Nevada PEBP FY26 Q4 Report

7/1/2024 – 6/30/2026

Report Includes:

- CDHP Comparison Data from Q4 FY26 to Q4 FY25
- EPO Comparison Data from Q4 FY26 to Q4 FY25
- PPO Comparison Data from Q4 FY26 to Q4 FY25
- CDHP, EPO, PPO Breakout Data from Q4 FY26
- Summary Comparison Data from FY26
- Key Metric Breakout Data from FY26

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

PREPARED BY CLIENT ANALYTICS
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8/31/2026

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q4 FY26 to Q4 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	52,462	51,616	1.6%
Utilizing Member Count (Patients)	40,267	39,485	2.0%
Percent Utilizing (Utilization)	76.8%	76.5%	0.3

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	848,750	816,010	4.0%
Claims per Elig Member per Month (Claims PMPM)	1.35	1.32	2.3%
Total Claims for Generic (Generic ARx)	740,717	711,087	4.2%
Total Claims for Brand (Brand ARx)	108,033	104,923	3.0%
Total Claims for Multisource Brand Claims (MSB ARx)	1,652	1,963	-15.8%
Total Non-Specialty Claims	835,584	805,212	3.8%
Total Specialty Claims	13,166	10,798	21.9%
Generic % of Total Claims (GFR)	**87.3%**	**87.1%**	**0.1**
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	195,586	211,584	-7.6%
Mail Penetration Rate*	25.8%	29.2%	-3.4

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$140,693,678**	**$123,120,083**	**14.3%**
Total Generic Gross Cost	$12,561,600	$12,454,946	0.9%
Total Brand Gross Cost	$128,132,079	$110,665,138	15.8%
Total MSB Gross Cost	$1,372,040	$1,322,277	3.8%
Total Ingredient Cost	$137,053,464	$119,722,856	14.5%
Total Dispensing Fee	$3,608,446	$3,342,826	7.9%
Total Other (e.g. tax)	$31,768	$54,401	-41.6%
Avg Total Cost per Claim (Gross Cost/ARx)	**$165.77**	**$150.88**	**9.9%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$16.96	$17.52	-3.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,186.05	$1,054.73	12.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$830.53	$673.60	23.3%

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STATE OF NEVADA PEBP:

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+ TOTAL PLAN
+ Q4 FY26 to Q4 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$20,817,955**	**$21,029,659**	**-1.0%**
Generic Cost Share	$4,289,045	$4,698,862	-8.7%
Brand Cost Share	$16,528,910	$16,330,796	1.2%
MSB Cost Share	$201,804	$232,635	-13.3%
Total Copay	$19,097,021	$19,206,797	-0.6%
Total Deductible	$1,720,933	$1,822,861	-5.6%
Avg Copay per Claim (Member Cost Share/ARx)	**$24.53**	**$25.77**	**-4.8%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$5.79	$6.61	-12.4%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$153.00	$155.65	-1.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$122.16	$118.51	3.1%
Copay % of Total Prescription Cost (Member Cost Share %)	**14.8%**	**17.1%**	**-2.3**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$119,875,724**	**###########**	**17.4%**
Generic Plan Cost	$8,272,555	$7,756,083	6.7%
Brand Plan Cost	$111,603,169	$94,334,341	18.3%
MSB Plan Cost	$1,170,236	$1,089,642	7.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$54,008,893	$50,003,951	8.0%
Total Specialty Drug Cost (Specialty Plan Cost)	$65,866,831	$52,086,474	26.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	$141.24	$125.11	12.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$11.17	$10.91	2.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$1,033.05	$899.08	14.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$708.38	$555.09	27.6%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$64.64	$62.10	4.1%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,002.80	$4,823.71	3.7%
Plan Cost PMPM	**$190.42**	**$164.82**	**15.5%**
Non-Specialty Plan Cost PMPM	$85.79	$80.73	6.3%
Specialty Plan Cost PMPM	$104.63	$84.09	24.4%
Specialty % of Plan Cost	54.9%	51.0%	3.9
Net Plan Cost PMPM (factoring Rebates)	**$127.01**	**$103.32**	**22.9%**
Non-Specialty Plan Cost PMPM	$49.12	$44.80	9.6%
Specialty Plan Cost PMPM	$77.90	$58.52	33.1%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ Q4 FY26 to Q4 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	22,356	23,015	-2.9%
Utilizing Member Count (Patients)	16,133	16,639	-3.0%
Percent Utilizing (Utilization)	72.2%	72.3%	-0.1

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	328,360	336,732	-2.5%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.22	0.4%
Total Claims for Generic (Generic ARx)	289,865	297,063	-2.4%
Total Claims for Brand (Brand ARx)	38,495	39,669	-3.0%
Total Claims for Multisource Brand Claims (MSB ARx)	514	534	-3.7%
Total Non-Specialty Claims	323,427	332,461	-2.7%
Total Specialty Claims	4,933	4,271	15.5%
Generic % of Total Claims (GFR)	**88.3%**	**88.2%**	**0.1**
Generic Effective Rate (GCR)	99.8%	99.8%	0.0
Mail Order Claims	76,023	84,971	-10.5%
Mail Penetration Rate*	25.9%	28.5%	-2.5

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$50,807,385**	**$46,355,912**	**9.6%**
Total Generic Gross Cost	$4,035,462	$4,650,084	-13.2%
Total Brand Gross Cost	$46,771,922	$41,705,827	12.1%
Total MSB Gross Cost	$466,776	$415,739	12.3%
Total Ingredient Cost	$49,371,664	$44,943,121	9.9%
Total Dispensing Fee	$1,423,916	$1,392,547	2.3%
Total Other (e.g. tax)	$11,805	$20,244	-41.7%
Avg Total Cost per Claim (Gross Cost/ARx)	**$154.73**	**$137.66**	**12.4%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$13.92	$15.65	-11.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,215.01	$1,051.35	15.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$908.12	$778.54	16.6%

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+ CDHP PLAN

+ Q4 FY26 to Q4 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$9,696,916**	**$9,848,893**	**-1.5%**
Generic Cost Share	$1,683,143	$1,942,347	-13.3%
Brand Cost Share	$8,013,774	$7,906,546	1.4%
MSB Cost Share	$122,541	$171,803	-28.7%
Total Copay	$7,979,865	$8,029,327	-0.6%
Total Deductible	$1,717,051	$1,819,566	-5.6%
Avg Copay per Claim (Member Cost Share/ARx)	**$29.53**	**$29.25**	**1.0%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$5.81	$6.54	-11.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$208.18	$199.31	4.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$238.41	$321.73	-25.9%
Copay % of Total Prescription Cost (Member Cost Share %)	**19.1%**	**21.2%**	**-2.2**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$41,110,468**	**$36,507,019**	**12.6%**
Generic Plan Cost	$2,352,320	$2,707,737	-13.1%
Brand Plan Cost	$38,758,149	$33,799,281	14.7%
MSB Plan Cost	$344,235	$243,936	41.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$14,825,200	$15,339,888	-3.4%
Total Specialty Drug Cost (Specialty Plan Cost)	$26,285,268	$21,167,130	24.2%
Avg Plan Cost per Claim (Plan Cost/ARx)	$125.20	$108.42	15.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$8.12	$9.12	-11.0%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$1,006.84	$852.03	18.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$669.72	$456.81	46.6%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$45.84	$46.14	-0.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,328.45	$4,956.01	7.5%
Plan Cost PMPM	**$153.24**	**$132.19**	**15.9%**
Non-Specialty Plan Cost PMPM	$55.26	$55.54	-0.5%
Specialty Plan Cost PMPM	$97.98	$76.64	27.8%
Specialty % of Plan Cost	63.9%	58.0%	6.0
Net Plan Cost PMPM (factoring Rebates)	**$100.72**	**$81.85**	**23.0%**
Non-Specialty Plan Cost PMPM	$26.84	$28.73	-6.6%
Specialty Plan Cost PMPM	$73.88	$53.12	39.1%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q4 FY26 vs Q4 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	4,439	5,178	-14.3%
Utilizing Member Count (Patients)	3,782	4,371	-13.5%
Percent Utilizing (Utilization)	85.2%	84.4%	0.8

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	108,292	120,843	-10.4%
Claims per Elig Member per Month (Claims PMPM)	2.03	1.94	4.5%
Total Claims for Generic (Generic ARx)	93,288	104,463	-10.7%
Total Claims for Brand (Brand ARx)	15,004	16,380	-8.4%
Total Claims for Multisource Brand Claims (MSB ARx)	256	393	-34.9%
Total Non-Specialty Claims	106,432	119,046	-10.6%
Total Specialty Claims	1,860	1,797	3.5%
Generic % of Total Claims (GFR)	**86.1%**	**86.4%**	**-0.3**
Generic Effective Rate (GCR)	99.7%	99.6%	0.1
Mail Order Claims	27,949	33,844	-17.4%
Mail Penetration Rate*	28.2%	30.8%	-2.6

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$19,460,135**	**$20,909,304**	**-6.9%**
Total Generic Gross Cost	$1,802,597	$1,827,871	-1.4%
Total Brand Gross Cost	$17,657,538	$19,081,433	-7.5%
Total MSB Gross Cost	$271,646	$424,956	-36.1%
Total Ingredient Cost	$18,975,721	$20,398,347	-7.0%
Total Dispensing Fee	$480,438	$502,695	-4.4%
Total Other (e.g. tax)	$3,975	$8,261	-51.9%
Avg Total Cost per Claim (Gross Cost/ARx)	**$179.70**	**$173.03**	**3.9%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$19.32	$17.50	10.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,176.86	$1,164.92	1.0%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$1,061.12	$1,081.31	-1.9%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q4 FY26 vs Q4 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$2,394,492**	**$3,116,628**	**-23.2%**
Generic Cost Share	$563,308	$699,477	-19.5%
Brand Cost Share	$1,831,184	$2,417,151	-24.2%
MSB Cost Share	$27,180	$26,941	0.9%
Total Copay	$2,390,610	$3,113,332	-23.2%
Total Deductible	$3,882	$3,296	17.8%
Avg Copay per Claim (Member Cost Share/ARx)	**$22.11**	**$25.79**	**-14.3%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$6.04	$6.70	-9.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$122.05	$147.57	-17.3%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$106.17	$68.55	54.9%
Copay % of Total Prescription Cost (Member Cost Share %)	**12.3%**	**14.9%**	**-2.6**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$17,065,642**	**$17,792,676**	**-4.1%**
Generic Plan Cost	$1,239,289	$1,128,394	9.8%
Brand Plan Cost	$15,826,354	$16,664,282	-5.0%
MSB Plan Cost	$244,466	$398,015	-38.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$8,283,144	$8,616,385	-3.9%
Total Specialty Drug Cost (Specialty Plan Cost)	$8,782,498	$9,176,291	-4.3%
Avg Plan Cost per Claim (Plan Cost/ARx)	$157.59	$147.24	7.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$13.28	$10.80	23.0%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$1,054.81	$1,017.36	3.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$954.95	$1,012.76	-5.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$77.83	$72.38	7.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,721.77	$5,106.45	-7.5%
Plan Cost PMPM	**$320.37**	**$286.35**	**11.9%**
Non-Specialty Plan Cost PMPM	$155.50	$138.67	12.1%
Specialty Plan Cost PMPM	$164.87	$147.68	11.6%
Specialty % of Plan Cost	51.5%	51.6%	-0.1
Net Plan Cost PMPM (factoring Rebates)	**$214.63**	**$182.27**	**17.8%**
Non-Specialty Plan Cost PMPM	$91.47	$76.22	20.0%
Specialty Plan Cost PMPM	$123.16	$106.06	16.1%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q4 FY26 vs Q4 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	25,675	23,427	9.6%
Utilizing Member Count (Patients)	20,447	18,564	10.1%
Percent Utilizing (Utilization)	79.6%	79.2%	0.4

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	412,098	358,435	15.0%
Claims per Elig Member per Month (Claims PMPM)	1.34	1.28	4.9%
Total Claims for Generic (Generic ARx)	357,564	309,561	15.5%
Total Claims for Brand (Brand ARx)	54,534	48,874	11.6%
Total Claims for Multisource Brand Claims (MSB ARx)	882	1,036	-14.9%
Total Non-Specialty Claims	405,725	353,705	14.7%
Total Specialty Claims	6,373	4,730	34.7%
Generic % of Total Claims (GFR)	**86.8%**	**86.4%**	**0.4**
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	91,614	92,769	-1.2%
Mail Penetration Rate*	25.0%	29.4%	-4.3

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$70,426,159**	**$55,854,868**	**26.1%**
Total Generic Gross Cost	$6,723,541	$5,976,991	12.5%
Total Brand Gross Cost	$63,702,618	$49,877,877	27.7%
Total MSB Gross Cost	$633,618	$481,582	31.6%
Total Ingredient Cost	$68,706,079	$54,381,389	26.3%
Total Dispensing Fee	$1,704,092	$1,447,584	17.7%
Total Other (e.g. tax)	$15,988	$25,895	-38.3%
Avg Total Cost per Claim (Gross Cost/ARx)	**$170.90**	**$155.83**	**9.7%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$18.80	$19.31	-2.6%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,168.13	$1,020.54	14.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$718.39	$464.85	54.5%

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STATE OF NEVADA PEBP:

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+ PPO PLAN

+ Q4 FY26 vs Q4 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$8,726,546**	**$8,064,138**	**8.2%**
Generic Cost Share	$2,042,594	$2,057,039	-0.7%
Brand Cost Share	$6,683,952	$6,007,099	11.3%
MSB Cost Share	$52,083	$33,891	53.7%
Total Copay	$8,726,546	$8,064,138	8.2%
Total Deductible	$0	$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	**$21.18**	**$22.50**	**-5.9%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$5.71	$6.65	-14.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$122.56	$122.91	-0.3%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$59.05	$32.71	80.5%
Copay % of Total Prescription Cost (Member Cost Share %)	**12.4%**	**14.4%**	**-2.0**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$61,699,613**	**$47,790,730**	**29.1%**
Generic Plan Cost	$4,680,947	$3,919,952	19.4%
Brand Plan Cost	$57,018,666	$43,870,778	30.0%
MSB Plan Cost	$581,535	$447,691	29.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$30,900,549	$26,047,678	18.6%
Total Specialty Drug Cost (Specialty Plan Cost)	$30,799,064	$21,743,052	41.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	$149.72	$133.33	12.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$13.09	$12.66	3.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$1,045.56	$897.63	16.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$659.34	$432.13	52.6%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$76.16	$73.64	3.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,832.74	$4,596.84	5.1%
Plan Cost PMPM	**$200.26**	**$170.00**	**17.8%**
Non-Specialty Plan Cost PMPM	$100.29	$92.66	8.2%
Specialty Plan Cost PMPM	$99.96	$77.34	29.2%
Specialty % of Plan Cost	49.9%	45.5%	4.4
Net Plan Cost PMPM (factoring Rebates)	**$134.73**	**$106.94**	**26.0%**
Non-Specialty Plan Cost PMPM	$61.18	$53.63	14.1%
Specialty Plan Cost PMPM	$73.55	$53.31	38.0%

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN

+ Q4 FY26

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	52,462	4,439	22,356	25,675
Utilizing Member Count (Patients)	40,267	3,782	16,133	20,447
Percent Utilizing (Utilization)	76.8%	85.2%	72.2%	79.6%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	848,750	108,292	328,360	412,098
Claims per Elig Member per Month (Claims PMPM)	1.35	2.03	1.22	1.34
Total Claims for Generic (Generic Rx)	740,717	93,288	289,865	357,564
Total Claims for Brand (Brand Rx)	108,033	15,004	38,495	54,534
Total Claims for Multisource Brand Claims (MSB Rx)	1,652	256	514	882
Total Non-Specialty Claims	835,584	106,432	323,427	405,725
Total Specialty Claims	13,166	1,860	4,933	6,373
Generic % of Total Claims (GFR)	**87.3%**	**86.1%**	**88.3%**	**86.8%**
Generic Effective Rate (GCR)	99.8%	99.7%	99.8%	99.8%
Mail Order Claims	195,586	27,949	76,023	91,614
Mail Penetration Rate*	25.8%	28.2%	25.9%	25.0%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	**$140,693,678**	**$19,460,135**	**$50,807,385**	**$70,426,159**
Total Generic Gross Cost	$12,561,600	$1,802,597	$4,035,462	$6,723,541
Total Brand Gross Cost	$128,132,079	$17,657,538	$46,771,922	$63,702,618
Total MSB Gross Cost	$1,372,040	$271,646	$466,776	$633,618
Total Ingredient Cost	$137,053,464	$18,975,721	$49,371,664	$68,706,079
Total Dispensing Fee	$1,904,354	$480,438	$1,423,916	$1,704,092
Total Other (e.g. tax)	$31,768	$3,975	$11,805	$15,988
Avg Total Cost per Claim (Gross Cost/Rx)	**$165.77**	**$179.70**	**$154.73**	**$170.90**
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	$16.96	$19.32	$13.92	$18.80
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	$1,186.05	$1,176.86	$1,215.01	$1,168.13
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	$830.53	$1,061.12	$908.12	$718.39

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q4 FY26

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	**$20,817,955**	**$2,394,492**	**$9,696,916**	**$8,726,546**
Generic Cost Share	$4,289,045	$563,308	$1,683,143	$2,042,594
Brand Cost Share	$16,528,910	$1,831,184	$8,013,774	$6,683,952
MSB Cost Share	$201,804	$27,180	$122,541	$52,083
Total Copay	$19,097,021	$2,390,610	$7,979,865	$8,726,546
Total Deductible	$1,720,933	$3,882	$1,717,051	$0
Avg Copay per Claim (Member Cost Share/Rx)	**$24.53**	**$22.11**	**$29.53**	**$21.18**
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	$5.79	$6.04	$5.81	$5.71
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	$153.00	$122.05	$208.18	$122.56
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	$122.16	$106.17	$238.41	$59.05
Copay % of Total Prescription Cost (Member Cost Share %)	**14.8%**	**12.3%**	**19.1%**	**12.4%**

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	**$119,875,724**	**$17,065,642**	**$41,110,468**	**$61,699,613**
Generic Plan Cost	$8,272,555	$1,239,289	$2,352,320	$4,680,947
Brand Plan Cost	$111,603,169	$15,826,354	$38,758,149	$57,018,666
MSB Plan Cost	$1,170,236	$244,466	$344,235	$581,535
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$54,008,893	$8,283,144	$14,825,200	$30,900,549
Total Specialty Drug Cost (Specialty Plan Cost)	$65,866,831	$8,782,498	$26,285,268	$30,799,064
Avg Plan Cost per Claim (Plan Cost/Rx)	$141.24	$157.59	$125.20	$149.72
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	$11.17	$13.28	$8.12	$13.09
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	$1,033.05	$1,054.81	$1,006.84	$1,045.56
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	$708.38	$954.95	$669.72	$659.34
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	$64.64	$77.83	$45.84	$76.16
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	$5,002.80	$4,721.77	$5,328.45	$4,832.74
Plan Cost PMPM	**$190.42**	**$320.37**	**$153.24**	**$200.26**
Non-Specialty Plan Cost PMPM	$85.79	$155.50	$55.26	$100.29
Specialty Plan Cost PMPM	$104.63	$164.87	$97.98	$99.96
Specialty % of Plan Cost	54.9%	51.5%	63.9%	49.9%
Net Plan Cost PMPM (factoring Rebates)	**$127.01**	**$214.63**	**$100.72**	**$134.73**
Non-Specialty Net Plan Cost PMPM	$49.12	$91.47	$26.84	$61.18
Specialty Net Plan Cost PMPM	$77.90	$123.16	$73.88	$73.55

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q4 FY26

State of Nevada PEBP FY2026 Q4				
Description	**Grand Total**	**EPO**	**CDHP**	**PPO**
Avg Members per Month	52,462	4,439	22,356	25,675
Pct Members Utilizing Benefit	76.8%	85.2%	72.2%	79.6%
Total Plan Cost	$ 119,875,724	$ 17,065,642	$ 41,110,468	$ 61,699,613
Total Days	22,522,115	2,943,811	8,719,342	10,858,962
Total Adjusted Rxs	848,750	108,292	328,360	412,098
Plan Cost PMPM	$ 190.42	$ 320.37	$ 153.24	$ 200.26
Plan Cost Net PMPM	$ 127.01	$ 214.63	$ 100.72	$ 134.73
Plan Cost/Day	$ 5.32	$ 5.80	$ 4.71	$ 5.68
Plan Cost per Adjusted Rx	$ 141.24	$ 157.59	$ 125.20	$ 149.72
Nbr Rxs PMPM	1.35	2.03	1.22	1.34
Generic Fill Rate	87.3%	86.1%	88.3%	86.8%
Home Delivery Utilization	25.8%	28.2%	25.9%	25.0%
Member Cost %	14.8%	12.3%	19.1%	12.4%
Specialty Percent of Plan Cost	54.9%	51.5%	63.9%	49.9%
Specialty Plan Cost PMPM	$ 104.63	$ 164.87	$ 97.98	$ 99.96
Formulary Compliance Rate	99.5%	99.4%	99.7%	99.3%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q4 FY26

State of Nevada PEBP FY2026 Q4 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	52,462	46,686	5,383	16	386
Pct Members Utilizing Benefit	76.8%	75.6%	91.8%	87.5%	95.1%
Total Plan Cost	$ 119,875,724	$ 96,790,002	$ 21,420,949	$ 46,485	$ 1,618,287
Total Days	22,522,115	17,573,020	4,379,793	11,122	558,180
Total Adjusted Rxs	848,750	669,390	158,934	393	20,033
Plan Cost PMPM	$ 190.42	$ 172.77	$ 331.61	$ 242.11	$ 349.37
Plan Cost Net PMPM	$ 127.01	$ 115.97	$ 219.66	$ 162.61	$ 166.85
Plan Cost/Day	$ 5.32	$ 5.51	$ 4.89	$ 4.18	$ 2.90
Plan Cost per Adjusted Rx	$ 141.24	$ 144.59	$ 134.78	$ 118.28	$ 80.78
Nbr Rxs PMPM	1.35	1.19	2.46	2.05	4.32
Generic Fill Rate	87.3%	87.1%	88.0%	81.4%	88.0%
Home Delivery Utilization	25.8%	23.5%	33.8%	67.8%	33.4%
Member Cost %	14.8%	14.8%	14.7%	7.5%	15.4%
Specialty Percent of Plan Cost	54.9%	54.3%	59.3%	0.0%	37.7%
Specialty Plan Cost PMPM	$ 104.63	$ 93.82	$ 196.58	$ -	$ 131.78
Formulary Compliance Rate	99.5%	99.4%	99.6%	100.0%	99.6%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ Q4 FY26

State of Nevada PEBP FY2026 Q4 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,356	19,090	2,961	10	297
Pct Members Utilizing Benefit	72.2%	69.9%	89.6%	70.0%	94.9%
Total Plan Cost	$ 41,110,468	$ 30,317,216	$ 9,565,685	$ 1,730	$ 1,225,836
Total Days	8,719,342	6,017,744	2,258,670	770	442,158
Total Adjusted Rxs	328,360	230,623	81,857	30	15,850
Plan Cost PMPM	$ 153.24	$ 132.34	$ 269.21	$ 17.30	$ 343.95
Plan Cost Net PMPM	$ 100.72	$ 88.66	$ 172.94	$ 7.05	$ 157.92
Plan Cost/Day	$ 4.71	$ 5.04	$ 4.24	$ 2.25	$ 2.77
Plan Cost per Adjusted Rx	$ 125.20	$ 131.46	$ 116.86	$ -	$ 77.34
Nbr Rxs PMPM	1.22	1.01	2.30	0.25	4.45
Generic Fill Rate	88.3%	88.0%	89.2%	70.0%	87.6%
Home Delivery Utilization	25.9%	22.6%	33.5%	0.0%	32.5%
Member Cost %	19.1%	19.6%	17.7%	15.8%	17.6%
Specialty Percent of Plan Cost	63.9%	64.3%	65.9%	0.0%	39.7%
Specialty Plan Cost PMPM	$ 97.98	$ 85.08	$ 177.53	$ -	$ 136.67
Formulary Compliance Rate	99.7%	99.7%	99.8%	100.0%	99.6%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q4 FY26

State of Nevada PEBP FY2026 Q4 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	4,439	3,756	623	3	57
Pct Members Utilizing Benefit	85.2%	83.8%	98.9%	66.7%	93.0%
Total Plan Cost	$ 17,065,642	$ 12,164,983	$ 4,677,761	$ 19,275	$ 203,624
Total Days	2,943,811	2,206,732	665,495	4,224	67,360
Total Adjusted Rxs	108,292	81,762	23,972	147	2,411
Plan Cost PMPM	$ 320.37	$ 269.90	$ 625.70	$ 535.43	$ 297.70
Plan Cost Net PMPM	$ 214.63	$ 173.78	$ 462.18	$ 328.49	$ 194.60
Plan Cost/Day	$ 5.80	$ 5.51	$ 7.03	$ 4.56	$ 3.02
Plan Cost per Adjusted Rx	$ 157.59	$ 148.79	$ 195.13	$ 131.12	$ 84.46
Nbr Rxs PMPM	2.03	1.81	3.21	4.08	4.32
Generic Fill Rate	86.1%	85.9%	86.4%	83.0%	91.0%
Home Delivery Utilization	28.2%	26.4%	33.3%	60.2%	34.4%
Member Cost %	12.3%	12.5%	12.0%	6.2%	9.3%
Specialty Percent of Plan Cost	51.5%	47.5%	62.1%	0.0%	49.7%
Specialty Plan Cost PMPM	$ 164.87	$ 128.13	$ 388.77	$ -	$ 147.86
Formulary Compliance Rate	99.4%	99.3%	99.6%	100.0%	99.3%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q4 FY26

State of Nevada PEBP FY2026 Q4 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	25,675	23,840	1,799	5	32
Pct Members Utilizing Benefit	79.6%	79.1%	93.3%	100.0%	100.0%
Total Plan Cost	$ 61,699,613	$ 54,307,803	$ 7,177,503	$ 25,480	$ 188,827
Total Days	10,858,962	9,348,544	1,455,628	6,128	48,662
Total Adjusted Rxs	412,098	357,005	53,105	216	1,772
Plan Cost PMPM	$ 200.26	$ 189.83	$ 332.48	$ 424.66	$ 491.74
Plan Cost Net PMPM	$ 134.73	$ 128.72	$ 212.57	$ 311.51	$ 200.36
Plan Cost/Day	$ 5.68	$ 5.81	$ 4.93	$ 4.16	$ 3.88
Plan Cost per Adjusted Rx	$ 149.72	$ 152.12	$ 135.16	$ 117.96	$ 106.56
Nbr Rxs PMPM	1.34	1.25	2.46	3.60	4.61
Generic Fill Rate	86.8%	86.7%	86.9%	81.9%	87.5%
Home Delivery Utilization	25.0%	23.4%	34.6%	81.5%	40.1%
Member Cost %	12.4%	12.4%	12.1%	7.9%	6.1%
Specialty Percent of Plan Cost	49.9%	50.3%	48.5%	0.0%	11.8%
Specialty Plan Cost PMPM	$ 99.96	$ 95.40	$ 161.37	$ -	$ 57.83
Formulary Compliance Rate	99.3%	99.3%	99.4%	100.0%	99.9%

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