NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109
Carson City, Nevada 89706
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Joe Lombardo
Governor

Stacie Weeks
Director

Theresa Carsten
Executive Officer

MEETING NOTICE AND AGENDA – Amended 01/15/2026

Name of Organization:	Public Employees' Benefits Program
Date and Time of Meeting:	January 20, 2026 9:00 a.m.
Physical Meeting Location:	3427 Goni Road, Suite 117, Carson City, Nevada
Video Conferencing:	**This meeting will also be available by means of a remote technology system pursuant to NRS 241.023 using video- and tele-conference. Instructions for both are below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at https://www.youtube.com/live/op__6mKDMZk**

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

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

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

Option #1 **Join the webinar as an attendee https://us06web.zoom.us/j/81467119396**

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

Option #2 **Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 814 6711 9396 then press #. When prompted for a Participant ID, please enter #.**

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

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

AGENDA

1. Open Meeting; Roll Call.

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

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

4. Approval of Action Minutes from December 12, 2025, PEBP Board Meeting. (Jim Wells, Board Chair) (**For Possible Action)**

5. Plan Year 2027 Trend Analysis Presentation and Possible Action on Plan Design Changes for Plan Year 2027. (Richard Ward, Segal and Theresa Carsten, Executive Officer) (**For Possible Action**)

6. Annual Quality Control Data Presentation. (Theresa Carsten, Executive Officer) (Information/Discussion)
   a. Acceptance of the Annual PEBP Appeals and Complaints Summary Report for submission to the Nevada Division of Insurance. (Theresa Carsten, Executive Officer) (**For Possible Action**)
   b. Acceptance of the Annual PEBP External Review Summary Report for submission to the Office of Consumer Health Assistance. (Theresa Carsten, Executive Officer) (**For Possible Action**)

7. Review of overpayments identified on the Claim Technologies Incorporated audit findings for State of Nevada Public Employees Benefits Program administered by UMR for identified on audit report approved at the December 12, 2025, Board Meeting. (Theresa Carsten, Executive Officer) (Information/Discussion)

8. Q1 FY 26 Claim Technologies Incorporated audit findings for State of Nevada Public Employees Benefits Program administered by UMR. (Joni Amato, CTI) (**For Possible Action**)

9. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations. (Brandee Mooneyhan, Lead Insurance Counsel) (**For Possible Action**)
   10.1 Contract Overview
   10.2 New Contracts
   10.3 Contract Amendments
   10.4 Status of Current Solicitations

10. Executive Officer Report. (Theresa Carsten, Executive Officer) (Information/Discussion)

11. Election of Board Chair. All current Board members are eligible. (Jim Wells, Board Chair) (**For Possible Action**)

12. Vendor Reports for the period ending September 30, 2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
    12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
    12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
    12.2.1 Q1 UMR – Obesity and Diabetes Care Management
    12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
    12.2.3 Q1 UnitedHealthcare Basic Life Insurance
    12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
    12.2.5 Q1 CDHP Performance Review
    12.2.6 Q1 LD PPO Performance Review
    12.2.7 Q1 EPO Performance Review
    12.2.8 Q1 HPN Performance Review
    12.2.9 Q1 Dental Performance Review
    12.2.10 Q1 Doctor on Demand Engagement Report
    12.2.11 Q1 Real Appeal Performance Report

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

The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at https://pebp.nv.gov/Meetings/current-board-meetings/ (under the Board Meeting date referenced above). Contact Jessica Crane at PEBP, 3427 Goni Rd, Suite 109, Carson City, NV 89706 (775) 684-7020 or (800) 326-5496
An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.
All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 3427 Goni Rd, Suite 109, Carson City, NV 89706, or call Jessica Crane at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.
Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 3427 Goni Rd, Suite 109, Carson City, NV 89706 or on the PEBP website at https://pebp.nv.gov. For additional information, contact Jessica Crane at (775) 684-7020 or (800) 326-5496.
Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at https://pebp.nv.gov, at the office of the public body and to the public notice website for meetings at https://notice.nv.gov. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call.

2.

2. Public Comment.

3.

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

4.

4. Approval of Action Minutes from December 12, 2025 PEBP Board Meeting. (Jim Wells, Board Chair) **(For Possible Action)**

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)
December 12, 2025

MEMBERS PRESENT VIA TELECONFERENCE:	Ms. Janell Woodward, Member Ms. Laura Rich, Member
MEMBERS PRESENT IN PERSON:	Mr. Jim Wells, Board Chair Ms. Blaine Harper, Member Dr. Jennifer McClendon, Member Ms. Joy Grimmer, Vice Chair Mr. Jim Barnes, Member Ms. Keiko Duncan, Member
MEMBERS EXCUSED:	Mr. Christopher Viton, Member Ms. Tarryn Emerich-Choi, Member
FOR THE BOARD:	Mr. Jose Rivera, Deputy Attorney General
FOR STAFF:	Ms. Theresa Carsten, Executive Officer Mr. Nik Proper, Operations Officer Ms. Brandee Mooneyhan, Lead Insurance Counsel Ms. Leslie Bittleston, Quality Control Officer Ms. Monica McJoy, Chief Financial Officer Ms. Jessica Crane, Executive Assistant
OTHER PRESENTERS:	Mr. Kurt Schlicker, Eide Bailly Ms. Laura Nelson, Eide Bailly Ms. Joni Amato, CTI Ms. Jennifer Spencer, UMR Mr. Helmut Braun, UMR Mr. Chris Garcia, WTW/VIA Benefits Ms. Joan Operario, UHC Mr. Neil Boyce, UHC Ms. Amy Daily, ESI Ms. Amy Donohue, ESI Mr. Richard Ward, Segal Ms. Shelley Chun, Segal

1. Open Meeting; Roll Call.

    - Board Chair Wells opened the meeting at 1:00 p.m.

2. Public Comment.

    - Kathryn Murders – Member
    - Brooke Maylath – Member
    - Kent Ervin – NV Faculty Alliance
    - Doug Unger – NV Faculty Alliance

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

4. Approval of Action Minutes from the October 24, 2025, PEBP Board Meeting. (Jim Wells, Board Chair) (**For Possible Action)**

BOARD ACTION ON ITEM 4
MOTION: Approve meeting minutes.
BY: Member, Jim Barnes
SECOND: Member, Keiko Duncan
VOTE: Unanimous; the motion carried

5. Discussion and acceptance of Eide Bailey's audited financial statements: Retiree Health and Welfare Trust and Employer allocation reports. (Kurt Shlicker, Eide Bailly) (**For Possible Action**)

BOARD ACTION ON ITEM 5
MOTION: Accept audited financial statement for the Retiree Health and Welfare Trust and Employer allocation reports.
BY: Member, Jim Barnes
SECOND: Member, Blaine Harper
VOTE: Unanimous, the motion carried

6. Discussion and possible action regarding Board Policy and Procedure Appendix A. (Leslie Bittleston, Quality Control Officer, and Jim Wells, Board Chair) (**For Possible Action**)

BOARD ACTION ON ITEM 6
MOTION: Accept changes as outlined by Chair Wells.
BY: Member, Jennifer McClendon
SECOND: Member, Keiko Duncan
VOTE: Unanimous, the motion carried

7. Discussion and possible action on recommended enhancements to the Master Plan Documents for PY 26, PY 27, PY 28. (Leslie Bittleston, Quality Control Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 7
MOTIOM: Approve enhancements to the Master Plan Documents for PY 26, PY 27, PY 28.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous; the motion carried

8. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of April 1, 2025 – June 30, 2025. (Joni Amato, CTI) (**For Possible Action**)

BOARD ACTION ON ITEM 8
MOTION: Accept the Claims Technology Incorporated audit of UMR for April 1, 2025 – June 30, 2025 along with the collection of penalties identified in the report.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous, the motion carried

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for Willis Towers Watson for the period of July 1, 2024, through June 30, 2025. (Joni Amato, CTI) (**For Possible Action**)

BOARD ACTION ON ITEM 9
MOTION: Accept the Claims Technology Incorporated audit of Willis Towers Watson for July 1, 2024 – June 30, 2025 and the application of the associated penalties.
BY: Member, Jim Barnes
SECOND: Member, Blaine Harper
VOTE: Unanimous, the motion carried

10. Q4 Sierra Healthcare Options – Utilization and Large Case Management. (Joan Operario and Kelly Hall, UnitedHealthcare) (Information/Discussion)

11. Q4 Express Scripts – Utilization and Summary Reports. (Amy Donohue and Amy Daily, Express Scripts) (Information/Discussion)

12. SFY 25 Year End Report and SFY 26 Q1 Budget Report. (Monica McJoy, Chief Financial Officer) (Information/Discussion)

13. Presentation and possible action on current PEBP plans and possible revisions to future plan years. (Richard Ward, Segal) (**For Possible Action**)
    13.1 Medical Pharmacy Coupon Program
    13.2 Prior Authorization
        13.2.1 Biopsy Coverage
        13.2.2 Board consideration and potential approval for UMR to review PA approval rates for all prior authorizations twice per year, and report to board any services that are above a 95% approval rate for the review period for the board to consider removal of PAs for such services/codes

13.3 Diagnostic breast imaging and colonoscopies to be covered at 100% as preventative services
13.4 Network Lab Access and Education
13.5 Vision
13.6 Pharmacy
13.6.1 Increase non-preferred brand cost from $75 to 30% coinsurance
13.6.2 3 Tier specialty co-pay structure
13.6.2.1 3 Tier Bio similar only
13.6.2.3 3 Tier for Specialty Drugs
13.7 Mountain West Comparison of LDPPO plan

BOARD ACTION ON ITEM 13.1
MOTION: Approve the additional Medical Pharmacy Coupon program.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous, the motion carried

BOARD ACTION ON ITEM 13.2
MOTION: Approve the removal of prior authorization for biopsies, MRI's and Dialysis.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous, the motion carried

BOARD ACTION ON ITEM 13.3
MOTION: Approve diagnostic breast imaging and colonoscopies at 100% as preventive services with the exception of the CDHP where they are still subject to the deductible.
BY: Vice Chair, Joy Grimmer
SECOND: Member, Jim Barnes
VOTE: Unanimous, the motion carried

BOARD ACTION ON ITEM 13.4
MOTION: Approve first annual out-of-network lab being paid as in-network.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Ayes – 7, the motion carries
Abstained – Jim Wells

BOARD ACTION ON ITEM 13.5
MOTION: No motion.

BOARD ACTION ON ITEM 13.6
MOTION: No motion.

BOARD ACTION ON ITEM 13.7
MOTION: Approve scenario one with OOP Max being $5,000/$10,000 in-network and $12,500/$25,000 out-of-network under CDHP to match LD PPO.
BY: Member, Jennifer McClendon
SECOND: Member, Blaine Harper
VOTE: Ayes – 6, the motion carries
Abstained – Jim Barnes, Janell Woodward

14. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations. (Brandee Mooneyhan, Lead Insurance Counsel) (**For Possible Action**)
    14.1 Contract Overview
    14.2 New Contracts
    14.3 Contract Amendments
        14.3.1 Carrum Health – Centers of Excellence
    14.4 Status of Current Solicitations

BOARD ACTION ON ITEM 14
MOTION: Approve amendment to Carrum Centers of Excellence Contract described in agenda.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous, the motion carried

15. Executive Officer Report. (Theresa Carsten, Executive Officer) (Information/Discussion)

16. CY 26 Meeting Dates. (Theresa Carsten, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 16
MOTION: Move January meeting to January 20th and approve CY 26 meeting dates.
BY: Member, Jim Barnes
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous, the motion carried

17. Strategic Planning Discussion. (Theresa Carsten, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 17
MOTION: No Motion.

18. Quarter 4 Vendor Reports. (Information/Discussion)
    18.1 Receipt of quarterly vendor reports for the period ending June 30, 2025:
        18.1.1 Q4 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
        18.1.2 Q4 Doctor on Demand Engagement Report
        18.1.3 Q4 CDHP Performance Review
        18.1.4 Q4 LD PPO Performance Review
        18.1.5 Q4 EPO Performance Review
        18.1.6 Q4 HPN Performance Review
        18.1.7 Q4 Dental Performance Review
    18.2 Questions or discussion related to any reports provided (Board)

19. Public Comment.

- Doug Unger – NV Faculty Alliance

20. Adjournment.

- Board Chair Wells adjourned the meeting at 4:58pm

BOARD ACTION ON ITEM 20
MOTION: Motion to adjourn.
BY: Member, Blaine Harper
SECOND: Vice Chair, Joy Grimmer
VOTE: Unanimous, the motion carried

5.

5. Plan Year 2027 Trend Analysis Presentation and Possible Action on Plan Design Changes for Plan Year 2027. (Richard Ward, Segal and Theresa Carsten, Executive Officer)(**For Possible Action**)

Nevada
Public Employees' Benefits Program

January 20, 2026

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Segal

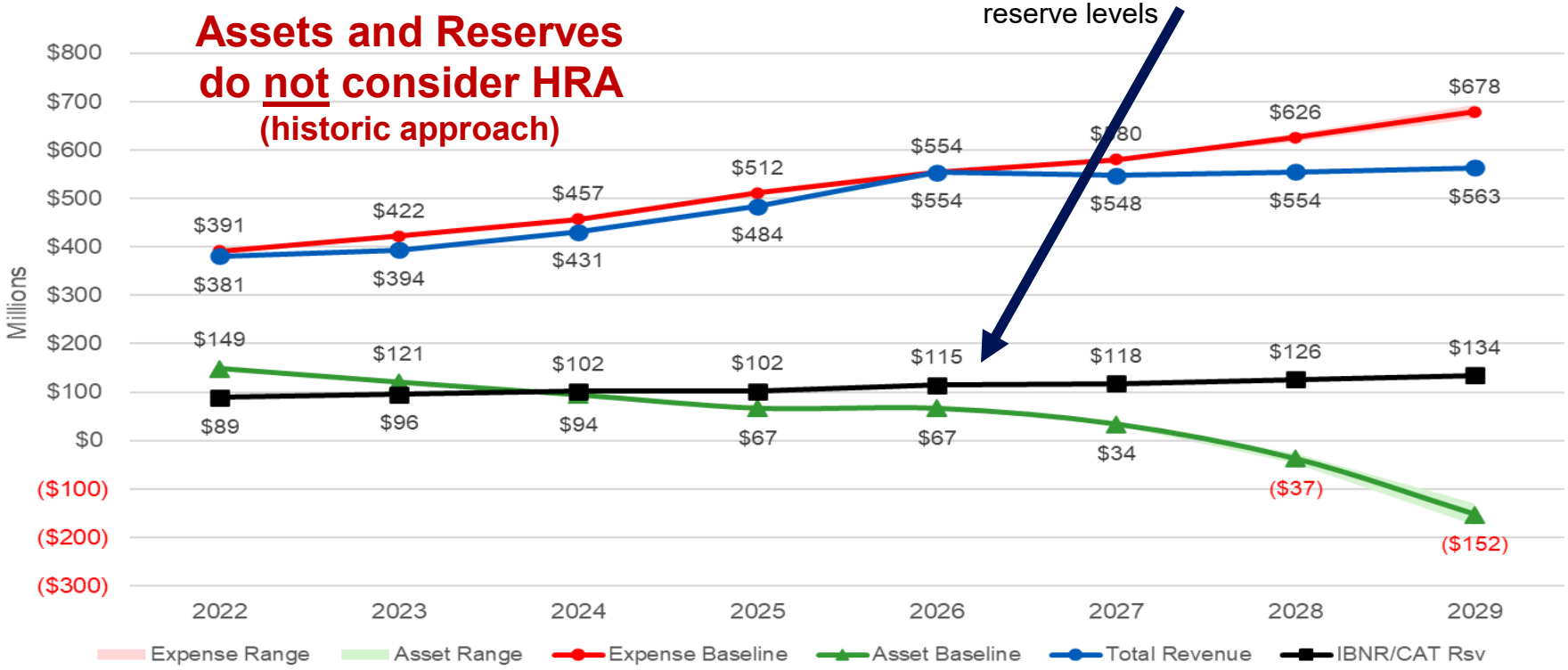
Assets and Reserves

Projected End of Year based on data through November 30, 2025

- Leading up to FY2024, reserves were actively spent down
  - Plan changes, premium subsidies and supplemental HRAs
- Trend increase accelerated at the same time
- Recent large increase in AEGIS and REGI for FY2026 was sufficient to close the funding gap
- Decrease in AEGIS for FY2027 will resume spend-down, which will accelerate without additional increases, or cost reduction measures

	FY24	FY25	FY26	FY27
AEGIS	$730	$759	$1,022	$982
REGI	$515	$545	$1,007	$1,023

- Increase in AEGIS/REGI = $64M for FY26
- Additional $48M needed to regain target reserve levels



[1]Catastrophic Reserve set at 50 days of claims for PY2024 and earlier; 45 days of claims for PY2025 and later.
[2] Assets and IBNR estimated for FY2026 and later.

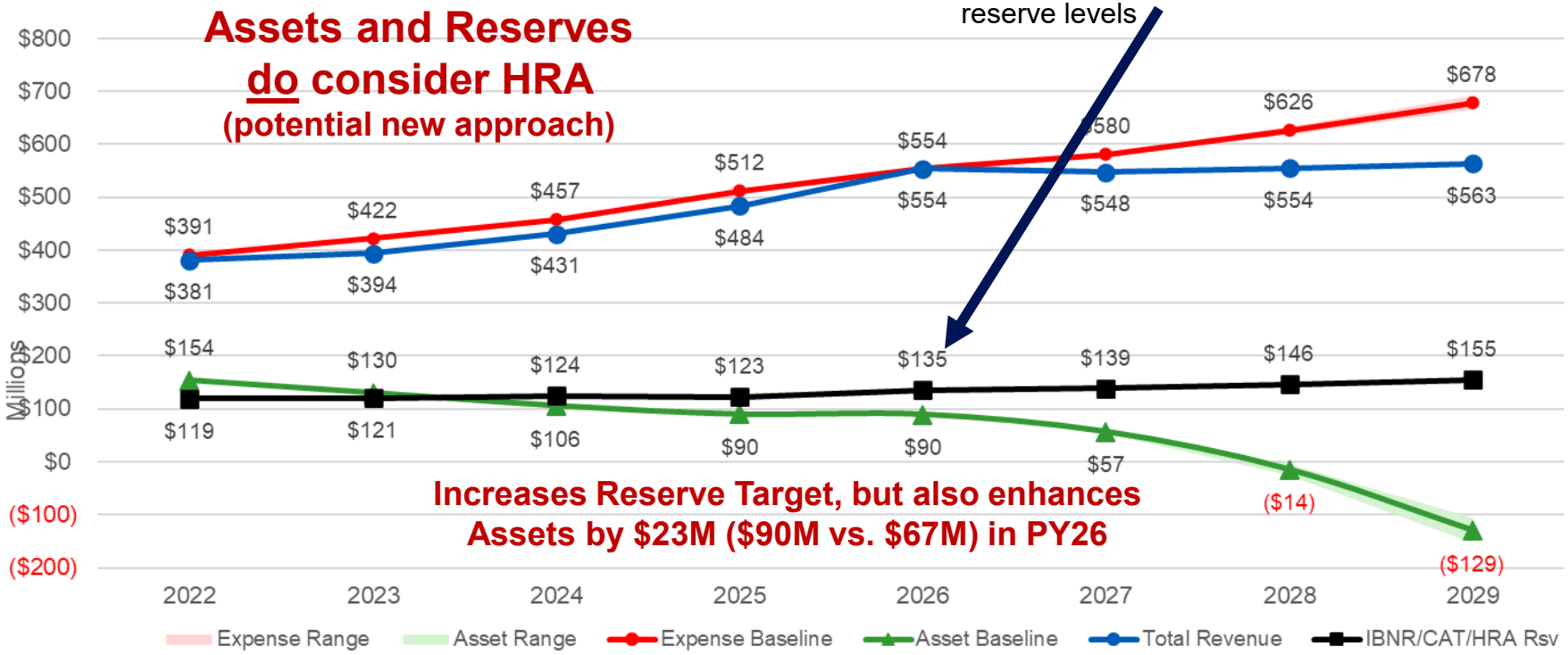
Assets and Reserves (Continued)

Projected End of Year based on data through November 30, 2025

- Leading up to FY2024, reserves were actively spent down
  - Plan changes, premium subsidies and supplemental HRAs
- Trend increase accelerated at the same time
- Recent large increase in AEGIS and REGI for FY2026 was sufficient to close the funding gap
- Decrease in AEGIS for FY2027 will resume spend-down, which will accelerate without additional increases, or cost reduction measures

	FY24	FY25	FY26	FY27
AEGIS	$730	$759	$1,022	$982
REGI	$515	$545	$1,007	$1,023

- Increase in AEGIS/REGI = $64M for FY26
- Additional $45M needed to regain target reserve levels



[1]Catastrophic Reserve set at 50 days of claims for PY2024 and earlier; 45 days of claims for PY2025 and later.
[2] Assets and IBNR estimated for FY2026 and later.

Illustrative PY2026 Employee Contributions

State Actives and Retirees

The additional $45M needed to attain the $135M reserve target (including HRA) equates to Employee and Retiree premiums 46% higher than the current PY2026.

	Current PY2026 Employee Contributions			Illustrative PY2026 Employee Contributions		
State Actives	**CDHP**	**LDPPO**	**EPO/HMO**	**CDHP**	**LDPPO**	**EPO/HMO**
Participant	$55.26	$91.79	$219.91	$80.58	$133.85	$320.68
Participant + Spouse	$313.94	$386.99	$643.23	$457.79	$564.32	$937.97
Participant + Children	$152.27	$202.48	$378.65	$222.04	$295.26	$552.15
Participant + Family	$410.94	$497.68	$801.97	$599.24	$725.73	$1,169.45

State Retirees	**CDHP**	**LDPPO**	**EPO/HMO**	**CDHP**	**LDPPO**	**EPO/HMO**
Participant	$278.06	$314.58	$442.70	$405.47	$458.73	$645.55
Participant + Spouse	$702.81	$775.85	$1,032.09	$1,024.85	$1,131.36	$1,505.01
Participant + Children	$437.34	$487.56	$663.73	$637.74	$710.97	$967.86
Participant + Family	$862.09	$948.83	$1,253.12	$1,257.12	$1,383.60	$1,827.32

PY2025 Medical/Rx Plan Performance

- Total medical/Rx expenses exceeded revenue by $25.6M for active and retired employees, including State and non-State
- CDHP subsidizes the other two plans

	CDHP	LDPPO	EPO/HMO	Total
Total Revenue*	$148,788,900	$135,852,600	$83,293,500	$367,935,000
Total Expenses**	$126,905,700	$162,008,800	$104,638,600	$393,553,100
Net	$21,883,200	($26,156,200)	($21,345,100)	($25,618,100)
Avg Enrollment	14,176	12,188	6,279	32,643
Revenue PEPM***	$875	$929	$1,106	$939
Expenses PEPM	$746	$1,108	$1,389	$1,005
Net PEPM Difference	**$129**	**($179)**	**($283)**	**($65)**

* State funding, employee and retiree premium contributions (excludes contributions to dental, life and general PEBP administration costs and revenue received in PY2025 attributable to prior plan years).
** Incurred claim costs, fully insured HMO premiums, HSA contributions, HRA claims (excluding supplemental) and administrative costs, net of prescription drug rebates
*** Per Employee Per Month

PY2025 Medical/Rx Active State Employees

Participant Only Tier

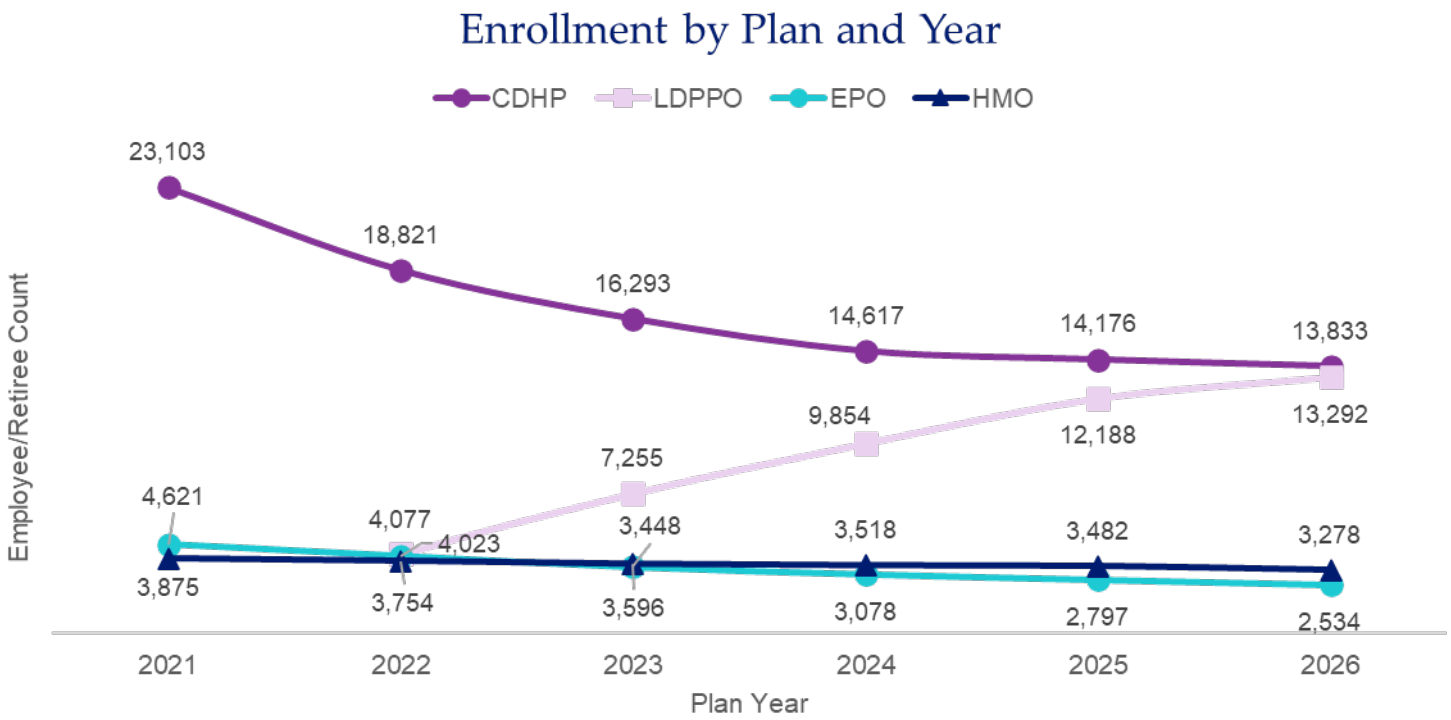
- The CDHP rates subsidize the LDPPO and EPO/HMO rates
- For the CDHP, the subsidies exceed the total projected cost

	CDHP	LDPPO	EPO/HMO
Subsidized Rate	$714.88	$753.70	$852.80
Base Subsidy	$651.32	$651.32	$651.32
Planned Spend-down	$8.30	$17.12	$20.24
Employee Premium	$55.26	$85.26	$181.24
If No Cross-Subsidies Between Plans (if we just let the math flow – and no migration considered)			
Unsubsidized Rate	$615.68	$801.11	$1,112.66
Base Subsidy	$651.32	$651.32	$651.32
Planned Spend-down	$8.30	$17.12	$20.24
Employee Premium	($43.94)	$132.67	$441.10

Does not consider migration, which would be significant and result in higher costs for each plan.

Migration to the LDPPO

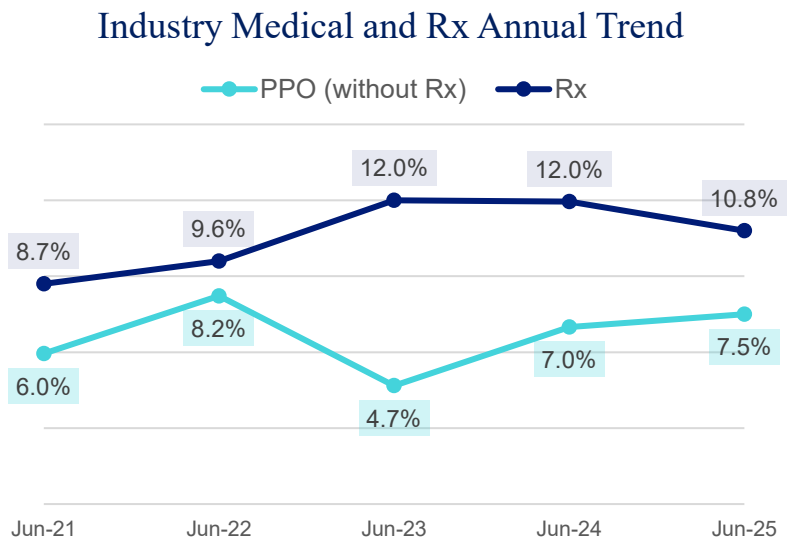
- **AEGIS/REGI are fixed on a per employee basis**
- **Migration from the CDHP to the LDPPO increases costs without corresponding increase in revenue**

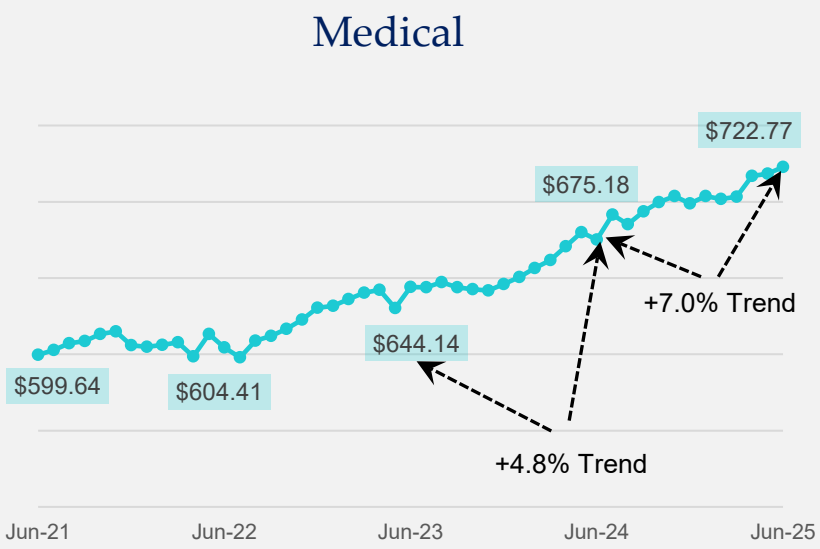


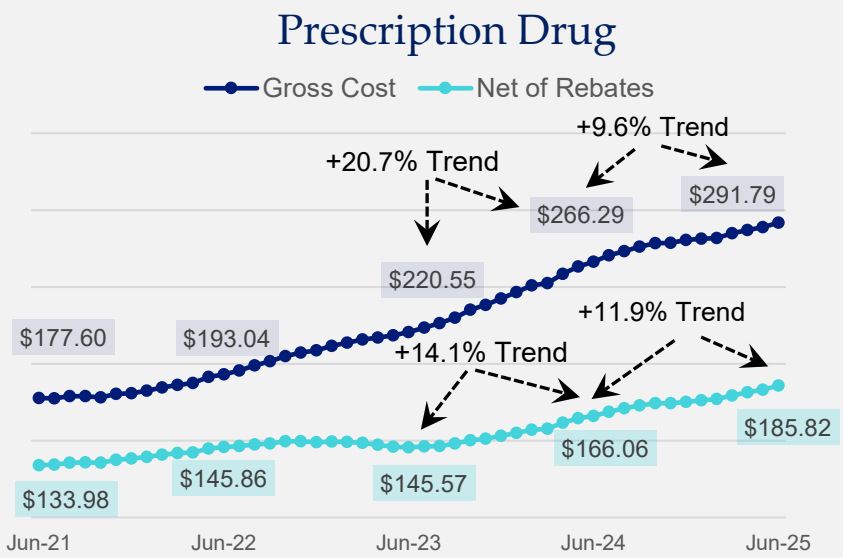
Members are migrating to the LDPPO from both the EPO/HMO and the CDHP

Medical/Rx Cost Trends

- Rx trend drivers[1]
  - The number of patients utilizing Mounjaro and Ozempic continues to rise (2-3x that of prior period)
  - Specialty patients increasing by 15-20% in FY25
- Medical trend drivers[2]
  - HCCs account for $2M increase between FY24/FY25
  - Cancer prevalence is 7.9% of members
  - Diabetes prevalence is 6.4% of members
  - MSK prevalence is 18.9% of members

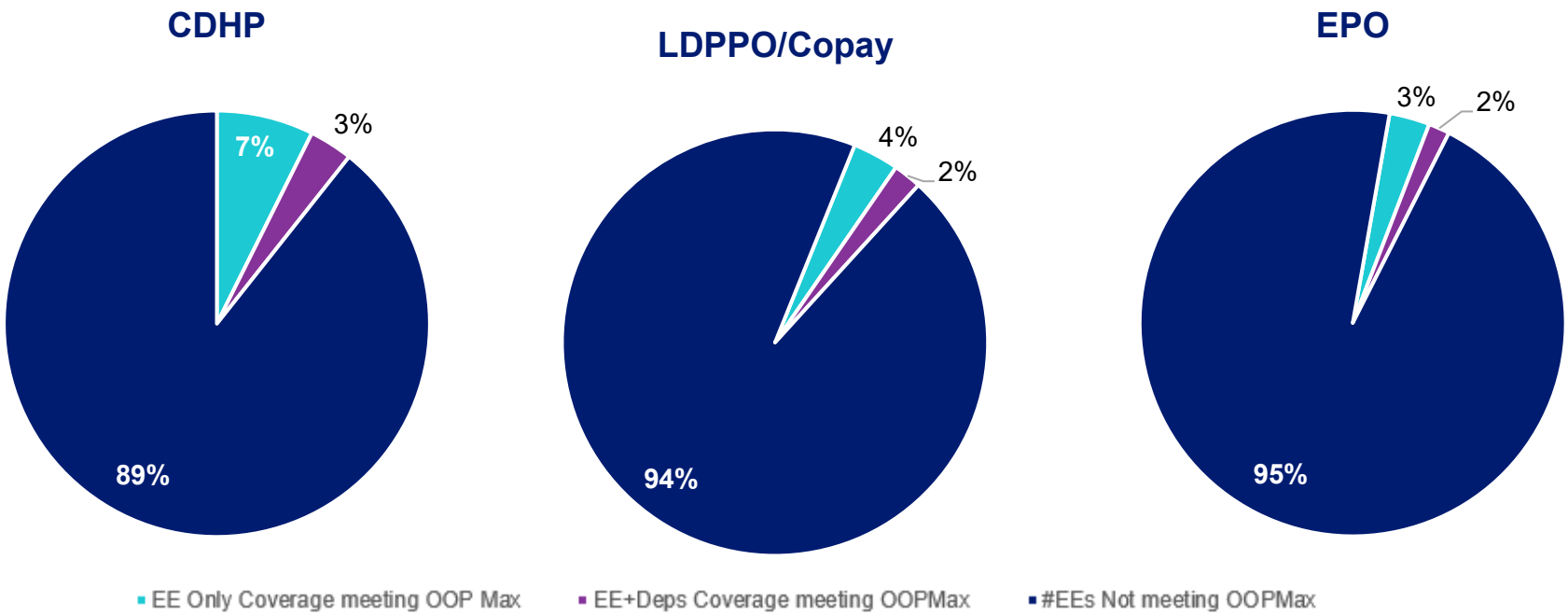






[1] Based on ESI reporting through December 31, 2025
[2] Based on UMR reporting through December 31, 2025

Members Reaching OOPMax - PY2025



Plan	Unique Employee/Retiree Count	EE Only Coverage meeting OOPMax	EE+Deps Coverage meeting OOPMax	Total Meeting OOPMax	Total % Meeting OOPMax
CDHP	12,197	1,044	468	1,512	10.7%
LDPPO	12,454	428	261	689	5.7%
EPO	2,696	86	45	131	4.7%
Total	**27,347**	**1,558**	**774**	**2,332**	**8.0%**

PY2027 Plan Designs

In-network benefits

In December, Board approved plan changes expected to result in $5M (~1%) in annual savings

	CDHP	LDPPO	EPO	HMO
Actuarial Value	77.8%	83.1%	89.1%	91.4%
Service Area	Global	Global	Northern Nevada	Southern Nevada
HSA/HRA Contribution	$700 PEPY +$200 per dep (max 3)	N/A	N/A	N/A
Annual Deductible	$1,700 Individual $3,400 Family $3,400 Individual Family Member Deductible	$300 Individual $600 Family	$100 Individual $200 Family $100 Individual Family Member Deductible	N/A With exception of Tier 4 prescription drug coverage
Medical Coinsurance	20% after deductible	20% after deductible	20% after deductible	N/A
Out-of-Pocket Maximum	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family	$4,000 Individual $8,000 Family	$5,000 Individual $10,000 Family
Primary Care/ Specialist Office Visit	20% after deductible	$30/ $50 copay per visit	$20/ $40 copay per visit	$25/ $40 ($25 with referral) copay per visit
Urgent Care Visit	20% after deductible	$80 copay per visit	$50 copay per visit	$50 copay per visit
Emergency Room Visit	20% after deductible	$750 copay per visit	$600 copay per visit	$600 copay per visit
In-Patient Hospital	20% after deductible	20% after deductible	$600 copay per visit	$600 copay per visit
Outpatient Surgery	20% after deductible	$500 copay per visit	$350 copay per visit	Ambulatory Facility $50 copay Hospital $350 copay
PY2026 Employee Only Premium	$55.26	$91.79	$219.91	$219.91

Fixed Cost Plan Elements

Trended from PY2022 Compared to Approved for PY2027

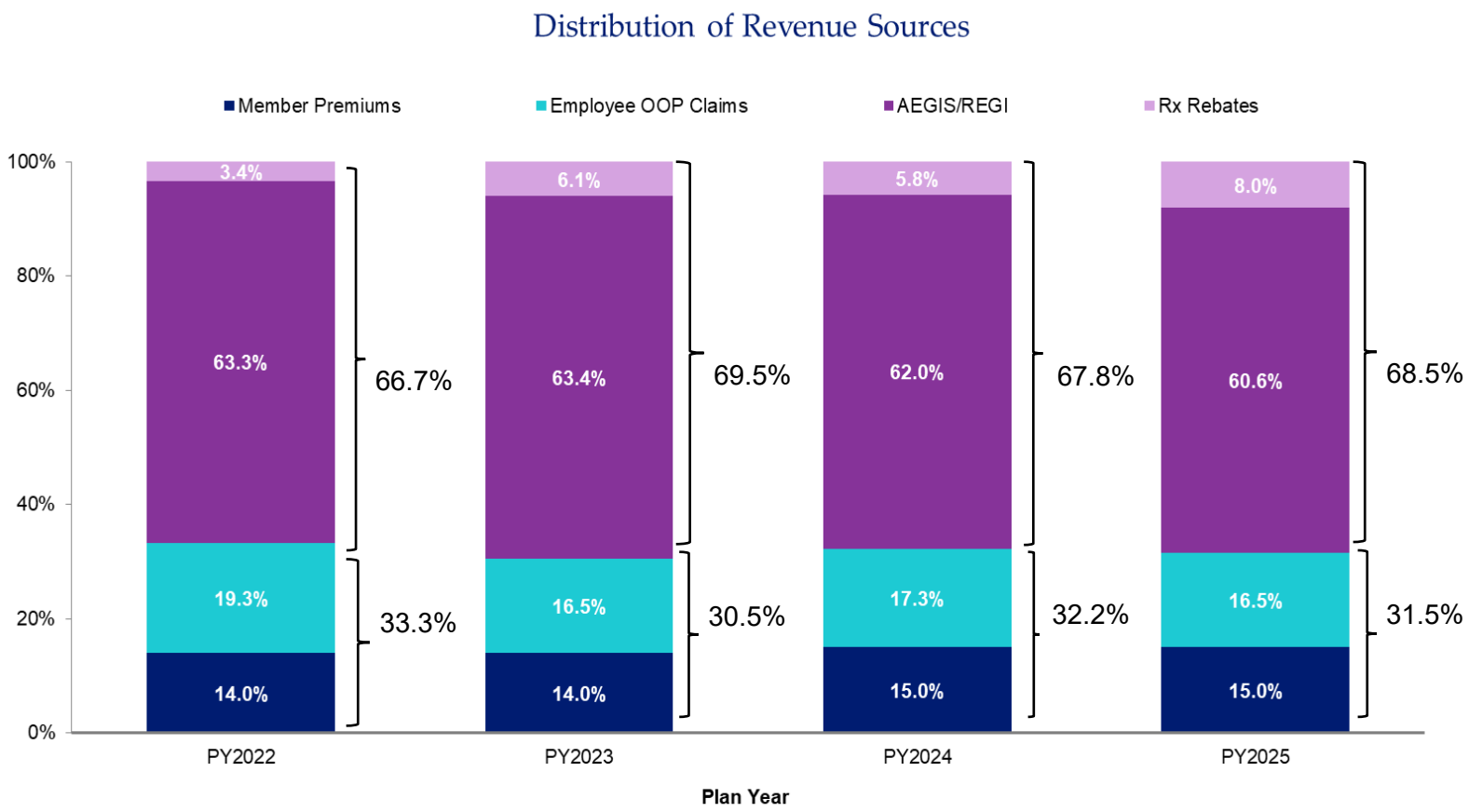
	PY2027			Illustrative: PY2022 if Trended to PY2027		
	CDHP	**LDPPO**	**EPO**	**CDHP**	**LDPPO**	**EPO**
HSA/HRA Contributions	$700 PEPY +$200 per dependent (max 3)	--	--	$722 PEPY	--	--
Annual Deductible	$1,700 Individual $3,400 Family	$300 Individual $600 Family	$100 Individual $200 Family	$2,100 Individual $4,200 Family	$600 Individual $1,200 Family	$180 Individual $360 Family
Out-of-Pocket Maximum	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family	$4,000 Individual $8,000 Family	$6,000 Individual $12,000 Family	$6,000 Individual $12,000 Family	$6,000 Individual $12,000 Family
Primary Care/ Specialist Office Visit	20% coinsurance	$30/ $50 copay per visit	$25/ $40 copay per visit	20% coinsurance	$36/ $60 copay per visit	$30/ $48 copay per visit
Urgent Care Visit	20% coinsurance	$80 copay per visit	$50 copay per visit	20% coinsurance	$96 copay per visit	$60 copay per visit
Emergency Room Visit	20% coinsurance	$750 copay per visit	$750 copay per visit	20% coinsurance	$900 copay per visit	$900 copay per visit
In-Patient Hospital	20% coinsurance	20% coinsurance	$750 copay per visit	20% coinsurance	20% coinsurance	$900 copay per visit
Outpatient Surgery	20% coinsurance	$500 copay per visit	$350 copay per visit	20% coinsurance	$600 copay per visit	$420 copay per visit
Prescription Drug						
Retail30	20% coinsurance	$10 / $40 / $75	$10 / $40 / $75	20% coinsurance	$15 / $62 / $116	$15 / $62 / $116
Retai90/Mail	20% coinsurance	$20 / $80 / $150	$20 / $80 / $150	20% coinsurance	$30 / $124 / $232	$30 / $124 / $232
Specialty	30% coinsurance ($100 min/$250 max)[1]	30% coinsurance ($100 min/$250 max)[1]	30% coinsurance ($100 min/$250 max)[1]	20% coinsurance	30% coinsurance	30% coinsurance

[1] Min/Max applies for specialty drugs not included in the SaveOnSP program with ESI.

Many fixed dollar provisions have not been updated over the last several years to keep pace with trend, resulting in higher trend increases for PEBP.

Historic Cost Share

- **Stable plan provisions and premiums leveraged cost increases to PEBP**
- **Member share of total costs has declined from 33.3% to 31.5%**

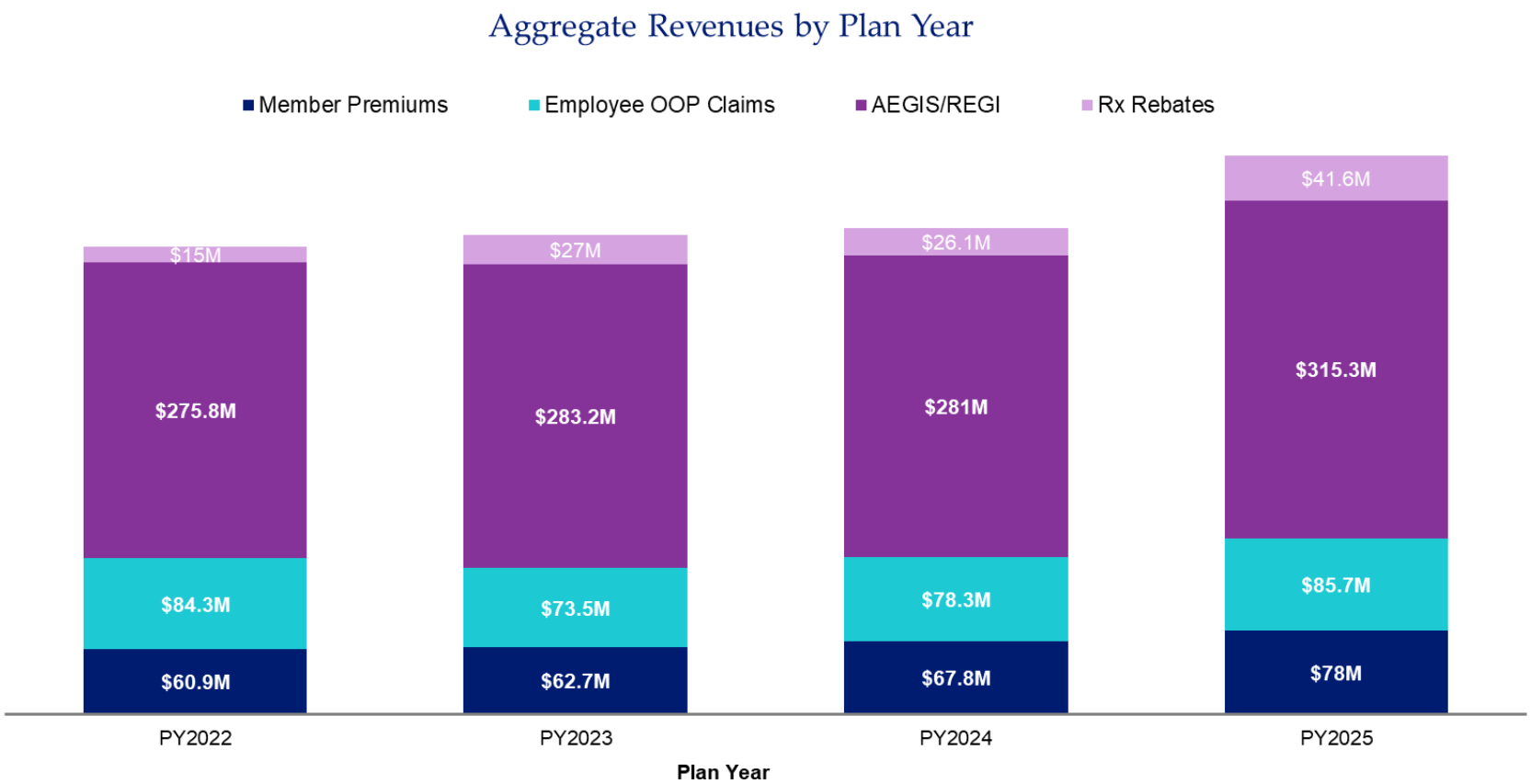


[1] Some member utilize HSA/HRA funding to pay deductibles, copay and coinsurance.
[2] Supplemental funding to HSA/HRA accounts were provided in both PY2024 and PY2025.

Historic Cost Share

Aggregate Dollars

- **State costs increased from $276M (PY22) to $315M (PY25) ➔ +$39**
- **Member costs increased from $145M (PY22) to $164M (PY25) ➔ +$19M**



[1] Some member utilize HSA/HRA funding to pay deductibles, copay and coinsurance.
[2] Supplemental funding to HSA/HRA accounts were provided in both PY2024 and PY2025.

Member Out-of-Pocket Comparison

Case 1: Low Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,101	$2,639
Member Cost Share**	$0	$0	$0
Total Spend	$663	$1,101	$2,639

Family Coverage

- Two (2) annual physicals
- Two (2) Well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,931	$5,972	$9,624
Member Cost Share**	$0	$0	$0
Total Spend	$4,931	$5,972	$9,624

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Member Out-of-Pocket Comparison

Case 2: Low-Moderate Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) maintenance medications (brand and generic)
- One (1) ER visit

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,101	$2,639
Member Cost Share**	$4,000	$1,025	$975
Total Spend	$4,663	$2,126	$3,614

Family Coverage

- Two (2) annual physicals
- Two (2) well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) ER visits
- Two (2) Urgent Care visits
- One (1) Outpatient surgery
- Multiple medications

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,931	$5,972	$9,624
Member Cost Share**	$7,569	$3,571	$3,173
Total Spend	$12,500	$9,543	$12,797

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Member Out-of-Pocket Comparison

Case 3: High-Moderate Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) maintenance medications (brand and generic)
- One (1) ER visit
- One (1) Inpatient stay (LOS = 6 days)

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,101	$2,639
Member Cost Share**	$3,864	$2,349	$1,393
Total Spend	$4,527	$3,450	$4,032

Note that Family meets OOPMax in CDHP

Family Coverage

- Two (2) annual physicals
- Two (2) well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)
- Normal maternity and newborn delivery
- Two (2) ER visits
- Two (2) Urgent Care visits
- Multiple generic medications

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,931	$5,972	$9,624
Member Cost Share**	$8,000	$5,794	$3,328
Total Spend	$12,931	$11,766	$12,952

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Member Out-of-Pocket Comparison

Case 4: High Utilization

Employee Only

- Cancer patient

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,101	$2,639
Member Cost Share**	$4,000	$4,000	$5,000
Total Spend	$4,633	$5,101	$7,639

All meet OOPMax in all plans

Family Coverage

- High risk pregnancy with NICU stay

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,931	$5,972	$9,624
Member Cost Share**	$8,000	$8,000	$10,000
Total Spend	$12,931	$13,972	$19,624

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Historical Member OOP + Premiums

Actives/Retirees, State/Non-State Enrollees Combined

CDHP

	PY2022	PY2023	PY2024	PY2025
Annual Premium Contributions	$30,203,134	$25,252,645	$23,628,557	$24,542,868
Member OOP Costs	$46,372,282	$40,301,978	$38,489,619	$38,641,528
Total Member Costs	$76,575,417	$65,554,623	$62,118,176	$63,184,396

LDPPO

	PY2022	PY2023	PY2024	PY2025
Annual Premium Contributions	$8,119,476	$15,037,908	$21,679,796	$30,001,719
Member OOP Costs	$8,674,876	$12,701,658	$18,525,817	$24,086,641
Total Member Costs	$16,794,352	$27,739,567	$40,205,613	$54,088,360

EPO/HMO

	PY2022	PY2023	PY2024	PY2025
Annual Premium Contributions	$12,184,869	$11,322,848	$10,874,298	$10,832,721
Member OOP Costs	$6,762,104	$6,043,679	$5,816,703	$5,642,263
Total Member Costs	$18,946,973	$17,366,527	$16,691,001	$16,474,985

* Actual annual premium contributions are allocated across plans based on expected contributions
** Member cost share reflects medical/rx benefits only and does not directly include HSA, HRA or FSA funding.

Historical Member OOP + Premiums PEPM

Actives/Retirees, State/Non-State Enrollees Combined

CDHP

	PY2022	PY2023	PY2024	PY2025
Annual Premium Contributions	$133.73	$129.16	$134.71	$144.28
Member OOP Costs	$205.33	$206.13	$219.43	$227.16
Total Member Costs	$339.06	$335.29	$354.14	$371.43

LDPPO

	PY2022	PY2023	PY2024	PY2025
Annual Premium Contributions	$165.97	$172.73	$183.33	$205.13
Member OOP Costs	$177.32	$145.89	$156.66	$164.68
Total Member Costs	$343.30	$318.62	$340.00	$369.81

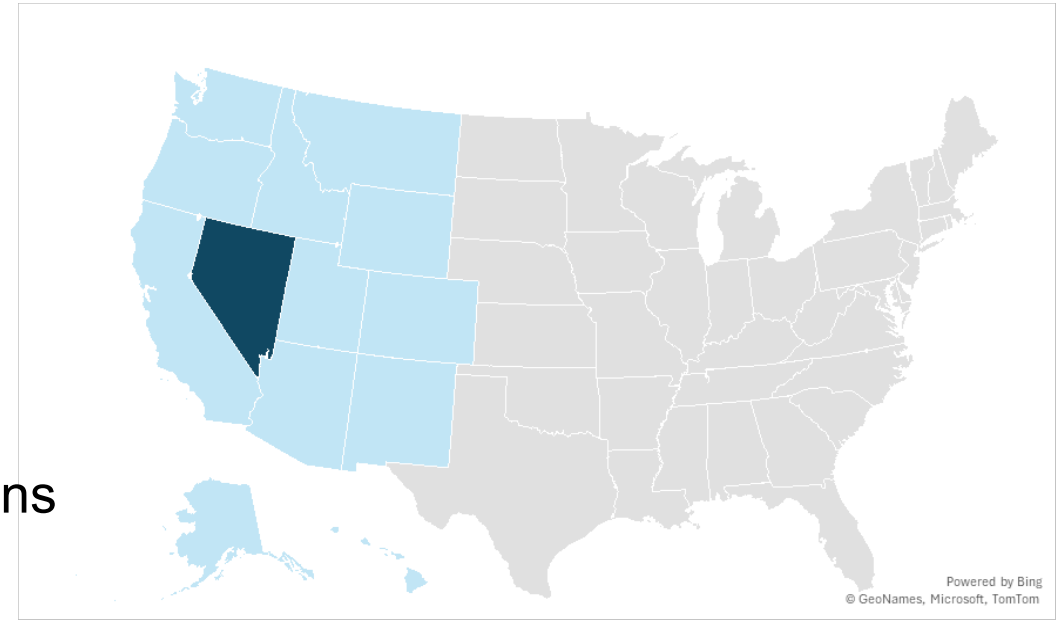
EPO/HMO

	PY2022	PY2023	PY2024	PY2025
Annual Premium Contributions	$241.55	$265.52	$284.50	$311.55
Member OOP Costs	$100.40	$95.87	$100.93	$111.46
Total Member Costs	$341.95	$361.39	$385.43	$423.00

* Actual annual premium contributions are allocated across plans based on expected contributions
** Member cost share reflects medical/rx benefits only and does not directly include HSA, HRA or FSA funding.

Benchmarking Overview

- Segal conducted a benchmarking review of the current medical and pharmacy benefits provided by plans of comparable size to Nevada PEBP.
- Segal analyzed the statewide plans offered for the following states:
  - Alaska
  - Arizona
  - California
  - Colorado
  - Hawaii
  - Idaho
  - Montana
  - New Mexico
  - Oregon
  - Utah
  - Washington
  - Wyoming



- Peer data from 2026
- Compared PPO and CDHP options

Summary of Network Plan Designs and Premiums

PPO Comparison

	LDPPO	Benchmarking Data		
		Richest	Leanest	Average
Actuarial Value	83.1%	92.6%	73.5%	81.3%
Annual Deductible (Med)	$300 / $600	$0 / $0	$4,000 / $8,000	$733 / $1,612
Annual Deductible (Rx)	N/A	$0 / $0	$250 / $750	$20 / $60
Coinsurance	20%	0%	30%	18%
Out-of-Pocket Maximum (Med)	$5,000 / $10,000	$1,750 / $3,500	$7,350 / $14,700	$3,431 / $7,240
Out-of-Pocket Maximum (Rx)	N/A	$0 / $0	$4,350 / $8,700	$1,745 / $3,252
PCP / Specialist	$30 / $50	$10 / $35	$50 / $75	$29 / $48
Urgent Care Visit	$80	$20	$80	$62
Emergency Room Visit	$750	$250	$1,000	$525
Prescription Drug	$10 / $40 / $75 / 30%	$5 / $20 / $50 / $60	$25 / $75 / $60 / $200	$10 / $31 / $54 / $105
2026 Employee Only Premium	$92	$535	$0	$120
2026 Family Premium	$498	$1,658	$0	$399

Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.
Each plan element in the comparison data is shown independently. Multiple plans may be represented across the riches and leanest comparison columns.
Benchmark plan designs and contributions effective on January 1, 2026.

Summary of Current Plan Designs and Premiums

CDHP Comparison

	CDHP	Benchmarking Data		
		Richest	Leanest	Average
Actuarial Value	77.8%	84.4%	64.0%	75.3%
Annual Deductible	$1,700 / $3,400	$1,650 / $3,300	$3,000 / $6,000	$1,988 / $4,175
Base HSA/HRA	$700 / $1,300	$0 / $0	$1,935 / $3,987	$795 / $1,496
Coinsurance	20%	10%	30%	21%
Out-of-Pocket Maximum	$5,000 / $10,000	$3,000 / $7,000	$7,400 / $14,800	$4,731 / $9,588
PCP / Specialist	20% / 20%	10% / 10%	30% / 30%	21% / 21%
Urgent Care Visit	20%	10%	30%	21%
Emergency Room Visit	20%	10%	30%	21%
Prescription Drug*	20% / 20% / 100% / 30%	$10 / $35 / $60	$15 / $40 / $60	$12 / $38 / $60
2026 Employee Only Premium	$55	$80	$0	$31
2026 Family Premium	$410	$289	$52	$127

*Only generic / preferred brand / non-preferred brand are shown due to lack of specialty copay only tiers in benchmark data.
Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.
Each plan element in the comparison data is shown independently. Multiple plans may be represented across the riches and leanest comparison columns.
Benchmark plan designs and contributions effective on January 1, 2026.

Illustrative PY2027 Employee Contributions

State Actives and Retirees

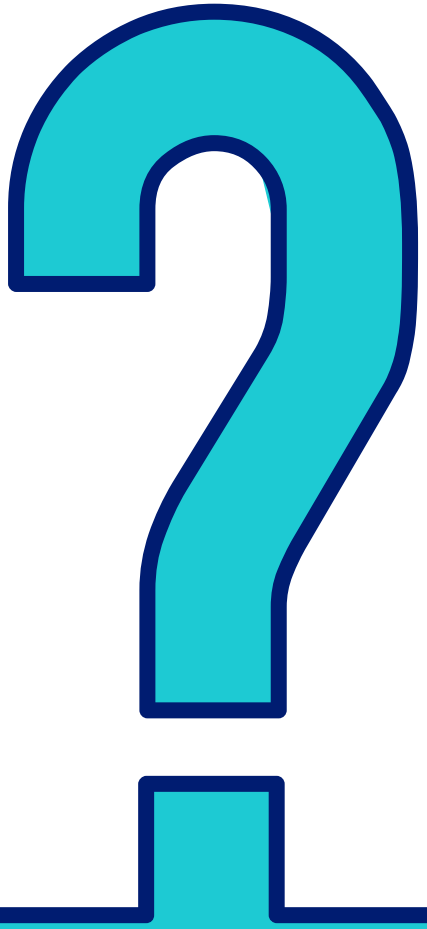
The additional $82M needed to attain the $139M reserve target (including HRA) equates to Employee and Retiree premiums 84% higher than the current PY2026.

	Current PY2026 Employee Contributions			Illustrative PY2027 Employee Contributions[1]		
State Actives	**CDHP**	**LDPPO**	**EPO/HMO**	**CDHP**	**LDPPO**	**EPO/HMO**
Participant	$55.26	$91.79	$219.91	$101.61	$168.78	$404.37
Participant + Spouse	$313.94	$386.99	$643.23	$577.27	$711.60	$1,182.77
Participant + Children	$152.27	$202.48	$378.65	$279.99	$372.32	$696.26
Participant + Family	$410.94	$497.68	$801.97	$755.64	$915.13	$1,474.66

State Retirees	**CDHP**	**LDPPO**	**EPO/HMO**	**CDHP**	**LDPPO**	**EPO/HMO**
Participant	$278.06	$314.58	$442.70	$511.30	$578.45	$814.04
Participant + Spouse	$702.81	$775.85	$1,032.09	$1,292.33	$1,426.63	$1,897.81
Participant + Children	$437.34	$487.56	$663.73	$804.18	$896.53	$1,220.47
Participant + Family	$862.09	$948.83	$1,253.12	$1,585.21	$1,744.71	$2,304.24

[1] Illustrative PY2026 rates are set based on a target $138.6M reserve balance by 6/30/207

Questions



6.

6. Annual Quality Control Data Presentation. (Leslie Bittleston, Quality Control Officer) (Information/Discussion)
    a. Acceptance of the Annual PEBP Appeals and Complaints Summary Report for submission to the Nevada Division of Insurance. (Leslie Bittleston, Quality Control Officer) (**For Possible Action**)
    b. Acceptance of the Annual PEBP External Review Summary Report for submission to the Office of Consumer Health Assistance. (Leslie Bittleston, Quality Control Officer) (**For Possible Action**)

NEVADA HEALTH AUTHORITY

PUBLIC EMPLOYEES' BENEFITS PROGRAM

3427 Goni Road, Suite 109
Carson City, Nevada 89706
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PEBP.NV.GOV

Joe Lombardo
Governor

Stacie Weeks
Director

Theresa Carsten
Executive Officer

2025 Quality Control Data
1/20/2026

Annual QC Cases by Category

Year	Total QC Cases	Complaints	Level II Appeal	External Review (ERO)	Eligibility and Enrollment	Other	Travel
2025	354	119	36	10	81	40	68

Average Time to Complete Cases in Days

Year	Average Time for All Cases	Complaints	Level II Appeal	External Review (ERO)	Eligibility and Enrollment	Other	Travel Claim
2025	7.3	6.5	8.4	9.9	7.6	4.9	6.3

Days = calendar days calculated by date initiated and date resolved.

1. Complaints

Year	Total Complaints	HRA/HSA/FSA	Claims/Claims Processing	General Complaints	Prescription Issues	Prior Authorization	Voluntary Benefits
2025	119	7	35	48	19	8	2
Percentage		5.9	29.4	40.3	16.0	6.7	1.7

100 percent of complaints were resolved within an average of 6.5 days. Generally, the resolution of complaints is education of benefits provided to members.

2. Level II Appeals

Year	Total Number Level II Appeals	Upheld	Overturned
2025	36	22	14
Percentage		61.1	38.9

100 percent of level II appeals are handled within 8.4 days with decisions falling into "upheld" or "overturned".

3. External Reviews

Year	Total Number of External Reviews	Upheld	Overturned
2025	10	7	3
Percentage		70.0	30.0

100 percent of external reviews are completed within 9.9 days with all decisions made by an external review organization.

4. Eligibility and Enrollment

Year	Eligibility and Enrollment	Upheld	Overturned	Resolved
2025	81	35	12	34
Percentage		43.2	14.8	42.0

100 percent of all eligibility and enrollment issues were resolved within an average of 7.6 days with 42 percent (resolved), 43 percent (upheld), and 15 percent (overturned).

5. Other

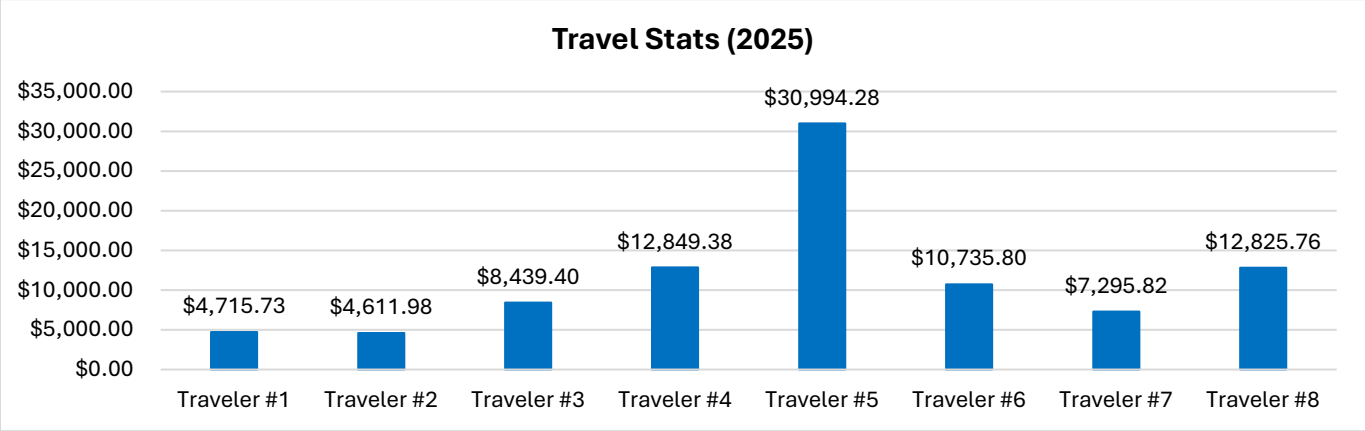
Year	Total Other Services	Disability Recertification	Guardianship Recertification	Records Request	Significantly Inferior Coverage	Subrogation
2025	40	8	13	2	15	2
Percentage		20.0	32.5	5.0	37.5	5.0

100 percent of all other issues that come to the QC Unit are resolved within 4.9 days. The resolution for these issues Requires a review of records.

6. Travel

Year	Total Number of Travel Claims	Total Individuals	Total Amount
2025	68	8	$92,468.15

100 percent of all travel-related items are completed within 6.3 days. The resolution for these issues requires a review Of member submitted travel information and the completion of a travel claim on behalf of the member. Note: The 6.3 Days reflect the time it takes for PEBP staff to complete their portion. Once PEBP staff complete their portion, the travel Claim is sent to UMR for reimbursement to the member.



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Director

Theresa Carsten
Executive Officer

January X, 2026
NED GAINES
NEVADA DIVISION OF INSURANCE
1818 e. COLLEGE PARKWAY, SUITE 103
CARSON CITY, NV 89706

Dear Commissioner Gaines,

In accordance with NAC 287.750, the Public Employee's Benefits Program (PEBP) presents to the Nevada Division of Insurance, under the Department of Business and Industry, its annual Complaints Summary Report for Calendar Year 2025. Specifically, the names of the employee(s) responsible for appeals, descriptions of notification procedures, and an explanation of rights are set forth below, followed by a narrative summary of complaints in accordance with NRS 695G.220.

Pursuant to NAC 287.750

(a) The name and title of the employee responsible for the system for resolving complaints that make up the Quality Control Unit.

- Leslie Bittleston, Quality Control Officer, PEBP
- Gina Reynolds, Quality Control Analyst, PEBP
- Allison Walker, Quality Control Analyst, PEBP

(b) A description of the procedure used to notify an insured of the decision regarding his or her complaint.

A complaint may be made to the PEBP by any participant, provider, vendor, etc., regarding any PEBP process or service. It is recognized that complaints may be made in person, over the phone, by e-mail, or other methods of communication.

1. The Quality Control Unit shall respond to the participants either by mail, e-mail, or phone within 2 business days to acknowledge receipt of the complaint. Generally, complaints will be acknowledged in the same method as submitted to PEBP.

2. The Quality Control Unit shall log the complaint for tracking and reporting purposes with the pertinent details of the complaint. The Compliance Division staff review complaint documents to determine a response.

3. If the complaint is addressed to a specific staff member, it is routed to the Quality Control Unit for processing.

4. The Quality Control Unit shall respond to the participant with determination of complaint findings within 7 business days. In the event further time is needed to completely research and review the complaint, the Compliance Division staff will contact the participant as needed to provide status updates.

5. A final complaint response, including signed written response from the Quality Control Unit, is mailed to the participant.

6. For PEBP Operational purposes, the Quality Control Unit shall note the participant's account in the current PEBP internal Client Relations Management Tool and will not include participant's Personal Health Information (PHI).

(c) A copy of the explanation of rights and procedures that will be provided to insureds.

- All notifications provided to participants may be found on PEBPS website for mandatory notices.
- Master plan documents may be found on PEBP site under "Getting to know your plan".

Summary Narrative

Pursuant to NRS 695.G.220, the summary narrative must include the "total number of complaints and appeals handled" since the last report, the "current status of each complaint and appeal filed" and "the average amount of time that was needed to resolve a complaint and an appeal".

There were 236 complaints (200) and appeals (36) in Calendar Year 2025.

Of those complaints (200), 41% were eligibility and enrollment issues, 27% were general complaints against PEBP and/or PEBP's vendors regarding difficulty obtaining information regarding benefits, 22% were directed at PEBP's Third Party Administrator for claims administration, denials, and prior authorization issues, while the remaining 10% were issues directed at Express Scripts for prescription related issues. One hundred percent of these complaints were resolved within the following timeframes: 7.6 calendar days for eligibility and enrollment issues and 6.5 calendar days for all other complaints.

Appeals handled by PEBP are level II appeals pursuant to NAC 287.680. Out of the 36 level II appeals, 61 percent were upheld and 39 percent were overturned. All level II appeals were revolved within an average of 8.4 calendar days.

Sincerely,

Leslie Bittleston

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

CC: File

6.

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NEVADA HEALTH AUTHORITY
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Stacie Weeks
Director

Joe Lombardo
Governor

Theresa Carsten
Executive Officer

January X, 2026
KHADYJA CARTER, CHIEF OF ELDER RIGHTS
OFFICE OF CONSUMER HEALTH ASSISTANCE
7150 POLLOCK DRIVE
LAS VEGAS, NV 89119

Dear Ms. Carter,

In accordance with NRS 695G.310, the Public Employee's Benefits Program (PEBP) presents to the Office of Consumer Health Assistance (OCHA), under the Division of Aging and Disability Services, its annual Complaints Summary report on requests for external review for Calendar Year 2025. NRS 695G.310 requires PEBP to provide the total number of "requests for an external review of an adverse decision made by the health carrier which were granted by (OCHA)," and the total number adverse decision that were of "upheld" and "reversed."

There were 10 external reviews of PEBP's adverse determinations requested in calendar year 2025.

Calendar Year	Total Number of External Review Requests	Upheld	Reversed
2025	10	7	3
Percentage		70.0	30.0

Sincerely,

Leslie Bittleston

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

CC: File

7.

7. Review of overpayments identified on the Claim Technologies Incorporated audit findings for State of Nevada Public Employees Benefits Program administered by UMR for identified on audit report approved at the December 12, 2025, Board Meeting. (Leslie Bittleston, Quality Control Officer) (Information/Discussion)

NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109
Carson City, Nevada 89706
NVHA.NV.GOV
PEBP.NV.GOV

Joe Lombardo
Governor

Stacie Weeks
Director

Theresa Carsten
Executive Officer

Eligibility Verification from Q4 FY 25 Findings Report presented at the 12/12/25 Board Meeting. This review is completed by CTI by comparing an annual eligibility extract from TELUS to a subset of claims.

Eligibility Verification PEBP - UMR Based on Paid Dates 7/1/2024 through 6/30/2025			
Description	**Line Count**	**Claimant Count**	**Paid Amount**
Employee No Matching ID	565	45	$161,329.04
Employee Prior to Effective Date	3	1	$285.00
Employee During Eligibility Gap	71	12	$4,368.32
Employee After Termination Date	309	57	$51,774.14
Dependent No Matching ID	672	63	$572,447.74
Dependent Prior to Effective Date	818	24	$1,767,999.80
Dependent During Eligibility Gap	19	5	$2,704.82
Dependent After Termination Date	183	33	$29,911.84
TOTALS	**2,640**	**240**	**$2,590,820.70**

- There were 21 false positives for *Dependents Prior to Effective Date*. These were all newborns that did not have a record in the eligibility extract. Newborns are eligible for the first 31 days from date of birth, even if there is no eligibility begin date on file. This removes roughly $1,765,000 from the $2,590,820.70 total overpayment which reduces it to $825,820.70.

- *Employee No Matching ID* and *Dependent No Matching ID* occur when the claim does not match the eligibility file within either the SSN or the date of birth. This is a comparison of one claim with an annual eligibility file extract. UMR receives corrected claims and daily eligibility file extracts, so it is more likely than not that these are not overpayments.

- A sampling of the following: *Employee Prior to Effective Date, Employee During Eligibility Gap, Employee After Termination Date, Dependent During Eligibility Gap, and Dependent After Termination Date* was completed and some false positives were discovered. False positives within the annual CTI eligibility extract appear to occur when a member changes a plan mid plan year and when eligibility is terminated for failure to provide documentation, even if it is reinstated with no break in service. The eligibility extract includes termination dates that

coincide with plan changes and with termination dates. In some cases, the new approval is not listed on the extract.

For example:	LDPPO:	Begin 1/1/2022	Terminated 7/1/2024
	CDHP:	Begin 7/1/2024	
	Date of Service:	10/1/2024	

Corrective Action: PEBP is working with both CTI and UMR to identify the process to review the eligibility results prior to report finalization to identify newborns and false positives. In previous years, TELUS has assisted in reviewing eligibility results prior to report finalization but was unable to devote as much time to their review this year.

8.

8. Q1 FY 26 Claim Technologies Incorporated audit findings for State of Nevada Public Employees Benefits Program administered by UMR. (Joni Amato, CTI) (**For Possible Action**)

Comprehensive Claim Administration Audit

QUARTERLY FINDINGS REPORT

State of Nevada Public Employees' Benefits Program Plans Administered by UMR

Audit Period: July 1, 2025 – September 30, 2025
Audit Number 1.FY26.Q1

Presented to

State of Nevada Public Employees' Benefits Program

January 20, 2026

CTI Audit Solutions

Proprietary and Confidential

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EXECUTIVE SUMMARY

This ***Quarterly Findings Report*** is a compilation of the detailed information, findings, and conclusions drawn from Claim Technologies Incorporated's (CTI's) audit of UMR's administration of the State of Nevada Public Employees' Benefits Program (PEBP) medical and dental plans.

Scope

CTI performed an audit for the period of July 1, 2025 through September 30, 2025 (quarter 1 (Q1) for Fiscal Year (FY) 2026). The population of claims and amount paid during the audit period reported by UMR:

Medical and Dental	
Total Paid Amount	$75,860,760
Total Number of Claims Paid/Denied/Adjusted	244,389

The audit included the following components which are described in more detail in the following pages.

- Quarterly Performance Guarantees Validation and Review of Self-Reported Results
- 100% Electronic Screening with 50 Targeted Samples
- Random Sample Audit of 200 Claims

Auditor's Opinion

Based on these findings, and in our opinion:

1. UMR met all 27 self-reported performance guarantees in which CTI reviewed UMR's summary reports.
2. UMR's Claim Turnaround Time within 30 Days did not meet the service objectives and a penalty is owed (breakdown in summary below).
3. CTI recommends UMR should:
   - Review financial errors identified in our random sample audit and determine if system changes or claim processor training could help reduce or eliminate errors of a similar nature in the future.
   - Review the 100% Electronic Screening with Targeted Sample results and focus on the most material findings.
   - Where appropriate, verify claim processor coaching, feedback, and retraining have occurred because most errors were manually processed.

Random Sample Audit Performance Guarantee Summary

Based on CTI's Random Sample Audit of 200 claims, UMR did not meet its target for Claim Turnaround Time within 30 days in Q1 FY2026 and a penalty is assessed. The penalty is 1.0% of the quarter's total administrative fees of $1,467,771.08. The following outlines results and any assessed penalties for not meeting guarantees.

Quarterly Metric	Guarantee	Met/Not Met	Penalty	Calculated Penalty
Financial Accuracy	99.4%	Met – 99.84%	NA	$0.00
Overall Accuracy	98.0%	Met – 98.0%	NA	$0.00
Claim Turnaround Time	92% in 14 Days	Met – 92.0%	NA	$0.00
	99% in 30 Days	Not Met – 98.1%	1.0%	$14,677.71
		Total Penalty	**1.0%**	**$14,677.71**

The following table presents a summary of UMR's historical performance against the quarterly metrics based on CTI's random sample audit results for the last four quarters. Results shown in red represent where UMR missed the agreed upon metric.

Measure	Guarantee	Quarter 2 FY25	Quarter 3 FY25	Quarter 4 FY25	Quarter 1 FY26
Financial Accuracy	99.4%	99.99%	99.56%	99.20%	99.84%
Overall Accuracy	98.0%	99.00%	99.00%	97.00%	98.00%
Claim Turnaround Time	92% in 14 Days	95.60%	93.10%	92.60%	92.00%
	99% in 30 Days	99.30%	97.50%	98.10%	98.10%

AUDIT OBJECTIVES

This report contains CTI's findings from our audit of UMR's administration of the PEBP plans. We provide this report to PEBP, the plan sponsor, and UMR, the claim administrator. A copy of UMR's response to these findings can be found in the Appendix of this report.

CTI conducted the audit according to accepted standards and procedures for claim audits in the health insurance industry. We based our audit findings on the data and information provided by PEBP and UMR. The validity of our findings relies on the accuracy and completeness of that information. We planned and performed the audit to obtain reasonable assurance claims were adjudicated according to the terms of the contract between UMR and PEBP.

CTI specializes in the audit and control of health plan claim administration. Accordingly, the statements we make relate narrowly and specifically to the overall effectiveness of policies, procedures, and systems UMR used to pay PEBP's claims during the audit period. While performing the audit, CTI complied with all confidentiality, non-disclosure, and conflict of interest requirements and did not receive anything of value or any benefit of any kind other than agreed upon audit fees.

The objectives of CTI's audit of UMR's claim administration were to determine whether:

- UMR followed the terms of its contract with PEBP;
- UMR paid claims according to the provisions of the plan documents and if those provisions were clear and consistent; and
- members were eligible and covered by PEBP's plans at the time a service paid by UMR was incurred.

QUARTERLY PERFORMANCE GUARANTEE VALIDATION

As part of CTI's quarterly audit of PEBP, we reviewed the Performance Guarantees included in its contract with UMR. The results for Q1 FY2026 follow.

	Metric	Service Objective	Actual	Met/ Not Met
CLAIMS ADMINISTRATION – SERVICES AND PERFORMANCE GUARANTEES				
1.4	**Claim Adjustment Processing Time:** measured from the time a prior claim submission requiring an adjustment is identified through the date the claim adjustment is processed by service facility personnel.	95.00% 7 Calendar/ 5 Business Days	96.0%	Met
1.5	**Telephone Service Factor:** Defined as percentage of Client telephone inquiries answered by facility Customer Service Representatives (CSRs) within 30 seconds. Measured from time the caller completes the prompts of the automated telephone system to the time the caller reaches a CSR.	85.00% Calls answered within 30 seconds	92.2%	Met
1.6	**Call Abandonment Rate:** total number of participant and provider calls abandoned, divided by the total number of calls received by the facility's customer service telephone system.	3.00%	0.6%	Met
1.7	**First Call Resolution Rate:** the percentage of telephone inquiries completely resolved within a 'window period' of time. A call is considered 'resolved' when the same participant or a family member under the same subscriber ID has not contacted the administrator's customer service facility again regarding the same issue within 60 calendar days of the initial call.	95.00%	97.2%	Met
1.8	**Open Inquiry Closure:** addresses the time taken in hours and/or days by CSRs at the administrator's service facility to close open inquiries placed by participants of PEBP to the facility.	90.00% 48 Hours 98.00% 5 Business Days	98.8% 99.7%	Met Met
1.9	**CSR Audit, or Quality Scores:** determined by the process used to evaluate the effectiveness and accuracy of participant telephone call handling at the administrator's customer service facility.	97.00%	98.8%	Met
1.10	**CSR Callback Performance:** measured from CSR commitment data in hours and/or days to time the actual callback was placed to the participant.	90.00% Within 24 Hours	100%	Met
1.11	**Participant Email Response Performance:** measured from the time an email is received by the administrator's response team to the time in hours or days to the time the actual email response is sent to the participant.	90.00% Within 8 Hours 95.00% Within 24 Hours	100% 100%	Met Met
1.13	**Account Management – Plan will guarantee that the services provided by the TPA's team during the guarantee period will be satisfactory to PEBP. Areas of satisfaction will include:**			
	Knowledge/Capabilities – Account representative demonstrates competence in getting issues and problems resolved.	Agree	4.5	Met
	Responsiveness – All calls returned within at most 24 hours; along with an alternate person identified who can assist with service issues when account rep is unavailable.			
	Ability to meet deadlines – Supplying all requested materials accurately and in a timely manner, along with all necessary documentation (i.e., enrollment kits, rate confirmations, plan performance work plans, group contracts, ZIP code file, etc.).			
	Professionalism – Demonstrates objectivity and empathy with customer problems.			
	Flexibility – Ability to meet client-specific needs.			
	Participation in periodic meetings – Attendance at all required client meetings/conference calls.			
	Guarantee measured with staff responses to internal questionnaire. A scale from 1 to 5 will be used to measure performance, where 1 means 'very dissatisfied' and 5 means 'very satisfied'; and 2 through 4 are defined, respectively.			
	Periodic program reports will be provided and presented with recommended actions. Standard program reports, within 30 days to quarter-end. Year-end activity report, within 45 days of program year end.			
	Open Enrollment Support: Accurate materials will be provided at least 60 days prior to the open enrollment period starting on April 1 each year. Representative will be available, if requested, for up to 5 employee benefit fairs.			
	Service Objective (out of a score of 5 on internal questionnaire):	3.50		
1.14	**Eligibility Processing:** Confirm daily and weekly eligibility and enrollment within specified business days of the receipt of the eligibility information, given that information is complete and accurate.	98.00% 2 Business Days	100%	Met

	Metric	Service Objective	Actual	Met/ Not Met
1.15	**Data Reporting:** Offeror will provide PEBP with 100% of the applicable reports (within 10 business days for standard reports and within 10 business days of Plan year-end for Annual Reports and Regulatory documents).	100% 10 Business Days	100%	Met
1.17	**ID Card Production and Distribution**	100% 10 Business Days	100%	Met
1.18	**Disclosure of Subcontractors:** Offeror will provide identity of the subcontractors who have access to PEBP member PHI. Provide identity of subcontractors who have access to PHI within 30 calendar days of the subcontractors' gaining access.	100% 30 Calendar Days	No new subcontractors	Met
1.19	**PHI:** Offeror will store PEBP member PHI data on designated servers. Must remove PEBP member PHI within 3 business days after offeror knows or should have known using commercially reasonable efforts that such PHI is not stored on a designated server.	100% 30 Business Days	No changes	Met
NETWORK ADMINISTRATION – SERVICES AND PERFORMANCE GUARANTEES				
2.1	**EDI Claims Re-Pricing Turnaround Time:** At least 97% medical claims covered under the PEBP Medical PPO Network must be electronically re-priced within business 3 days and 99% within business 5 days.	97.00% 3 Business Days 99.00% 5 Business Days	99.5% 99.5%	Met Met
2.2	**EDI Claims Re-Pricing Accuracy:** At least 97% of claims re-priced by the PPO Network must be accurate and must not cause a claim adjustment by PEBP's TPA.	97.00%	98.9%	Met
2.3	**Data Reporting – Standard Reports (Quarterly reporting to include Service Performance Standards, Guarantee, Method of Measurement, Actual Performance Results, and Pass/Fail indicator.)** Standard reports must be delivered within 10 business days of end of reporting period or event as determined by PEBP.	100% 10 Business Days	100%	Met
2.4	**Subcontractor Disclosure:** 100% of all subcontractors used by vendor are disclosed prior to any work done on behalf of PEBP. Business Associate Agreements completed by all subcontractors.	100%	No new subcontractors	Met
2.5	**Provider Directory:** Best efforts to resolve 100% of complaints within 10 business days. Provider Directory issue resolution log maintained by Vendor and periodically reviewed with PEBP.	100% 10 Business Days	No complaints filed	Met
2.6	**Website:** A website hosting a reasonably accurate and updated Provider directory must be available and accessible on all major browsers 99% of time.	99.00%	99.94%	Met
UTILIZATION MANAGEMENT/CASE MANAGEMENT – SERVICES AND PERFORMANCE GUARANTEES				
3.1	**Data Reporting – Standard Reports (Quarterly reporting to include Service Performance Standards, Guarantee, Method of Measurement, Actual Performance Results, and Pass/Fail indicator.)** Standard reports must be delivered within 10 calendar days of end of reporting period or event as determined by PEBP.	100% 10 Calendar Days	100%	Met
3.2	**Notification of potential high expense cases. High expense case is defined as a single claim or treatment plan expected to exceed $100,000.00.** Designated PEBP staff will be notified within 5 business days of the UM/CM vendors initial notification of the requested Service.	100% 5 Business Days	100%	Met
3.12	**Disclosure of Subcontractors:** All subcontractors who have access to PHI or PII data and physical locations where PEBP PHI or PII data is maintained and/or stored must be identified in this contract. Any changes to those subcontractors or physical locations where PEBP data is stored must be communicated to PEBP at least 60 days prior to implementation of services by the subcontractor. Implementation will not be in effect until PEBP has provided written authorization.	100% 60 Calendar Days	No new subcontractors	Met
3.13	**Unauthorized Transfer of PEBP Data:** All PEBP PHI or PII data will be stored, processed, and maintained solely on currently designated servers and storage devices identified in this contract. Any changes to those designated systems during the life of this agreement shall be reported to PEBP at least 60 calendar days prior to the changes being implemented. Implementation will not be in effect until PEBP has provided written authorization.	100% 60 Calendar Days	No changes	Met

ELECTRONIC SCREENING WITH TARGETED SAMPLE ANALYSIS

Objective

CTI's 100% Electronic Screening and Analysis System (ESAS®) software identified and quantified potential claim administration payment errors. PEBP and UMR should discuss any verified under- or overpayments to determine the appropriate actions to correct the errors.

Scope

CTI electronically screened 100% of the service lines processed by UMR during the audit period for both medical and dental claims. The accuracy and completeness of UMR's data directly impacted the screening categories we completed and the integrity of our findings. We screened the following high-level ESAS categories to identify potential amounts at risk:

- Duplicate payments to providers and/or employees
- Plan exclusions and limitations
- Patient cost share
- Fraud, waste, and abuse
- Timely filing
- Coordination of benefits
- Large claim review
- Case and disease management

Methodology

We used ESAS to analyze claim payment and eligibility maintenance accuracy as well as any opportunities for system and process improvement. Using the data file provided by UMR, we readjudicated each line on every claim the plan paid or denied during the audit period against the plan's benefits. Our Technical Lead Auditor tested a targeted sample of claims to provide insight into UMR's claim administration as well as operational policies and procedures. We followed these procedures to complete our ESAS process:

- ***Electronic Screening Parameters Set*** – We used your plan document provisions to set the parameters in ESAS.
- ***Data Conversion*** – We converted and validated your claim data, reconciled it against control totals, and checked it for reasonableness.
- ***Electronic Screening*** – We systematically screened 100% of the service lines processed and flagged claims not administered according to plan parameters.
- ***Auditor Analysis*** – If claims within an ESAS screening category represented a material amount, our auditors analyzed the findings to confirm results were valid. Note using ESAS could lead to false positives if there was incomplete claim data. CTI auditors made every effort to identify and remove false positives.
- ***Targeted Sample Analysis*** – From the categories identified with material amounts at risk, we selected the best examples of potential under- or overpayments to test. As cases were not randomly selected, we did not extrapolate results. We selected 50 cases and sent your administrator a questionnaire for each. Targeted samples verified if the claim data supported our finding and if our understanding of plan provisions matched UMR's administration.
- ***Audit of Administrator Response and Documentation*** – We reviewed the responses and redacted the responses to eliminate personal health information. Based on the responses and further analysis of the findings, we removed false positives identified from the potential amounts at risk.

Findings

We are confident in the accuracy of our ESAS results. It should be noted that dollar amounts associated with the results represent potential payment errors and process improvement opportunities. To substantiate the findings, CTI would have to perform additional testing to provide the basis for remedial action planning or reimbursement.

Categories for Process Improvement

The ESAS Findings Detail Report shows by category the line items where exceptions were noted. PEBP should work with its TPA, UMR, to examine areas of concern. A CTI auditor reviewed UMR's responses and supporting documentation. The administrator responses shown in the ESAS Detail Findings Report on the following pages were copied directly from UMR's reply to audit findings. **It is important to note that even if the sampled claim was subsequently corrected prior to CTI's audit, we have still cited the error so PEBP can discuss how to reduce errors and re-work in the future with UMR.**

For each potential error, we sent an ESAS Questionnaire with an identification number (QID) to UMR for written response. After reviewing the response and any additional information provided, CTI confirmed the potential for process improvement.

Manually adjudicated claims were processed by an individual claim processor. Auto-adjudicated claims were paid by the system with no manual intervention.

ESAS Findings Detail Report				
QID	**(Under)/ Over Paid**	**UMR Response**	**CTI Conclusion**	**Manual or System**
Duplicate Payments				
23	$174.40	Agree.	Procedural deficiencies and overpayments remain. UMR paid duplicate charges.	☒ M ☐ S
24	$3,222.24			☒ M ☐ S
25	$4,448.63			☒ M ☐ S
26	$112.90			☒ M ☐ S
Plan Exclusions				
Dental Services				
42	$75.00	Agree. D0120 is an oral exam and should have been denied under medical. Claim was adjusted on 10/28/2025.	Procedural deficiencies and overpayments remain. Dental services are excluded under the medical plan and should be covered under the dental plan.	☒ M ☐ S
43	$32.50	Agree. D1110 is for a prophy/cleaning and should have been denied under medical. The claim was adjusted on 10/23/2025		☒ M ☐ S
44	$658.10	Agree. The claim should have been denied for medical records, to verify the procedure performed.		☒ M ☐ S
Biofeedback				
49	$42.00	Agree. This code should have been denied. Adjustment done on 10/23/2025.	Procedural deficiency and overpayment remain. Biofeedback is excluded under the plan, and the claim should have been denied.	☒ M ☐ S
Prior Authorization Required				
CT/MRI/PET				
35	$1,136.63	Agree. There is no prior authorization on file.	Procedural deficiencies and overpayments remain. These services required prior authorization, which was not performed.	☐ M ☒ S
37	$534.86	Agree. No prior authorization on file for this provider and procedure code.		☒ M ☐ S
Genetic Testing				
39	$1,177.28	Agree. No prior authorization on file for this procedure code. The claim was adjusted on 10/22/2025.	Procedural deficiency and overpayment remain. The services required prior authorization, which was not performed.	☒ M ☐ S

ESAS Findings Detail Report				
QID	**(Under)/ Over Paid**	**UMR Response**	**CTI Conclusion**	**Manual or System**
Copay Application				
Speech Therapy				
15	$50.00	Agree. Speech therapy should apply a $50 copay per the member's plan. Claim will be adjusted at completion of the audit.	Procedural deficiencies and overpayments remain. A $50.00 copay is applicable for speech therapy, and none was applied.	☒ M ☐ S
17	$50.00			☒ M ☐ S
Office Visit – Specialist				
16	$50.00	Agree. Specialist office visits should apply $50 copay per the member's plan. This claim will be adjusted at completion of the audit.	Procedural deficiency and overpayment remain. A $50.00 copay was applicable for a specialist office visit, and none was applied.	☐ M ☒ S
Preventive Services				
Copay Applied				
5	($30.00)	Agree. No copay should have applied.	Procedural deficiency and underpayment remain. The copay should have been waived for this preventive service.	☒ M ☐ S

RANDOM SAMPLE AUDIT

Objectives

The objectives of our Random Sample Audit were to determine if medical and dental claims were paid according to plan specifications and the administrative agreement, to measure and benchmark process quality, and to prioritize areas of administrative deficiency for further review and remediation.

Scope

CTI's statistically valid Random Sample Audit included a stratified random sample of 200 paid or denied claims. UMR's performance was measured using the following key performance indicators:

- Financial Accuracy
- Claims Payment Accuracy
- Overall Accuracy

We also measured claim turnaround time, a commonly relied upon performance measure.

Methodology

Our Random Sample Audit ensures a high degree of consistency in methodology and is based on the principles of statistical process control with a philosophy of continuous quality improvement. Our auditors reviewed each sample claim selected to ensure it conformed to plan specifications, agreements, and negotiated discounts. We recorded findings in our proprietary audit system.

When applicable, we cited claim payment and processing errors identified by comparing the way a selected claim was paid and the information UMR had available at the time the transaction was processed**. It is important to note that even if the sampled claim was subsequently corrected prior to CTI's audit, we have still cited the error so PEBP can discuss how to reduce errors and re-work in the future with UMR.**

CTI communicated with UMR in writing about any errors or observations using system-generated response forms. We sent UMR a preliminary report for its review and written response. We considered UMR's written response, as found in the Appendix, when producing our final reports. Note that the administrator responses have been copied from UMR's reply.

Financial Accuracy

CTI defines Financial Accuracy as the total correct claim payments made compared to the total dollars of correct claim payments that should have been made for the audit sample.

The total paid in the 200-claim audit sample was $1,361,688.86. The claims sampled and reviewed revealed no underpayments and $1,865.41 in overpayments. This reflects a weighted Financial Accuracy rate of 99.84% over the stratified sample. This is an increase in performance from the prior period. Details are provided in the following Random Sample Findings Detail Report.

UMR met the Performance Guarantee for PEBP in Q1 FY2026 of 99.40% for this measure and no penalty is due.

Claims Payment Accuracy

CTI defines Claims Payment Accuracy as the number of claims paid correctly compared to the total number of claims paid for the audit sample.

The audit sample revealed 3 incorrectly paid claims and 197 correctly paid claims. This is an increase in performance from the prior period. Detail is provided in the Random Sample Findings Detail Report below.

Total Claims	Incorrectly Paid Claims		Frequency
	Underpaid Claims	Overpaid Claims	
200	0	3	98.50%

Overall Accuracy

CTI defines Overall Accuracy as the number of claims processed without errors compared to the total number of claims processed in the audit sample.

Performance increased from the prior period, and UMR met the Performance Guarantee for PEBP in Q1 FY2026 of 98.00% for this measure and no penalty is due. Detail is provided in the Random Sample Findings Detail Report below.

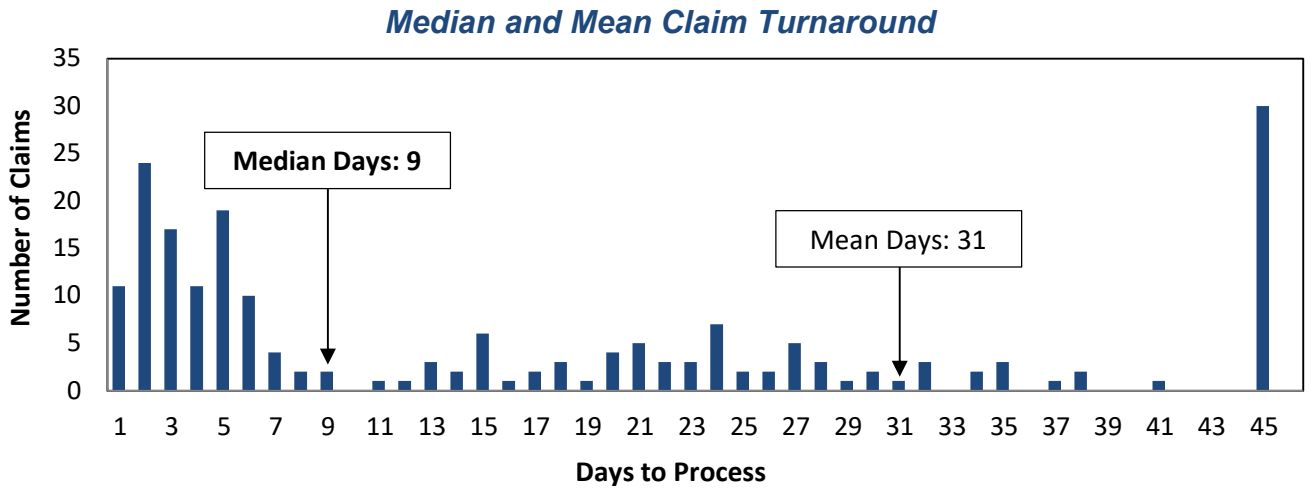
Correctly Processed Claims	Incorrectly Processed Claims		Frequency
	System	Manual	
196	0	4	98.0%

Random Sample Findings Detail Report				
Audit No.	Under/ Overpaid	UMR Response	CTI Conclusion	Manual or System
PPO Discount				
1062	$336.81	Agree. The claim allowance was entered incorrectly. The original payment was $181,273.32 and should be $180,936.51. This results in a $336.81 overpayment.	Procedural error and overpayment remain. An incorrect PPO discount was applied. UMR paid $181,273.32 and should have paid $180,936.51.	☒ M ☐ S
1087	$1,500.60	Agree. Claim allowance was entered incorrectly. UHC pricing was omitted during processing. Original payment $17,793.40; the correct amount should be $12,292.80, resulting in an overpayment of $1,500.60.	Procedural error and overpayment remain. Billed charges were allowed on this claim in error.	☒ M ☐ S
Deductible Error				
2027	$28.00	Agree. An incorrect deductible amount applied to this claim. This claim will be adjusted at the completion of the audit.	Procedural error and overpayment remain. The deductible applied should have been $100.00, and it was $72.00. The member and family deductible had not been met.	☒ M ☐ S
Usual and Customary Calculation Error				
1075	NA	Agree. The CFR manually keyed an incorrect allowable. See pricing below. Patient balance applied to deductible. There is no dollar payment impact. Claim was adjusted on 11/19/25.	Procedural error remains. The allowed amount for this non-participating provider should have been $102.30, and it was $17.70. This applied to the member's deductible.	☒ M ☐ S

Claim Turnaround

CTI defines Claim Turnaround as the number of calendar days required to process a claim – from the date the claim was received by the administrator to the date a payment, denial, or additional information request was processed – expressed as both the Median and Mean for the audit sample.

Claim administrators commonly measure claim turnaround time in mean days. Median days, however, is a more meaningful measure for administrators to focus on when analyzing claim turnaround because it prevents a few claims with extended turnaround time from distorting the true performance picture.



UMR met the Performance Guarantee for PEBP in Q1 FY2026 of 92% processed within 14 days but did not meet the standard of 99% processed within 30 days. The penalty owed is 1.0% of the administrative fees of $1,467,771.08 or $14,677.71.

Additional Observations

During the Random Sample Audit, our auditor observed the following procedures or situations that may not have caused an error on the sampled claim but may impact future claims or overall quality of service.

Audit Number	Observation
1045	The claim was received 4/20/24 and processed 5/8/24 which was within the timely filing period. The claim was then reprocessed 15 months later on 8/1/25 due to an update of contract pricing. CTI recommends UMR and PEBP discuss the timeliness of claim adjustment due to contract pricing changes in UMR's system.
1132	The claim was processed correctly as an emergency room (ER) visit with a $750.00 copayment applied after learning the hospital billed an inpatient stay in error. The review and discussion on this claim brought to light an issue in which UMR is applying the $750.00 ER copay in cases where a member is admitted to the hospital when 1) the ER claim comes in first or 2) when the inpatient stay is not authorized. This is in conflict with the MPD language which states the ER copay should be waived when the member is admitted. The procedure to apply an ER copay with a subsequent hospital admission was put into place many years ago and should be reviewed to ensure it aligns with PEBP's current intent. CTI recommends updating the MPD if the decision is to apply the ER copay if an inpatient stay is not authorized.
1144	CTI notes the sample claim was processed incorrectly. However, prior to the audit, the claim was adjusted to apply code editing and reflect the appropriate benefit.

CONCLUSION

UMR did not meet the performance metric for PEBP for claim turnaround time within 30 days in the first quarter of FY2026. A penalty of $14,677.71, or 1.0% of the administration fees for the quarter is owed.

We consider it a privilege to have worked for, and with, the PEBP staff and its administrator. Thank you again for choosing CTI.

APPENDIX – ADMINISTRATOR RESPONSE TO DRAFT REPORT

Your administrator's response to the draft report follows. Additional information submitted to CTI from UMR in response to the draft report is reviewed and observations may be removed prior to the final report being published. While a removed observation will not be included in the final report, it may be referenced in the administrator's response to the draft report.

115 West Wausau Ave
Wausau, WI 54401

CLAIM TECHNOLOGIES INCORPORATED
100 COURT AVENUE SUITE 306
DES MOINES, IA 50309

January 12, 2026

Joni,

Thank you for the opportunity to respond to the recent review of the State of Nevada Public Employees' Benefit Program Q1Y26 audit draft report. The following is our response to the draft report completed by CTI.

ESAS Targeted Sample Analysis

Duplicate Payments

QID 23 – Dental Claim [redacted] 6137 is a duplicate to claim [redacted] 9112. The claim was adjusted on 11-10-2025, resulting in an overpayment of $174.40.

QID 24 – Medical claim [redacted] 0283 is a duplicate to claim [redacted] 1157. The claim was adjusted on 12-19-2025, resulting in an overpayment of $3222.24.

QID 25 – Medical claim [redacted] 3240 is a duplicate to claim [redacted] 5277. The claim will be adjusted at the completion of the audit, resulting in an overpayment of $4448.63.

QID 26 – Medical claim [redacted] 9323 is a duplicate to claim [redacted] 9512. The claim was adjusted on 12-19-2025, resulting in an overpayment of $112.90.

Plan Exclusions - Dental Services

QID 42 – UMR agrees with this finding. This is an oral exam and should have been denied under medical. It was allowed in error. The claim was adjusted on 10-28-2025, resulting in an overpayment of $75.00.

QID 43 – UMR agrees with this finding. Prophy/cleaning should have been denied under medical. It was allowed in error. The claim was adjusted on 10-23-2025, resulting in an overpayment of $32.50.

QID 44 – UMR agrees with this finding. Procedure 41899 was allowed without verifying the actual procedure performed. Medical records are required to determine the correct allowance. The claim was adjusted on 12-17-2025, resulting in an overpayment of $658.10.

Plan Exclusions – Biofeedback

QID 49 – UMR agrees with this finding. Biofeedback is excluded by this plan. The services should have been denied. The claim was adjusted on 10-23-2025, resulting in an overpayment of $42.00.

Prior Authorization Required – CT/MRI/PET

QID 35 – UMR agrees with this finding. CPT 74170 was allowed in error without prior authorization on file. The claim was adjusted on 12-19-2025t, resulting in an overpayment of $1136.63.

QID 37 – UMR agrees with this finding. CPT 78815 was allowed in error without prior authorization on file. The claim was adjusted on 12-17-2025, resulting in an overpayment of $534.86.

Prior Authorization Required – Genetic Testing

QID 39 – UMR agrees with this finding. CPT 81408 was allowed in error without prior authorization on file. The claim was adjusted on 10-22-2025, resulting in an overpayment of $1177.28.

Copay Application – Speech Therapy

QID 15 – UMR agrees with this finding. Speech Therapy copay should apply to this claim. The claim was adjusted on 12-19-2025, resulting in an overpayment of $2.00.

QID 17 – UMR agrees with this finding. Speech Therapy copay should apply to this claim. The claim will be adjusted at the completion of the audit, resulting in an overpayment of $2.00.

Copay Application – Office Visit - Specialist

QID 16 – UMR agrees with this finding. Specialist office visit copay should apply to this claim. The claim was adjusted on 12-19-2025, resulting in an overpayment of $96.65.

Preventive Services – Copay Applied

QID 5 – UMR agrees with this finding. These services should be allowed at 100% per the plan benefit. The claim will be adjusted at the completion of the audit, resulting in an overpayment of $24.00.

Random Sample Findings

PPO Discount

Sample 1062 – UMR agrees with this finding. An incorrect allowed amount applied to this claim. The claim was adjusted on 11-18-2025, resulting in a $336.81 overpayment.

Sample 1087 – UMR agrees with this finding. An incorrect allowed amount applied to this claim. The claim was adjusted on 11-18-2025, resulting in an overpayment of $1500.60.

Sample 1096 – The intent is never to pay more than billed charges. UMR applied the correct allowable to the claim. Payment will not exceed the billed amount.

97155 – the fee is $30.00 x 21 units = $630.00. Total billed for 97155 was $525.00. UMR paid $525.00.

97153 – the fee is $19.00 x 82 units = $1558.00. The total billed for 97153 was $2050.00. UMR paid $1558.00.

Incorrect Copay

Sample 1132 – UMR does not agree with this finding. The provider originally submitted an inpatient claim for this member; however, the member was never admitted as an inpatient. The provider subsequently requested to void the incorrect claim ([redacted]7479). This voided claim was processed on 1/5/2026 and denied with the reason: *Charges Denied – Provider Voided Claim.* The original claim ([redacted]3486) was also denied on 1/5/2026 as a duplicate of the corrected claim. For reference, sample claim [redacted]5895 (Emergency Room) was processed correctly, applying the $750.00 ER copay in accordance with HSB processing guidelines for ER copay application.

Deductible Error

Sample 2027 – UMR agrees with this finding. The deductible amount was incorrectly applied to this claim. The claim will be adjusted at the completion of the audit, resulting in an overpayment of $28.00.

Usual and Customary Calculation Error

Sample 1075 - UMR agrees with this finding. An incorrect allowed amount applied to this claim. No payment was made during the initial processing. The claim was adjusted on 11-19-2025, resulting in a $0.00 payment error.

UMR remains committed to enhancing the overall experience for State of Nevada PEBP members and will continue working diligently to address any issues identified in this review. We provide ongoing coaching and training for our dedicated processing team, ensuring continuous improvement.

Our team meets daily to review quality reports, identify trending errors, and implement refresher training where skill gaps are observed. These insights are used to strengthen processes and improve overall service quality.

Sincerely,

Julie Frahm
Sr. UMR External Audit Coordinator
715-841-7262

UMR

Claim Technologies Incorporated representatives may from time to time provide observations regarding certain tax and legal requirements including the requirements of federal and state health care reform legislation. These observations are based on our good faith interpretation of laws and regulations currently in effect and are not intended to be a substitute for legal or tax advice. Please contact your legal counsel and tax accountant for advice regarding legal and tax requirements.

CTI Audit Solutions

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9.

9. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations.
(Brandee Mooneyhan, Lead Insurance Counsel) (**For Possible Action**)

a. Contract Overview
b. New Contracts
c. Contract Amendments
d. Status of Current Solicitations

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Joe Lombardo
Governor

Stacie Weeks
Director

Theresa Carsten
Executive Officer

AGENDA ITEM

[X] Action Item

[ ] Information Only

Date: January 20, 2026

Item Number: 9

Title: Contract Status Report

Summary

This report addresses the status of PEBP's contracts, including an overview of current contracts, potential new contracts, contract amendments, and the status of current solicitations.

10.1 Contracts Overview

PEBP Active Contracts Summary			
VENDOR	**SERVICE**	**EFFECTIVE DATE**	**EXPIRATION DATE**
Brown & Brown/Claims Technologies	Health Plan Auditor	04/13/2021	06/30/2027
Carrum Health	Centers of Excellence	02/12/2024	06/30/2028
Carrum Health	Oncology Concierge	05/14/2024	06/30/2028
Diversified Dental Services	Dental PPO	07/01/2021	06/30/2026
Eide Bailly	Financial Auditor	07/11/2023	12/31/2026
Express Scripts	Pharmacy Benefit Manager	07/01/2025	06/30/2026
Health Plan of Nevada	Southern Nevada HMO	07/01/2025	06/30/2030
HSA Bank	HSA/HRA Account Manager	07/01/2022	06/30/2028
Lifeworks/TELUS Health	Benefits Management System	05/10/2022	12/31/2026
Segal Company	Consulting Services	07/01/2022	06/30/2027
United Healthcare Insurance	Group Basic Life Insurance	07/01/2022	06/30/2028
UMR, Inc.	TPA & Other Services	07/01/2022	06/30/2028
Willis Towers Watson (Via Benefits)	Medicare Exchange	07/01/2025	06/30/2030

Dental PPO: State Purchasing approved an extension of PEBP's contract with Diversified Dental Services until June 30, 2027. The contract amendment incorporating the extension will be considered by the Board of Examiners at its March meeting.

Pharmacy Benefit Manager: Discussion of a potential extension of PEBP's contract with Express Scripts is ongoing. Upon full agreement, staff will seek necessary approvals and present an appropriate contract amendment to the Board.

No action necessary.

10.2 New Contracts

There are no new contracts for the Board's consideration.

No action necessary.

10.3 Contract Amendments

There are no pending amendments for the Board's consideration.

No action necessary.

10.4 Current Solicitations

Benefits Management System: PEBP continues to work on negotiations with the vendor chosen during the RFP process. Any resulting contract will be presented to the Board.

There are no other solicitations in progress.

No action necessary.

10.

10. Executive Officer Report.
(Theresa Carsten, Executive Officer) (Information/Discussion)

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Stacie Weeks
Director

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Governor

Nik Proper
Interim Executive Officer

AGENDA ITEM

☐ Action Item
☒ Information Only

Date: January 20, 2026

Item Number: 10

Title: Executive Officer Report

SUMMARY

This report provides the Board, PEBP members and other stakeholders with information on agency operations.

REPORT

IRBC
The Interim Retirement and Benefit Committee meeting has been scheduled for January 27, 2026. I will be presenting on utilization for PY 25 and changes determined by the board to date for PY 26. Items for the meeting can be reviewed here. Information was taken from vendor year end reports. Interim Retirement and Benefits Committee - Tuesday, January 27, 2026 1:00 PM

Employee Benefit Deduction Issues
In December the second pay period premium deductions did not occur due to a system issue Central Payroll had with their newly implemented ADVANTAGE system.

In January the second pay period premium deduction did not occur due to a file layout issue between PEBP and Central Payroll. A file conversion error resulted in Advantage reading the file as zero deductions for this pay period.

PEBP and Central Payroll teams met with Governor's Office staff for root cause analysis and to identify short- and long-term solutions. The short-term solution to resolve the missing deductions is to collect the second pay period premiums missed for December and January in pay period three, on January 30, 2026. An entire month's premium will be deducted on this date. As part of the analysis it was determined that manual adjustments made on PEBP's side could be adjusted for and the PEBP system could account for the mid-month qualifying life events on the first pay

period of the following month. For those that have a qualifying life event, their premium will be pro-rated for the month reported and added to the following month's premium.

HPN Premium Reduction Update
The HPN – Medical Loss Ratio reduction in premium was voted on by the board to be applied in December. For state employees, impacted by the Central Payroll issue, they did not receive this premium reduction as codified in regulation. So, PEBP owes additional interest to these employees. It will be calculated at 15 cents per week. It has been planned for the second payroll in February.

11.

11. Election of Board Chair. All current Board members are eligible. (Jim Wells, Board Chair) (**For Possible Action**)

12.

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)

12.1 The below reports were presented during the December 2025 board meeting.

12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management

12.1.2 Q1 Express Scripts – Utilization and Summary Reports

12.2 Vendor Reports for the period ending September 30, 2025.

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

12.2.3 Q1 UnitedHealthcare Basic Life Insurance

12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

12.2.5 Q1 CDHP Performance Review

12.2.6 Q1 LD PPO Performance Review

12.2.7 Q1 EPO Performance Review

12.2.8 Q1 HPN Performance Review

12.2.9 Q1 Dental Performance Review

12.2.10 Q1 Doctor on Demand Engagement Report

12.2.11 Q1 Real Appeal Performance Report

12.1.1

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)

12.1 The below reports were presented during the December 2025 board meeting.

12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management

Executive Summary

Metrics	Jul-25	Aug-25	Sep-25	Average
Enrollment	52,706	52,641	52,872	**52,740**

Inpatient All - LTACH, AIR, SNF, and OOA					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Total Discharges	176	152	146	**474**	**158**
Total Discharges LOS	1,097	836	775	**2,708**	**903**
Average LOS	6.2	5.5	5.3	**5.7**	**5.7**

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

Inpatient Hospital Acute Only					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Total Discharges	132	109	111	**352**	**117**
Total Discharges LOS	659	544	542	**1,745**	**582**
Average LOS	5.0	5.0	4.9	**5.0**	**5.0**

Beddays by Facility Type					
Metrics			**Beddays**		
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Hospital	659	549	542	**1,750**	**583**
Hospital Rehabilitation	6	7	18	**31**	**10**
Skilled Nursing	38	16	0	**54**	**27**
Out of Area	394	353	333	**1,080**	**360**

Metrics			**Beddays per K**	
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**
Hospital	150.0	125.2	123.0	**132.7**
Hospital Rehabilitation	1.4	1.6	4.1	**2.4**
Skilled Nursing	8.7	3.6	0.0	**4.1**
Out of Area	89.7	80.5	75.6	**81.9**

Admits by Facility Type					
Metrics			**Admits**		
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Hospital	130	119	111	**360**	**120**
Hospital Rehabilitation	1	1	2	**4**	**1**
Skilled Nursing	3	1	0	**4**	**2**
Out of Area	45	37	40	**122**	**41**

Metrics			**Admits per K**	
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**
Hospital	29.6	27.1	25.2	**27.3**
Hospital Rehabilitation	0.2	0.2	0.5	**0.3**

Executive Summary

Metrics	Admits per K			
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**
Skilled Nursing	0.7	0.2	0.0	**0.3**
Out of Area	10.2	8.4	9.1	**9.3**

Readmits by Facility Type

Metrics	Readmits				
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Hospital	11	10	6	**27**	**9**
Hospital Rehabilitation	0	0	0	**0**	**0**
Skilled Nursing	0	0	0	**0**	**0**
All Other	3	3	2	**8**	**3**

Average Length of Stay by Facility

Facility Type	Metrics	Average LOS			
	Facility Name	**Jul-25**	**Aug-25**	**Sep-25**	**Total**
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	1.5	4.0	0.0	**2.3**
	CARSON TAHOE REGIONAL MEDICAL CENTER	2.9	3.4	2.8	**3.1**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	5.2	2.8	3.5	**4.0**
	HENDERSON HOSPITAL	2.6	7.5	3.0	**3.8**
	MOUNTAIN VIEW HOSPITAL	3.0	6.0	4.8	**4.8**
	NORTH VISTA HOSPITAL	5.0	0.0	1.0	**3.0**
	RENOWN REGIONAL MEDICAL CENTER	7.3	6.2	6.2	**6.7**
	SOUTHERN HILLS HOSPITAL	13.5	6.2	2.8	**6.8**
	SPRING VALLEY HOSPITAL	2.6	5.8	2.5	**3.6**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0.0	0.0	1.5	**1.0**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	2.4	3.5	6.7	**4.0**
	SUMMERLIN HOSPITAL MEDICAL CTR	3.8	3.7	4.6	**4.0**
	SUNRISE HOSPITAL	1.6	4.3	7.4	**4.5**
	UNIVERSITY MEDICAL CENTER SO NV	4.4	6.7	6.3	**5.6**
	VALLEY HOSPITAL MEDICAL CTR	7.0	12.0	0.0	**8.6**
	Total	**5.0**	**5.0**	**4.9**	**5.0**
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	6.0	0.0	4.0	**7.0**
	PAM REHABILITATION HOSPITAL OF CENTENNIAL HILLS	0.0	0.0	10.0	**10.0**
	Total	**6.0**	**0.0**	**6.0**	**7.8**
Skilled Nursing	SANDSTONE SPRING VALLEY LLC	0.0	0.0	0.0	**15.0**
	TRELLIS CENTENNIAL	0.0	16.0	0.0	**16.0**
	WELBROOK CENTENNIAL HILLS	23.0	0.0	0.0	**11.5**
	Total	**38.0**	**5.3**	**0.0**	**13.5**

Executive Summary

Average Length of Stay by Facility

Facility Type	Metrics	Average LOS			
	Facility Name	Jul-25	Aug-25	Sep-25	Total
Out of Area	Out of Area	9.4	6.7	6.7	**7.7**
	Total	**9.4**	**6.7**	**6.7**	**7.7**

Beddays by Facility

Facility Type	Metrics	Beddays				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	3	4	0	**7**	**4**
	CARSON TAHOE REGIONAL MEDICAL CENTER	46	93	39	**178**	**59**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	52	17	42	**111**	**37**
	HENDERSON HOSPITAL	13	16	6	**35**	**12**
	MOUNTAIN VIEW HOSPITAL	3	15	43	**61**	**20**
	NORTH VISTA HOSPITAL	5	0	1	**6**	**3**
	RENOWN REGIONAL MEDICAL CENTER	359	180	211	**750**	**250**
	SOUTHERN HILLS HOSPITAL	54	31	17	**102**	**34**
	SPRING VALLEY HOSPITAL	23	29	5	**57**	**19**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	3	**3**	**3**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	33	21	67	**121**	**40**
	SUMMERLIN HOSPITAL MEDICAL CTR	19	41	37	**97**	**32**
	SUNRISE HOSPITAL	11	26	52	**89**	**30**
	UNIVERSITY MEDICAL CENTER SO NV	31	40	19	**90**	**30**
	VALLEY HOSPITAL MEDICAL CTR	7	36	0	**43**	**22**
	Total	**659**	**549**	**542**	**1,750**	**0**
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	6	7	8	**21**	**7**
	PAM REHABILITATION HOSPITAL OF CENTENNIAL HILLS	0	0	10	**10**	**10**
	Total	**6**	**7**	**18**	**31**	**0**
Skilled Nursing	SANDSTONE SPRING VALLEY LLC	15	0	0	**15**	**15**
	TRELLIS CENTENNIAL	0	16	0	**16**	**16**
	WELBROOK CENTENNIAL HILLS	23	0	0	**23**	**23**
	Total	**38**	**16**	**0**	**54**	**0**
Out of Area	Out of Area	394	353	333	**1,080**	**360**
	Total	**394**	**353**	**333**	**1,080**	**0**

Admits by Facility

Facility Type	Metrics	Admits				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	1	1	0	**2**	**1**

Executive Summary

Admits by Facility

Facility Type	Metrics	Admits				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	16	28	12	**56**	**19**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	12	6	10	**28**	**9**
	HENDERSON HOSPITAL	4	4	2	**10**	**3**
	MOUNTAIN VIEW HOSPITAL	1	4	9	**14**	**5**
	NORTH VISTA HOSPITAL	1	0	1	**2**	**1**
	RENOWN REGIONAL MEDICAL CENTER	54	28	36	**118**	**39**
	SOUTHERN HILLS HOSPITAL	5	5	6	**16**	**5**
	SPRING VALLEY HOSPITAL	7	6	2	**15**	**5**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	2	**2**	**1**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	11	8	10	**29**	**10**
	SUMMERLIN HOSPITAL MEDICAL CTR	5	12	9	**26**	**9**
	SUNRISE HOSPITAL	5	7	8	**20**	**7**
	UNIVERSITY MEDICAL CENTER SO NV	7	6	4	**17**	**6**
	VALLEY HOSPITAL MEDICAL CTR	1	4	0	**5**	**2**
	Total	**130**	**119**	**111**	**360**	**0**
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	1	1	1	**3**	**1**
	PAM REHABILITATION HOSPITAL OF CENTENNIAL HILLS	0	0	1	**1**	**1**
	Total	**1**	**1**	**2**	**4**	**0**
Skilled Nursing	SANDSTONE SPRING VALLEY LLC	1	0	0	**1**	**1**
	TRELLIS CENTENNIAL	0	1	0	**1**	**1**
	WELBROOK CENTENNIAL HILLS	2	0	0	**2**	**1**
	Total	**3**	**1**	**0**	**4**	**0**
Out of Area	Out of Area	45	37	40	**122**	**41**
	Total	**45**	**37**	**40**	**122**	**0**

Readmits by Facility

Facility Type	Metrics	Readmits				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0	0	0	**0**	**0**
	CARSON TAHOE REGIONAL MEDICAL CENTER	1	2	0	**3**	**1**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	1	1	2	**4**	**1**
	HENDERSON HOSPITAL	0	1	0	**1**	**0**
	MOUNTAIN VIEW HOSPITAL	0	1	1	**2**	**1**
	NORTH VISTA HOSPITAL	0	0	0	**0**	**0**
	RENOWN REGIONAL MEDICAL CENTER	6	2	1	**9**	**3**
	SOUTHERN HILLS HOSPITAL	0	0	0	**0**	**0**

Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	SPRING VALLEY HOSPITAL	0	0	1	**1**	**0**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	0	**0**	**0**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0	1	1	**2**	**1**
	SUMMERLIN HOSPITAL MEDICAL CTR	1	1	0	**2**	**1**
	SUNRISE HOSPITAL	0	0	0	**0**	**0**
	UNIVERSITY MEDICAL CENTER SO NV	2	1	0	**3**	**1**
	VALLEY HOSPITAL MEDICAL CTR	0	0	0	**0**	**0**
	Total	**11**	**10**	**6**	**27**	**0**
Out of Area	Out of Area	3	3	2	**8**	**3**
	Total	**3**	**3**	**2**	**8**	**0**

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	CARSON TAHOE REGIONAL MEDICAL CENTER	6.3%	7.1%	0.0%	**5.4%**	**5.4%**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	8.3%	16.7%	20.0%	**14.3%**	**14.3%**
	HENDERSON HOSPITAL	0.0%	25.0%	0.0%	**10.0%**	**10.0%**
	MOUNTAIN VIEW HOSPITAL	0.0%	25.0%	11.1%	**14.3%**	**14.3%**
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	RENOWN REGIONAL MEDICAL CENTER	11.1%	7.1%	2.8%	**7.6%**	**7.6%**
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	SPRING VALLEY HOSPITAL	0.0%	0.0%	50.0%	**6.7%**	**6.7%**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0.0%	12.5%	10.0%	**6.9%**	**6.9%**
	SUMMERLIN HOSPITAL MEDICAL CTR	20.0%	8.3%	0.0%	**7.7%**	**7.7%**
	SUNRISE HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	UNIVERSITY MEDICAL CENTER SO NV	28.6%	16.7%	0.0%	**17.6%**	**17.6%**
	VALLEY HOSPITAL MEDICAL CTR	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	Total	**8.5%**	**8.4%**	**5.4%**	**7.5%**	**0.0%**
Out of Area	Out of Area	6.7%	8.1%	5.0%	**6.6%**	**6.6%**
	Total	**6.7%**	**8.1%**	**5.0%**	**6.6%**	**0.0%**

Utilization Summary

Outpatient Case Management					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
New Cases	275	226	265	**766**	**255**
Accepted	174	141	159	**474**	**158**
Acceptance Rate	63.3%	62.4%	60.0%	**61.9%**	**61.9%**
Average Duration (closed only)	7.3	5.4	6.7	**6.5**	**6.5**

Inpatient Case Management					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Open End of Month	35	33	35	**103**	**34**
Cases opened in the month	179	158	153	**490**	**163**
Cases closed in the month	176	152	146	**474**	**158**
Denied Days	8	13	16	**37**	**12**
Average LOS	6.2	5.5	5.3	**5.7**	**5.7**
NICU Open at End of Month	3	2	4	**9**	**3**
NICU Cases opened in the month	7	4	7	**18**	**6**
NICU Cases closed in the month	4	6	5	**15**	**5**
NICU Average Legth of Stay	29.5	3.8	22.8	**17.0**	**17.0**

Authorizations					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Total services reviewed	4,549	4,242	4,107	**12,898**	**4,299**
Services Approved	4,448	4,137	4,017	**12,602**	**4,201**
Approval Rate	97.8%	97.5%	97.8%	**97.7%**	**97.7%**
Services Denied	101	105	90	**296**	**99**
Denied Charges	$71,716	$96,394	$89,013	**$257,123**	**$85,708**
Denial Rate	2%	2%	2%	**2%**	**2%**

Denial Reason					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Denial Reason	**Denied**	**Denied**	**Denied**	**Denied**	**Denied**
Not medically necessary	101	103	90	**294**	**98**
Lack of information	0	2	0	**2**	**2**

Utilization Summary

Turn Around Time					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
2 or fewer days	1,172	1,000	800	**2,972**	**991**
2 or fewer Pct	64.7%	59.8%	49.4%	**58.3%**	**58.3%**
5 or fewer days	1,258	1,195	1,182	**3,635**	**1,212**
5 or fewer Pct	69.5%	71.5%	73.1%	**71.3%**	**71.3%**
15 or fewer Days	1,788	1,658	1,605	**5,051**	**1,684**
15 or fewer Pct	98.7%	99.2%	99.2%	**99.0%**	**99.0%**
Over 15 days	23	14	13	**50**	**17**
Over 15 days Pct	1.3%	0.8%	0.8%	**1.0%**	**1.0%**

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

Stat					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Stat Request	1,096	913	1,079	**3,088**	**1,029**

Appeals					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Appeals 1st Level	2	2	6	**10.00**	**3.33**
Appeals 2nd Level	0	0	1	**1.00**	**0.33**
Appeals 3rd Level	0	0	0	**0.00**	**0.00**
Appeals Overturned	0	0	1	**1.00**	**0.33**
Appeals Upheld	2	0	4	**6.00**	**2.00**

Utilization Summary

Retro Reviews					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Retros	6	19	2	**27**	**9**

Telephone Advise Nurse					
Metrics					
Outcome description	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Call 911	2	1	3	**6**	**2**
ER	6	4	7	**17**	**6**
Information or Advice Only	3	4	3	**10**	**3**
Other	17	16	18	**51**	**17**
PCP	5	13	10	**28**	**9**
Poison Center	0	0	1	**1**	**1**
Self-Care/Home Care	3	2	5	**10**	**3**
Urgent Care	10	7	16	**33**	**11**

Bedday Summary

Acute only

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

Month	Jul-25	Aug-25	Sep-25	YTD
Membership	52,706	52,641	52,872	**52,740**
Beddays per K	215.8	184.6	167.5	**189.3**
Admits per K	38.7	35.1	33.4	**35.7**
Average LOS	5.7	5.0	5.1	**5.3**
Readmits per K	3.2	3.0	1.8	**2.7**
Readmit Rate	8.2%	8.4%	5.4%	**7.4%**

SHO

Month	Jul-25	Aug-25	Sep-25	YTD
Beddays per K	181.9	180.0	156.6	**172.8**
Admits per K	37.8	35.8	34.3	**36.0**
Average LOS	4.7	5.0	4.5	**4.8**
Readmits per K	3.7	3.1	1.3	**2.7**
Readmit Rate	9.7%	8.6%	3.8%	**7.5%**

SHL PPO

Month	Jul-25	Aug-25	Sep-25	YTD
Beddays per K	166.8	177.7	150.0	**164.8**
Admits per K	45.5	44.4	40.9	**43.6**
Average LOS	3.6	5.2	4.4	**4.4**
Reamits per K	4.2	4.6	3.6	**4.1**
Readmit Rate	9.3%	10.3%	8.9%	**9.5%**

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

Executive Summary (Behavioral Health)

Metrics	Jul-25	Aug-25	Sep-25	Average
Enrollment	52,706	52,641	52,872	**52,740**

Inpatient All - Acute, RTC, and OOA

Month	Jul-25	Aug-25	Sep-25	Total	Average
Total Discharges	18	17	26	**61**	**20**
Total Discharges LOS	89	113	230	**432**	**144**
Average LOS	4.9	6.6	8.8	**7.1**	**7.1**

Beddays by Facility Type

Metrics	Beddays				
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Hospital	49	41	92	**182**	**61**
RTC	16	0	5	**21**	**11**
Out of Area	24	74	192	**290**	**97**

Metrics	Beddays per K			
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**
Hospital	11.2	9.3	20.9	**13.8**
RTC	3.6	0.0	1.1	**1.6**
Out of Area	5.5	16.9	43.6	**22.0**

Admits by Facility Type

Metrics	Admits				
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Hospital	11	9	19	**39**	**13**
RTC	1	0	1	**2**	**1**
Out of Area	5	7	12	**24**	**8**

Metrics	Admits per K			
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**
Hospital	2.5	2.1	4.3	**3.0**
RTC	0.2	0.0	0.2	**0.2**
Out of Area	1.1	1.6	2.7	**1.8**

Readmits by Facility Type

Metrics	Readmits				
Facility Type	**Jul-25**	**Aug-25**	**Sep-25**	**Total**	**Average**
Hospital	1	2	1	**4**	**1**
RTC	0	0	0	**0**	**0**
Out of Area	0	0	1	**1**	**0**

Executive Summary (Behavioral Health)

Average Length of Stay by Facility

Facility Type	Metrics	Average LOS			
	Facility Name	Jul-25	Aug-25	Sep-25	Total
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	1.0	0.0	7.3	**6.0**
	DESERT HOPE CENTER	0.0	2.5	0.0	**2.5**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	7.0	2.5	3.0	**3.6**
	DESERT WINDS HOSPITAL	0.0	0.0	5.0	**7.5**
	NORTH VISTA HOSPITAL	0.0	0.0	0.0	**4.0**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	7.0	7.3	2.8	**5.2**
	SEVEN HILLS HOSPITAL INC	8.0	0.0	4.5	**5.0**
	SOUTHERN HILLS HOSPITAL	0.0	3.0	15.0	**9.0**
	VIRTUE RECOVERY LAS VEGAS LLC	0.0	0.0	4.5	**4.5**
	Total	**7.0**	**4.0**	**5.1**	**5.2**
RTC	DESERT HOPE CENTER	0.0	0.0	5.0	**5.0**
	VIRTUE RECOVERY LAS VEGAS LLC	0.0	0.0	0.0	**16.0**
	Total	**0.0**	**0.0**	**5.0**	**10.5**
Out of Area	Out of Area	2.2	12.2	19.0	**9.6**
	Total	**2.2**	**12.2**	**19.0**	**9.6**

Beddays by Facility

Facility Type	Metrics	Beddays				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	1	0	29	**30**	**15**
	DESERT HOPE CENTER	0	5	0	**5**	**5**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	7	5	6	**18**	**6**
	DESERT WINDS HOSPITAL	0	5	10	**15**	**8**
	NORTH VISTA HOSPITAL	4	0	0	**4**	**4**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	21	23	14	**58**	**19**
	SEVEN HILLS HOSPITAL INC	16	0	9	**25**	**13**
	SOUTHERN HILLS HOSPITAL	0	3	15	**18**	**9**
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	9	**9**	**9**
	Total	**49**	**41**	**92**	**182**	**0**
RTC	DESERT HOPE CENTER	0	0	5	**5**	**5**
	VIRTUE RECOVERY LAS VEGAS LLC	16	0	0	**16**	**16**
	Total	**16**	**0**	**5**	**21**	**0**
Out of Area	Out of Area	24	74	192	**290**	**97**
	Total	**24**	**74**	**192**	**290**	**0**

Executive Summary (Behavioral Health)

Admits by Facility

Facility Type BHO	Metrics	Admits				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	1	0	5	**6**	**3**
	DESERT HOPE CENTER	0	2	0	**2**	**2**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	2	1	2	**5**	**2**
	DESERT WINDS HOSPITAL	0	1	2	**3**	**2**
	NORTH VISTA HOSPITAL	1	0	0	**1**	**1**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	4	4	4	**12**	**4**
	SEVEN HILLS HOSPITAL INC	3	0	2	**5**	**2**
	SOUTHERN HILLS HOSPITAL	0	1	2	**3**	**2**
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	2	**2**	**2**
	Total	**11**	**9**	**19**	**39**	**0**
RTC	DESERT HOPE CENTER	0	0	1	**1**	**1**
	VIRTUE RECOVERY LAS VEGAS LLC	1	0	0	**1**	**1**
	Total	**1**	**0**	**1**	**2**	**0**
Out of Area	Out of Area	5	7	12	**24**	**8**
	Total	**5**	**7**	**12**	**24**	**0**

Readmits by Facility

Facility Type BHO	Metrics	Readmits				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	0	0	**0**	**0**
	DESERT HOPE CENTER	0	0	0	**0**	**0**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	1	0	**2**	**1**
	DESERT WINDS HOSPITAL	0	0	0	**0**	**0**
	NORTH VISTA HOSPITAL	0	0	0	**0**	**0**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	0	1	**1**	**0**
	SEVEN HILLS HOSPITAL INC	0	0	0	**0**	**0**
	SOUTHERN HILLS HOSPITAL	0	1	0	**1**	**1**
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	0	**0**	**0**
	Total	**1**	**2**	**1**	**4**	**0**
RTC	DESERT HOPE CENTER	0	0	0	**0**	**0**
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	0	**0**	**0**
	Total	**0**	**0**	**0**	**0**	**0**
Out of Area	Out of Area	0	0	1	**1**	**0**
	Total	**0**	**0**	**1**	**1**	**0**

Executive Summary (Behavioral Health)

Facility Type BHO	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Jul-25	Aug-25	Sep-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	DESERT HOPE CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	50.0%	100.0%	0.0%	**40.0%**	**40.0%**
	DESERT WINDS HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	0.0%	25.0%	**8.3%**	**8.3%**
	SEVEN HILLS HOSPITAL INC	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	SOUTHERN HILLS HOSPITAL	0.0%	100.0%	0.0%	**33.3%**	**33.3%**
	VIRTUE RECOVERY LAS VEGAS LLC	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	Total	**9.1%**	**22.2%**	**5.3%**	**10.3%**	**0.0%**
RTC	DESERT HOPE CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	VIRTUE RECOVERY LAS VEGAS LLC	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	Total	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Out of Area	Out of Area	0.0%	0.0%	8.3%	**4.2%**	**4.2%**
	Total	**0.0%**	**0.0%**	**8.3%**	**4.2%**	**0.0%**

Utilization Summary (Behavioral Health)

Inpatient Case Management					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Open End of Month	6	4	8	**18**	**6**
Cases opened in the month	17	16	32	**65**	**22**
Cases closed in the month	18	17	26	**61**	**20**
Denied Days	11	0	28	**39**	**13**
Average LOS	4.9	6.6	8.8	**7.1**	**7.1**

Authorizations					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Total services reviewed	20	40	41	**101**	**34**
Services Approved	20	33	38	**91**	**30**
Approval Rate	100.0%	82.5%	92.7%	**90.1%**	**90.1%**
Services Denied	0	7	3	**10**	**3**
Denied Charges	$0	$1,710	$855	**$2,565**	**$855**
Denial Rate	0%	18%	7%	**10%**	**10%**

Denial Reason				
Month	**Aug-25**	**Sep-25**	**YTD**	**Average**
Denial Reason	**Denied**	**Denied**	**Denied**	**Denied**
Not medically necessary	7	3	**10**	**5**

Utilization Summary (Behavioral Health)

Stat					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Stat Request	0	0	0	**0**	**0**

Appeals					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Appeals 1st Level	2	2	6	**10.00**	**3.33**
Appeals 2nd Level	0	0	1	**1.00**	**0.33**
Appeals 3rd Level	0	0	0	**0.00**	**0.00**
Appeals Overturned	0	0	1	**1.00**	**0.33**
Appeals Upheld	2	0	4	**6.00**	**2.00**

Utilization Summary (Behavioral Health)

Retro Reviews					
Month	**Jul-25**	**Aug-25**	**Sep-25**	**YTD**	**Average**
Retros	0	0	0	**0**	**0**

Bedday Summary (Behavioral Health)

Acute only

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

Month	Jul-25	Aug-25	Sep-25	YTD
Membership	52,706	52,641	52,872	**52,740**
Beddays per K	13.7	13.7	29.1	**18.8**
Admits per K	3.2	3.0	5.7	**3.9**
Average LOS	5.5	4.2	5.3	**5.0**
Readmits per K	0.2	0.5	0.5	**0.4**
Readmit Rate	7.1%	15.4%	8.0%	**9.6%**

SHO

Month	Jul-25	Aug-25	Sep-25	YTD
Beddays per K	11.5	16.8	19.5	**16.0**
Admits per K	2.5	3.5	4.1	**3.3**
Average LOS	5.1	4.9	5.1	**5.1**
Readmits per K	0.3	0.4	0.3	**0.3**
Readmit Rate	10.2%	11.6%	7.4%	**9.5%**

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

12.1.2

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)

12.1 The below reports were presented during the December 2025 board meeting.

12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management

12.1.2 Q1 Express Scripts – Utilization and Summary Reports

Nevada PEBP FY26 Q1 Report

7/1/2025 – 9/30/2025

Report Includes:

- CDHP Comparison Data from FY26 Q1 to FY25 Q1
- EPO Comparison Data from FY26 Q1 to FY25 Q1
- PPO Comparison Data from FY26 Q1 to FY25 Q1
- CDHP, EPO, PPO Breakout Data from FY26 Q1
- Summary Comparison Data from FY26 Q1
- Key Metric Breakout Data from FY26 Q1

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

PREPARED BY CLIENT ANALYTICS
Cynthia Eaton (Cynthia.eaton@express-scripts.com)
11/26/2025

Express Scripts
By EVERNORTH

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ FY26 Q1 vs FY25 Q1

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	52,495	50,758	3.4%
Utilizing Member Count (Patients)	27,462	26,482	3.7%
Percent Utilizing (Utilization)	52.3%	52.2%	0.1

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	206,341	197,546	4.5%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.30	1.0%
Total Claims for Generic (Generic ARx)	178,490	170,121	4.9%
Total Claims for Brand (Brand ARx)	27,851	27,425	1.6%
Total Claims for Multisource Brand Claims (MSB ARx)	416	508	-18.1%
Total Non-Specialty Claims	203,293	195,083	4.2%
Total Specialty Claims	3,048	2,463	23.8%
Generic % of Total Claims (GFR)	**86.5%**	**86.1%**	**0.4**
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	50,543	53,090	-4.8%
Mail Penetration Rate*	27.4%	30.4%	-2.9

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$32,554,400**	**$29,847,820**	**9.1%**
Total Generic Gross Cost	$3,220,498	$2,953,195	9.1%
Total Brand Gross Cost	$29,333,902	$26,894,625	9.1%
Total MSB Gross Cost	$334,686	$385,621	-13.2%
Total Ingredient Cost	$31,635,607	$28,968,859	9.2%
Total Dispensing Fee	$910,530	$859,624	5.9%
Total Other (e.g. tax)	$8,263	$19,337	-57.3%
Avg Total Cost per Claim (Gross Cost/ARx)	**$157.77**	**$151.09**	**4.4%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$18.04	$17.36	3.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,053.24	$980.66	7.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$804.53	$759.10	6.0%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ FY26 Q1 vs FY25 Q1

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$5,642,093**	**$5,537,410**	**1.9%**
Generic Cost Share	$1,279,022	$1,313,160	-2.6%
Brand Cost Share	$4,363,071	$4,224,250	3.3%
MSB Cost Share	$45,717	$60,538	-24.5%
Total Copay	$4,684,808	$4,527,652	3.5%
Total Deductible	$957,285	$1,009,758	-5.2%
Avg Copay per Claim (Member Cost Share/ARx)	**$27.34**	**$28.03**	**-2.5%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$7.17	$7.72	-7.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$156.66	$154.03	1.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$109.90	$119.17	-7.8%
Copay % of Total Prescription Cost (Member Cost Share %)	**17.3%**	**18.6%**	**-1.2**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$26,912,307**	**$24,310,410**	**10.7%**
Generic Plan Cost	$1,941,476	$1,640,035	18.4%
Brand Plan Cost	$24,970,831	$22,670,375	10.1%
MSB Plan Cost	$288,969	$325,083	-11.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$12,493,908	$11,733,597	6.5%
Total Specialty Drug Cost (Specialty Plan Cost)	$14,418,399	$12,576,813	14.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	$130.43	$123.06	6.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$10.88	$9.64	12.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$896.59	$826.63	8.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$694.64	$639.93	8.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$61.46	$60.15	2.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,730.45	$5,106.30	-7.4%
Plan Cost PMPM	**$170.89**	**$159.65**	**7.0%**
Non-Specialty Plan Cost PMPM	$79.33	$77.06	3.0%
Specialty Plan Cost PMPM	$91.55	$82.59	10.8%
Specialty % of Plan Cost	53.6%	51.7%	1.8
Net Plan Cost PMPM (factoring Rebates)	**$109.35**	**$99.31**	**10.1%**
Non-Specialty Plan Cost PMPM	$42.37	$42.89	-1.2%
Specialty Plan Cost PMPM	$66.99	$56.42	18.7%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ FY26 Q1 vs FY25 Q1

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	22,492	22,775	-1.2%
Utilizing Member Count (Patients)	10,916	11,143	-2.0%
Percent Utilizing (Utilization)	48.5%	48.9%	-0.4

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	80,629	82,374	-2.1%
Claims per Elig Member per Month (Claims PMPM)	1.19	1.21	-0.9%
Total Claims for Generic (Generic ARx)	70,750	71,884	-1.6%
Total Claims for Brand (Brand ARx)	9,879	10,490	-5.8%
Total Claims for Multisource Brand Claims (MSB ARx)	101	146	-30.8%
Total Non-Specialty Claims	79,477	81,348	-2.3%
Total Specialty Claims	1,152	1,026	12.3%
Generic % of Total Claims (GFR)	**87.7%**	**87.3%**	**0.5**
Generic Effective Rate (GCR)	99.9%	99.8%	0.1
Mail Order Claims	19,456	21,456	-9.3%
Mail Penetration Rate*	27.1%	29.5%	-2.4

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$11,963,244**	**$11,202,260**	**6.8%**
Total Generic Gross Cost	$962,619	$1,088,293	-11.5%
Total Brand Gross Cost	$11,000,625	$10,113,967	8.8%
Total MSB Gross Cost	$93,899	$108,548	-13.5%
Total Ingredient Cost	$11,598,148	$10,830,881	7.1%
Total Dispensing Fee	$361,736	$364,641	-0.8%
Total Other (e.g. tax)	$3,359	$6,738	-50.1%
Avg Total Cost per Claim (Gross Cost/ARx)	**$148.37**	**$135.99**	**9.1%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$13.61	$15.14	-10.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,113.54	$964.15	15.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$929.69	$743.48	25.0%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ FY26 Q1 vs FY25 Q1

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$2,944,304**	**$2,857,318**	**3.0%**
Generic Cost Share	$572,159	$618,521	-7.5%
Brand Cost Share	$2,372,145	$2,238,798	6.0%
MSB Cost Share	$30,817	$42,835	-28.1%
Total Copay	$1,990,142	$1,850,460	7.5%
Total Deductible	$954,162	$1,006,858	-5.2%
Avg Copay per Claim (Member Cost Share/ARx)	**$36.52**	**$34.69**	**5.3%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$8.09	$8.60	-6.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$240.12	$213.42	12.5%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$305.11	$293.39	4.0%
Copay % of Total Prescription Cost (Member Cost Share %)	**24.6%**	**25.5%**	**-0.9**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$9,018,940**	**$8,344,942**	**8.1%**
Generic Plan Cost	$390,460	$469,773	-16.9%
Brand Plan Cost	$8,628,480	$7,875,169	9.6%
MSB Plan Cost	$63,082	$65,712	-4.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$3,151,923	$3,238,705	-2.7%
Total Specialty Drug Cost (Specialty Plan Cost)	$5,867,017	$5,106,237	14.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	$111.86	$101.31	10.4%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$5.52	$6.54	-15.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$873.42	$750.73	16.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$624.57	$450.08	38.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$39.66	$39.81	-0.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,092.90	$4,976.84	2.3%
Plan Cost PMPM	**$133.66**	**$122.14**	**9.4%**
Non-Specialty Plan Cost PMPM	$46.71	$47.40	-1.5%
Specialty Plan Cost PMPM	$86.95	$74.73	16.3%
Specialty % of Plan Cost	65.1%	61.2%	3.9
Net Plan Cost PMPM (factoring Rebates)	**$85.44**	**$72.75**	**17.4%**
Non-Specialty Plan Cost PMPM	$20.99	$22.44	-6.5%
Specialty Plan Cost PMPM	$64.45	$50.31	28.1%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ FY26 Q1 vs FY25 Q1

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	4,577	5,275	-13.2%
Utilizing Member Count (Patients)	2,919	3,312	-11.9%
Percent Utilizing (Utilization)	63.8%	62.8%	1.0

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	27,641	29,969	-7.8%
Claims per Elig Member per Month (Claims PMPM)	2.01	1.89	6.3%
Total Claims for Generic (Generic ARx)	23,651	25,592	-7.6%
Total Claims for Brand (Brand ARx)	3,990	4,377	-8.8%
Total Claims for Multisource Brand Claims (MSB ARx)	59	106	-44.3%
Total Non-Specialty Claims	27,217	29,514	-7.8%
Total Specialty Claims	424	455	-6.8%
Generic % of Total Claims (GFR)	**85.6%**	**85.4%**	**0.2**
Generic Effective Rate (GCR)	99.8%	99.6%	0.2
Mail Order Claims	7,558	8,645	-12.6%
Mail Penetration Rate*	29.9%	31.7%	-1.8

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$4,661,307**	**$5,429,509**	**-14.1%**
Total Generic Gross Cost	$462,770	$466,079	-0.7%
Total Brand Gross Cost	$4,198,537	$4,963,429	-15.4%
Total MSB Gross Cost	$48,069	$158,869	-69.7%
Total Ingredient Cost	$4,539,093	$5,292,343	-14.2%
Total Dispensing Fee	$121,440	$133,951	-9.3%
Total Other (e.g. tax)	$774	$3,215	-75.9%
Avg Total Cost per Claim (Gross Cost/ARx)	**$168.64**	**$181.17**	**-6.9%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$19.57	$18.21	7.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,052.26	$1,133.98	-7.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$814.73	$1,498.76	-45.6%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ FY26 Q1 vs FY25 Q1

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$543,310**	**$753,467**	**-27.9%**
Generic Cost Share	$156,826	$179,817	-12.8%
Brand Cost Share	$386,484	$573,650	-32.6%
MSB Cost Share	$7,514	$7,866	-4.5%
Total Copay	$540,187	$750,567	-28.0%
Total Deductible	$3,123	$2,900	7.7%
Avg Copay per Claim (Member Cost Share/ARx)	**$19.66**	**$25.14**	**-21.8%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$6.63	$7.03	-5.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$96.86	$131.06	-26.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$127.36	$74.21	71.6%
Copay % of Total Prescription Cost (Member Cost Share %)	**11.7%**	**13.9%**	**-2.2**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$4,117,997**	**$4,676,042**	**-11.9%**
Generic Plan Cost	$305,945	$286,262	6.9%
Brand Plan Cost	$3,812,053	$4,389,780	-13.2%
MSB Plan Cost	$40,555	$151,003	-73.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$2,066,417	$2,171,593	-4.8%
Total Specialty Drug Cost (Specialty Plan Cost)	$2,051,580	$2,504,449	-18.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	$148.98	$156.03	-4.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$12.94	$11.19	15.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$955.40	$1,002.92	-4.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$687.38	$1,424.56	-51.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$75.92	$73.58	3.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,838.63	$5,504.28	-12.1%
Plan Cost PMPM	**$299.91**	**$295.48**	**1.5%**
Non-Specialty Plan Cost PMPM	$150.49	$137.23	9.7%
Specialty Plan Cost PMPM	$149.41	$158.26	-5.6%
Specialty % of Plan Cost	49.8%	53.6%	-3.7
Net Plan Cost PMPM (factoring Rebates)	**$191.18**	**$188.70**	**1.3%**
Non-Specialty Plan Cost PMPM	$79.10	$77.61	1.9%
Specialty Plan Cost PMPM	$112.08	$111.09	0.9%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ FY26 Q1 vs FY25 Q1

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	25,428	22,712	12.0%
Utilizing Member Count (Patients)	13,641	12,046	13.2%
Percent Utilizing (Utilization)	53.6%	53.0%	0.6

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	98,071	85,203	15.1%
Claims per Elig Member per Month (Claims PMPM)	1.29	1.25	2.8%
Total Claims for Generic (Generic ARx)	84,089	72,645	15.8%
Total Claims for Brand (Brand ARx)	13,982	12,558	11.3%
Total Claims for Multisource Brand Claims (MSB ARx)	256	256	0.0%
Total Non-Specialty Claims	96,599	84,221	14.7%
Total Specialty Claims	1,472	982	49.9%
Generic % of Total Claims (GFR)	**85.7%**	**85.3%**	**0.5**
Generic Effective Rate (GCR)	99.7%	99.6%	0.0
Mail Order Claims	23,529	22,989	2.3%
Mail Penetration Rate*	27.0%	30.8%	-3.8

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$15,929,850**	**$13,216,051**	**20.5%**
Total Generic Gross Cost	$1,795,109	$1,398,822	28.3%
Total Brand Gross Cost	$14,134,741	$11,817,229	19.6%
Total MSB Gross Cost	$192,718	$118,204	63.0%
Total Ingredient Cost	$15,498,366	$12,845,635	20.7%
Total Dispensing Fee	$427,354	$361,032	18.4%
Total Other (e.g. tax)	$4,130	$9,384	-56.0%
Avg Total Cost per Claim (Gross Cost/ARx)	**$162.43**	**$155.11**	**4.7%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$21.35	$19.26	10.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,010.92	$941.01	7.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$752.80	$461.73	63.0%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ FY26 Q1 vs FY25 Q1

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$2,154,479**	**$1,926,625**	**11.8%**
Generic Cost Share	$550,037	$514,823	6.8%
Brand Cost Share	$1,604,442	$1,411,803	13.6%
MSB Cost Share	$7,386	$9,836	-24.9%
Total Copay	$2,154,479	$1,926,625	11.8%
Total Deductible	$0	$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	**$21.97**	**$22.61**	**-2.8%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$6.54	$7.09	-7.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$114.75	$112.42	2.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$28.85	$38.42	-24.9%
Copay % of Total Prescription Cost (Member Cost Share %)	**13.5%**	**14.6%**	**-1.1**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$13,775,370**	**$11,289,425**	**22.0%**
Generic Plan Cost	$1,245,072	$883,999	40.8%
Brand Plan Cost	$12,530,299	$10,405,426	20.4%
MSB Plan Cost	$185,332	$108,368	71.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$7,275,568	$6,323,298	15.1%
Total Specialty Drug Cost (Specialty Plan Cost)	$6,499,802	$4,966,127	30.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	$140.46	$132.50	6.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$14.81	$12.17	21.7%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$896.17	$828.59	8.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$723.95	$423.31	71.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$75.32	$75.08	0.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,415.63	$5,057.16	-12.7%
Plan Cost PMPM	**$180.58**	**$165.69**	**9.0%**
Non-Specialty Plan Cost PMPM	$95.37	$92.80	2.8%
Specialty Plan Cost PMPM	$85.21	$72.89	16.9%
Specialty % of Plan Cost	47.2%	44.0%	3.2
Net Plan Cost PMPM (factoring Rebates)	**$115.77**	**$105.15**	**10.1%**
Non-Specialty Plan Cost PMPM	$54.66	$55.33	-1.2%
Specialty Plan Cost PMPM	$61.11	$49.82	22.7%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN

+ FY26 Q1

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	52,495	4,577	22,492	25,428
Utilizing Member Count (Patients)	27,462	2,919	10,916	13,641
Percent Utilizing (Utilization)	52.3%	63.8%	48.5%	53.6%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	206,341	27,641	80,629	98,071
Claims per Elig Member per Month (Claims PMPM)	1.31	2.01	1.19	1.29
Total Claims for Generic (Generic Rx)	178,490	23,651	70,750	84,089
Total Claims for Brand (Brand Rx)	27,851	3,990	9,879	13,982
Total Claims for Multisource Brand Claims (MSB Rx)	416	59	101	256
Total Non-Specialty Claims	203,293	27,217	79,477	96,599
Total Specialty Claims	3,048	424	1,152	1,472
Generic % of Total Claims (GFR)	**86.5%**	**85.6%**	**87.7%**	**85.7%**
Generic Effective Rate (GCR)	99.8%	99.8%	99.9%	99.7%
Mail Order Claims	50,543	7,558	19,456	23,529
Mail Penetration Rate*	27.4%	29.9%	27.1%	27.0%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	**$32,554,400**	**$4,661,307**	**$11,963,244**	**$15,929,850**
Total Generic Gross Cost	$3,220,498	$462,770	$962,619	$1,795,109
Total Brand Gross Cost	$29,333,902	$4,198,537	$11,000,625	$14,134,741
Total MSB Gross Cost	$334,686	$48,069	$93,899	$192,718
Total Ingredient Cost	$31,635,607	$4,539,093	$11,598,148	$15,498,366
Total Dispensing Fee	$483,176	$121,440	$361,736	$427,354
Total Other (e.g. tax)	$8,263	$774	$3,359	$4,130
Avg Total Cost per Claim (Gross Cost/Rx)	**$157.77**	**$168.64**	**$148.37**	**$162.43**
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	$18.04	$19.57	$13.61	$21.35
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	$1,053.24	$1,052.26	$1,113.54	$1,010.92
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	$804.53	$814.73	$929.69	$752.80

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ FY26 Q1

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	**$5,642,093**	**$543,310**	**$2,944,304**	**$2,154,479**
Generic Cost Share	$1,279,022	$156,826	$572,159	$550,037
Brand Cost Share	$4,363,071	$386,484	$2,372,145	$1,604,442
MSB Cost Share	$45,717	$7,514	$30,817	$7,386
Total Copay	$4,684,808	$540,187	$1,990,142	$2,154,479
Total Deductible	$957,285	$3,123	$954,162	$0
Avg Copay per Claim (Member Cost Share/Rx)	**$27.34**	**$19.66**	**$36.52**	**$21.97**
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	$7.17	$6.63	$8.09	$6.54
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	$156.66	$96.86	$240.12	$114.75
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	$109.90	$127.36	$305.11	$28.85
Copay % of Total Prescription Cost (Member Cost Share %)	**17.3%**	**11.7%**	**24.6%**	**13.5%**

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	**$26,912,307**	**$4,117,997**	**$9,018,940**	**$13,775,370**
Generic Plan Cost	$1,941,476	$305,945	$390,460	$1,245,072
Brand Plan Cost	$24,970,831	$3,812,053	$8,628,480	$12,530,299
MSB Plan Cost	$288,969	$40,555	$63,082	$185,332
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$12,493,908	$2,066,417	$3,151,923	$7,275,568
Total Specialty Drug Cost (Specialty Plan Cost)	$14,418,399	$2,051,580	$5,867,017	$6,499,802
Avg Plan Cost per Claim (Plan Cost/Rx)	$130.43	$148.98	$111.86	$140.46
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	$10.88	$12.94	$5.52	$14.81
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	$896.59	$955.40	$873.42	$896.17
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	$694.64	$687.38	$624.57	$723.95
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	$61.46	$75.92	$39.66	$75.32
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	$4,730.45	$4,838.63	$5,092.90	$4,415.63
Plan Cost PMPM	**$170.89**	**$299.91**	**$133.66**	**$180.58**
Non-Specialty Plan Cost PMPM	$79.33	$150.49	$46.71	$95.37
Specialty Plan Cost PMPM	$91.55	$149.41	$86.95	$85.21
Specialty % of Plan Cost	53.6%	49.8%	65.1%	47.2%
Net Plan Cost PMPM (factoring Rebates)	**$109.35**	**$191.18**	**$85.44**	**$115.77**
Non-Specialty Net Plan Cost PMPM	$42.37	$79.10	$20.99	$54.66
Specialty Net Plan Cost PMPM	$66.99	$112.08	$64.45	$61.11

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ FY26 Q1

State of Nevada PEBP FY2026 Q1				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	52,495	4,577	22,492	25,428
Pct Members Utilizing Benefit	52.3%	63.8%	48.5%	53.6%
Total Plan Cost	$ 26,912,307	$ 4,117,997	$ 9,018,940	$ 13,775,370
Total Days	5,468,178	750,917	2,133,832	2,583,429
Total Adjusted Rxs	206,341	27,641	80,629	98,071
Plan Cost PMPM	$ 170.89	$ 299.91	$ 133.66	$ 180.58
Plan Cost Net PMPM	$ 109.35	$ 191.18	$ 85.44	$ 115.77
Plan Cost/Day	$ 4.92	$ 5.48	$ 4.23	$ 5.33
Plan Cost per Adjusted Rx	$ 130.43	$ 148.98	$ 111.86	$ 140.46
Nbr Rxs PMPM	1.31	2.01	1.19	1.29
Generic Fill Rate	86.5%	85.6%	87.7%	85.7%
Home Delivery Utilization	27.4%	29.9%	27.1%	27.0%
Member Cost %	17.3%	11.7%	24.6%	13.5%
Specialty Percent of Plan Cost	53.6%	49.8%	65.1%	47.2%
Specialty Plan Cost PMPM	$ 91.55	$ 149.41	$ 86.95	$ 85.21
Formulary Compliance Rate	99.5%	99.4%	99.7%	99.3%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ FY26 Q1

State of Nevada PEBP FY2026 Q1 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	52,495	46,651	5,428	17	402
Pct Members Utilizing Benefit	52.3%	49.9%	71.9%	52.9%	81.8%
Total Plan Cost	$ 26,912,307	$ 21,551,559	$ 5,034,004	$ 12,423	$ 314,321
Total Days	5,468,178	4,246,664	1,080,222	3,125	138,167
Total Adjusted Rxs	206,341	161,954	39,282	113	4,992
Plan Cost PMPM	$ 170.89	$ 153.99	$ 309.14	$ 243.60	$ 260.63
Plan Cost Net PMPM	$ 109.35	$ 98.21	$ 203.13	$ 80.59	$ 136.62
Plan Cost/Day	$ 4.92	$ 5.07	$ 4.66	$ 3.98	$ 2.27
Plan Cost per Adjusted Rx	$ 130.43	$ 133.07	$ 128.15	$ 109.94	$ 62.96
Nbr Rxs PMPM	1.31	1.16	2.41	2.22	4.14
Generic Fill Rate	86.5%	86.2%	87.6%	81.4%	87.4%
Home Delivery Utilization	27.4%	25.3%	34.9%	75.4%	33.7%
Member Cost %	17.3%	17.0%	18.3%	9.6%	22.7%
Specialty Percent of Plan Cost	53.6%	52.7%	59.3%	0.0%	22.6%
Specialty Plan Cost PMPM	$ 91.55	$ 81.19	$ 183.28	$ -	$ 58.88
Formulary Compliance Rate	99.5%	99.5%	99.7%	100.0%	99.5%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ FY26 Q1

State of Nevada PEBP FY2026 Q1 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,492	19,133	3,039	10	311
Pct Members Utilizing Benefit	48.5%	44.8%	69.5%	40.0%	81.7%
Total Plan Cost	$ 9,018,940	$ 6,466,820	$ 2,328,769	$ 31	$ 223,320
Total Days	2,133,832	1,455,233	569,339	269	108,991
Total Adjusted Rxs	80,629	56,033	20,663	11	3,922
Plan Cost PMPM	$ 133.66	$ 112.66	$ 255.43	$ 1.04	$ 239.36
Plan Cost Net PMPM	$ 85.44	$ 71.84	$ 168.97	$ 1.04	$ 108.25
Plan Cost/Day	$ 4.23	$ 4.44	$ 4.09	$ 0.12	$ 2.05
Plan Cost per Adjusted Rx	$ 111.86	$ 115.41	$ 112.70	$ -	$ 56.94
Nbr Rxs PMPM	1.19	0.98	2.27	0.37	4.20
Generic Fill Rate	87.7%	87.4%	88.8%	100.0%	87.4%
Home Delivery Utilization	27.1%	23.8%	34.6%	0.0%	31.6%
Member Cost %	24.6%	25.1%	23.0%	85.2%	26.8%
Specialty Percent of Plan Cost	65.1%	65.3%	68.2%	0.0%	23.9%
Specialty Plan Cost PMPM	$ 86.95	$ 73.62	$ 174.18	$ -	$ 57.18
Formulary Compliance Rate	99.7%	99.7%	99.8%	100.0%	99.5%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ FY26 Q1

State of Nevada PEBP FY2026 Q1 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	4,577	3,876	641	2	58
Pct Members Utilizing Benefit	63.8%	61.1%	79.7%	50.0%	75.9%
Total Plan Cost	$ 4,117,997	$ 2,982,141	$ 1,092,525	$ 7,041	$ 36,289
Total Days	750,917	564,591	170,159	798	15,369
Total Adjusted Rxs	27,641	20,904	6,152	27	558
Plan Cost PMPM	$ 299.91	$ 256.46	$ 568.14	$ 1,173.56	$ 208.56
Plan Cost Net PMPM	$ 191.18	$ 155.53	$ 411.56	$ 365.22	$ 132.33
Plan Cost/Day	$ 5.48	$ 5.28	$ 6.42	$ 8.82	$ 2.36
Plan Cost per Adjusted Rx	$ 148.98	$ 142.66	$ 177.59	$ 260.79	$ 65.03
Nbr Rxs PMPM	2.01	1.80	3.20	4.50	4.14
Generic Fill Rate	85.6%	85.3%	86.2%	66.7%	88.4%
Home Delivery Utilization	29.9%	28.4%	33.8%	89.5%	38.4%
Member Cost %	11.7%	11.4%	12.3%	4.6%	12.7%
Specialty Percent of Plan Cost	49.8%	47.4%	57.4%	0.0%	26.4%
Specialty Plan Cost PMPM	$ 149.41	$ 121.67	$ 326.18	$ -	$ 54.98
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.1%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ FY26 Q1

State of Nevada PEBP FY2026 Q1 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	25,428	23,642	1,748	5	33
Pct Members Utilizing Benefit	53.6%	52.3%	73.2%	80.0%	93.9%
Total Plan Cost	$ 13,775,370	$ 12,102,598	$ 1,612,709	$ 5,351	$ 54,712
Total Days	2,583,429	2,226,840	340,724	2,058	13,807
Total Adjusted Rxs	98,071	85,017	12,467	75	512
Plan Cost PMPM	$ 180.58	$ 170.64	$ 307.53	$ 356.71	$ 552.64
Plan Cost Net PMPM	$ 115.77	$ 110.16	$ 186.08	$ 125.84	$ 411.57
Plan Cost/Day	$ 5.33	$ 5.43	$ 4.73	$ 2.60	$ 3.96
Plan Cost per Adjusted Rx	$ 140.46	$ 142.36	$ 129.36	$ 71.34	$ 106.86
Nbr Rxs PMPM	1.29	1.20	2.38	5.00	5.17
Generic Fill Rate	85.7%	85.7%	86.3%	84.0%	85.9%
Home Delivery Utilization	27.0%	25.5%	36.0%	79.7%	45.1%
Member Cost %	13.5%	13.4%	14.6%	13.0%	8.3%
Specialty Percent of Plan Cost	47.2%	47.3%	47.7%	0.0%	14.8%
Specialty Plan Cost PMPM	$ 85.21	$ 80.68	$ 146.70	$ -	$ 81.75
Formulary Compliance Rate	99.3%	99.3%	99.5%	100.0%	100.0%

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Nevada PEBP

FY2026 Q1

Prepared by Client Analytics

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**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.*

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Hello PEBP Team,

This is the FY26 Q1 Summary File for the three State of Nevada PEBP plans (CDHP, EPO, and PPO). The summary contains Trend breakouts for each plan (Utilization, Unit Cost, and Cost Share). Along with the most notable changes of drugs within the top moving indications. Each plan breakout has a peer comparison of Trend. The file concludes with several Key Statistics of the three plans in aggregate.

CDHP Overall Trend Summaries:

CDHP Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$85.44**	
Utilization	($0.14)	(0.2%)
Unit Cost	$9.35	12.8%
Member Share	$3.48	4.8%
Total Change in Plan Cost Net PMPM	**$12.69**	**17.4%**
Previous Period - Plan Cost Net PMPM	**$72.75**	

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

- **Inflammatory Conditions**: Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
  - Plan Cost Net ↑ $147k (19.3%) to current $908k.
  - Plan Cost Net PMPM ↑ $2.32 (20.8%) to current $13.45.
  - Patient Count ↑ 18 to current count of 195.
  - Adjusted Rxs ↑ 24 to current count of 591.

- **Notable Drug Changes within Indication:**

  - **Rinvoq:**
    - Previously ranked 3rd, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net ↑ $41k (54.0%) to current $117k.
    - Plan Cost Net PMPM ↑ $.62 (55.9%) to current $1.74.
    - Patient Count ↑ 3 to current count of 11.
    - Adjusted Rxs ↑ 7 to current count of 30.

  - **Bimzelx Autoinjector:**
    - New, currently ranked 6th by Plan Cost Net.
    - Plan Cost Net: New, current $46k.
    - Plan Cost Net PMPM: New, current $.68.
    - Patient Count: New, current count of 3.
    - Adjusted Rxs: New, current count of 8.

- **Skyrizi Pen:**
    - Previously ranked 1st, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net ↓ $25k (-21.1%) to current $92k.
    - Plan Cost Net PMPM ↓ $.34 (-20.2%) to current $1.37.
    - Patient Count ↑ 2 to current count of 10.
    - Adjusted Rxs ↓ 2 to current count of 29.

- **Gout**: Previously ranked 24th, currently ranked 5th by Plan Cost Net.
    - Plan Cost Net ↑ $300k (718.2%) to current $342k.
    - Plan Cost Net PMPM ↑ $4.46 (728.5%) to current $5.07.
    - Patient Count ↓ 6 to current count of 229.
    - Adjusted Rxs ↓ 14 to current count of 656.

- **Notable Drug Changes within Indication:**

    - **Krystexxa:**
        - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↑ $300k (723.8%) to current $341k.
        - Plan Cost Net PMPM ↑ $4.45 (734.2%) to current $5.06.
        - Patient Count ↑ 1 to current count of 2.
        - Adjusted Rxs ↑ 6 to current count of 7.

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

- **Pulmonary Hypertension**: Previously ranked 11th, currently ranked 8th by Plan Cost Net.
    - Plan Cost Net ↑ $171k (162.3%) to current $277k.
    - Plan Cost Net PMPM ↑ $2.56 (165.6%) to current $4.10.
    - Patient Count ↑ 3 to current count of 6.
    - Adjusted Rxs ↑ 14 to current count of 26.

- **Notable Drug Changes within Indication:**

    - **Tyvaso DPI:**
        - New, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net: New, current $119k.
        - Plan Cost Net PMPM: New, current $1.77.
        - Patient Count: New, current count of 1.
        - Adjusted Rxs: New, current count of 6.

    - **Opsynvi:**
        - New, currently ranked 3rd by Plan Cost Net.
        - Plan Cost Net: New, current $58k.
        - Plan Cost Net PMPM: New, current $.86.

        - Patient Count: New, current count of 2.
        - Adjusted Rxs: New, current count of 6.

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

- **Ophthalmic Conditions**: Previous ranked 28th, currently ranked 12th by Plan Cost Net.
    - Plan Cost Net ↑ $139k (440.1%) to current $170k.
    - Plan Cost Net PMPM ↑ $2.06 (446.9%) to current $2.53.
    - Patient Count ↓ 25 to current count of 117.
    - Adjusted Rxs ↓ 75 to current count of 187.

- **Notable Drug Changes within Indication:**

    - **Tepezza:**
        - New, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net: New, current $128k.
        - Plan Cost Net PMPM: New, current $1.90.
        - Patient Count: New, current count of 1.
        - Adjusted Rxs: New, current count of 3.

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

Peer Comparison:

- Peer: ESI CDH Program
- PEBP CDHP is outperforming the peer in Plan Cost Net PMPM, however the peer has a lower trend.
- Peer experienced Plan Cost Net PMPM of $113.14 compared to CDHP PEBP of $85.44.
- Peer experienced Trend of 15.0%, compared to CDHP PEBP Trend of 17.4%

EPO Overall Trend Summaries:

EPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$191.18**	
Utilization	$13.18	7.0%
Unit Cost	($17.62)	(9.3%)
Member Share	$6.92	3.7%
Total Change in Plan Cost Net PMPM	**$2.48**	**1.3%**
Previous Period - Plan Cost Net PMPM	**$188.70**	

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

- **Cancer**: Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
  - Plan Cost Net ↓ $76k (-22.8%) to current $256k.
  - Plan Cost Net PMPM ↓ $2.31 (-11.0%) to current $18.66.
  - Patient Count ↓ 4 to current count of 42.
  - Adjusted Rxs ↓ 33 to current count of 111.

- **Notable Drug Changes within Indication:**

  - **Venclexta:**
    - Previously ranked 4th, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net ↑ $62k (136.4%) to current $107k.
    - Plan Cost Net PMPM ↑ $4.93 (172.4%) to current $7.79.
    - Patient Count ↑ 1 to current count of 2.
    - Adjusted Rxs ↑ 4 to current count of 7.

  - **Nilotinib HCL:**
    - New, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net: New, current $45k.
    - Plan Cost Net PMPM: New, current $3.28.
    - Patient Count: New, current count of 1.
    - Adjusted Rxs: New, current count of 3.

  - **Tasigna:**
    - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
    - Plan Cost Net ↓ $54k (-72.6%) to current $21k.
    - Plan Cost Net PMPM ↓ $3.24 (-68.4%) to current $1.50.
    - Patient Count: Remains at 1.
    - Adjusted Rxs ↓ 3 to current count of 1.

- **Multiple Sclerosis**: Previous ranked 13th, currently ranked 4th by Plan Cost Net.
  - Plan Cost Net ↑ $121k (174.3%) to current $190k.
  - Plan Cost Net PMPM ↑ $9.46 (216.2%) to current $13.83.
  - Patient Count ↑ 2 to current count of 8.
  - Adjusted Rxs: Remains at 20.

- **Notable Drug Changes within Indication:**

  - **Mavenclad:**
    - New, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net: New, current $86k.
    - Plan Cost Net PMPM: New, current $6.26.
    - Patient Count: New, current count of 1.
    - Adjusted Rxs: New, current count of 1.

- **Kesimpta:**
  - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
  - Plan Cost Net ↑ $48k (413.8%) to current $59k.
  - Plan Cost Net PMPM ↑ $3.59 (492.2%) to current $4.32.
  - Patient Count ↑ 1 to current count of 2.
  - Adjusted Rxs ↑ 3 to current count of 6.

- **Tecfidera:**
  - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
  - Plan Cost Net ↓ $21k (-60.4%) to current $14k.
  - Plan Cost Net PMPM ↓ $1.19 (-54.4%) to current $1.00.
  - Patient Count: Remains at 1.
  - Adjusted Rxs ↓ 2 to current count of 2.

- **Atopic Dermatitis**: Previously ranked 11th, currently ranked 7th by Plan Cost Net.
  - Plan Cost Net ↑ $41k (51.5%) to current $120k.
  - Plan Cost Net PMPM ↑ $3.72 (74.6%) to current $8.71.
  - Patient Count ↓ 14 to current count of 132.
  - Adjusted Rxs ↓ 4 to current count of 216.

- **Notable Drug Changes within Indication:**

  - **Dupixent Pen:**
    - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net ↑ $12k (19.6%) to current $75k.
    - Plan Cost Net PMPM ↑ $1.51 (37.9%) to current $5.49.
    - Patient Count: Remains at 10.
    - Adjusted Rxs ↑ 3 to current count of 33.

  - **Cibinqo:**
    - Previously ranked 3rd, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net ↑ $19k (520.9%) to current $23k.
    - Plan Cost Net PMPM ↑ $1.42 (615.6%) to current $1.65.
    - Patient Count ↑ 1 to current count of 2.
    - Adjusted Rxs ↑ 5 to current count of 7.

  - **Dupixent Syringe:**
    - Previously ranked 2nd, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net ↑ $6k (90.8%) to current $13k.
    - Plan Cost Net PMPM ↑ $.53 (119.9%) to current $.97
    - Patient Count ↑ 1 to current count of 2.
    - Adjusted Rxs ↑ 3 to current count of 7.

- **Endocrine Disorders**: Previously ranked 5th, currently ranked 22nd by Plan Cost Net.
  - Plan Cost Net ↓ $129k (-81.2%) to current $30k.
  - Plan Cost Net PMPM ↓ $7.86 (-78.3%) to current $2.18.
  - Patient Count ↓ 6 to current count of 17.
  - Adjusted Rxs ↓ 25 to current count of 43.

- **Notable Drug Changes within Indication:**

  - **Korlym:**
    - No Longer utilized, previously ranked 1st by Plan Cost Net.
    - Plan Cost Net: Previously $80k.
    - Plan Cost Net PMPM: Previously $5.83.
    - Patient Count: Previous count of 2.
    - Adjusted Rxs: Previous count of 2.

  - **Supprelin LA:**
    - No Longer utilized, previously ranked 2nd by Plan Cost Net.
    - Plan Cost Net: Previously $49k.
    - Plan Cost Net PMPM: Previously $3.54.
    - Patient Count: Previous count of 1.
    - Adjusted Rxs: Previous count of 1.

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

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP EPO plan)
- The peer is outperforming PEBP EPO in Plan Cost Net PMPM, however PEBP EPO plan has a significantly lower trend.
- Peer experienced Plan Cost Net PMPM of $168.75 compared to PEBP EPO of $191.18
- Peer experienced Trend of 19.2%, compared to PEBP EPO of 1.3%

PPO Overall Trend Summaries:

PPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$115.77**	
Utilization	$4.26	4.0%
Unit Cost	$4.09	3.9%
Member Share	$2.28	2.2%
Total Change in Plan Cost Net PMPM	**$10.62**	**10.1%**
Previous Period - Plan Cost Net PMPM	**$105.15**	

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

- **Inflammatory Conditions**: Previously ranked 1st, currently ranked 1st by Plan Cost Net.
  - Plan Cost Net ↑ $500k (50.3%) to current $1.5M.
  - Plan Cost Net PMPM ↑ $5.00 (34.3%) to current $19.60.
  - Patient Count ↑ 36 to current count of 284.
  - Adjusted Rxs ↑ 164 to current count of 930.

- **Notable Drug Changes within Indication:**

  - **Rinvoq:**
    - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net ↑ $59k (39.1%) to current $209k.
    - Plan Cost Net PMPM ↑ $.53 (24.2%) to current $2.74.
    - Patient Count ↑ 3 to current count of 17.
    - Adjusted Rxs ↑ 10 to current count of 54.

  - **Skyrizi On-Body:**
    - Previously ranked 30th, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net ↑ $80k (1285.2%) to current $86k.
    - Plan Cost Net PMPM ↑ $1.04 (1137.2%) to current $1.13.
    - Patient Count ↑ 4 to current count of 5.
    - Adjusted Rxs ↑ 14 to current count of 16.

  - **Humira(CF) Pen:**
    - Previously ranked 12th, currently ranked 6th by Plan Cost Net.
    - Plan Cost Net ↑ $44k (186.5%) to current $68k.
    - Plan Cost Net PMPM ↑ $.55 (155.9%) to current $.89.
    - Patient Count ↓ 20 to current count of 2.
    - Adjusted Rxs ↓ 42 to current count of 6.

  - **Adalimumab-ADBM(CF) Pen (Humira Biosimilar):**
    - New, currently ranked 7th by Plan Cost Net.
    - Plan Cost Net: New, current $62k.
    - Plan Cost Net PMPM: New, current $.81.
    - Patient Count: New, current count of 20.
    - Adjusted Rxs: New, current count of 61.

  - **Otezla:**
    - Previously ranked 13th, currently ranked 9th by Plan Cost Net.
    - Plan Cost Net ↑ $32k (144.5%) to current $54k.
    - Plan Cost Net PMPM ↑ $.38 (118.4%) to current $.71.
    - Patient Count ↓ 1 to current count of 7.
    - Adjusted Rxs ↓ 2 to current count of 22.

- **Cancer**: Previously ranked 3rd, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net ↑ $176k (30.5%) to current $755k.
    - Plan Cost Net PMPM ↑ $1.41 (16.6%) to current $9.90.
    - Patient Count ↑ 37 to current count of 177.
    - Adjusted Rxs ↑ 41 to current count of 452.

- **Notable Drug Changes within Indication:**

    - **Idihifa:**
        - Previously ranked 9th, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↑ $124k (366.7%) to current $158k.
        - Plan Cost Net PMPM ↑ $1.58 (316.8%) to current $2.07.
        - Patient Count ↑ 1 to current count of 2.
        - Adjusted Rxs ↑ 4 to current count of 5.

    - **Tibsovo:**
        - New, currently ranked 2nd by Plan Cost Net.
        - Plan Cost Net: New, current $100k.
        - Plan Cost Net PMPM: New, current $1.31.
        - Patient Count: New, current count of 1.
        - Adjusted Rxs: New, current count of 3.

    - **Lazcluze:**
        - New, currently ranked 6th by Plan Cost Net.
        - Plan Cost Net: New, current $50k.
        - Plan Cost Net PMPM: New, current $.65.
        - Patient Count: New, current count of 1.
        - Adjusted Rxs: New, current count of 3.

- **HIV**: Previously ranked 5th, currently ranked 4th by Plan Cost Net.
    - Plan Cost Net ↑ $156k (34.9%) to current $604k.
    - Plan Cost Net PMPM ↑ $1.35 (20.5%) to current $7.92.
    - Patient Count ↑ 30 to current count of 120.
    - Adjusted Rxs ↑ 93 to current count of 323.

- **Notable Drug Changes within Indication:**

    - **Biktarvy:**
        - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↑ $93k (53.9%) to current $264k.
        - Plan Cost Net PMPM ↑ $.94 (37.5%) to current $3.46.
        - Patient Count ↑ 10 to current count of 27.
        - Adjusted Rxs ↑ 23 to current count of 72.

- **Descovy:**
  - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
  - Plan Cost Net ↑ $42k (37.3%) to current $155k.
  - Plan Cost Net PMPM ↑ $.37 (22.6%) to current $2.03.
  - Patient Count ↑ 10 to current count of 41.
  - Adjusted Rxs ↑ 32 to current count of 103.

- **Cabenuva:**
  - New, currently ranked 4th by Plan Cost Net.
  - Plan Cost Net: New, current $32k.
  - Plan Cost Net PMPM: New, current $.42.
  - Patient Count: New, current count of 3.
  - Adjusted Rxs: New, current count of 10.

- **Enzyme Deficiencies**: Previously ranked 4th, currently ranked 5th by Plan Cost Net.
  - Plan Cost Net ↓ $88k (-16.0%) to current $462k.
  - Plan Cost Net PMPM ↓ $2.01 (-24.9%) to current $6.06.
  - Patient Count: Remains at 9.
  - Adjusted Rxs: Remains at 20.

- **Notable Drug Changes within Indication:**

  - **Nexviazyme:**
    - No Longer utilized, previously ranked 2nd by Plan Cost Net.
    - Plan Cost Net: Previously $151k.
    - Plan Cost Net PMPM: Previously $2.21.
    - Patient Count: Previous count of 1.
    - Adjusted Rxs: Previous count of 2.

  - **Galafold:**
    - No Longer utilized, previously ranked 3rd by Plan Cost Net.
    - Plan Cost Net: Previously $119k.
    - Plan Cost Net PMPM: Previously $1.75.
    - Patient Count: Previous count of 1.
    - Adjusted Rxs: Previous count of 4.

  - **Yorvipath:**
    - New, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net: New, current $148k.
    - Plan Cost Net PMPM: New, current $1.94.
    - Patient Count: New, current count of 5.
    - Adjusted Rxs: New, current count of 9.

- **Imcivree:**
  - New, currently ranked 3rd by Plan Cost Net.
  - Plan Cost Net: New, current $100k.
  - Plan Cost Net PMPM: New, current $1.31.
  - Patient Count: New, current count of 1.
  - Adjusted Rxs: New, current count of 3.

- **Atopic Dermatitis**: Previously ranked 8th, currently ranked 6th by Plan Cost Net.
  - Plan Cost Net ↑ $166k (58.3%) to current $450k.
  - Plan Cost Net PMPM ↑ $1.73 (41.4%) to current $5.90.
  - Patient Count ↑ 102 to current count of 686.
  - Adjusted Rxs ↑ 126 to current count of 988.

- **Notable Drug Changes within Indication:**

  - **Dupixent Pen:**
    - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net ↑ $80k (41.4%) to current $272k.
    - Plan Cost Net PMPM ↑ $.74 (26.3%) to current $3.56.
    - Patient Count ↑ 13 to current count of 50.
    - Adjusted Rxs ↑ 36 to current count of 139.

  - **Dupixent Syringe:**
    - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net ↑ $35k (91.5%) to current $73k.
    - Plan Cost Net PMPM ↑ $.40 (71.1%) to current $.96.
    - Patient Count ↑ 3 to current count of 12.
    - Adjusted Rxs ↑ 12 to current count of 34.

  - **Ebglyss Pen:**
    - New, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net: New, current $31k.
    - Plan Cost Net PMPM: New, current $.41.
    - Patient Count: New, current count of 3.
    - Adjusted Rxs: New, current count of 9.

- **Kidney Disease**: Previously ranked 22nd, currently ranked 10th by Plan Cost Net.
  - Plan Cost Net ↑ $176k (248.5%) to current $247k.
  - Plan Cost Net PMPM ↑ $2.19 (211.3%) to current $3.23.
  - Patient Count ↑ 3 to current count of 12.
  - Adjusted Rxs ↑ 10 to current count of 32.

- **Notable Drug Changes within Indication:**

- **Jynarque:**
  - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
  - Plan Cost Net ↑ $129k (237.0%) to current $183k.
  - Plan Cost Net PMPM ↑ $1.60 (201.0%) to current $2.40.
  - Patient Count ↑ 2 to current count of 3.
  - Adjusted Rxs ↑ 6 to current count of 9.

- **Lupkynis:**
  - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
  - Plan Cost Net ↑ $27k (309.7%) to current $36k.
  - Plan Cost Net PMPM ↑ $.34 (266.0%) to current $.47.
  - Patient Count ↑ 1 to current count of 2.
  - Adjusted Rxs ↑ 3 to current count of 4.

- **Tolvaptan:**
  - New, currently ranked 3rd by Plan Cost Net.
  - Plan Cost Net: New, current $20k.
  - Plan Cost Net PMPM: New, current $.26.
  - Patient Count: New, current count of 1.
  - Adjusted Rxs: New, current count of 1.

- **Viral Infections**: Previously ranked 9th, currently ranked 19th by Plan Cost Net.
  - Plan Cost Net ↓ $143k (-56.6%) to current $110k.
  - Plan Cost Net PMPM ↓ $2.28 (-61.2%) to current $1.44.
  - Patient Count ↓ 68 to current count of 550.
  - Adjusted Rxs ↑ 13 to current count of 965.

- **Notable Drug Changes within Indication:**

  - **Paxlovid:**
    - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net ↓ $142k (-58.2%) to current $102k.
    - Plan Cost Net PMPM ↓ $2.24 (-62.6%) to current $1.34.
    - Patient Count ↓ 121 to current count of 87.
    - Adjusted Rxs ↓ 114 to current count of 83.

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

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP PPO plan)
- PEBP PPO is outperforming the peer.
- PEBP PPO experienced Plan Cost Net PMPM of $115.77 compared to peer of $168.75.
- Peer experienced Trend of 19.2%, compared to PEBP PPO of 10.1%.

Total Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$109.35**	
Utilization	$1.83	1.8%
Unit Cost	$5.13	5.2%
Member Share	$3.09	3.1%
Total Change in Plan Cost Net PMPM	**$10.05**	**10.1%**
Previous Period - Plan Cost Net PMPM	**$99.31**	

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 18.9% in Specialty patients. This resulted in a 23.9% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 5.5%. Which reduced combine Unit Cost Trend to 5.2%.

Member Cost contributed to Trend on both Specialty and Non-Specialty drugs. This is due to increased Utilization on Specialty drugs and Drug Mix on Non-Specialty drugs. Primary driven by utilization of more expensive drugs (exchanging utilization of a brand drug for a more expensive brand drug).

Key Statistics:

Nevada PEBP Total			
Description	Q4 FY25	Q4 FY24	Change
Average Members per Month	52,495	50,758	3.4%
Number of Unique patients	27,462	26,482	3.7%
Members Utilizing the Benefit	52.3%	52.2%	0.1
Gross Cost/Adjusted Rx	$157.77	$151.09	4.4%
Plan Spend	$26,912,307	$24,310,410	10.7%
Rebates (estimated)	$9,690,597	$9,188,758	5.5%
Plan Cost Net	$17,221,710	$15,121,652	13.9%
Plan Cost Net PMPM	$109.35	$99.31	10.1%
Non-Specialty Plan Cost Net PMPM	$79.33	$77.06	3.0%
Specialty Plan Cost Net PMPM	$91.55	$82.59	10.8%
Generic Fill Rate	86.5%	86.1%	0.4
90 Day Utilization	59.6%	59.9%	-0.3
Retail - Maintenance 90 Utilization	32.2%	29.5%	2.7
Home Delivery Utilization	27.4%	30.4%	-2.9
Member Cost Net %	17.3%	18.6%	-1.2

END OF REPORT

12.2.1

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)

12.2 Vendor Reports for the period ending September 30, 2025.

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

Quarterly Plan Performance Review

OCM • 2026-1Q

RPG 4.90 • Run Date: 11/21/2025

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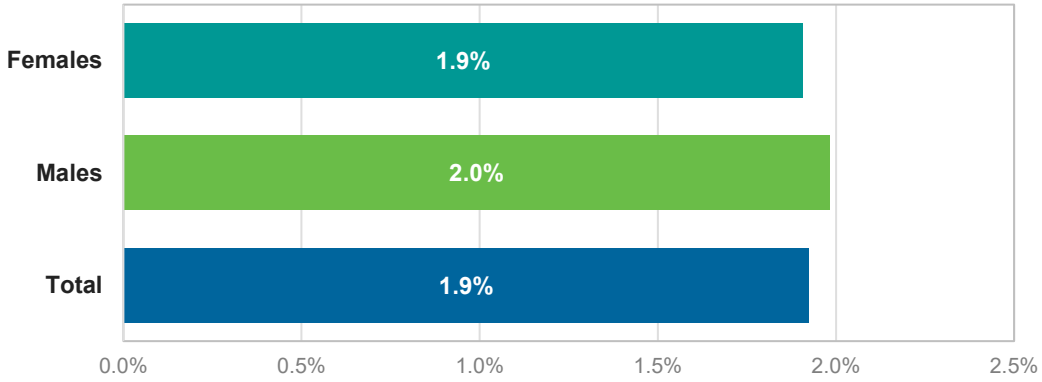
Obesity Care Management

Overview

Weight Management Summary	Females	Males	Total
Members Enrolled in OCM	219	53	**272**
Average Pounds Lost	4.0	4.9	**4.1**
Total Pounds Lost	866.8	260.2	**1,127.0**
% Pounds Lost	1.9%	2.0%	**1.9%**
Average Paid per Member	$1,472	$973	**$1,375**

- *At $454.60, Paid PMPM for OCM participants is significantly (–26.9%) lower than non-participants ($622.03)*

Average % Pounds Lost



Obesity Care Management participation is for the 2026 Plan Year with activity through 9/30/2025

Claims Date Range (for Avg. Paid per Member): Service Dates 7/1/2025 - 9/30/2025, Paid through 9/30/2025

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Obesity Care Management

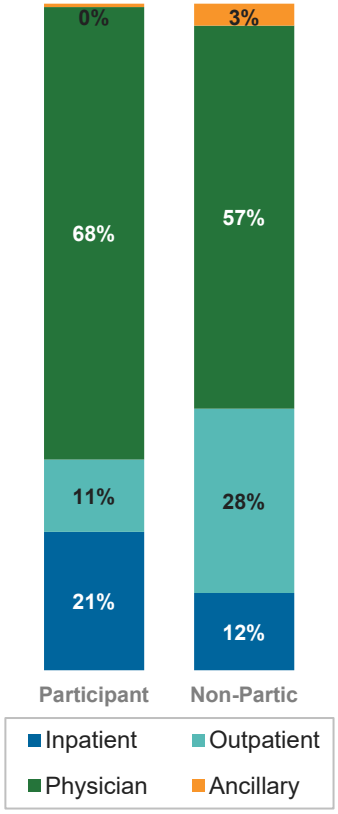
Financial & Utilization Summary

Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	241	533	*-54.8%*
Tot. Members	272	615	*-55.8%*
Emp to Total Ratio	1.1	1.2	*-2.2%*
Financial Summary			
Allowed	$445,801	$1,469,994	*-69.7%*
Plan Paid	$374,003	$1,157,070	*-67.7%*
Member Paid (OOP)	$71,752	$290,320	*-75.3%*
Paid PEPY*	$6,157	$8,613	*-28.5%*
Paid PMPY*	$5,455	$7,464	*-26.9%*
Paid PEPM	$513	$718	*-28.5%*
Paid PMPM	$455	$622	*-26.9%*
High-Cost Claimants (Med Paid $100,000+)			
# of HCCs	0	1	*-100.0%*
HCCs per 1000	0.0	1.6	*-100.0%*
Paid per HCC	$0	$166,697	-
HCC Paid % of Tot	0.0%	14.4%	*-14.4 pts*
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	$1,132	$865	*30.8%*
Outpatient	$592	$2,062	*-71.3%*
Physician	$3,705	$4,292	*-13.7%*
Ancillary	$27	$245	*-89.0%*

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	4	7	*-42.9%*
# of Admit Days	20	19	*5.3%*
Paid per Admit	$22,729	$11,336	*100.5%*
Paid per Admit Day	$4,546	$4,176	*8.8%*
Admits per 1000	58.3	45.2	*29.2%*
Average LOS	5.0	2.7	*84.2%*
Emergency Room Visits			
# of ER Visits	13	50	*-74.0%*
~ % resulting in Admit	23.1%	0.0%	*23.1 pts*
ER Visits per Patient	1.1	1.4	*-24.2%*
ER Visits per 1000	189.6	322.6	*-41.2%*
Paid per ER Visit	$3,327	$3,569	*-6.8%*
Urgent Care Visits			
# of UC Visits	17	55	*-69.1%*
UC Visits per Patient	1.2	1.2	*3.8%*
UC Visits per 1000	248.0	354.8	*-30.1%*
Paid per UC Visit	$79	$95	*-17.3%*
Office Visits			
Off Visits per Patient	5.3	2.5	*107.0%*
Paid per Office Visit	$124	$90	*38.2%*
Office Visits Paid PMPY	$2,564	$635	*303.9%*
Services			
Radiology Svcs per 1000	4,273.7	3,502.9	*22.0%*
Radiology Paid PMPY	$335	$584	*-42.6%*
Lab Services per 1000	12,631.5	16,772.7	*-24.7%*
Labs Paid PMPY	$160	$279	*-42.7%*

Non-participants are defined as members identified with a morbid obesity condition in the prior 12 months (10/1/2024 - 9/30/2025), but who are not enrolled in the Obesity Care Management program

Claims Date Range: Service Dates 7/1/2025 - 9/30/2025, Paid through 9/30/2025

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Quarterly Plan Performance Review

DCM • 2026-1Q

RPG 4.90 • Run Date: 11/21/2025

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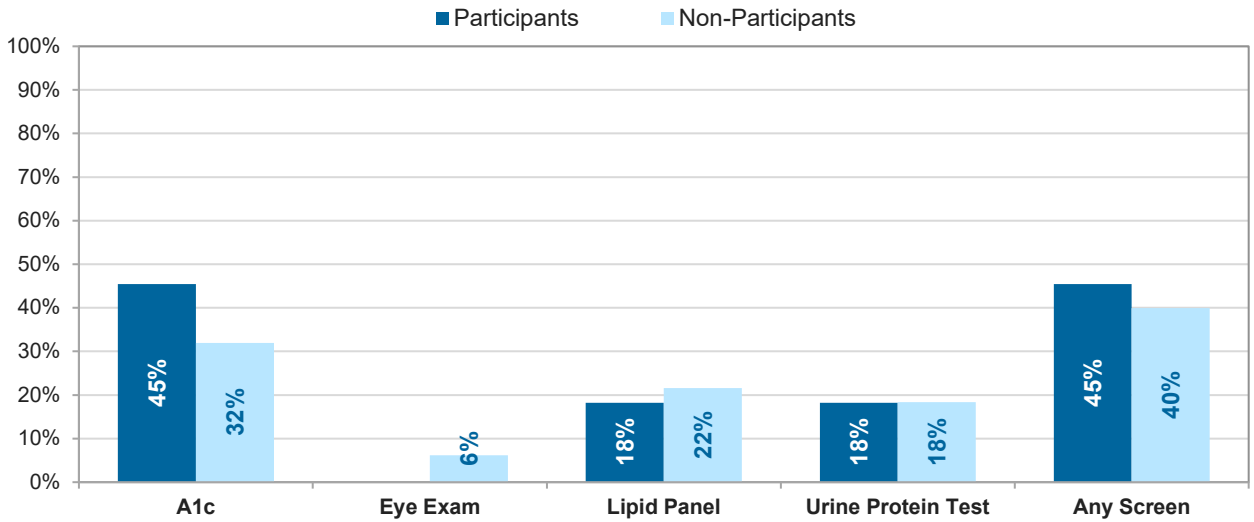
Diabetes Care Management

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	11	5	**45.5%**	3,371	1,077	**31.9%**	*13.5*
Eye Exam	11	0	**0.0%**	3,371	208	**6.2%**	*-6.2*
Lipid Panel	11	2	**18.2%**	3,371	729	**21.6%**	*-3.4*
Urine Protein Test	11	2	**18.2%**	3,371	618	**18.3%**	*-0.2*
Any Diabetes Screen	11	5	**45.5%**	3,371	1,347	**40.0%**	*5.5*



- *18.2% of DCM participants had an office visit for Diabetes, while 27.5% of non-participants had a visit*
- *No DCM participants received all four screenings, while 1.2% of non-participants did*

Diabetes Care Management participation is for the 2026 Plan Year with activity through 9/30/2025

Non-participants are defined as members identified with diabetes in the prior 12 months (10/1/2024 - 9/30/2025), but who are not enrolled in the Diabetes Care Management program

Screening Date Range: Service Dates 7/1/2025 - 9/30/2025, Paid through 9/30/2025

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Diabetes Care Management

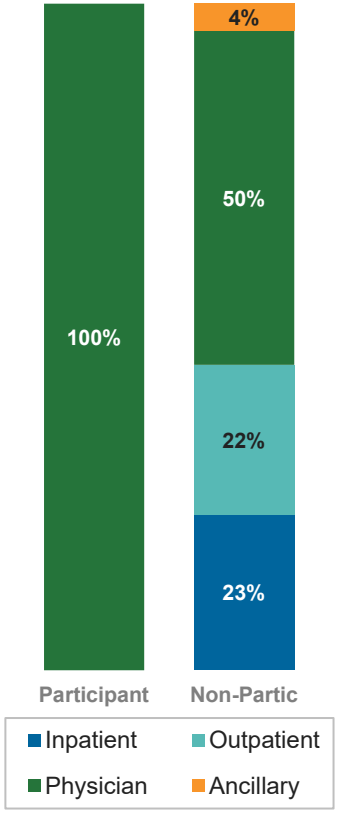
Financial & Utilization Summary

Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	7	2,705	*-99.7%*
Tot. Members	11	3,371	*-99.7%*
Emp to Total Ratio	1.6	1.2	*26.1%*
Financial Summary			
Allowed	$5,683	$6,578,839	*-99.9%*
Plan Paid	$2,579	$4,240,020	*-99.9%*
Member Paid (OOP)	$3,104	$1,349,551	*-99.8%*
Paid PEPY*	$1,462	$6,219	*-76.5%*
Paid PMPY*	$930	$4,990	*-81.4%*
Paid PEPM	$122	$518	*-76.5%*
Paid PMPM	$78	$416	*-81.4%*
High-Cost Claimants (Med Paid $100,000+)			
# of HCCs	0	4	*-100.0%*
HCCs per 1000	0.0	1.2	*-100.0%*
Paid per HCC	$0	$164,644	-
HCC Paid % of Tot	0.0%	15.5%	*-15.5 pts*
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	$0	$1,166	*-100.0%*
Outpatient	$0	$1,120	*-100.0%*
Physician	$930	$2,501	*-62.8%*
Ancillary	$0	$204	*-100.0%*

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	0	66	*-100.0%*
# of Admit Days	0	334	*-100.0%*
Paid per Admit	$0	$15,810	-
Paid per Admit Day	$0	$3,124	-
Admits per 1000	0.0	77.7	*-100.0%*
Average LOS	0.0	5.1	-
Emergency Room Visits			
# of ER Visits	0	181	*-100.0%*
~ % resulting in Admit	-	19.3%	-
ER Visits per Patient	0	1.2	-
ER Visits per 1000	0.0	213.0	*-100.0%*
Paid per ER Visit	$0	$2,815	-
Urgent Care Visits			
# of UC Visits	0	222	*-100.0%*
UC Visits per Patient	0.0	1.1	-
UC Visits per 1000	0.0	261.3	*-100.0%*
Paid per UC Visit	$0	$75	-
Office Visits			
Off Visits per Patient	1.8	2.3	*-22.9%*
Paid per Office Visit	$23	$76	*-70.1%*
Office Visits Paid PMPY	$74	$447	*-83.4%*
Services			
Radiology Svcs per 1000	3,246.0	4,635.9	*-30.0%*
Radiology Paid PMPY	$224	$421	*-46.7%*
Lab Services per 1000	8,295.5	14,172.4	*-41.5%*
Labs Paid PMPY	$382	$240	*59.2%*

Non-participants are defined as members identified with diabetes in the prior 12 months (10/1/2024 - 9/30/2025), but who are not enrolled in the Diabetes Care Management program

Claims Date Range: Service Dates 7/1/2025 - 9/30/2025, Paid through 9/30/2025

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12.2.2

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)

12.2 Vendor Reports for the period ending September 30, 2025.

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

Network Repricing Quality - UMR		
PEBP PG Target	97%	
Q1 Results	99.46%	
Q2 Results		
Q3 Results		
Q4 Results		

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

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

12.2.3

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)

12.2 Vendor Reports for the period ending September 30, 2025.

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

12.2.3 Q1 UnitedHealthcare Basic Life Insurance

370074 State of Nevada Public Employees' Benefits Program

Life Performance Guarantees 2026 Q1 – 07/01/2025 – 09/30/2025)

Service	Metric	Measurement	How Measured	Fee at Risk	Results Details	Guarantee Achieved?
Claim Processing	Life Insurance - Complete Life Claim Decision	A. Basic Life Claim Determination 97% of claims processed within 10 days of receipt of complete information	Claim Turn Around Reports	.3% of quarterly Basic Life Insurance Premium	97.1%	Yes
	Life Insurance - Timeliness of Claim Payments	A. Timeliness of Claim Payment 97% of claims approved and payment issued, or claims denied, and letter mailed in five business days following receipt of all information necessary to make a claim decision.	Quarterly claim decision report	.3% of quarterly Basic Life Insurance Premium	81.8%	No
	Life Insurance - Accuracy of claim payment	98% of claims processed accurately	Internal Claims Audit	.3% of quarterly Basic Life Insurance Premium	100%	Yes
Claim Customer Service	Average Speed of Answer	80% of Calls will be answered in less than 30 seconds	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	ASA 107 seconds 54.70%	No
	Abandonment Rate	Less than 5% of calls will be abandoned	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	4.36%	Yes

12.2.4

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
        12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
        12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
        12.2.1 Q1 UMR – Obesity and Diabetes Care Management
        12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
        12.2.3 Q1 UnitedHealthcare Basic Life Insurance
        12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

Public Employees' Benefits Programs

Quarterly Update – 1st Quarter Fiscal Year 2025

WTW's Individual Marketplace (Via Benefits)

November 14, 2025

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VIA BENEFITS®

The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Executive Summary

Plan Enrollment:

- At the end of FY Q1 2026, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace was 20,285. There have been 107 carriers selected by PEBP's retirees with current enrollment in 1,080 different plans.
- Medicare Supplement (MS) plan selection remained consistent at 81% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 5,711 and 1,493 enrollees respectively. The average monthly premium cost for MS plans remained consistent at $147.
- The percentage of Medicare Advantage (MA or MAPD) plans selected remained consistent at 19%. Top MA carriers include Aetna with 685 individual plan selections and Humana with 432 individual plan selections. The average monthly premium cost to PEBP participants remained consistent at $7.

Customer Satisfaction:

- In Q1 2026, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.3 out of 5.0 based on 6 surveys returned.
- For Q1 2026, the average satisfaction score for Service Calls was 4.3 out of 5.0 based on 117 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.4 out of 5.0 for Q1 2026.

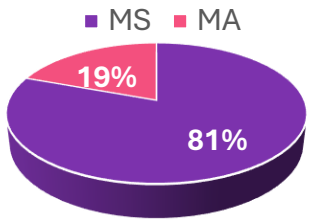
Health Reimbursement Arrangement:

- At the end of Q1 2026 there were 13,566Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 125,156 claims processed in Q1, with 84.8% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 106,186 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q1 was $8,258,407 paid from 46,538 payments for an average of $177.46 per claim payment.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 9/30/2025		Previous Qtr.
Total applications through individual marketplace	20,285	N/A
Number of carriers**	107	N/A
Number of plans**	1,080	N/A
Plan Type Selection Through 9/30/2025		**Previous Qtr.**
Medicare Advantage (MA, MAPD)	2,306	N/A
Medicare Supplement (MS)	9,579	N/A

Medical Enrollment



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

Plan Type	Number Enrolled	Average Premium
Medicare Supplement (MS)	9,579	$150
Medicare Advantage (MA,MAPD)	2,306	$6 / $17
Part D drug coverage	5,782	$26
Dental coverage	889	$35
Vision coverage	1,724	$10

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The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

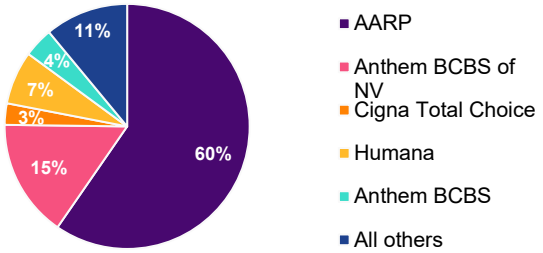
Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	5,711
Anthem BCBS of NV	1,493
Humana	675
Cigna Total Choice	271
Anthem BCBS	374

Top Medicare Advantage Plans	Total
Aetna	685
Humana	432
AARP	370
Hometown Health Plan	363
AllWell	71

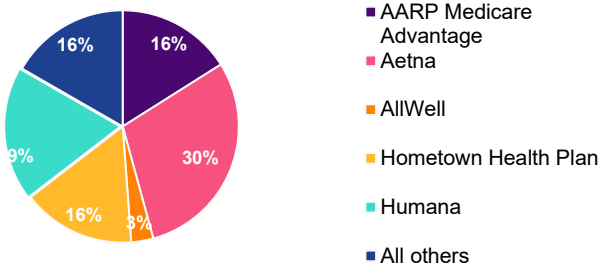
Top Medicare Part D (RX)	Total
WellCare	2,690
Humana	1,691
AARP Part D from United Healthcare	581
Aetna Medicare Rx (SilverScript)	319
Cigna HealthSpring	392

Medicare Supplement Carrier Choice



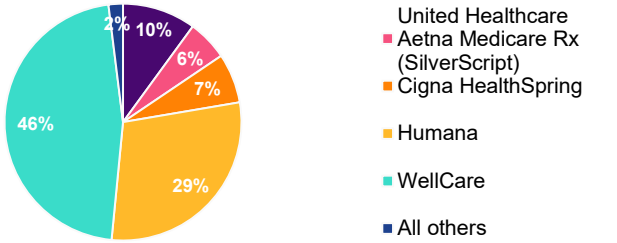
Cost Data For MS Plans	Cost
Minimum	$22
Average	$147
Median	$140
Maximum	$464

Medicare Advantage Carrier Choice



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

Part D (RX) Carrier Choice



Cost Data For Part D (RX)	Cost
Minimum	$0
Average	$17
Median	$15
Maximum	$156

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The Public Employees' Benefits Program Executive Dashboard

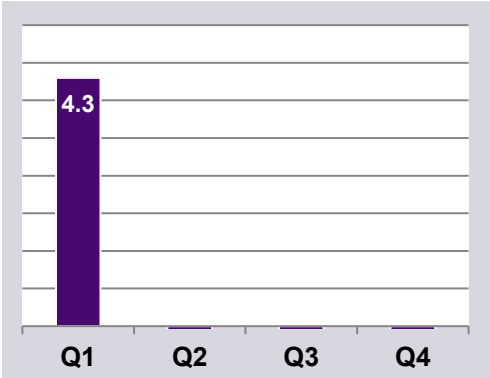
Quarterly Update – 1st Quarter Fiscal Year 2026

Customer Service – Voice of the Customer (VoC)

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

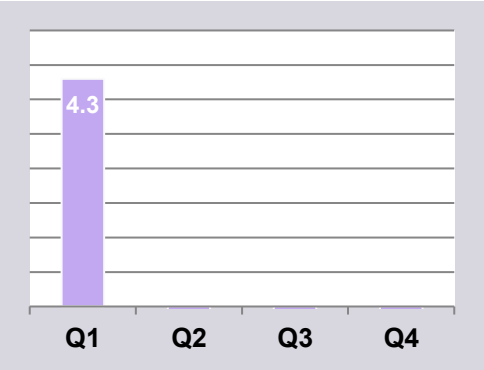
Q4 Enrollment Satisfaction

CSAT score	Count	%
5	3	50%
4	2	33%
3	1	17%
2	0	0%
1	0	0%
	6	**100%**



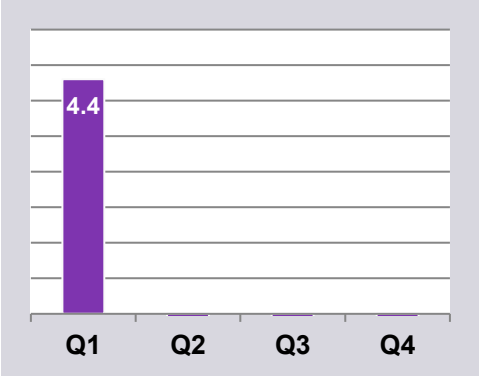
Q4 Service Satisfaction

CSAT score	Count	%
5	74	64%
4	20	17%
3	12	10%
2	6	5%
1	5	4%
	117	**100%**



Q4 Enrollment & Service Combined

CSAT score	Count	%
5	77	63%
4	22	18%
3	13	10%
2	6	5%
1	5	4%
	287	**100%**



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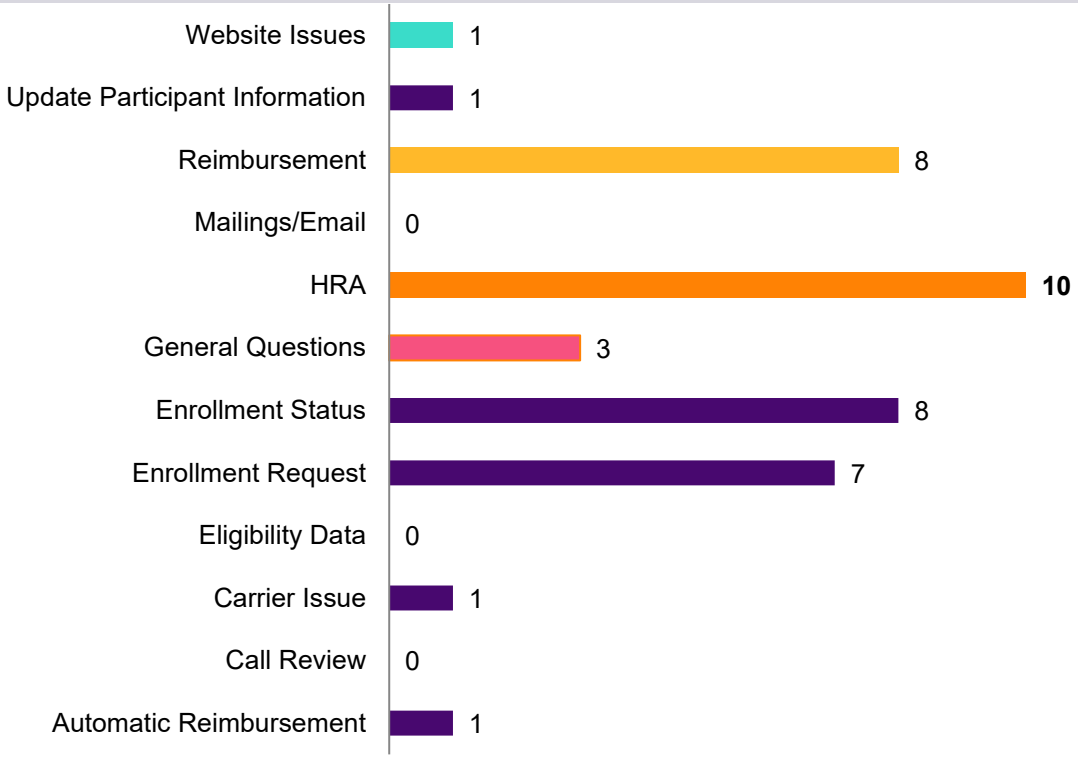
The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q1-FY 2026 is 40 and are associated with the following categories:



Health Reimbursement Arrangement (HRA)

Claim Activity for the Qtr.	Q1 Total	Prior Quarter
HRA accounts	13,566	12,410
Number of payments	46,538	47,267
Accounts with no balance	8,285	8,076
Accounts with Direct Deposit	10,883	9,712
% of Accounts with Direct Deposit	80%	78%
Claims paid amount	$8,258,407	$8,459,457

Claims by Source	Q1 Total	Prior Quarter
Automatic Reimbursement Premium File	106,186	103,318
Mail	3,982	5,938
Website	9,768	5,938
Mobile App	5,274	2,935
TOTAL	125,156	117,032

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The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.16 Days	Yes
Claim Financial Precision	≥ 98%	99.9%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.8%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q2 and Q3 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	1 minute 18 seconds	Yes
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	2.6%	Yes
Customer Satisfaction	≥ 80%	91.06%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period with the exception of the Average Speed to Answer.

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The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Operations Report

Direct Deposit Only Plan Design:

Effective September 1, 2025, Nevada PEBP's HRA has incorporated a Direct Deposit Only reimbursement plan design. This means that all reimbursements for the HRA must be made through direct deposit rather than via a check. Communications to HRA account holders who did not have direct deposit set up were sent in July, August, and September. The communications advise participants of the upcoming Direct Deposit account requirement and encourages them to set on the account ASAP. Additional outreach including emails, automated informational calls, and targeted outbound calls will be made going forward as possible. Any participants who have a payment from the HRA approved but do not have a direct deposit account will have their payments placed on hold.

Outbound Call Campaign to Accounts with Large Balances:

In September, Via Benefits completed a new outbound call campaign to 1,130 Nevada PEBP participants with large available balances of $5,000 or more to try to help educate participants on how to effectively utilize their HRA accounts. The calls were designed to walk participants through setting up Auto Reimbursement, submitting manual claims for out-of-pocket expenses, and setting up a direct deposit account if their HRA does not currently have one. Educational material about how to utilize the HRA is also available on the Nevada PEBP Via Benefits website at https://my.viabenefits.com/PEBP.

Fall 2025 Retiree Meetings:

WTW and Nevada PEBP hosted four virtual retiree meetings on October 13 and 14, with a live attendance option at the PEBP offices in Carson City. The meetings were designed to help age-in participants and employees who are 65 or older who are considering retiring get educated on the transition to Medicare as well as assist those who are already enrolled through Via Benefits with Medicare and the HRA. The meetings for those already enrolled through Via Benefits also had a focus on the upcoming Medicare Open Enrollment period which started on October 15. Recordings of the meetings are available on the Nevada PEBP Via Benefits website at https://my.viabenefits.com/PEBP.

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The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Operations Report Continued

Communications:

Below is information on communications that were recently sent to retirees.

Fall "The Groove" Newsletter

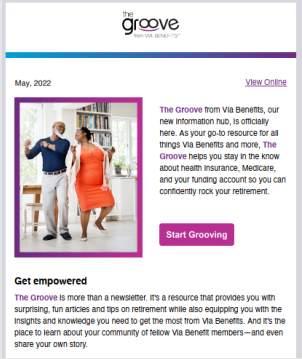
- "The Groove", is our digital newsletter communication that is normally sent bi-monthly. The version that was sent in mid/late September focused on educating participants on the Medicare Open Enrollment Period.

HRA Qualification Reminder Notification

- This communication reminds retirees that have a funding qualification requirement to contact Via Benefits during Medicare Open Enrollment if they want to change plans, so they do not negatively impact their HRA qualification. This communication mailed in mid/late September.

Fall Balance Reminder

- This communication is mailed to participants who have not had any payment activity in their HRA in the prior 90 days and have a positive available balance in their HRA. It is designed to remind them of their HRA balance so they can take action and submit new claims for reimbursement from their account. The Balance Reminder mailed in early/mid September.



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12.2.5

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
        12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
        12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
        12.2.1 Q1 UMR – Obesity and Diabetes Care Management
        12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
        12.2.3 Q1 UnitedHealthcare Basic Life Insurance
        12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
        12.2.5 Q1 CDHP Performance Review

Quarterly Plan Performance Review

HDHP Plan • 2026-1Q

RPG 4.90 • Run Date: 11/21/2025

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Report Criteria & Contents

UMR

Experience Periods*

- **2026 Plan Year (Current)**
  - 2026-1Q.1st Quarter: Claims Paid 7/1/2025 - 9/30/2025
- **2025 Plan Year**
  - 2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024
  - 2025 Full Year: Claims paid 7/1/2024 - 6/30/2025
- **2024 Plan Year**
  - 2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023
  - 2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

Group Data

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

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPort℠
- Composition: 4,769 groups with approximately 7.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2025 - 9/30/2025

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

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Executive Summary

Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +15.7%
- High-Cost Claimants Paid PMPM trend: +17.3%; Non HCCs trend: +15.4%
- Top Paid Diagnostic Chapters: Health Status & Services (+7.8% Paid PMPM), Neoplasms (Cancer) (+34.4%), Musculoskeletal (+14.8%)

Membership & Demographics

- Total membership is 1.3% lower than prior period
- Employees decreased 1.2%, while Dependents were down 1.4%
- 94.8% of members had < $2,500 medical paid, with 43.4% having no claims paid at all during the reporting period

Utilization Key Indicators

- Paid per IP Admit was $25,824, which is 8.4% higher than 2025-1Q
- Paid per ER Visit was $2,353, which is 8.9% higher than 2025-1Q

Network Utilization & Savings

- 96.3% of all Medical spend dollars were to In Network providers
- The average In Network discount was 69.4%, which is the same as the 2025 average discount of 69.4%

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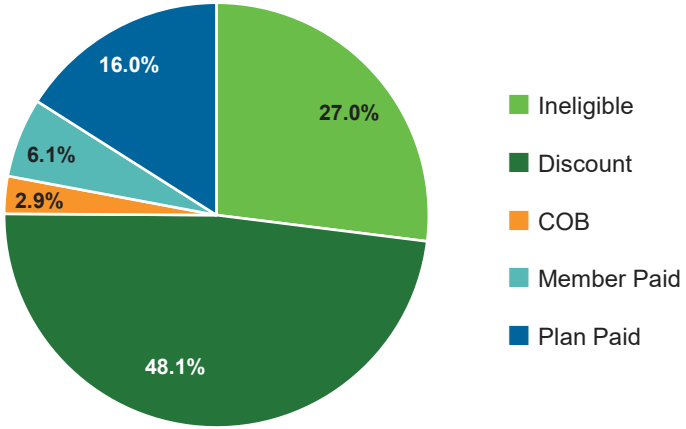
Medical Total Savings Summary

UMR

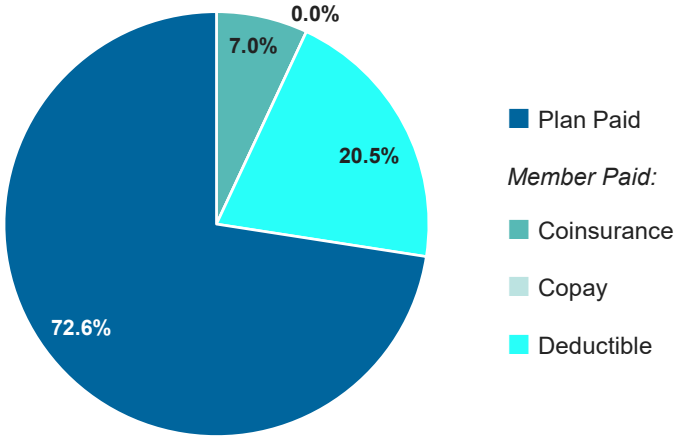
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2026-1Q Total Dollars	2026-1Q PMPM*	2025 PMPM*	*Trend*
Medical Billed	**$147,786,197**	**$2,178**	$1,981	***10.0%***
(-) Ineligible	**$39,850,541**	**$587**	$588	***-0.1%***
Medical Covered	**$107,935,655**	**$1,591**	$1,393	***14.2%***
(-) Discount	**$71,091,723**	**$1,048**	$902	***16.1%***
Medical Allowed	**$36,843,932**	**$543**	$490	***10.7%***
(-) COB	**$4,214,265**	**$62**	$70	***-11.8%***
(-) Coinsurance	**$2,267,725**	**$33**	$33	***0.9%***
(-) Copay	**$0**	**$0**	$0	***-100.0%***
(-) Deductible	**$6,673,705**	**$98**	$66	***49.5%***
Total Member Paid	**$8,941,429**	**$132**	$99	***33.2%***
Total Plan Paid	**$23,634,641**	**$348**	$320	***9.0%***

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



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

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Medical & Rx Paid Claims by Age Range

Age	2025-1Q (7/1/2024 - 9/30/2024)						2026-1Q (7/1/2025 - 9/30/2025)						*Change*	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	$785,957	$2,330	$30	$0	**$785,987**	**$2,330**	$1,013,638	$3,240	$666	$2	$1,014,304	**$3,242**	*29.0%*	*39.1%*
1	$58,569	$189	$38	$0	**$58,607**	**$189**	$50,341	$146	$59	$0	$50,399	**$146**	*-14.0%*	*-22.9%*
2 - 4	$228,484	$161	$15,941	$11	**$244,425**	**$173**	$264,007	$197	$673	$1	$264,681	**$198**	*8.3%*	*14.6%*
5 - 9	$388,809	$125	$93,471	$30	**$482,280**	**$155**	$323,795	$105	$43,620	$14	$367,415	**$119**	*-23.8%*	*-23.3%*
10 - 14	$316,828	$80	$105,042	$27	**$421,871**	**$107**	$385,956	$96	$64,559	$16	$450,514	**$112**	*6.8%*	*5.5%*
15 - 19	$952,113	$204	$132,240	$28	**$1,084,353**	**$232**	$810,976	$179	$140,073	$31	$951,049	**$210**	*-12.3%*	*-9.6%*
20 - 24	$835,034	$146	$340,517	$60	**$1,175,551**	**$206**	$619,799	$109	$191,056	$33	$810,855	**$142**	*-31.0%*	*-31.1%*
25 - 29	$447,327	$118	$144,572	$38	**$591,900**	**$156**	$727,703	$177	$204,834	$50	$932,537	**$227**	*57.5%*	*45.6%*
30 - 34	$1,164,715	$256	$218,518	$48	**$1,383,233**	**$304**	$1,560,504	$349	$246,357	$55	$1,806,861	**$404**	*30.6%*	*33.0%*
35 - 39	$1,249,456	$254	$308,923	$63	**$1,558,379**	**$317**	$1,456,447	$289	$524,599	$104	$1,981,046	**$392**	*27.1%*	*23.8%*
40 - 44	$1,080,541	$197	$484,385	$88	**$1,564,926**	**$285**	$1,648,053	$291	$534,872	$94	$2,182,925	**$385**	*39.5%*	*35.1%*
45 - 49	$1,197,107	$236	$759,532	$150	**$1,956,640**	**$387**	$1,576,231	$307	$850,585	$166	$2,426,815	**$473**	*24.0%*	*22.3%*
50 - 54	$1,909,678	$324	$1,109,573	$188	**$3,019,252**	**$513**	$2,160,282	$390	$1,099,684	$199	$3,259,966	**$589**	*8.0%*	*14.9%*
55 - 59	$2,739,246	$433	$1,061,694	$168	**$3,800,939**	**$601**	$2,952,507	$484	$1,196,087	$196	$4,148,594	**$680**	*9.1%*	*13.2%*
60 - 64	$4,732,932	$621	$1,662,430	$218	**$6,395,362**	**$839**	$4,917,930	$704	$1,931,677	$277	$6,849,607	**$981**	*7.1%*	*17.0%*
65+	$2,578,932	$465	$1,667,551	$300	**$4,246,483**	**$765**	$3,166,473	$579	$1,791,421	$328	$4,957,894	**$907**	*16.8%*	*18.6%*
Total	**$20,665,729**	**$301**	**$8,104,458**	**$118**	**$28,770,187**	**$419**	**$23,634,641**	**$348**	**$8,820,823**	**$130**	**$32,455,464**	**$478**	***12.8%***	***14.3%***

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Financial Summary – YTD Trend

Total Plan & Norm

Measure	Total Plan					UMR Norm	
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2026-1Q	*Variance*
Average Enrollment							
Employees	14,826	*-4.8%*	14,109	*-1.2%*	13,946		
Spouses	2,824	*-9.5%*	2,557	*-2.9%*	2,484		
Children	6,812	*-8.4%*	6,239	*-0.9%*	6,185		
Tot. Members	**24,461**	***-6.4%***	**22,905**	***-1.3%***	**22,615**		
Avg. Family Size	1.6	*-1.6%*	1.6	*-0.1%*	1.6	1.9	*-15.7%*
Financial Summary							
Allowed	$32,665,502	*8.0%*	$35,272,117	*4.5%*	$36,843,932		
Plan Paid	$21,166,409	*-2.4%*	$20,665,729	*14.4%*	$23,634,641		
Member Paid (OOP)	$8,543,700	*8.0%*	$9,224,379	*-3.1%*	$8,941,429		
Paid PEPY	$5,711	*2.6%*	$5,859	*15.7%*	$6,779	$10,481	*-35.3%*
Paid PMPY	$3,461	*4.3%*	$3,609	*15.8%*	$4,180	$5,448	*-23.3%*
Paid PEPM	$476	*2.6%*	$488	*15.7%*	$565	$873	*-35.3%*
Paid PMPM	$288	*4.3%*	$301	*15.8%*	$348	$454	*-23.3%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	22	*9.1%*	24	*0.0%*	24		
HCCs per 1000	0.9	*16.5%*	1.0	*1.3%*	1.1	1.1	*-6.4%*
Paid per HCC	$209,302	*-13.0%*	$182,154	*15.9%*	$211,048	$200,630	*5.2%*
HCC Paid % of Tot	21.8%	*-0.6 pts*	21.2%	*0.3 pts*	21.4%	17.7%	*3.7 pts*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$1,111	*-10.9%*	$990	*11.8%*	$1,106	$1,280	*-13.6%*
Outpatient	$1,033	*14.0%*	$1,178	*26.9%*	$1,495	$1,579	*-5.4%*
Physician	$1,275	*6.8%*	$1,362	*11.4%*	$1,517	$2,472	*-38.6%*
Ancillary	$42	*90.8%*	$80	*-22.1%*	$62	$116	*-46.5%*

- *With $17.3M paid, the State Active population is 73.2% of total 2026-1Q med spend*
- *On a Paid PMPM basis, State Actives are up 9.5% compared to prior year*
- *Total HDHP Plan Paid PMPM trend is +15.8%*

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

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

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

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

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

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Financial Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Average Enrollment										
Employees	11,992	*-4.0%*	11,509	*0.9%*	11,607	3	*22.2%*	4	*90.9%*	7
Spouses	2,142	*-9.2%*	1,944	*-0.7%*	1,931	1	*-66.7%*	0	*500.0%*	2
Children	6,240	*-8.2%*	5,727	*0.0%*	5,728	4	*-75.0%*	1	*0.0%*	1
Tot. Members	**20,373**	***-5.9%***	**19,180**	***0.4%***	**19,266**	**8**	***-37.5%***	**5**	***100.0%***	**10**
Avg. Family Size	1.7	*-1.9%*	1.7	*-0.4%*	1.7	2.7	*-48.9%*	1.4	*4.8%*	1.4
Financial Summary										
Allowed	$23,394,535	*-0.3%*	$23,331,103	*8.5%*	$25,303,891	$8,122	*90.8%*	$15,493	*427.0%*	$81,650
Plan Paid	$16,193,581	*-2.9%*	$15,729,486	*10.0%*	$17,299,327	$4,269	*115.0%*	$9,179	*545.0%*	$59,205
Member Paid (OOP)	$6,372,943	*8.0%*	$6,881,402	*0.1%*	$6,887,428	$3,852	*63.9%*	$6,314	*71.4%*	$10,819
Paid PEPY	$5,402	*1.2%*	$5,467	*9.1%*	$5,962	$5,692	*75.9%*	$10,014	*237.9%*	$33,832
Paid PMPY	$3,179	*3.2%*	$3,280	*9.5%*	$3,592	$2,135	*244.0%*	$7,343	*222.5%*	$23,682
Paid PEPM	$450	*1.2%*	$456	*9.1%*	$497	$474	*75.9%*	$834	*237.9%*	$2,819
Paid PMPM	$265	*3.2%*	$273	*9.5%*	$299	$178	*244.0%*	$612	*222.5%*	$1,974
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	17	*-5.9%*	16	*-6.3%*	15	0	-	0	-	0
HCCs per 1000	0.8	*0.0%*	0.8	*-6.7%*	0.8	0.0	-	0.0	-	0.0
Paid per HCC	$218,501	*-14.0%*	$188,007	*11.8%*	$210,174	$0	-	$0	-	$0
HCC Paid % of Tot	22.9%	*-3.8 pts*	19.1%	*-0.9 pts*	18.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,050	*-5.0%*	$997	*-3.4%*	$963	$0	-	$0	-	$12,420
Outpatient	$928	*13.9%*	$1,057	*25.2%*	$1,324	-$472	*-714.7%*	$2,901	*105.8%*	$5,968
Physician	$1,163	*2.3%*	$1,190	*5.9%*	$1,260	$2,607	*70.4%*	$4,443	*-42.0%*	$2,578
Ancillary	$38	*-3.8%*	$37	*22.0%*	$45	$0	-	$0	-	$2,716

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Financial Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Average Enrollment										
Employees	2,498	*-7.9%*	2,300	*-10.5%*	2,057	333	*-10.9%*	296	*-7.2%*	275
Spouses	642	*-9.5%*	581	*-9.4%*	527	39	*-20.3%*	31	*-23.4%*	24
Children	554	*-9.9%*	499	*-10.8%*	445	14	*-14.3%*	12	*-8.3%*	11
Tot. Members	**3,694**	***-8.5%***	**3,380**	***-10.4%***	**3,029**	**386**	***-12.0%***	**340**	***-8.7%***	**310**
Avg. Family Size	1.5	*-0.6%*	1.5	*0.2%*	1.5	1.2	*-1.2%*	1.1	*-1.7%*	1.1
Financial Summary										
Allowed	$7,755,821	*27.6%*	$9,894,014	*1.9%*	$10,082,279	$1,507,023	*34.8%*	$2,031,507	*-32.3%*	$1,376,113
Plan Paid	$4,320,997	*5.2%*	$4,545,535	*30.5%*	$5,933,653	$647,561	*-41.1%*	$381,528	*-10.2%*	$342,456
Member Paid (OOP)	$1,870,067	*6.6%*	$1,994,216	*-10.1%*	$1,793,561	$296,838	*15.4%*	$342,448	*-27.1%*	$249,620
Paid PEPY	$6,919	*14.3%*	$7,906	*45.9%*	$11,537	$7,786	*-33.9%*	$5,150	*-3.3%*	$4,981
Paid PMPY	$4,679	*15.0%*	$5,380	*45.7%*	$7,836	$6,710	*-33.0%*	$4,493	*-1.7%*	$4,419
Paid PEPM	$577	*14.3%*	$659	*45.9%*	$961	$649	*-33.9%*	$429	*-3.3%*	$415
Paid PMPM	$390	*15.0%*	$448	*45.7%*	$653	$559	*-33.0%*	$374	*-1.7%*	$368
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	4	*100.0%*	8	*12.5%*	9	1	*-100.0%*	0	-	0
HCCs per 1000	1.1	*118.6%*	2.4	*25.5%*	3.0	2.6	*-100.0%*	0.0	-	0.0
Paid per HCC	$187,452	*-9.1%*	$170,448	*24.6%*	$212,463	$139,706	*-100.0%*	$0	-	$0
HCC Paid % of Tot	*17.4%*	*12.6 pts*	*30.0%*	*2.2 pts*	*32.2%*	*21.6%*	*-21.6 pts*	*0.0%*	-	*0.0%*
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,150	*-21.8%*	$899	*116.2%*	$1,944	$3,982	*-62.5%*	$1,492	*-1.9%*	$1,464
Outpatient	$1,601	*15.0%*	$1,841	*38.7%*	$2,553	$1,194	*16.4%*	$1,390	*17.3%*	$1,630
Physician	$1,872	*23.2%*	$2,305	*37.8%*	$3,177	$1,436	*13.5%*	$1,630	*-23.4%*	$1,249
Ancillary	$57	*491.9%*	$334	*-51.3%*	$163	$99	*-118.9%*	-$19	*-502.8%*	$76

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Financial Summary – Full Year Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2024	⇨	2025	⇨	2026-1Q	2026-1Q	*Variance*
Average Enrollment							
Employees	14,776	*-3.1%*	14,314	*-2.6%*	13,946		
Spouses	2,766	*-7.8%*	2,550	*-2.6%*	2,484		
Children	6,692	*-6.6%*	6,247	*-1.0%*	6,185		
Tot. Members	**24,235**	***-4.6%***	**23,111**	***-2.1%***	**22,615**		
Avg. Family Size	1.6	*-1.6%*	1.6	*0.4%*	1.6	1.9	*-15.7%*
Financial Summary							
Allowed	$132,731,482	*2.5%*	$135,998,902	*-72.9%*	$36,843,932		
Plan Paid	$94,099,719	*-5.8%*	$88,624,170	*-73.3%*	$23,634,641		
Member Paid (OOP)	$27,764,440	*-1.2%*	$27,441,813	*-67.4%*	$8,941,429		
Paid PEPY	$6,368	*-2.8%*	$6,192	*9.5%*	$6,779	$10,481	*-35.3%*
Paid PMPY	$3,883	*-1.2%*	$3,835	*9.0%*	$4,180	$5,448	*-23.3%*
Paid PEPM	$531	*-2.8%*	$516	*9.5%*	$565	$873	*-35.3%*
Paid PMPM	$324	*-1.2%*	$320	*9.0%*	$348	$454	*-23.3%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	148	*-13.5%*	128	*-81.3%*	24		
HCCs per 1000	6.1	*-9.3%*	5.5	*-80.8%*	1.1	1.1	*-6.4%*
Paid per HCC	$230,303	*-11.6%*	$203,621	*3.6%*	$211,048	$200,630	*5.2%*
HCC Paid % of Tot	36.2%	*-6.8 pts*	29.4%	*-8.0 pts*	21.4%	17.7%	*3.7 pts*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$1,249	*-23.7%*	$953	*16.1%*	$1,106	$1,280	*-13.6%*
Outpatient	$1,137	*14.9%*	$1,306	*14.5%*	$1,495	$1,579	*-5.4%*
Physician	$1,440	*4.5%*	$1,505	*0.8%*	$1,517	$2,472	*-38.6%*
Ancillary	$57	*25.7%*	$71	*-12.7%*	$62	$116	*-46.5%*

- *Total plan paid amount for the first quarter of 2024 was 23.3% of the full year*
- *Annualizing 2025 paid dollars using the same ratio would result in a total paid of $101 M*

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

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

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

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

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

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Financial Summary – Full Year Trend

Active Members

Measure	State Active					Non-State Active				
	2024	⇨	2025	⇨	2026-1Q	2024	⇨	2025	⇨	2026-1Q
Average Enrollment										
Employees	12,012	*-1.7%*	11,809	*-1.7%*	11,607	4	*44.2%*	5	*35.5%*	7
Spouses	2,107	*-6.9%*	1,961	*-1.5%*	1,931	1	*57.1%*	1	*118.2%*	2
Children	6,132	*-6.1%*	5,755	*-0.5%*	5,728	2	*-62.1%*	1	*9.1%*	1
Tot. Members	**20,251**	***-3.6%***	**19,524**	***-1.3%***	**19,266**	**7**	***6.3%***	**7**	***42.9%***	**10**
Avg. Family Size	1.7	*-1.9%*	1.7	*0.4%*	1.7	1.8	*-26.3%*	1.4	*5.4%*	1.4
Financial Summary										
Allowed	$96,646,156	*-5.3%*	$91,514,620	*-72.3%*	$25,303,891	$82,160	*-59.2%*	$33,497	*143.8%*	$81,650
Plan Paid	$72,836,689	*-9.2%*	$66,141,692	*-73.8%*	$17,299,327	$66,431	*-64.4%*	$23,665	*150.2%*	$59,205
Member Paid (OOP)	$21,061,579	*0.7%*	$21,217,588	*-67.5%*	$6,887,428	$15,729	*-37.5%*	$9,832	*10.0%*	$10,819
Paid PEPY	$6,064	*-7.6%*	$5,601	*6.4%*	$5,962	$18,539	*-75.3%*	$4,580	*638.6%*	$33,832
Paid PMPY	$3,597	*-5.8%*	$3,388	*6.0%*	$3,592	$10,091	*-66.5%*	$3,381	*600.5%*	$23,682
Paid PEPM	$505	*-7.6%*	$467	*6.4%*	$497	$1,545	*-75.3%*	$382	*638.6%*	$2,819
Paid PMPM	$300	*-5.8%*	$282	*6.0%*	$299	$841	*-66.5%*	$282	*600.5%*	$1,974
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	110	*-20.9%*	87	*-82.8%*	15	0	-	0	-	0
HCCs per 1000	5.4	*-18.0%*	4.5	*-82.5%*	0.8	0.0	-	0.0	-	0.0
Paid per HCC	$245,319	*-14.3%*	$210,234	*0.0%*	$210,174	$0	-	$0	-	$0
HCC Paid % of Tot	37.0%	*-9.4 pts*	27.7%	*-9.4 pts*	18.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,184	*-26.7%*	$868	*10.9%*	$963	$0	-	$0	-	$12,420
Outpatient	$1,032	*10.6%*	$1,142	*15.9%*	$1,324	$5,778	*-57.5%*	$2,456	*143.0%*	$5,968
Physician	$1,329	*0.1%*	$1,330	*-5.3%*	$1,260	$4,310	*-78.7%*	$916	*181.4%*	$2,578
Ancillary	$51	*-7.8%*	$47	*-5.8%*	$45	$3	*197.6%*	$9	*31585.2%*	$2,716

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Financial Summary – Full Year Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024	⇨	2025	⇨	2026-1Q	2024	⇨	2025	⇨	2026-1Q
Average Enrollment										
Employees	2,443	*-9.5%*	2,212	*-7.0%*	2,057	318	*-9.5%*	288	*-4.5%*	275
Spouses	623	*-10.2%*	560	*-5.9%*	527	36	*-19.3%*	29	*-16.8%*	24
Children	544	*-11.9%*	479	*-7.2%*	445	14	*-12.9%*	12	*-7.0%*	11
Tot. Members	**3,610**	***-9.9%***	**3,251**	***-6.8%***	**3,029**	**367**	***-10.5%***	**329**	***-5.7%***	**310**
Avg. Family Size	1.5	*-0.5%*	1.5	*0.2%*	1.5	1.2	*-1.2%*	1.1	*-1.2%*	1.1
Financial Summary										
Allowed	$31,168,930	*18.3%*	$36,877,665	*-72.7%*	$10,082,279	$4,834,236	*56.7%*	$7,573,121	*-81.8%*	$1,376,113
Plan Paid	$19,082,580	*6.3%*	$20,280,083	*-70.7%*	$5,933,653	$2,114,018	*3.1%*	$2,178,730	*-84.3%*	$342,456
Member Paid (OOP)	$5,786,040	*-6.2%*	$5,428,023	*-67.0%*	$1,793,561	$901,093	*-12.7%*	$786,370	*-68.3%*	$249,620
Paid PEPY	$7,812	*17.4%*	$9,169	*25.8%*	$11,537	$6,648	*13.8%*	$7,567	*-34.2%*	$4,981
Paid PMPY	$5,286	*18.0%*	$6,238	*25.6%*	$7,836	$5,755	*15.2%*	$6,631	*-33.4%*	$4,419
Paid PEPM	$651	*17.4%*	$764	*25.8%*	$961	$554	*13.8%*	$631	*-34.2%*	$415
Paid PMPM	$440	*18.0%*	$520	*25.6%*	$653	$480	*15.2%*	$553	*-33.4%*	$368
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	37	*-5.4%*	35	*-74.3%*	9	3	*100.0%*	6	*-100.0%*	0
HCCs per 1000	10.2	*5.0%*	10.8	*-72.4%*	3.0	8.2	*123.6%*	18.3	*-100.0%*	0.0
Paid per HCC	$175,418	*14.4%*	$200,660	*5.9%*	$212,463	$175,672	*-28.8%*	$125,018	*-100.0%*	$0
HCC Paid % of Tot	34.0%	*0.6 pts*	34.6%	*-2.4 pts*	32.2%	24.9%	*9.5 pts*	34.4%	*-34.4 pts*	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,445	*-15.4%*	$1,223	*59.0%*	$1,944	$2,932	*14.6%*	$3,362	*-56.5%*	$1,464
Outpatient	$1,705	*33.4%*	$2,275	*12.2%*	$2,553	$1,227	*14.3%*	$1,402	*16.3%*	$1,630
Physician	$2,058	*22.8%*	$2,527	*25.7%*	$3,177	$1,460	*23.0%*	$1,795	*-30.4%*	$1,249
Ancillary	$77	*176.3%*	$213	*-23.7%*	$163	$136	*-47.2%*	$72	*5.3%*	$76

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Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status

Claim Type	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2026-1Q (7/1/2025 - 9/30/2025) Active	Pre-Medicare Retirees	Medicare Retirees	Total	*Trend* *Total*
State Members									
Inpatient	$4,781,010	$518,749	$240,961	**$5,540,719**	$4,639,180	$822,948	$648,780	**$6,110,907**	*10.3%*
Outpatient	$5,068,565	$1,394,127	$161,298	**$6,623,989**	$6,376,171	$1,703,129	$230,019	**$8,309,318**	*25.4%*
Physician	$5,704,402	$1,670,110	$277,721	**$7,652,233**	$6,068,839	$2,082,320	$323,145	**$8,474,304**	*10.7%*
Ancillary	$175,509	$44,069	$238,501	**$458,080**	$215,136	$27,131	$96,182	**$338,449**	*-26.1%*
Total	**$15,729,486**	**$3,627,055**	**$918,480**	**$20,275,021**	**$17,299,327**	**$4,635,528**	**$1,298,125**	**$23,232,979**	***14.6%***
PMPM	**$273.36**	**$480.38**	**$354.78**	**$299.57**	**$299.31**	**$706.85**	**$513.36**	**$347.36**	***16.0%***
Non-State Members									
Inpatient	$0	$19,363	$107,314	**$126,677**	$31,050	$18,081	$95,361	**$144,492**	*14.1%*
Outpatient	$3,626	$65,822	$52,209	**$121,657**	$14,921	$48,548	$77,774	**$141,242**	*16.1%*
Physician	$5,553	$38,270	$100,146	**$143,969**	$6,445	$38,203	$58,624	**$103,271**	*-28.3%*
Ancillary	$0	$1,660	-$3,255	**-$1,596**	$6,790	$0	$5,866	**$12,656**	*-893.1%*
Total	**$9,179**	**$125,115**	**$256,413**	**$390,707**	**$59,205**	**$104,832**	**$237,625**	**$401,662**	***2.8%***
PMPM	**$611.95**	**$592.93**	**$317.35**	**$377.86**	**$1,973.51**	**$717.92**	**$303.10**	**$418.40**	***10.7%***
All Members									
Inpatient	$4,781,010	$538,112	$348,274	**$5,667,396**	$4,670,231	$841,029	$744,140	**$6,255,400**	*10.4%*
Outpatient	$5,072,191	$1,459,949	$213,507	**$6,745,646**	$6,391,092	$1,751,676	$307,793	**$8,450,561**	*25.3%*
Physician	$5,709,955	$1,708,380	$377,867	**$7,796,202**	$6,075,284	$2,120,523	$381,768	**$8,577,575**	*10.0%*
Ancillary	$175,509	$45,729	$235,246	**$456,484**	$221,926	$27,131	$102,048	**$351,105**	*-23.1%*
Total	**$15,738,665**	**$3,752,169**	**$1,174,894**	**$20,665,729**	**$17,358,532**	**$4,740,360**	**$1,535,749**	**$23,634,641**	***14.4%***
PMPM	**$273.45**	**$483.44**	**$345.88**	**$300.75**	**$300.18**	**$707.10**	**$463.60**	**$348.36**	***15.8%***

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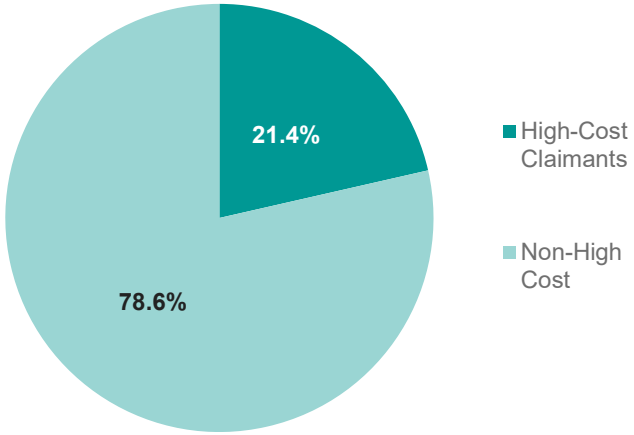
Medical Cost Distribution

Distribution by Member Cost

Member Total Paid Range	2025-1Q (7/1/2024 - 9/30/2024)						2026-1Q (7/1/2025 - 9/30/2025)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	10,263	41.2%	$0	0.0%	$0	0.0%	10,607	43.4%	$0	0.0%	$0	0.0%
< $0 - $0	5,583	22.4%	-$175,010	-0.8%	$1,547,335	16.8%	5,218	21.3%	-$200,415	-0.8%	$1,580,862	17.7%
> $0 - $2,500	7,876	31.6%	$3,403,912	16.5%	$4,255,853	46.1%	7,349	30.1%	$3,284,407	13.9%	$3,875,136	43.3%
> $2,500 - $5,000	512	2.1%	$1,829,492	8.9%	$1,102,451	12.0%	509	2.1%	$1,816,105	7.7%	$966,673	10.8%
> $5,000 - $10,000	325	1.3%	$2,298,853	11.1%	$885,581	9.6%	325	1.3%	$2,274,832	9.6%	$813,590	9.1%
> $10,000 - $25,000	229	0.9%	$3,643,552	17.6%	$882,857	9.6%	265	1.1%	$4,181,481	17.7%	$922,997	10.3%
> $25,000 - $50,000	74	0.3%	$2,563,098	12.4%	$295,442	3.2%	95	0.4%	$3,238,325	13.7%	$377,319	4.2%
> $50,000 - $100,000	39	0.2%	$2,730,136	13.2%	$151,911	1.6%	60	0.2%	$3,974,758	16.8%	$304,018	3.4%
> $100,000	24	0.1%	$4,371,696	21.2%	$102,950	1.1%	24	0.1%	$5,065,147	21.4%	$100,835	1.1%
Total	**24,925**	**100.0%**	**$20,665,729**	**100.0%**	**$9,224,379**	**100.0%**	**24,452**	**100.0%**	**$23,634,641**	**100.0%**	**$8,941,429**	**100.0%**

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Neoplasms	11	$1,119,305	22.1%
2	Health Status & Health Services	20	$797,362	15.7%
3	Perinatal Originating Conditions	1	$676,134	13.3%
4	Musculoskeletal System	13	$576,736	11.4%
5	Injury, Poisoning & External Causes	11	$371,649	7.3%
6	Circulatory System	14	$359,185	7.1%
7	Symptoms, Signs & Findings, NEC	18	$205,849	4.1%
8	Nervous System	9	$147,573	2.9%
9	Blood & Immune Disorders	8	$140,298	2.8%
10	Endocrine, Nutritional & Metabolic	8	$127,482	2.5%
...	*All Others*		*$543,573*	*10.7%*
=	**Total**	**24**	**$5,065,147**	**100.0%**

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Utilization Summary – YTD Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2026-1Q	*Variance*
Inpatient Admissions							
# of Admits	263	*-1.5%*	259	*-1.9%*	254		
# of Admit Days	2,837	*-54.3%*	1,296	*-10.1%*	1,165		
Paid per Admit	$37,850	*-37.1%*	$23,820	*8.4%*	$25,824	$26,669	*-3.2%*
Paid per Admit Day	$3,509	*35.7%*	$4,760	*18.3%*	$5,630	$5,506	*2.3%*
Admits per 1000	43.0	*5.2%*	45.2	*-0.7%*	44.9	46.7	*-3.8%*
Average LOS	10.8	*-53.6%*	5.0	*-8.3%*	4.6	4.8	*-5.3%*
Emergency Room Visits							
# of ER Visits	1,220	*-2.6%*	1,188	*14.1%*	1,356		
~ % resulting in Admit	13.0%	*-1.5 pts*	11.4%	*1.4 pts*	12.8%	10.1%	*2.7 pts*
ER Visits per Patient	1.2	*0.0%*	1.2	*11.2%*	1.3		
ER Visits per 1000	199.5	*4.0%*	207.5	*15.6%*	239.8	226.8	*5.8%*
Paid per ER Visit	$2,069	*4.4%*	$2,161	*8.9%*	$2,353	$2,496	*-5.7%*
Urgent Care Visits							
# of UC Visits	1,803	*-1.2%*	1,782	*-5.9%*	1,677		
UC Visits per Patient	1.2	*-0.2%*	1.2	*0.3%*	1.2		-
UC Visits per 1000	294.8	*5.6%*	311.2	*-4.7%*	296.6	232.9	*27.3%*
Paid per UC Visit	$23	*29.0%*	$29	*24.0%*	$36	$122	*-70.4%*
Office Visits							
Off Visits per Patient	2.1	*5.4%*	2.2	*0.6%*	2.2		
Paid per Office Visit	$31	*6.7%*	$33	*29.4%*	$43	$98	*-56.5%*
Office Visits Paid PMPY	$114	*13.3%*	$129	*26.5%*	$163	$370	*-55.8%*
Services							
Radiology Svcs per 1000	3,490.4	*23.5%*	4,310.2	*-9.7%*	3,891.6	3,615.7	*7.6%*
Radiology Paid PMPY	$234	*9.8%*	$256	*29.8%*	$333		
Lab Services per 1000	9,678.7	*13.1%*	10,950.5	*-2.7%*	10,651.0	9,459.3	*12.6%*
Labs Paid PMPY	$147	*19.8%*	$177	*20.3%*	$212		

- *Inpatient Admission rate per 1000 decreased 0.7%, but amount paid per Admission is 8.4% higher than prior period*
- *ER utilization increased significantly (+15.6%), and amount paid per ER visit is 8.9% higher than prior period*

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

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

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Utilization Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Inpatient Admissions										
# of Admits	193	*-1.0%*	191	*4.7%*	200	0	-	0	-	1
# of Admit Days	2,364	*-59.0%*	970	*-11.2%*	861	0	-	0	-	7
Paid per Admit	$40,200	*-34.9%*	$26,165	*1.5%*	$26,558	$0	-	$0	-	$32,403
Paid per Admit Day	$3,282	*57.0%*	$5,152	*19.7%*	$6,169	$0	-	$0	-	$4,629
Admits per 1000	37.9	*5.1%*	39.8	*4.2%*	41.5	0.0	-	0.0	-	400.0
Average LOS	12.2	*-58.5%*	5.1	*-15.2%*	4.3	0.0	-	0.0	-	7.0
Emergency Room Visits										
# of ER Visits	935	*4.4%*	976	*14.0%*	1,113	0	-	1	*300.0%*	4
~ % resulting in Admit	11.2%	*-0.7 pts*	10.6%	*0.8 pts*	11.3%	0.0%	-	0.0%	*25.0 pts*	25.0%
ER Visits per Patient	1.2	*2.3%*	1.2	*10.4%*	1.3	0.0	-	1.0	*33.3%*	1.3
ER Visits per 1000	183.6	*10.9%*	203.5	*13.5%*	231.1	0.0	-	800.0	*100.0%*	1,600.0
Paid per ER Visit	$2,221	*0.0%*	$2,221	*11.0%*	$2,466	$0	-	$4,710	*-55.7%*	$2,084
Urgent Care Visits										
# of UC Visits	1,563	*-1.3%*	1,542	*-5.4%*	1,459	1	*-100.0%*	0	-	1
UC Visits per Patient	1.2	*0.1%*	1.2	*-1.0%*	1.2	1.0	*-100.0%*	0.0	-	1.0
UC Visits per 1000	306.9	*4.8%*	321.6	*-5.8%*	302.9	500.0	*-100.0%*	0.0	-	400.0
Paid per UC Visit	$23	*27.4%*	$29	*22.7%*	$35	$0	-	$0	-	$0
Office Visits										
Off Visits per Patient	2.0	*5.8%*	2.1	*1.0%*	2.1	1.7	*-40.0%*	1.0	*57.1%*	1.6
Paid per Office Visit	$32	*3.0%*	$33	*24.2%*	$41	$100	*-25.0%*	$75	*-0.8%*	$74
Office Visits Paid PMPY	$107	*9.0%*	$117	*22.0%*	$142	$250	*-76.0%*	$60	*445.6%*	$327
Services										
Radiology Svcs per 1000	3,009.2	*24.5%*	3,747.8	*-7.3%*	3,473.5	3,500.0	*-54.3%*	1,600.0	*150.0%*	4,000.0
Radiology Paid PMPY	$215	*-1.6%*	$211	*6.0%*	$224	$2,357	*-91.0%*	$211	*573.1%*	$1,422
Lab Services per 1000	9,054.1	*12.9%*	10,219.5	*-2.7%*	9,946.6	1,000.0	*140.0%*	2,400.0	*866.7%*	23,200.0
Labs Paid PMPY	$138	*24.6%*	$172	*10.6%*	$190	$0	-	$571	*329.1%*	$2,450

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Utilization Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Inpatient Admissions										
# of Admits	56	*0.0%*	56	*-17.9%*	46	14	*-14.3%*	12	*-41.7%*	7
# of Admit Days	392	*-36.5%*	249	*8.4%*	270	81	*-4.9%*	77	*-64.9%*	27
Paid per Admit	$33,622	*-41.8%*	$19,564	*28.6%*	$25,159	$22,374	*-71.6%*	$6,362	*30.3%*	$8,287
Paid per Admit Day	$4,803	*-8.4%*	$4,400	*-2.6%*	$4,286	$3,867	*-74.4%*	$991	*116.7%*	$2,149
Admits per 1000	60.6	*9.3%*	66.3	*-8.3%*	60.7	145.1	*-2.6%*	141.3	*-36.1%*	90.3
Average LOS	7.0	*-36.5%*	4.4	*32.0%*	5.9	5.8	*10.9%*	6.4	*-39.9%*	3.9
Emergency Room Visits										
# of ER Visits	232	*-22.4%*	180	*5.0%*	189	53	*-41.5%*	31	*61.3%*	50
~ % resulting in Admit	15.9%	*0.2 pts*	16.1%	*4.0 pts*	20.1%	30.2%	*-17.3 pts*	12.9%	*5.1 pts*	18.0%
ER Visits per Patient	1.3	*-2.8%*	1.2	*7.2%*	1.3	1.7	*-28.0%*	1.2	*61.3%*	1.9
ER Visits per 1000	251.2	*-15.2%*	213.0	*17.2%*	249.6	549.2	*-33.5%*	365.1	*76.7%*	645.2
Paid per ER Visit	$1,890	*9.0%*	$2,060	*-0.2%*	$2,055	$172	*358.0%*	$789	*23.7%*	$976
Urgent Care Visits										
# of UC Visits	218	*-1.8%*	214	*-10.7%*	191	21	*23.8%*	26	*0.0%*	26
UC Visits per Patient	1.2	*-2.4%*	1.2	*6.3%*	1.3	1.3	*-5.7%*	1.2	*40.0%*	1.7
UC Visits per 1000	236.1	*7.3%*	253.3	*-0.4%*	252.2	217.6	*40.7%*	306.2	*9.6%*	335.5
Paid per UC Visit	$23	*30.1%*	$30	*48.1%*	$45	$8	*330.3%*	$33	*-65.8%*	$11
Office Visits										
Off Visits per Patient	2.3	*4.7%*	2.4	*0.6%*	2.4	3.2	*2.9%*	3.3	*0.7%*	3.3
Paid per Office Visit	$30	*17.6%*	$35	*50.1%*	$53	$15	*36.6%*	$21	*20.6%*	$25
Office Visits Paid PMPY	$149	*29.5%*	$193	*49.5%*	$289	$139	*38.8%*	$193	*24.7%*	$240
Services										
Radiology Svcs per 1000	5,460.3	*21.6%*	6,639.6	*-13.2%*	5,765.8	10,041.5	*28.8%*	12,930.3	*-10.6%*	11,561.3
Radiology Paid PMPY	$338	*52.3%*	$515	*99.1%*	$1,025	$174	*28.0%*	$223	*31.8%*	$293
Lab Services per 1000	11,841.1	*22.4%*	14,489.9	*-7.3%*	13,425.4	22,134.7	*-22.6%*	17,134.4	*57.1%*	26,916.1
Labs Paid PMPY	$199	*3.0%*	$205	*57.3%*	$323	$147	*-0.9%*	$146	*206.2%*	$447

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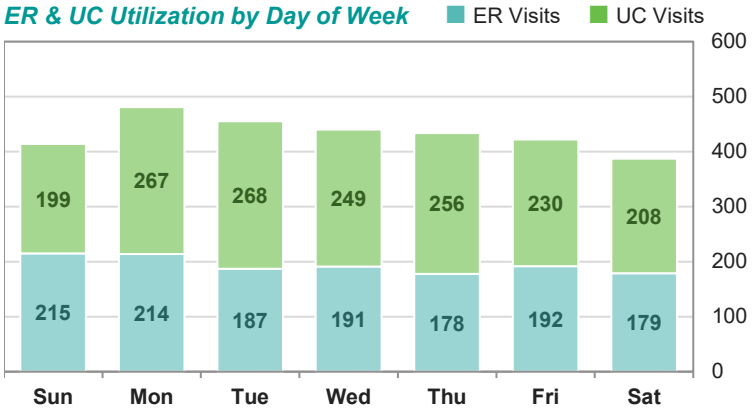
On Demand Care Summary

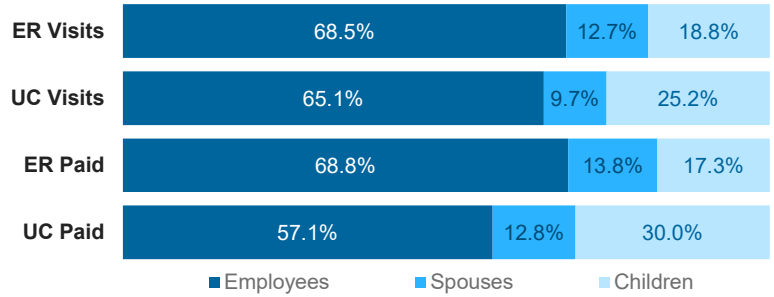
Emergency Room & Urgent Care

Measure	2025-1Q	2026-1Q	*Change*	UMR Norm	*Variance*
Emergency Room					
# of Visits	1,188	1,356	*14.1%*		
# of Patients	984	1,010	*2.6%*		
Total Plan Paid	$2,567,660	$3,190,187	*24.2%*		
Total Mem Paid	$1,651,210	$1,591,528	*-3.6%*		
Visits per 1000	207.5	239.8	*15.6%*	226.8	*5.8%*
Paid per Visit	$2,161	$2,353	*8.9%*	$2,496	*-5.7%*
Paid PMPM	$37	$47	*25.8%*	$47	*-0.3%*
% ER Patients w/ Office Visit*	88.4%	88.5%	*0.1 pts*		
% Potentially Avoidable**	17.3%	16.4%	*-0.9 pts*	83.0%	*-66.6 pts*
Urgent Care					
# of Visits	1,782	1,677	*-5.9%*		
# of Patients	1,480	1,389	*-6.1%*		
Total Plan Paid	$51,785	$60,450	*16.7%*		
Total Mem Paid	$260,680	$239,455	*-8.1%*		
Visits per 1000	311.2	296.6	*-4.7%*	232.9	*27.3%*
Paid per Visit	$29	$36	*24.0%*	$122	*-70.4%*
Paid PMPM	$1	$1	*18.2%*	$2	*-62.3%*

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	**Total**	ER	UC	Total
Employee	929	1,091	**2,020**	$2,195,923	$34,537	**$2,230,459**
Spouse	172	163	**335**	$440,804	$7,751	**$448,555**
Child	255	423	**678**	$553,459	$18,163	**$571,622**
Total	**1,356**	**1,677**	**3,033**	**$3,190,187**	**$60,450**	**$3,250,637**

* Office Visit within prior 12 months..

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

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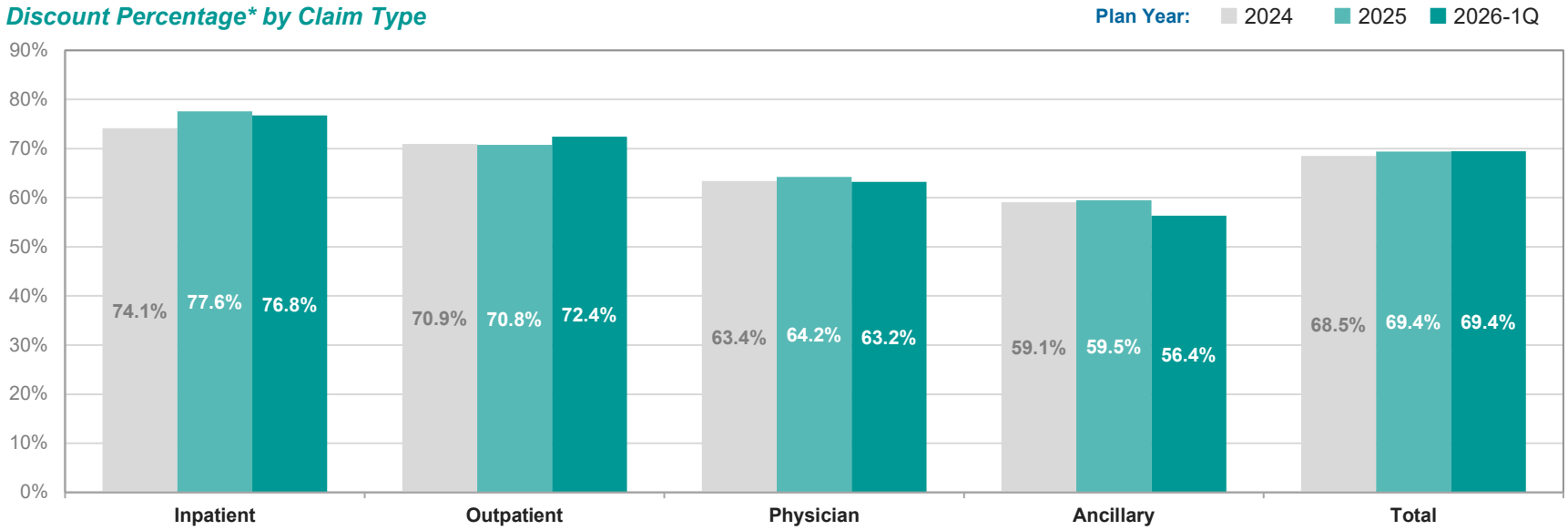
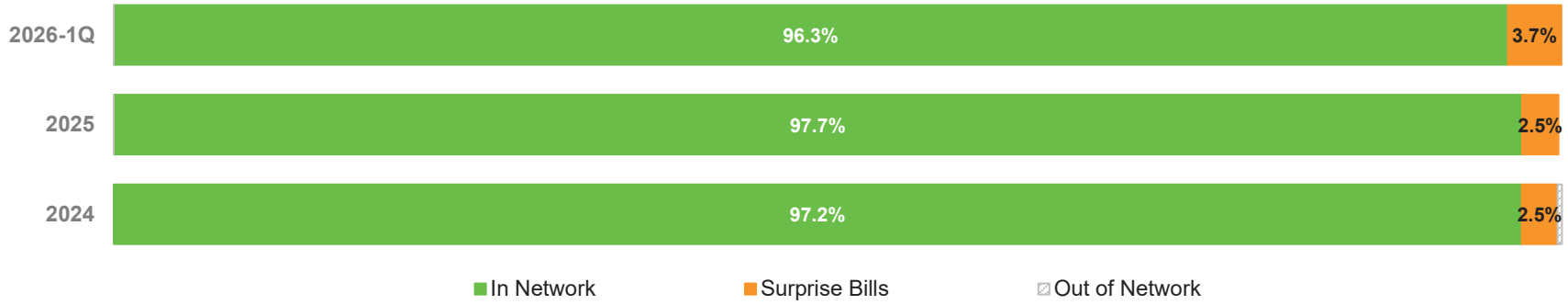
Network Summary

Discount Percentage & Network Utilization

Discount Percentage by Claim Type*



*Network Utilization**



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

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Clinical Classification Summary

Breakout by Diagnostic Chapter

UMR

Diagnostic Chapter	2025 (Full Year)		2026-1Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	13,867	$12,290,366	5,498	$3,240,053	$2,420,368	$341,938	$477,747	$1,208,135	$2,031,918
Neoplasms	3,177	$8,496,372	1,230	$2,793,121	$1,800,353	$967,629	$25,139	$1,460,850	$1,332,271
Musculoskeletal System	6,235	$9,614,034	2,827	$2,699,957	$1,878,408	$650,634	$170,916	$1,716,404	$983,554
Circulatory System	4,249	$9,533,462	1,756	$2,431,392	$1,956,252	$295,976	$179,164	$1,572,690	$858,702
Injury, Poisoning & External Causes	2,881	$7,432,651	1,035	$1,821,430	$1,121,659	$312,068	$387,703	$897,508	$923,923
Symptoms, Signs & Findings, NEC	8,856	$5,378,622	3,365	$1,482,725	$1,186,716	$157,684	$138,325	$814,284	$668,441
Digestive System	2,875	$5,633,027	1,037	$1,362,152	$940,938	$246,324	$174,890	$664,501	$697,651
Nervous System	3,005	$3,876,394	1,382	$1,042,241	$585,159	$229,792	$227,289	$328,957	$713,284
Genitourinary System	4,241	$4,467,616	1,566	$975,221	$769,375	$172,208	$33,638	$413,268	$561,954
Endocrine, Nutritional & Metabolic	6,461	$3,685,436	2,803	$954,916	$808,521	$105,369	$41,027	$555,804	$399,113
Mental, Behavioral & Neurodevelopmental	3,387	$3,746,998	1,856	$898,419	$355,631	$163,961	$378,827	$445,179	$453,240
Perinatal Originating Conditions	190	$2,082,861	67	$870,594	$120	$0	$870,474	$830,388	$38,799
Respiratory System	5,262	$3,232,126	1,446	$845,311	$625,458	$102,634	$117,219	$475,903	$369,409
Pregnancy, Childbirth & the Puerperium	410	$2,314,674	212	$806,083	$605,447	$189,558	$11,077	$2,312	$803,771
Infectious & Parasitic Diseases	1,624	$2,894,059	470	$433,909	$338,352	$64,479	$31,079	$217,676	$216,233
Skin & Subcutaneous Tissue	4,810	$1,242,481	1,738	$322,313	$265,351	$44,372	$12,589	$182,958	$139,355
Eye and Adnexa	4,098	$895,465	1,252	$260,140	$193,639	$54,265	$12,237	$117,913	$142,227
Blood & Immune Disorders	967	$752,337	367	$236,628	$216,600	$14,182	$5,847	$160,958	$75,670
Congenital Malformations & Abnormalities	271	$541,322	106	$100,775	$25,822	$371	$74,582	$49,906	$50,869
Ear and Mastoid Process	1,596	$513,866	454	$57,261	$40,532	$4,196	$12,533	$32,930	$24,331
External Causes of Morbidity	0	$0	1	$0	$0	$0	$0	$0	$0
Total	**21,073**	**$88,624,170**	**13,179**	**$23,634,641**	**$16,134,702**	**$4,117,638**	**$3,382,301**	**$12,148,521**	**$11,484,713**

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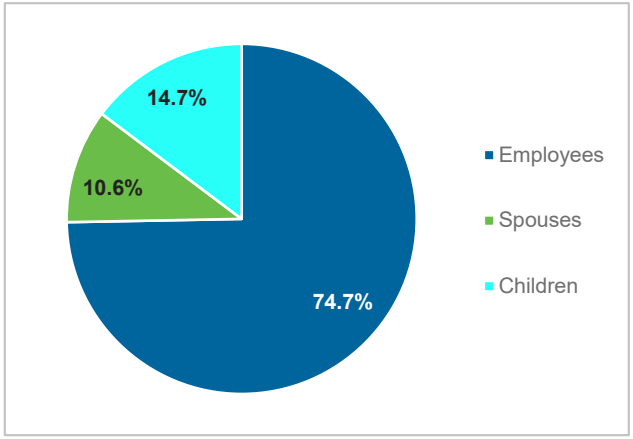
#1 Top Dx Chapter

Health Status & Health Services

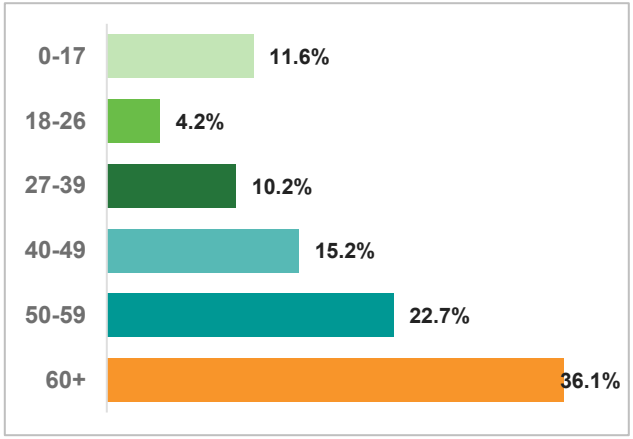
Breakout by Diagnostic Grouping & Demographics

#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	41	193	$1,225,657	37.8%
2	Neoplasm-related encounters	1,293	2,025	$656,403	20.3%
3	Medical examination/evaluation	3,198	4,382	$498,799	15.4%
4	Exposure, enc, screen or contact w infectious dz	1,128	1,365	$283,740	8.8%
5	Contraceptive & procreative management	204	264	$191,694	5.9%
6	Other aftercare encounter	190	314	$114,004	3.5%
7	Acquired absence of limb or organ	27	35	$48,726	1.5%
8	Encount for obs & exam for conds ruled out	523	685	$37,329	1.2%
9	Implant, device or graft related encounter	172	435	$36,821	1.1%
10	Family history of disease	41	54	$32,943	1.0%
11	Other specified status	272	396	$28,974	0.9%
12	Organ transplant status	21	89	$18,107	0.6%
13	Personal history of other disease	102	131	$17,661	0.5%
14	Enc for prophylactic measures (ex immuniz)	29	54	$15,030	0.5%
15	Other specified encounters & counseling	72	161	$11,567	0.4%
16	Personal history of malignant neoplasm	36	40	$7,411	0.2%
17	Lifestyle/life management factors	18	29	$3,003	0.1%
18	Genetic susceptibility to disease	8	12	$2,842	0.1%
19	Encounter for mental health conditions	440	471	$2,663	0.1%
20	Encounter for prophylactic or oth procedures	13	14	$2,199	0.1%
...	*All Others*	*57*	*66*	*$4,482*	*0.1%*
=	**Total**	**5,498**	**11,849**	**$3,240,053**	**100.0%**

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



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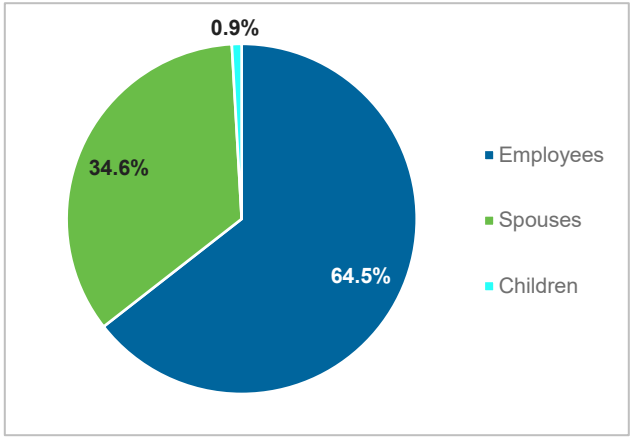
#2 Top Dx Chapter

Neoplasms (Cancer)

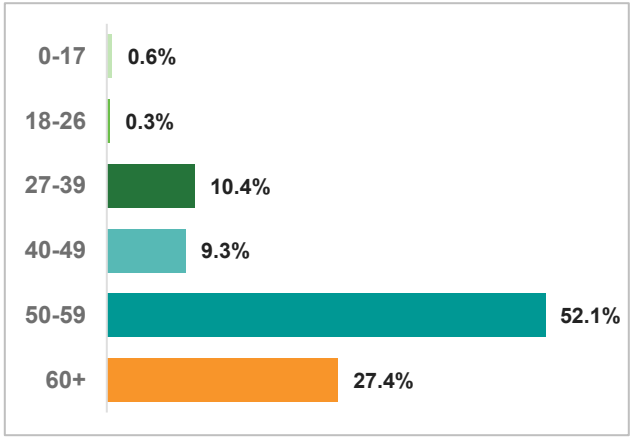
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Prostate cancer	66	313	$657,991	23.6%
2	Breast cancer	98	458	$419,683	15.0%
3	Benign neoplasms	627	897	$368,693	13.2%
4	Lymphoma	23	117	$231,056	8.3%
5	Leukemia	19	83	$203,499	7.3%
6	Ovarian cancer	11	59	$196,550	7.0%
7	Colorectal cancer	19	223	$116,542	4.2%
8	Multiple myeloma	7	102	$105,163	3.8%
9	Other gastrointestinal cancers	13	64	$84,771	3.0%
10	Other cancer	26	109	$82,476	3.0%
11	Secondary malignancies	29	114	$81,682	2.9%
12	Pancreatic cancer	5	133	$60,947	2.2%
13	Thyroid cancer	26	70	$37,279	1.3%
14	Neoplasms of unspec nature	402	494	$35,247	1.3%
15	Endometrial cancer	10	28	$31,490	1.1%
16	Skin cancer	111	218	$25,509	0.9%
17	Oral cancer	6	31	$13,412	0.5%
18	Head & neck cancers	8	37	$10,509	0.4%
19	Female reproductive	9	42	$8,568	0.3%
20	Kidney Cancer	9	59	$7,655	0.3%
...	*All Others*	*26*	*72*	*$14,401*	*0.5%*
=	**Total**	**1,230**	**4,139**	**$2,793,121**	**100.0%**

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



Note: there are additional cancer-related costs for encounters and therapy, totaling $1,882,060 – see Health Status for more details

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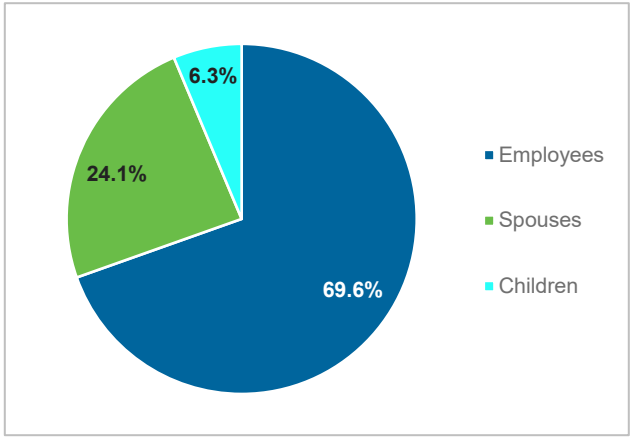
#3 Top Dx Chapter

Musculoskeletal System

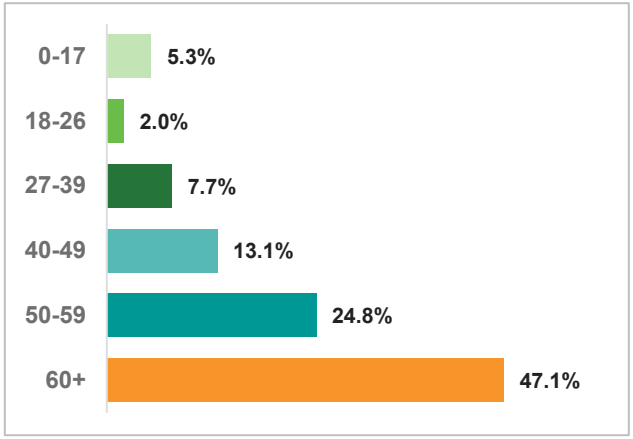
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	756	2,354	$1,029,392	38.1%
2	Tendon, tissue, muscle disorders	493	1,085	$394,519	14.6%
3	Osteoarthritis & osteoporosis	422	819	$347,133	12.9%
4	Other musculoskeletal pain	1,263	3,317	$253,697	9.4%
5	Scoliosis & oth deformities	189	309	$244,182	9.0%
6	Joint disorders & fractures	148	256	$116,546	4.3%
7	Other MSK	51	147	$111,639	4.1%
8	Rheumatoid arthritis & related disease	85	199	$101,104	3.7%
9	Low back pain	302	839	$74,046	2.7%
10	Lupus	60	130	$18,129	0.7%
11	Biomechanical lesions	236	640	$6,873	0.3%
12	Gout & crystal arthropathies	46	85	$2,699	0.1%
=	**Total**	**2,827**	**11,277**	**$2,699,957**	**100.0%**

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



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Condition Focus

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

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Mental & Behavioral Diagnostic Grouping	2024 (Full Year)		2025 (Full Year)		2026-1Q		2026-1Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Neurodevelopmental disorders	502	$1,242,281	532	$1,247,192	301	$226,417	$0	$0	$226,417	$0
Alcohol-related disorders	124	$806,533	137	$565,545	43	$196,130	$127,491	$35,556	$33,083	$0
Depressive disorders	1,005	$728,698	972	$640,203	456	$177,614	$67,758	$2,331	$107,474	$51
Anxiety & related Disorders	1,199	$362,534	1,284	$382,098	614	$64,622	$4,756	$9,892	$49,974	$0
Trauma & stressor disorders	760	$288,426	836	$376,394	434	$63,649	$0	$20,108	$43,541	$0
Bipolar & related Disorders	172	$99,260	174	$152,956	84	$54,821	$49,226	$0	$5,595	$0
Suicidal ideation, attempt or self-harm	51	$205,797	44	$79,221	16	$37,008	$0	$34,063	$2,945	$0
Schizophrenia spectrum disorders	48	$121,142	41	$59,034	25	$26,788	$8,254	$15,444	$3,090	$0
Other mental health	258	$121,588	311	$82,352	125	$24,663	$0	$11,339	$13,275	$49
Opiod disorders	35	$37,710	37	$36,077	18	$8,863	$6,375	$318	$2,169	$0
Obsessive compulsive disorders	54	$72,146	57	$70,219	22	$6,196	$0	$0	$6,196	$0
Other substance use	106	$12,377	114	$19,144	41	$5,404	$0	$3,343	$2,061	$0
Cannabis-related disorders	24	$15,571	28	$13,141	7	$3,354	$0	$1,743	$1,611	$0
Eating disorders	30	$83,704	23	$16,533	6	$2,578	$0	$0	$2,578	$0
Stimulant disorders	7	$21,155	12	$6,892	5	$313	$0	$0	$313	$0
Total	**3,269**	**$4,218,922**	**3,387**	**$3,746,998**	**1,856**	**$898,419**	**$263,860**	**$134,137**	**$500,321**	**$101**

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Condition Focus

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions

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Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	*Change vs LY*	# of Mems	Mems per 1000	*Change vs LY*	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	46	2.0	*4.5%*	30	1.3	*3.4%*	$7,502	65.2	239.1
Asthma	595	25.7	*-4.0%*	227	9.8	*-10.3%*	$5,129	57.1	322.7
Atrial Fibrillation	234	10.1	*7.3%*	163	7.1	*3.8%*	$48,178	307.7	679.5
Blood Disorders	912	39.5	*-0.2%*	420	18.2	*5.0%*	$18,150	166.7	424.3
CAD	380	16.4	*-3.6%*	201	8.7	*-7.4%*	$19,859	186.8	315.8
COPD	105	4.5	*-5.4%*	64	2.8	*-13.5%*	$23,755	342.9	771.4
Cancer	1,701	73.6	*-4.2%*	881	38.1	*-3.2%*	$15,488	88.2	195.2
Chronic Pain	134	5.8	*8.9%*	59	2.6	*3.5%*	$37,294	425.4	1,104.5
CHF	95	4.1	*17.3%*	54	2.3	*28.6%*	$38,339	463.2	842.1
Demyelinating Diseases	61	2.6	*-9.0%*	40	1.7	*-16.7%*	$23,738	131.1	606.6
Depression	886	38.3	*-8.2%*	626	27.1	*-0.3%*	$9,032	101.6	343.1
Diabetes	1,463	63.3	*0.3%*	1,022	44.2	*0.8%*	$13,229	80.7	263.8
ESRD	115	5.0	*0.0%*	86	3.7	*-9.5%*	$59,621	982.6	1,913.0
Eating Disorders	19	0.8	*-20.8%*	13	0.6	*18.2%*	$19,070	157.9	157.9
HIV/AIDS	37	1.6	*2.8%*	30	1.3	*7.1%*	$5,838	54.1	405.4
Hyperlipidemia	883	38.2	*8.5%*	309	13.4	*13.2%*	$3,635	15.9	83.8
Hypertension	2,359	102.1	*-2.7%*	1,137	49.2	*-2.2%*	$8,431	83.1	248.4
Immune Disorders	43	1.9	*-25.9%*	21	0.9	*-16.0%*	$25,940	93.0	395.3
IBD	60	2.6	*-3.2%*	11	0.5	*-8.3%*	$3,081	16.7	133.3
Liver Disease	8	0.3	*0.0%*	7	0.3	*16.7%*	$127,585	1,625.0	3,125.0
Morbid Obesity	256	11.1	*17.4%*	113	4.9	*15.3%*	$10,182	89.8	222.7
Osteoarthritis	892	38.6	*4.6%*	403	17.4	*6.3%*	$14,289	62.8	200.7
Peripheral Vascular Disease	110	4.8	*-14.7%*	33	1.4	*-21.4%*	$21,709	145.5	300.0
Rheumatoid Arthritis	131	5.7	*11.0%*	98	4.2	*10.1%*	$11,470	68.7	229.0

- *Most prevalent chronic condition is Hypertension, with 2,359 members*
- *Hypertension is also the condition with the most moderate/high risk members (1,137)*
- *Members with mod/high risk Cancer have the highest combined cost: 881 members totaling $13.6M*

Date Range: Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

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

Cost & Utilization for All Members:

- **Allowed PMPY:** $5,622
- **Admits per 1000:** 40.5
- **ER Visits per 1000:** 201.7

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Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends

Preventive Service	Population	Jul 2023 - Jun 2024 Eligible	Jul 2023 - Jun 2024 Actual	Jul 2023 - Jun 2024 Rate	Jul 2024 - Jun 2025 Eligible	Jul 2024 - Jun 2025 Actual	Jul 2024 - Jun 2025 Rate	*Rate Change*	UMR Norm Rate	UMR Norm *Variance*
Well Visits	*Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.*									
Well Baby Visit	0 - 15 months	143.5	814	**5,672.8**	140.1	766	**5,468.0**	*-3.6%*	**5,386.4**	*1.5%*
Well Child Visit	3 - 6 years	767.8	587	**764.5**	729.2	543	**744.6**	*-2.6%*	**802.8**	*-7.2%*
Adults w/ Well Visit	Adults 18+	20,020	7,265	**36.3%**	19,170	6,958	**36.3%**	*0.0 pts*	**40.5%**	*-4.2 pts*
Screenings	*Rate for all screenings is the percentage of eligible population who had the screening during the period.*									
Mammogram	Females 40 - 69	6,260	2,657	**42.4%**	5,821	2,600	**44.7%**	*2.2 pts*	**46.9%**	*-2.2 pts*
Cervical Cancer	Females 21 - 64	9,023	2,245	**24.9%**	8,491	2,058	**24.2%**	*-0.6 pts*	**23.0%**	*1.2 pts*
Prostate Cancer	Males 50 - 70	3,852	1,548	**40.2%**	3,627	1,476	**40.7%**	*0.5 pts*	**42.2%**	*-1.5 pts*
Colorectal Cancer	Members 45 - 75	10,378	1,629	**15.7%**	9,738	1,563	**16.1%**	*0.4 pts*	**16.4%**	*-0.3 pts*
Cholesterol	Female 45+ Male 35+	12,475	5,904	**47.3%**	11,843	5,702	**48.1%**	*0.8 pts*	**46.9%**	*1.3 pts*
Condition-specific	**Screening**									
Asthma	Office Visit for Asthma	620	503	**81.1%**	595	467	**78.5%**	*-2.6 pts*		
COPD	Spirometry Test	111	19	**17.1%**	105	16	**15.2%**	*-1.9 pts*		
Type 2 Diabetes	A1c Test	1,372	1,174	**85.6%**	1,381	1,187	**86.0%**	*0.4 pts*	**0**	*0*
	Eye Exam	1,372	369	**26.9%**	1,381	376	**27.2%**	*0.3 pts*	**0.0%**	*0.0 pts*
	Lipid Panel	1,372	1,023	**74.6%**	1,381	1,069	**77.4%**	*2.8 pts*	**0**	*0*
	Urine Protein Test	1,372	872	**63.6%**	1,381	885	**64.1%**	*0.5 pts*	**0.0%**	*0.0 pts*
	Any Diabetes Screen	1,372	1,285	**93.7%**	1,381	1,290	**93.4%**	*-0.2 pts*	**0**	*0*
Hyperlipidemia	Lipid Profile	814	431	**52.9%**	883	433	**49.0%**	*-3.9 pts*		
Hypertension	Creatinine Test	2,424	475	**19.6%**	2,359	475	**20.1%**	*0.5 pts*		
	Lipid Profile	2,424	633	**26.1%**	2,359	568	**24.1%**	*-2.0 pts*		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

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12.2.6

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
        12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
        12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
        12.2.1 Q1 UMR – Obesity and Diabetes Care Management
        12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
        12.2.3 Q1 UnitedHealthcare Basic Life Insurance
        12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
        12.2.5 Q1 CDHP Performance Review
        12.2.6 Q1 LD PPO Performance Review

Quarterly Plan Performance Review

Low Ded Plan • 2026-1Q

RPG 4.90 • Run Date: 11/21/2025

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Report Criteria & Contents

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Experience Periods*

- **2026 Plan Year (Current)**
  - 2026-1Q.1st Quarter: Claims Paid 7/1/2025 - 9/30/2025
- **2025 Plan Year**
  - 2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024
  - 2025 Full Year: Claims paid 7/1/2024 - 6/30/2025
- **2024 Plan Year**
  - 2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023
  - 2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

Group Data

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

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPort℠
- Composition: 4,769 groups with approximately 7.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2025 - 9/30/2025

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

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Executive Summary

Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +23.6%
- High-Cost Claimants Paid PMPM trend: +80.0%; Non HCCs trend: +15.5%
- Top Paid Diagnostic Chapters: Neoplasms (Cancer) (+32.1% Paid PMPM), Health Status & Services (−4.8%), Musculoskeletal (+21.3%)

Membership & Demographics

- Total membership is 11.7% higher than prior period
- Employees increased 12.6%, while Dependents were up 10.7%
- 92.6% of members had < $2,500 medical paid, with 35.4% having no claims paid at all during the reporting period

Utilization Key Indicators

- Paid per IP Admit was $27,221, which is 8.8% lower than 2025-1Q
- Paid per ER Visit was $3,268, which is 10.0% higher than 2025-1Q

Network Utilization & Savings

- 97.3% of all Medical spend dollars were to In Network providers
- The average In Network discount was 65.8%, which is 1.3 pts below the 2025 average discount of 67.1%

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Medical Total Savings Summary

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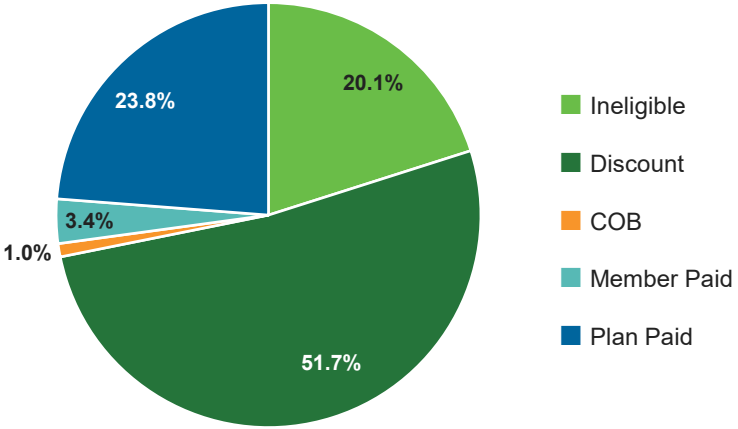
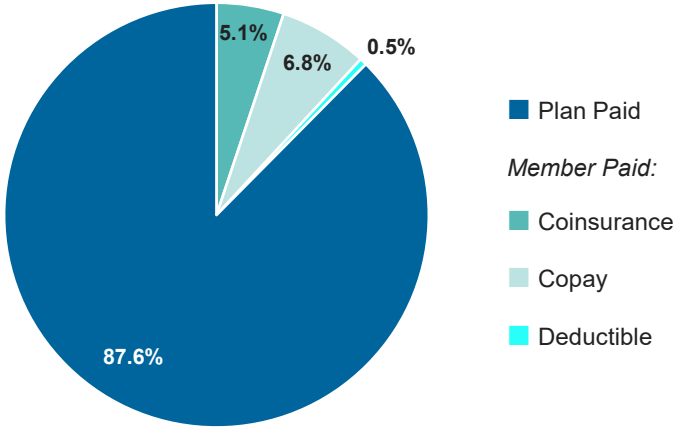
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2026-1Q Total Dollars	2026-1Q PMPM*	2025 PMPM*	*Trend*
Medical Billed	**$148,769,134**	**$1,949**	$1,796	***8.6%***
(-) Ineligible	**$29,901,721**	**$392**	$344	***13.9%***
Medical Covered	**$118,867,413**	**$1,558**	$1,452	***7.3%***
(-) Discount	**$76,990,013**	**$1,009**	$958	***5.3%***
Medical Allowed	**$41,877,400**	**$549**	$494	***11.2%***
(-) COB	**$1,498,759**	**$20**	$20	***-3.6%***
(-) Coinsurance	**$2,072,633**	**$27**	$24	***14.7%***
(-) Copay	**$2,728,755**	**$36**	$33	***9.0%***
(-) Deductible	**$217,173**	**$3**	$2	***13.9%***
Total Member Paid	**$5,018,561**	**$66**	$59	***11.5%***
Total Plan Paid	**$35,377,660**	**$464**	$414	***12.0%***

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



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

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Medical & Rx Paid Claims by Age Range

Age	2025-1Q (7/1/2024 - 9/30/2024)						2026-1Q (7/1/2025 - 9/30/2025)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	$890,701	$1,280	$5,975	$9	**$896,677**	**$1,289**	$3,617,832	$4,476	$19,285	$24	$3,637,117	**$4,500**	*305.6%*	*249.2%*
1	$240,880	$308	$2,782	$4	**$243,662**	**$312**	$164,741	$203	$8,179	$10	$172,920	**$213**	*-29.0%*	*-31.8%*
2 - 4	$371,349	$151	$14,182	$6	**$385,531**	**$156**	$694,265	$262	$30,065	$11	$724,330	**$273**	*87.9%*	*74.7%*
5 - 9	$590,344	$128	$241,126	$52	**$831,470**	**$181**	$790,863	$157	$162,601	$32	$953,463	**$189**	*14.7%*	*4.4%*
10 - 14	$659,284	$136	$108,696	$22	**$767,981**	**$159**	$1,136,381	$208	$192,171	$35	$1,328,552	**$244**	*73.0%*	*53.5%*
15 - 19	$1,524,774	$269	$327,987	$58	**$1,852,761**	**$327**	$1,409,367	$228	$454,515	$74	$1,863,882	**$302**	*0.6%*	*-7.6%*
20 - 24	$1,029,837	$189	$349,808	$64	**$1,379,645**	**$254**	$1,190,428	$194	$430,813	$70	$1,621,241	**$264**	*17.5%*	*3.9%*
25 - 29	$1,225,808	$260	$592,842	$126	**$1,818,649**	**$385**	$1,783,036	$341	$605,202	$116	$2,388,238	**$457**	*31.3%*	*18.7%*
30 - 34	$1,777,320	$325	$679,104	$124	**$2,456,423**	**$449**	$1,975,842	$340	$1,004,251	$173	$2,980,093	**$513**	*21.3%*	*14.4%*
35 - 39	$2,062,539	$350	$1,033,508	$175	**$3,096,047**	**$525**	$2,986,323	$438	$1,167,150	$171	$4,153,472	**$609**	*34.2%*	*16.0%*
40 - 44	$2,257,803	$387	$1,069,373	$183	**$3,327,176**	**$571**	$3,550,024	$536	$1,525,311	$230	$5,075,335	**$767**	*52.5%*	*34.4%*
45 - 49	$2,060,739	$401	$1,175,163	$229	**$3,235,903**	**$629**	$2,854,803	$479	$1,556,747	$261	$4,411,549	**$741**	*36.3%*	*17.7%*
50 - 54	$2,317,465	$416	$1,354,085	$243	**$3,671,550**	**$659**	$3,086,848	$511	$1,953,728	$323	$5,040,575	**$834**	*37.3%*	*26.5%*
55 - 59	$3,274,573	$646	$1,486,140	$293	**$4,760,713**	**$940**	$3,691,468	$645	$1,873,002	$327	$5,564,470	**$972**	*16.9%*	*3.4%*
60 - 64	$3,284,624	$752	$1,467,487	$336	**$4,752,111**	**$1,088**	$4,393,656	$885	$1,744,784	$352	$6,138,440	**$1,237**	*29.2%*	*13.7%*
65+	$1,869,460	$1,050	$765,663	$430	**$2,635,122**	**$1,480**	$2,051,785	$993	$738,111	$357	$2,789,896	**$1,351**	*5.9%*	*-8.7%*
Total	**$25,437,498**	**$372**	**$10,673,920**	**$156**	**$36,111,418**	**$528**	**$35,377,660**	**$464**	**$13,465,914**	**$176**	**$48,843,574**	**$640**	***35.3%***	***21.1%***

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Financial Summary – YTD Trend

Total Plan & Norm

Measure	Total Plan					UMR Norm	
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2026-1Q	*Variance*
Average Enrollment							
Employees	9,436	*26.2%*	11,911	*12.6%*	13,406		
Spouses	2,359	*20.0%*	2,831	*10.2%*	3,120		
Children	6,522	*23.2%*	8,038	*10.9%*	8,913		
Tot. Members	**18,317**	***24.4%***	**22,780**	***11.7%***	**25,439**		
Avg. Family Size	1.9	*-1.5%*	1.9	*-0.8%*	1.9	1.9	*-1.4%*
Financial Summary							
Allowed	$21,473,240	*43.6%*	$30,841,570	*35.8%*	$41,877,400		
Plan Paid	$17,368,700	*46.5%*	$25,437,498	*39.1%*	$35,377,660		
Member Paid (OOP)	$3,108,161	*33.5%*	$4,150,880	*20.9%*	$5,018,561		
Paid PEPY	$7,363	*16.0%*	$8,543	*23.6%*	$10,556	$10,481	*0.7%*
Paid PMPY	$3,793	*17.8%*	$4,467	*24.5%*	$5,563	$5,448	*2.1%*
Paid PEPM	$614	*16.0%*	$712	*23.6%*	$880	$873	*0.7%*
Paid PMPM	$316	*17.8%*	$372	*24.5%*	$464	$454	*2.1%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	10	*80.0%*	18	*61.1%*	29		
HCCs per 1000	0.5	*44.7%*	0.8	*44.3%*	1.1	1.1	*0.6%*
Paid per HCC	$224,697	*-11.9%*	$197,965	*24.7%*	$246,961	$200,630	*23.1%*
HCC Paid % of Tot	12.9%	*1.1 pts*	14.0%	*6.2 pts*	20.2%	17.7%	*2.6 pts*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$676	*40.0%*	$946	*49.4%*	$1,413	$1,280	*10.4%*
Outpatient	$1,105	*11.5%*	$1,232	*34.8%*	$1,661	$1,579	*5.2%*
Physician	$1,946	*13.5%*	$2,209	*8.8%*	$2,404	$2,472	*-2.8%*
Ancillary	$66	*19.5%*	$79	*7.0%*	$84	$116	*-27.4%*

- *With $32.3M paid, the State Active population is 91.4% of total 2026-1Q med spend*
- *On a Paid PMPM basis, State Actives are up 30.3% compared to prior year*
- *Total Low Ded Plan Paid PMPM trend is +24.5%*

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

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

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

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

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

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Financial Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Average Enrollment										
Employees	8,606	*27.5%*	10,970	*12.5%*	12,345	1	*100.0%*	2	*50.0%*	3
Spouses	2,097	*20.7%*	2,531	*10.2%*	2,789	1	*0.0%*	1	*100.0%*	2
Children	6,221	*23.8%*	7,702	*10.7%*	8,528	0	-	0	-	0
Tot. Members	**16,924**	***25.3%***	**21,203**	***11.6%***	**23,661**	**2**	***50.0%***	**3**	***66.7%***	**5**
Avg. Family Size	2.0	*-1.7%*	1.9	*-0.8%*	1.9	2.0	*-25.0%*	1.5	*11.1%*	1.7
Financial Summary										
Allowed	$18,811,182	*43.8%*	$27,056,684	*40.0%*	$37,885,996	$9,487	*21.8%*	$11,551	*90.3%*	$21,984
Plan Paid	$15,240,731	*46.0%*	$22,246,230	*45.4%*	$32,341,781	$7,618	*23.9%*	$9,435	*84.3%*	$17,387
Member Paid (OOP)	$2,773,779	*35.5%*	$3,758,665	*20.0%*	$4,510,699	$1,869	*13.2%*	$2,116	*117.2%*	$4,597
Paid PEPY	$7,084	*14.5%*	$8,112	*29.2%*	$10,480	$30,471	*-38.1%*	$18,870	*22.9%*	$23,183
Paid PMPY	$3,602	*16.5%*	$4,197	*30.3%*	$5,468	$15,236	*-17.4%*	$12,580	*10.6%*	$13,910
Paid PEPM	$590	*14.5%*	$676	*29.2%*	$873	$2,539	*-38.1%*	$1,572	*22.9%*	$1,932
Paid PMPM	$300	*16.5%*	$350	*30.3%*	$456	$1,270	*-17.4%*	$1,048	*10.6%*	$1,159
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	7	*100.0%*	14	*100.0%*	28	0	-	0	-	0
HCCs per 1000	0.4	*59.6%*	0.7	*79.2%*	1.2	0.0	-	0.0	-	0.0
Paid per HCC	$248,284	*-28.2%*	$178,292	*41.3%*	$251,944	$0	-	$0	-	$0
HCC Paid % of Tot	11.4%	*-0.2 pts*	11.2%	*10.6 pts*	21.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$635	*28.7%*	$816	*77.1%*	$1,446	$0	-	$0	-	$0
Outpatient	$1,103	*5.5%*	$1,163	*37.8%*	$1,604	$0	-	$5,761	*-70.0%*	$1,731
Physician	$1,805	*18.6%*	$2,141	*9.1%*	$2,335	$15,236	*-55.2%*	$6,819	*78.6%*	$12,179
Ancillary	$60	*25.8%*	$76	*9.1%*	$83	$0	-	$0	-	$0

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Financial Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Average Enrollment										
Employees	799	*14.1%*	912	*13.6%*	1,036	30	*-9.9%*	27	*-15.9%*	23
Spouses	247	*15.9%*	287	*11.9%*	321	13	*-5.1%*	12	*-27.0%*	9
Children	300	*11.8%*	336	*14.4%*	384	1	*0.0%*	1	*0.0%*	1
Tot. Members	**1,346**	***13.9%***	**1,534**	***13.5%***	**1,740**	**44**	***-8.3%***	**41**	***-18.9%***	**33**
Avg. Family Size	1.7	*-0.2%*	1.7	*-0.1%*	1.7	1.5	*1.8%*	1.5	*-3.6%*	1.4
Financial Summary										
Allowed	$2,552,217	*44.2%*	$3,679,280	*2.3%*	$3,764,807	$100,353	*-6.3%*	$94,054	*117.5%*	$204,612
Plan Paid	$2,096,908	*50.0%*	$3,146,052	*-6.7%*	$2,934,294	$23,444	*52.6%*	$35,781	*135.3%*	$84,197
Member Paid (OOP)	$309,546	*19.1%*	$368,778	*32.1%*	$487,270	$22,967	*-7.2%*	$21,322	*-25.0%*	$15,995
Paid PEPY	$10,502	*31.4%*	$13,804	*-17.9%*	$11,333	$3,091	*69.4%*	$5,236	*179.6%*	$14,643
Paid PMPY	$6,230	*31.7%*	$8,203	*-17.8%*	$6,744	$2,115	*66.4%*	$3,519	*190.0%*	$10,206
Paid PEPM	$875	*31.4%*	$1,150	*-17.9%*	$944	$258	*69.4%*	$436	*179.6%*	$1,220
Paid PMPM	$519	*31.7%*	$684	*-17.8%*	$562	$176	*66.4%*	$293	*190.0%*	$850
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	3	*33.3%*	4	*-75.0%*	1	0	-	0	-	0
HCCs per 1000	2.2	*17.0%*	2.6	*-78.0%*	0.6	0.0	-	0.0	-	0.0
Paid per HCC	$159,287	*67.5%*	$266,805	*-59.7%*	$107,440	$0	-	$0	-	$0
HCC Paid % of Tot	*22.8%*	*11.1 pts*	*33.9%*	*-30.3 pts*	*3.7%*	*0.0%*	-	*0.0%*	-	*0.0%*
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,216	*127.5%*	$2,765	*-66.8%*	$919	$0	-	$0	-	$3,933
Outpatient	$1,181	*85.5%*	$2,190	*10.8%*	$2,426	-$70	*-1170.1%*	$745	*273.1%*	$2,780
Physician	$3,695	*-15.4%*	$3,126	*5.3%*	$3,291	$2,122	*29.4%*	$2,746	*24.8%*	$3,427
Ancillary	$138	*-11.4%*	$122	*-11.9%*	$108	$63	*-54.4%*	$29	*127.0%*	$65

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Financial Summary – Full Year Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2024	⇨	2025	⇨	2026-1Q	2026-1Q	*Variance*
Average Enrollment							
Employees	9,999	*23.0%*	12,304	*9.0%*	13,406		
Spouses	2,446	*18.1%*	2,889	*8.0%*	3,120		
Children	6,788	*21.6%*	8,256	*8.0%*	8,913		
Tot. Members	**19,233**	***21.9%***	**23,448**	***8.5%***	**25,439**		
Avg. Family Size	1.9	*-0.9%*	1.9	*-0.4%*	1.9	1.9	*-1.4%*
Financial Summary							
Allowed	$100,584,108	*38.1%*	$138,897,633	*-69.9%*	$41,877,400		
Plan Paid	$83,741,413	*39.0%*	$116,413,291	*-69.6%*	$35,377,660		
Member Paid (OOP)	$13,125,142	*26.4%*	$16,592,748	*-69.8%*	$5,018,561		
Paid PEPY	$8,375	*13.0%*	$9,462	*11.6%*	$10,556	$10,481	*0.7%*
Paid PMPY	$4,354	*14.0%*	$4,965	*12.0%*	$5,563	$5,448	*2.1%*
Paid PEPM	$698	*13.0%*	$788	*11.6%*	$880	$873	*0.7%*
Paid PMPM	$363	*14.0%*	$414	*12.0%*	$464	$454	*2.1%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	88	*36.4%*	120	*-75.8%*	29		
HCCs per 1000	4.6	*11.9%*	5.1	*-77.7%*	1.1	1.1	*0.6%*
Paid per HCC	$228,980	*10.8%*	$253,751	*-2.7%*	$246,961	$200,630	*23.1%*
HCC Paid % of Tot	24.1%	*2.1 pts*	26.2%	*-5.9 pts*	20.2%	17.7%	*2.6 pts*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$836	*24.1%*	$1,037	*36.2%*	$1,413	$1,280	*10.4%*
Outpatient	$1,274	*12.1%*	$1,428	*16.3%*	$1,661	$1,579	*5.2%*
Physician	$2,159	*11.7%*	$2,412	*-0.3%*	$2,404	$2,472	*-2.8%*
Ancillary	$86	*1.9%*	$87	*-3.5%*	$84	$116	*-27.4%*

- *Total plan paid amount for the first quarter of 2024 was 21.9% of the full year*
- *Annualizing 2025 paid dollars using the same ratio would result in a total paid of $162 M*

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

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

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

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

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

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Financial Summary – Full Year Trend

Active Members

Measure	State Active					Non-State Active				
	2024	⇨	2025	⇨	2026-1Q	2024	⇨	2025	⇨	2026-1Q
Average Enrollment										
Employees	9,150	*24.1%*	11,352	*8.7%*	12,345	1	*106.7%*	3	*16.1%*	3
Spouses	2,176	*19.0%*	2,589	*7.7%*	2,789	1	*26.7%*	2	*26.3%*	2
Children	6,478	*22.2%*	7,914	*7.8%*	8,528	0	-	0	-	0
Tot. Members	**17,804**	***22.8%***	**21,855**	***8.3%***	**23,661**	**3**	***66.7%***	**4**	***20.0%***	**5**
Avg. Family Size	1.9	*-1.1%*	1.9	*-0.4%*	1.9	2.0	*-19.4%*	1.6	*3.3%*	1.7
Financial Summary										
Allowed	$87,492,756	*41.4%*	$123,713,482	*-69.4%*	$37,885,996	$33,055	*-37.5%*	$20,653	*6.4%*	$21,984
Plan Paid	$73,120,641	*42.3%*	$104,078,363	*-68.9%*	$32,341,781	$26,488	*-39.0%*	$16,151	*7.7%*	$17,387
Member Paid (OOP)	$11,795,191	*27.6%*	$15,053,276	*-70.0%*	$4,510,699	$6,566	*-31.4%*	$4,503	*2.1%*	$4,597
Paid PEPY	$7,992	*14.7%*	$9,168	*14.3%*	$10,480	$21,191	*-70.5%*	$6,252	*270.8%*	$23,183
Paid PMPY	$4,107	*16.0%*	$4,762	*14.8%*	$5,468	$10,595	*-63.4%*	$3,876	*258.8%*	$13,910
Paid PEPM	$666	*14.7%*	$764	*14.3%*	$873	$1,766	*-70.5%*	$521	*270.8%*	$1,932
Paid PMPM	$342	*16.0%*	$397	*14.8%*	$456	$883	*-63.4%*	$323	*258.8%*	$1,159
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	70	*50.0%*	105	*-73.3%*	28	0	-	0	-	0
HCCs per 1000	3.9	*22.2%*	4.8	*-75.4%*	1.2	0.0	-	0.0	-	0.0
Paid per HCC	$230,519	*11.0%*	$255,813	*-1.5%*	$251,944	$0	-	$0	-	$0
HCC Paid % of Tot	22.1%	*3.7 pts*	25.8%	*-4.0 pts*	21.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$794	*26.5%*	$1,005	*43.9%*	$1,446	$0	-	$0	-	$0
Outpatient	$1,199	*11.2%*	$1,334	*20.2%*	$1,604	$527	*96.9%*	$1,037	*66.9%*	$1,731
Physician	$2,029	*15.1%*	$2,337	*-0.1%*	$2,335	$10,017	*-71.7%*	$2,839	*328.9%*	$12,179
Ancillary	$84	*3.4%*	$87	*-4.8%*	$83	$52	*-100.0%*	$0	-	$0

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Financial Summary – Full Year Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024	⇨	2025	⇨	2026-1Q	2024	⇨	2025	⇨	2026-1Q
Average Enrollment										
Employees	820	*12.7%*	925	*12.0%*	1,036	28	*-13.5%*	25	*-6.4%*	23
Spouses	256	*12.4%*	288	*11.3%*	321	12	*-16.3%*	10	*-12.2%*	9
Children	309	*10.3%*	341	*12.7%*	384	1	*0.0%*	1	*0.0%*	1
Tot. Members	**1,385**	***12.2%***	**1,554**	***12.0%***	**1,740**	**42**	***-14.0%***	**36**	***-7.9%***	**33**
Avg. Family Size	1.7	*-0.5%*	1.7	*0.0%*	1.7	1.5	*-0.6%*	1.5	*-1.6%*	1.4
Financial Summary										
Allowed	$12,423,242	*17.9%*	$14,647,388	*-74.3%*	$3,764,807	$635,055	*-18.7%*	$516,110	*-60.4%*	$204,612
Plan Paid	$10,327,679	*16.8%*	$12,059,589	*-75.7%*	$2,934,294	$266,605	*-2.8%*	$259,189	*-67.5%*	$84,197
Member Paid (OOP)	$1,230,503	*20.7%*	$1,485,264	*-67.2%*	$487,270	$92,881	*-46.5%*	$49,705	*-67.8%*	$15,995
Paid PEPY	$12,593	*3.6%*	$13,042	*-13.1%*	$11,333	$9,382	*12.4%*	$10,543	*38.9%*	$14,643
Paid PMPY	$7,456	*4.1%*	$7,763	*-13.1%*	$6,744	$6,399	*13.0%*	$7,233	*41.1%*	$10,206
Paid PEPM	$1,049	*3.6%*	$1,087	*-13.1%*	$944	$782	*12.4%*	$879	*38.9%*	$1,220
Paid PMPM	$621	*4.1%*	$647	*-13.1%*	$562	$533	*13.0%*	$603	*41.1%*	$850
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	18	*-11.1%*	16	*-93.8%*	1	1	*-100.0%*	0	-	0
HCCs per 1000	13.0	*-20.7%*	10.3	*-94.4%*	0.6	24.0	*-100.0%*	0.0	-	0.0
Paid per HCC	$216,572	*3.6%*	$224,337	*-52.1%*	$107,440	$109,572	*-100.0%*	$0	-	$0
HCC Paid % of Tot	37.7%	*-8.0 pts*	29.8%	*-26.1 pts*	3.7%	41.1%	*-41.1 pts*	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,315	*15.0%*	$1,512	*-39.2%*	$919	$2,544	*-91.7%*	$210	*1773.5%*	$3,933
Outpatient	$2,225	*21.8%*	$2,710	*-10.5%*	$2,426	$1,379	*149.0%*	$3,432	*-19.0%*	$2,780
Physician	$3,808	*-9.5%*	$3,446	*-4.5%*	$3,291	$2,338	*47.6%*	$3,451	*-0.7%*	$3,427
Ancillary	$108	*-12.1%*	$95	*13.7%*	$108	$138	*0.9%*	$139	*-53.4%*	$65

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Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status

Claim Type	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2026-1Q (7/1/2025 - 9/30/2025) Active	Pre-Medicare Retirees	Medicare Retirees	Total	*Trend* *Total*
State Members									
Inpatient	$4,327,835	$1,057,334	$3,225	**$5,388,393**	$8,554,651	$381,596	$18,352	**$8,954,599**	*66.2%*
Outpatient	$6,166,775	$821,959	$17,929	**$7,006,664**	$9,485,376	$1,041,934	$13,561	**$10,540,871**	*50.4%*
Physician	$11,350,229	$1,138,378	$60,410	**$12,549,017**	$13,813,022	$1,344,578	$87,464	**$15,245,063**	*21.5%*
Ancillary	$401,391	$45,814	$1,003	**$448,208**	$488,732	$39,322	$7,487	**$535,542**	*19.5%*
Total	**$22,246,230**	**$3,063,485**	**$82,567**	**$25,392,282**	**$32,341,781**	**$2,807,431**	**$126,864**	**$35,276,076**	***38.9%***
PMPM	**$349.74**	**$731.24**	**$200.04**	**$372.27**	**$455.63**	**$608.54**	**$208.73**	**$462.91**	***24.3%***
Non-State Members									
Inpatient	$0	$0	$0	**$0**	$0	$30,753	$1,698	**$32,451**	-
Outpatient	$4,321	$4,807	$2,767	**$11,895**	$2,163	$6,740	$16,194	**$25,098**	*111.0%*
Physician	$5,114	$15,078	$12,838	**$33,030**	$15,223	$15,975	$12,301	**$43,499**	*31.7%*
Ancillary	$0	$0	$291	**$291**	$0	$44	$492	**$536**	*84.2%*
Total	**$9,435**	**$19,885**	**$15,897**	**$45,216**	**$17,387**	**$53,512**	**$30,685**	**$101,584**	***124.7%***
PMPM	**$1,048.31**	**$903.40**	**$158.98**	**$345.16**	**$1,159.13**	**$4,459.33**	**$352.71**	**$891.09**	***158.2%***
All Members									
Inpatient	$4,327,835	$1,057,334	$3,225	**$5,388,393**	$8,554,651	$412,349	$20,050	**$8,987,050**	*66.8%*
Outpatient	$6,171,096	$826,766	$20,697	**$7,018,559**	$9,487,540	$1,048,674	$29,755	**$10,565,969**	*50.5%*
Physician	$11,355,343	$1,153,456	$73,248	**$12,582,047**	$13,828,245	$1,360,553	$99,764	**$15,288,562**	*21.5%*
Ancillary	$401,391	$45,814	$1,294	**$448,499**	$488,732	$39,366	$7,980	**$536,079**	*19.5%*
Total	**$22,255,665**	**$3,083,370**	**$98,464**	**$25,437,498**	**$32,359,168**	**$2,860,943**	**$157,549**	**$35,377,660**	***39.1%***
PMPM	**$349.84**	**$732.14**	**$192.03**	**$372.22**	**$455.77**	**$618.53**	**$226.76**	**$463.55**	***24.5%***

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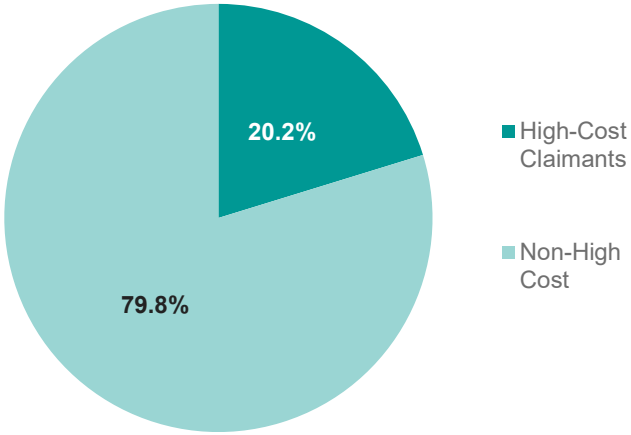
Medical Cost Distribution

Distribution by Member Cost

Member Total Paid Range	2025-1Q (7/1/2024 - 9/30/2024)						2026-1Q (7/1/2025 - 9/30/2025)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	8,761	36.1%	$0	0.0%	$0	0.0%	9,585	35.4%	$0	0.0%	$0	0.0%
< $0 - $0	849	3.5%	-$130,907	-0.5%	$27,613	0.7%	1,029	3.8%	-$120,000	-0.3%	$40,503	0.8%
> $0 - $2,500	13,039	53.7%	$6,427,889	25.3%	$2,044,631	49.3%	14,436	53.3%	$7,297,415	20.6%	$2,261,412	45.1%
> $2,500 - $5,000	781	3.2%	$2,730,867	10.7%	$665,972	16.0%	872	3.2%	$3,071,701	8.7%	$726,345	14.5%
> $5,000 - $10,000	433	1.8%	$2,965,447	11.7%	$535,114	12.9%	577	2.1%	$3,965,559	11.2%	$694,952	13.8%
> $10,000 - $25,000	256	1.1%	$3,981,797	15.7%	$511,348	12.3%	343	1.3%	$5,281,215	14.9%	$662,101	13.2%
> $25,000 - $50,000	91	0.4%	$3,171,853	12.5%	$205,359	4.9%	131	0.5%	$4,501,393	12.7%	$356,410	7.1%
> $50,000 - $100,000	40	0.2%	$2,727,179	10.7%	$98,269	2.4%	59	0.2%	$4,218,513	11.9%	$203,990	4.1%
> $100,000	18	0.1%	$3,563,372	14.0%	$62,574	1.5%	29	0.1%	$7,161,864	20.2%	$72,847	1.5%
Total	**24,268**	**100.0%**	**$25,437,498**	**100.0%**	**$4,150,880**	**100.0%**	**27,061**	**100.0%**	**$35,377,660**	**100.0%**	**$5,018,561**	**100.0%**

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Perinatal Originating Conditions	6	$2,107,675	29.4%
2	Neoplasms	10	$1,404,224	19.6%
3	Blood & Immune Disorders	4	$742,080	10.4%
4	Infectious & Parasitic Diseases	7	$515,764	7.2%
5	Endocrine, Nutritional & Metabolic	10	$487,254	6.8%
6	Musculoskeletal System	8	$424,432	5.9%
7	Circulatory System	7	$414,748	5.8%
8	Injury, Poisoning & External Causes	9	$240,183	3.4%
9	Health Status & Health Services	22	$234,485	3.3%
10	Mental, Behavioral & Neurodevelopmental	6	$218,133	3.0%
...	*All Others*		*$372,885*	*5.2%*
=	**Total**	**29**	**$7,161,864**	**100.0%**

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Utilization Summary – YTD Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2026-1Q	*Variance*
Inpatient Admissions							
# of Admits	172	*11.6%*	192	*37.5%*	264		
# of Admit Days	740	*38.9%*	1,028	*9.8%*	1,129		
Paid per Admit	$25,345	*17.7%*	$29,842	*-8.8%*	$27,221	$26,669	*2.1%*
Paid per Admit Day	$5,891	*-5.4%*	$5,574	*14.2%*	$6,365	$5,506	*15.6%*
Admits per 1000	37.6	*-10.2%*	33.7	*23.1%*	41.5	46.7	*-11.1%*
Average LOS	4.3	*24.4%*	5.4	*-20.1%*	4.3	4.8	*-11.7%*
Emergency Room Visits							
# of ER Visits	802	*35.7%*	1,088	*36.7%*	1,487		
~ % resulting in Admit	9.9%	*-0.2 pts*	9.7%	*0.9 pts*	10.6%	10.1%	*0.4 pts*
ER Visits per Patient	1.2	*0.0%*	1.2	*2.2%*	1.2		
ER Visits per 1000	175.1	*9.1%*	191.0	*22.4%*	233.8	226.8	*3.1%*
Paid per ER Visit	$2,960	*0.4%*	$2,972	*10.0%*	$3,268	$2,496	*31.0%*
Urgent Care Visits							
# of UC Visits	1,499	*36.6%*	2,047	*12.8%*	2,308		
UC Visits per Patient	1.2	*-1.3%*	1.2	*1.2%*	1.2		-
UC Visits per 1000	327.4	*9.8%*	359.4	*1.0%*	362.9	232.9	*55.8%*
Paid per UC Visit	$89	*16.8%*	$104	*5.8%*	$110	$122	*-9.4%*
Office Visits							
Off Visits per Patient	2.1	*4.1%*	2.2	*1.5%*	2.3		
Paid per Office Visit	$84	*5.9%*	$89	*5.8%*	$94	$98	*-4.2%*
Office Visits Paid PMPY	$347	*14.3%*	$396	*7.1%*	$425	$370	*14.8%*
Services							
Radiology Svcs per 1000	3,286.9	*21.0%*	3,977.1	*-5.3%*	3,765.0	3,615.7	*4.1%*
Radiology Paid PMPY	$307	*24.9%*	$383	*10.5%*	$424		
Lab Services per 1000	9,520.6	*14.4%*	10,891.4	*5.6%*	11,499.3	9,459.3	*21.6%*
Labs Paid PMPY	$213	*21.5%*	$258	*14.6%*	$296		

- *Inpatient Admission rate per 1000 increased significantly (+23.1%), but amount paid per Admission is 8.8% lower than prior period*
- *ER utilization increased significantly (+22.4%), and amount paid per ER visit is 10.0% higher than prior period*

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

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

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Utilization Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Inpatient Admissions										
# of Admits	159	*13.2%*	180	*36.7%*	246	0	-	0	-	0
# of Admit Days	695	*34.0%*	931	*15.3%*	1,073	0	-	0	-	0
Paid per Admit	$25,960	*10.7%*	$28,739	*-3.5%*	$27,724	$0	-	$0	-	$0
Paid per Admit Day	$5,939	*-6.4%*	$5,556	*14.4%*	$6,356	$0	-	$0	-	$0
Admits per 1000	37.6	*-9.6%*	34.0	*22.5%*	41.6	0.0	-	0.0	-	0.0
Average LOS	4.4	*18.3%*	5.2	*-15.7%*	4.4	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	735	*39.5%*	1,025	*36.1%*	1,395	0	-	2	*-50.0%*	1
~ % resulting in Admit	9.7%	*-0.3 pts*	9.4%	*1.0 pts*	10.3%	0.0%	-	0.0%	*0.0 pts*	0.0%
ER Visits per Patient	1.2	*-0.4%*	1.2	*2.9%*	1.2	0.0	-	2.0	*-50.0%*	1.0
ER Visits per 1000	173.7	*11.3%*	193.4	*22.0%*	235.8	0.0	-	2,666.7	*-70.0%*	800.0
Paid per ER Visit	$3,045	*-3.7%*	$2,932	*12.3%*	$3,291	$0	-	$1,852	*-47.1%*	$980
Urgent Care Visits										
# of UC Visits	1,420	*35.8%*	1,928	*13.3%*	2,185	1	*-100.0%*	0	-	0
UC Visits per Patient	1.2	*-2.0%*	1.2	*1.5%*	1.2	1.0	*-100.0%*	0.0	-	0.0
UC Visits per 1000	335.6	*8.4%*	363.7	*1.6%*	369.4	2,000.0	*-100.0%*	0.0	-	0.0
Paid per UC Visit	$90	*15.6%*	$104	*5.9%*	$111	$170	*-100.0%*	$0	-	$0
Office Visits										
Off Visits per Patient	2.1	*4.5%*	2.2	*1.2%*	2.2	4.0	*-25.0%*	3.0	*75.0%*	5.3
Paid per Office Visit	$83	*6.3%*	$88	*4.8%*	$92	$163	*10.5%*	$180	*-30.9%*	$124
Office Visits Paid PMPY	$334	*15.2%*	$385	*5.8%*	$408	$2,609	*-44.8%*	$1,441	*45.0%*	$2,090
Services										
Radiology Svcs per 1000	3,069.1	*21.9%*	3,742.6	*-5.6%*	3,531.5	8,000.0	*66.7%*	13,333.3	*-10.0%*	12,000.0
Radiology Paid PMPY	$281	*26.8%*	$357	*10.0%*	$392	$6,111	*-26.8%*	$4,476	*55.5%*	$6,959
Lab Services per 1000	9,264.8	*16.2%*	10,764.9	*4.4%*	11,237.0	26,000.0	*53.8%*	40,000.0	*-42.0%*	23,200.0
Labs Paid PMPY	$213	*19.5%*	$255	*13.6%*	$290	$211	*69.9%*	$359	*-13.1%*	$312

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Utilization Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Inpatient Admissions										
# of Admits	13	*-7.7%*	12	*33.3%*	16	0	-	0	-	2
# of Admit Days	45	*115.6%*	97	*-54.6%*	44	0	-	0	-	12
Paid per Admit	$17,817	*160.3%*	$46,377	*-55.5%*	$20,632	$0	-	$0	-	$18,154
Paid per Admit Day	$5,147	*11.5%*	$5,737	*30.8%*	$7,503	$0	-	$0	-	$3,026
Admits per 1000	38.6	*-19.0%*	31.3	*17.5%*	36.8	0.0	-	0.0	-	242.4
Average LOS	3.5	*133.5%*	8.1	*-66.0%*	2.8	0.0	-	0.0	-	6.0
Emergency Room Visits										
# of ER Visits	67	*-11.9%*	59	*45.8%*	86	0	-	2	*150.0%*	5
~ % resulting in Admit	11.9%	*3.3 pts*	15.3%	*-2.5 pts*	12.8%	0.0%	-	0.0%	*40.0 pts*	40.0%
ER Visits per Patient	1.2	*2.4%*	1.2	*-4.8%*	1.1	0.0	-	2.0	*-50.0%*	1.0
ER Visits per 1000	199.0	*-22.7%*	153.8	*28.5%*	197.7	0.0	-	196.7	*208.1%*	606.1
Paid per ER Visit	$2,020	*84.5%*	$3,726	*-18.2%*	$3,047	$0	-	$2,457	*-52.6%*	$1,165
Urgent Care Visits										
# of UC Visits	70	*64.3%*	115	*3.5%*	119	8	*-50.0%*	4	*0.0%*	4
UC Visits per Patient	1.1	*12.5%*	1.3	*-1.9%*	1.2	1.3	*-25.0%*	1.0	*0.0%*	1.0
UC Visits per 1000	208.0	*44.2%*	299.9	*-8.8%*	273.5	721.8	*-45.5%*	393.4	*23.2%*	484.8
Paid per UC Visit	$73	*43.8%*	$105	*4.0%*	$109	$55	*-17.6%*	$46	*-49.8%*	$23
Office Visits										
Off Visits per Patient	2.4	*0.1%*	2.4	*3.4%*	2.5	2.2	*44.8%*	3.2	*13.9%*	3.6
Paid per Office Visit	$90	*1.0%*	$90	*17.5%*	$106	$65	*78.5%*	$117	*-37.4%*	$73
Office Visits Paid PMPY	$495	*7.0%*	$530	*21.0%*	$641	$413	*164.2%*	$1,091	*-18.0%*	$895
Services										
Radiology Svcs per 1000	5,965.5	*20.6%*	7,196.6	*-6.3%*	6,741.0	4,872.2	*-15.2%*	4,131.1	*213.9%*	12,969.7
Radiology Paid PMPY	$631	*17.9%*	$743	*10.4%*	$821	$146	*266.6%*	$536	*121.6%*	$1,187
Lab Services per 1000	12,646.9	*-2.0%*	12,390.6	*20.1%*	14,883.9	11,458.6	*57.9%*	18,098.4	*6.5%*	19,272.7
Labs Paid PMPY	$207	*49.6%*	$309	*24.8%*	$386	$116	*14.4%*	$132	*68.1%*	$222

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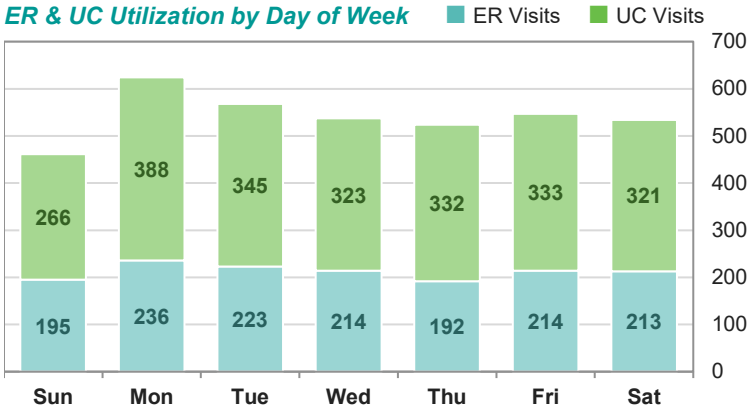
On Demand Care Summary

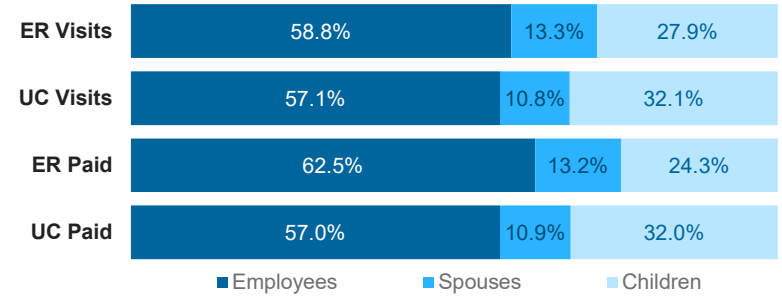
Emergency Room & Urgent Care

Measure	2025-1Q	2026-1Q	*Change*	UMR Norm	*Variance*
Emergency Room					
# of Visits	1,088	1,487	*36.7%*		
# of Patients	916	1,225	*33.7%*		
Total Plan Paid	$3,233,583	$4,860,196	*50.3%*		
Total Mem Paid	$698,928	$940,535	*34.6%*		
Visits per 1000	191.0	233.8	*22.4%*	226.8	*3.1%*
Paid per Visit	$2,972	$3,268	*10.0%*	$2,496	*31.0%*
Paid PMPM	$47	$64	*34.6%*	$47	*35.0%*
% ER Patients w/ Office Visit*	88.9%	90.4%	*1.5 pts*		
% Potentially Avoidable**	16.7%	15.2%	*-1.5 pts*	83.0%	*-67.8 pts*
Urgent Care					
# of Visits	2,047	2,308	*12.8%*		
# of Patients	1,744	1,943	*11.4%*		
Total Plan Paid	$213,605	$254,792	*19.3%*		
Total Mem Paid	$145,627	$170,531	*17.1%*		
Visits per 1000	359.4	362.9	*1.0%*	232.9	*55.8%*
Paid per Visit	$104	$110	*5.8%*	$122	*-9.4%*
Paid PMPM	$3	$3	*6.8%*	$2	*41.2%*

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	**Total**	ER	UC	Total
Employee	874	1,317	**2,191**	$3,037,232	$145,323	**$3,182,554**
Spouse	198	249	**447**	$643,927	$27,845	**$671,772**
Child	415	742	**1,157**	$1,179,038	$81,625	**$1,260,662**
Total	**1,487**	**2,308**	**3,795**	**$4,860,196**	**$254,792**	**$5,114,989**

* Office Visit within prior 12 months..

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

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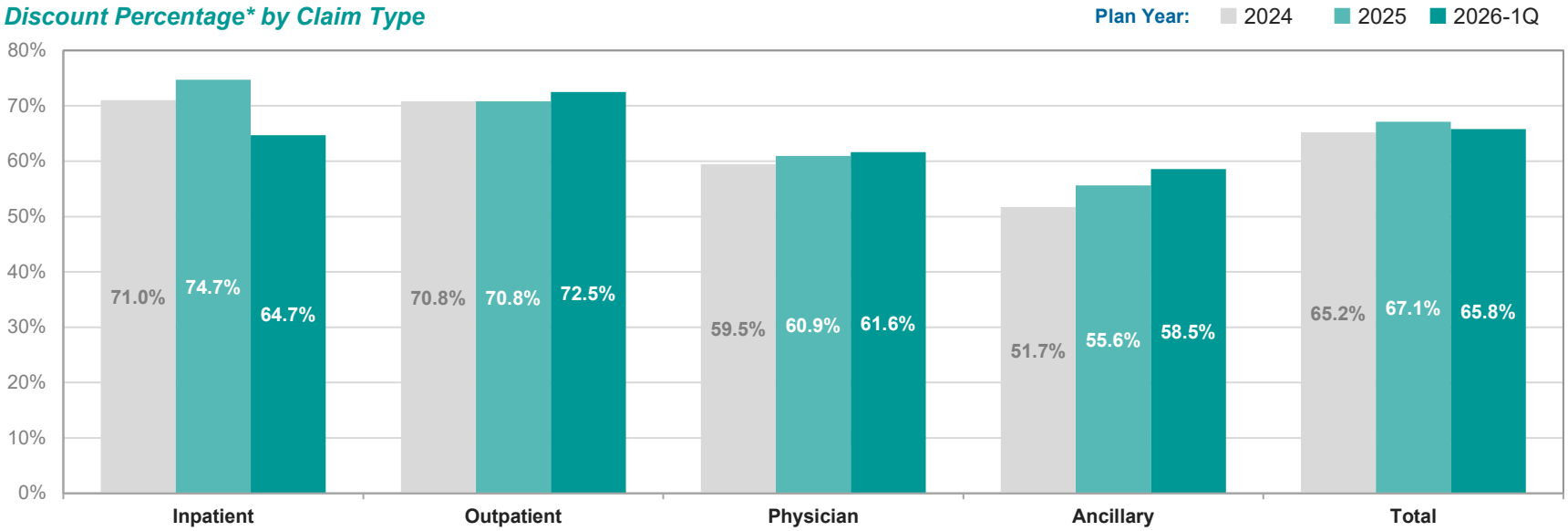
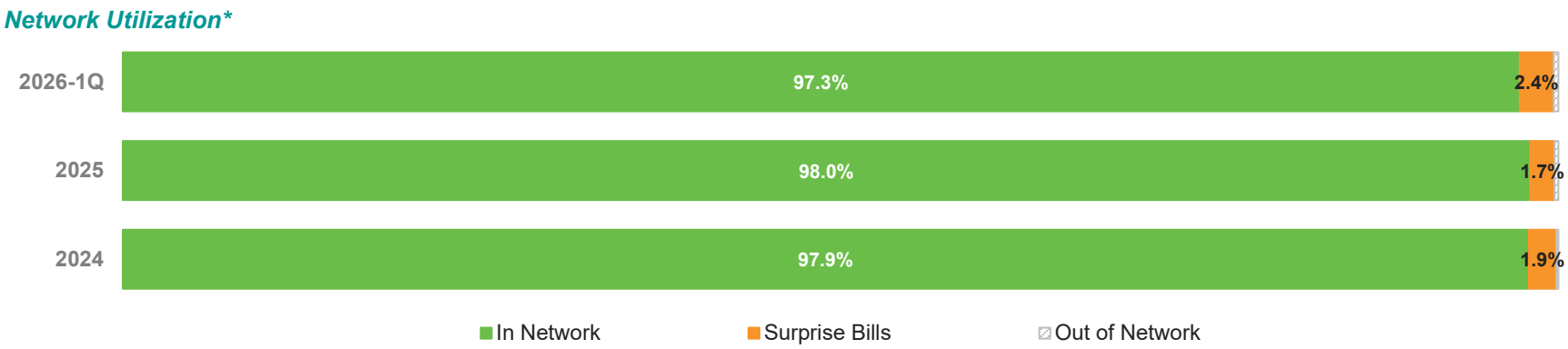
Network Summary

Discount Percentage & Network Utilization





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

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Clinical Classification Summary

Breakout by Diagnostic Chapter

UMR

Diagnostic Chapter	2025 (Full Year)		2026-1Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Neoplasms	3,006	$10,454,135	1,204	$3,744,865	$2,918,900	$470,682	$355,283	$1,265,104	$2,479,761
Health Status & Health Services	15,933	$13,125,849	7,316	$3,389,732	$2,035,640	$524,582	$829,510	$1,080,173	$2,309,559
Musculoskeletal System	6,392	$9,971,815	3,272	$3,281,409	$2,433,530	$652,735	$195,145	$1,616,541	$1,664,869
Perinatal Originating Conditions	312	$4,049,899	145	$2,714,084	$2,098	$0	$2,711,986	$2,556,041	$158,043
Mental, Behavioral & Neurodevelopmental	5,403	$9,148,979	3,643	$2,690,700	$1,281,955	$175,214	$1,233,531	$1,166,595	$1,524,105
Circulatory System	3,700	$9,265,567	1,604	$2,683,474	$1,966,591	$657,597	$59,287	$1,502,095	$1,181,379
Symptoms, Signs & Findings, NEC	10,316	$7,524,028	4,395	$2,288,541	$1,483,749	$382,409	$422,383	$763,530	$1,525,011
Injury, Poisoning & External Causes	3,374	$8,521,617	1,381	$2,168,900	$1,309,519	$229,618	$629,763	$1,208,373	$960,526
Digestive System	3,369	$6,835,609	1,318	$2,019,770	$1,434,041	$346,611	$239,118	$933,723	$1,086,047
Endocrine, Nutritional & Metabolic	6,742	$5,668,698	3,458	$1,615,599	$1,338,325	$164,626	$112,648	$630,843	$984,755
Genitourinary System	5,020	$5,876,996	2,154	$1,553,190	$1,164,752	$235,213	$153,225	$436,400	$1,116,790
Nervous System	3,485	$5,995,432	1,828	$1,535,400	$1,182,186	$196,550	$156,664	$541,004	$994,396
Pregnancy, Childbirth & the Puerperium	643	$5,490,502	378	$1,499,473	$971,073	$314,640	$213,760	$1,093	$1,498,380
Respiratory System	6,826	$5,610,487	2,034	$1,175,117	$551,451	$174,964	$448,701	$495,438	$679,679
Blood & Immune Disorders	1,041	$2,739,481	412	$937,582	$344,969	$21,328	$571,286	$831,958	$105,624
Infectious & Parasitic Diseases	1,937	$1,811,338	579	$759,868	$399,298	$146,614	$213,955	$437,145	$322,722
Skin & Subcutaneous Tissue	5,109	$1,235,100	1,991	$464,811	$281,109	$87,993	$95,709	$170,476	$294,336
Eye and Adnexa	5,230	$1,509,643	1,753	$365,222	$221,245	$58,430	$85,547	$143,690	$221,531
Ear and Mastoid Process	2,008	$974,018	590	$259,385	$184,597	$13,422	$61,367	$60,038	$199,347
Congenital Malformations & Abnormalities	435	$581,437	153	$230,387	$94,853	$9,669	$125,865	$137,732	$92,654
External Causes of Morbidity	11	$22,660	2	$152	$109	$0	$43	$0	$152
Total	**23,085**	**$116,413,291**	**16,906**	**$35,377,660**	**$21,599,988**	**$4,862,894**	**$8,914,777**	**$15,977,994**	**$19,399,666**

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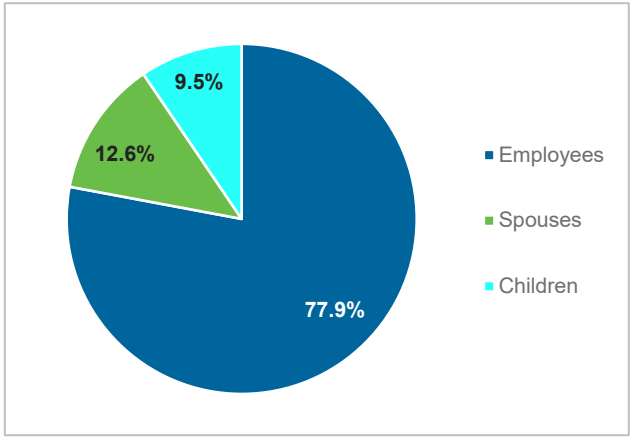
#1 Top Dx Chapter

Neoplasms (Cancer)

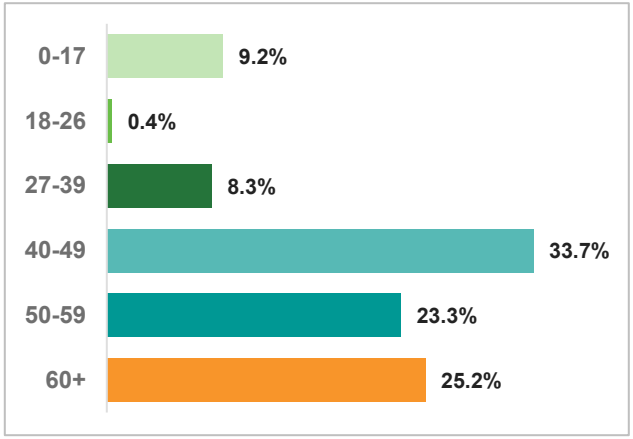
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Other cancer	25	99	$701,530	18.7%
2	Breast cancer	90	542	$670,978	17.9%
3	Neoplasms of unspec nature	348	468	$497,262	13.3%
4	Benign neoplasms	697	970	$467,595	12.5%
5	Other gastrointestinal cancers	14	110	$303,574	8.1%
6	Colorectal cancer	20	145	$170,259	4.5%
7	Multiple myeloma	3	61	$155,928	4.2%
8	Lymphoma	26	139	$150,604	4.0%
9	Skin cancer	73	141	$144,001	3.8%
10	Secondary malignancies	24	57	$101,625	2.7%
11	Prostate cancer	34	211	$100,911	2.7%
12	Leukemia	20	89	$56,969	1.5%
13	Pancreatic cancer	4	71	$51,977	1.4%
14	Head & neck cancers	11	41	$37,976	1.0%
15	Thyroid cancer	36	80	$35,846	1.0%
16	Respiratory cancers	8	67	$35,625	1.0%
17	Ovarian cancer	7	44	$16,386	0.4%
18	Brain cancer	6	23	$14,418	0.4%
19	Other urinary system cancer	6	19	$11,306	0.3%
20	Oral cancer	2	6	$6,706	0.2%
...	*All Others*	*27*	*50*	*$13,390*	*0.4%*
=	**Total**	**1,204**	**3,743**	**$3,744,865**	**100.0%**

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



Note: there are additional cancer-related costs for encounters and therapy, totaling $1,304,881 – see Health Status for more details

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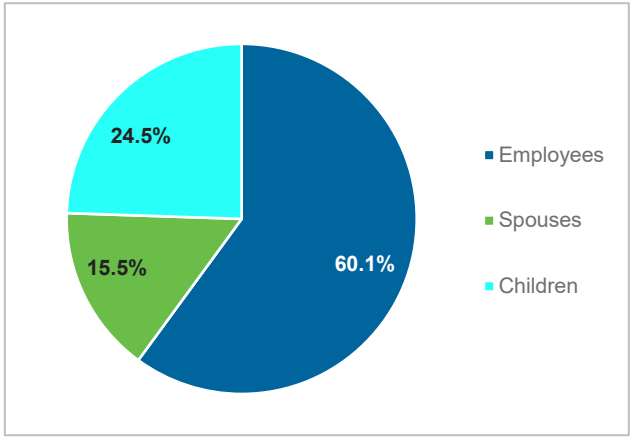
#2 Top Dx Chapter

Health Status & Health Services

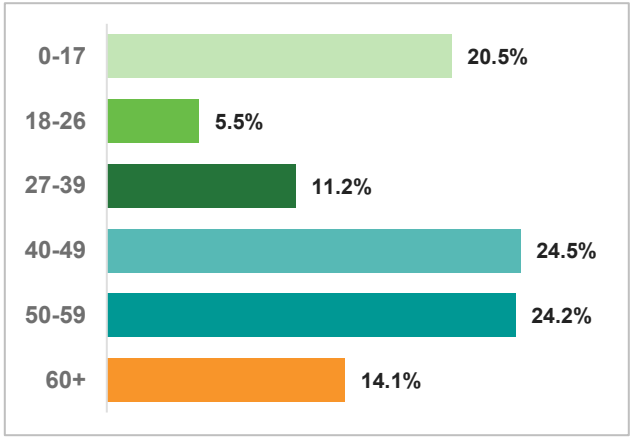
Breakout by Diagnostic Grouping & Demographics

#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Medical examination/evaluation	4,635	6,323	$839,679	24.8%
2	Encounter for antineoplastic therapies	34	94	$682,821	20.1%
3	Neoplasm-related encounters	1,382	2,097	$622,060	18.4%
4	Exposure, enc, screen or contact w infectious dz	1,826	2,249	$554,753	16.4%
5	Contraceptive & procreative management	372	538	$217,758	6.4%
6	Implant, device or graft related encounter	140	249	$85,045	2.5%
7	Encount for obs & exam for conds ruled out	793	1,089	$61,328	1.8%
8	Other aftercare encounter	183	280	$58,753	1.7%
9	Other specified status	330	467	$41,120	1.2%
10	Encounter for administrative purposes	15	22	$38,238	1.1%
11	Family history of disease	52	66	$33,912	1.0%
12	Organ transplant status	16	43	$30,874	0.9%
13	Encounter for prophylactic or oth procedures	24	29	$30,816	0.9%
14	Other specified encounters & counseling	128	316	$23,942	0.7%
15	Personal history of malignant neoplasm	39	53	$22,049	0.7%
16	Personal history of other disease	110	123	$20,030	0.6%
17	Genetic susceptibility to disease	7	10	$9,687	0.3%
18	Lifestyle/life management factors	33	41	$3,766	0.1%
19	Encounter for mental health conditions	508	551	$3,717	0.1%
20	Enc for prophylactic measures (ex immuniz)	30	40	$3,366	0.1%
...	*All Others*	*119*	*129*	*$6,018*	*0.2%*
=	**Total**	**7,316**	**14,786**	**$3,389,732**	**100.0%**

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



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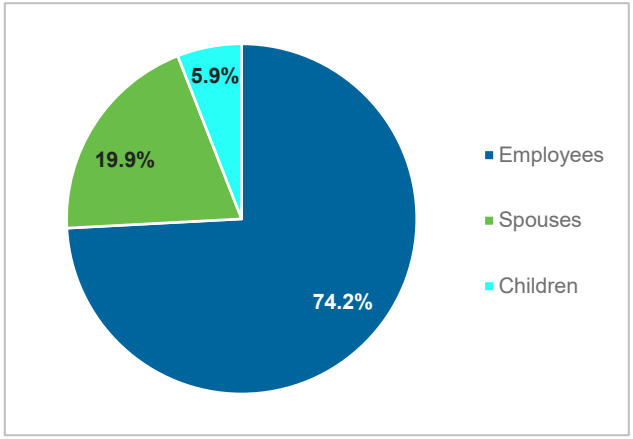
#3 Top Dx Chapter

Musculoskeletal System

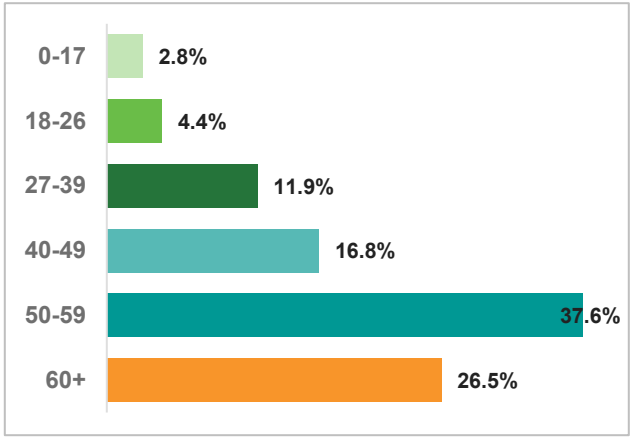
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	890	2,372	$987,590	30.1%
2	Osteoarthritis & osteoporosis	361	688	$561,049	17.1%
3	Other musculoskeletal pain	1,583	3,707	$457,617	13.9%
4	Tendon, tissue, muscle disorders	601	1,081	$400,008	12.2%
5	Other MSK	50	126	$307,896	9.4%
6	Joint disorders & fractures	215	412	$166,420	5.1%
7	Scoliosis & oth deformities	201	358	$149,516	4.6%
8	Low back pain	364	812	$112,917	3.4%
9	Lupus	66	127	$66,200	2.0%
10	Rheumatoid arthritis & related disease	95	183	$54,353	1.7%
11	Gout & crystal arthropathies	41	53	$11,780	0.4%
12	Biomechanical lesions	240	608	$6,064	0.2%
=	**Total**	**3,272**	**11,205**	**$3,281,409**	**100.0%**

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



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Condition Focus

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

UMR

Mental & Behavioral Diagnostic Grouping	2024 (Full Year)		2025 (Full Year)		2026-1Q		2026-1Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	1,312	$1,765,217	1,657	$2,195,970	965	$583,446	$53,041	$5,403	$524,440	$561
Neurodevelopmental disorders	839	$967,358	1,117	$2,005,009	678	$581,791	$0	$374	$578,621	$2,796
Anxiety & related Disorders	1,659	$914,955	2,234	$1,366,176	1,316	$397,101	$3,903	$18,784	$374,414	$0
Other mental health	359	$444,148	475	$484,670	230	$328,892	$42,000	$6,559	$280,333	$0
Trauma & stressor disorders	1,151	$777,003	1,462	$1,169,043	887	$311,711	$2,629	$2,223	$306,859	$0
Alcohol-related disorders	100	$479,637	129	$614,122	54	$171,485	$125,158	$14,092	$32,235	$0
Bipolar & related Disorders	220	$270,639	285	$252,131	167	$105,072	$45,157	$0	$59,915	$0
Eating disorders	53	$266,949	67	$215,695	34	$67,300	$0	$0	$67,300	$0
Obsessive compulsive disorders	82	$67,055	113	$292,390	76	$53,436	$16,682	$0	$36,754	$0
Suicidal ideation, attempt or self-harm	61	$408,763	59	$212,799	15	$46,585	$16,503	$21,992	$8,090	$0
Schizophrenia spectrum disorders	29	$162,208	40	$204,689	21	$39,431	$27,066	$6,526	$5,839	$0
Other substance use	96	$10,587	94	$16,449	41	$11,840	$5,441	$626	$5,772	$0
Stimulant disorders	11	$15,213	10	$7,200	5	$5,194	$0	$0	$5,194	$0
Cannabis-related disorders	19	$5,535	26	$42,633	11	$3,636	$0	$0	$3,636	$0
Opiod disorders	23	$40,867	30	$70,004	18	-$16,220	-$18,666	$0	$2,446	$0
Total	**4,161**	**$6,596,135**	**5,403**	**$9,148,979**	**3,643**	**$2,690,700**	**$318,914**	**$76,580**	**$2,291,850**	**$3,357**

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Condition Focus

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions

UMR

Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	*Change vs LY*	# of Mems	Mems per 1000	*Change vs LY*	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	67	2.9	*34.0%*	43	1.8	*43.3%*	$10,480	149.3	164.2
Asthma	813	34.7	*17.3%*	328	14.0	*22.8%*	$4,764	59.0	238.6
Atrial Fibrillation	161	6.9	*33.1%*	122	5.2	*48.8%*	$37,006	310.6	577.6
Blood Disorders	1,033	44.1	*44.7%*	442	18.9	*44.9%*	$17,664	154.9	285.6
CAD	266	11.3	*35.7%*	138	5.9	*42.3%*	$21,918	240.6	353.4
COPD	65	2.8	*51.2%*	33	1.4	*13.8%*	$19,937	338.5	446.2
Cancer	1,480	63.1	*21.6%*	721	30.8	*27.2%*	$17,513	82.4	189.2
Chronic Pain	134	5.7	*4.7%*	50	2.1	*-7.4%*	$21,835	268.7	395.5
CHF	58	2.5	*20.8%*	34	1.5	*25.9%*	$53,102	569.0	793.1
Demyelinating Diseases	73	3.1	*28.1%*	53	2.3	*39.5%*	$28,535	109.6	315.1
Depression	1,645	70.2	*27.5%*	1,199	51.1	*28.9%*	$9,382	108.2	268.7
Diabetes	1,459	62.2	*30.0%*	1,074	45.8	*33.3%*	$7,971	73.3	235.8
ESRD	65	2.8	*35.4%*	47	2.0	*51.6%*	$53,023	784.6	1,138.5
Eating Disorders	67	2.9	*31.4%*	49	2.1	*25.6%*	$12,057	29.9	209.0
HIV/AIDS	42	1.8	*40.0%*	35	1.5	*52.2%*	$5,019	71.4	166.7
Hyperlipidemia	831	35.4	*30.3%*	275	11.7	*33.5%*	$2,076	15.6	59.0
Hypertension	2,007	85.6	*27.8%*	992	42.3	*27.3%*	$7,875	81.7	223.7
Immune Disorders	75	3.2	*19.0%*	29	1.2	*7.4%*	$33,640	146.7	253.3
IBD	82	3.5	*-10.9%*	26	1.1	*-29.7%*	$4,587	12.2	195.1
Liver Disease	3	0.1	*0.0%*	2	0.1	*-33.3%*	$128,382	2,666.7	2,666.7
Morbid Obesity	414	17.7	*61.7%*	195	8.3	*54.8%*	$6,032	74.9	159.4
Osteoarthritis	700	29.9	*19.7%*	316	13.5	*24.4%*	$8,566	28.6	154.3
Peripheral Vascular Disease	82	3.5	*17.1%*	24	1.0	*84.6%*	$8,584	109.8	182.9
Rheumatoid Arthritis	142	6.1	*24.6%*	104	4.4	*23.8%*	$10,320	35.2	225.4

- *Most prevalent chronic condition is Hypertension, with 2,007 members*
- *Depression is the condition with the most moderate/high risk members (1,199)*
- *Members with mod/high risk Cancer have the highest combined cost: 721 members totaling $12.6M*

Date Range: Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

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

Cost & Utilization for All Members:

- **Allowed PMPY:** $6,061
- **Admits per 1000:** 46.7
- **ER Visits per 1000:** 205.2

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Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends

Preventive Service	Population	Jul 2023 - Jun 2024 Eligible	Jul 2023 - Jun 2024 Actual	Jul 2023 - Jun 2024 Rate	Jul 2024 - Jun 2025 Eligible	Jul 2024 - Jun 2025 Actual	Jul 2024 - Jun 2025 Rate	*Rate Change*	UMR Norm Rate	UMR Norm *Variance*
Well Visits	*Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.*									
Well Baby Visit	0 - 15 months	241.2	1,306	**5,415.2**	298.9	1,701	**5,690.3**	*5.1%*	**5,386.4**	*5.6%*
Well Child Visit	3 - 6 years	961.6	788	**819.4**	1,172.2	921	**785.7**	*-4.1%*	**802.8**	*-2.1%*
Adults w/ Well Visit	Adults 18+	14,499	6,249	**43.1%**	17,710	7,885	**44.5%**	*1.4 pts*	**40.5%**	*4.0 pts*
Screenings	*Rate for all screenings is the percentage of eligible population who had the screening during the period.*									
Mammogram	Females 40 - 69	4,458	2,076	**46.6%**	5,384	2,654	**49.3%**	*2.7 pts*	**46.9%**	*2.4 pts*
Cervical Cancer	Females 21 - 64	7,671	2,306	**30.1%**	9,330	2,680	**28.7%**	*-1.3 pts*	**23.0%**	*5.7 pts*
Prostate Cancer	Males 50 - 70	1,975	871	**44.1%**	2,397	1,126	**47.0%**	*2.9 pts*	**42.2%**	*4.8 pts*
Colorectal Cancer	Members 45 - 75	6,163	1,124	**18.2%**	7,478	1,437	**19.2%**	*1.0 pts*	**16.4%**	*2.8 pts*
Cholesterol	Female 45+ Male 35+	7,581	4,311	**56.9%**	9,228	5,398	**58.5%**	*1.6 pts*	**46.9%**	*11.6 pts*
Condition-specific	**Screening**									
Asthma	Office Visit for Asthma	693	566	**81.7%**	813	651	**80.1%**	*-1.6 pts*		
COPD	Spirometry Test	43	5	**11.6%**	65	14	**21.5%**	*9.9 pts*		
Type 2 Diabetes	A1c Test	1,034	959	**92.7%**	1,335	1,242	**93.0%**	*0.3 pts*	**0**	*0*
	Eye Exam	1,034	234	**22.6%**	1,335	299	**22.4%**	*-0.2 pts*	**0.0%**	*0.0 pts*
	Lipid Panel	1,034	873	**84.4%**	1,335	1,126	**84.3%**	*-0.1 pts*	**0**	*0*
	Urine Protein Test	1,034	717	**69.3%**	1,335	956	**71.6%**	*2.3 pts*	**0.0%**	*0.0 pts*
	Any Diabetes Screen	1,034	996	**96.3%**	1,335	1,285	**96.3%**	*-0.1 pts*	**0**	*0*
Hyperlipidemia	Lipid Profile	638	334	**52.4%**	831	404	**48.6%**	*-3.7 pts*		
Hypertension	Creatinine Test	1,570	309	**19.7%**	2,007	393	**19.6%**	*-0.1 pts*		
	Lipid Profile	1,570	435	**27.7%**	2,007	497	**24.8%**	*-2.9 pts*		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

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12.2.7

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
        12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
        12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
        12.2.1 Q1 UMR – Obesity and Diabetes Care Management
        12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
        12.2.3 Q1 UnitedHealthcare Basic Life Insurance
        12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
        12.2.5 Q1 CDHP Performance Review
        12.2.6 Q1 LD PPO Performance Review
        12.2.7 Q1 EPO Performance Review

Quarterly Plan Performance Review

EPO Plan • 2026-1Q

RPG 4.90 • Run Date: 11/21/2025

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Report Criteria & Contents

UMR

Experience Periods*

- **2026 Plan Year (Current)**
  - 2026-1Q.1st Quarter: Claims Paid 7/1/2025 - 9/30/2025
- **2025 Plan Year**
  - 2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024
  - 2025 Full Year: Claims paid 7/1/2024 - 6/30/2025
- **2024 Plan Year**
  - 2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023
  - 2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

Group Data

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

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPort℠
- Composition: 4,769 groups with approximately 7.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2025 - 9/30/2025

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

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Executive Summary

Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: -22.8%
- High-Cost Claimants Paid PMPM trend: -64.2%; Non HCCs trend: +6.2%
- Top Paid Diagnostic Chapters: Musculoskeletal (+5.7% Paid PMPM), Circulatory System (−11.7%), Neoplasms (Cancer) (−23.7%)

Membership & Demographics

- Total membership is 13.2% lower than prior period
- Employees decreased 11.5%, while Dependents were down 15.2%
- 89.2% of members had < $2,500 medical paid, with 26.1% having no claims paid at all during the reporting period

Utilization Key Indicators

- Paid per IP Admit was $35,420, which is 9.9% higher than 2025-1Q
- Paid per ER Visit was $3,311, which is 2.3% higher than 2025-1Q

Network Utilization & Savings

- 96.6% of all Medical spend dollars were to In Network providers
- The average In Network discount was 61.1%, which is 5.4 pts above the 2025 average discount of 55.7%

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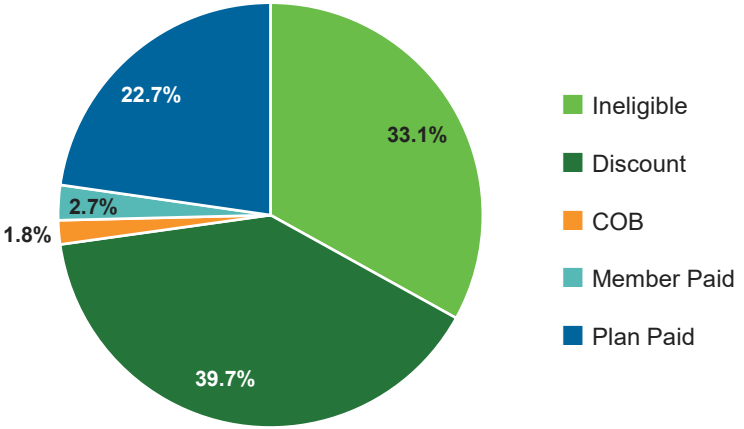
Medical Total Savings Summary

UMR

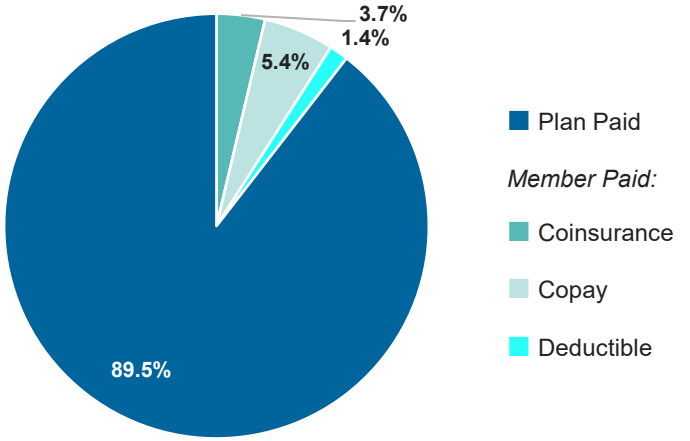
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2026-1Q Total Dollars	2026-1Q PMPM*	2025 PMPM*	*Trend*
Medical Billed	**$39,079,086**	**$2,847**	$2,435	***16.9%***
(-) Ineligible	**$12,907,577**	**$940**	$628	***49.7%***
Medical Covered	**$26,171,509**	**$1,907**	$1,807	***5.5%***
(-) Discount	**$15,513,120**	**$1,130**	$981	***15.2%***
Medical Allowed	**$10,658,389**	**$777**	$826	***-6.0%***
(-) COB	**$711,540**	**$52**	$32	***60.8%***
(-) Coinsurance	**$365,604**	**$27**	$23	***17.7%***
(-) Copay	**$532,676**	**$39**	$36	***7.8%***
(-) Deductible	**$142,117**	**$10**	$5	***102.4%***
Total Member Paid	**$1,040,396**	**$76**	$64	***18.9%***
Total Plan Paid	**$8,873,158**	**$647**	$728	***-11.2%***

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



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

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Medical & Rx Paid Claims by Age Range

Age	2025-1Q (7/1/2024 - 9/30/2024)						2026-1Q (7/1/2025 - 9/30/2025)						*Change*	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	$2,997,979	$29,802	$25	$0	**$2,998,004**	**$29,802**	$198,923	$2,431	$44	$1	$198,966	**$2,432**	*-93.4%*	*-91.8%*
1	$118,205	$856	$518	$4	**$118,723**	**$859**	$16,626	$197	$34	$0	$16,660	**$197**	*-86.0%*	*-77.0%*
2 - 4	$40,227	$97	$1,720	$4	**$41,947**	**$101**	$77,719	$211	$5,193	$14	$82,912	**$226**	*97.7%*	*123.7%*
5 - 9	$122,846	$127	$10,732	$11	**$133,578**	**$138**	$171,560	$219	$13,691	$18	$185,251	**$237**	*38.7%*	*71.7%*
10 - 14	$259,082	$227	$46,300	$41	**$305,382**	**$267**	$188,417	$195	$26,609	$28	$215,025	**$223**	*-29.6%*	*-16.5%*
15 - 19	$579,158	$440	$191,255	$145	**$770,413**	**$585**	$337,547	$295	$54,166	$47	$391,713	**$342**	*-49.2%*	*-41.4%*
20 - 24	$309,036	$227	$124,573	$92	**$433,608**	**$319**	$315,202	$280	$182,156	$162	$497,358	**$442**	*14.7%*	*38.5%*
25 - 29	$115,519	$266	$97,752	$225	**$213,270**	**$491**	$103,781	$249	$44,457	$107	$148,238	**$355**	*-30.5%*	*-27.7%*
30 - 34	$289,020	$463	$181,320	$291	**$470,340**	**$754**	$505,975	$920	$127,776	$232	$633,751	**$1,152**	*34.7%*	*52.8%*
35 - 39	$566,221	$623	$101,208	$111	**$667,429**	**$735**	$339,233	$466	$71,071	$98	$410,304	**$563**	*-38.5%*	*-23.3%*
40 - 44	$438,057	$399	$559,970	$511	**$998,028**	**$910**	$437,208	$483	$363,946	$402	$801,154	**$885**	*-19.7%*	*-2.8%*
45 - 49	$1,781,625	$1,561	$445,527	$390	**$2,227,152**	**$1,952**	$752,213	$756	$409,252	$411	$1,161,465	**$1,167**	*-47.8%*	*-40.2%*
50 - 54	$1,046,206	$682	$476,198	$310	**$1,522,404**	**$993**	$588,447	$462	$401,280	$315	$989,726	**$777**	*-35.0%*	*-21.7%*
55 - 59	$1,323,623	$774	$774,707	$453	**$2,098,330**	**$1,227**	$1,311,895	$809	$844,097	$521	$2,155,993	**$1,330**	*2.7%*	*8.4%*
60 - 64	$1,900,487	$1,023	$1,063,520	$572	**$2,964,007**	**$1,595**	$2,219,406	$1,389	$787,708	$493	$3,007,115	**$1,882**	*1.5%*	*18.0%*
65+	$1,090,272	$1,029	$538,181	$508	**$1,628,453**	**$1,537**	$1,309,007	$1,201	$758,954	$697	$2,067,961	**$1,898**	*27.0%*	*23.5%*
Total	**$12,977,563**	**$821**	**$4,613,505**	**$292**	**$17,591,067**	**$1,113**	**$8,873,158**	**$646**	**$4,090,435**	**$298**	**$12,963,593**	**$944**	***-26.3%***	***-15.1%***

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Financial Summary – YTD Trend

Total Plan & Norm

Measure	Total Plan					UMR Norm	
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2026-1Q	*Variance*
Average Enrollment							
Employees	3,151	*-9.4%*	2,855	*-11.5%*	2,527		
Spouses	605	*-9.0%*	551	*-13.9%*	474		
Children	2,070	*-10.0%*	1,863	*-15.5%*	1,574		
Tot. Members	**5,826**	***-9.6%***	**5,269**	***-13.2%***	**4,575**		
Avg. Family Size	1.8	*-0.2%*	1.8	*-1.9%*	1.8	1.9	*-5.9%*
Financial Summary							
Allowed	$10,753,039	*37.5%*	$14,790,483	*-27.9%*	$10,658,389		
Plan Paid	$9,192,097	*41.2%*	$12,977,563	*-31.6%*	$8,873,158		
Member Paid (OOP)	$1,136,084	*-1.4%*	$1,119,943	*-7.1%*	$1,040,396		
Paid PEPY	$11,670	*55.8%*	$18,182	*-22.8%*	$14,045	$10,481	*34.0%*
Paid PMPY	$6,311	*56.1%*	$9,852	*-21.3%*	$7,758	$5,448	*42.4%*
Paid PEPM	$973	*55.8%*	$1,515	*-22.8%*	$1,170	$873	*34.0%*
Paid PMPM	$526	*56.1%*	$821	*-21.3%*	$647	$454	*42.4%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	7	*57.1%*	11	*-18.2%*	9		
HCCs per 1000	1.2	*73.8%*	2.1	*-5.8%*	2.0	1.1	*73.6%*
Paid per HCC	$157,437	*192.2%*	$459,985	*-62.0%*	$174,787	$200,630	*-12.9%*
HCC Paid % of Tot	12.0%	*27.0 pts*	39.0%	*-21.3 pts*	17.7%	17.7%	*0.0 pts*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$1,314	*223.7%*	$4,254	*-54.2%*	$1,948	$1,280	*52.2%*
Outpatient	$2,110	*7.1%*	$2,259	*11.5%*	$2,520	$1,579	*59.6%*
Physician	$2,794	*15.9%*	$3,238	*-2.3%*	$3,163	$2,472	*27.9%*
Ancillary	$93	*9.0%*	$101	*26.9%*	$128	$116	*10.2%*

- *With $7.32M paid, the State Active population is 82.5% of total 2026-1Q med spend*
- *On a Paid PMPM basis, State Actives are down 23.1% compared to prior year*
- *Total EPO Plan Paid PMPM trend is -21.3%*

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

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

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

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

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

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Financial Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Average Enrollment										
Employees	2,606	*-10.3%*	2,338	*-13.1%*	2,031	1	*50.0%*	2	*-16.7%*	2
Spouses	513	*-9.2%*	466	*-15.9%*	392	0	-	0	-	0
Children	1,930	*-10.3%*	1,731	*-16.1%*	1,452	0	-	0	-	0
Tot. Members	**5,050**	***-10.2%***	**4,535**	***-14.6%***	**3,875**	**1**	***50.0%***	**2**	***-16.7%***	**2**
Avg. Family Size	1.9	*0.1%*	1.9	*-1.6%*	1.9	1.0	*0.0%*	1.0	*0.0%*	1.0
Financial Summary										
Allowed	$9,029,275	*35.3%*	$12,220,522	*-32.8%*	$8,212,840	$223	*1107.7%*	$2,698	*-69.4%*	$825
Plan Paid	$7,938,117	*40.3%*	$11,140,926	*-34.3%*	$7,322,864	$179	*990.6%*	$1,957	*-71.6%*	$556
Member Paid (OOP)	$946,220	*-3.9%*	$908,947	*-10.1%*	$816,862	$44	*1585.6%*	$741	*-63.7%*	$269
Paid PEPY	$12,184	*56.4%*	$19,059	*-24.3%*	$14,421	$538	*627.1%*	$3,914	*-65.9%*	$1,335
Paid PMPY	$6,288	*56.3%*	$9,826	*-23.1%*	$7,559	$538	*627.1%*	$3,914	*-65.9%*	$1,335
Paid PEPM	$1,015	*56.4%*	$1,588	*-24.3%*	$1,202	$45	*627.1%*	$326	*-65.9%*	$111
Paid PMPM	$524	*56.3%*	$819	*-23.1%*	$630	$45	*627.1%*	$326	*-65.9%*	$111
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	7	*28.6%*	9	*-11.1%*	8	0	-	0	-	0
HCCs per 1000	1.4	*43.2%*	2.0	*4.0%*	2.1	0.0	-	0.0	-	0.0
Paid per HCC	$157,437	*228.9%*	$517,762	*-65.2%*	$180,156	$0	-	$0	-	$0
HCC Paid % of Tot	13.9%	*27.9 pts*	41.8%	*-22.1 pts*	19.7%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,377	*223.9%*	$4,461	*-56.9%*	$1,921	$0	-	$0	-	$0
Outpatient	$2,110	*0.7%*	$2,125	*13.0%*	$2,401	$0	-	$0	-	$0
Physician	$2,710	*16.0%*	$3,145	*-0.9%*	$3,118	$538	*558.3%*	$3,544	*-78.2%*	$772
Ancillary	$91	*5.1%*	$95	*24.1%*	$118	$0	-	$370	*51.9%*	$562

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Financial Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Average Enrollment										
Employees	488	*-3.8%*	470	*-4.0%*	451	55	*-18.2%*	45	*-4.4%*	43
Spouses	81	*-5.6%*	76	*-1.8%*	75	11	*-27.3%*	8	*-12.5%*	7
Children	128	*-3.6%*	123	*-7.6%*	114	12	*-22.2%*	9	*-14.3%*	8
Tot. Members	**697**	***-4.0%***	**669**	***-4.4%***	**640**	**78**	***-20.1%***	**62**	***-7.0%***	**58**
Avg. Family Size	1.4	*-0.2%*	1.4	*-0.5%*	1.4	1.4	*-2.3%*	1.4	*-2.6%*	1.3
Financial Summary										
Allowed	$1,570,647	*58.8%*	$2,494,499	*-12.7%*	$2,177,279	$152,894	*-52.4%*	$72,764	*267.6%*	$267,445
Plan Paid	$1,175,470	*53.5%*	$1,804,708	*-22.6%*	$1,397,271	$78,330	*-61.7%*	$29,972	*408.7%*	$152,468
Member Paid (OOP)	$171,167	*15.5%*	$197,741	*-1.3%*	$195,136	$18,653	*-32.9%*	$12,514	*124.8%*	$28,129
Paid PEPY	$9,629	*59.6%*	$15,365	*-19.4%*	$12,387	$5,697	*-53.2%*	$2,664	*432.4%*	$14,183
Paid PMPY	$6,745	*59.9%*	$10,784	*-19.0%*	$8,733	$4,017	*-52.1%*	$1,923	*446.7%*	$10,515
Paid PEPM	$802	*59.6%*	$1,280	*-19.4%*	$1,032	$475	*-53.2%*	$222	*432.4%*	$1,182
Paid PMPM	$562	*59.9%*	$899	*-19.0%*	$728	$335	*-52.1%*	$160	*446.7%*	$876
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	0	-	2	*-50.0%*	1	0	-	0	-	0
HCCs per 1000	0.0	-	3.0	*-47.7%*	1.6	0.0	-	0.0	-	0.0
Paid per HCC	$0	-	$198,233	*-33.5%*	$131,839	$0	-	$0	-	$0
HCC Paid % of Tot	*0.0%*	-	*22.0%*	*-12.5 pts*	*9.4%*	*0.0%*	-	*0.0%*	-	*0.0%*
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$997	*223.1%*	$3,221	*-34.1%*	$2,123	$82	*395.6%*	$407	*352.3%*	$1,839
Outpatient	$2,037	*63.7%*	$3,335	*-9.2%*	$3,027	$2,836	*-79.8%*	$574	*761.0%*	$4,938
Physician	$3,599	*12.9%*	$4,062	*-16.5%*	$3,392	$1,071	*8.0%*	$1,157	*217.4%*	$3,671
Ancillary	$113	*47.5%*	$167	*14.9%*	$191	$28	*-869.6%*	-$214	*-130.8%*	$66

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Financial Summary – Full Year Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2024	⇨	2025	⇨	2026-1Q	2026-1Q	*Variance*
Average Enrollment							
Employees	3,089	*-9.2%*	2,804	*-9.9%*	2,527		
Spouses	602	*-10.4%*	539	*-12.0%*	474		
Children	2,037	*-10.3%*	1,827	*-13.8%*	1,574		
Tot. Members	**5,727**	***-9.7%***	**5,170**	***-11.5%***	**4,575**		
Avg. Family Size	1.9	*-0.6%*	1.8	*-1.8%*	1.8	1.9	*-5.9%*
Financial Summary							
Allowed	$50,382,246	*1.7%*	$51,230,661	*-79.2%*	$10,658,389		
Plan Paid	$44,213,123	*2.1%*	$45,156,705	*-80.4%*	$8,873,158		
Member Paid (OOP)	$4,194,135	*-5.7%*	$3,956,451	*-73.7%*	$1,040,396		
Paid PEPY	$14,315	*12.5%*	$16,103	*-12.8%*	$14,045	$10,481	*34.0%*
Paid PMPY	$7,720	*13.1%*	$8,734	*-11.2%*	$7,758	$5,448	*42.4%*
Paid PEPM	$1,193	*12.5%*	$1,342	*-12.8%*	$1,170	$873	*34.0%*
Paid PMPM	$643	*13.1%*	$728	*-11.2%*	$647	$454	*42.4%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	62	*-4.8%*	59	*-84.7%*	9		
HCCs per 1000	10.8	*5.4%*	11.4	*-82.8%*	2.0	1.1	*73.6%*
Paid per HCC	$268,731	*7.9%*	$289,942	*-39.7%*	$174,787	$200,630	*-12.9%*
HCC Paid % of Tot	37.7%	*0.2 pts*	37.9%	*-20.2 pts*	17.7%	17.7%	*0.0 pts*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$2,312	*20.7%*	$2,789	*-30.2%*	$1,948	$1,280	*52.2%*
Outpatient	$2,177	*12.8%*	$2,455	*2.6%*	$2,520	$1,579	*59.6%*
Physician	$3,134	*7.9%*	$3,382	*-6.5%*	$3,163	$2,472	*27.9%*
Ancillary	$98	*10.8%*	$108	*18.0%*	$128	$116	*10.2%*

- *Total plan paid amount for the first quarter of 2024 was 28.7% of the full year*
- *Annualizing 2025 paid dollars using the same ratio would result in a total paid of $30.9 M*

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

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

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

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

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

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Financial Summary – Full Year Trend

Active Members

Measure	State Active					Non-State Active				
	2024	⇨	2025	⇨	2026-1Q	2024	⇨	2025	⇨	2026-1Q
Average Enrollment										
Employees	2,551	*-10.2%*	2,291	*-11.3%*	2,031	2	*-18.2%*	2	*11.1%*	2
Spouses	512	*-10.6%*	457	*-14.2%*	392	0	-	0	-	0
Children	1,896	*-10.6%*	1,694	*-14.3%*	1,452	0	-	0	-	0
Tot. Members	**4,959**	***-10.4%***	**4,442**	***-12.8%***	**3,875**	**2**	***-18.2%***	**2**	***11.1%***	**2**
Avg. Family Size	1.9	*-0.2%*	1.9	*-1.6%*	1.9	1.0	*0.0%*	1.0	*0.0%*	1.0
Financial Summary										
Allowed	$41,912,359	*0.2%*	$42,008,318	*-80.4%*	$8,212,840	$4,517	*24.4%*	$5,618	*-85.3%*	$825
Plan Paid	$38,203,284	*0.3%*	$38,309,548	*-80.9%*	$7,322,864	$3,547	*22.7%*	$4,354	*-87.2%*	$556
Member Paid (OOP)	$3,460,814	*-7.4%*	$3,203,983	*-74.5%*	$816,862	$970	*30.3%*	$1,264	*-78.7%*	$269
Paid PEPY	$14,974	*11.7%*	$16,724	*-13.8%*	$14,421	$1,935	*50.0%*	$2,903	*-54.0%*	$1,335
Paid PMPY	$7,704	*11.9%*	$8,625	*-12.4%*	$7,559	$1,935	*50.0%*	$2,903	*-54.0%*	$1,335
Paid PEPM	$1,248	*11.7%*	$1,394	*-13.8%*	$1,202	$161	*50.0%*	$242	*-54.0%*	$111
Paid PMPM	$642	*11.9%*	$719	*-12.4%*	$630	$161	*50.0%*	$242	*-54.0%*	$111
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	54	*-11.1%*	48	*-83.3%*	8	0	-	0	-	0
HCCs per 1000	10.9	*-0.8%*	10.8	*-80.9%*	2.1	0.0	-	0.0	-	0.0
Paid per HCC	$278,222	*10.8%*	$308,200	*-41.5%*	$180,156	$0	-	$0	-	$0
HCC Paid % of Tot	39.3%	*-0.7 pts*	38.6%	*-18.9 pts*	19.7%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$2,476	*17.1%*	$2,899	*-33.7%*	$1,921	$0	-	$0	-	$0
Outpatient	$2,071	*11.9%*	$2,317	*3.6%*	$2,401	$0	-	$0	-	$0
Physician	$3,067	*7.8%*	$3,304	*-5.6%*	$3,118	$1,804	*39.5%*	$2,516	*-69.3%*	$772
Ancillary	$92	*13.6%*	$104	*13.8%*	$118	$131	*194.7%*	$387	*45.2%*	$562

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Financial Summary – Full Year Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024	⇨	2025	⇨	2026-1Q	2024	⇨	2025	⇨	2026-1Q
Average Enrollment										
Employees	486	*-3.6%*	468	*-3.6%*	451	50	*-11.7%*	44	*-2.1%*	43
Spouses	80	*-7.4%*	74	*1.0%*	75	10	*-21.4%*	8	*-8.7%*	7
Children	130	*-4.0%*	124	*-8.4%*	114	12	*-27.5%*	8	*-4.0%*	8
Tot. Members	**695**	***-4.1%***	**667**	***-4.0%***	**640**	**71**	***-15.6%***	**60**	***-3.2%***	**58**
Avg. Family Size	1.4	*-0.5%*	1.4	*-0.4%*	1.4	1.4	*-4.4%*	1.4	*-1.1%*	1.3
Financial Summary										
Allowed	$7,783,435	*11.8%*	$8,705,026	*-75.0%*	$2,177,279	$681,934	*-25.0%*	$511,699	*-47.7%*	$267,445
Plan Paid	$5,652,251	*16.6%*	$6,587,906	*-78.8%*	$1,397,271	$354,041	*-28.0%*	$254,897	*-40.2%*	$152,468
Member Paid (OOP)	$655,475	*5.2%*	$689,806	*-71.7%*	$195,136	$76,876	*-20.1%*	$61,398	*-54.2%*	$28,129
Paid PEPY	$11,637	*20.9%*	$14,073	*-12.0%*	$12,387	$7,116	*-18.4%*	$5,804	*144.4%*	$14,183
Paid PMPY	$8,129	*21.6%*	$9,882	*-11.6%*	$8,733	$4,986	*-14.7%*	$4,254	*147.2%*	$10,515
Paid PEPM	$970	*20.9%*	$1,173	*-12.0%*	$1,032	$593	*-18.4%*	$484	*144.4%*	$1,182
Paid PMPM	$677	*21.6%*	$823	*-11.6%*	$728	$416	*-14.7%*	$355	*147.2%*	$876
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	7	*57.1%*	11	*-90.9%*	1	1	*-100.0%*	0	-	0
HCCs per 1000	10.1	*63.9%*	16.5	*-90.5%*	1.6	14.1	*-100.0%*	0.0	-	0.0
Paid per HCC	$201,561	*2.5%*	$206,510	*-36.2%*	$131,839	$132,680	*-100.0%*	$0	-	$0
HCC Paid % of Tot	25.0%	*9.5 pts*	34.5%	*-25.0 pts*	9.4%	37.5%	*-37.5 pts*	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,283	*72.7%*	$2,216	*-4.2%*	$2,123	$1,007	*10.5%*	$1,113	*65.3%*	$1,839
Outpatient	$2,898	*19.4%*	$3,459	*-12.5%*	$3,027	$2,576	*-39.6%*	$1,556	*217.4%*	$4,938
Physician	$3,812	*6.4%*	$4,058	*-16.4%*	$3,392	$1,228	*30.6%*	$1,603	*129.1%*	$3,671
Ancillary	$135	*10.4%*	$149	*28.1%*	$191	$175	*-109.8%*	-$17	*-481.7%*	$66

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Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status

Claim Type	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2026-1Q (7/1/2025 - 9/30/2025) Active	Pre-Medicare Retirees	Medicare Retirees	Total	*Trend* *Total*
State Members									
Inpatient	$5,058,268	$329,556	$209,507	**$5,597,332**	$1,861,347	$279,790	$59,836	**$2,200,972**	*-60.7%*
Outpatient	$2,408,981	$510,041	$47,985	**$2,967,008**	$2,326,113	$392,951	$91,320	**$2,810,384**	*-5.3%*
Physician	$3,565,581	$591,769	$87,969	**$4,245,320**	$3,020,817	$470,626	$72,131	**$3,563,574**	*-16.1%*
Ancillary	$108,095	$19,914	$7,965	**$135,974**	$114,587	$29,191	$1,427	**$145,205**	*6.8%*
Total	**$11,140,926**	**$1,451,281**	**$353,427**	**$12,945,634**	**$7,322,864**	**$1,172,557**	**$224,713**	**$8,720,134**	***-32.6%***
PMPM	**$818.86**	**$867.82**	**$1,052.37**	**$829.13**	**$629.89**	**$749.84**	**$630.95**	**$643.77**	***-22.4%***
Non-State Members									
Inpatient	$0	$0	$6,337	**$6,337**	$0	$19,400	$7,270	**$26,670**	*320.9%*
Outpatient	$0	$0	$8,939	**$8,939**	$0	$51,126	$20,481	**$71,608**	*701.1%*
Physician	$1,772	$2,800	$15,226	**$19,798**	$322	$26,699	$26,537	**$53,558**	*170.5%*
Ancillary	$185	$0	-$3,329	**-$3,144**	$234	$100	$854	**$1,188**	*-137.8%*
Total	**$1,957**	**$2,800**	**$27,172**	**$31,929**	**$556**	**$97,325**	**$55,143**	**$153,024**	***379.3%***
PMPM	**$326.16**	**$186.68**	**$157.98**	**$165.44**	**$111.21**	**$6,488.33**	**$346.81**	**$854.88**	***416.7%***
All Members									
Inpatient	$5,058,268	$329,556	$215,844	**$5,603,669**	$1,861,347	$299,190	$67,106	**$2,227,643**	*-60.2%*
Outpatient	$2,408,981	$510,041	$56,924	**$2,975,946**	$2,326,113	$444,078	$111,801	**$2,881,992**	*-3.2%*
Physician	$3,567,353	$594,570	$103,195	**$4,265,118**	$3,021,139	$497,324	$98,668	**$3,617,132**	*-15.2%*
Ancillary	$108,280	$19,914	$4,636	**$132,830**	$114,821	$29,291	$2,281	**$146,393**	*10.2%*
Total	**$11,142,882**	**$1,454,081**	**$380,599**	**$12,977,563**	**$7,323,420**	**$1,269,882**	**$279,856**	**$8,873,158**	***-31.6%***
PMPM	**$818.65**	**$861.76**	**$749.45**	**$821.03**	**$629.67**	**$804.36**	**$543.25**	**$646.52**	***-21.3%***

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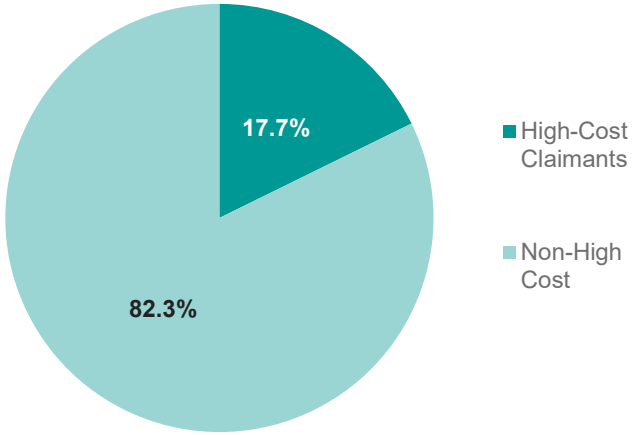
Medical Cost Distribution

Distribution by Member Cost

Member Total Paid Range	2025-1Q (7/1/2024 - 9/30/2024)						2026-1Q (7/1/2025 - 9/30/2025)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	1,548	27.6%	$0	0.0%	$0	0.0%	1,300	26.1%	$0	0.0%	$0	0.0%
< $0 - $0	202	3.6%	-$65,352	-0.5%	-$2,458	-0.2%	205	4.1%	-$52,733	-0.6%	-$19	0.0%
> $0 - $2,500	3,267	58.3%	$1,784,124	13.7%	$506,547	45.2%	2,935	58.9%	$1,672,960	18.9%	$459,089	44.1%
> $2,500 - $5,000	255	4.5%	$891,978	6.9%	$174,562	15.6%	255	5.1%	$917,767	10.3%	$186,650	17.9%
> $5,000 - $10,000	151	2.7%	$1,026,982	7.9%	$165,955	14.8%	135	2.7%	$922,767	10.4%	$144,633	13.9%
> $10,000 - $25,000	115	2.1%	$1,810,843	14.0%	$146,311	13.1%	93	1.9%	$1,476,720	16.6%	$133,079	12.8%
> $25,000 - $50,000	41	0.7%	$1,389,510	10.7%	$72,251	6.5%	25	0.5%	$891,867	10.1%	$43,678	4.2%
> $50,000 - $100,000	15	0.3%	$1,079,648	8.3%	$35,990	3.2%	22	0.4%	$1,470,725	16.6%	$51,886	5.0%
> $100,000	11	0.2%	$5,059,831	39.0%	$20,786	1.9%	9	0.2%	$1,573,086	17.7%	$21,400	2.1%
Total	**5,605**	**100.0%**	**$12,977,563**	**100.0%**	**$1,119,943**	**100.0%**	**4,979**	**100.0%**	**$8,873,158**	**100.0%**	**$1,040,396**	**100.0%**

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Neoplasms	1	$370,073	23.5%
2	Circulatory System	5	$345,846	22.0%
3	Pregnancy, Childbirth & the Puerperium	1	$204,306	13.0%
4	Digestive System	3	$190,229	12.1%
5	Injury, Poisoning & External Causes	3	$129,052	8.2%
6	Infectious & Parasitic Diseases	2	$100,301	6.4%
7	Musculoskeletal System	3	$99,943	6.4%
8	Congenital Malformations & Abnormalities	1	$86,664	5.5%
9	Respiratory System	5	$26,631	1.7%
10	Perinatal Originating Conditions	1	$8,591	0.5%
...	*All Others*		*$11,451*	*0.7%*
=	**Total**	**9**	**$1,573,086**	**100.0%**

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Utilization Summary – YTD Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2026-1Q	*Variance*
Inpatient Admissions							
# of Admits	86	*-9.3%*	78	*-23.1%*	60		
# of Admit Days	392	*30.9%*	513	*-42.5%*	295		
Paid per Admit	$31,208	*3.2%*	$32,219	*9.9%*	$35,420	$26,669	*32.8%*
Paid per Admit Day	$6,847	*-28.4%*	$4,899	*47.1%*	$7,204	$5,506	*30.8%*
Admits per 1000	59.0	*0.3%*	59.2	*-11.4%*	52.5	46.7	*12.3%*
Average LOS	4.6	*44.3%*	6.6	*-25.2%*	4.9	4.8	*1.5%*
Emergency Room Visits							
# of ER Visits	350	*-10.3%*	314	*2.9%*	323		
~ % resulting in Admit	14.6%	*-1.2 pts*	13.4%	*0.9 pts*	14.2%	10.1%	*4.1 pts*
ER Visits per Patient	1.3	*-0.3%*	1.3	*-3.3%*	1.2		
ER Visits per 1000	240.3	*-0.8%*	238.4	*18.5%*	282.4	226.8	*24.5%*
Paid per ER Visit	$2,859	*13.2%*	$3,238	*2.3%*	$3,311	$2,496	*32.7%*
Urgent Care Visits							
# of UC Visits	563	*12.1%*	631	*-23.6%*	482		
UC Visits per Patient	1.2	*4.4%*	1.2	*-3.1%*	1.2		-
UC Visits per 1000	386.5	*23.9%*	479.0	*-12.0%*	421.4	232.9	*80.9%*
Paid per UC Visit	$122	*9.7%*	$134	*2.5%*	$137	$122	*12.8%*
Office Visits							
Off Visits per Patient	2.3	*3.8%*	2.4	*-1.4%*	2.3		
Paid per Office Visit	$109	*6.2%*	$116	*6.4%*	$124	$98	*26.5%*
Office Visits Paid PMPY	$572	*12.7%*	$645	*7.2%*	$691	$370	*86.9%*
Services							
Radiology Svcs per 1000	3,435.6	*17.3%*	4,031.2	*-6.5%*	3,770.2	3,615.7	*4.3%*
Radiology Paid PMPY	$514	*21.6%*	$625	*-1.9%*	$613		
Lab Services per 1000	11,205.4	*8.7%*	12,184.8	*-3.4%*	11,766.1	9,459.3	*24.4%*
Labs Paid PMPY	$199	*35.1%*	$269	*-10.2%*	$241		

- *Inpatient Admission rate per 1000 decreased 11.4%, but amount paid per Admission is 9.9% higher than prior period*
- *ER utilization increased significantly (+18.5%), and amount paid per ER visit is 2.3% higher than prior period*

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

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

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Utilization Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Inpatient Admissions										
# of Admits	75	*-24.0%*	57	*-22.8%*	44	0	-	0	-	0
# of Admit Days	362	*-5.8%*	341	*-42.2%*	197	0	-	0	-	0
Paid per Admit	$32,037	*-3.2%*	$31,026	*1.4%*	$31,452	$0	-	$0	-	$0
Paid per Admit Day	$6,638	*-21.9%*	$5,186	*35.5%*	$7,025	$0	-	$0	-	$0
Admits per 1000	59.4	*-15.4%*	50.3	*-9.7%*	45.4	0.0	-	0.0	-	0.0
Average LOS	4.8	*23.9%*	6.0	*-25.2%*	4.5	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	297	*-16.8%*	247	*2.0%*	252	0	-	1	*-100.0%*	0
~ % resulting in Admit	14.1%	*-4.4 pts*	9.7%	*5.4 pts*	15.1%	0.0%	-	0.0%	*0.0 pts*	0.0%
ER Visits per Patient	1.2	*1.1%*	1.2	*-3.3%*	1.2	0.0	-	1.0	*-100.0%*	0.0
ER Visits per 1000	235.3	*-7.4%*	217.9	*19.4%*	260.1	0.0	-	2,000.0	*-100.0%*	0.0
Paid per ER Visit	$2,923	*9.3%*	$3,195	*11.7%*	$3,569	$0	-	$369	*-100.0%*	$0
Urgent Care Visits										
# of UC Visits	495	*10.1%*	545	*-22.6%*	422	0	-	0	-	0
UC Visits per Patient	1.2	*4.7%*	1.2	*-3.5%*	1.2	0.0	-	0.0	-	0.0
UC Visits per 1000	392.1	*22.6%*	480.7	*-9.4%*	435.6	0.0	-	0.0	-	0.0
Paid per UC Visit	$125	*9.1%*	$136	*2.3%*	$139	$0	-	$0	-	$0
Office Visits										
Off Visits per Patient	2.2	*1.7%*	2.3	*-0.7%*	2.3	1.0	*100.0%*	2.0	*-50.0%*	1.0
Paid per Office Visit	$112	*7.8%*	$121	*6.8%*	$129	$173	*-27.6%*	$125	*-67.5%*	$41
Office Visits Paid PMPY	$560	*12.4%*	$629	*8.5%*	$682	$518	*-3.5%*	$500	*-80.5%*	$98
Services										
Radiology Svcs per 1000	3,330.1	*11.2%*	3,703.5	*-3.1%*	3,589.0	0.0	-	8,000.0	*-100.0%*	0.0
Radiology Paid PMPY	$516	*18.4%*	$611	*0.1%*	$612	$0	-	$753	*-100.0%*	$0
Lab Services per 1000	10,831.4	*6.5%*	11,530.5	*-3.5%*	11,129.2	30,000.0	*-13.3%*	26,000.0	*-7.7%*	24,000.0
Labs Paid PMPY	$192	*36.6%*	$262	*-8.6%*	$240	$20	*3306.1%*	$681	*-67.7%*	$220

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Utilization Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2024-1Q	⇨	2025-1Q	⇨	2026-1Q	2024-1Q	⇨	2025-1Q	⇨	2026-1Q
Inpatient Admissions										
# of Admits	10	*100.0%*	20	*-30.0%*	14	1	*0.0%*	1	*100.0%*	2
# of Admit Days	29	*486.2%*	170	*-54.1%*	78	1	*100.0%*	2	*900.0%*	20
Paid per Admit	$27,931	*32.1%*	$36,887	*-44.2%*	$20,589	$1,744	*292.9%*	$6,853	*3206.1%*	$226,549
Paid per Admit Day	$9,631	*-54.9%*	$4,340	*-14.8%*	$3,695	$1,744	*96.5%*	$3,426	*561.2%*	$22,655
Admits per 1000	57.4	*108.3%*	119.5	*-26.8%*	87.5	51.3	*25.1%*	64.2	*114.9%*	137.9
Average LOS	2.9	*193.1%*	8.5	*-34.5%*	5.6	1.0	*100.0%*	2.0	*400.0%*	10.0
Emergency Room Visits										
# of ER Visits	49	*20.4%*	59	*3.4%*	61	4	*75.0%*	7	*42.9%*	10
~ % resulting in Admit	14.3%	*14.5 pts*	28.8%	*-15.7 pts*	13.1%	50.0%	*-35.7 pts*	14.3%	*-14.3 pts*	0.0%
ER Visits per Patient	1.5	*-11.7%*	1.3	*-5.1%*	1.2	1.0	*16.7%*	1.2	*7.1%*	1.3
ER Visits per 1000	281.2	*25.4%*	352.6	*8.1%*	381.3	205.1	*119.0%*	449.2	*53.5%*	689.7
Paid per ER Visit	$2,253	*68.6%*	$3,800	*-35.8%*	$2,439	$5,552	*-92.1%*	$436	*388.5%*	$2,131
Urgent Care Visits										
# of UC Visits	58	*36.2%*	79	*-30.4%*	55	10	*-30.0%*	7	*-28.6%*	5
UC Visits per Patient	1.2	*5.9%*	1.3	*2.0%*	1.3	1.4	*-18.3%*	1.2	*-14.3%*	1.0
UC Visits per 1000	332.8	*41.8%*	472.1	*-27.2%*	343.8	512.8	*-12.4%*	449.2	*-23.2%*	344.8
Paid per UC Visit	$111	*13.7%*	$126	*3.9%*	$131	$49	*-7.5%*	$45	*-28.7%*	$32
Office Visits										
Off Visits per Patient	2.6	*12.6%*	2.9	*-6.4%*	2.7	2.5	*10.5%*	2.8	*-5.0%*	2.6
Paid per Office Visit	$101	*-0.8%*	$100	*7.2%*	$107	$52	*3.6%*	$54	*-13.1%*	$47
Office Visits Paid PMPY	$691	*12.1%*	$775	*0.0%*	$775	$323	*16.9%*	$378	*-2.4%*	$369
Services										
Radiology Svcs per 1000	4,303.9	*44.7%*	6,226.5	*-30.7%*	4,312.7	2,564.1	*62.7%*	4,171.1	*139.7%*	10,000.0
Radiology Paid PMPY	$549	*38.6%*	$761	*-23.4%*	$583	$52	*198.9%*	$155	*566.5%*	$1,036
Lab Services per 1000	14,168.5	*19.8%*	16,970.6	*-9.1%*	15,425.8	8,615.4	*-7.6%*	7,957.2	*70.7%*	13,586.2
Labs Paid PMPY	$251	*33.1%*	$334	*-21.4%*	$262	$198	*-74.0%*	$52	*173.5%*	$141

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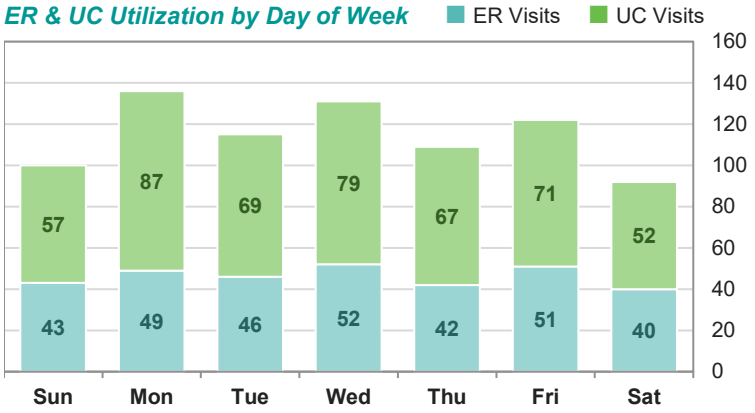
On Demand Care Summary

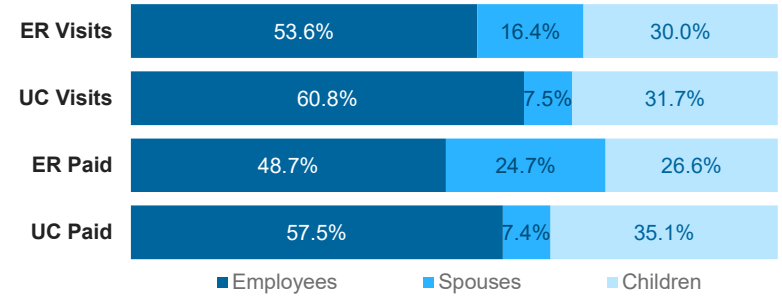
Emergency Room & Urgent Care

Measure	2025-1Q	2026-1Q	*Change*	UMR Norm	*Variance*
Emergency Room					
# of Visits	314	323	*2.9%*		
# of Patients	251	267	*6.4%*		
Total Plan Paid	$1,016,728	$1,069,472	*5.2%*		
Total Mem Paid	$151,138	$155,402	*2.8%*		
Visits per 1000	238.4	282.4	*18.5%*	226.8	*24.5%*
Paid per Visit	$3,238	$3,311	*2.3%*	$2,496	*32.7%*
Paid PMPM	$64	$78	*21.1%*	$47	*65.2%*
% ER Patients w/ Office Visit*	95.6%	95.1%	*-0.5 pts*		
% Potentially Avoidable**	8.6%	9.6%	*1.0 pts*	83.0%	*-73.4 pts*
Urgent Care					
# of Visits	631	482	*-23.6%*		
# of Patients	514	405	*-21.2%*		
Total Plan Paid	$84,506	$66,188	*-21.7%*		
Total Mem Paid	$27,899	$22,395	*-19.7%*		
Visits per 1000	479.0	421.4	*-12.0%*	232.9	*80.9%*
Paid per Visit	$134	$137	*2.5%*	$122	*12.8%*
Paid PMPM	$5	$5	*-9.8%*	$2	*104.0%*

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	**Total**	ER	UC	Total
Employee	173	293	**466**	$520,769	$38,047	**$558,816**
Spouse	53	36	**89**	$264,129	$4,891	**$269,020**
Child	97	153	**250**	$284,574	$23,250	**$307,824**
Total	**323**	**482**	**805**	**$1,069,472**	**$66,188**	**$1,135,660**

* Office Visit within prior 12 months..

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

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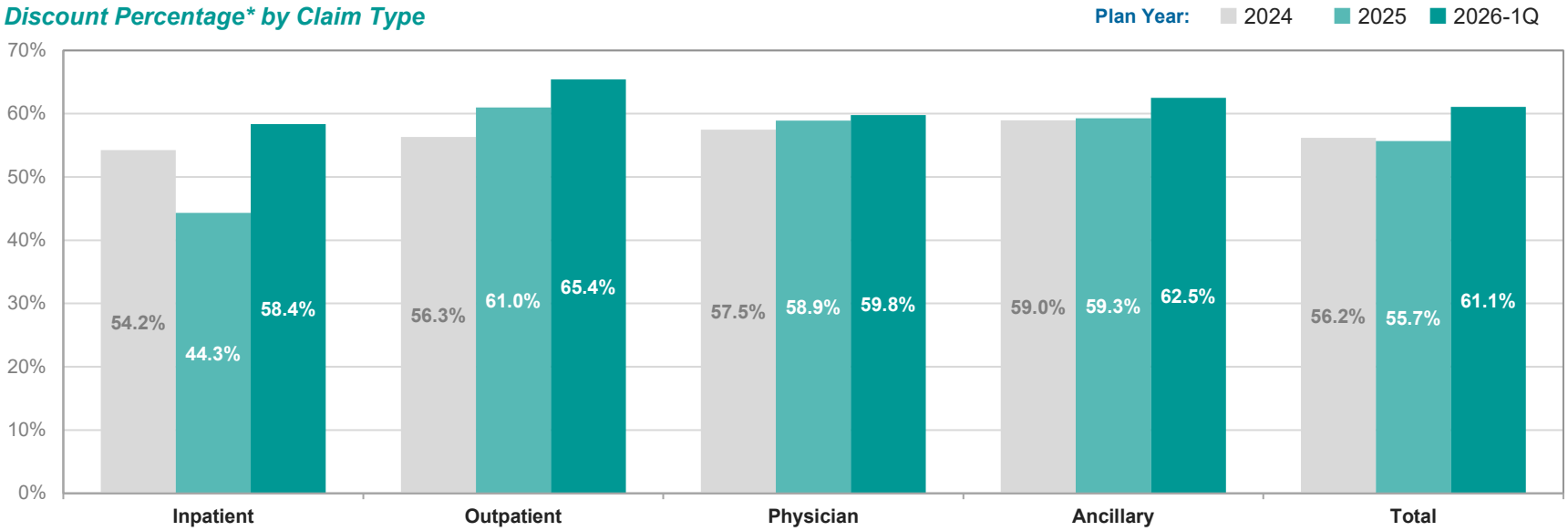
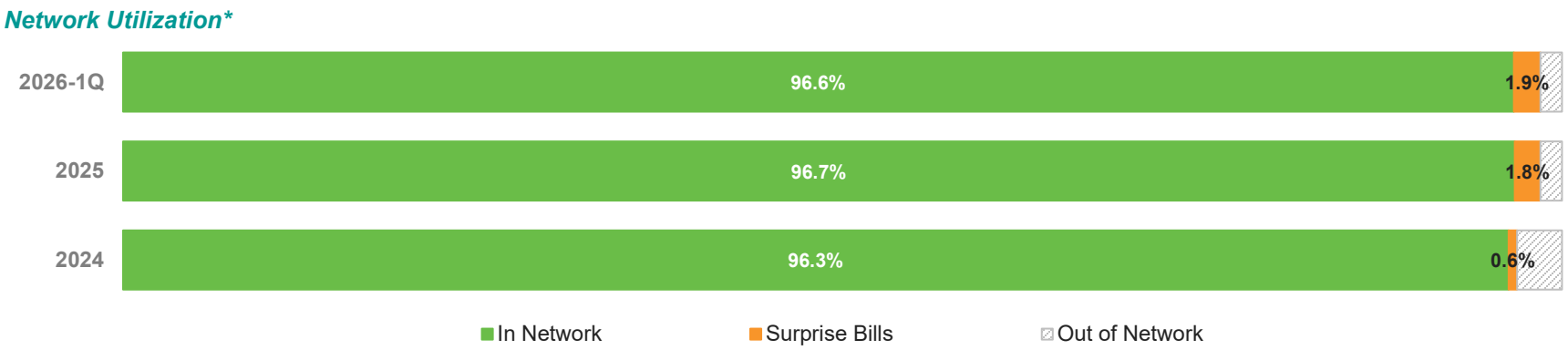
Network Summary

Discount Percentage & Network Utilization





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

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Clinical Classification Summary

Breakout by Diagnostic Chapter

UMR

Diagnostic Chapter	2025 (Full Year)		2026-1Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Musculoskeletal System	1,916	$5,111,750	915	$1,195,217	$792,842	$311,154	$91,222	$540,999	$654,219
Circulatory System	1,057	$4,561,417	392	$891,370	$677,572	$186,456	$27,342	$308,218	$583,152
Neoplasms	948	$5,069,259	356	$855,789	$760,435	$76,594	$18,761	$109,578	$746,212
Injury, Poisoning & External Causes	954	$3,217,301	356	$753,102	$449,946	$167,356	$135,800	$416,357	$336,744
Health Status & Health Services	3,709	$3,578,036	1,499	$731,417	$467,763	$121,020	$142,634	$221,348	$510,069
Digestive System	839	$3,833,453	307	$621,048	$479,047	$103,776	$38,225	$280,149	$340,899
Mental, Behavioral & Neurodevelopmental	1,305	$2,232,030	720	$505,572	$219,119	$46,770	$239,682	$158,303	$347,269
Symptoms, Signs & Findings, NEC	2,460	$2,751,576	927	$438,256	$299,545	$80,413	$58,299	$129,288	$308,968
Genitourinary System	1,125	$2,141,134	421	$431,568	$276,879	$114,376	$40,312	$223,424	$208,144
Nervous System	1,081	$1,684,188	546	$401,812	$228,211	$83,956	$89,645	$157,277	$244,536
Pregnancy, Childbirth & the Puerperium	100	$1,125,245	46	$396,148	$350,514	$1,819	$43,815	$0	$396,148
Respiratory System	1,683	$1,989,295	445	$390,013	$233,923	$68,491	$87,599	$241,853	$148,160
Endocrine, Nutritional & Metabolic	1,718	$1,519,332	775	$379,927	$252,461	$97,189	$30,277	$213,049	$166,879
Infectious & Parasitic Diseases	496	$868,889	120	$308,463	$236,670	$67,295	$4,499	$70,738	$237,725
Eye and Adnexa	1,537	$443,366	476	$131,977	$88,055	$18,190	$25,732	$31,366	$100,610
Skin & Subcutaneous Tissue	1,389	$471,294	509	$124,956	$71,042	$12,037	$41,877	$72,991	$51,964
Congenital Malformations & Abnormalities	97	$259,127	30	$108,131	$14,212	$93	$93,826	$102,035	$6,096
Perinatal Originating Conditions	60	$3,326,874	19	$79,336	$0	$0	$79,336	$17,926	$61,409
Ear and Mastoid Process	513	$468,197	153	$70,063	$26,982	$13,997	$29,084	$24,800	$45,263
Blood & Immune Disorders	216	$504,817	87	$58,995	$50,442	$5,626	$2,927	$8,404	$50,590
External Causes of Morbidity	1	$124	0	$0	$0	$0	$0	$0	$0
Total	**5,279**	**$45,156,705**	**3,562**	**$8,873,158**	**$5,975,657**	**$1,576,606**	**$1,320,895**	**$3,328,103**	**$5,545,055**

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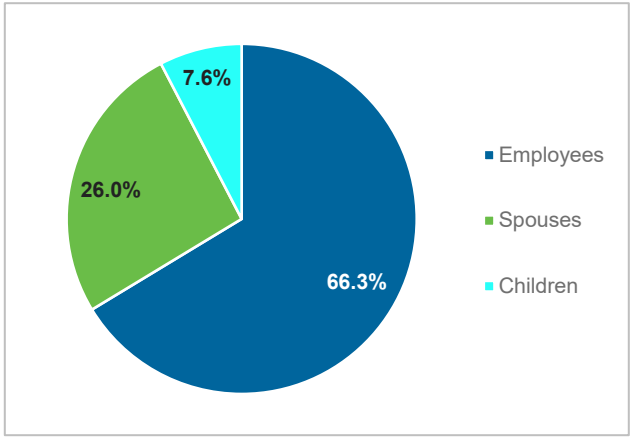
#1 Top Dx Chapter

Musculoskeletal System

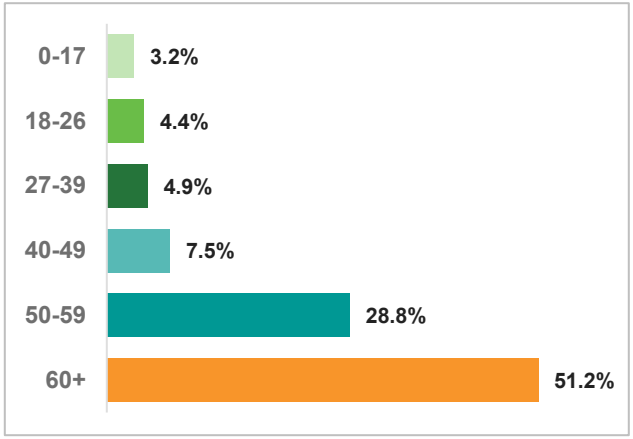
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Osteoarthritis & osteoporosis	133	275	$327,038	27.4%
2	Spondylopathies & arthropathy	269	702	$305,362	25.5%
3	Tendon, tissue, muscle disorders	160	320	$205,691	17.2%
4	Other musculoskeletal pain	451	1,083	$170,570	14.3%
5	Joint disorders & fractures	57	139	$52,081	4.4%
6	Scoliosis & oth deformities	56	86	$51,928	4.3%
7	Low back pain	88	220	$37,546	3.1%
8	Rheumatoid arthritis & related disease	40	76	$28,657	2.4%
9	Lupus	25	49	$5,005	0.4%
10	Other MSK	10	22	$4,469	0.4%
11	Biomechanical lesions	62	230	$4,066	0.3%
12	Gout & crystal arthropathies	14	18	$2,804	0.2%
=	**Total**	**915**	**3,369**	**$1,195,217**	**100.0%**

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



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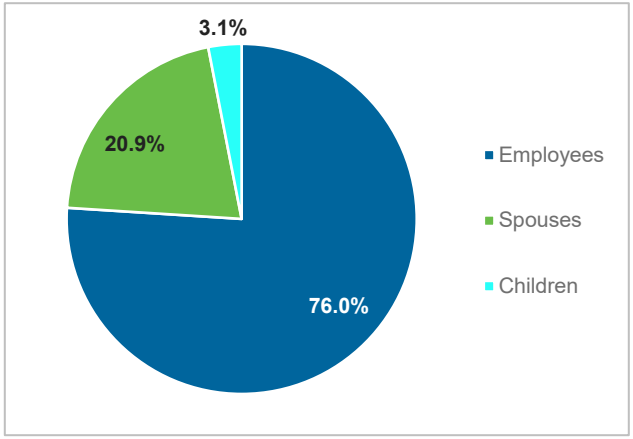
#2 Top Dx Chapter

Circulatory System

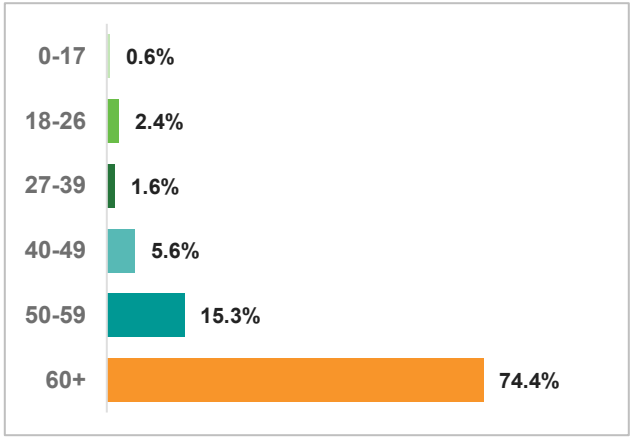
Breakout by Diagnostic Grouping & Demographics

#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Cardiac dysrhythmias	69	159	$260,374	29.2%
2	Heart failure	9	12	$133,020	14.9%
3	Vascular disease	31	61	$114,529	12.8%
4	Coronary atherosclerosis & oth heart disease	51	116	$91,965	10.3%
5	Myocardial infarction	2	21	$69,180	7.8%
6	Other circulatory	19	24	$61,588	6.9%
7	Nonspecific chest pain	52	90	$59,706	6.7%
8	Hypertension	198	281	$37,592	4.2%
9	Acute pulmonary embolism, DVT	16	35	$22,843	2.6%
10	Cerebrovascular disease	11	39	$21,967	2.5%
11	Nonrheumatic & unspecified valve disorders	18	55	$17,810	2.0%
12	Myocarditis & cardiomyopathy	3	5	$798	0.1%
=	**Total**	**392**	**982**	**$891,370**	**100.0%**

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



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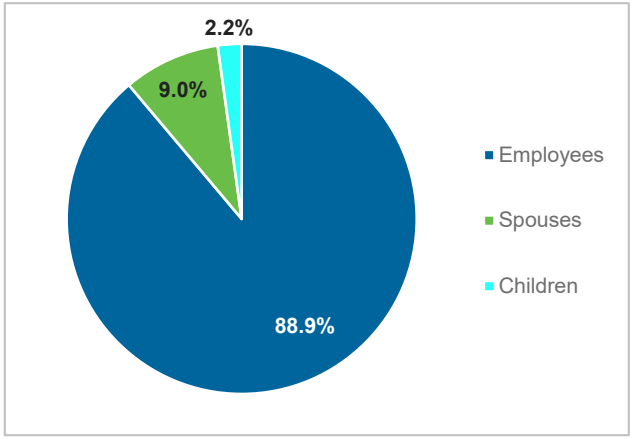
#3 Top Dx Chapter

Neoplasms (Cancer)

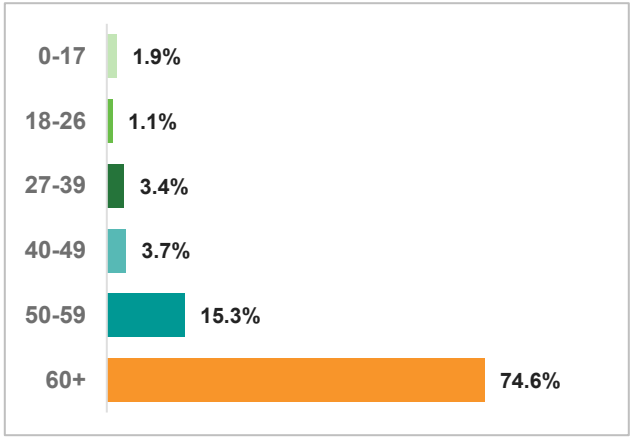
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Secondary malignancies	7	19	$398,965	46.6%
2	Breast cancer	35	124	$83,722	9.8%
3	Benign neoplasms	200	272	$74,020	8.6%
4	Colorectal cancer	5	43	$54,888	6.4%
5	Respiratory cancers	3	35	$48,438	5.7%
6	Skin cancer	36	96	$38,729	4.5%
7	Leukemia	4	30	$30,747	3.6%
8	Kidney Cancer	4	10	$26,677	3.1%
9	Neoplasms of unspec nature	116	133	$20,921	2.4%
10	Thyroid cancer	2	8	$18,159	2.1%
11	Prostate cancer	18	33	$18,063	2.1%
12	Brain cancer	1	1	$12,491	1.5%
13	Lymphoma	8	59	$10,665	1.2%
14	Pancreatic cancer	2	13	$5,981	0.7%
15	Cervical cancer	1	1	$3,173	0.4%
16	Other urinary system cancer	2	4	$2,825	0.3%
17	Ovarian cancer	2	3	$2,732	0.3%
18	Head & neck cancers	2	3	$1,625	0.2%
19	Endometrial cancer	3	5	$1,157	0.1%
20	Other cancer	4	5	$848	0.1%
...	*All Others*	*7*	*11*	*$964*	*0.1%*
=	**Total**	**356**	**968**	**$855,789**	**100.0%**

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



Note: there are additional cancer-related costs for encounters and therapy, totaling $311,494 – these costs are categorized under Health Status

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Condition Focus

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

UMR

Mental & Behavioral Diagnostic Grouping	2024 (Full Year)		2025 (Full Year)		2026-1Q		2026-1Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	424	$531,931	410	$621,974	192	$149,704	$41,842	$6,000	$100,590	$1,272
Anxiety & related Disorders	512	$337,685	490	$381,768	250	$97,417	$0	$1,701	$95,716	$0
Trauma & stressor disorders	338	$370,626	332	$297,354	179	$75,937	$0	$0	$75,937	$0
Neurodevelopmental disorders	253	$292,459	260	$259,148	137	$73,121	$0	$1,335	$71,787	$0
Other mental health	141	$117,944	133	$99,065	50	$35,952	$0	$19,776	$16,176	$0
Bipolar & related Disorders	79	$92,390	66	$83,919	30	$25,232	$13,273	$0	$11,959	$0
Alcohol-related disorders	45	$307,936	30	$150,432	10	$17,712	$3,320	$11,831	$2,561	$0
Suicidal ideation, attempt or self-harm	23	$42,788	24	$141,882	7	$14,407	$0	$12,114	$2,293	$0
Obsessive compulsive disorders	22	$60,775	20	$9,774	14	$5,550	$0	$0	$5,550	$0
Eating disorders	15	$51,171	13	$88,845	6	$3,511	$0	$0	$3,511	$0
Schizophrenia spectrum disorders	16	$33,159	13	$68,703	6	$3,099	$0	-$591	$3,690	$0
Cannabis-related disorders	5	$3,870	10	$2,953	2	$2,170	$0	$1,785	$385	$0
Stimulant disorders	6	$31,146	1	$5,296	2	$913	$0	$0	$913	$0
Other substance use	40	$10,408	37	$7,180	8	$845	$0	$0	$845	$0
Opiod disorders	13	$38,318	8	$13,737	0	$0	$0	$0	$0	$0
Total	**1,352**	**$2,322,608**	**1,305**	**$2,232,030**	**720**	**$505,572**	**$58,435**	**$53,949**	**$391,915**	**$1,272**

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Condition Focus

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions

UMR

Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	*Change vs LY*	# of Mems	Mems per 1000	*Change vs LY*	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	11	2.1	*22.2%*	5	1.0	*-37.5%*	$11,236	363.6	454.5
Asthma	221	42.7	*-10.2%*	104	20.1	*-14.8%*	$5,337	67.9	203.6
Atrial Fibrillation	65	12.6	*20.4%*	49	9.5	*16.7%*	$44,869	553.8	1,092.3
Blood Disorders	208	40.2	*-7.1%*	102	19.7	*-2.9%*	$31,465	235.6	471.2
CAD	89	17.2	*-1.1%*	53	10.2	*23.3%*	$19,188	202.2	460.7
COPD	38	7.3	*-5.0%*	25	4.8	*-7.4%*	$27,745	342.1	578.9
Cancer	509	98.4	*-9.4%*	252	48.7	*-4.2%*	$19,925	104.1	241.7
Chronic Pain	38	7.3	*-17.4%*	17	3.3	*-26.1%*	$60,356	342.1	631.6
CHF	26	5.0	*-7.1%*	13	2.5	*-23.5%*	$153,131	500.0	615.4
Demyelinating Diseases	18	3.5	*-10.0%*	16	3.1	*33.3%*	$33,250	55.6	333.3
Depression	389	75.2	*-3.7%*	288	55.7	*5.1%*	$15,033	162.0	367.6
Diabetes	503	97.3	*1.4%*	382	73.9	*-2.3%*	$10,608	65.6	224.7
ESRD	17	3.3	*-5.6%*	12	2.3	*-20.0%*	$231,255	941.2	1,647.1
Eating Disorders	13	2.5	*-7.1%*	8	1.5	*-11.1%*	$16,643	230.8	461.5
HIV/AIDS	5	1.0	*-28.6%*	5	1.0	*0.0%*	$3,793	0.0	0.0
Hyperlipidemia	203	39.3	*-3.3%*	79	15.3	*29.5%*	$5,147	14.8	113.3
Hypertension	553	106.9	*-2.1%*	256	49.5	*0.8%*	$9,216	92.2	229.7
Immune Disorders	25	4.8	*-3.8%*	13	2.5	*-7.1%*	$27,216	40.0	160.0
IBD	21	4.1	*-32.3%*	6	1.2	*-14.3%*	$3,478	0.0	190.5
Liver Disease	1	0.2	*-66.7%*	1	0.2	*0.0%*	$1,315,592	1,000.0	0.0
Morbid Obesity	96	18.6	*-6.8%*	53	10.2	*-10.2%*	$26,518	83.3	177.1
Osteoarthritis	270	52.2	*-4.9%*	115	22.2	*-9.4%*	$14,322	100.0	266.7
Peripheral Vascular Disease	26	5.0	*-16.1%*	5	1.0	*-54.5%*	$11,697	192.3	269.2
Rheumatoid Arthritis	57	11.0	*-6.6%*	45	8.7	*2.3%*	$10,809	52.6	263.2

- *Most prevalent chronic condition is Hypertension, with 553 members*
- *Diabetes is the condition with the most moderate/high risk members (382)*
- *Members with mod/high risk Cancer have the highest combined cost: 252 members totaling $5.02M*

Date Range: Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

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

Cost & Utilization for All Members:

- **Allowed PMPY:** $8,722
- **Admits per 1000:** 60.3
- **ER Visits per 1000:** 233.2

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Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends

Preventive Service	Population	Jul 2023 - Jun 2024 Eligible	Jul 2023 - Jun 2024 Actual	Jul 2023 - Jun 2024 Rate	Jul 2024 - Jun 2025 Eligible	Jul 2024 - Jun 2025 Actual	Jul 2024 - Jun 2025 Rate	*Rate Change*	UMR Norm Rate	UMR Norm *Variance*
Well Visits	*Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.*									
Well Baby Visit	0 - 15 months	58.8	322	**5,476.1**	40.2	221	**5,498.6**	*0.4%*	**5,386.4**	*2.1%*
Well Child Visit	3 - 6 years	248.2	205	**826.1**	209.5	186	**888.0**	*7.5%*	**802.8**	*10.6%*
Adults w/ Well Visit	Adults 18+	4,435	1,869	**42.1%**	4,030	1,780	**44.2%**	*2.0 pts*	**40.5%**	*3.7 pts*
Screenings	*Rate for all screenings is the percentage of eligible population who had the screening during the period.*									
Mammogram	Females 40 - 69	1,596	769	**48.2%**	1,452	754	**51.9%**	*3.8 pts*	**46.9%**	*5.0 pts*
Cervical Cancer	Females 21 - 64	2,153	513	**23.8%**	1,904	488	**25.6%**	*1.8 pts*	**23.0%**	*2.6 pts*
Prostate Cancer	Males 50 - 70	914	416	**45.5%**	873	414	**47.4%**	*1.9 pts*	**42.2%**	*5.2 pts*
Colorectal Cancer	Members 45 - 75	2,557	422	**16.5%**	2,360	431	**18.3%**	*1.8 pts*	**16.4%**	*1.9 pts*
Cholesterol	Female 45+ Male 35+	2,882	1,619	**56.2%**	2,664	1,517	**56.9%**	*0.8 pts*	**46.9%**	*10.1 pts*
Condition-specific	**Screening**									
Asthma	Office Visit for Asthma	246	207	**84.1%**	221	176	**79.6%**	*-4.5 pts*		
COPD	Spirometry Test	40	8	**20.0%**	38	5	**13.2%**	*-6.8 pts*		
Type 2 Diabetes	A1c Test	451	412	**91.4%**	461	417	**90.5%**	*-0.9 pts*	**0**	*0*
	Eye Exam	451	127	**28.2%**	461	136	**29.5%**	*1.3 pts*	**0.0%**	*0.0 pts*
	Lipid Panel	451	353	**78.3%**	461	355	**77.0%**	*-1.3 pts*	**0**	*0*
	Urine Protein Test	451	292	**64.7%**	461	310	**67.2%**	*2.5 pts*	**0.0%**	*0.0 pts*
	Any Diabetes Screen	451	435	**96.5%**	461	446	**96.7%**	*0.3 pts*	**0**	*0*
Hyperlipidemia	Lipid Profile	210	109	**51.9%**	203	107	**52.7%**	*0.8 pts*		
Hypertension	Creatinine Test	565	153	**27.1%**	553	130	**23.5%**	*-3.6 pts*		
	Lipid Profile	565	174	**30.8%**	553	144	**26.0%**	*-4.8 pts*		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

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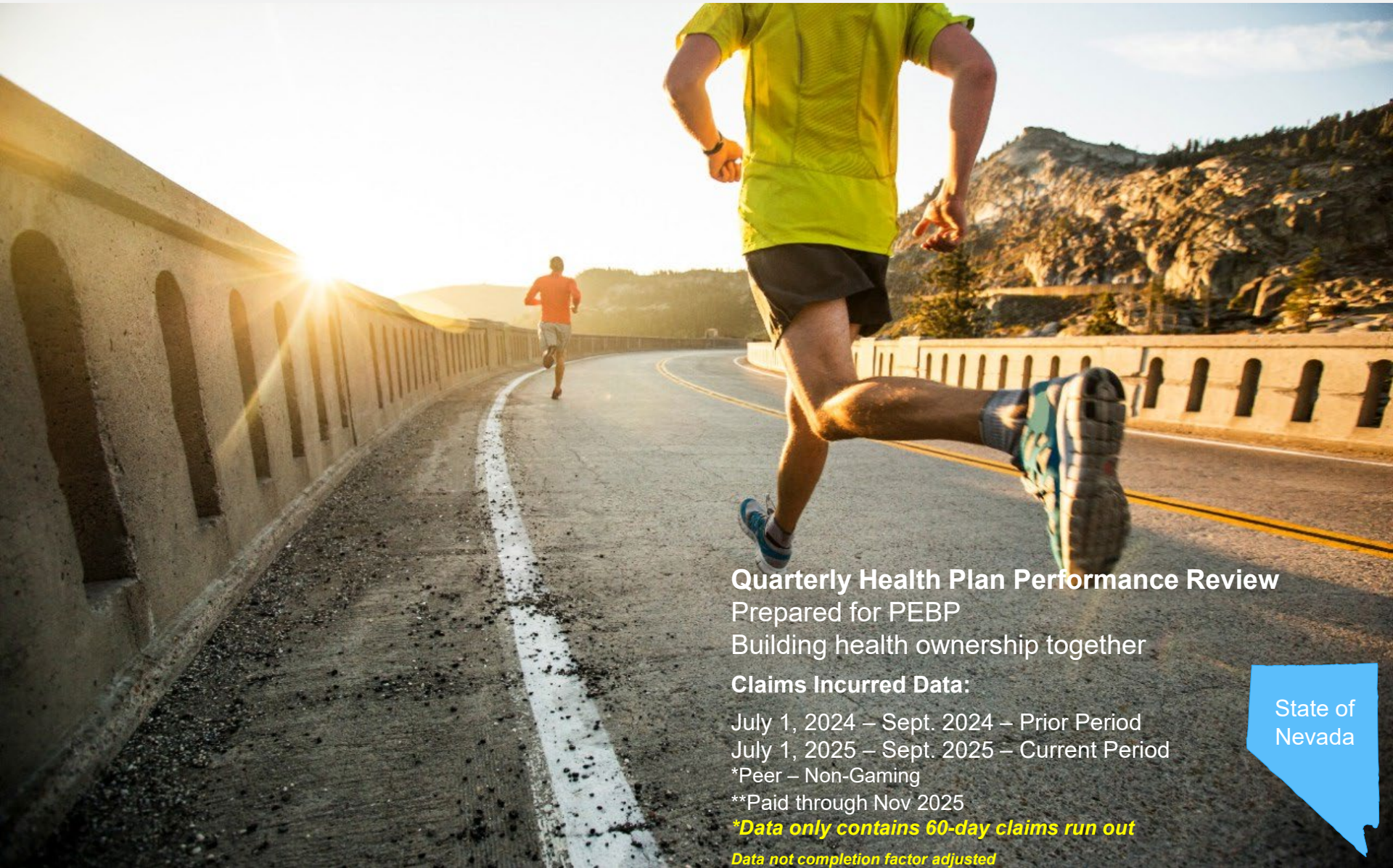
12.2.8

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
        12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
        12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
        12.2.1 Q1 UMR – Obesity and Diabetes Care Management
        12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
        12.2.3 Q1 UnitedHealthcare Basic Life Insurance
        12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
        12.2.5 Q1 CDHP Performance Review
        12.2.6 Q1 LD PPO Performance Review
        12.2.7 Q1 EPO Performance Review
        12.2.8 Q1 HPN Performance Review

Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2024 – Sept. 2024 – Prior Period

July 1, 2025 – Sept. 2025 – Current Period

*Peer – Non-Gaming

**Paid through Nov 2025

Data only contains 60-day claims run out

Data not completion factor adjusted

State of Nevada

Executive Summary

Spend and Utilization

Executive Summary Utilization & Spend

UnitedHealthcare

Population

- -6.7% decrease for employees from prior period
- -7.3% decrease for members from prior period

Medical Paid PMPM

- 7.2% increase in overall medical paid from prior period
- 7.0% increase in non-Catastrophic spend
- 28.4% increase in Catastrophic spend

High-Cost Claimants

- 15 HCC in 1Q25, flat from prior period
- -27.8% of HCC spend decrease in current period
- Avg. Paid per case decreased 28.4%

Emergency Room

- ER Visits Per 1,000 members decreased -13.0%
- Avg. paid per ER Visit increased 35.2%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -5.1%
- Avg. paid per Urgent care visit increased 4.6%

Rx Drivers

- Rx Net Paid PMPM increased 17.6%
- Specialty Spend increased 0.8%
- Specialty Rx driving -14.3% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx increased 10.9% on PMPM basis

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Executive Summary Utilization & Spend

UnitedHealthcare

Claims Paid by Age Group														
	July - Sept. 2024 Q1						July - Sept. 2025 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	$68,078	$612	$532	$5	$68,610	$617	$98,127	$750	$4,262	$33	$102,389	$783	49.2%	581.4%
01	$25,953	$226	$179	$2	$26,131	$227	$41,534	$454	$3,294	$36	$44,827	$490	101.0%	2214.7%
02-04	$223,519	$460	$1,710	$4	$225,229	$464	$177,090	$459	$172	$0	$177,261	$460	-0.2%	-87.4%
05-09	$180,824	$193	$8,979	$10	$189,803	$202	$213,238	$244	$8,167	$9	$221,405	$253	26.5%	-2.4%
10-14	$207,342	$161	$31,775	$25	$239,117	$186	$212,213	$179	$14,573	$12	$226,786	$191	11.1%	-50.2%
15-19	$309,414	$201	$52,647	$34	$362,060	$235	$314,576	$232	$56,482	$42	$371,058	$273	15.5%	21.9%
20-24	$352,019	$244	$44,920	$31	$396,939	$275	$319,668	$230	$60,677	$44	$380,345	$274	-5.6%	40.5%
25-29	$249,124	$292	$84,407	$99	$333,531	$391	$193,806	$269	$102,943	$143	$296,748	$412	-7.9%	44.4%
30-34	$262,052	$302	$122,706	$141	$384,758	$443	$259,716	$319	$141,637	$174	$401,353	$493	5.7%	23.1%
35-39	$301,233	$273	$192,646	$175	$493,879	$448	$585,913	$600	$291,703	$299	$877,616	$898	119.7%	71.0%
40-44	$404,728	$320	$248,310	$197	$653,039	$517	$497,849	$395	$300,083	$238	$797,933	$633	23.2%	21.1%
45-49	$851,594	$558	$509,867	$334	$1,361,460	$891	$580,118	$426	$388,794	$285	$968,912	$711	-23.7%	-14.6%
50-54	$737,298	$390	$695,079	$368	$1,432,377	$758	$1,121,514	$643	$791,286	$454	$1,912,800	$1,097	64.7%	23.3%
55-59	$789,893	$440	$703,116	$392	$1,493,008	$832	$937,865	$533	$825,156	$469	$1,763,020	$1,002	21.1%	19.7%
60-64	$822,826	$467	$615,466	$350	$1,438,292	$817	$892,582	$557	$655,124	$409	$1,547,705	$966	19.2%	17.0%
65+	$1,223,458	$960	$520,806	$409	$1,744,264	$1,368	$519,803	$408	$536,687	$421	$1,056,491	$829	-57.5%	3.1%
Total	$7,009,354	$384	$3,833,144	$210	$10,842,498	$594	$6,965,610	$411	$4,181,040	$247	$11,146,650	$658	2.8%	10.9%

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Financial Summary

UnitedHealthcare

Financial and Demographic (*July 2025 thru Sept 2025 Q1*)												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 1Q23	Thru 1Q24	Thru 1Q25	▲	Thru 1Q23	Thru 1Q24	Thru 1Q25	▲	Thru 1Q23	Thru 1Q24	Thru 1Q25	▲
Avg. # Employees	3,536	3,499	3,263	-6.7%	3,088	3,085	2,883	-6.5%	448	414	380	-8.1%
Avg. # Members	6,219	6,086	5,643	-7.3%	5,605	5,520	5,122	-7.2%	614	566	521	-8.1%
Ratio	1.8	1.7	1.7	-0.6%	1.8	1.8	1.8	-0.7%	1.4	1.4	1.4	0.1%
Financial												
Medical Paid	$6,583,814	$7,009,354	$6,965,610	-0.6%	$5,741,833	$4,587,142	$4,410,746	-3.8%	$841,980	$2,422,212	$2,554,863	5.5%
Member Paid	$601,720	$752,381	$543,574	-27.8%	$430,738	$445,626	$394,087	-11.6%	$30,708	$306,754	$149,488	-51.3%
Net Paid PEPY	$7,448	$8,014	$8,539	6.6%	$7,062	$7,838	$8,568	9.3%	$7,940	$9,325	$8,315	-10.8%
Net Paid PMPY	$4,235	$4,607	$4,937	7.2%	$3,891	$4,381	$4,822	10.1%	$6,910	$6,812	$6,069	-10.9%
Net Paid PEPM	$621	$668	$712	6.6%	$589	$653	$714	9.3%	$662	$777	$693	-10.8%
Net Paid PMPM	$353	$384	$411	7.2%	$324	$365	$402	10.1%	$576	$568	$506	-10.9%
High Cost Claimants												
# of HCC's > $50k	14	15	15	0.0%	9	13	13	0.0%	5	2	2	0.0%
Avg. paid per claimant	$90,842	$103,752	$74,322	-28.4%	$81,000	$99,980	$74,558	-25.4%	$108,559	$128,270	$72,790	-43.3%
HCC % of Spend	19.3%	22.0%	15.9%	-27.8%	13.4%	21.4%	15.6%	-27.1%	48.0%	25.6%	18.0%	-29.8%
Spend by Location (PMPY)												
Inpatient	$1,206	$1,486	$1,105	-25.6%	$1,880	$1,499	$1,200	-20.0%	$26,992	$2,827	$1,470	-48.0%
Outpatient	$1,113	$1,115	$1,405	26.0%	$1,048	$995	$1,327	33.4%	$17,848	$1,402	$1,809	29.0%
Professional	$1,976	$2,055	$2,435	18.5%	$1,170	$1,364	$1,840	34.9%	$20,712	$2,673	$3,078	15.2%
Total	$4,295	$4,656	$4,945	6.2%	$4,097	$3,324	$3,444	3.6%	$65,552	$6,903	$6,357	-7.9%

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Paid Claims by Claim Type

UnitedHealthcare

Net Paid Claims - Total									
Total Participants									
	July - Sept. 2024 Q1				July - Sept. 2025 Q1				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	$1,373,945	$103,204	$783,857	$2,261,006	$1,407,274	$0	$151,475	$1,558,749	-31.1%
OutPatient	$4,188,088	$118,677	$441,583	$4,748,348	$4,937,702	$93,391	$377,537	$5,406,861	13.9%
Total - Medical	$5,562,033	$221,881	$1,225,440	$7,009,354	$5,970,319	$219,198	$1,040,986	$6,965,610	-0.6%

Net Paid Claims - Total									
Total Participants									
	July - Sept. 2024 Q1				July - Sept. 2025 Q1				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	$335	$554	$3,058	$384	$388	$794	$817	$411	7.2%

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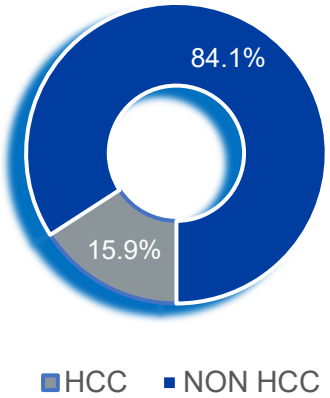
Cost Distribution – Medical Claims > $50K

UnitedHealthcare®

July - Sept. 1Q24							July - Sept 1Q25					
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid	Paid Claims	# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
2	0.0%	$422,583	6.0%	$422,583	100.0%	> $100k	0	0.0%	$0	0.0%	$0	-
9	0.1%	$595,293	8.5%	$292,169	49.1%	$50k- $100k	10	0.2%	$722,155	10.4%	$722,155	100.0%
20	0.3%	$738,623	10.5%	$499,491	67.6%	$25k - $50k	22	0.4%	$752,733	10.8%	$562,864	74.8%
71	1.2%	$1,331,438	19.0%	$679,454	51.0%	$10k - $25k	68	1.2%	$1,413,967	20.3%	$923,628	65.3%
125	2.1%	$991,455	14.1%	$594,596	60.0%	$5k - $10k	142	2.5%	$1,182,620	17.0%	$724,436	61.3%

% Paid Attributed to Catastrophic Cases



HCC > $50k - CCSR Chapter Conditions - Thru 1Q25			
Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Diseases of the musculoskeletal system	3	$252,975	3.6%
Neoplasms	3	$211,954	3.0%
Factors influencing health status	2	$173,761	2.5%
Certain infectious and parasitic diseases	2	$155,205	2.2%
Diseases of the nervous system	2	$125,797	1.8%

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Utilization Summary

UnitedHealthcare

Utilization Summary	Total			State Active			Retiree State/Non-State		
	July - Sept. 1Q24	July - Sept. 1Q25	▲	July - Sept. 1Q24	July - Sept. 1Q25	▲	July - Sept. 1Q24	July - Sept. 1Q25	▲
Inpatient									
# of Admits	112	63	-43.8%	93	54	-41.9%	19	9	-52.6%
# of Bedays	879	261	-70.3%	610	234	-61.6%	269	27	-90.0%
Avg. Paid per Admit	$18,706	$15,389	-17.7%	$18,415	$15,859	-13.9%	$20,128	$12,574	-37.5%
Avg. Paid per Day	$2,383	$3,715	55.9%	$2,808	$3,660	30.4%	$1,422	$4,191	194.8%
Admits Per K	73.6	44.7	-39.3%	67.4	42.2	-37.4%	134.2	69.1	-48.5%
Days Per K	577.7	185.0	-68.0%	442.1	182.7	-58.7%	1,899.9	207.4	-89.1%
ALOS	7.8	4.1	-47.2%	6.6	4.3	-33.9%	5.5	5.9	7.3%
Admits from ER	50	36	-28.0%	39	28	-28.2%	11	8	-27.3%
Physician Office Visits									
Per Member Per Year	2.3	2.2	-1.5%	2.2	2.2	-0.4%	2.5	2.2	-11.2%
Paid Per Visit	$162	$179	10.9%	$167	$187	12.0%	$117	$106	-10.1%
Net Paid PMPM	$30	$33	9.1%	$31	$35	11.5%	$24	$20	-20.2%
Emergency Room									
# of Visits	197	159	-19.3%	180	142	-21.1%	17	17	0.0%
Visits Per K	129.5	112.7	-13.0%	130.4	110.9	-15.0%	120.1	130.6	8.8%
Avg Paid Per Visit	$2,931	$3,961	35.2%	$2,942	$4,042	37.4%	$2,806	$3,288	17.2%
Urgent Care									
# of Visits	880	774	-12.0%	794	708	-10.8%	86	66	-23.3%
Visits Per K	578.4	548.6	-5.1%	575.4	552.9	-3.9%	607.4	507.0	-16.5%
Avg Paid Per Visit	$124	$129	4.6%	$93	$90	-2.9%	$93	$76	-18.4%

**Not Representative of all utilization*

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Diagnosis Grouper Summary – Top 25

UnitedHealthcare

Top 25 CCSR Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Spondylopathies/spondyloarthropathy	$366,682	6.5%	$360,030	$6,445	$208	$33,973	$332,709	$0
Neurodevelopmental disorders	$297,862	5.3%	$9,900	$912	$287,050	$199,274	$98,587	$0
Cardiac dysrhythmias	$156,334	2.8%	$155,788	$546	$0	$47,766	$108,567	$0
Abdominal pain and other digestive	$139,644	2.5%	$72,823	$57,673	$9,148	$23,645	$115,999	$0
Diabetes mellitus with complication	$127,658	2.3%	$99,100	$14,508	$14,051	$77,974	$49,684	$0
Septicemia	$126,917	2.2%	$126,225	$8	$684	$1,371	$125,546	$0
Other aftercare encounter	$126,855	2.2%	$98,309	$26,352	$2,194	$121,755	$5,100	$0
Breast cancer - all other types	$125,278	2.2%	$80,967	$44,311	$0	$101	$125,178	$0
Sleep wake disorders	$121,044	2.1%	$101,417	$15,284	$4,343	$60,738	$60,306	$0
Respiratory cancers	$110,766	2.0%	$104,925	$5,841	$0	$5,841	$104,925	$0
Headache; including migraine	$105,827	1.9%	$104,211	$846	$770	$2,375	$103,452	$0
Nonspecific chest pain	$101,546	1.8%	$54,536	$9,545	$37,465	$31,179	$70,367	$0
Chronic kidney disease	$93,073	1.6%	$93,073	$0	$0	$93,073	$0	$0
Respiratory failure; insufficiency; arrest	$92,701	1.6%	$92,395	$0	$306	$306	$92,395	$0
Unspecified upper respiratory disease	$91,852	1.6%	$80,353	$1,632	$9,867	$19,737	$72,115	$0
Encounter for antineoplastic therapies	$87,769	1.6%	$87,769	$0	$0	$12,942	$74,827	$0
Depressive disorders	$79,238	1.4%	$43,827	$7,527	$27,884	$30,873	$48,365	$0
Unspecified nutritional and metabolic disorders	$76,036	1.3%	$27,920	$47,883	$233	$27,636	$48,401	$0
Sprains and strains, initial encounter	$75,545	1.3%	$53,881	$3,972	$17,692	$29,507	$46,038	$0
Medical examination/evaluation	$74,355	1.3%	$14,162	$3,206	$56,988	$32,820	$41,536	$0
Benign neoplasms	$74,324	1.3%	$63,021	$11,303	$0	$25,928	$48,396	$0
Neoplasm-related encounters	$71,879	1.3%	$66,753	$5,126	$0	$15,503	$56,376	$0
Acute myocardial infarction	$68,313	1.2%	$68,313	$0	$0	$31,936	$36,377	$0
Male reproductive system cancers - prostate	$68,052	1.2%	$17,533	$50,519	$0	$68,052	$0	$0
Nerve and nerve root disorders	$65,475	1.2%	$65,078	$397	$0	$2,573	$62,902	$0

**Not Representative of all utilization*

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Mental Health Drilldown

UnitedHealthcare

Top 10 Mental Health				
CCSR Category Description	July - Sept. 1Q24		July - Sept. 1Q25	
	Patients	Total Paid	Patients	Total Paid
Neurodevelopmental disorders	135	$166,925	119	$297,862
Depressive disorders	208	$95,763	215	$79,238
Anxiety and fear-related disorders	240	$62,978	214	$53,656
Trauma- and stressor-related disorders	138	$35,759	131	$45,793
Bipolar and related disorders	44	$33,210	37	$29,362
Suicidal ideation/attempt/intentional self-harm	6	$23,535	4	$37,007
Alcohol-related disorders	12	$12,549	4	$1,357
Other specified and unspecified mood disorders	12	$4,085	12	$6,023
Cannabis-related disorders	5	$6,697	4	$674
Schizophrenia spectrum and other psychotic disorders	6	$2,878	5	$822

**Not Representative of all utilization*

**Data based on medical spend only*

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Respiratory Disorders

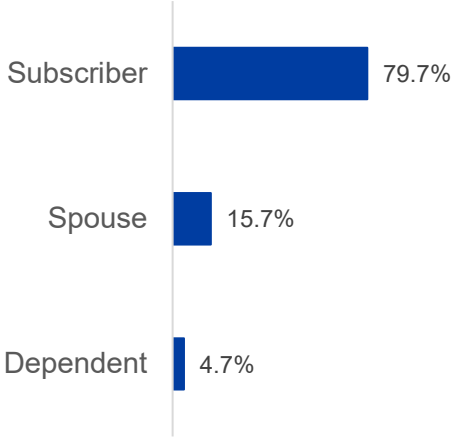
UnitedHealthcare

Top 10 Respiratory Disorders				
CCSR Category Description	Patients	Claims	Total Paid	% Paid
Respiratory failure; insufficiency; arrest	6	103	$92,701	25.1%
Unspecified upper respiratory disease	107	283	$91,852	24.9%
Sinusitis	59	90	$49,514	13.4%
Pneumonia (except that caused by TB)	7	24	$49,075	13.3%
Pleural effusion and pulmonary collapse	3	5	$40,720	11.0%
Asthma	53	90	$22,765	6.2%
Acute and chronic tonsillitis	12	16	$7,569	2.0%
Other specified upper respiratory infections	116	142	$7,138	1.9%
Acute bronchitis	31	38	$4,102	1.1%
COPD	13	18	$3,102	0.8%

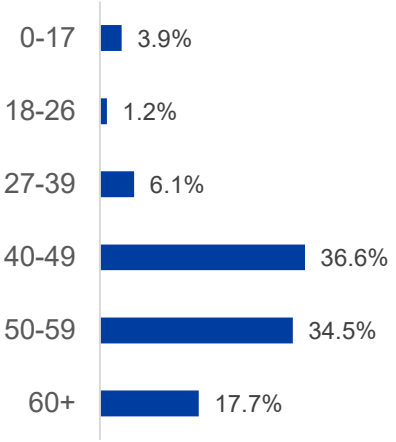
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



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Infections

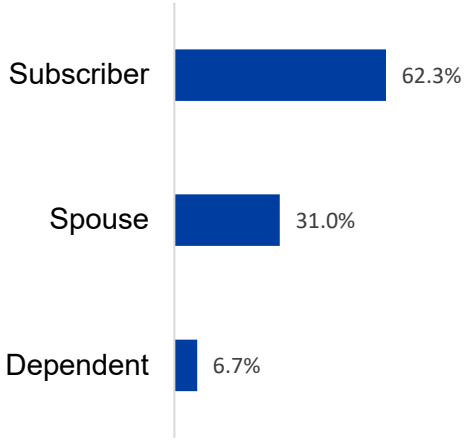
UnitedHealthcare

Top 10 Infectious and Parasitic Diseases				
CCSR Description	Patients	Claims	Total Paid	% Paid
Septicemia	8	13	$126,917	82.5%
Viral infection	37	47	$13,443	8.7%
COVID-19	36	61	$9,007	5.9%
HIV infection	18	42	$2,625	1.7%
Hepatitis	3	8	$1,029	0.7%
Sexually transmitted infections	6	9	$473	0.3%
Fungal infections	30	37	$279	0.2%
Bacterial infections	2	2	$0	0.0%
Parasitic, other specified	1	1	$0	0.0%
	1	2	$0	0.0%

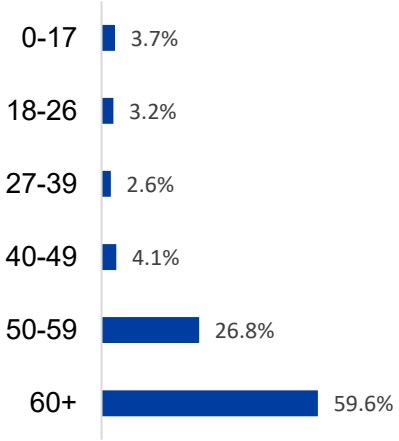
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



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Pregnancy Related Disorders

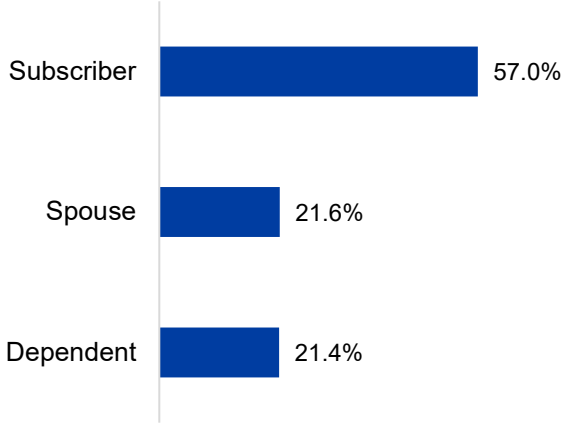
UnitedHealthcare

Top 10 Complications of Pregnancy				
CCSR Description	Patients	Claims	Total Paid	% Paid
Other specified complications in pregnancy	12	49	$49,605	27.0%
Early or threatened labor	1	1	$25,835	14.1%
Hypertension and hypertensive-related conditions	5	17	$21,916	11.9%
Uncomplicated pregnancy, delivery or puerperium	23	40	$19,952	10.9%
Previous C-section	2	5	$14,137	7.7%
Early, first or unspecified trimester hemorrhage	5	8	$12,949	7.0%
Diabetes or abnormal glucose tolerance	4	31	$11,409	6.2%
OB-related trauma to perineum and vulva	2	2	$10,064	5.5%
Malposition, disproportion or other labor complications	3	7	$9,659	5.3%
Maternal care related to fetal conditions	7	12	$8,205	4.5%

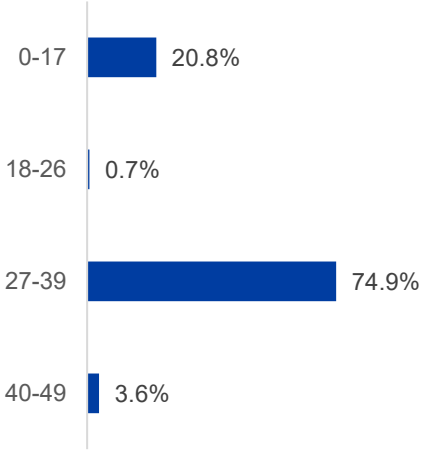
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



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Emergency Room and Urgent Care

UnitedHealthcare

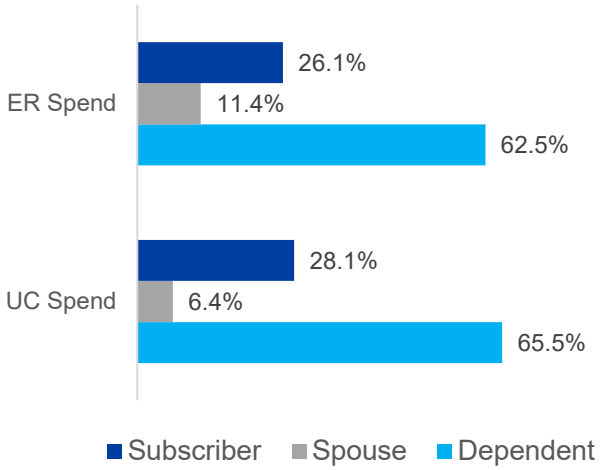
	July - Sept. 1Q24		July - Sept. 1Q25		Peer	
Metric	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	197	962	159	860		
Visits Per Member	0.03	0.48	0.03	0.54	0.08	0.14
Visits Per K	129.5	632.3	112.7	609.6	104.3	586.2
Avg. Paid Per Visit	$2,931	$112	$3,961.06	$121	$2,856	$118

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 1Q25				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	41	29.1	213	151.0
Spouse	16	11.3	105	74.4
Dependent	102	72.3	542	384.2
Total	159	112.7	860	609.6

ER / UC Spend by Relationship



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Clinical Conditions by Medical Spend

(CCSR Chapter Conditions)

UnitedHealthcare®

Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental, behavioral and neuro disorders	655	11.6%	116.1	$27.89
Neoplasms	280	5.0%	49.6	$25.77
Factors influencing health status	1621	28.7%	287.3	$22.80
Diseases of the circulatory system	478	8.5%	84.7	$22.45
Diseases of the musculoskeletal system	745	13.2%	132.0	$19.77
Diseases of the genitourinary system	478	8.5%	84.7	$17.74
Symptoms, signs and abnormal	942	16.7%	166.9	$17.32
Diseases of the nervous system	545	9.7%	96.6	$17.17
Diseases of the respiratory system	375	6.6%	66.5	$16.36
Injury, poisoning and certain	273	4.8%	48.4	$16.25
Endocrine, nutritional and metabolic diseases	860	15.2%	152.4	$14.37
Diseases of the digestive system	311	5.5%	55.1	$12.93
Pregnancy, childbirth and the puerperium	37	0.7%	6.6	$9.06
Certain infectious and parasitic diseases	139	2.5%	24.6	$6.46
Diseases of the ear and mastoid process	114	2.0%	20.2	$3.19

**Not Representative of all utilization*

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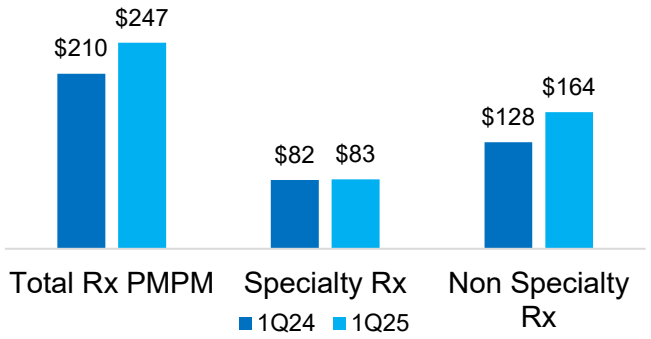
Pharmacy Drivers

UnitedHealthcare

	July - Sept. 1Q24	July - Sept. 1Q25	Δ
Enrolled Members	6,086	5,643	-7.3%
Average Prescriptions PMPY	17.5	18.1	3.9%
Formulary Rate	88.2%	88.7%	0.5%
Generic Use Rate	84.5%	83.7%	-0.8%
Generic Substitution Rate	98.8%	98.7%	-0.2%
Avg Net Paid per Prescription	$144	$163	13.2%
Net Paid PMPM	$210	$247	17.6%

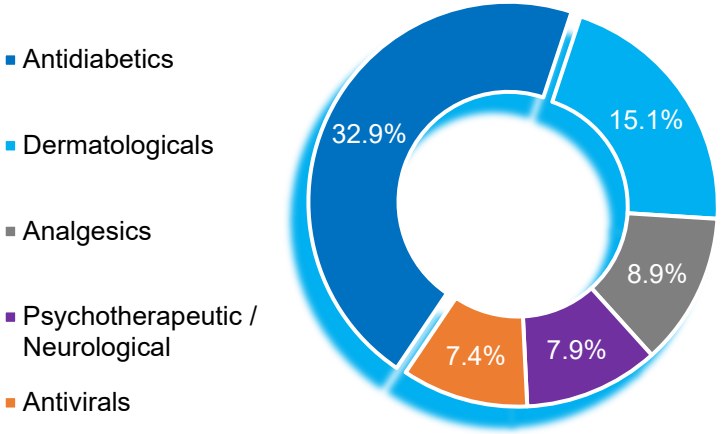
Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of 17.6%, (**$37 PMPM**) from prior period
- Avg. paid per Script increased **13.2%** (**$19 PMPM**) year over year
- Specialty Rx spend driving **33.6%** of Rx Spend
- Specialty Rx spend remained relatively flat from prior period
  Specialty Rx Drivers:
  Mounjaro (Antidiabetic) Spend up **82.6%**
  Ozempic (Antidiabetic) Spend up **3.5%**
-

Top 5 Therapeutic Classes by Spend



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12.2.9

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        12.2.5 Q1 CDHP Performance Review
        12.2.6 Q1 LD PPO Performance Review
        12.2.7 Q1 EPO Performance Review
        12.2.8 Q1 HPN Performance Review
        12.2.9 Q1 Dental Performance Review

Quarterly Plan Performance Review

Dental • 2026-1Q

Claims Paid 7/1/2025 - 9/30/2025

RPG 4.90 • Run Date: 11/21/2025

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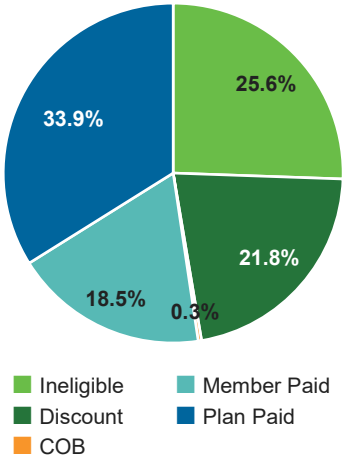
Dental Total Savings Summary

Breakouts & Network Performance

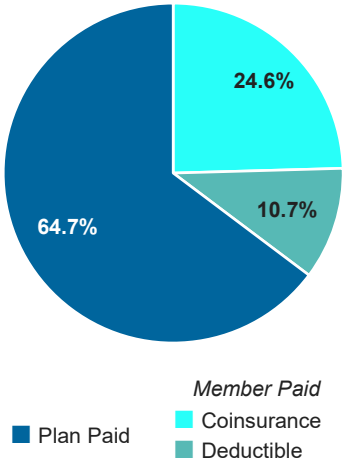
Dental Dollar Chain: Billed to Paid Dollars

Dollar Amount	Total Dollars	PMPM
Dental Billed	$22,926,290	$111.44
(-) Ineligible	$5,928,805	$28.82
Dental Covered	$16,997,485	$82.62
(-) Discount	$5,050,428	$24.55
Dental Allowed	$11,947,057	$58.07
(-) COB	$74,138	$0.36
(-) Coinsurance	$2,982,611	$14.50
(-) Deductible	$1,300,278	$6.32
Total Member Paid	$4,282,889	$20.82
Total Plan Paid	$7,863,690	$38.22

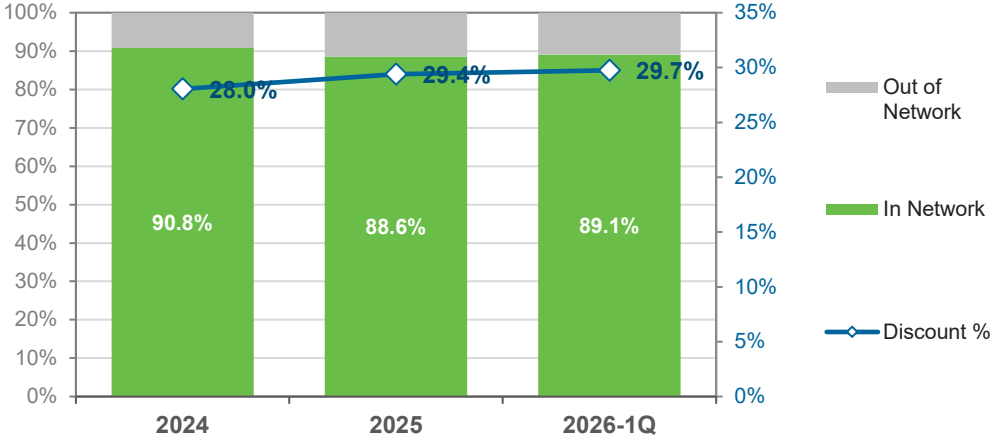
Breakout of Billed Dollars



Breakout of Paid Dollars



Dental Network Performance



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Dental Claims Breakouts

Age Range, Member Cost, and Dental Category

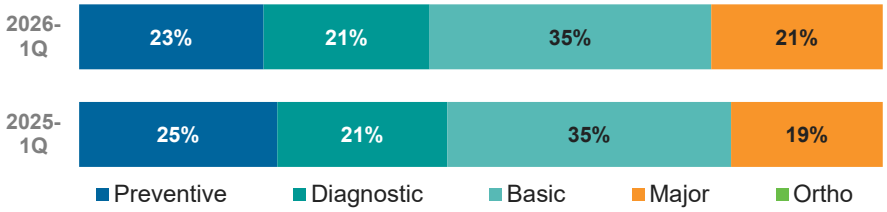
Dental Paid Claims by Age Range

Age	2025-1Q		2026-1Q		*Change*	
	Total Paid	Paid PMPM	Total Paid	Paid PMPM	Total	PMPM
< 01	$3,027	$2.57	$2,593	$2.05	*-14.3%*	*-20.4%*
01	$13,667	$10.10	$15,306	$11.44	*12.0%*	*13.3%*
02 - 04	$118,993	$24.88	$110,510	$23.27	*-7.1%*	*-6.5%*
05 - 09	$317,898	$33.07	$360,259	$36.77	*13.3%*	*11.2%*
10 - 14	$377,838	$33.69	$403,818	$34.79	*6.9%*	*3.3%*
15 - 19	$511,984	$38.81	$602,661	$45.66	*17.7%*	*17.6%*
20 - 24	$288,809	$20.72	$330,005	$22.96	*14.3%*	*10.8%*
25 - 29	$264,494	$27.00	$282,016	$26.95	*6.6%*	*-0.2%*
30 - 34	$320,215	$27.77	$324,351	$27.86	*1.3%*	*0.3%*
35 - 39	$391,371	$30.52	$408,606	$30.10	*4.4%*	*-1.4%*
40 - 44	$429,015	$31.36	$450,428	$31.16	*5.0%*	*-0.6%*
45 - 49	$407,842	$31.71	$486,572	$36.19	*19.3%*	*14.1%*
50 - 54	$513,321	$34.50	$562,891	$38.56	*9.7%*	*11.8%*
55 - 59	$535,228	$35.92	$619,693	$40.74	*15.8%*	*13.4%*
60 - 64	$679,239	$43.42	$713,038	$46.95	*5.0%*	*8.1%*
65+	$1,988,923	$49.05	$2,190,942	$53.66	*10.2%*	*9.4%*
Total	**$7,161,865**	**$35.47**	**$7,863,690**	**$38.22**	***9.8%***	***7.8%***

Dental Cost Distribution

Member Total Paid Range	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Mem Paid)	OOP % of Tot
No Claims	43,623	62.1%	$0	0.0%	$0	0.0%
< $0 - $0	1,394	2.0%	-$5,217	-0.1%	$79,199	1.8%
> $0 - $250	18,603	26.5%	$2,492,958	31.7%	$862,152	20.1%
> $250 - $500	2,568	3.7%	$896,199	11.4%	$439,703	10.3%
> $500 - $750	1,391	2.0%	$856,895	10.9%	$554,386	12.9%
> $750 - $1000	818	1.2%	$705,777	9.0%	$478,602	11.2%
> $1000	1,843	2.6%	$2,917,077	37.1%	$1,868,847	43.6%
Total	**70,240**	**100.0%**	**$7,863,690**	**100.0%**	$4,282,889	100.0%

Paid Breakout by Dental Category



Dental Category	2025-1Q		2026-1Q		*Change*
	Patients	Total Paid	Patients	Total Paid	*Total Paid*
Preventive	18,139	$1,766,024	18,437	$1,805,823	*2.3%*
Diagnostic	17,448	$1,515,380	17,866	$1,623,458	*7.1%*
Basic	8,707	$2,528,886	9,224	$2,753,732	*8.9%*
Major	2,144	$1,351,576	2,476	$1,680,677	*24.3%*
Orthodontia	1	$0	1	$0	-
Total Dental	**25,714**	**$7,161,865**	**26,130**	**$7,863,690**	***9.8%***

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Dental Paid by Member Status

Breakout of State vs. Non-State by Member Status

Program	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2026-1Q (7/1/2025 - 9/30/2025) Active	Pre-Medicare Retirees	Medicare Retirees	Total	Trend Total
State Members									
Dental	$4,791,739	$585,879	$160,527	**$5,538,144**	$5,358,594	$568,412	$176,869	**$6,103,875**	*10.2%*
Dental Exchange			$1,060,666	**$1,060,666**			$1,202,923	**$1,202,923**	*13.4%*
Total	**$4,791,739**	**$585,879**	**$1,221,193**	**$6,598,810**	**$5,358,594**	**$568,412**	**$1,379,792**	**$7,306,797**	***10.7%***
PMPM	**$31.69**	**$40.67**	**$50.69**	**$34.79**	**$34.41**	**$41.58**	**$56.05**	**$37.66**	***8.3%***
Non-State Members									
Dental	$712	$19,594	$58,039	**$78,346**	$643	$17,406	$64,627	**$82,676**	*5.5%*
Dental Exchange			$484,710	**$484,710**			$474,216	**$474,216**	*-2.2%*
Total	**$712**	**$19,594**	**$542,749**	**$563,055**	**$643**	**$17,406**	**$538,843**	**$556,892**	***-1.1%***
PMPM	**$23.79**	**$53.67**	**$45.81**	**$45.99**	**$12.61**	**$70.46**	**$47.15**	**$47.49**	***3.3%***
All Members									
Dental	$4,792,451	$605,473	$218,566	**$5,616,490**	$5,359,237	$585,818	$241,495	**$6,186,551**	*10.1%*
Dental Exchange			$1,545,376	**$1,545,376**			$1,677,139	**$1,677,139**	*8.5%*
Total	**$4,792,451**	**$605,473**	**$1,763,942**	**$7,161,865**	**$5,359,237**	**$585,818**	**$1,918,634**	**$7,863,690**	***9.8%***
PMPM	**$31.69**	**$40.99**	**$49.08**	**$35.47**	**$34.40**	**$42.09**	**$53.23**	**$38.22**	***7.8%***

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12.2.10

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        12.2.6 Q1 LD PPO Performance Review
        12.2.7 Q1 EPO Performance Review
        12.2.8 Q1 HPN Performance Review
        12.2.9 Q1 Dental Performance Review
        12.2.10 Q1 Doctor on Demand Engagement Report

Included HEALTH

dr+ on demand by Included Health

Virtual Care Engagement Monthly Report

UMR-State of Nevada

July 2025

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Member Engagement

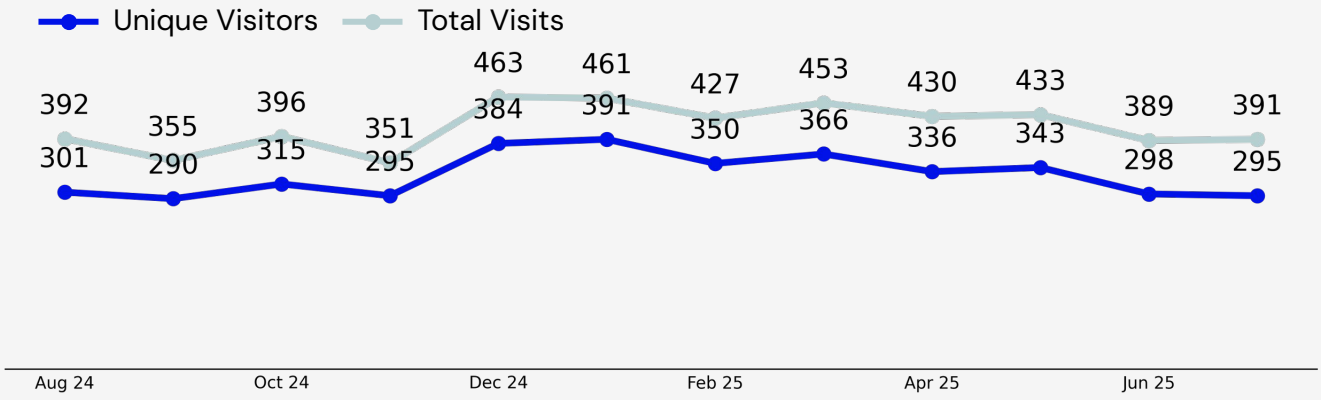
56	295	391
Registrations This Month	Unique Visitors This Month	Total Visits This month

This section highlights how many members have engaged with our services, as measured by registrations and visits. Registration is a leading indicator of program health, as it opens the door to continuous engagement with members and supporting them when clinical needs arise. Monitoring monthly engagement is key to program success; changes in engagement can result from marketing initiatives or seasonality (e.g. cold and flu).

New Registrations (Year to Date)

48,935	13,755	28.1%
Total Covered Lives	Registrations Lifetime to date	Registration Rate Lifetime to date
-	441	0.9%
Employee Covered Lives	Registrations Year to Date	Registration Rate Year to Date

Visits Last 12 Months



25,705	8,099	3.2	16.6%
Visits Lifetime to Date	Unique Visitors Lifetime to Date	Avg Visits Per Visitor Lifetime to Date	Engagement Rate (Visitors/Lives) Lifetime to Date
2,984	1,559	1.9	3.2%
Visits Year to Date	Unique Visitors Year to Date	Avg Visits Per Visitor Year to Date	Engagement Rate (Visitors/Lives) Year to Date

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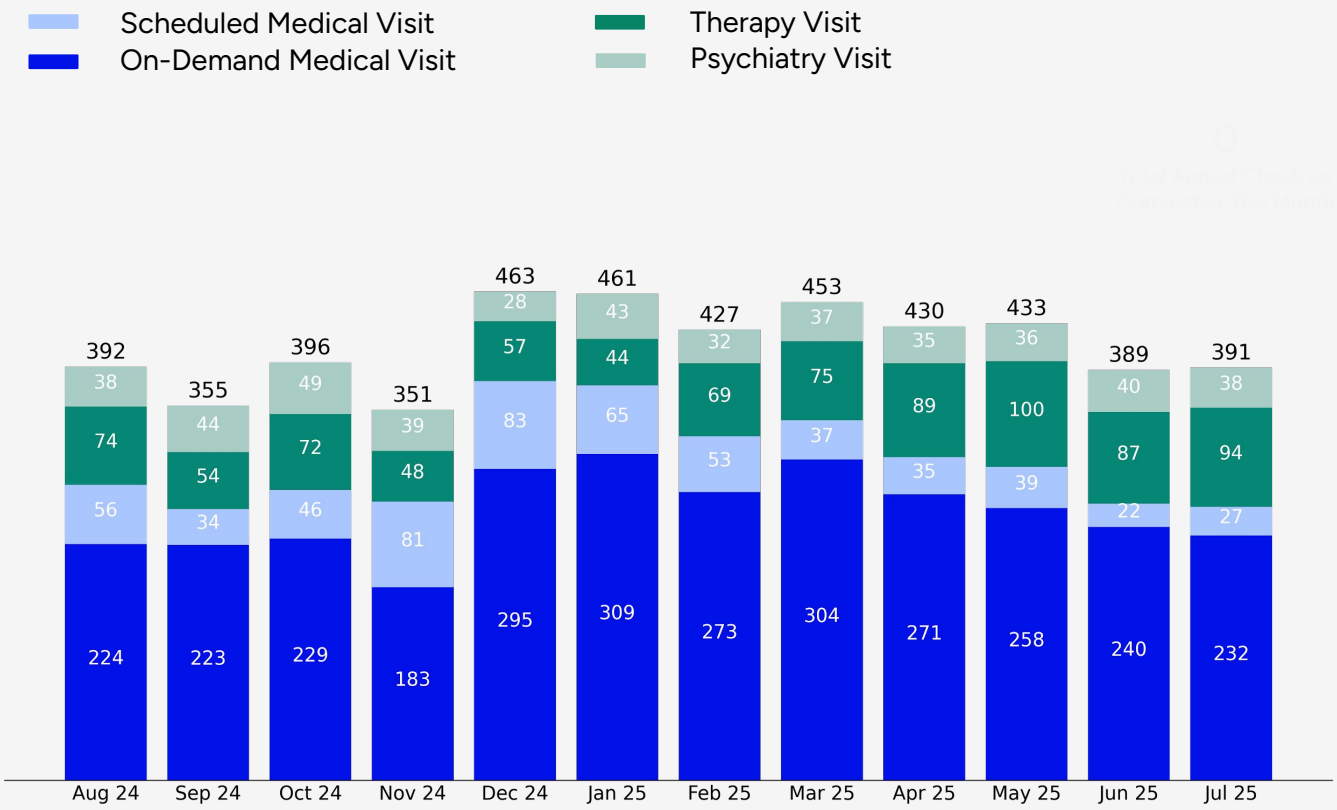
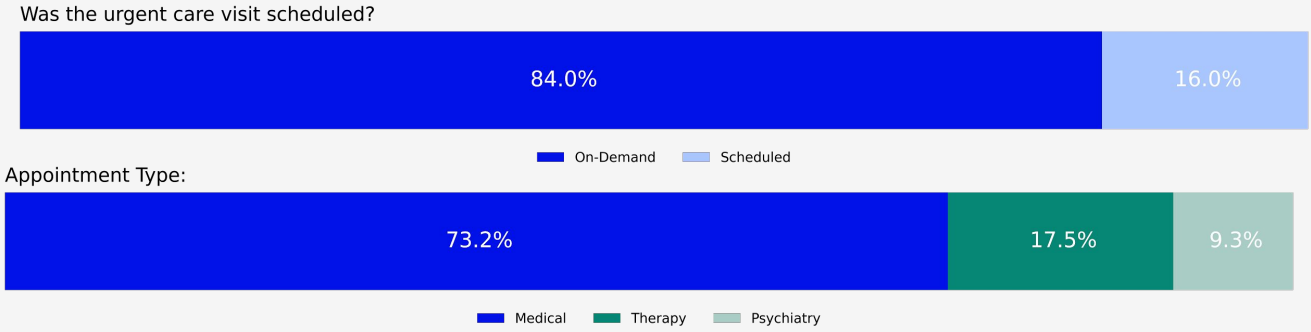
Member Engagement

Medical & Behavioral Health Visits (Rolling)



Member Demand by Visit Type Year to Date



Most Popular Day for Visits Year to Date

Tuesday

Most Popular Time for Visits Year to Date

Noon - 2PM

*Most popular day and time metrics are adjusted to time zone local where the visit was initiated

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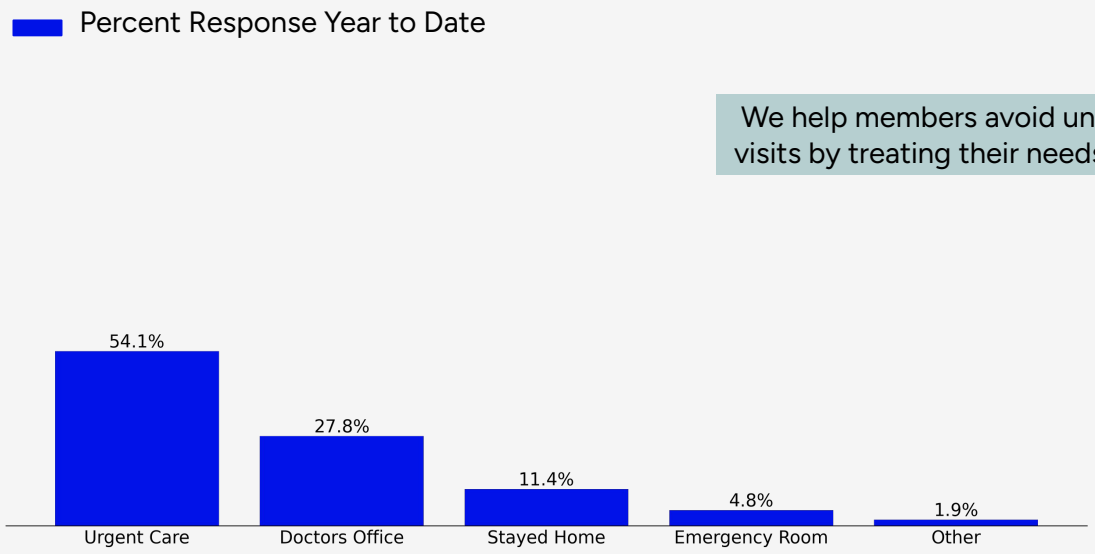
Supporting your population

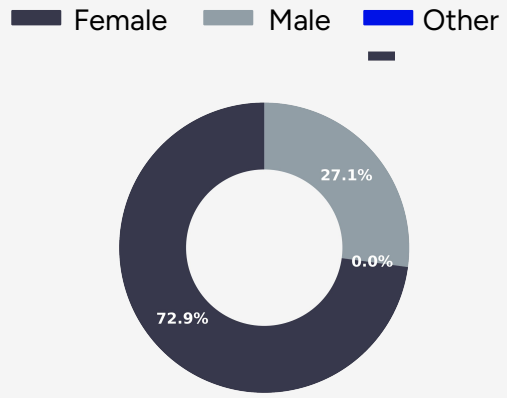
Member access, demographics, and experience

Without Included Health, where would you have gone?

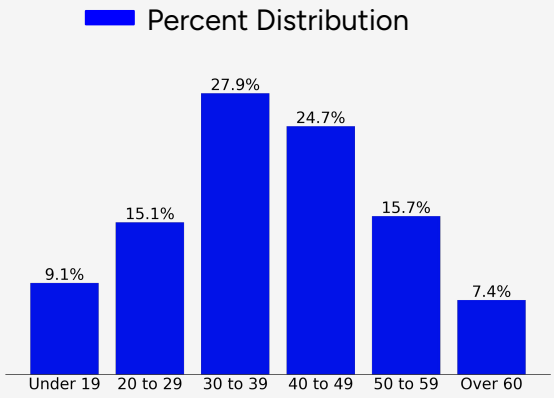


We help members avoid unnecessary in-person visits by treating their needs virtually.

Visits by Reported Gender Year to Date



Visits by Age Year to Date



Member Experience Metrics	July	Year to Date
Average Member Rating	5.0 / 5 (N = 210)	4.9 / 5 (N = 1,098)
Median Wait Time for On-Demand Medical Appointments	2.3 min	4.8 min
Median Days to Scheduled Appointment (BH)	9.0 days	8.0 days

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Member Clinical Needs

This section highlights the range of clinical conditions that we treat through virtual care services. The program addresses comprehensive physical and behavioral health needs, and chronic and acute conditions. Examining the top needs of your population can inform more targeted clinical interventions and programs.

Member Reported Visit Reasons

Top 10 Visit Reasons

Visit Reasons	Visits Year to Date
Cold	221
Urinary tract infection (UTI)	214
Cough	177
Eye issue	121
Other injury	121
Sore throat	115
Anxiety	104
Nasal congestion	86
Earache	71
Fever	66

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits Year to Date
Other upper respiratory infect..	593
Anxiety disorders	571
Mood disorders	274
Urinary tract infections	202
Adjustment disorders	171
Administrative/social admission	146
Inflammation; infection of eye..	132
Attention-deficit conduct and ..	115
Viral infection	103
Cough, unspecified	82

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Clinical Service Delivery

Our clinical team can provide a wide range of clinical services to help address members' needs. Our team has a focus on prescribing and labs to ensure our efficacy meets or exceeds that of in-person care through connections with pharmacy benefits and top lab networks.

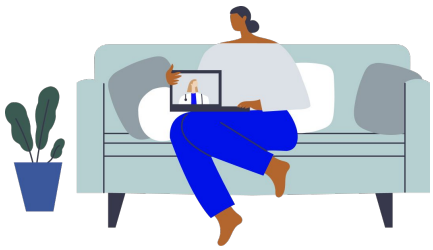
Prescriptions and Testing Summary

355	78.6%	37	3.8%
Prescriptions This Month	of Medical and Psychiatry visits resulted in a prescription order Year to Date	Lab Orders This Month	of Medical visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count (YTD)
benzonatate 200 mg capsule	172
nitrofurantoin monohydrate/mac	137
albuterol sulfate hfa 90 mcg/a	136
amoxicillin 875 mg-potassium c	135
prednisone 20 mg tablet	121
fluticasone propionate 50 mcg/	107
azelastine 137 mcg (0.1 %) nas	100
ondansetron 4 mg disintegratin	81
doxycycline hyclate 100 mg cap	59
fluconazole 150 mg tablet	59

Top Labs	Count (YTD)
urinalysis complete, reflex culture	33
cmp, serum or plasma	16
cbc w/ auto diff	10
rpr (rapid plasma reagin), serum	10
culture, urine	10
lipid panel, serum	9
urinalysis, complete	9
tsh + free t4, serum	9
hba1c (hemoglobin a1c), blood	8
hiv 1+2 ab + hiv1 p24 ag, quantitative immunoassay...	7



For any questions regarding the reporting, please feel free to reach out to your respective client success lead. Thank you.

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Data & Metric Definitions

Metric	Definition
Behavioral Health Visit	Behavioral Health visits refer to scheduled appointments with our multidisciplinary team of therapists, psychologists, and psychiatrists. Our integrated Behavioral Health solution delivers highly-accessible, virtual-first therapy and psychiatry to members to address every member need from subclinical to clinical. Therapy visits are 25 or 50 minutes in length depending on the patient's needs. Initial Psychiatry visits are 45 minutes in length and all follow up psychiatry visits are 15 minutes in length.
Covered Lives	Total count of member lives (employees and dependents) eligible for Included Health services.
Employee Lives	Total count of employee lives eligible for Included Health services.
Engagement Rate	Total number of unique visitors as a percentage of eligible lives.
Medical Visit	Medical visits refer to on-demand and/or scheduled encounters with our multidisciplinary team of clinicians. **Urgent Care:** Our Everyday & Urgent Care solution offers accessible video-first care for acute needs. Our multidisciplinary team of employed clinicians provide 24/7 care on demand or by appointment to improve access to care and deliver a better care experience. Providers are cross-trained in behavioral health, primary dermatology, and geriatric medicine, to treat a wide range of everyday & urgent care and behavioral health needs including cold, flu, UTIs, sinus infections, along with anxiety and depression **Virtual Primary Care -** With Primary Care, we provide 24/7 care across the full continuum of member needs, including physical - acute, preventive and chronic - and behavioral for engaged members.
ICD-10 Code and Description	Describes the top international classification of diseases for diagnoses, symptoms, and procedures recorded by our clinicians as a result of the visit.
Member Rating	Average visitor rating of 1-5 stars submitted upon visit completion.
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Registration	A member is considered "registered" when they digitally accept the Included Health TOS. Registration rate is the total number of individuals registered as a percentage of eligible lives.
Reported Age and Gender	Describes the patient's age and gender category as provided by the member's insurance carrier or reported by the patient. Note, these demographics describe the patient, not the visitor.
Visit	A visit describes a member's encounter with an Included Health provider. Visits can be classified as: Medical or Behavioral (Therapy, Psychiatry)
Visitors	A member that initiates a visit with Included Health. Unique visitor counts is determined by the member that initiates the visit, not the patient seen by the provider. For example: A patient that initiates a visit for herself and a separate visit for her child is counted as one unique visitor.

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Included HEALTH

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Virtual Care Engagement Monthly Report

UMR-State of Nevada

August 2025

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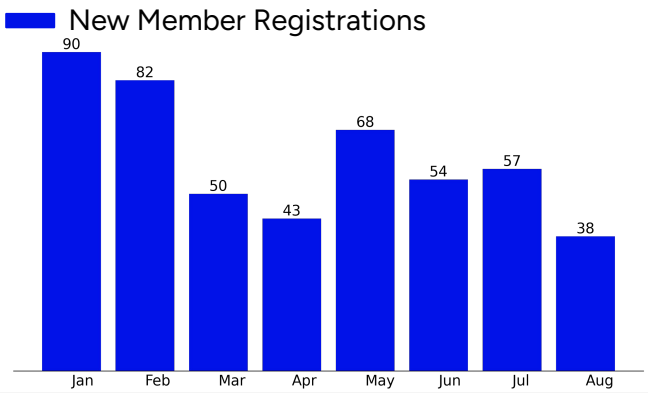
Member Engagement

38	300	373
Registrations This Month	Unique Visitors This Month	Total Visits This month

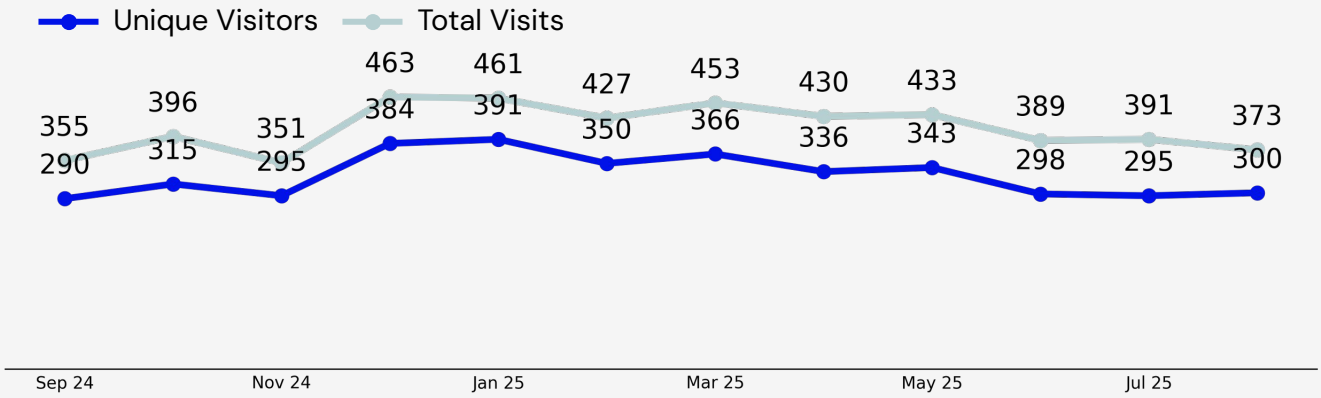
This section highlights how many members have engaged with our services, as measured by registrations and visits. Registration is a leading indicator of program health, as it opens the door to continuous engagement with members and supporting them when clinical needs arise. Monitoring monthly engagement is key to program success; changes in engagement can result from marketing initiatives or seasonality (e.g. cold and flu).

New Registrations (Year to Date)



48,935	13,797	28.2%
Total Covered Lives	Registrations Lifetime to date	Registration Rate Lifetime to date
-	482	1.0%
Employee Covered Lives	Registrations Year to Date	Registration Rate Year to Date

Visits Last 12 Months



26,079	8,140	3.2	16.6%
Visits Lifetime to Date	Unique Visitors Lifetime to Date	Avg Visits Per Visitor Lifetime to Date	Engagement Rate (Visitors/Lives) Lifetime to Date
3,357	1,665	2.0	3.4%
Visits Year to Date	Unique Visitors Year to Date	Avg Visits Per Visitor Year to Date	Engagement Rate (Visitors/Lives) Year to Date

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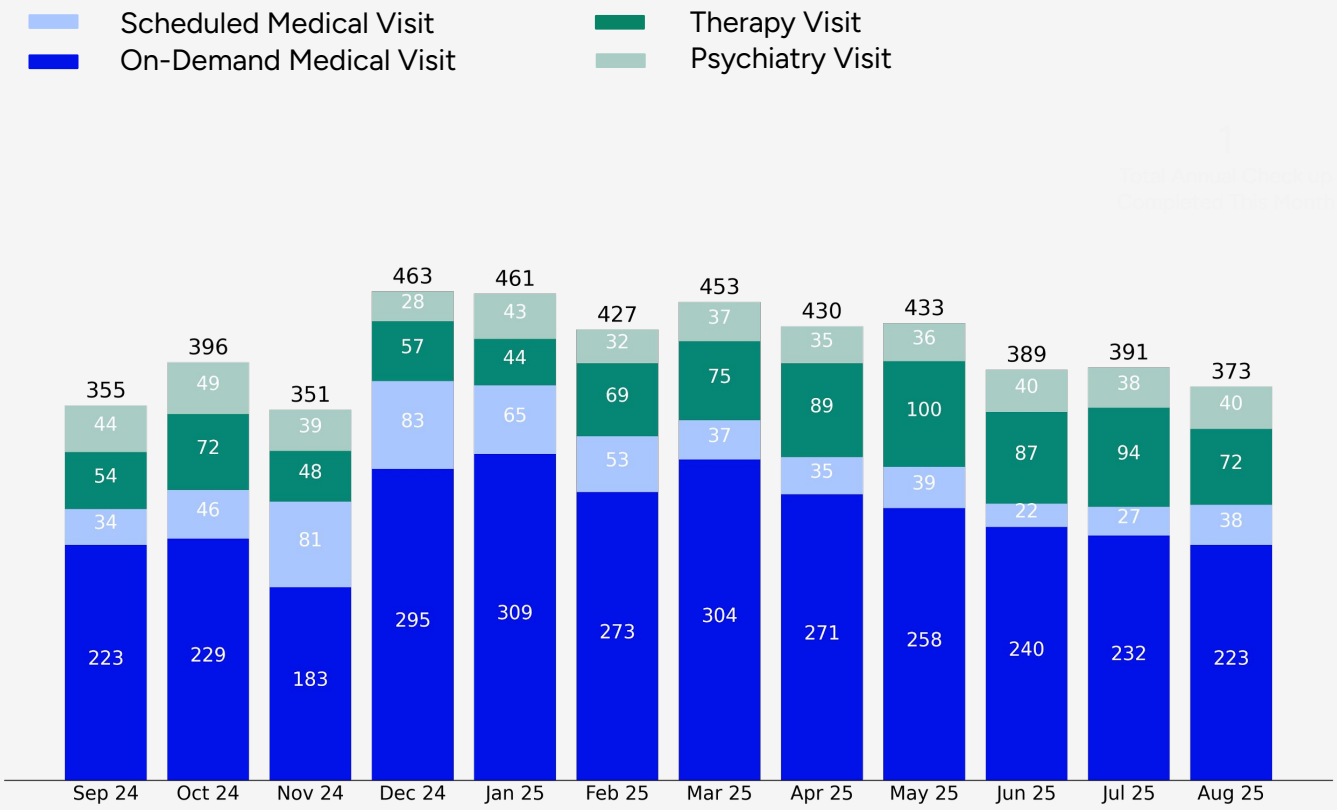
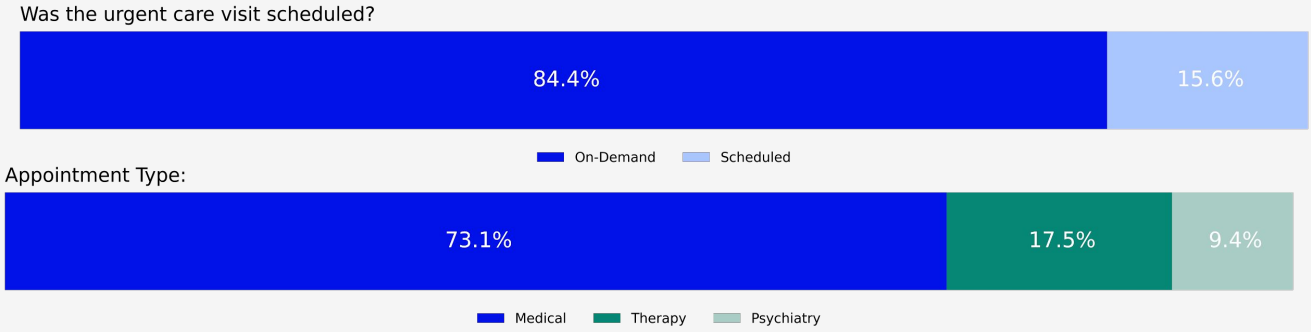
Member Engagement

Medical & Behavioral Health Visits (Rolling) - 4,922 Visits



Member Demand by Visit Type Year to Date



Most Popular Day for Visits Year to Date

Friday

Most Popular Time for Visits Year to Date

4PM - 6PM

*Most popular day and time metrics are adjusted to time zone local where the visit was initiated

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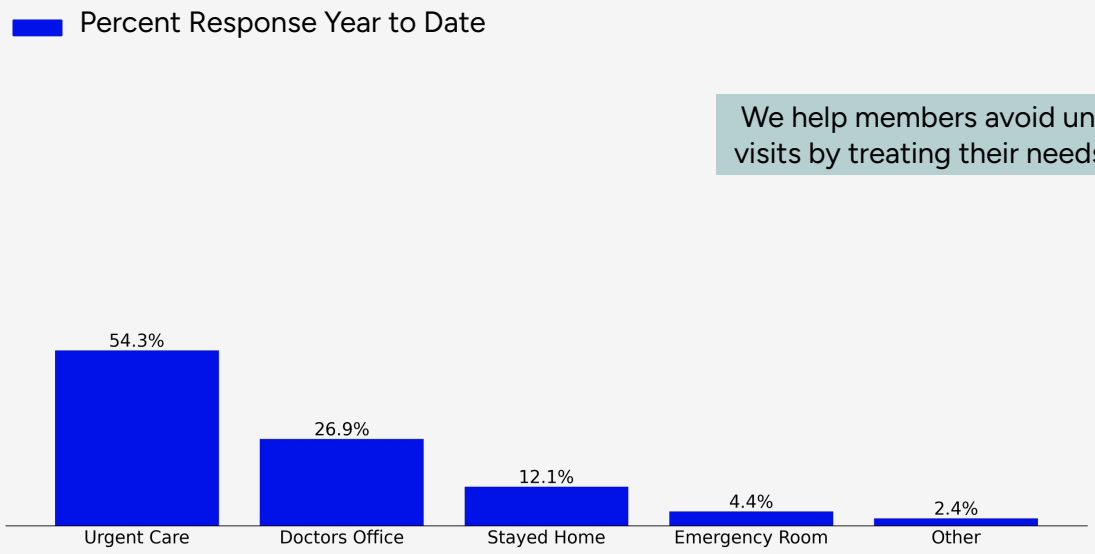
Supporting your population

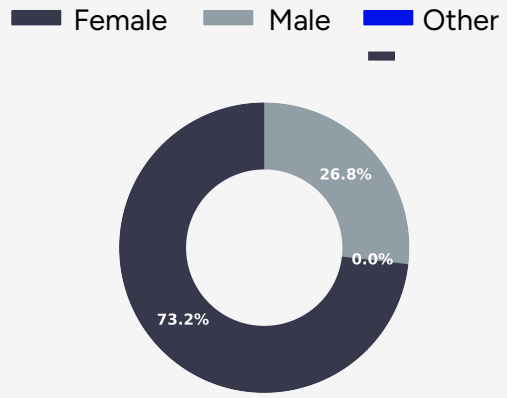
Member access, demographics, and experience

Without Included Health, where would you have gone?

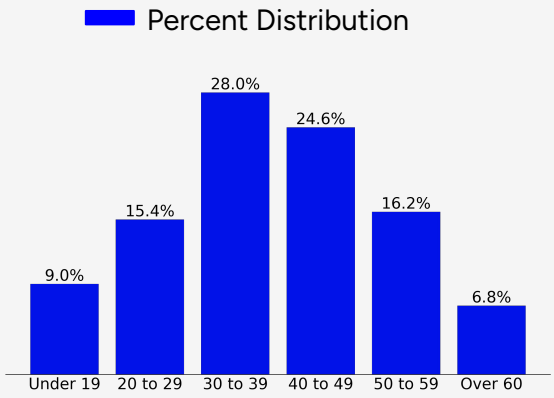


We help members avoid unnecessary in-person visits by treating their needs virtually.

Visits by Reported Gender Year to Date



Visits by Age Year to Date



Member Experience Metrics	August	Year to Date
Average Member Rating	4.9 / 5 (N = 207)	4.9 / 5 (N = 1,305)
Median Wait Time for On-Demand Medical Appointments	2.6 min	4.6 min
Median Days to Scheduled Appointment (BH)	12.0 days	8.0 days

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Member Clinical Needs

This section highlights the range of clinical conditions that we treat through virtual care services. The program addresses comprehensive physical and behavioral health needs, and chronic and acute conditions. Examining the top needs of your population can inform more targeted clinical interventions and programs.

Member Reported Visit Reasons

Top 10 Visit Reasons

Visit Reasons	Visits Year to Date
Urinary tract infection (UTI)	251
Cold	239
Cough	194
Eye issue	132
Other injury	132
Sore throat	129
Anxiety	120
Nasal congestion	96
Earache	77
Prescription refill	73

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits Year to Date
Other upper respiratory infect..	652
Anxiety disorders	649
Mood disorders	320
Urinary tract infections	240
Adjustment disorders	192
Administrative/social admission	165
Inflammation; infection of eye..	142
Attention-deficit conduct and ..	124
Viral infection	119
Cough, unspecified	83

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Clinical Service Delivery

Our clinical team can provide a wide range of clinical services to help address members' needs. Our team has a focus on prescribing and labs to ensure our efficacy meets or exceeds that of in-person care through connections with pharmacy benefits and top lab networks.

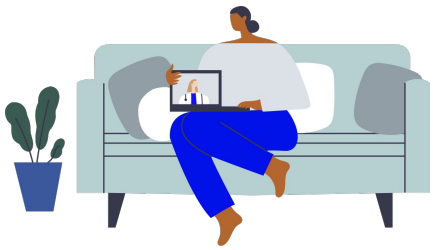
Prescriptions and Testing Summary

355	78.5%	20	3.8%
Prescriptions This Month	of Medical and Psychiatry visits resulted in a prescription order Year to Date	Lab Orders This Month	of Medical visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count (YTD)
benzonatate 200 mg capsule	181
nitrofurantoin monohydrate/mac	161
albuterol sulfate hfa 90 mcg/a	150
amoxicillin 875 mg-potassium c	147
prednisone 20 mg tablet	132
fluticasone propionate 50 mcg/	116
azelastine 137 mcg (0.1 %) nas	107
ondansetron 4 mg disintegratin	96
fluconazole 150 mg tablet	71
doxycycline hyclate 100 mg cap	63

Top Labs	Count (YTD)
urinalysis complete, reflex culture	34
cmp, serum or plasma	17
culture, urine	14
urinalysis, complete	12
cbc w/ auto diff	11
rpr (rapid plasma reagin), serum	10
lipid panel, serum	10
tsh + free t4, serum	9
hba1c (hemoglobin a1c), blood	9
hiv 1+2 ab + hiv1 p24 ag, quantitative immunoassay...	7



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Data & Metric Definitions

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Engagement Rate	Total number of unique visitors as a percentage of eligible lives.
Medical Visit	Medical visits refer to on-demand and/or scheduled encounters with our multidisciplinary team of clinicians. **Urgent Care:** Our Everyday & Urgent Care solution offers accessible video-first care for acute needs. Our multidisciplinary team of employed clinicians provide 24/7 care on demand or by appointment to improve access to care and deliver a better care experience. Providers are cross-trained in behavioral health, primary dermatology, and geriatric medicine, to treat a wide range of everyday & urgent care and behavioral health needs including cold, flu, UTIs, sinus infections, along with anxiety and depression **Virtual Primary Care -** With Primary Care, we provide 24/7 care across the full continuum of member needs, including physical - acute, preventive and chronic - and behavioral for engaged members.
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Included HEALTH

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Virtual Care Engagement Monthly Report

UMR-State of Nevada

September 2025

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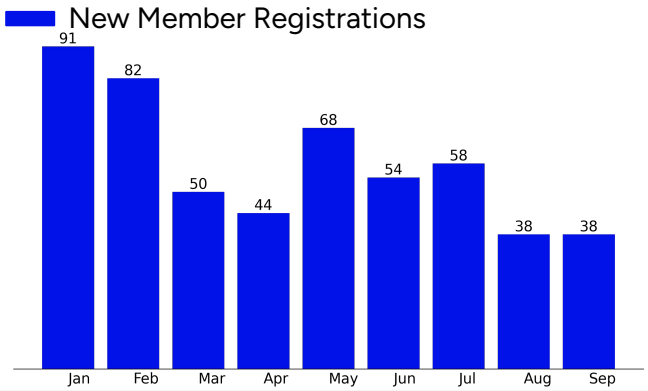
Member Engagement

38	328	422
Registrations This Month	Unique Visitors This Month	Total Visits This month

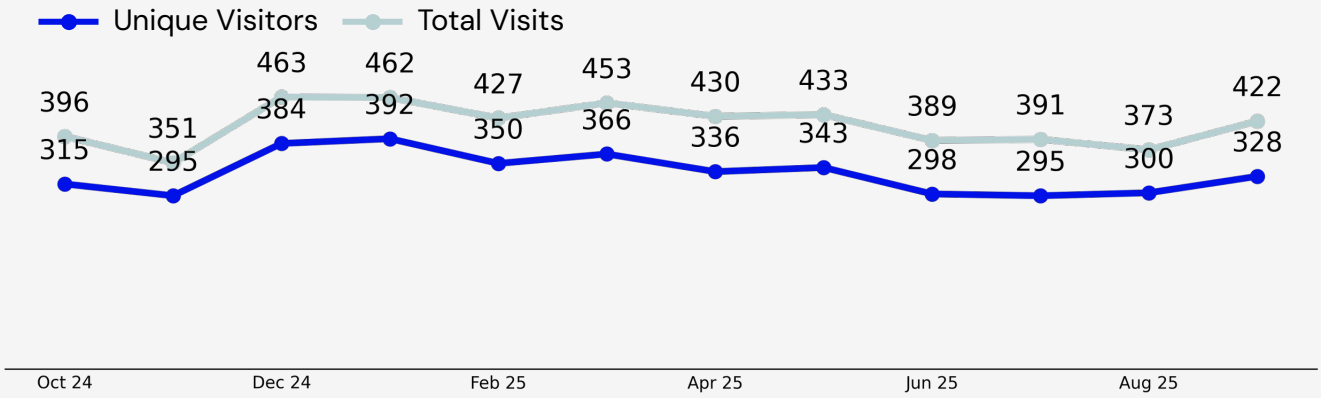
This section highlights how many members have engaged with our services, as measured by registrations and visits. Registration is a leading indicator of program health, as it opens the door to continuous engagement with members and supporting them when clinical needs arise. Monitoring monthly engagement is key to program success; changes in engagement can result from marketing initiatives or seasonality (e.g. cold and flu).

New Registrations (Year to Date)



48,935	13,843	28.3%
Total Covered Lives	Registrations Lifetime to date	Registration Rate Lifetime to date
-	523	1.1%
Employee Covered Lives	Registrations Year to Date	Registration Rate Year to Date

Visits Last 12 Months



26,502	8,188	3.2	16.7%
Visits Lifetime to Date	Unique Visitors Lifetime to Date	Avg Visits Per Visitor Lifetime to Date	Engagement Rate (Visitors/Lives) Lifetime to Date
3,780	1,784	2.1	3.6%
Visits Year to Date	Unique Visitors Year to Date	Avg Visits Per Visitor Year to Date	Engagement Rate (Visitors/Lives) Year to Date

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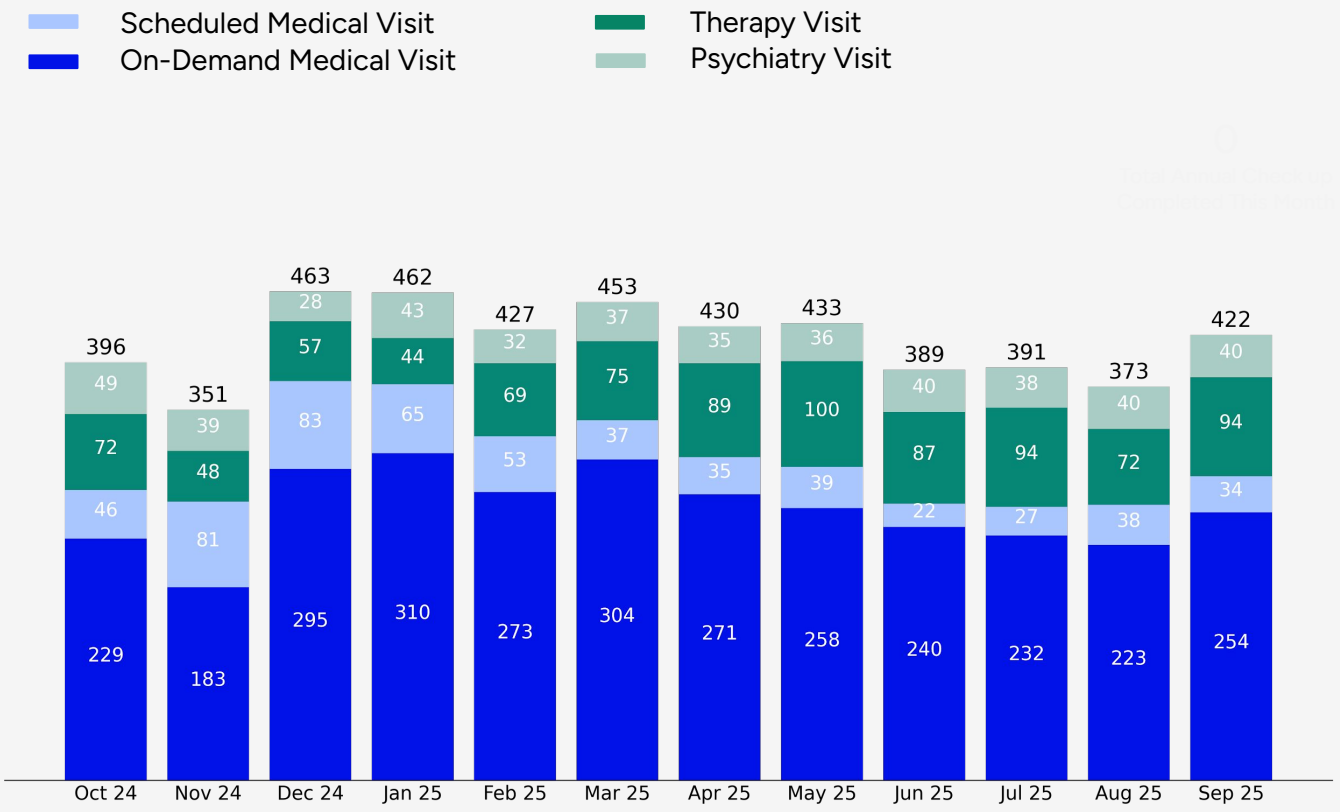
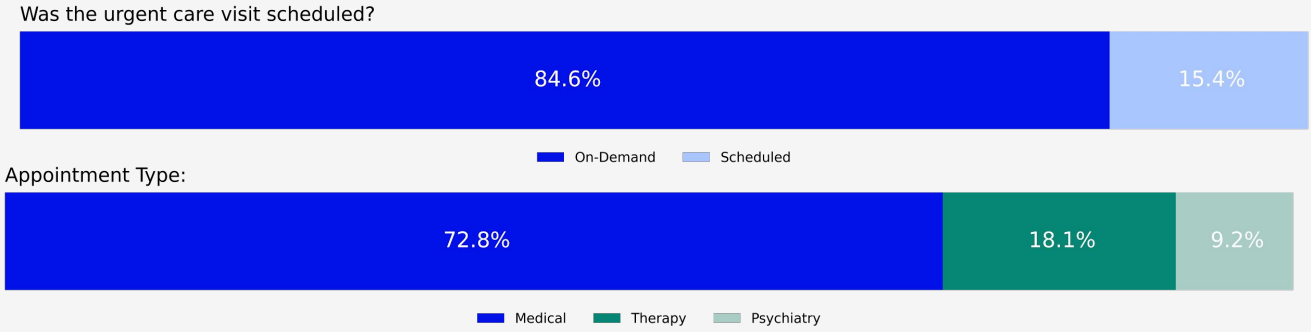
Member Engagement

Medical & Behavioral Health Visits (Rolling) - 4,990 Visits



Member Demand by Visit Type Year to Date



Most Popular Day for Visits Year to Date

Monday

Most Popular Time for Visits Year to Date

10AM - Noon

*Most popular day and time metrics are adjusted to time zone local where the visit was initiated

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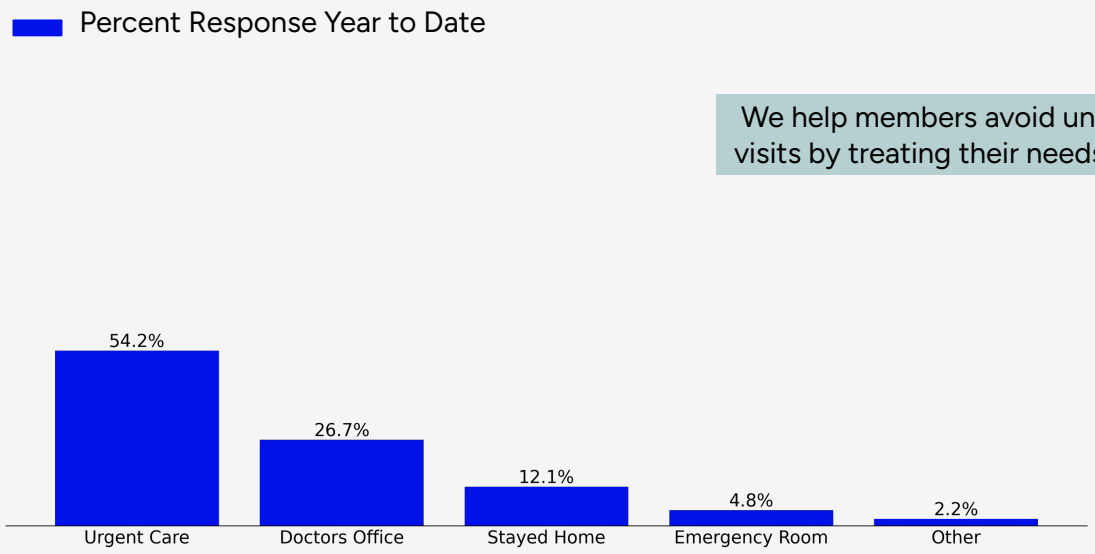
Supporting your population

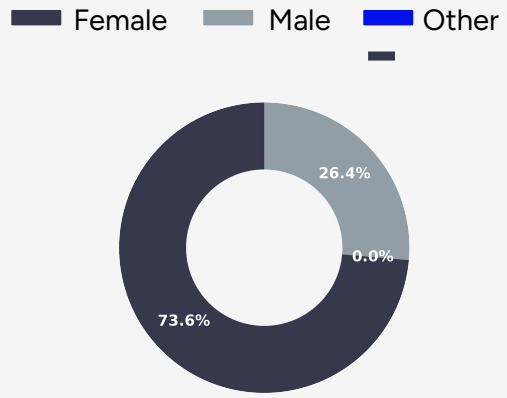
Member access, demographics, and experience

Without Included Health, where would you have gone?

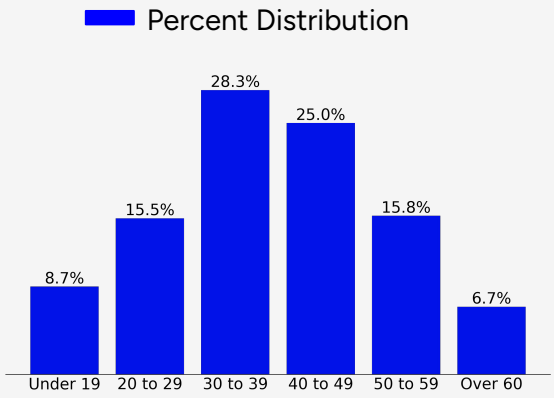


We help members avoid unnecessary in-person visits by treating their needs virtually.

Visits by Reported Gender Year to Date



Visits by Age Year to Date



Member Experience Metrics	September	Year to Date
Average Member Rating	4.9 / 5 (N = 252)	4.9 / 5 (N = 1,557)
Median Wait Time for On-Demand Medical Appointments	3.1 min	4.4 min
Median Days to Scheduled Appointment (BH)	11.0 days	8.0 days

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Member Clinical Needs

This section highlights the range of clinical conditions that we treat through virtual care services. The program addresses comprehensive physical and behavioral health needs, and chronic and acute conditions. Examining the top needs of your population can inform more targeted clinical interventions and programs.

Member Reported Visit Reasons

Top 10 Visit Reasons

Visit Reasons	Visits Year to Date
Urinary tract infection (UTI)	283
Cold	270
Cough	209
Other injury	148
Anxiety	146
Sore throat	145
Eye issue	141
Nasal congestion	110
Earache	84
Rash	84

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits Year to Date
Anxiety disorders	743
Other upper respiratory infect..	720
Mood disorders	372
Urinary tract infections	268
Adjustment disorders	222
Administrative/social admission	183
Inflammation; infection of eye..	148
Attention-deficit conduct and ..	140
Viral infection	138
Depression, unspecified	92

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Clinical Service Delivery

Our clinical team can provide a wide range of clinical services to help address members' needs. Our team has a focus on prescribing and labs to ensure our efficacy meets or exceeds that of in-person care through connections with pharmacy benefits and top lab networks.

Prescriptions and Testing Summary

398	78.3%	27	3.7%
Prescriptions This Month	of Medical and Psychiatry visits resulted in a prescription order Year to Date	Lab Orders This Month	of Medical visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count (YTD)
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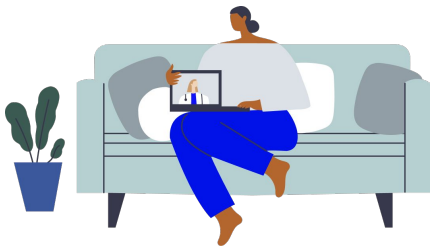
prednisone 20 mg tablet	143
fluticasone propionate 50 mcg/	132
azelastine 137 mcg (0.1 %) nas	116
ondansetron 4 mg disintegratin	100
fluconazole 150 mg tablet	81
doxycycline hyclate 100 mg cap	68

Top Labs	Count (YTD)
urinalysis complete, reflex culture	35
cmp, serum or plasma	20
culture, urine	16
cbc w/ auto diff	13
urinalysis, complete	13
rpr (rapid plasma reagin), serum	12
lipid panel, serum	10
hba1c (hemoglobin a1c), blood	10
tsh + free t4, serum	9
ct + ng rna, pcr, unspecified specimen	8



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12.2.11

12. Vendor Reports for the period ending September 30,2025. (Information/Discussion)
    12.1 The below reports were presented during the December 2025 board meeting.
        12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
        12.1.2 Q1 Express Scripts – Utilization and Summary Reports
    12.2 Vendor Reports for the period ending September 30, 2025.
        12.2.1 Q1 UMR – Obesity and Diabetes Care Management
        12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
        12.2.3 Q1 UnitedHealthcare Basic Life Insurance
        12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
        12.2.5 Q1 CDHP Performance Review
        12.2.6 Q1 LD PPO Performance Review
        12.2.7 Q1 EPO Performance Review
        12.2.8 Q1 HPN Performance Review
        12.2.9 Q1 Dental Performance Review
        12.2.10 Q1 Doctor on Demand Engagement Report
        12.2.11 Q1 Real Appeal Performance Report

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Real Appeal

State of Nevada

Data from July 2015 through September 2025

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Dashboard Report

1,874
Enrollment
Members enrolled since program inception*

85%
At-Risk
Members with BMI > 30, or BMI between 25 to 29.99 and a qualifying comorbidity

1,022
Engagement
Members attending one or more coaching sessions

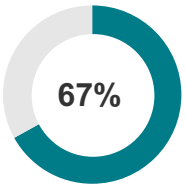
113
Currently Engaged
Members actively engaged due to logging activity within the last six weeks

Member Satisfaction Rating
4.84

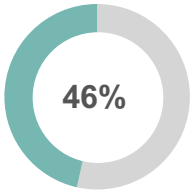
*Data since program inception, unless an alternative date range has been specified on the cover page.

At-Risk Attendance

4+ Sessions Attended



9+ Sessions Attended



At-Risk
Diabetes, Cardiovascular or other related conditions
Attend 4+ Sessions
Real Appeal Expectations **70%**
Attend 9+ Sessions
Real Appeal Expectations **50%**

At-Risk Weight Loss

35%
5%+ Weight Loss
Attended 4+ Sessions In Program 16+ Weeks

5.8
Average lbs. Loss (per member)
Attended 4+ Sessions In Program 16+ Weeks

740
Members Reporting Weight Loss

6,889
Total Pounds Lost

5%+ Loss: Real Appeal Expectations **33%**
5%+ Loss: Represents members that have reported weight loss

If visualizations are blank above, there are no relevant data.

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Dashboard Report

1,874
Enrollment
Members enrolled since program inception*

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At-Risk Attendance

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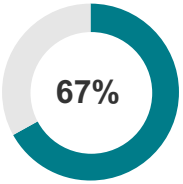
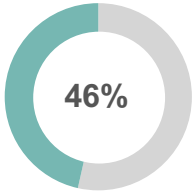
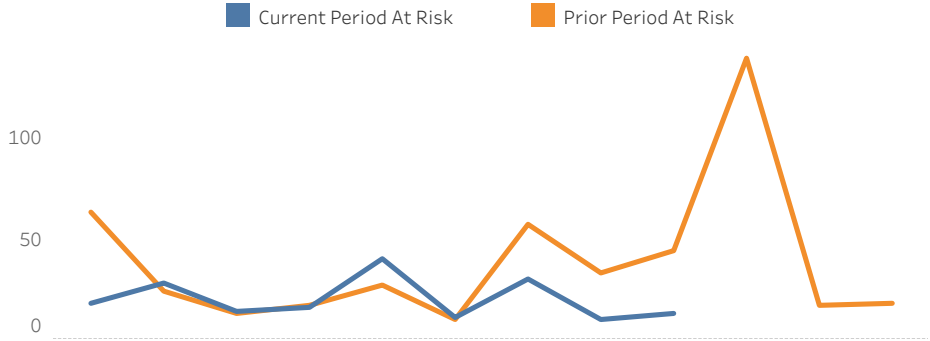


9+ Sessions Attended



At-Risk
Diabetes, Cardiovascular or other related conditions
Attend 4+ Sessions
Real Appeal Expectations **70%**
Attend 9+ Sessions
Real Appeal Expectations **50%**

At-Risk Enrollment



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Current Period At Risk	18	28	14	16	40	11	30	10	13			
Prior Period At Risk	63	24	13	17	27	10	57	33	44	139	17	18

At-Risk Weight Loss

35%
5%+ Weight Loss
Attended 4+ Sessions In Program 16+ Weeks

5.8
Average lbs. Loss
(per member)
Attended 4+ Sessions In Program 16+ Weeks

740
Members Reporting Weight Loss

6,889
Total Pounds Lost

5%+ Loss: Real Appeal Expectations **33%**
5%+ Loss: Represents members that have reported weight loss
..

	2024	2025
Enrolled	**542**	**207**
Disqualified	**17**	**8**

Disqualification Criteria:

- Younger than 18 years old
- BMI under 23 (based on client set up)
- Anorexia or bulimia nervosa
- Severe chronic or acute illness
- Pregnancy

*Data since program inception, unless an alternative date range has been specified on the cover page.

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Enrollment Summary

1,874

Enrollment

Members enrolled since program inception*

1,593

At-Risk

Members with BMI>30, or BMI between 25 - 29.9 and a qualifying comorbidity

36

Re-Enrolled

Members who completed the programs and enrolled for another period

113

Currently Engaged

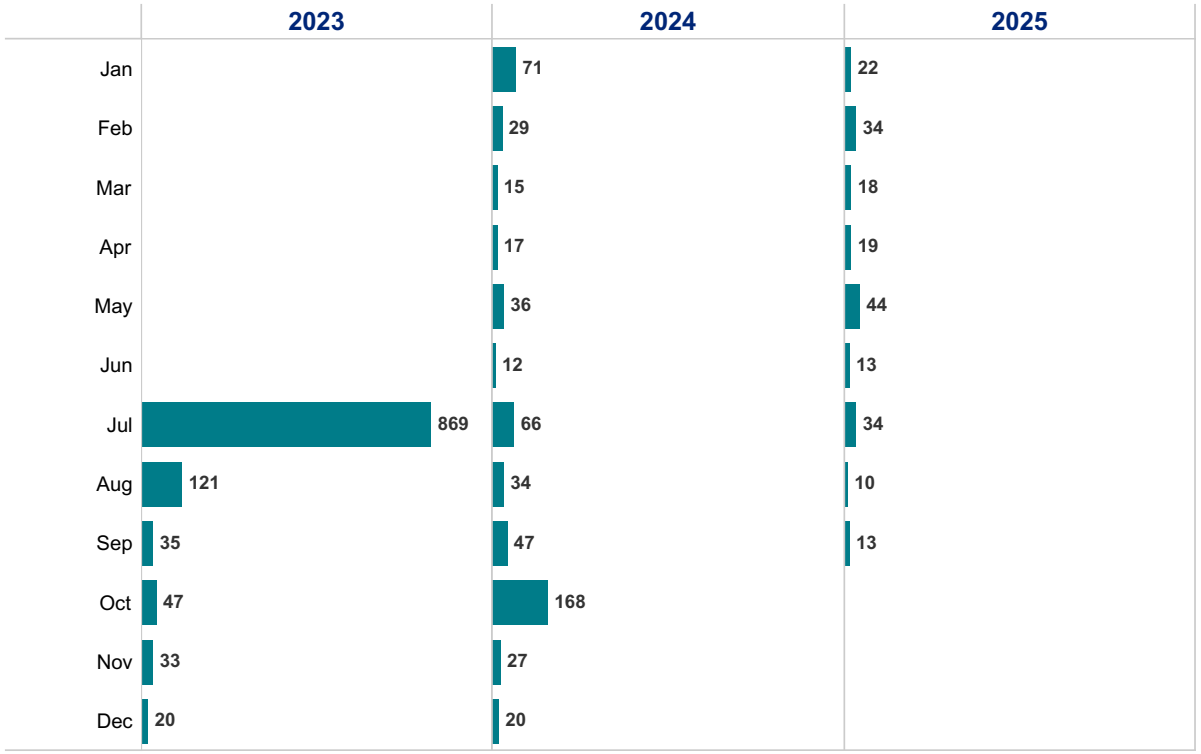
Members actively engaged due to logging activity within the last six weeks

*Data since program inception, unless an alternative date range has been specified on the cover page.

Enrollments by Year

Grand Total	2023	2024	2025
1,874	1,125	542	207

Enrollments by Month



Note: Enrollments by Month only displays the most current three years.

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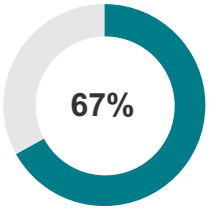
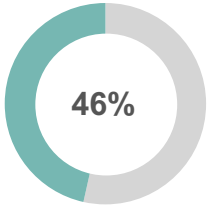
At-Risk Class Progression & Session Engagement

4+ Sessions Attended



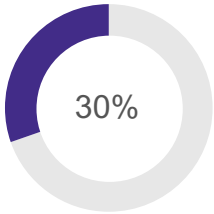
681

9+ Sessions Attended



469

16+ Sessions Attended



306

Real Appeal Expectations

70% Will Attend 4+ Sessions

50% Will Attend 9+ Sessions

30% Will Attend 16+ Sessions

Currently in Week / Session Engagement

	1+ Attended	4+	Attended 4+	9+	Attended 9+	16+	Attended 16+	26+	Attended 26+
1 - 3 Weeks	5	0	0%	0	0%	0	0%	0	0%
4 - 8 Weeks	8	5	63%	0	0%	0	0%	0	0%
9 - 15 Weeks	23	19	83%	6	26%	0	0%	0	0%
16 - 25 Weeks	43	26	60%	19	44%	9	21%	0	0%
26 - 52 Weeks	943	631	67%	444	47%	297	31%	140	15%
Grand Total	1,022	681	67%	469	46%	306	30%	140	14%

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At-Risk Outcomes

740
Members with Weight Loss

6,889
Pounds Lost

2.7%
Average Weight Loss
Members began 16+ weeks ago & attended 4+ sessions

2.9% Book of Business

35%
4+ Attended Sessions with 5%+ Loss
Real Appeal Expectations 33% with 5%+ Loss

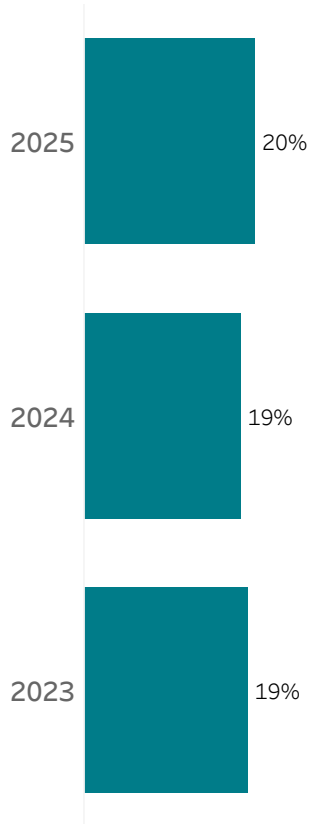
Your Results

	All Weeks 1+ Attended	Began 16+ Weeks Ago 1+	4+	9+
1+ Attended	1,022	986	657	463
3%+ Loss	33%	33%	44%	50%
5%+ Loss	19%	19%	26%	31%
Total Weight Loss	4,425	4,306	3,826	2,519
Avg. Start lbs.	214.5	215.2	214.3	213.5
Avg. lbs. Loss	4.3	4.4	5.8	5.4
Avg. % lbs. Loss	2.0%	2.0%	2.7%	2.5%

Real Appeal Book of Business

	All Weeks 1+ Attended	Began 16+ Weeks Ago 1+	4+	9+
3%+	33%	34%	41%	47%
5%+	20%	20%	26%	30%
Avg. Start lbs.	217.9	218.0	217.4	216.8
Avg. lbs. Loss	4.9	5.0	6.3	7.3
Avg. % lbs. Loss	2.3%	2.3%	2.9%	3.4%

At-Risk 5%+ Weight Loss



If visualizations are blank above, there are no relevant data.

* Note: Outcomes in above charts include members who may have weight loss, weight gain, or remain unchanged.

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Enrollee Characteristics & Outcomes

BMI

** 23-24.9	25-29.9	>=30
131 7%	555 30%	1,188 63%

Medical Need

At-Risk	Not At-Risk
1,593 85%	281 15%

Gender

Female	Male
1,563 83%	311 17%

Plan Member Type

Employee	Spouse/Other
1,787 95%	87 5%

Age Range

18-29	30-39	40-49	50-64	65-69	70+
111 6%	428 23%	527 28%	696 37%	82 4%	30 2%

**On occasion individuals with a BMI <23 will be included in this category.

Attendance & Weight Loss

		% 4+	5%+ Loss
>=30	Female	66.4%	18.8%
	Male	61.3%	16.8%
25-29.9	Female	66.2%	17.6%
	Male	55.6%	20.6%
** 23-24.9	Female	55.4%	13.8%
	Male	42.9%	0.0%

Book of Business Attendance & Weight Loss

		% 4+	5%+
>=30	Female	73.6%	21.0%
	Male	68.6%	22.8%
25-29.9	Female	66.7%	17.6%
	Male	57.6%	16.4%
18.5-24.9	Female	48.0%	13.9%
	Male	38.0%	9.7%

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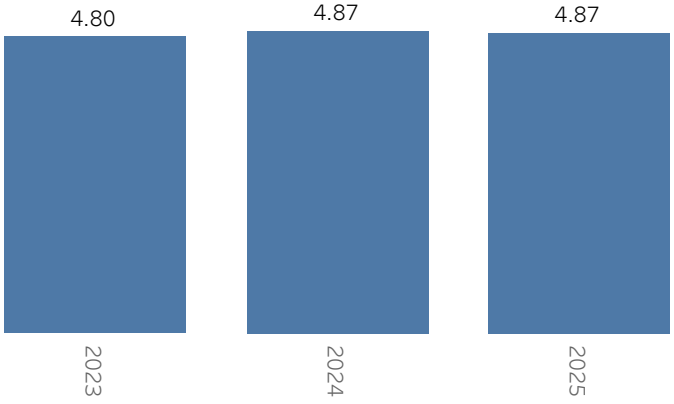
Member Satisfaction

Member Satisfaction Rating

4.84

Book of Business 4.82

Average Rating
On a Scale 1-5
(with 5 being the Highest)



Total Ratings
Classroom Experience

5,228

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Registration & Enrollment

Relationship

	Relationship	Grand Total	2023	2024	2025
Registered	Employee	**1,849**	1,099	550	200
	Spouse/Other	**91**	67	9	15
Disqualified	Employee	**62**	37	17	8
	Spouse/Other	**4**	4	0	0
Enrolled	Employee	**1,787**	1,062	533	192
	Spouse/Other	**87**	63	9	15
At-Risk	Employee	**1,518**	897	455	166
	Spouse/Other	**75**	54	7	14
Not At-Risk	Employee	**269**	165	78	26
	Spouse/Other	**12**	9	2	1
Re-Enrolled	Employee	**36**	0	19	17
	Spouse/Other	**0**	0	0	0

Month

	Total	January	February	March	April	May	June	July	August	September	October	November	December
Registered	**439**	22	35	18	19	45	14	39	10	13	174	28	22
Disqualified	**17**	0	1	0	0	1	1	5	0	0	6	1	2
Enrolled	**422**	22	34	18	19	44	13	34	10	13	168	27	20
At-Risk	**354**	18	28	14	16	40	11	30	10	13	139	17	18
Not At-Risk	**68**	4	6	4	3	4	2	4	0	0	29	10	2
Re-Enrolled	**22**	0	3	1	2	4	1	3	2	1	5	0	0

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Appendix

Measure	Definition
Completed Registration	Based on valid insurance the member is eligible for the program. Member can be counted 1+ times in this section if they re-enroll.
At-Risk	Member medically qualified to participate in the program.
At-Risk Weight Loss	Members medically qualified to participate in the program and have tracked weight loss.
At-Risk Engagement & Attendance	Members who medically qualify to participate. % Engaged attended ≥ 1 session % Engaged attended 4+ sessions % Engaged attended 9+ sessions
Disqualified	Medically excluded or found ineligible.
Enrolled	Member has been identified to participate in the At-Risk or Not At-Risk program and has selected a class to participate in.
Engaged	Attended 1+ sessions
Active	Member in program for ≤ 52 weeks and has participated in the past 6 weeks
Average Pounds Start	Average weight when enrolled

At-Risk Measurements

Total Pounds Lost	At-Risk members with weight loss
3%+ Loss	At-Risk members who lost ≥ 3%
5%+ Loss	At-Risk members who lost ≥ 5%
Average Pounds Lost	At-Risk members average pounds lost (Total At-Risk Pounds Lost) / (At-Risk Members)

Outcomes

All	At-Risk participants regardless of class participation or length in program
1+	Members attended 1+ sessions
4+ Attended 16+ Weeks	At-Risk participants 4+ class participations, in program 16+ weeks

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13.

13. Public Comment.

14.

14. Adjournment.