NEVADA PEBP Public Employees' Benefits Program

Quarterly Plan Performance Review

OCM • 2026-4Q

UMR A UnitedHealthcare Company

RPG 5.10 • Run Date: 7/29/2026

UMR © 2025 United HealthCare Services, Inc. All Rights Reserved.

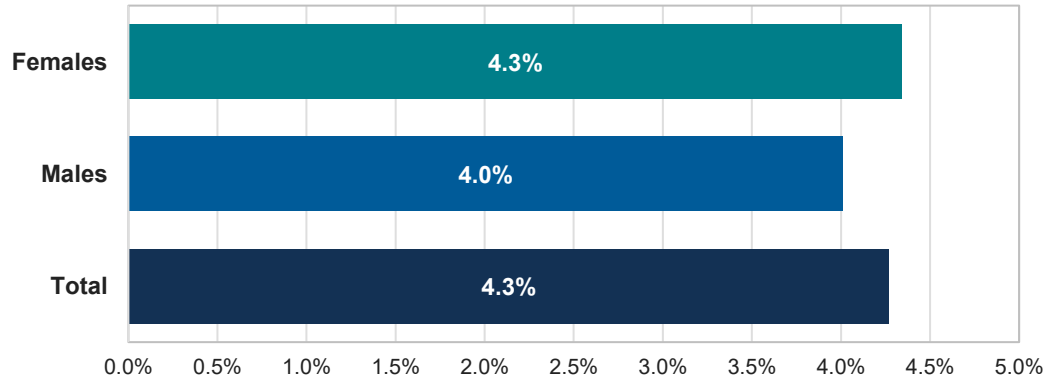
Obesity Care Management

Overview

Weight Management Summary	Females	Males	Total
Members Enrolled in OCM	310	71	**381**
Average Pounds Lost	9.2	10.4	**9.4**
Total Pounds Lost	2,843.0	736.6	**3,579.6**
% Pounds Lost	4.3%	4.0%	**4.3%**
Average Paid per Member	$6,453	$5,747	**$6,321**

- *At $526.77, Paid PMPM for OCM participants is significantly (–40.3%) lower than non-participants ($882.71)*

Average % Pounds Lost



Obesity Care Management participation is for the 2026 Plan Year with activity through 6/30/2026

Claims Date Range (for Avg. Paid per Member)**:** Service Dates 7/1/2025 - 6/30/2026, Paid through 6/30/2026

© 2025 United HealthCare Services, Inc. All Rights Reserved.

Obesity Care Management

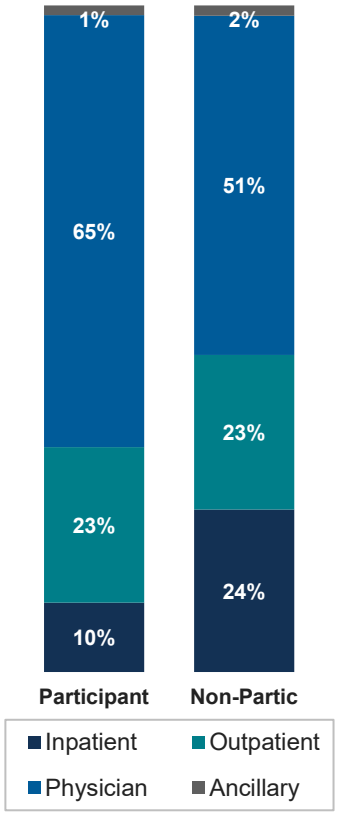
Financial & Utilization Summary

Financial Summary

Financial Measure	Participants	Non-Partic.	*Variance*
Average Enrollment			
Employees	339	481	*-29.5%*
Tot. Members	381	565	*-32.6%*
Emp to Total Ratio	1.1	1.2	*-4.3%*
Financial Summary			
Allowed	$3,127,572	$6,998,793	*-55.3%*
Plan Paid	$2,408,410	$5,984,749	*-59.8%*
Member Paid (OOP)	$419,163	$934,272	*-55.1%*
Paid PEPY*	$7,104	$12,442	*-42.9%*
Paid PMPY*	$6,321	$10,592	*-40.3%*
Paid PEPM	$592	$1,037	*-42.9%*
Paid PMPM	$527	$883	*-40.3%*
High-Cost Claimants (Med Paid $100,000+)			
# of HCCs	1	7	*-85.7%*
HCCs per 1000	2.6	12.4	*-78.8%*
Paid per HCC	$164,369	$183,511	*-10.4%*
HCC Paid % of Tot	6.8%	21.5%	*-14.6 pts*
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	$659	$2,582	*-74.5%*
Outpatient	$1,475	$2,456	*-39.9%*
Physician	$4,095	$5,388	*-24.0%*
Ancillary	$92	$166	*-44.5%*

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	*Variance*
Inpatient Admissions			
# of Admits	14	70	*-80.0%*
# of Admit Days	57	222	*-74.3%*
Paid per Admit	$20,732	$24,165	*-14.2%*
Paid per Admit Day	$5,092	$7,619	*-33.2%*
Admits per 1000	36.7	123.9	*-70.3%*
Average LOS	4.1	3.2	*28.4%*
Emergency Room Visits			
# of ER Visits	84	199	*-57.8%*
~ % resulting in Admit	9.5%	15.6%	*-6.1 pts*
ER Visits per Patient	1.5	1.6	*-8.9%*
ER Visits per 1000	220.5	352.2	*-37.4%*
Paid per ER Visit	$4,093	$3,462	*18.2%*
Urgent Care Visits			
# of UC Visits	169	263	*-35.7%*
UC Visits per Patient	1.6	1.6	*0.1%*
UC Visits per 1000	443.6	465.5	*-4.7%*
Paid per UC Visit	$114	$106	*7.6%*
Office Visits			
Off Visits per Patient	18.2	9.0	*101.5%*
Paid per Office Visit	$126	$102	*23.8%*
Office Visits Paid PMPY	$2,282	$898	*154.1%*
Services			
Radiology Svcs per 1000	5,606.3	7,577.0	*-26.0%*
Radiology Paid PMPY	$427	$806	*-47.1%*
Lab Services per 1000	18,225.7	22,334.5	*-18.4%*
Labs Paid PMPY	$379	$547	*-30.8%*

Non-participants are defined as members identified with a morbid obesity condition in the prior 12 months (7/1/2025 - 6/30/2026), but who are not enrolled in the Obesity Care Management program

Claims Date Range: Service Dates 7/1/2025 - 6/30/2026, Paid through 6/30/2026

© 2025 United HealthCare Services, Inc. All Rights Reserved.

NEVADA PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

DCM • 2026-4Q HDHP

UMR

A UnitedHealthcare Company

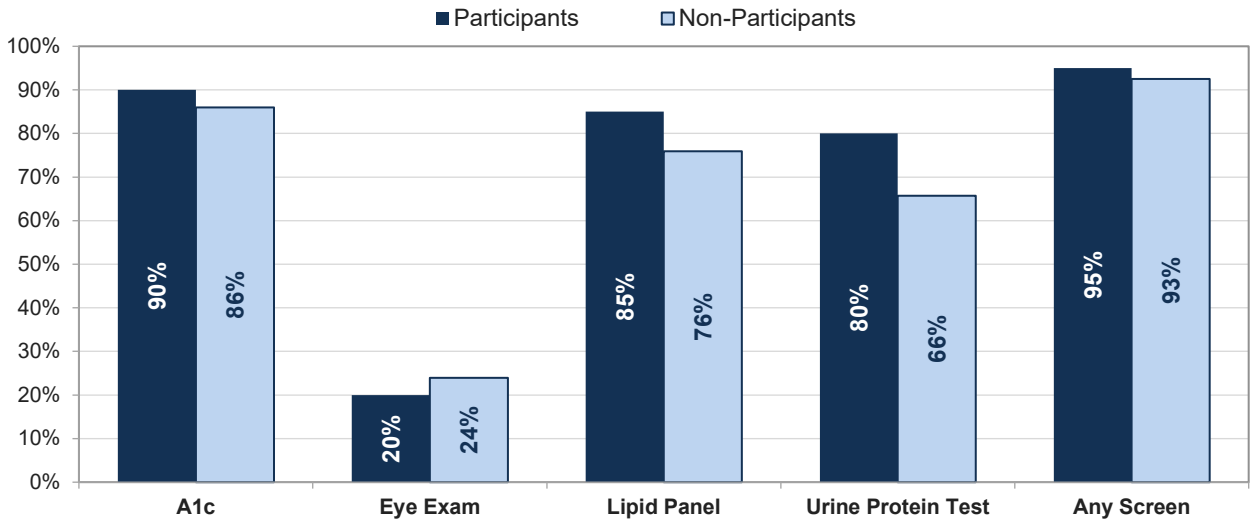
RPG 5.10 • Run Date: 7/29/2026

UMR © 2025 United HealthCare Services, Inc. All Rights Reserved.

Diabetes Care Management

Screenings Breakout: Participants vs. Non-Participants

Diabetes Screening	Participants			Non-Participants			*Participant vs. Non-Variance*
	Members	# with Screening	Screening Rate	Members	# with Screening	Screening Rate	
A1c Test	20	18	**90.0%**	1,417	1,218	**86.0%**	*4.0*
Eye Exam	20	4	**20.0%**	1,417	339	**23.9%**	*-3.9*
Lipid Panel	20	17	**85.0%**	1,417	1,076	**75.9%**	*9.1*
Urine Protein Test	20	16	**80.0%**	1,417	931	**65.7%**	*14.3*
Any Diabetes Screen	20	19	**95.0%**	1,417	1,311	**92.5%**	*2.5*



- *85.0% of DCM participants had an office visit for Diabetes, while 71.3% of non-participants had a visit*
- *10.0% of DCM participants received all four screenings, while 13.5% of non-participants did*

Diabetes Care Management participation is for the 2026 Plan Year with activity through 6/30/2026

Non-participants are defined as members identified with diabetes in the prior 12 months (7/1/2025 - 6/30/2026), but who are not enrolled in the Diabetes Care Management program

Screening Date Range: Service Dates 7/1/2025 - 6/30/2026, Paid through 6/30/2026

© 2025 United HealthCare Services, Inc. All Rights Reserved.

Diabetes Care Management

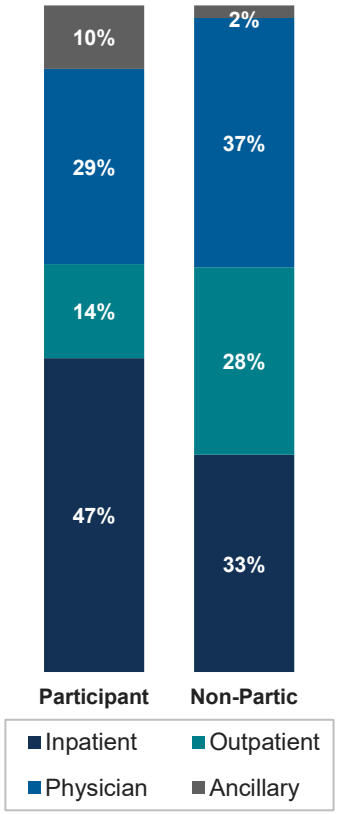
Financial & Utilization Summary

Financial Summary

Financial Measure	Participants	Non-Partic.	*Variance*
Average Enrollment			
Employees	14	1,162	*-98.8%*
Tot. Members	20	1,417	*-98.6%*
Emp to Total Ratio	1.4	1.2	*17.1%*
Financial Summary			
Allowed	$134,856	$16,235,182	*-99.2%*
Plan Paid	$108,534	$11,336,182	*-99.0%*
Member Paid (OOP)	$26,322	$2,677,083	*-99.0%*
Paid PEPY*	$7,752	$9,756	*-20.5%*
Paid PMPY*	$5,427	$8,000	*-32.2%*
Paid PEPM	$646	$813	*-20.5%*
Paid PMPM	$452	$667	*-32.2%*
High-Cost Claimants (Med Paid $100,000+)			
# of HCCs	0	17	*-100.0%*
HCCs per 1000	0.0	12.0	*-100.0%*
Paid per HCC	$0	$231,936	-
HCC Paid % of Tot	0.0%	34.8%	*-34.8 pts*
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	$2,556	$2,606	*-1.9%*
Outpatient	$764	$2,250	*-66.0%*
Physician	$1,588	$2,993	*-46.9%*
Ancillary	$518	$151	*243.9%*

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	*Variance*
Inpatient Admissions			
# of Admits	1	127	*-99.2%*
# of Admit Days	3	727	*-99.6%*
Paid per Admit	$59,790	$32,472	*84.1%*
Paid per Admit Day	$19,930	$5,672	*251.3%*
Admits per 1000	50.0	89.6	*-44.2%*
Average LOS	3.0	5.7	*-47.6%*
Emergency Room Visits			
# of ER Visits	2	433	*-99.5%*
~ % resulting in Admit	50.0%	20.3%	*29.7 pts*
ER Visits per Patient	1.0	1.5	*-33.3%*
ER Visits per 1000	100.0	305.6	*-67.3%*
Paid per ER Visit	$4,015	$2,928	*37.1%*
Urgent Care Visits			
# of UC Visits	2	468	*-99.6%*
UC Visits per Patient	1.0	1.6	*-36.5%*
UC Visits per 1000	100.0	330.3	*-69.7%*
Paid per UC Visit	$104	$80	*30.8%*
Office Visits			
Off Visits per Patient	4.0	7.5	*-47.7%*
Paid per Office Visit	$83	$62	*32.4%*
Office Visits Paid PMPY	$326	$456	*-28.5%*
Services			
Radiology Svcs per 1000	1,100.0	8,822.9	*-87.5%*
Radiology Paid PMPY	$169	$512	*-67.0%*
Lab Services per 1000	14,400.0	20,160.9	*-28.6%*
Labs Paid PMPY	$160	$403	*-60.3%*

Non-participants are defined as members identified with diabetes in the prior 12 months (7/1/2025 - 6/30/2026), but who are not enrolled in the Diabetes Care Management program

Claims Date Range: Service Dates 7/1/2025 - 6/30/2026, Paid through 6/30/2026

© 2025 United HealthCare Services, Inc. All Rights Reserved.