658	\$ 523	19.3%	-8.1%	
50 - 54	\$ 1,198,087	\$ 359	\$ 721,285	\$ 216	\$ 1,919,372	\$ 575	\$ 1,518,206	\$ 331	\$ 1,013,087	\$ 221	\$ 2,531,293	\$ 551	31.9%	-4.2%	
55 - 59	\$ 1,416,144	\$ 470	\$ 549,971	\$ 182	\$ 1,966,115	\$ 652	\$ 1,938,063	\$ 473	\$ 1,289,264	\$ 315	\$ 3,227,327	\$ 788	64.1%	20.8%	
60 - 64	\$ 1,368,526	\$ 512	\$ 846,620	\$ 317	\$ 2,215,146	\$ 829	\$ 2,010,876	\$ 573	\$ 1,085,942	\$ 309	\$ 3,096,818	\$ 882	39.8%	6.4%	
65+	\$ 493,832	\$ 503	\$ 253,936	\$ 259	\$ 747,768	\$ 762	\$ 649,341	\$ 464	\$ 357,188	\$ 255	\$ 1,006,529	\$ 720	34.6%	-5.5%	
Total	\$ 10,799,288	\$ 263	\$ 4,793,655	\$ 117	\$ 15,592,943	\$ 380	\$ 16,155,131	\$ 294	\$ 7,886,797	\$ 144	\$ 24,041,928	\$ 438	54.2%	15.2%	

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year
Average Enrollment												
Employees	3,733	6,935	9,433	36.0%	3,374	6,292	8,600	36.7%	0	1	1	0.0%
Spouses	1,073	1,796	2,357	31.3%	958	1,591	2,096	31.8%	0	1	1	0.0%
Children	2,979	4,936	6,524	32.2%	2,860	4,696	6,221	32.5%	0	0	0	0.0%
Total Members	7,786	13,667	18,314	34.0%	7,192	12,579	16,918	34.5%	1	2	2	0.0%
Family Size	2.1	2.0	1.9	-3.0%	2.1	2.0	2.0	-1.5%	2.0	2.0	2.0	0.0%
Financial Summary												
Gross Cost	\$7,837,284	\$12,890,174	\$19,250,296	49.3%	\$6,734,378	\$11,286,972	\$16,806,721	48.9%	\$2,970	\$4,583	\$8,676	89.3%
Client Paid	\$6,255,288	\$10,799,288	\$16,155,131	49.6%	\$5,354,786	\$9,454,832	\$14,070,609	48.8%	\$1,769	\$3,623	\$6,839	88.8%
Employee Paid	\$1,581,996	\$2,090,886	\$3,095,165	48.0%	\$1,379,592	\$1,832,140	\$2,736,112	49.3%	\$1,201	\$960	\$1,837	91.4%
Client Paid-PEPY	\$6,702	\$6,229	\$6,850	10.0%	\$6,348	\$6,010	\$6,544	8.9%	\$7,078	\$14,492	\$27,354	88.8%
Client Paid-PMPY	\$3,214	\$3,161	\$3,528	11.6%	\$2,978	\$3,007	\$3,327	10.6%	\$3,539	\$7,246	\$13,677	88.8%
Client Paid-PEPM	\$559	\$519	\$571	10.0%	\$529	\$501	\$545	8.8%	\$590	\$1,208	\$2,280	88.7%
Client Paid-PMPM	\$268	\$263	\$294	11.8%	\$248	\$251	\$277	10.4%	\$295	\$604	\$1,140	88.7%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	8	8	13	62.5%	7	8	9	12.5%	0	0	0	0.0%
HCC's / 1,000	1.0	0.6	0.7	18.3%	1.0	0.6	0.5	-11.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$145,362	\$157,873	\$150,998	-4.4%	\$146,710	\$157,873	\$147,463	-6.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	18.6%	11.7%	12.2%	4.3%	19.2%	13.4%	9.4%	-29.6%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$784	\$614	\$523	-14.8%	\$716	\$593	\$491	-17.2%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$822	\$1,024	\$1,355	32.3%	\$750	\$955	\$1,250	30.9%	\$0	\$642	\$340	-47.0%
Physician	\$1,556	\$1,523	\$1,650	8.3%	\$1,462	\$1,459	\$1,586	8.7%	\$3,539	\$6,604	\$13,337	102.0%
Other	\$53	\$0	\$0	0.0%	\$49	\$0	\$0	0.0%	\$0	\$0	\$0	0.0%
Total	\$3,214	\$3,161	\$3,528	11.6%	\$2,978	\$3,007	\$3,327	10.6%	\$3,539	\$7,246	\$13,677	88.8%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	338	614	801	30.5%	21	27	30	12.3%	
Spouses	104	192	247	28.6%	11	12	13	8.3%	
Children	119	241	302	25.3%	0	0	1	0.0%	
Total Members	561	1,047	1,350	28.9%	32	39	44	13.7%	
Family Size	1.7	1.7	1.7	-1.2%	1.5	1.4	1.5	4.3%	1.6
Financial Summary									
Gross Cost	\$1,062,564	\$1,567,176	\$2,380,191	51.9%	\$37,373	\$31,442	\$54,708	74.0%	
Client Paid	\$877,285	\$1,318,629	\$2,055,224	55.9%	\$21,448	\$22,203	\$22,459	1.2%	
Employee Paid	\$185,279	\$248,547	\$324,967	30.7%	\$15,925	\$9,239	\$32,249	249.1%	
Client Paid-PEPY	\$10,382	\$8,586	\$10,259	19.5%	\$4,085	\$3,289	\$2,962	-9.9%	\$6,642
Client Paid-PMPY	\$6,255	\$5,038	\$6,090	20.9%	\$2,681	\$2,277	\$2,026	-11.0%	\$4,116
Client Paid-PEPM	\$865	\$715	\$855	19.6%	\$340	\$274	\$247	-9.9%	\$553
Client Paid-PMPM	\$521	\$420	\$507	20.7%	\$223	\$190	\$169	-11.1%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	1	0	5	0.0%	0	0	0	0.0%	
HCC's / 1,000	1.8	0.0	3.7	0.0%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$135,928	\$0	\$127,163	0.0%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	15.5%	0.0%	30.9%	0.0%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,681	\$891	\$947	6.3%	\$186	\$0	\$0	0.0%	\$1,190
Facility Outpatient	\$1,709	\$1,862	\$2,681	44.0%	\$1,295	\$726	\$959	32.1%	\$1,376
Physician	\$2,765	\$2,285	\$2,462	7.7%	\$1,159	\$1,551	\$1,067	-31.2%	\$1,466
Other	\$100	\$0	\$0	0.0%	\$41	\$0	\$0	0.0%	\$84
Total	\$6,255	\$5,038	\$6,090	20.9%	\$2,681	\$2,277	\$2,026	-11.0%	\$4,116
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year
Average Enrollment												
Employees	4,336	7,362	9,433	28.1%	3,926	6,690	8,600	28.6%	1	1	1	0.0%
Spouses	1,172	5,149	2,357	-54.2%	1,042	4,901	2,096	-57.2%	1	0	1	0.0%
Children	3,255	1,857	6,524	251.4%	3,103	1,645	6,221	278.3%	0	1	0	-100.0%
Total Members	8,762	14,368	18,314	27.5%	8,071	13,235	16,918	27.8%	2	2	2	0.0%
Family Size	2.0	2.0	1.9	-0.5%	2.1	2.0	2.0	-0.5%	2.0	2.0	2.0	0.0%
Financial Summary												
Gross Cost	\$40,570,436	\$64,817,531	\$19,250,296	-70.3%	\$35,366,785	\$56,350,280	\$16,806,721	-70.2%	\$38,494	\$17,911	\$8,676	-51.6%
Client Paid	\$34,446,692	\$55,997,776	\$16,155,131	-71.2%	\$29,933,591	\$48,495,839	\$14,070,609	-71.0%	\$33,556	\$13,953	\$6,839	-51.0%
Employee Paid	\$6,123,744	\$8,819,755	\$3,095,165	-64.9%	\$5,433,194	\$7,854,441	\$2,736,112	-65.2%	\$4,938	\$3,958	\$1,837	-53.6%
Client Paid-PEPY	\$7,944	\$7,606	\$6,850	-9.9%	\$7,624	\$7,249	\$6,544	-9.7%	\$33,556	\$13,953	\$27,354	96.0%
Client Paid-PMPY	\$3,931	\$3,897	\$3,528	-9.5%	\$3,709	\$3,664	\$3,327	-9.2%	\$16,778	\$6,976	\$13,677	96.1%
Client Paid-PEPM	\$662	\$634	\$571	-9.9%	\$635	\$604	\$545	-9.8%	\$2,796	\$1,163	\$2,280	96.0%
Client Paid-PMPM	\$328	\$325	\$294	-9.5%	\$309	\$305	\$277	-9.2%	\$1,398	\$581	\$1,140	96.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	41	54	13	-75.9%	33	43	9	-79.1%	0	0	0	0.0%
HCC's / 1,000	4.7	3.8	0.7	-81.1%	4.1	3.3	0.5	-83.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$286,071	\$238,672	\$150,998	-36.7%	\$305,172	\$238,047	\$147,463	-38.1%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	34.0%	23.0%	12.2%	-47.0%	33.6%	21.1%	9.4%	-55.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,269	\$783	\$523	-33.2%	\$1,257	\$725	\$491	-32.3%	\$424	\$0	\$0	0.0%
Facility Outpatient	\$1,043	\$1,412	\$1,355	-4.0%	\$933	\$1,292	\$1,250	-3.3%	\$5,152	\$1,007	\$340	-66.2%
Physician	\$1,567	\$1,702	\$1,650	-3.1%	\$1,468	\$1,647	\$1,586	-3.7%	\$9,883	\$5,969	\$13,337	123.4%
Other	\$53	\$0	\$0	0.0%	\$50	\$0	\$0	0.0%	\$1,319	\$0	\$0	0.0%
Total	\$3,931	\$3,897	\$3,528	-9.5%	\$3,709	\$3,664	\$3,327	-9.2%	\$16,778	\$6,976	\$13,677	96.1%
			Annualized				Annualized				Annualized	

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

State Retirees					Non-State Retirees				Peer Index
Summary	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year	
Average Enrollment									
Employees	388	644	801	24.4%	21	27	30	13.7%	
Spouses	118	248	247	-0.5%	11	0	13	7763.1%	
Children	152	199	302	51.9%	0	13	1	-92.0%	
Total Members	657	1,091	1,350	23.7%	32	39	44	12.7%	
Family Size	1.7	1.7	1.7	-0.6%	1.5	1.5	1.5	-1.4%	1.6
Financial Summary									
Gross Cost	\$4,886,927	\$8,012,597	\$2,380,191	-70.3%	\$278,229	\$436,743	\$54,708	-87.5%	
Client Paid	\$4,252,910	\$7,107,682	\$2,055,224	-71.1%	\$226,635	\$380,303	\$22,459	-94.1%	
Employee Paid	\$634,017	\$904,915	\$324,967	-64.1%	\$51,594	\$56,440	\$32,249	-42.9%	
Client Paid-PEPY	\$10,968	\$11,032	\$10,259	-7.0%	\$10,665	\$14,261	\$2,962	-79.2%	\$6,642
Client Paid-PMPY	\$6,473	\$6,514	\$6,090	-6.5%	\$7,027	\$9,669	\$2,026	-79.0%	\$4,116
Client Paid-PEPM	\$914	\$919	\$855	-7.0%	\$889	\$1,188	\$247	-79.2%	\$553
Client Paid-PMPM	\$539	\$543	\$507	-6.6%	\$586	\$806	\$169	-79.0%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	8	11	5	-54.5%	1	1	0	-100.0%	
HCC's / 1,000	12.2	10.1	3.7	-63.3%	31.0	25.4	0.0	-100.0%	
Avg HCC Paid	\$193,399	\$224,298	\$127,163	-43.3%	\$111,053	\$185,019	\$0	-100.0%	
HCC's % of Plan Paid	36.4%	34.7%	30.9%	-11.0%	49.0%	48.7%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,452	\$1,476	\$947	-35.8%	\$675	\$1,128	\$0	-100.0%	\$1,190
Facility Outpatient	\$2,262	\$2,697	\$2,681	-0.6%	\$3,333	\$6,277	\$959	-84.7%	\$1,376
Physician	\$2,676	\$2,342	\$2,462	5.1%	\$2,969	\$2,264	\$1,067	-52.9%	\$1,466
Other	\$83	\$0	\$0	0.0%	\$50	\$0	\$0	0.0%	\$84
Total	\$6,473	\$6,514	\$6,090	-6.5%	\$7,027	\$9,669	\$2,026	-79.0%	\$4,116
Annualized					Annualized				

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,224,765	\$ 303,966	\$ 155	\$ 2,528,886	\$ 2,656,082	\$ 338,949	\$ 2,298	\$ 2,997,328	18.5%	
Outpatient	\$ 7,230,067	\$ 992,223	\$ 22,286	\$ 8,244,576	\$ 11,414,527	\$ 1,659,851	\$ 54,126	\$ 13,128,505	59.2%	
Total - Medical	\$ 9,454,832	\$ 1,296,189	\$ 22,440	\$ 10,773,461	\$ 14,070,609	\$ 1,998,800	\$ 56,424	\$ 16,125,833	49.7%	

Net Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 501	\$ 748	\$ 202	\$ 520	\$ 545	\$ 895	\$ 330	\$ 572	9.9%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total												
Non-State Participants												
	1Q23					1Q24					% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total	
Medical Inpatient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 369	\$ 369	\$ 369	0.0%	
Outpatient	\$ 3,623	\$ 12,497	\$ 9,707	\$ 25,826	\$ 25,826	\$ 6,839	\$ 4,220	\$ 17,870	\$ 28,929	\$ 28,929	12.0%	
Total - Medical	\$ 3,623	\$ 12,497	\$ 9,707	\$ 25,826	\$ 25,826	\$ 6,839	\$ 4,220	\$ 18,239	\$ 29,298	\$ 29,298	13.4%	

Net Paid Claims - Per Participant per Month												
	1Q23					1Q24					% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total	
Medical	\$ 1,208	\$ 278	\$ 270	\$ 307	\$ 307	\$ 2,280	\$ 132	\$ 309	\$ 312	\$ 312	1.4%	

Paid Claims by Claim Type – Total Participants

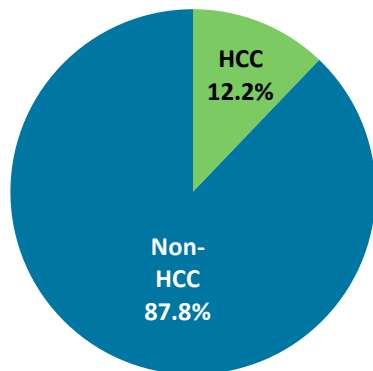
Net Paid Claims - Total										
Total Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,224,765	\$ 303,966	\$ 155	\$ 2,528,886	\$ 2,656,082	\$ 338,949	\$ 2,666	\$ 2,997,697	18.5%	
Outpatient	\$ 7,233,690	\$ 1,004,720	\$ 31,992	\$ 8,270,402	\$ 11,421,366	\$ 1,664,072	\$ 71,996	\$ 13,157,434	59.1%	
Total - Medical	\$ 9,458,455	\$ 1,308,686	\$ 32,147	\$ 10,799,288	\$ 14,077,448	\$ 2,003,020	\$ 74,663	\$ 16,155,131	49.6%	

Net Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 501	\$ 736	\$ 219	\$ 519	\$ 546	\$ 884	\$ 325	\$ 571	10.0%	

Cost Distribution – Medical Claims

1Q23							1Q24					
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
8	0.1%	\$1,262,986	11.7%	\$32,057	1.5%	\$100,000.01 Plus	13	0.1%	\$1,962,980	12.2%	\$53,097	1.7%
22	0.2%	\$1,460,575	13.5%	\$96,213	4.6%	\$50,000.01-\$100,000.00	16	0.1%	\$1,041,967	6.4%	\$53,032	1.7%
29	0.2%	\$968,492	9.0%	\$106,726	5.1%	\$25,000.01-\$50,000.00	53	0.3%	\$1,833,167	11.3%	\$178,051	5.8%
120	0.9%	\$1,905,338	17.6%	\$320,762	15.3%	\$10,000.01-\$25,000.00	201	1.1%	\$3,118,865	19.3%	\$458,448	14.8%
152	1.1%	\$1,076,510	10.0%	\$225,763	10.8%	\$5,000.01-\$10,000.00	270	1.5%	\$1,903,075	11.8%	\$354,356	11.4%
293	2.1%	\$1,080,547	10.0%	\$302,698	14.5%	\$2,500.01-\$5,000.00	480	2.6%	\$1,724,481	10.7%	\$448,226	14.5%
7,047	51.6%	\$3,044,840	28.2%	\$998,658	47.8%	\$0.01-\$2,500.00	9,657	52.7%	\$4,570,596	28.3%	\$1,523,869	49.2%
175	1.3%	\$0	0.0%	\$8,009	0.4%	\$0.00	327	1.8%	\$0	0.0%	\$26,086	0.8%
5,822	42.6%	\$0	0.0%	\$0	0.0%	No Claims	7,298	39.8%	\$0	0.0%	\$0	0.0%
13,667	100.0%	\$10,799,288	100.0%	\$2,090,886	100.0%		18,314	100.0%	\$16,155,131	100.0%	\$3,095,165	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	7	\$881,665	44.9%
Cardiac Disorders	2	\$289,087	14.7%
Pregnancy-related Disorders	2	\$267,599	13.6%
Endocrine/Metabolic Disorders	3	\$139,562	7.1%
Medical/Surgical Complications	2	\$113,911	5.8%
Spine-related Disorders	2	\$109,230	5.6%
Trauma/Accidents	3	\$107,926	5.5%
Gastrointestinal Disorders	9	\$13,587	0.7%
Health Status/Encounters	9	\$8,426	0.4%
Eye/ENT Disorders	5	\$8,243	0.4%
All Other		\$23,745	1.2%
Overall	----	\$1,962,980	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.

DX&L = Diagnostics, X-Ray and Laboratory

	Total				State Active				Non-State Active			
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year
Inpatient Facility												
# of Admits	80	114	153		67	103	135		0	0	0	
# of Bed Days	340	529	671		293	476	574		0	0	0	
Paid Per Admit	\$28,055	\$21,438	\$18,128	-15.4%	\$27,907	\$21,180	\$17,897	-15.5%	\$0	\$0	\$0	0.0%
Paid Per Day	\$6,601	\$4,620	\$4,134	-10.5%	\$6,381	\$4,583	\$4,209	-8.2%	\$0	\$0	\$0	0.0%
Admits Per 1,000	41	33	33	0.0%	37	33	32	-3.0%	0	0	0	0.0%
Days Per 1,000	175	155	147	-5.2%	163	151	136	-9.9%	0	0	0	0.0%
Avg LOS	4.3	4.6	4.4	-4.3%	4.4	4.6	4.3	-6.5%	0	0	0	0.0%
# Admits From ER	48	53	76	43.4%	38	46	65	41.3%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	4.6	4.4	5.2	18.2%	4.4	4.3	5.1	18.6%	8.0	10.0	16.0	60.0%
Avg Paid per OV	\$134	\$117	\$119	1.7%	\$129	\$117	\$118	0.9%	\$118	\$296	\$359	21.3%
Avg OV Paid per Member	\$613	\$519	\$613	18.1%	\$573	\$502	\$597	18.9%	\$946	\$2,960	\$5,746	94.1%
DX&L Utilization per Member	8.2	10	10.1	1.0%	7.7	9.5	9.9	4.2%	26	12	22	83.3%
Avg Paid per DX&L	\$51	\$52	\$60	15.4%	\$47	\$52	\$58	11.5%	\$68	\$169	\$219	29.6%
Avg DX&L Paid per Member	\$416	\$523	\$607	16.1%	\$362	\$492	\$570	15.9%	\$1,781	\$2,025	\$4,828	138.4%
Emergency Room												
# of Visits	261	461	729		242	422	676		0	0	0	
Visits Per Member	0.13	0.13	0.16	23.1%	0.13	0.13	0.16	23.1%	0	0	0	0.0%
Visits Per 1,000	134	135	159	17.8%	135	134	160	19.4%	0	0	0	0.0%
Avg Paid per Visit	\$2,414	\$2,675	\$3,164	18.3%	\$2,367	\$2,732	\$3,206	17.3%	\$0	\$0	\$0	0.0%
Urgent Care												
# of Visits	597	1,056	1,525		553	988	1,436		0	0	1	
Visits Per Member	0.31	0.31	0.33	6.5%	0.31	0.31	0.34	9.7%	0.00	0.00	2.00	0.0%
Visits Per 1,000	307	309	333	7.8%	308	314	340	8.3%	0	0	2,000	0.0%
Avg Paid per Visit	\$118	\$104	\$102	-1.9%	\$116	\$105	\$103	-1.9%	\$0	\$0	\$170	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

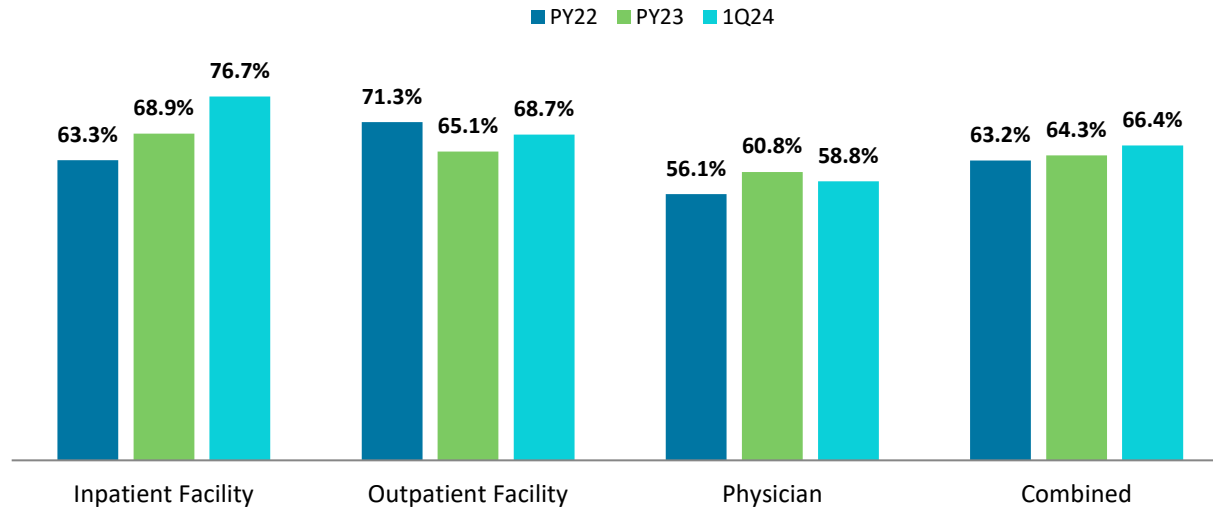
Inpatient data reflects facility charges and professional services.

DX&L = Diagnostics, X-Ray and Laboratory

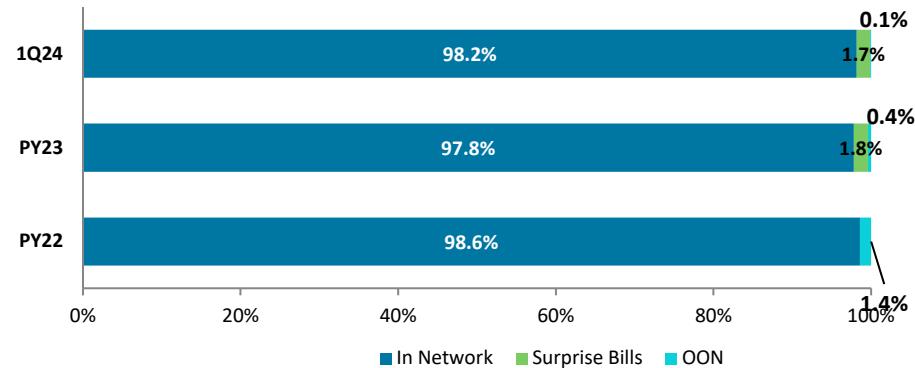
	State Retirees				Non-State Retirees				
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	Peer Index
Inpatient Facility									
# of Admits	10	11	17		3	0	1		
# of Bed Days	40	53	94		7	0	3		
Paid Per Admit	\$35,139	\$23,855	\$20,994	-12.0%	\$7,768	\$0	\$669	0.0%	\$18,822
Paid Per Day	\$8,785	\$4,951	\$3,797	-23.3%	\$3,329	\$0	\$223	0.0%	\$3,265
Admits Per 1,000	71	42	50	19.0%	375	0	90	0.0%	70
Days Per 1,000	285	202	279	38.1%	875	0	271	0.0%	402
Avg LOS	4	4.8	5.5	14.6%	2.3	0.0	3.0	0.0%	5.8
# Admits From ER	8	7	11		2	0	0	0.0%	
Physician Office									
OV Utilization per Member	6.2	6.0	6.3	5.0%	6.1	7.5	6.8	-9.3%	5.4
Avg Paid per OV	\$179	\$120	\$129	7.5%	\$102	\$83	\$77	-7.2%	\$96
Avg OV Paid per Member	\$1,120	\$715	\$811	13.4%	\$622	\$619	\$518	-16.3%	\$515
DX&L Utilization per Member	13.4	15.7	12.9	-17.8%	9.9	15.9	24.5	54.1%	11.0
Avg Paid per DX&L	\$80	\$56	\$82	46.4%	\$75	\$56	\$41	-26.8%	\$50
Avg DX&L Paid per Member	\$1,080	\$879	\$1,055	20.0%	\$737	\$883	\$1,004	13.7%	\$543
Emergency Room									
# of Visits	19	38	53		0	1	0		
Visits Per Member	0.14	0.15	0.16	6.7%	0	0.1	0	-100.0%	0.22
Visits Per 1,000	135	145	157	8.3%	0	103	0	-100.0%	221
Avg Paid per Visit	\$3,017	\$2,073	\$2,631	26.9%	\$0	\$1,726	\$0	-100.0%	\$968
Urgent Care									
# of Visits	42	67	86		0	1	2		
Visits Per Member	0.30	0.26	0.25	-3.8%	0.00	0.10	0.18	80.0%	0.35
Visits Per 1,000	299	256	255	-0.4%	0	103	180	74.8%	352
Avg Paid per Visit	\$150	\$101	\$86	-14.9%	\$0	\$52	\$72	38.5%	\$135
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$1,651,008	10.2%	\$960,488	\$686,747	\$3,773	\$727,048	\$923,960
Health Status/Encounters	\$1,526,263	9.4%	\$859,927	\$186,239	\$480,097	\$498,258	\$1,028,005
Gastrointestinal Disorders	\$1,341,879	8.3%	\$908,079	\$197,171	\$236,628	\$534,132	\$807,747
Pregnancy-related Disorders	\$1,242,698	7.7%	\$460,447	\$294,291	\$487,960	\$242,914	\$999,784
Cardiac Disorders	\$1,201,627	7.4%	\$634,438	\$189,891	\$377,297	\$323,417	\$878,210
Mental Health	\$1,145,336	7.1%	\$504,516	\$85,084	\$555,736	\$365,571	\$779,765
Trauma/Accidents	\$907,143	5.6%	\$466,912	\$73,173	\$367,058	\$524,714	\$382,429
Neurological Disorders	\$855,254	5.3%	\$498,645	\$151,490	\$205,119	\$321,359	\$533,895
Eye/ENT Disorders	\$809,520	5.0%	\$415,361	\$125,427	\$268,733	\$384,884	\$424,636
Musculoskeletal Disorders	\$806,205	5.0%	\$638,458	\$98,041	\$69,705	\$306,961	\$499,244
Spine-related Disorders	\$652,065	4.0%	\$537,459	\$96,342	\$18,264	\$226,015	\$426,050
Endocrine/Metabolic Disorders	\$596,227	3.7%	\$495,819	\$65,813	\$34,595	\$104,519	\$491,708
Gynecological/Breast Disorders	\$592,490	3.7%	\$414,469	\$122,963	\$55,057	\$9,183	\$583,307
Renal/Urologic Disorders	\$494,728	3.1%	\$311,034	\$93,450	\$90,244	\$244,713	\$250,015
Pulmonary Disorders	\$469,208	2.9%	\$276,107	\$82,085	\$111,016	\$210,143	\$259,065
Infections	\$283,380	1.8%	\$177,164	\$36,973	\$69,243	\$119,449	\$163,931
Non-malignant Neoplasm	\$248,051	1.5%	\$183,885	\$50,231	\$13,935	\$69,477	\$178,574
Miscellaneous	\$217,749	1.3%	\$128,086	\$50,281	\$39,382	\$94,976	\$122,773
Congenital/Chromosomal Anomalies	\$200,842	1.2%	\$58,199	\$45,292	\$97,351	\$116,286	\$84,556
Dermatological Disorders	\$190,409	1.2%	\$128,016	\$23,899	\$38,494	\$78,070	\$112,339
Medical/Surgical Complications	\$179,808	1.1%	\$63,201	\$1,172	\$115,434	\$117,099	\$62,709
Diabetes	\$170,689	1.1%	\$121,725	\$21,363	\$27,601	\$78,051	\$92,638
Abnormal Lab/Radiology	\$115,609	0.7%	\$92,156	\$15,802	\$7,651	\$39,304	\$76,304
Vascular Disorders	\$83,460	0.5%	\$65,219	\$11,269	\$6,972	\$30,231	\$53,229
Hematological Disorders	\$53,098	0.3%	\$44,596	\$4,592	\$3,911	\$10,474	\$42,625
Cholesterol Disorders	\$45,362	0.3%	\$36,547	\$7,353	\$1,462	\$18,131	\$27,231
Medication Related Conditions	\$41,651	0.3%	\$19,975	\$3,373	\$18,304	\$7,971	\$33,680
Allergic Reaction	\$17,999	0.1%	\$8,543	\$1,217	\$8,238	\$1,916	\$16,083
Dental Conditions	\$9,186	0.1%	\$1,569	\$1,834	\$5,783	\$4,460	\$4,726
External Hazard Exposure	\$5,898	0.0%	\$1,211	\$75	\$4,613	\$5,463	\$435
Social Determinants of Health	\$289	0.0%	\$0	\$0	\$289	\$133	\$156
Cause of Morbidity	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$16,155,131	100.0%	\$9,512,250	\$2,822,933	\$3,819,947	\$5,815,322	\$10,339,808

Mental Health Drilldown

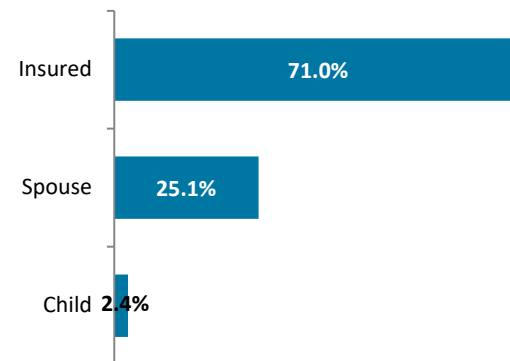
Grouper	PY22		PY23		1Q24	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	883	\$898,381	624	\$348,188
Mood and Anxiety Disorders	613	\$271,735	1,144	\$681,784	720	\$183,002
Mental Health Conditions, Other	431	\$351,519	805	\$558,645	533	\$179,228
Alcohol Abuse/Dependence	20	\$75,926	77	\$344,280	35	\$74,703
Developmental Disorders	59	\$215,640	108	\$250,524	66	\$114,863
Bipolar Disorder	107	\$247,201	189	\$253,234	150	\$73,723
Attention Deficit Disorder	199	\$80,894	414	\$132,119	303	\$41,650
Eating Disorders	24	\$147,776	44	\$141,298	23	\$44,154
Schizophrenia	4	\$2,259	12	\$47,488	6	\$7,982
Sleep Disorders	124	\$26,517	242	\$63,421	95	\$13,462
Substance Abuse/Dependence	29	\$68,285	51	\$34,292	30	\$8,270
Sexually Related Disorders	28	\$8,553	55	\$30,340	38	\$46,126
Psychoses	6	\$10,965	17	\$18,602	7	\$5,119
Personality Disorders	14	\$15,495	17	\$12,003	13	\$3,518
Tobacco Use Disorder	16	\$4,458	54	\$3,385	30	\$922
Complications of Substance Abuse	6	\$27,466	13	\$3,466	6	\$427
Total		\$2,123,665		\$3,473,262		\$1,145,336

Diagnosis Grouper – Cancer

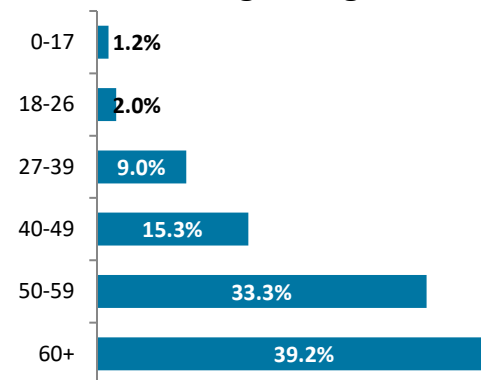
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	21	54	\$746,767	45.2%
Breast Cancer	52	269	\$224,473	13.6%
Prostate Cancer	26	108	\$187,072	11.3%
Colon Cancer	10	100	\$100,229	6.1%
Cancers, Other	35	127	\$79,477	4.8%
Non-Melanoma Skin Cancers	39	72	\$77,668	4.7%
Pancreatic Cancer	3	32	\$39,385	2.4%
Cervical/Uterine Cancer	9	25	\$37,243	2.3%
Carcinoma in Situ	20	52	\$36,679	2.2%
Lymphomas	19	95	\$31,644	1.9%
Lung Cancer	3	64	\$20,856	1.3%
Kidney Cancer	6	15	\$19,102	1.2%
Secondary Cancers	13	48	\$18,781	1.1%
Thyroid Cancer	24	68	\$17,646	1.1%
Brain Cancer	5	27	\$5,539	0.3%
Melanoma	8	18	\$3,907	0.2%
Ovarian Cancer	3	4	\$2,320	0.1%
Leukemias	7	23	\$1,971	0.1%
Myeloma	1	2	\$249	0.0%
Bladder Cancer	1	1	\$0	0.0%
Overall	----	----	\$1,651,008	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

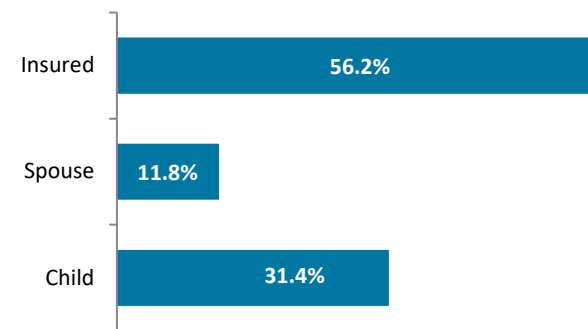


Diagnosis Grouper – Health Status/Encounters

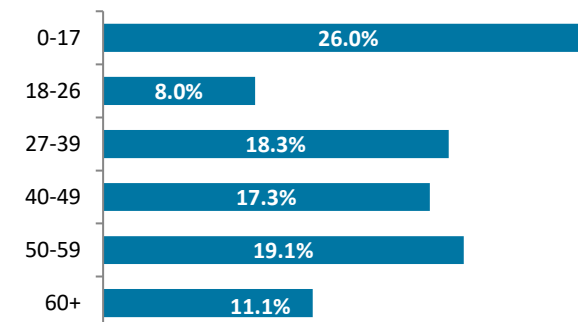
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	1,705	2,731	\$432,902	28.4%
Exams	2,200	3,428	\$368,077	24.1%
Prophylactic Measures	991	1,091	\$267,355	17.5%
Encounters - Infants/Children	1,067	1,263	\$197,490	12.9%
Counseling	460	1,745	\$125,503	8.2%
Personal History of Condition	194	296	\$35,685	2.3%
Family History of Condition	45	65	\$26,058	1.7%
Prosthetics/Devices/Implants	71	183	\$20,899	1.4%
Follow-Up Encounters	2	8	\$20,711	1.4%
Acquired Absence	14	18	\$11,027	0.7%
Aftercare	87	145	\$7,554	0.5%
Encounter - Transplant Related	10	45	\$5,873	0.4%
Encounter - Procedure	18	18	\$3,470	0.2%
Health Status, Other	28	34	\$2,232	0.1%
Lifestyle/Situational Issues	15	27	\$824	0.1%
Miscellaneous Examinations	8	14	\$446	0.0%
Donors	2	2	\$157	0.0%
Overall	----	----	\$1,526,263	227.1%

*Patient and claim counts are unique only within the category

Relationship



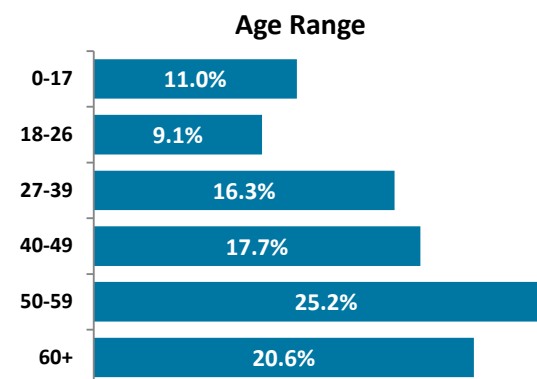
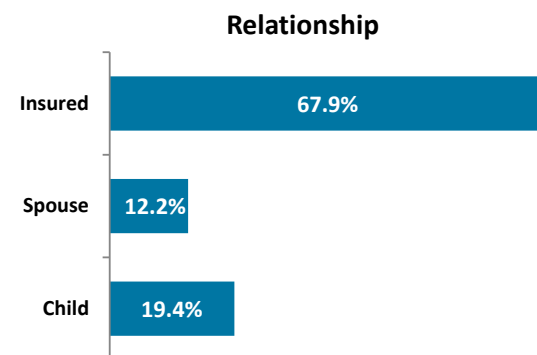
Age Range



Diagnosis Grouper – Gastrointestinal Orders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	447	877	\$333,827	24.9%
GI Disorders, Other	231	406	\$277,218	20.7%
Upper GI Disorders	231	401	\$159,332	11.9%
GI Symptoms	274	446	\$123,451	9.2%
Gallbladder and Biliary Disease	46	149	\$117,865	8.8%
Appendicitis	8	48	\$69,863	5.2%
Inflammatory Bowel Disease	35	96	\$55,110	4.1%
Hernias	36	61	\$46,152	3.4%
Liver Diseases	95	144	\$38,677	2.9%
Hemorrhoids	53	92	\$34,566	2.6%
Diverticulitis	39	65	\$26,362	2.0%
Pancreatic Disorders	11	54	\$24,062	1.8%
Constipation	71	112	\$22,499	1.7%
Peptic Ulcer/Related Disorders	5	7	\$6,207	0.5%
Ostomies	10	19	\$4,435	0.3%
Esophageal Varices	1	2	\$1,142	0.1%
Hepatic Cirrhosis	9	12	\$1,110	0.1%
	----	----	\$1,341,879	100.0%

*Patient and claim counts are unique only within the category



Emergency Room / Urgent Care Summary

	1Q23		1Q24		Peer Index	
ER/Urgent Care	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	461	1,056	729	1,525		
Visits Per Member	0.13	0.31	0.16	0.33	0.22	0.35
Visits/1000 Members	135	309	159	333	221	352
Avg Paid Per Visit	\$2,675	\$104	\$3,164	\$102	\$968	\$135
% with OV*	75.5%	74.6%	80.1%	77.2%		
% Avoidable	12.6%	37.0%	14.8%	36.8%		
Total Member Paid	\$304,662	\$76,024	\$525,868	\$118,829		
Total Plan Paid	\$1,233,372	\$110,092	\$2,306,737	\$155,404		

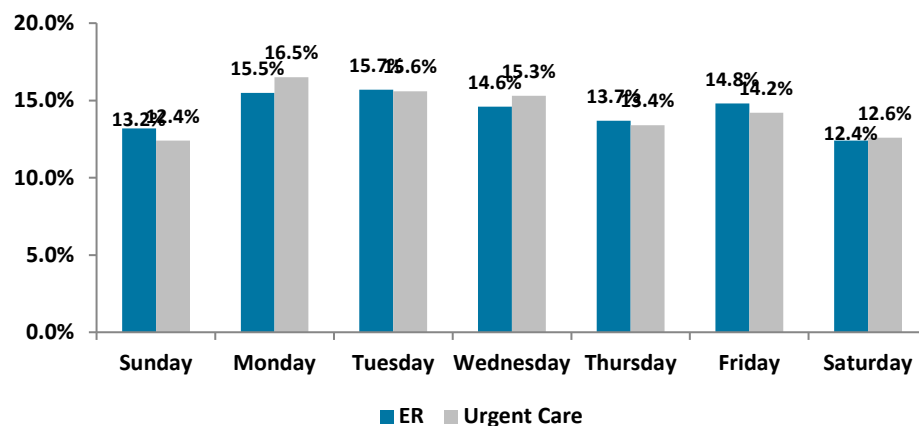
*looks back 12 months

Annualized Annualized Annualized Annualized

% of Paid

UC	Insured 54.7%	Spouse 10.0%	Child 35.3%
ER	Insured 58.0%	Spouse 15.7%	Child 26.3%

Visits by Day of Week



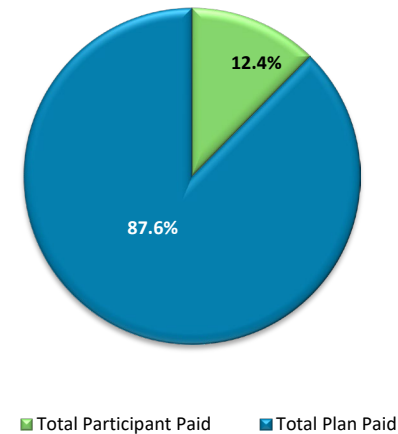
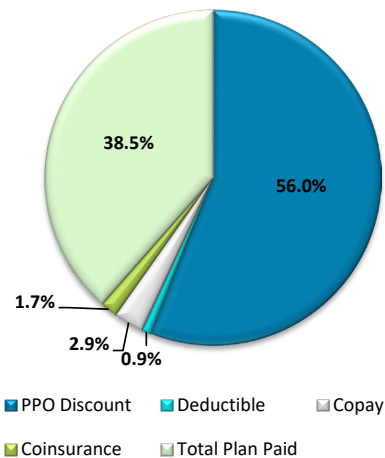
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	384	41	870	92	1,254	133
Spouse	101	44	181	80	282	124
Child	244	37	474	72	718	109
Total	729	40	1,525	83	2,254	123

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

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$57,731,554	\$6,107	100.0%
PPO Discount	\$38,004,615	\$4,020	65.8%
Deductible	\$181,065	\$19	0.3%
Copay	\$1,709,334	\$181	3.0%
Coinsurance	\$1,204,767	\$127	2.1%
Total Participant Paid	\$3,095,165	\$327	5.4%
Total Plan Paid	\$16,155,131	\$571	28.0%

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



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	844	824	20	97.6%
	<2 asthma related ER Visits in the last 6 months	844	843	1	99.9%
	No asthma related admit in last 12 months	844	836	8	99.1%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	79	73	6	92.4%
	Members with COPD who had an annual spirometry test	79	11	68	13.9%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	1	1	0	100.0%
	No ER Visit for Heart Failure in last 90 days	82	80	2	97.6%
	Follow-up OV within 4 weeks of discharge from HF admission	1	1	0	100.0%
Diabetes	Annual office visit	952	930	22	97.7%
	Annual dilated eye exam	952	374	578	39.3%
	Annual foot exam	952	443	509	46.5%
	Annual HbA1c test done	952	801	151	84.1%
	Diabetes Annual lipid profile	952	729	223	76.6%
	Annual microalbumin urine screen	952	688	264	72.3%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	2,371	2,006	365	84.6%
Hypertension	Annual lipid profile	2,143	1,632	511	76.2%
	Annual serum creatinine test	1,956	1,680	276	85.9%
Wellness	Well Child Visit - 15 months	161	145	16	90.1%
	Routine office visit in last 6 months (All Ages)	18,564	12,299	6,265	66.3%
	Colorectal cancer screening ages 45-75 within the appropriate time period	5,879	2,599	3,280	44.2%
	Women age 25-65 with recommended cervical cancer/HPV screening	6,150	3,873	2,277	63.0%
	Males age greater than 49 with PSA test in last 24 months	1,893	942	951	49.8%
	Routine exam in last 24 months (All Ages)	18,564	15,277	3,287	82.3%
	Women age 40 to 75 with a screening mammogram last 24 months	4,327	2,554	1,773	59.0%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	190	1.02%	10.38	220.59	595.59	\$15,393
Asthma	905	4.87%	49.42	111.80	409.94	\$13,555
Atrial Fibrillation	123	0.66%	6.72	202.82	507.04	\$14,744
Blood Disorders	957	5.15%	52.26	146.23	416.54	\$18,970
CAD	271	1.46%	14.80	236.22	692.91	\$24,355
COPD	76	0.41%	4.15	216.22	702.70	\$27,940
Cancer	482	2.60%	26.32	34.46	215.36	\$26,793
Chronic Pain	464	2.50%	25.34	110.18	477.43	\$19,259
Congestive Heart Failure	81	0.44%	4.42	559.32	762.71	\$49,244
Demyelinating Diseases	52	0.28%	2.84	77.92	467.53	\$61,843
Depression	1,603	8.63%	87.54	129.72	344.14	\$12,297
Diabetes	986	5.31%	53.85	97.39	330.28	\$17,720
ESRD	14	0.08%	0.76	571.43	0.00	\$25,322
Eating Disorders	98	0.53%	5.35	86.02	387.10	\$12,246
HIV/AIDS	25	0.13%	1.37	0.00	0.00	\$36,218
Hyperlipidemia	2,855	15.37%	155.91	48.38	230.15	\$11,041
Hypertension	2,156	11.61%	117.74	86.96	295.65	\$12,533
Immune Disorders	106	0.57%	5.79	78.69	393.44	\$50,965
Inflammatory Bowel Disease	82	0.44%	4.48	262.01	733.62	\$34,122
Liver Diseases	359	1.93%	19.61	214.07	582.76	\$18,849
Morbid Obesity	613	3.30%	33.48	153.49	334.88	\$17,366
Osteoarthritis	544	2.93%	29.71	69.68	209.03	\$12,733
Peripheral Vascular Disease	55	0.30%	3.00	0.00	567.57	\$11,619
Rheumatoid Arthritis	119	0.64%	6.50	137.54	171.92	\$34,291

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

Data Includes Medical and Pharmacy
Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

Public Employees' Benefits Program - RX Costs
PY 2024 - Quarter Ending September 30, 2023

Express Scripts

1Q FY2024 LDPPO		1Q FY2023 LDPPO	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	18,259	13,619	4,640	34.1%
Utilizing Member Count (Patients)	9,373	7,124	2,249	31.6%
Percent Utilizing (Utilization)	51.3%	52.3%	(0)	-1.9%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	63,609	46,449	17,160	36.9%
Claims per Elig Member per Month (Claims PMPM)	1.16	1.14	0.02	1.8%
Total Claims for Generic (Generic Rx)	54,269	39,337	14,932.00	38.0%
Total Claims for Brand (Brand Rx)	9,340	7,112	2,228.00	31.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	370	217	153.00	70.5%
Total Non-Specialty Claims	62,781	45,810	16,971.00	37.0%
Total Specialty Claims	828	639	189.00	29.6%
Generic % of Total Claims (GFR)	85.3%	84.7%	0.01	0.7%
Generic Effective Rate (GCR)	99.3%	99.5%	(0.00)	-0.1%
Mail Order Claims	19,378	14,036	5,342.00	38.1%
Mail Penetration Rate*	34.5%	34.5%	-	0.0%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$9,192,157	\$5,734,811.00	\$3,457,346.00	60.3%
Total Generic Gross Cost	\$1,005,248	\$815,407.00	\$189,841.00	23.3%
Total Brand Gross Cost	\$8,186,909	\$4,919,405.00	\$3,267,504.00	66.4%
Total MSB Gross Cost	\$176,029	\$91,083.00	\$84,946.00	93.3%
Total Ingredient Cost	\$8,917,016	\$5,673,243.00	\$3,243,773.00	57.2%
Total Dispensing Fee	\$267,610	\$54,773.00	\$212,837.00	388.6%
Total Other (e.g. tax)	\$7,531	\$6,796.00	\$735.00	10.8%
Avg Total Cost per Claim (Gross Cost/Rx)	\$144.51	\$123.46	\$21.05	17.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$18.52	\$20.73	(\$2.21)	-10.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$876.54	\$691.70	\$184.84	26.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$475.75	\$419.74	\$56.01	13.3%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$1,305,360	\$944,609.00	\$360,751.00	38.2%
Total Copay	\$1,305,360	\$944,609.00	\$360,751.00	38.2%
Total Deductible	\$0	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$20.52	\$20.34	\$0.19	0.9%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$20.52	\$20.34	\$0.19	0.9%
Avg Copay for Generic (Copay/Generic Rx)	\$6.57	\$6.93	(\$0.36)	-5.2%
Avg Copay for Brand (Copay/Brand Rx)	\$101.56	\$94.48	\$7.08	7.5%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$28.55	\$15.36	\$13.19	85.9%
Net PMPM (Participant Cost PMPM)	\$23.83	\$23.12	\$0.71	3.1%
Copay % of Total Prescription Cost (Member Cost Share %)	14.2%	16.5%	-2.3%	-13.8%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$7,886,797	\$4,790,203.00	\$3,096,594.00	64.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,043,471	\$2,376,868.00	\$1,666,603.00	70.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$3,843,326	\$2,413,334.00	\$1,429,992.00	59.3%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$123.99	\$103.13	\$20.86	20.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$11.95	\$13.80	(\$1.85)	-13.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$774.98	\$597.23	\$177.75	29.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$447.20	\$404.38	\$42.82	10.6%
Net PMPM (Plan Cost PMPM)	\$143.98	\$117.24	\$26.74	22.8%
PMPM for Specialty Only (Specialty PMPM)	\$73.82	\$58.18	\$15.64	26.9%
PMPM without Specialty (Non-Specialty PMPM)	\$70.16	\$59.07	\$11.09	18.8%
Rebates Received (Q1 FY2023 actual)	\$2,884,075	\$1,696,020	\$1,188,054.64	70.0%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$91.33	\$75.73	\$15.60	20.6%
PMPM without Specialty (Non-Specialty PMPM)	\$47.08	\$33.16	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$44.39	\$42.84	\$1.55	3.6%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP

July 1, 2023 – September 30, 2023

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DATASCOPE™

Nevada Public Employees' Benefits Program

EPO Plan

July – September 2023 Incurred,

Paid through November 2023



Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q24 was \$7,912,471 with an annualized plan cost per employee per year (PEPY) of \$10,044. This is an increase of 19.7% when compared to 1Q23.
 - IP Cost per Admit is \$24,343 which is 16.8% higher than 1Q23.
 - ER Cost per Visit is \$2,934 which is 3.3% higher than 1Q23.
- Employees shared in 12.4% of the medical cost.
- Inpatient facility costs were 22.3% of the plan spend.
- 92.0% of the Average Membership had paid Medical claims less than \$2,500, with 32.2% having no claims paid at all during the reporting period.
- 7 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 12.8% of the plan spend. The highest diagnosis category was Cardiac Disorders, accounting for 21.1% of the high-cost claimant dollars.
- Total spending with in-network providers was 97.3%. The average In Network discount was 57.0%, which is 3.8% higher than the PY23 average discount of 54.9%.

Paid Claims by Age Group

Paid Claims by Age Group															
1Q23								1Q24						% Change	
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM	
<1	\$ 131,375	\$ 664	\$ 64	\$ -	\$ 131,439	\$ 664	\$ 232,675	\$ 1,337	\$ 1,576	\$ 9	\$ 234,251	\$ 1,346	78.2%	102.8%	
1	\$ 46,956	\$ 257	\$ 63	\$ -	\$ 47,019	\$ 257	\$ 32,483	\$ 246	\$ 770	\$ 6	\$ 33,253	\$ 252	-29.3%	-2.0%	
2 - 4	\$ 111,170	\$ 173	\$ 4,210	\$ 7	\$ 115,380	\$ 180	\$ 125,880	\$ 219	\$ 1,887	\$ 3	\$ 127,767	\$ 222	10.7%	23.2%	
5 - 9	\$ 78,233	\$ 72	\$ 21,395	\$ 20	\$ 99,628	\$ 92	\$ 94,042	\$ 100	\$ 8,127	\$ 9	\$ 102,169	\$ 109	2.6%	18.3%	
10 - 14	\$ 168,716	\$ 119	\$ 42,112	\$ 30	\$ 210,828	\$ 149	\$ 227,312	\$ 174	\$ 38,590	\$ 30	\$ 265,902	\$ 204	26.1%	36.7%	
15 - 19	\$ 324,392	\$ 187	\$ 127,934	\$ 74	\$ 452,326	\$ 260	\$ 373,243	\$ 253	\$ 160,006	\$ 109	\$ 533,249	\$ 362	17.9%	39.2%	
20 - 24	\$ 454,723	\$ 283	\$ 63,910	\$ 40	\$ 518,633	\$ 323	\$ 295,312	\$ 206	\$ 48,525	\$ 34	\$ 343,837	\$ 240	-33.7%	-25.8%	
25 - 29	\$ 193,432	\$ 277	\$ 80,855	\$ 116	\$ 274,287	\$ 392	\$ 156,723	\$ 285	\$ 104,860	\$ 191	\$ 261,583	\$ 476	-4.6%	21.5%	
30 - 34	\$ 303,033	\$ 329	\$ 470,558	\$ 511	\$ 773,591	\$ 840	\$ 313,896	\$ 438	\$ 348,411	\$ 486	\$ 662,307	\$ 924	-14.4%	10.0%	
35 - 39	\$ 566,498	\$ 455	\$ 203,362	\$ 163	\$ 769,860	\$ 618	\$ 638,109	\$ 576	\$ 158,282	\$ 143	\$ 796,391	\$ 719	3.4%	16.4%	
40 - 44	\$ 417,321	\$ 316	\$ 356,071	\$ 270	\$ 773,392	\$ 586	\$ 463,189	\$ 390	\$ 363,898	\$ 306	\$ 827,087	\$ 696	6.9%	18.8%	
45 - 49	\$ 491,980	\$ 329	\$ 311,147	\$ 208	\$ 803,127	\$ 536	\$ 561,484	\$ 427	\$ 510,675	\$ 389	\$ 1,072,159	\$ 816	33.5%	52.2%	
50 - 54	\$ 917,465	\$ 464	\$ 496,716	\$ 251	\$ 1,414,181	\$ 715	\$ 1,216,006	\$ 702	\$ 426,946	\$ 247	\$ 1,642,952	\$ 949	16.2%	32.7%	
55 - 59	\$ 1,125,099	\$ 570	\$ 634,483	\$ 321	\$ 1,759,582	\$ 891	\$ 921,625	\$ 531	\$ 695,799	\$ 401	\$ 1,617,424	\$ 931	-8.1%	4.5%	
60 - 64	\$ 1,651,177	\$ 723	\$ 980,613	\$ 430	\$ 2,631,790	\$ 1,153	\$ 1,678,140	\$ 811	\$ 960,347	\$ 464	\$ 2,638,487	\$ 1,275	0.3%	10.5%	
65+	\$ 483,035	\$ 456	\$ 413,817	\$ 391	\$ 896,852	\$ 847	\$ 582,352	\$ 561	\$ 431,705	\$ 416	\$ 1,014,057	\$ 977	13.1%	15.3%	
Total	\$ 7,464,605	\$ 376	\$ 4,207,311	\$ 212	\$ 11,671,916	\$ 588	\$ 7,912,471	\$ 453	\$ 4,260,404	\$ 244	\$ 12,172,875	\$ 696	4.3%	18.4%	

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year
Average Enrollment												
Employees	4,148	3,558	3,151	-11.4%	3,486	2,964	2,606	-12.1%	3	2	2	0.0%
Spouses	805	702	604	-13.9%	696	599	512	-14.5%	0	0	0	0.0%
Children	2,733	2,356	2,072	-12.0%	2,591	2,199	1,933	-12.1%	0	0	0	0.0%
Total Members	7,686	6,616	5,828	-11.9%	6,773	5,762	5,051	-12.3%	3	2	2	0.0%
Family Size	1.9	1.9	1.9	-2.6%	1.9	1.9	1.9	2.1%	1.0	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$10,594,960	\$8,661,931	\$9,028,929	4.2%	\$9,200,160	\$7,137,269	\$7,537,190	5.6%	\$1,597	\$707	\$268	-62.1%
Client Paid	\$9,211,146	\$7,464,605	\$7,912,471	6.0%	\$8,064,127	\$6,165,627	\$6,616,623	7.3%	\$1,111	\$489	\$179	-63.4%
Employee Paid	\$1,383,814	\$1,197,325	\$1,116,458	-6.8%	\$1,136,033	\$971,642	\$920,567	-5.3%	\$486	\$218	\$89	-59.2%
Client Paid-PEPY	\$8,882	\$8,392	\$10,044	19.7%	\$9,253	\$8,322	\$10,156	22.0%	\$1,333	\$978	\$359	-63.3%
Client Paid-PMPY	\$4,794	\$4,513	\$5,431	20.3%	\$4,763	\$4,280	\$5,240	22.4%	\$1,333	\$978	\$359	-63.3%
Client Paid-PEPM	\$740	\$699	\$837	19.7%	\$771	\$693	\$846	22.1%	\$111	\$82	\$30	-63.4%
Client Paid-PMPM	\$399	\$376	\$453	20.5%	\$397	\$357	\$437	22.4%	\$111	\$82	\$30	-63.4%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	9	6	7	16.7%	9	5	6	20.0%	0	0	0	0.0%
HCC's / 1,000	1.2	0.9	1.2	33.3%	1.3	0.9	1.2	32.2%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$241,208	\$150,003	\$144,424	-3.7%	\$241,208	\$131,136	\$151,773	15.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	23.6%	12.1%	12.8%	5.8%	26.9%	10.6%	13.8%	30.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,310	\$934	\$1,210	29.6%	\$1,342	\$855	\$1,142	33.6%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,133	\$1,671	\$1,993	19.3%	\$1,115	\$1,601	\$1,967	22.9%	\$0	\$0	\$0	0.0%
Physician	\$2,246	\$1,907	\$2,228	16.8%	\$2,213	\$1,823	\$2,131	16.9%	\$1,274	\$978	\$359	-63.3%
Other	\$105	\$0	\$0	0.0%	\$92	\$0	\$0	0.0%	\$59	\$0	\$0	0.0%
Total	\$4,794	\$4,513	\$5,431	20.3%	\$4,763	\$4,280	\$5,240	22.4%	\$1,333	\$978	\$359	-63.3%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	564	523	488	-6.7%	95	69	55	-20.3%	
Spouses	89	88	81	-8.0%	20	15	11	-25.0%	
Children	132	145	128	-12.0%	10	11	12	5.9%	
Total Members	784	756	697	-7.8%	125	95	78	-17.9%	
Family Size	1.4	1.5	1.4	-4.7%	1.3	1.4	1.4	1.4%	1.6
Financial Summary									
Gross Cost	\$1,192,691	\$1,390,803	\$1,422,269	2.3%	\$200,512	\$133,151	\$69,202	-48.0%	
Client Paid	\$990,101	\$1,201,580	\$1,245,700	3.7%	\$155,808	\$96,910	\$49,970	-48.4%	
Employee Paid	\$202,590	\$189,224	\$176,569	-6.7%	\$44,705	\$36,241	\$19,233	-46.9%	
Client Paid-PEPY	\$7,026	\$9,184	\$10,211	11.2%	\$6,560	\$5,618	\$3,634	-35.3%	\$6,297
Client Paid-PMPY	\$5,049	\$6,355	\$7,152	12.5%	\$4,986	\$4,080	\$2,563	-37.2%	\$3,879
Client Paid-PEPM	\$586	\$765	\$851	11.2%	\$547	\$468	\$303	-35.3%	\$525
Client Paid-PMPM	\$421	\$530	\$596	12.5%	\$415	\$340	\$214	-37.1%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	0	1	1	0.0%	0	0	0	0.0%	
HCC's / 1,000	0.0	1.3	1.4	0.0%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$0	\$244,334	\$100,333	0.0%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	0.0%	20.3%	8.1%	0.0%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$906	\$1,649	\$1,831	11.0%	\$2,136	\$66	\$82	24.2%	\$1,149
Facility Outpatient	\$1,317	\$2,215	\$2,251	1.6%	\$950	\$1,644	\$1,442	-12.3%	\$1,333
Physician	\$2,636	\$2,490	\$3,070	23.3%	\$1,649	\$2,371	\$1,038	-56.2%	\$1,301
Other	\$190	\$0	\$0	0.0%	\$251	\$0	\$0	0.0%	\$96
Total	\$5,049	\$6,355	\$7,152	12.5%	\$4,986	\$4,080	\$2,563	-37.2%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year
Average Enrollment												
Employees	4,021	3,447	3,151	-8.6%	3,370	2,876	2,606	-9.4%	3	2	2	0.0%
Spouses	786	2,297	604	-73.7%	678	2,145	512	-76.1%	0	0	0	0.0%
Children	2,683	676	2,072	206.4%	2,531	580	1,933	233.1%	0	0	0	0.0%
Total Members	7,491	6,421	5,828	-9.2%	6,579	5,601	5,051	-9.8%	3	2	2	0.0%
Family Size	1.9	1.9	1.9	-0.5%	2.0	2.0	1.9	-0.5%	1.0	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$44,187,042	\$46,490,212	\$9,028,929	-80.6%	\$37,820,607	\$38,595,575	\$7,537,190	-80.5%	\$4,744	\$4,201	\$268	-93.6%
Client Paid	\$39,320,787	\$42,257,152	\$7,912,471	-81.3%	\$33,797,612	\$35,128,252	\$6,616,623	-81.2%	\$3,622	\$3,335	\$179	-94.6%
Employee Paid	\$4,866,255	\$4,233,060	\$1,116,458	-73.6%	\$4,022,996	\$3,467,323	\$920,567	-73.5%	\$1,122	\$866	\$89	-89.7%
Client Paid-PEPY	\$9,779	\$12,259	\$10,044	-18.1%	\$10,030	\$12,216	\$10,156	-16.9%	\$1,278	\$1,667	\$359	-78.5%
Client Paid-PMPY	\$5,249	\$6,581	\$5,431	-17.5%	\$5,137	\$6,272	\$5,240	-16.5%	\$1,278	\$1,667	\$359	-78.5%
Client Paid-PEPM	\$815	\$1,022	\$837	-18.1%	\$836	\$1,018	\$846	-16.9%	\$107	\$139	\$30	-78.4%
Client Paid-PMPM	\$437	\$548	\$453	-17.3%	\$428	\$523	\$437	-16.4%	\$107	\$139	\$30	-78.4%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	46	54	7	-87.0%	40	43	6	-86.0%	0	0	0	0.0%
HCC's / 1,000	6.1	8.4	1.2	-85.7%	6.1	7.7	1.2	-84.5%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$237,083	\$257,429	\$144,424	-43.9%	\$246,357	\$257,598	\$151,773	-41.1%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.7%	32.9%	12.8%	-61.1%	29.2%	31.5%	13.8%	-56.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,432	\$1,804	\$1,210	-32.9%	\$1,437	\$1,735	\$1,142	-34.2%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,442	\$2,319	\$1,993	-14.1%	\$1,382	\$2,176	\$1,967	-9.6%	\$27	\$158	\$0	-100.0%
Physician	\$2,259	\$2,458	\$2,228	-9.4%	\$2,209	\$2,361	\$2,131	-9.7%	\$1,142	\$1,510	\$359	-76.2%
Other	\$116	\$0	\$0	0.0%	\$109	\$0	\$0	0.0%	\$109	\$0	\$0	0.0%
Total	\$5,249	\$6,581	\$5,431	-17.5%	\$5,137	\$6,272	\$5,240	-16.5%	\$1,278	\$1,667	\$359	-78.5%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY22	PY23	1Q24	Variance to Prior Year	PY22	PY23	1Q24	Variance to Prior Year	Peer Index
Average Enrollment									
Employees	564	509	488	-4.0%	85	61	55	-10.0%	
Spouses	90	139	81	-41.8%	19	13	11	-15.4%	
Children	142	83	128	54.1%	10	13	12	-10.0%	
Total Members	796	731	697	-4.6%	114	87	78	-10.8%	
Family Size	1.4	1.4	1.4	-0.7%	1.3	1.4	1.4	-0.7%	1.6
Financial Summary									
Gross Cost	\$5,794,991	\$7,535,647	\$1,422,269	-81.1%	\$566,699	\$354,790	\$69,202	-80.5%	
Client Paid	\$5,071,309	\$6,861,336	\$1,245,700	-81.8%	\$448,244	\$264,230	\$49,970	-81.1%	
Employee Paid	\$723,682	\$674,311	\$176,569	-73.8%	\$118,455	\$90,560	\$19,233	-78.8%	
Client Paid-PEPY	\$8,998	\$13,493	\$10,211	-24.3%	\$5,279	\$4,326	\$3,634	-16.0%	\$6,642
Client Paid-PMPY	\$6,373	\$9,392	\$7,152	-23.9%	\$3,946	\$3,023	\$2,563	-15.2%	\$4,116
Client Paid-PEPM	\$750	\$1,124	\$851	-24.3%	\$440	\$360	\$303	-15.8%	\$553
Client Paid-PMPM	\$531	\$783	\$596	-23.9%	\$329	\$252	\$214	-15.1%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	8	12	1	-91.7%	0	0	0	0.0%	
HCC's / 1,000	10.1	16.4	1.4	-91.2%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$131,446	\$235,373	\$100,333	-57.4%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	20.7%	41.2%	8.1%	-80.5%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,443	\$2,534	\$1,831	-27.7%	\$1,101	\$183	\$82	-55.2%	\$1,190
Facility Outpatient	\$2,015	\$3,585	\$2,251	-37.2%	\$940	\$1,007	\$1,442	43.2%	\$1,376
Physician	\$2,742	\$3,273	\$3,070	-6.2%	\$1,800	\$1,832	\$1,038	-43.3%	\$1,466
Other	\$174	\$0	\$0	0.0%	\$106	\$0	\$0	0.0%	\$84
Total	\$6,373	\$9,392	\$7,152	-23.9%	\$3,946	\$3,023	\$2,563	-15.2%	\$4,116
	Annualized				Annualized				

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,602,345	\$ 134,167	\$ 233,896	\$ 1,970,408	\$ 1,708,043	\$ 319,881	\$ 26,211	\$ 2,054,134	4.2%	
Outpatient	\$ 4,563,282	\$ 783,384	\$ 50,132	\$ 5,396,798	\$ 4,908,580	\$ 849,932	\$ 49,676	\$ 5,808,188	7.6%	
Total - Medical	\$ 6,165,627	\$ 917,551	\$ 284,028	\$ 7,367,206	\$ 6,616,623	\$ 1,169,813	\$ 75,887	\$ 7,862,322	6.7%	

Net Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 693	\$ 676	\$ 1,340	\$ 704	\$ 846	\$ 930	\$ 368	\$ 847	20.3%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total											
Non-State Participants											
	1Q23					1Q24					% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical Inpatient	\$ -	\$ -	\$ 2,274	\$ 2,274		\$ -	\$ -	\$ 3,102	\$ 3,102		36.5%
Outpatient	\$ 489	\$ 45,328	\$ 49,309	\$ 95,126		\$ 179	\$ 2,835	\$ 44,032	\$ 47,047		-50.5%
Total - Medical	\$ 489	\$ 45,328	\$ 51,582	\$ 97,399		\$ 179	\$ 2,835	\$ 47,135	\$ 50,149		-48.5%

Net Paid Claims - Per Participant per Month											
	1Q23					1Q24					% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical	\$ 82	\$ 743	\$ 353	\$ 457		\$ 30	\$ 94	\$ 349	\$ 293		-35.9%

Paid Claims by Claim Type – Total

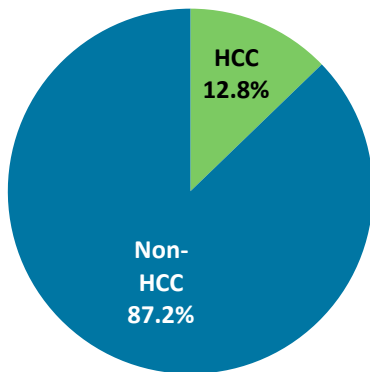
Net Paid Claims - Total										
Total Participants										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,602,345	\$ 134,167	\$ 236,170	\$ 1,972,682	\$ 1,708,043	\$ 319,881	\$ 29,313	\$ 2,057,237	4.3%	
Outpatient	\$ 4,563,771	\$ 828,712	\$ 99,441	\$ 5,491,923	\$ 4,908,759	\$ 852,767	\$ 93,708	\$ 5,855,235	6.6%	
Total - Medical	\$ 6,166,116	\$ 962,879	\$ 335,610	\$ 7,464,605	\$ 6,616,802	\$ 1,172,648	\$ 123,021	\$ 7,912,471	6.0%	

Net Paid Claims - Per Participant per Month										
	1Q23				1Q24				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 693	\$ 679	\$ 937	\$ 699	\$ 846	\$ 910	\$ 361	\$ 837	19.7%	

Cost Distribution – Medical Claims

1Q23							1Q24					
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
6	0.1%	\$900,015	12.1%	\$20,169	1.7%	\$100,000.01 Plus	7	0.1%	\$1,010,968	12.8%	\$19,557	1.8%
7	0.1%	\$448,663	6.0%	\$19,423	1.6%	\$50,000.01-\$100,000.00	14	0.2%	\$905,852	11.4%	\$38,005	3.4%
35	0.5%	\$1,173,213	15.7%	\$78,197	6.5%	\$25,000.01-\$50,000.00	28	0.5%	\$1,070,223	13.5%	\$66,499	6.0%
107	1.6%	\$1,690,361	22.6%	\$190,536	15.9%	\$10,000.01-\$25,000.00	101	1.7%	\$1,624,741	20.5%	\$151,406	13.6%
108	1.6%	\$771,027	10.3%	\$131,894	11.0%	\$5,000.01-\$10,000.00	114	2.0%	\$805,004	10.2%	\$139,504	12.5%
179	2.7%	\$650,865	8.7%	\$153,858	12.9%	\$2,500.01-\$5,000.00	200	3.4%	\$700,117	8.8%	\$162,250	14.5%
3,716	56.2%	\$1,830,462	24.5%	\$599,025	50.0%	\$0.01-\$2,500.00	3,371	57.8%	\$1,795,567	22.7%	\$536,204	48.0%
183	2.8%	\$0	0.0%	\$4,224	0.4%	\$0.00	118	2.0%	\$0	0.0%	\$3,032	0.3%
2,276	34.4%	\$0	0.0%	\$0	0.0%	No Claims	1,875	32.2%	\$0	0.0%	\$0	0.0%
6,616	100.0%	\$7,464,605	100.0%	\$1,197,325	100.0%		5,828	100.0%	\$7,912,471	100.0%	\$1,116,458	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cardiac Disorders	4	\$213,086	21.1%
Hematological Disorders	3	\$188,911	18.7%
Cancer	3	\$168,251	16.6%
Pregnancy-related Disorders	1	\$163,462	16.2%
Neurological Disorders	2	\$158,677	15.7%
Health Status/Encounters	7	\$56,209	5.6%
Gastrointestinal Disorders	3	\$50,408	5.0%
Renal/Urologic Disorders	1	\$4,127	0.4%
Miscellaneous	3	\$3,132	0.3%
Pulmonary Disorders	3	\$1,125	0.1%
All Other		\$3,581	0.4%
Overall	----	\$1,010,968	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.

DX&L = Diagnostics, X-Ray and Laboratory

	Total				State Active				Non-State Active			
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year
Inpatient Summary												
# of Admits	130	88	82		110	75	67		0	0	0	
# of Bed Days	785	373	316		652	302	261		0	0	0	
Paid Per Admit	\$39,810	\$20,840	\$24,343	16.8%	\$41,571	\$19,639	\$24,250	23.5%	\$0	\$0	\$0	0.0%
Paid Per Day	\$6,593	\$4,917	\$6,317	28.5%	\$7,014	\$4,877	\$6,225	27.6%	\$0	\$0	\$0	0.0%
Admits Per 1,000	68	53	56	5.7%	65	52	53	1.9%	0	0	0	0.0%
Days Per 1,000	409	226	217	-4.0%	385	210	207	-1.4%	0	0	0	0.0%
Avg LOS	6.0	4.2	3.9	-7.1%	5.9	4.0	3.9	-2.5%	0.0	0.0	0.0	0.0%
# Admits From ER	68	38	41	7.9%	55	32	30	-6.3%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	5.5	5	6.0	20.0%	5.3	4.8	5.9	22.9%	6.0	6.0	2.0	-66.7%
Avg Paid per OV	\$153	\$149	\$152	2.0%	\$153	\$156	\$149	-4.5%	\$172	\$139	\$173	24.5%
Avg OV Paid per Member	\$840	\$744	\$915	23.0%	\$813	\$750	\$877	16.9%	\$1,033	\$835	\$346	-58.6%
DX&L Utilization per Member	8.8	13	11.5	-11.5%	8.5	12.2	11.1	-9.0%	1.2	26	20	-23.1%
Avg Paid per DX&L	\$48	\$53	\$67	26.4%	\$50	\$55	\$67	21.8%	\$41	\$2	\$1	-50.0%
Avg DX&L Paid per Member	\$424	\$686	\$768	12.0%	\$425	\$675	\$746	10.5%	\$50	\$49	\$13	-73.5%
Emergency Room												
# of Visits	345	276	277		297	234	245		0	0	0	
Visits Per Member	0.18	0.17	0.19	11.8%	0.18	0.16	0.19	18.8%	0.00	0.00	0.00	0.0%
Visits Per 1,000	180	167	190	13.8%	175	162	194	19.8%	0	0	0	0.0%
Avg Paid per Visit	\$1,902	\$2,841	\$2,934	3.3%	\$1,880	\$2,903	\$2,982	2.7%	\$0	\$0	\$0	0.0%
Urgent Care												
# of Visits	758	547	577		697	481	510		0	0	0	
Visits Per Member	0.39	0.33	0.40	21.2%	0.41	0.33	0.40	21.2%	0.00	0.00	0.00	0.0%
Visits Per 1,000	395	331	396	19.6%	412	334	404	21.0%	0	0	0	0.0%
Avg Paid per Visit	\$149	\$121	\$132	9.1%	\$151	\$121	\$135	11.6%	\$0	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

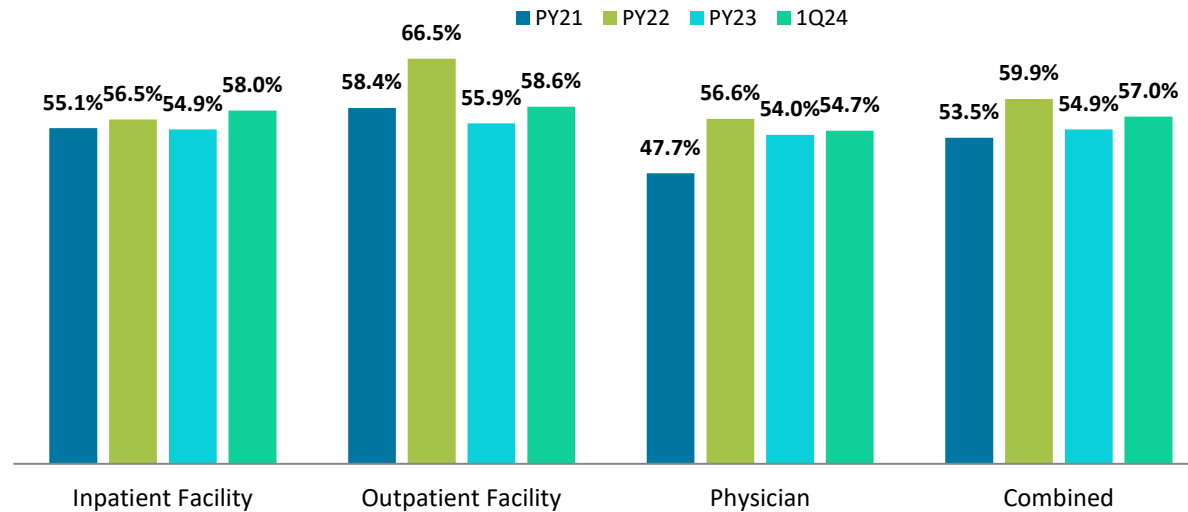
Inpatient data reflects facility charges and professional services.

DX&L = Diagnostics, X-Ray and Laboratory

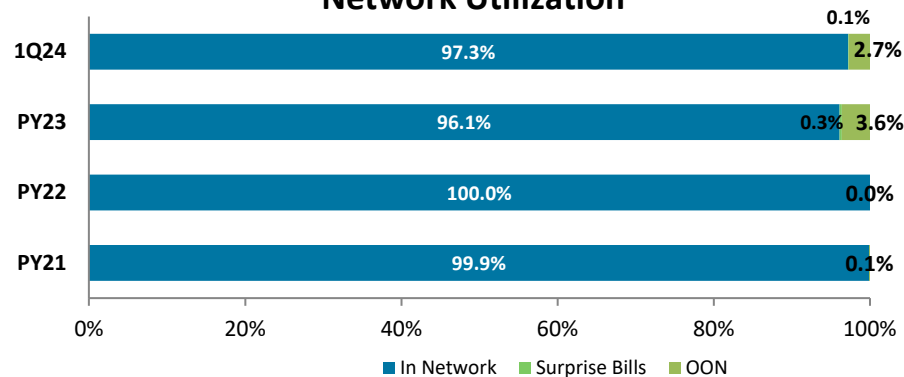
	State Retirees				Non-State Retirees				
Summary	1Q22	1Q23	1Q24	Variance to Prior Year	1Q22	1Q23	1Q24	Variance to Prior Year	Peer Index
Inpatient Summary									
# of Admits	15	12	12		5	1	3		
# of Bed Days	103	67	45		30	4	10		
Paid Per Admit	\$31,995	\$29,940	\$28,989	-3.2%	\$24,510	\$1,725	\$7,842	354.6%	\$16,632
Paid Per Day	\$4,660	\$5,362	\$7,730	44.2%	\$4,085	\$431	\$2,352	445.7%	\$3,217
Admits Per 1,000	76	63	69	9.5%	160	42	154	266.7%	76
Days Per 1,000	525	354	258	-27.1%	960	168	513	205.4%	391
Avg LOS	6.9	5.6	3.8	-32.1%	6.0	4.0	3.3	-17.5%	5.2
# Admits From ER	10	6	9	50.0%	3	0	2	0.0%	
Physician Office									
OV Utilization per Member	6.9	6.1	7.1	16.4%	6.4	6.5	5.4	-16.9%	5.0
Avg Paid per OV	\$159	\$121	\$177	46.3%	\$114	\$60	\$61	1.7%	\$57
Avg OV Paid per Member	\$1,090	\$742	\$1,258	69.5%	\$723	\$387	\$334	-13.7%	\$286
DX&L Utilization per Member	11.6	18.2	15.3	-15.9%	11.2	18.7	6.9	-63.1%	10.5
Avg Paid per DX&L	\$37	\$43	\$63	46.5%	\$32	\$32	\$65	103.1%	\$50
Avg DX&L Paid per Member	\$424	\$786	\$965	22.8%	\$358	\$597	\$451	-24.5%	\$522
Emergency Room									
# of Visits	41	38	32		7	4	0		
Visits Per Member	0.21	0.20	0.18	-10.0%	0.22	0.17	0.00	-100.0%	0.24
Visits Per 1,000	209	201	184	-8.5%	224	168	0	-100.0%	235
Avg Paid per Visit	\$2,338	\$2,600	\$2,563	-1.4%	\$294	\$1,484	\$0	-100.0%	\$943
Urgent Care									
# of Visits	52	59	57		9	7	10		
Visits Per Member	0.27	0.31	0.33	6.5%	0.29	0.29	0.51	75.9%	0.3
Visits Per 1,000	265	312	327	4.8%	288	295	513	73.9%	300
Avg Paid per Visit	\$140	\$125	\$120	-4.0%	\$40	\$73	\$49	-32.9%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$718,068	9.1%	\$441,165	\$193,306	\$83,597	\$302,721	\$415,347
Health Status/Encounters	\$672,129	8.5%	\$417,286	\$78,042	\$176,802	\$261,141	\$410,989
Musculoskeletal Disorders	\$596,953	7.5%	\$510,212	\$39,806	\$46,935	\$290,273	\$306,679
Gastrointestinal Disorders	\$579,387	7.3%	\$281,642	\$218,017	\$79,728	\$199,628	\$379,759
Pregnancy-related Disorders	\$559,601	7.1%	\$301,297	\$27,947	\$230,357	\$171,420	\$388,181
Trauma/Accidents	\$523,313	6.6%	\$354,818	\$26,339	\$142,156	\$283,963	\$239,350
Mental Health	\$517,716	6.5%	\$222,506	\$53,384	\$241,826	\$134,745	\$382,971
Neurological Disorders	\$505,547	6.4%	\$399,898	\$76,245	\$29,404	\$120,460	\$385,087
Cardiac Disorders	\$490,105	6.2%	\$267,860	\$211,302	\$10,943	\$211,616	\$278,489
Eye/ENT Disorders	\$342,672	4.3%	\$217,812	\$26,970	\$97,891	\$144,183	\$198,489
Pulmonary Disorders	\$308,266	3.9%	\$246,001	\$29,815	\$32,450	\$96,313	\$211,954
Spine-related Disorders	\$279,228	3.5%	\$221,634	\$50,234	\$7,360	\$60,787	\$218,442
Renal/Urologic Disorders	\$275,403	3.5%	\$204,453	\$13,568	\$57,382	\$148,367	\$127,036
Endocrine/Metabolic Disorders	\$265,872	3.4%	\$244,756	\$15,502	\$5,614	\$148,871	\$117,001
Hematological Disorders	\$248,300	3.1%	\$224,629	\$3,489	\$20,183	\$192,553	\$55,748
Gynecological/Breast Disorders	\$201,510	2.5%	\$114,244	\$71,967	\$15,298	\$2,919	\$198,591
Medical/Surgical Complications	\$165,656	2.1%	\$155,395	\$7,202	\$3,059	\$99,325	\$66,332
Diabetes	\$139,397	1.8%	\$74,058	\$21,210	\$44,129	\$64,346	\$75,051
Non-malignant Neoplasm	\$96,682	1.2%	\$82,144	\$12,028	\$2,509	\$18,644	\$78,037
Infections	\$94,823	1.2%	\$50,337	\$19,687	\$24,800	\$38,011	\$56,812
Dermatological Disorders	\$89,461	1.1%	\$54,894	\$19,063	\$15,504	\$34,448	\$55,013
Miscellaneous	\$83,385	1.1%	\$44,179	\$18,488	\$20,718	\$32,795	\$50,590
Abnormal Lab/Radiology	\$58,941	0.7%	\$48,600	\$7,964	\$2,376	\$24,041	\$34,899
Vascular Disorders	\$43,079	0.5%	\$27,723	\$15,310	\$45	\$5,559	\$37,520
Cholesterol Disorders	\$26,922	0.3%	\$24,043	\$2,516	\$363	\$12,502	\$14,420
Allergic Reaction	\$9,017	0.1%	\$1,867	\$257	\$6,893	\$7,552	\$1,465
Congenital/Chromosomal Anomalies	\$8,995	0.1%	\$2,926	\$0	\$6,069	\$4,955	\$4,040
External Hazard Exposure	\$6,057	0.1%	\$3,970	\$0	\$2,087	\$5,816	\$240
Medication Related Conditions	\$4,297	0.1%	\$3,075	\$929	\$293	\$1,827	\$2,470
Dental Conditions	\$1,616	0.0%	\$1,246	\$0	\$369	\$462	\$1,153
Social Determinants of Health	\$73	0.0%	\$73	\$0	\$0	\$0	\$73
Total	\$7,912,471	100.0%	\$5,244,744	\$1,260,587	\$1,407,140	\$3,120,243	\$4,792,228

Mental Health Drilldown

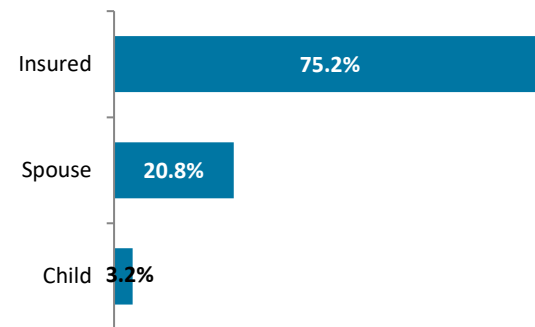
Group	PY21		PY22		PY23		1Q24	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Mood and Anxiety Disorders	711	\$655,375	636	\$361,898	591	\$339,214	264	\$140,350
Mental Health Conditions, Other	609	\$876,606	458	\$367,897	394	\$287,517	174	\$110,632
Depression	625	\$833,183	505	\$720,907	454	\$529,695	235	\$99,331
Bipolar Disorder	127	\$261,349	107	\$171,696	109	\$84,620	54	\$41,832
Developmental Disorders	65	\$155,300	58	\$89,043	47	\$93,123	26	\$35,513
Alcohol Abuse/Dependence	43	\$163,692	37	\$110,736	30	\$167,010	16	\$32,513
Sexually Related Disorders	27	\$81,154	27	\$85,457	26	\$8,339	11	\$15,502
Attention Deficit Disorder	180	\$98,736	179	\$76,754	202	\$61,595	96	\$13,270
Substance Abuse/Dependence	57	\$45,039	39	\$14,853	35	\$72,695	11	\$6,844
Psychoses	7	\$55,219	6	\$9,762	9	\$6,025	3	\$6,139
Sleep Disorders	187	\$38,478	148	\$43,716	141	\$25,583	37	\$5,013
Complications of Substance Abuse	14	\$63,661	8	\$12,407	7	\$9,434	6	\$4,719
Eating Disorders	24	\$370,761	23	\$51,995	19	\$32,076	8	\$2,934
Schizophrenia	9	\$10,631	6	\$2,286	9	\$13,689	3	\$1,905
Tobacco Use Disorder	38	\$4,775	36	\$4,114	42	\$3,344	13	\$927
Personality Disorders	14	\$20,064	17	\$47,043	15	\$7,832	3	\$292
Total		\$3,734,023		\$2,170,566		\$1,741,788		\$517,716

Diagnosis Grouper – Cancer

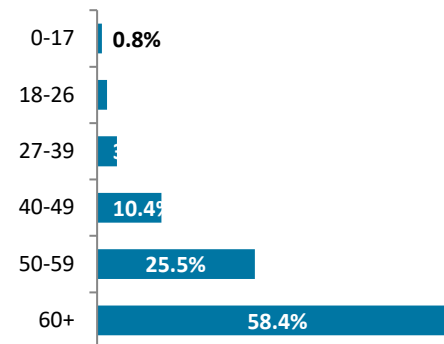
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	9	30	\$243,663	33.9%
Cancers, Other	14	74	\$121,069	16.9%
Pancreatic Cancer	4	46	\$86,331	12.0%
Kidney Cancer	4	18	\$62,021	8.6%
Colon Cancer	4	24	\$34,254	4.8%
Breast Cancer	24	74	\$31,349	4.4%
Melanoma	8	51	\$31,282	4.4%
Secondary Cancers	4	26	\$26,544	3.7%
Brain Cancer	2	24	\$22,123	3.1%
Prostate Cancer	12	65	\$19,191	2.7%
Non-Melanoma Skin Cancers	23	40	\$12,215	1.7%
Ovarian Cancer	3	14	\$8,000	1.1%
Leukemias	5	16	\$7,275	1.0%
Lung Cancer	4	14	\$4,863	0.7%
Carcinoma in Situ	12	22	\$2,901	0.4%
Lymphomas	4	10	\$2,397	0.3%
Thyroid Cancer	9	16	\$1,944	0.3%
Cervical/Uterine Cancer	3	4	\$493	0.1%
Myeloma	1	1	\$152	0.0%
Overall	----	----	\$718,068	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

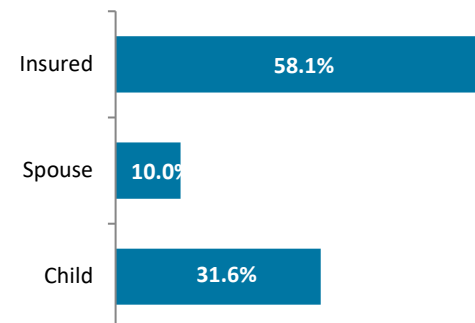


Diagnosis Grouper – Health Status/Encounters

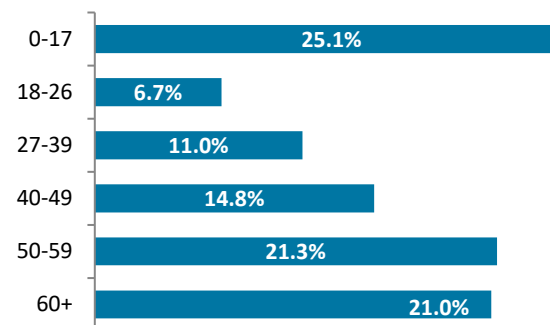
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	516	886	\$181,078	26.9%
Exams	746	1,077	\$158,199	23.5%
Prophylactic Measures	433	467	\$106,696	15.9%
Encounters - Infants/Children	346	375	\$75,115	11.2%
Prosthetics/Devices/Implants	51	113	\$69,801	10.4%
Counseling	109	406	\$29,561	4.4%
Personal History of Condition	90	121	\$28,849	4.3%
Aftercare	31	57	\$10,728	1.6%
Acquired Absence	4	4	\$5,979	0.9%
Family History of Condition	18	24	\$2,301	0.3%
Encounter - Procedure	5	5	\$1,984	0.3%
Encounter - Transplant Related	5	11	\$963	0.1%
Lifestyle/Situational Issues	6	17	\$870	0.1%
Miscellaneous Examinations	2	2	\$5	0.0%
Health Status, Other	3	3	\$0	0.0%
Donors	2	3	\$0	0.0%
Overall	----	----	\$672,129	100.0%

*Patient and claim counts are unique only within the category

Relationship



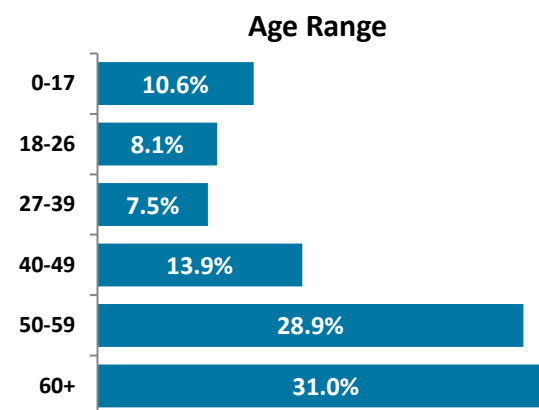
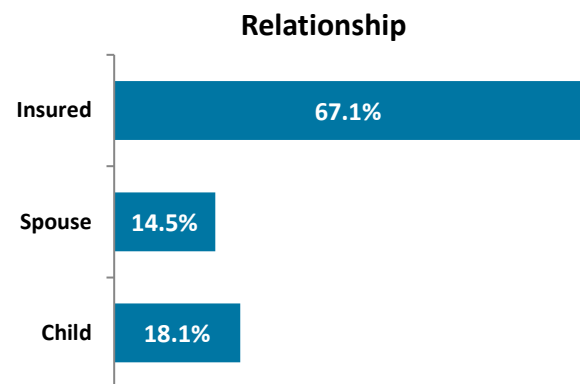
Age Range



Diagnosis Grouper – Musculoskeletal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Osteoarthritis	99	256	\$182,927	30.6%
Joint Pain	299	800	\$165,338	27.7%
Shoulder Problems	37	160	\$77,159	12.9%
Limb Pain and Myalgia	179	317	\$47,865	8.0%
Musculoskeletal Disorders, Other	147	236	\$43,592	7.3%
Foot Problems	32	44	\$27,014	4.5%
Joint Derangement	19	51	\$23,685	4.0%
Rheumatoid Arthritis	43	90	\$12,999	2.2%
Joint Disorders, Other	29	51	\$10,783	1.8%
Connective Tissue Disorders	18	35	\$3,464	0.6%
Arthropathies, Other	10	17	\$1,556	0.3%
Musculoskeletal Deformities, Other	4	5	\$326	0.1%
Stress Fractures	2	9	\$245	0.0%
----	----	----	\$596,953	100.0%

*Patient and claim counts are unique only within the category

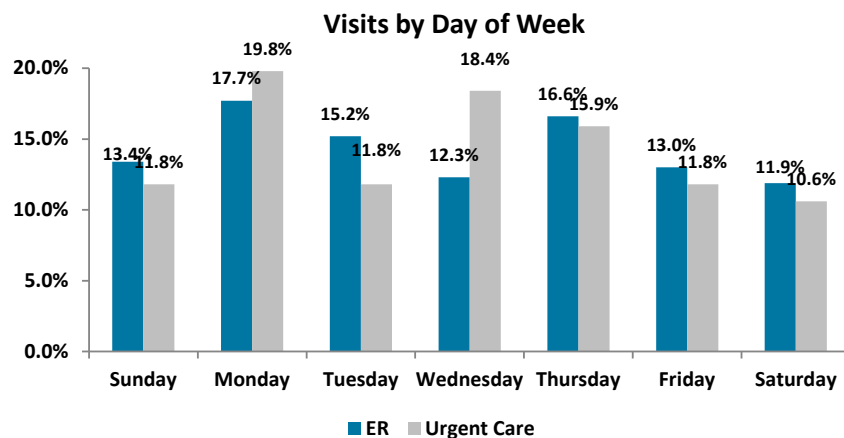


Emergency Room / Urgent Care Summary

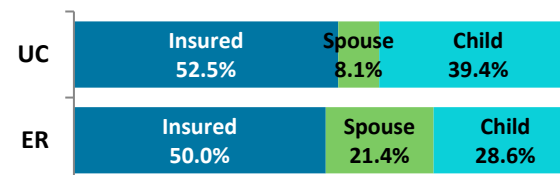
	1Q23		1Q24		Peer Index	
ER/Urgent Care	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	276	547	277	577		
Visits Per Member	0.17	0.33	0.19	0.40	0.22	0.35
Visits/1000 Members	167	331	190	396	221	352
Avg Paid Per Visit	\$2,841	\$121	\$2,934	\$132	\$968	\$135
% with OV*	92.4%	86.5%	89.5%	88.4%		
% Avoidable	10.1%	34.7%	13.4%	38.0%		
Total Member Paid	\$157,582	\$25,627	\$163,023	\$28,691		
Total Plan Paid	\$784,080	\$66,048	\$812,662	\$76,390		

*looks back 12 months

Annualized Annualized Annualized Annualized



% of Paid



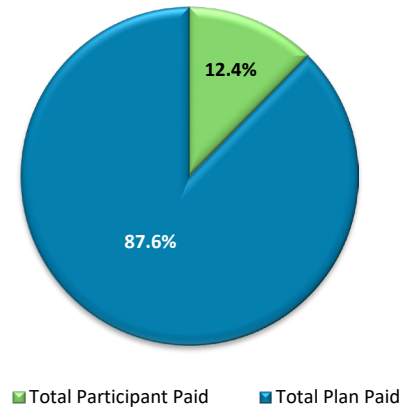
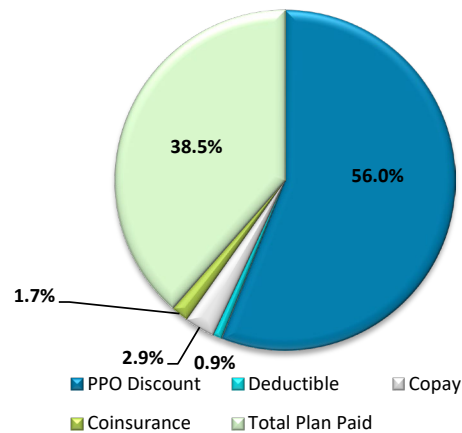
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	147	47	310	98	457	145
Spouse	38	65	51	88	89	153
Child	92	44	216	103	308	147
Total	277	48	577	99	854	147

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

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$20,839,314	\$2,205	100.0%
PPO Discount	\$11,512,934	\$1,218	55.2%
Deductible	\$178,853	\$19	0.9%
Copay	\$598,130	\$63	2.9%
Coinsurance	\$339,475	\$36	1.6%
Total Participant Paid	\$1,116,458	\$118	5.4%
Total Plan Paid	\$7,912,471	\$837	38.0%

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



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	394	390	4	99.0%
	<2 asthma related ER Visits in the last 6 months	394	393	1	99.7%
	No asthma related admit in last 12 months	394	390	4	99.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	69	63	6	91.3%
	Members with COPD who had an annual spirometry test	69	10	59	14.5%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	1	1	0	100.0%
	No ER Visit for Heart Failure in last 90 days	55	55	0	100.0%
	Follow-up OV within 4 weeks of discharge from HF admission	1	1	0	100.0%
Diabetes	Annual office visit	505	499	6	98.8%
	Annual dilated eye exam	505	263	242	52.1%
	Annual foot exam	505	231	274	45.7%
	Annual HbA1c test done	505	457	48	90.5%
	Diabetes Annual lipid profile	505	404	101	80.0%
	Annual microalbumin urine screen	505	384	121	76.0%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,099	885	214	80.5%
Hypertension	Annual lipid profile	1,087	790	297	72.7%
	Annual serum creatinine test	1,065	903	162	84.8%
Wellness	Well Child Visit - 15 months	47	47	0	100.0%
	Routine office visit in last 6 months (All Ages)	5,806	4,328	1,478	74.5%
	Colorectal cancer screening ages 45-75 within the appropriate time period	2,539	1,380	1,159	54.4%
	Women age 25-65 with recommended cervical cancer/HPV screening	1,733	1,343	390	77.5%
	Males age greater than 49 with PSA test in last 24 months	943	532	411	56.4%
	Routine exam in last 24 months (All Ages)	5,806	5,370	436	92.5%
	Women age 40 to 75 with a screening mammogram last 24 months	1,658	1,143	515	68.9%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

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

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

Data Includes Medical and Pharmacy
Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

Public Employees' Benefits Program - RX Costs
PY 2024 - Quarter Ending September 30, 2023

Express Scripts

1Q FY2024 EPO		1Q FY2023 EPO	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	5,825	6,644	(819)	-12.3%
Utilizing Member Count (Patients)	3,492	4,121	(629)	-15.3%
Percent Utilizing (Utilization)	59.9%	62.0%	(0)	-3.3%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	31,089	34,533	(3,444)	-10.0%
Claims per Elig Member per Month (Claims PMPM)	1.78	1.73	0.05	2.9%
Total Claims for Generic (Generic Rx)	26,673	29,539	(2,866.00)	-9.7%
Total Claims for Brand (Brand Rx)	4,416	4,994	(578.00)	-11.6%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	187	165	22.00	13.3%
Total Non-Specialty Claims	30,698	33,993	(3,295.00)	-9.7%
Total Specialty Claims	391	540	(149.00)	-27.6%
Generic % of Total Claims (GFR)	85.8%	85.5%	0.00	0.3%
Generic Effective Rate (GCR)	99.3%	99.4%	(0.00)	-0.1%
Mail Order Claims	9,359	9,019	340.00	3.8%
Mail Penetration Rate*	32.9%	28.8%	0.04	4.1%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$4,927,524	\$5,004,464	(\$76,940.00)	-1.5%
Total Generic Gross Cost	\$442,768	\$564,761	(\$121,993.00)	-21.6%
Total Brand Gross Cost	\$4,484,755	\$4,439,703	\$45,052.00	1.0%
Total MSB Gross Cost	\$102,466	\$103,025	(\$559.00)	-0.5%
Total Ingredient Cost	\$4,796,842	\$4,971,495	(\$174,653.00)	-3.5%
Total Dispensing Fee	\$125,926	\$28,963	\$96,963.00	334.8%
Total Other (e.g. tax)	\$4,755	\$4,006	\$749.00	18.7%
Avg Total Cost per Claim (Gross Cost/Rx)	\$158.50	\$144.92	\$13.58	9.4%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$16.60	\$19.12	(\$2.52)	-13.2%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$1,015.57	\$889.01	\$126.56	14.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$547.95	\$624.40	(\$76.45)	-12.2%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$667,120	\$802,085	(\$134,965.00)	-16.8%
Total Copay	\$665,406	\$800,007	(\$134,601.00)	-16.8%
Total Deductible	\$1,714	\$2,078	(\$364.00)	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.40	\$23.17	(\$1.76)	-7.6%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.46	\$23.23	(\$1.77)	-7.6%
Avg Copay for Generic (Copay/Generic Rx)	\$6.90	\$6.99	(\$0.09)	-1.3%
Avg Copay for Brand (Copay/Brand Rx)	\$109.37	\$119.24	(\$9.87)	-8.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$85.19	\$69.35	\$15.84	22.8%
Net PMPM (Participant Cost PMPM)	\$38.18	\$40.24	(\$2.07)	-5.1%
Copay % of Total Prescription Cost (Member Cost Share %)	13.5%	16.0%	-2.5%	-15.5%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$4,260,404	\$4,202,380	\$58,024.00	1.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$1,966,606	\$1,903,717	\$62,889.00	3.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,293,797	\$2,298,663	(\$4,866.00)	-0.2%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$137.04	\$121.69	\$15.35	12.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$9.70	\$12.12	(\$2.42)	-20.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$906.20	\$769.77	\$136.43	17.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$462.75	\$555.05	(\$92.30)	-16.6%
Net PMPM (Plan Cost PMPM)	\$243.80	\$210.84	\$32.96	15.6%
PMPM for Specialty Only (Specialty PMPM)	\$112.54	\$95.51	\$17.03	17.8%
PMPM without Specialty (Non-Specialty PMPM)	\$131.26	\$115.33	\$15.93	13.8%
Rebates Received (Q1 FY2023 actual)	\$1,483,247	\$1,428,608	\$54,639.04	3.8%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$158.92	\$139.16	\$19.76	14.2%
PMPM without Specialty (Non-Specialty PMPM)	\$68.65	\$53.03	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$91.83	\$86.63	\$5.20	6.0%

Appendix D

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July 1, 2023 – September 30, 2023

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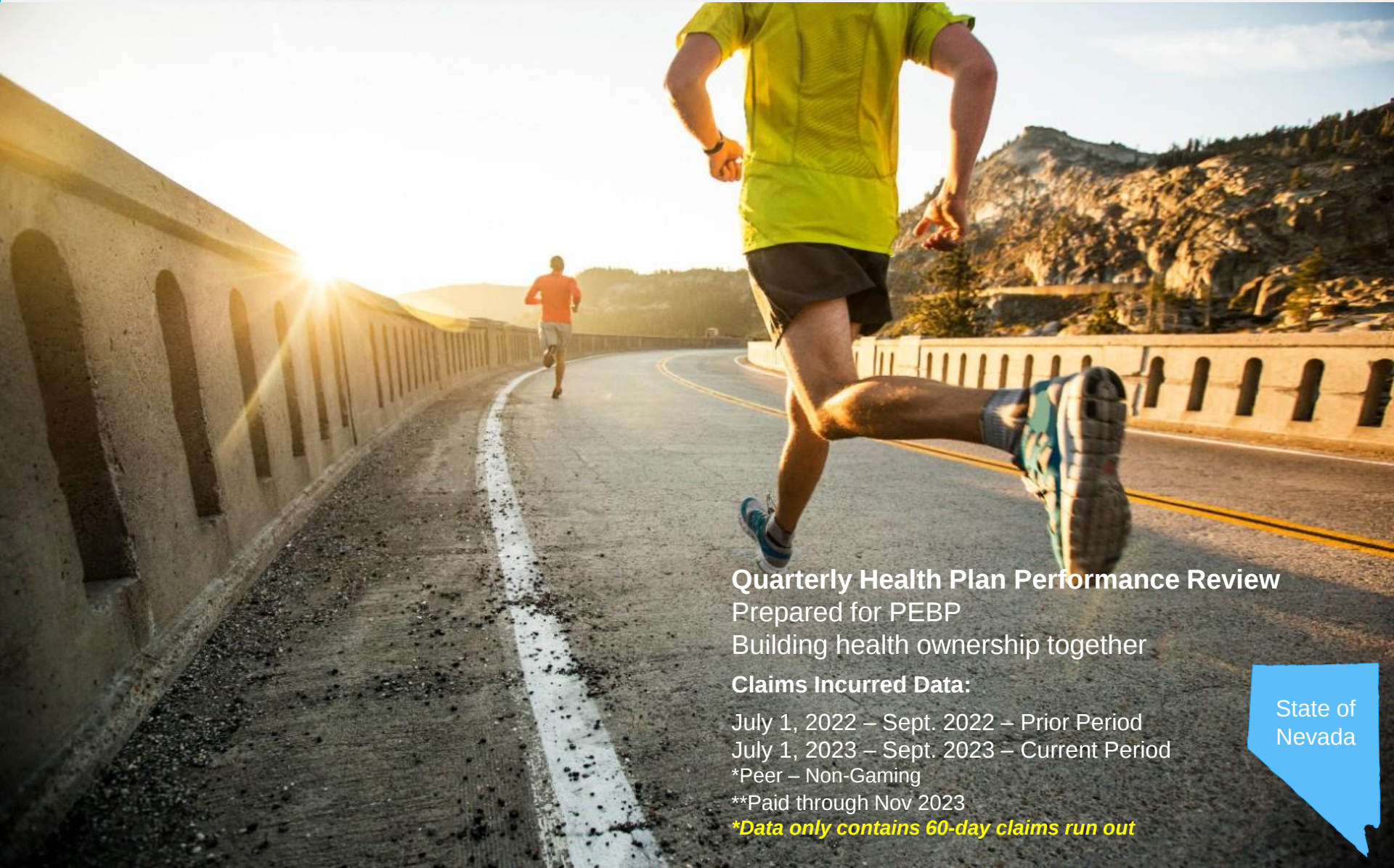
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Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2022 – Sept. 2022 – Prior Period

July 1, 2023 – Sept. 2023 – Current Period

*Peer – Non-Gaming

**Paid through Nov 2023

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

State of
Nevada

Executive Summary
Spend and Utilization

Executive Summary Utilization & Spend



Population

- -4.6% decrease for employees
- -4.9% decrease for members

Medical Paid PMPM

- 7.0% increase in overall medical paid from prior period
- -6.4% decrease in non-Catastrophic spend
- -52.4% decrease in Catastrophic spend

High-Cost Claimants

- 15 HCC in 1Q23, flat from prior period
- % of HCC spend saw a small decrease of -0.4%
- Avg. Paid per case increased 1.3%

Emergency Room

- ER Visits Per 1,000 members decreased -2.2%
- Avg. paid per ER Visit increased 11.1%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -18.1%
- Avg. paid per Urgent care visit increased 6.2%

Rx Drivers

- Rx Net Paid PMPM increased 14.3%
- Specialty Spend decreased -1.8%
- Specialty Rx driving 39.1% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx increased 9.4% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
July - Sept. 2022 Q1							July - Sept. 2023 Q1						Change	
Age Band	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Med/Rx Net Paid	Med/Rx Net PMPM
<1	\$50,372	\$291	\$342	\$2	\$50,714	\$293	\$172,592	\$1,259	\$100	\$1	\$172,692	\$1,260	240.5%	-63.1%
01	\$57,734	\$348	\$937	\$6	\$58,671	\$354	\$34,119	\$231	\$1,333	\$9	\$35,452	\$240	-33.7%	59.5%
02-04	\$152,751	\$259	\$2,151	\$4	\$154,901	\$263	\$113,352	\$229	\$4,481	\$9	\$117,833	\$238	-11.5%	148.6%
05-09	\$314,294	\$285	\$15,128	\$14	\$329,422	\$299	\$230,998	\$239	\$14,880	\$15	\$245,878	\$255	-16.1%	12.3%
10-14	\$253,076	\$180	\$89,110	\$64	\$342,186	\$244	\$243,662	\$178	\$50,498	\$37	\$294,160	\$215	-1.2%	-41.8%
15-19	\$353,616	\$222	\$60,543	\$38	\$414,159	\$260	\$239,036	\$154	\$78,642	\$51	\$317,678	\$205	-30.5%	33.5%
20-24	\$210,093	\$149	\$53,382	\$38	\$263,475	\$187	\$322,667	\$221	\$32,376	\$22	\$355,042	\$243	48.1%	-41.5%
25-29	\$308,298	\$328	\$85,391	\$91	\$393,689	\$419	\$420,739	\$557	\$52,476	\$69	\$473,215	\$626	69.6%	-23.6%
30-34	\$288,573	\$265	\$136,741	\$126	\$425,314	\$391	\$288,123	\$314	\$148,617	\$162	\$436,740	\$476	18.4%	28.9%
35-39	\$465,059	\$361	\$266,074	\$207	\$731,133	\$568	\$277,845	\$233	\$331,842	\$279	\$609,687	\$512	-35.4%	34.9%
40-44	\$559,239	\$404	\$193,006	\$139	\$752,245	\$544	\$695,573	\$542	\$182,917	\$143	\$878,490	\$685	34.1%	2.2%
45-49	\$523,582	\$311	\$269,605	\$160	\$793,187	\$471	\$624,429	\$384	\$327,043	\$201	\$951,472	\$585	23.5%	25.6%
50-54	\$753,291	\$397	\$620,374	\$327	\$1,373,664	\$724	\$590,443	\$316	\$544,297	\$292	\$1,134,740	\$608	-20.4%	-10.9%
55-59	\$862,035	\$466	\$572,455	\$309	\$1,434,490	\$775	\$738,527	\$399	\$748,627	\$404	\$1,487,155	\$803	-14.4%	30.7%
60-64	\$900,087	\$500	\$541,337	\$301	\$1,441,424	\$800	\$849,711	\$470	\$553,041	\$306	\$1,402,752	\$776	-5.9%	1.8%
65+	\$626,105	\$500	\$399,898	\$320	\$1,026,002	\$820	\$950,611	\$771	\$522,751	\$424	\$1,473,363	\$1,195	54.1%	32.7%
Total	\$6,678,203	\$340	\$3,306,474	\$169	\$9,984,677	\$509	\$6,792,427	\$364	\$3,593,922	\$193	\$10,386,349	\$557	4.0%	9.4%

Financial Summary



Financial and Demographic (July 2023 thru Sept 2023 Q1)												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 1Q21	Thru 1Q22	Thru 1Q23	▲	Thru 2Q21	Thru 2Q22	Thru 2Q23	▲	Thru 2Q21	Thru 2Q22	Thru 2Q23	▲
Avg. # Employees	3,832	3,704	3,535	-4.6%	3,357	3,261	3,087	-5.3%	475	443	448	1.0%
Avg. # Members	6,747	6,539	6,218	-4.9%	6,126	5,938	5,604	-5.6%	622	601	614	2.2%
Ratio	1.8	1.8	1.8	-0.4%	1.8	1.8	1.8	-0.3%	1.3	1.4	1.4	1.2%
Financial												
Medical Paid	\$8,581,489	\$6,678,203	\$6,792,427	1.7%	\$7,193,469	\$6,006,787	\$5,690,912	-5.3%	\$1,388,020	\$671,416	\$1,101,515	64.1%
Member Paid	\$540,079	\$482,423	\$576,357	19.5%	\$407,513	\$376,047	\$448,519	19.3%	\$132,566	\$106,376	\$127,838	20.2%
Net Paid PEPY	\$8,957	\$7,211	\$7,686	6.6%	\$8,564	\$7,358	\$7,365	0.1%	\$11,735	\$6,131	\$9,901	61.5%
Net Paid PMPY	\$5,087	\$4,085	\$4,370	7.0%	\$4,693	\$4,041	\$4,057	0.4%	\$8,973	\$4,525	\$7,223	59.6%
Net Paid PEPM	\$746	\$601	\$640	6.6%	\$714	\$613	\$614	0.1%	\$978	\$511	\$825	61.5%
Net Paid PMPM	\$424	\$340	\$364	7.0%	\$391	\$337	\$338	0.4%	\$748	\$377	\$602	59.6%
High Cost Claimants												
# of HCC's > \$50k	19	15	15	0.0%	13	13	11	-15.4%	6	2	4	100.0%
Avg. paid per claimant	\$154,101	\$93,656	\$94,919	1.3%	\$171,174	\$93,036	\$86,584	-6.9%	\$117,109	\$97,687	\$117,838	20.6%
HCC % of Spend	34.1%	21.0%	21.0%	-0.4%	31.0%	20.2%	16.8%	-16.9%	50.3%	28.8%	42.5%	47.8%
Spend by Location (PMPY)												
Inpatient	\$1,932	\$956	\$1,371	43.4%	\$1,720	\$1,012	\$1,180	16.6%	\$4,021	\$1,439	\$3,561	147.5%
Outpatient	\$1,204	\$1,176	\$1,029	-12.5%	\$1,148	\$1,119	\$828	-26.1%	\$1,755	\$993	\$1,509	52.0%
Professional	\$1,975	\$1,959	\$1,992	1.7%	\$1,829	\$1,317	\$1,277	-3.1%	\$3,416	\$2,094	\$2,336	11.6%
Total	\$5,111	\$4,090	\$4,392	7.4%	\$4,697	\$4,046	\$4,062	0.4%	\$9,193	\$4,526	\$7,407	63.7%

Paid Claims by Claim Type



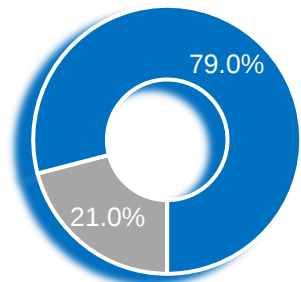
Net Paid Claims - Total										
Total Participants										
	July - Sept. 2022 Q1				July - Sept. 2023 Q1					
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	▲	
Medical										
InPatient	\$1,229,112	\$54,276	\$278,760	\$1,562,147	\$1,398,634	\$211,341	\$520,959	\$2,130,934	36.4%	
OutPatient	\$4,579,686	\$197,107	\$339,263	\$5,116,056	\$4,118,669	\$130,419	\$412,405	\$4,661,493	-8.9%	
Total - Medical	\$5,808,797	\$251,383	\$618,023	\$6,678,203	\$5,517,303	\$341,760	\$933,364	\$6,792,427	1.7%	
Net Paid Claims - Total										
Total Participants										
	July - Sept. 2022 Q1				July - Sept. 2023 Q1					
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	▲	
Medical PMPM	\$323	\$672	\$1,653	\$340	\$324	\$918	\$757	\$364	7.0%	

Cost Distribution – Medical Claims > \$50K



July - Sept. 1Q22						Paid Claims	July - Sept 1Q23					
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid		# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
3	0.0%	\$425,508	6.4%	\$175,724	41.3%	> \$100k	3	0.0%	\$501,870	7.4%	\$114,691	22.9%
6	0.1%	\$588,556	8.8%	\$525,333	89.3%	\$50k - \$100k	8	0.1%	\$579,925	8.5%	\$272,231	46.9%
16	0.2%	\$522,646	7.8%	\$350,800	67.1%	\$25k - \$50k	25	0.4%	\$923,010	13.6%	\$449,698	48.7%
69	1.1%	\$1,292,331	19.4%	\$875,152	67.7%	\$10k - \$25k	64	1.0%	\$1,083,496	16.0%	\$694,587	64.1%
99	1.5%	\$800,858	12.0%	\$564,221	70.5%	\$5k - \$10k	126	2.0%	\$883,927	13.0%	\$535,232	60.6%

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - AHRQ Chapter Conditions - Thru 1Q23			
Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Diseases of the circulatory system	5	\$484,525	7.1%
Neoplasms	4	\$249,446	3.7%
Diseases of the nervous system and sense organs	1	\$245,025	3.6%
Complications of pregnancy; childbirth	2	\$226,197	3.3%
Injury and poisoning	1	\$126,659	1.9%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	July - Sept. 1Q22	July - Sept. 1Q23	▲	July - Sept. 1Q22	July - Sept. 1Q23	▲	July - Sept. 1Q22	July - Sept. 1Q23	▲
Inpatient									
# of Admits	76	109	43.2%	68	85	25.0%	8	24	198.4%
# of Bedays	348	592	70.2%	320	439	37.2%	27	152	459.6%
Avg. Paid per Admit	\$20,607	\$19,533	-5.2%	\$19,735	\$18,932	-4.1%	\$28,022	\$21,676	-22.6%
Avg. Paid per Day	\$4,530	\$3,614	-20.2%	\$4,212	\$3,682	-12.6%	\$8,284	\$3,417	-58.8%
Admits Per K	46.7	70.4	50.6%	46.1	61.0	32.4%	53.6	156.4	192.1%
Days Per K	212.6	380.6	79.0%	215.8	313.6	45.3%	181.2	992.3	447.7%
ALOS	4.5	5.4	18.8%	4.7	5.1	9.7%	5.5	5.9	7.3%
Admits from ER	39	43	10.3%	34	32	-5.9%	5	11	120.0%
Physician Office Visits									
Per Member Per Year	2.4	2.2	-5.7%	2.3	2.2	-5.3%	2.8	2.5	-9.9%
Paid Per Visit	\$153	\$151	-1.7%	\$158	\$156	-1.1%	\$115	\$107	-7.2%
Net Paid PMPM	\$30	\$28	-7.3%	\$31	\$29	-6.3%	\$27	\$22	-16.4%
Emergency Room									
# of Visits	199	185	-7.0%	183	169	-7.7%	16	16	0.0%
Visits Per K	121.7	119.0	-2.2%	123.3	120.6	-2.1%	106.5	104.3	-2.1%
Avg Paid Per Visit	\$2,589	\$2,876	11.1%	\$2,687	\$2,944	9.6%	\$1,478	\$2,161	46.2%
Urgent Care									
# of Visits	2,518	1,960	-22.2%	2,259	1,777	-21.3%	259	183	-29.3%
Visits Per K	1540.4	1260.9	-18.1%	1521.7	1268.3	-16.7%	1724.8	1192.8	-30.8%
Avg Paid Per Visit	\$115	\$122	6.2%	\$86	\$92	6.1%	\$87	\$76	-13.1%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid
Other nervous system disorders	\$250,351	4.6%
Other nutritional; endocrine; and metabolic disorders	\$190,823	3.5%
Spondylosis; intervertebral disc disorders	\$167,776	3.1%
Transient cerebral ischemia	\$165,742	3.1%
Heart valve disorders	\$163,529	3.0%
Acute cerebrovascular disease	\$144,030	2.7%
Liveborn	\$142,647	2.6%
Osteoarthritis	\$136,662	2.5%
Disorders usually diagnosed in infancy childhood	\$130,538	2.4%
Intracranial injury	\$125,646	2.3%
Diabetes mellitus with complications	\$107,578	2.0%
Mood disorders	\$104,208	1.9%
Multiple sclerosis	\$100,492	1.9%
Other screening for suspected conditions	\$91,568	1.7%
Diabetes or abnormal glucose complicating pregnancy	\$91,427	1.7%
Biliary tract disease	\$83,398	1.5%
Cardiac dysrhythmias	\$82,369	1.5%
Cardiac and circulatory congenital anomalies	\$79,280	1.5%
Cancer of esophagus	\$74,609	1.4%
Nonspecific chest pain	\$73,110	1.4%
Urinary tract infections	\$67,118	1.2%
Sprains and strains	\$66,189	1.2%
Viral infection	\$66,140	1.2%
Complications of surgical procedures or medical care	\$63,840	1.2%
Cancer of breast	\$61,117	1.1%

**Not Representative of all utilization*

Insured	Spouse	Dependent
\$17,817	\$230,226	\$2,309
\$89,354	\$70,812	\$30,657
\$77,135	\$90,516	\$126
\$27	\$165,715	
\$110,646	\$52,883	\$0
\$142,039	\$1,991	
		\$142,647
\$121,159	\$15,503	\$0
\$0		\$130,538
\$125,646		\$0
\$87,717	\$14,334	\$5,527
\$41,049	\$5,875	\$57,285
\$100,492		
\$74,055	\$16,587	\$926
\$9,904	\$81,523	
\$59,735	\$5,632	\$18,032
\$75,237	\$7,132	\$0
\$3,132	\$0	\$76,148
	\$74,609	
\$54,341	\$18,769	\$0
\$57,875	\$5,811	\$3,431
\$25,540	\$4,803	\$35,845
\$61,123	\$348	\$4,669
\$40,253	\$23,587	\$0
\$23,542	\$37,575	

Male	Female	Unassigned
\$17,633	\$232,718	\$0
\$32,006	\$158,817	\$0
\$117,462	\$50,315	\$0
\$165,742		\$0
\$163,302	\$228	\$0
\$73,688	\$70,342	\$0
\$141,021	\$1,625	\$0
\$65,722	\$70,940	\$0
\$100,582	\$29,957	\$0
\$122,690	\$2,956	\$0
\$69,962	\$37,616	\$0
\$30,111	\$74,097	\$0
	\$100,492	\$0
\$35,900	\$55,668	\$0
	\$91,427	\$0
\$9,012	\$74,387	\$0
\$64,999	\$17,370	\$0
\$3,877	\$75,403	\$0
\$74,609		\$0
\$36,325	\$36,785	\$0
\$1,918	\$65,200	\$0
\$45,391	\$20,798	\$0
\$16,068	\$50,072	\$0
\$354	\$63,485	\$0
	\$61,117	\$0

**Data based on medical spend only*

Mental Health Drilldown



Top 10 Mental Health				
AHRQ Category Description	July - Sept. 1Q22		July - Sept. 1Q23	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or adolescence	22	\$132,849	28	\$130,538
Mood disorders	280	\$97,079	215	\$104,208
Anxiety disorders	238	\$40,819	230	\$57,654
Adjustment disorders	72	\$11,819	90	\$23,239
Suicide and intentional self-inflicted injury	4	\$5,454	6	\$22,280
Attention-deficit conduct and disruptive behavior disorders	78	\$6,889	100	\$12,775
Schizophrenia and other psychotic disorders	4	\$15,216	8	\$9,336
Alcohol-related disorders	7	\$7,037	12	\$5,480
Miscellaneous mental health disorders	19	\$7,502	22	\$4,075
Delirium dementia and amnestic and other cognitive disorders	2	\$215	5	\$4,003

**Not Representative of all utilization*

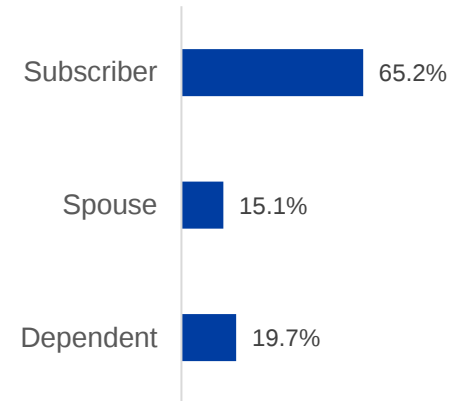
**Data based on medical spend only*

Respiratory Disorders

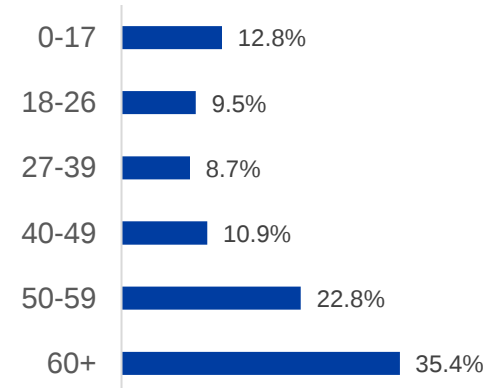
Top 10 Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Other upper respiratory infections	222	267	\$35,520	26.9%
Other upper respiratory disease	151	324	\$30,888	23.4%
Asthma	97	132	\$26,166	19.8%
Other lower respiratory disease	131	194	\$19,468	14.8%
Pneumonia (except that caused by tuberculosis or std)	6	39	\$4,201	3.2%
Acute and chronic tonsillitis	14	19	\$3,862	2.9%
Aspiration pneumonitis; food/vomitus	1	2	\$3,797	2.9%
Pleurisy; pneumothorax; pulmonary collapse	11	41	\$2,926	2.2%
Chronic obstructive pulmonary disease	36	61	\$2,315	1.8%
Respiratory failure; insufficiency; arrest (adult)	9	17	\$1,904	1.4%

**Not Representative of all utilization*

Spend by Relationship



Spend by Age Range

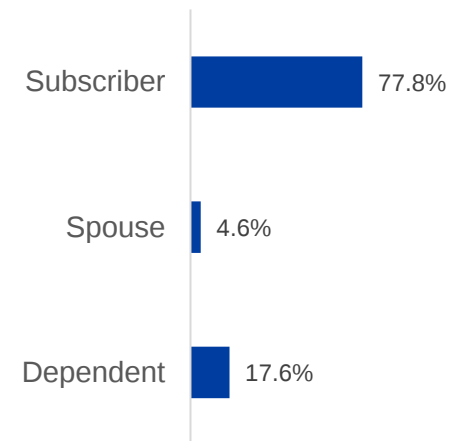


Top 10 Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Viral infection	118	169	\$66,140	57.5%
Septicemia (except in labor)	5	8	\$24,936	21.7%
Immunizations and screening	204	301	\$20,488	17.8%
Bacterial infection; unspecified site	12	14	\$1,637	1.4%
STD (not HIV or hepatitis)	5	8	\$650	0.6%
Hepatitis	5	7	\$428	0.4%
HIV infection	14	33	\$326	0.3%
Mycoses	45	53	\$235	0.2%
Other infections; including parasitic	6	9	\$134	0.1%
Tuberculosis	1	3	\$0	0.0%

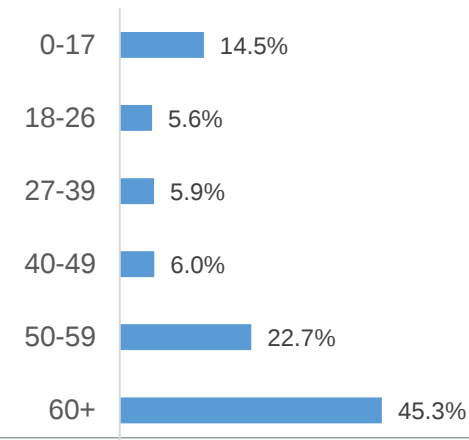
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Pregnancy Related Disorders

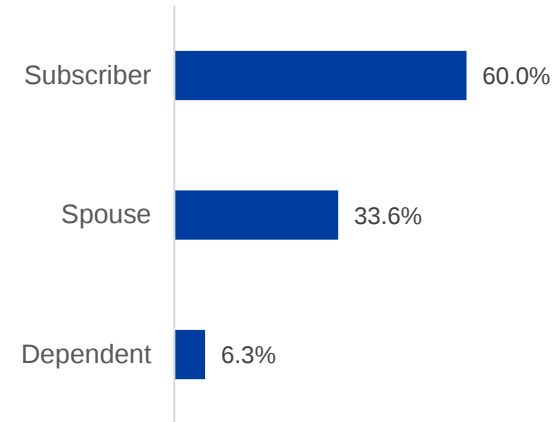
Top 10 Complications of Pregnancy

AHRQ Description	Patients	Claims	Total Paid	% Paid
Polyhydramnios and other problems of amniotic cavity	3	9	\$108,249	25.9%
Complications of birth; puerperium affecting management	10	18	\$51,719	12.4%
Other complications of pregnancy	35	115	\$51,204	12.3%
Other pregnancy and delivery including normal	45	114	\$32,176	7.7%
Umbilical cord complication	3	3	\$30,964	7.4%
Malposition; malpresentation	4	5	\$26,918	6.4%
Contraceptive and procreative management	82	141	\$22,251	5.3%
Diabetes/Abnormal glucose complicating pregnancy	7	16	\$15,205	3.6%
Previous C-section	2	6	\$14,169	3.4%
Hemorrhage during pregnancy; abruptio placenta	8	25	\$7,082	1.7%

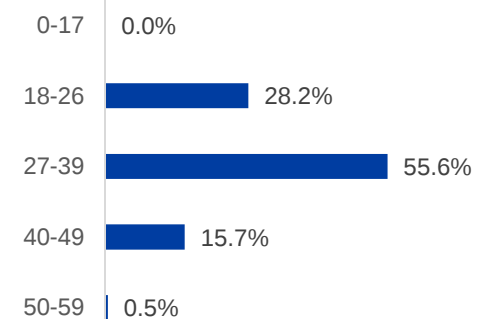
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Emergency Room and Urgent Care



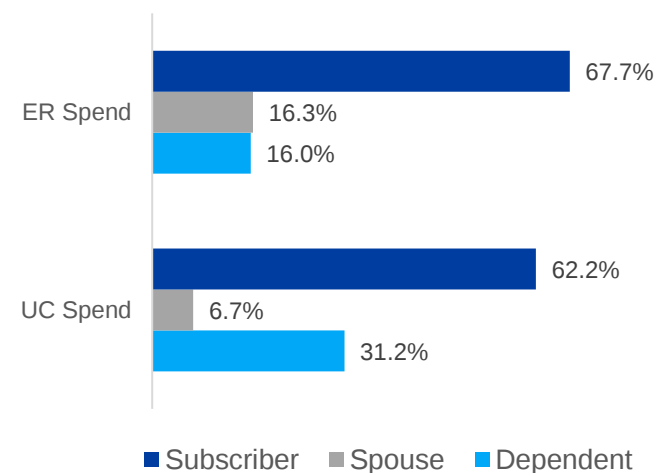
	July - Sept. 1Q22		July - Sept. 1Q23		Peer	
Metric	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	199	943	185	926		
Visits Per Member	0.03	0.48	0.03	0.54	0.08	0.14
Visits Per K	121.7	576.9	119.0	595.7	89.6	385.3
Avg. Paid Per Visit	\$2,589	\$112	\$2,876.16	\$121	\$2,607	\$118

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 1Q23				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	113	72.7	582	374.4
Spouse	38	24.4	95	61.1
Dependent	34	21.9	249	160.2
Total	185	119.0	926	595.7

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	452	7.3%	72.7	\$14.44
Intervertebral Disc Disorders	285	4.6%	45.8	\$8.99
Diabetes with complications	254	4.1%	40.8	\$3.28
Hypertension	240	3.9%	38.6	\$5.77
Breast Cancer	39	0.6%	6.3	\$0.61
Diabetes without complications	180	2.9%	28.9	\$3.41
Asthma	97	1.6%	15.6	\$0.28
Prostate Cancer	17	0.3%	2.7	\$0.47
Congestive Heart Failure (CHF)	26	0.4%	4.2	\$2.30
Chronic Renal Failure	34	0.5%	5.5	\$1.40
Acute Myocardial Infarction	2	0.0%	0.3	\$0.43
Colon Cancer	3	0.0%	0.5	\$0.12
Coronary Atherosclerosis	49	0.8%	7.9	\$0.06
COPD	36	0.6%	5.8	\$1.14
Cervical Cancer	13	0.2%	2.1	\$0.84

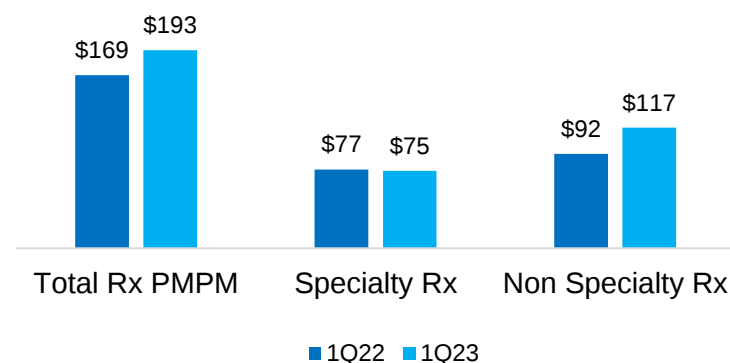
**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

	July - Sept. 1Q22	July - Sept. 1Q23	Δ
Enrolled Members	6,539	6,218	-4.9%
Average Prescriptions PMPY	16.5	16.9	2.0%
Formulary Rate	90.5%	87.7%	-3.1%
Generic Use Rate	84.4%	84.4%	0.0%
Generic Substitution Rate	98.2%	98.2%	0.0%
Avg Net Paid per Prescription	\$122	\$137	12.1%
Net Paid PMPM	\$169	\$193	14.3%

Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of **14.3%**, (**\$24 PMPM**) from prior period
- Avg. paid per Script increased **21.1%** (**\$15 PMPM**) year over year
- Specialty Rx spend driving **39.1%** of Rx Spend
- Specialty Rx spend remained relatively flat from prior period
 - Specialty Rx Drivers:
 - Ozempic** (Antidiabetic) Spend up **52.6%**
 - Jardiance** (Antidiabetic) Spend up **25.0%**
- Tier 1 Rx drove **75.3%** of total claim volume, but only accounts for **11.1%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend

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

