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AGENDA ITEM

Action Item

Information Only

Date: March 24, 2022

Item Number: IV.II.II

Title: Self-Funded CDHP, LDPPO, and EPO Plan Utilization Report for the period ending December 31, 2021

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2022 period ending December 31, 2021. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE LDPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix D for Q2 Plan Year 2022 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q2 of Plan Year 2022 compared to Q2 of Plan Year 2021 is summarized below.

- Population:
 - 17.6% decrease for primary participants
 - 20.3% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 30.4% increase for primary participants
 - 34.6% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 91 High-Cost Claimants accounting for 34.3% of the total plan paid for Q2 of Plan Year 2022
 - 59.2% increase in High-Cost Claimants per 1,000 members
 - 38.3% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Pregnancy-related Disorders (\$5.3 million) – 24.2% of paid claims
 - Cancer (\$3.9 million) – 17.6% of paid claims
 - Cardiac Disorders (\$2.4 million) – 11.0% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 30.7%
 - Average paid per ER visit decreased 17.8%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 20.0%
 - Average paid per Urgent Care visit decreased 7.4% (decrease from \$68 to \$63)
- Network Utilization:
 - 98.9% of claims are from In-Network providers
 - Q2 of Plan Year 2022 In-Network utilization increased 1.0% over PY 2021
 - Q2 of Plan Year 2022 In-Network discounts decreased 1.5% over PY 2021
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 14.1%
 - Total Gross Claims Costs decreased 18.6% (\$5.1 million)
 - Average Total Cost per Claim decreased 5.3%
 - From \$106.24 to \$100.58
 - Member:
 - Total Member Cost decreased 19.6%
 - Average Participant Share per Claim decreased 6.5%
 - Net Member PMPM increased 1.1%
 - From \$27.78 to \$28.07

- Plan
 - Total Plan Cost decreased 18.3%
 - Average Plan Share per Claim decreased 4.9%
 - Net Plan PMPM increased 2.7%
 - From \$80.43 to \$82.62
 - Net Plan PMPM factoring rebates decreased 13.3%
 - From \$61.14 to \$53.03

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q2 of Plan Year 2022 is summarized below.

- Population:
 - 3,871 primary participants
 - 7,987 primary participants plus dependents (members)
- Medical Cost:
 - \$502 PEPM for primary participants
 - \$243 PMPM for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 18 High-Cost Claimants accounting for 29.1% of the total plan paid for Q2 of Plan Year 2022
 - High-Cost Claimants per 1,000 members was 2.3
 - Average cost of High-Cost Claimant paid was \$188,430
- Top three highest cost clinical classifications include:
 - Cancer (\$1million) – 28.4% of paid claims
 - Pregnancy-related Disorders (\$0.8 million) – 25.1% of paid claims
 - Trauma / Accidents (\$0.4 million) – 11.0% of paid claims
- Emergency Room:
 - 112 ER visits per 1,000 members
 - Average paid per ER visit was \$2,050
- Urgent Care:
 - 236 Urgent Care visits per 1,000 members
 - Average paid per Urgent Care visit was \$120
- Network Utilization:
 - 99.2% of claims are from In-Network providers
 - Q2 of Plan Year 2022 In-Network discounts was 60.5%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims through Q2 was 55,750
 - Total Gross Claims Costs was \$5.6 million
 - Average Total Cost per Claim was \$101.55
 - Member:
 - Total Member Cost through Q2 was \$1.0 million
 - Average Participant Share per Claim was \$18.66
 - Net Member PMPM was \$21.82

- Plan
 - Total Plan Cost through Q2 was \$4.6 million
 - Average Plan Share per Claim was \$81.89
 - Net Plan PMPM was \$95.74

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2022 compared to Q2 of Plan Year 2021 is summarized below.

- Population:
 - 12.4% decrease for primary participants
 - 11.5% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 17.6% increase for primary participants
 - 16.4% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 29 High-Cost Claimants accounting for 30.7% of the total plan paid for Plan Year 2022
 - 13.1% increase in High-Cost Claimants per 1,000 members
 - 39.1% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Pulmonary Disorders (\$1.6 million) – 20.4% of paid claims
 - Infections (\$1.1 million) – 14.3% of paid claims
 - Pregnancy-related Disorders (\$1.1 million) – 14.1% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 26.3%
 - Average paid per ER visit decreased by 22.7%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 33.5%
 - Average paid per Urgent Care visit increased 9.7%
- Network Utilization:
 - 100% of claims are from In-Network providers
 - In-Network utilization increased 0.1%
 - In-Network discounts decreased 0.4%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 9.3%
 - Total Gross Claims Costs decreased 10.2% (\$1.1 million)
 - Average Total Cost per Claim decreased 1.1%
 - From \$127.32 to \$125.95
 - Member:
 - Total Member Cost decreased 11.8%
 - Average Participant Share per Claim decreased 2.8%
 - Net Member PMPM decreased 0.3%
 - From \$34.77 to \$34.65

- Plan
 - Total Plan Cost decreased 9.9%
 - Average Plan Share per Claim decreased 0.7%
 - Net Plan PMPM increased 1.8%
 - From \$175.39 to \$178.55
 - Net Plan PMPM factoring rebates decreased 0.9%
 - From \$135.74 to \$134.51

DENTAL PLAN

The Dental Plan experience for Q2 of Plan Year 2022 is summarized below.

- Dental Cost:
 - Total Dental claims paid increased 3.1% (from \$12.7 million for Q2 of PY21 to \$13.1 million for Q2 of PY22)
 - Preventative claims account for 43.5% (\$5.7 million)
 - Basic claims account for 28.5% (\$3.7 million)
 - Major claims account for 21.3% (\$2.8 million)
 - Periodontal claims account for 6.7% (\$0.9 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of December 31, 2021.

HRA Account Balances as of December 31, 2021			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	990	0	0
\$.01 - \$500.00	2,444	592,740	243
\$500.01 - \$1,000	1,765	1,199,694	680
\$1,000.01 - \$1,500	818	1,013,790	1,239
\$1,500.01 - \$2,000	537	932,177	1,736
\$2,000.01 - \$2,500	351	796,281	2,269
\$2,500.01 - \$3,000	324	888,466	2,742
\$3,000.01 - \$3,500	271	873,523	3,223
\$3,500.01 - \$4,000	185	688,460	3,721
\$4,000.01 - \$4,500	154	653,402	4,243
\$4,500.01 - \$5,000	114	542,440	4,758
\$5,000.01 +	736	6,093,941	223,763
Total	8,689	\$ 14,274,913	\$ 1,643

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPO) and the PEBP Premier Plan (EPO) through the second quarter of Plan Year 2022. The CDHP total plan paid costs increased 7.4% over the same time for Plan Year 2021. The EPO total plan paid costs increased 17.6% over Q2 of Plan Year 2021. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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HealthSCOPE – CDHP Utilization Review for PEBP July 1, 2021 – December 31, 2021

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July – December 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q22 was \$63,977,931 of which 78.5% was spent in the State Active population. When compared to 2Q21, this reflected an increase of 7.4% in plan spend, with State Actives having an increase of 13.2%.
 - When compared to 2Q20, 2Q22 decreased 7.1%, with State Actives having an increase of 1.1%.
- On a PEPY basis (annualized), 2Q22 reflected an increase of 30.4% when compared to 2Q21. The largest group, State Actives, increased 39.9%.
 - When compared to 2Q20, 2Q22 increased 14.4%, with State Actives increasing by 26.4%.
- 92.6% of the Average Membership had paid Medical claims less than \$2,500, with 28.8% of those having no claims paid at all during the reporting period.
- There were 91 high-cost Claimants (HCC's) over \$100K, that accounted for 34.3% of the total spend. HCCs accounted for 24.8% of total spend during 2Q21, with 72 members hitting the \$100K threshold. The largest diagnosis grouper was Pregnancy-related Disorders accounting for 24.2% of high-cost claimant dollars.
- IP Paid per Admit was \$22,345 which is a decrease of 40.9% compared to 2Q21.
- ER Paid per Visit is \$1,674, which is a decrease of 17.8% compared to 2Q21.
- 98.9% of all Medical spend dollars were to In Network providers. The average In Network discount was 64.4%, which is a decrease of 2.3% compared to the PY21 average discount of 65.9%.

Paid Claims by Age Group

Paid Claims by Age Group

Age Range	2Q21						2Q22						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,971,150	\$ 944	\$ 11,666	\$ 6	\$ 1,988,731	\$ 952	\$ 7,120,001	\$ 4,411	\$ 7,612	\$ 5	\$ 7,127,613	\$ 4,416	258.4%	364.1%
1	\$ 384,894	\$ 162	\$ 93,095	\$ 39	\$ 503,081	\$ 209	\$ 250,066	\$ 158	\$ 11,012	\$ 7	\$ 261,078	\$ 165	-48.1%	-20.7%
2 - 4	\$ 608,391	\$ 76	\$ 152,536	\$ 19	\$ 946,369	\$ 112	\$ 701,803	\$ 124	\$ 132,741	\$ 23	\$ 834,544	\$ 147	-11.8%	31.8%
5 - 9	\$ 952,603	\$ 64	\$ 209,508	\$ 14	\$ 1,766,508	\$ 108	\$ 635,368	\$ 57	\$ 323,481	\$ 29	\$ 958,849	\$ 86	-45.7%	-20.8%
10 - 14	\$ 1,192,118	\$ 70	\$ 222,874	\$ 13	\$ 2,079,147	\$ 111	\$ 1,827,508	\$ 143	\$ 227,685	\$ 18	\$ 2,055,193	\$ 161	-1.2%	44.4%
15 - 19	\$ 1,513,141	\$ 85	\$ 326,386	\$ 18	\$ 2,673,515	\$ 136	\$ 2,051,950	\$ 149	\$ 376,663	\$ 27	\$ 2,428,613	\$ 176	-9.2%	29.7%
20 - 24	\$ 2,402,666	\$ 120	\$ 638,417	\$ 32	\$ 3,536,503	\$ 170	\$ 2,153,582	\$ 137	\$ 486,543	\$ 31	\$ 2,640,125	\$ 168	-25.3%	-1.4%
25 - 29	\$ 3,403,240	\$ 215	\$ 746,614	\$ 47	\$ 4,653,845	\$ 286	\$ 3,212,694	\$ 256	\$ 428,538	\$ 34	\$ 3,641,232	\$ 291	-21.8%	1.6%
30 - 34	\$ 3,025,186	\$ 165	\$ 1,299,860	\$ 71	\$ 4,941,780	\$ 262	\$ 2,637,006	\$ 181	\$ 838,112	\$ 57	\$ 3,475,118	\$ 238	-29.7%	-8.9%
35 - 39	\$ 3,101,725	\$ 156	\$ 2,172,938	\$ 109	\$ 5,993,951	\$ 292	\$ 3,557,728	\$ 230	\$ 725,240	\$ 47	\$ 4,282,968	\$ 276	-28.5%	-5.3%
40 - 44	\$ 3,323,267	\$ 178	\$ 1,201,565	\$ 64	\$ 5,219,081	\$ 270	\$ 3,780,657	\$ 249	\$ 977,371	\$ 64	\$ 4,758,028	\$ 314	-8.8%	16.1%
45 - 49	\$ 4,059,468	\$ 212	\$ 1,708,128	\$ 89	\$ 6,542,153	\$ 331	\$ 3,683,624	\$ 251	\$ 1,294,732	\$ 88	\$ 4,978,356	\$ 339	-23.9%	2.5%
50 - 54	\$ 7,136,700	\$ 354	\$ 2,570,181	\$ 127	\$ 10,585,308	\$ 512	\$ 6,215,761	\$ 374	\$ 2,003,540	\$ 121	\$ 8,219,301	\$ 495	-22.4%	-3.2%
55 - 59	\$ 7,837,772	\$ 358	\$ 3,096,424	\$ 141	\$ 11,999,882	\$ 534	\$ 9,149,918	\$ 512	\$ 2,855,617	\$ 160	\$ 12,005,535	\$ 671	0.0%	25.8%
60 - 64	\$ 12,490,962	\$ 511	\$ 3,837,310	\$ 157	\$ 17,645,783	\$ 706	\$ 10,922,357	\$ 521	\$ 3,850,185	\$ 184	\$ 14,772,542	\$ 704	-16.3%	-0.2%
65+	\$ 6,164,234	\$ 434	\$ 2,675,079	\$ 189	\$ 12,169,852	\$ 664	\$ 6,077,908	\$ 472	\$ 2,381,490	\$ 185	\$ 8,459,398	\$ 657	-30.5%	-1.0%
Total	\$ 59,567,516	\$ 234	\$ 20,962,581	\$ 82	\$ 93,245,489	\$ 347	\$ 63,977,931	\$ 315	\$ 16,920,562	\$ 83	\$ 80,898,493	\$ 398	-13.2%	14.8%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year
Enrollment												
Avg # Employees	23,652	23,391	19,267	-17.6%	19,761	19,545	15,814	-19.1%	4	4	3	-18.3%
Avg # Members	42,850	42,479	33,844	-20.3%	37,257	36,879	28,790	-21.9%	7	8	8	0.0%
Ratio	1.8	1.8	1.8	-3.3%	1.9	1.9	1.8	-3.7%	1.8	2.2	2.7	22.5%
Financial Summary												
Gross Cost	\$94,029,865	\$81,146,482	\$84,509,450	4.1%	\$69,915,428	\$61,683,401	\$66,234,286	7.4%	\$32,755	\$4,863	\$27,588	467.3%
Client Paid	\$68,852,282	\$59,567,516	\$63,977,931	7.4%	\$49,660,887	\$44,364,510	\$50,221,644	13.2%	\$23,556	\$2,263	\$17,886	690.4%
Employee Paid	\$25,177,583	\$21,578,966	\$20,531,518	-4.9%	\$20,254,541	\$17,318,891	\$16,012,642	-7.5%	\$9,198	\$2,600	\$9,702	273.2%
Client Paid-PEPY	\$5,822	\$5,093	\$6,641	30.4%	\$5,026	\$4,540	\$6,352	39.9%	\$11,778	\$1,234	\$11,924	866.3%
Client Paid-PMPY	\$3,214	\$2,805	\$3,781	34.8%	\$2,666	\$2,406	\$3,489	45.0%	\$6,730	\$566	\$4,471	689.9%
Client Paid-PEPM	\$485	\$424	\$553	30.4%	\$419	\$378	\$529	39.9%	\$982	\$103	\$994	865.0%
Client Paid-PMPM	\$268	\$234	\$315	34.6%	\$222	\$200	\$291	45.5%	\$561	\$47	\$373	693.6%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	86	72	91	26.4%	59	50	67	34.0%	0	0	0	0.0%
HCC's / 1,000	2.0	1.7	2.7	59.2%	1.6	1.4	2.3	71.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$216,669	\$205,168	\$240,886	17.4%	\$175,311	\$178,470	\$256,147	43.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.1%	24.8%	34.3%	38.3%	20.8%	20.1%	34.2%	70.1%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,133	\$854	\$1,507	76.5%	\$846	\$685	\$1,415	106.6%	\$0	\$32	\$0	0.0%
Facility Outpatient	\$981	\$923	\$1,091	18.2%	\$819	\$770	\$939	21.9%	\$2,975	\$121	\$2,389	1874.4%
Physician	\$1,023	\$970	\$1,106	14.0%	\$938	\$901	\$1,065	18.2%	\$3,470	\$413	\$2,020	389.1%
Other	\$76	\$58	\$77	32.8%	\$63	\$50	\$70	40.0%	\$285	\$0	\$62	0.0%
Total	\$3,214	\$2,805	\$3,781	34.8%	\$2,666	\$2,406	\$3,489	45.0%	\$6,730	\$566	\$4,471	689.9%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	
Enrollment									
Avg # Employees	3,245	3,298	3,001	-9.0%	642	546	450	-17.6%	
Avg # Members	4,848	4,950	4,512	-8.8%	739	642	534	-16.9%	
Ratio	1.5	1.5	1.5	0.0%	1.2	1.2	1.2	0.8%	1.6
Financial Summary									
Gross Cost	\$20,854,519	\$16,039,320	\$16,398,069	2.2%	\$3,227,164	\$3,418,899	\$1,849,506	-45.9%	
Client Paid	\$16,734,691	\$12,420,150	\$12,488,707	0.6%	\$2,433,148	\$2,780,594	\$1,249,695	-55.1%	
Employee Paid	\$4,119,828	\$3,619,170	\$3,909,362	8.0%	\$794,016	\$638,305	\$599,811	-6.0%	
Client Paid-PEPY	\$10,313	\$7,533	\$8,323	10.5%	\$7,582	\$10,195	\$5,558	-45.5%	\$6,297
Client Paid-PMPY	\$6,904	\$5,018	\$5,536	10.3%	\$6,588	\$8,662	\$4,683	-45.9%	\$3,879
Client Paid-PEPM	\$859	\$628	\$694	10.5%	\$632	\$850	\$463	-45.5%	\$525
Client Paid-PMPM	\$575	\$418	\$461	10.3%	\$549	\$722	\$390	-46.0%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	27	19	26	36.8%	4	4	1	-75.0%	
HCC's / 1,000	5.6	3.8	5.8	50.0%	5.4	6.2	1.9	-70.0%	
Avg HCC Paid	\$287,451	\$247,107	\$173,785	-29.7%	\$132,243	\$288,394	\$240,433	-16.6%	
HCC's % of Plan Paid	46.4%	37.8%	36.2%	-4.2%	21.7%	41.5%	19.2%	-53.7%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,063	\$1,615	\$2,048	26.8%	\$2,962	\$4,695	\$1,910	-59.3%	\$1,149
Facility Outpatient	\$2,062	\$1,941	\$2,025	4.3%	\$2,058	\$1,840	\$1,375	-25.3%	\$1,333
Physician	\$1,597	\$1,358	\$1,342	-1.2%	\$1,480	\$1,990	\$1,328	-33.3%	\$1,301
Other	\$182	\$104	\$122	17.3%	\$88	\$138	\$70	-49.3%	\$96
Total	\$6,904	\$5,018	\$5,536	10.3%	\$6,588	\$8,662	\$4,683	-45.9%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY20	PY21	2Q22	Variance to Prior Year	PY20	PY21	2Q22	Variance to Prior Year	PY20	PY21	2Q22	Variance to Prior Year
Enrollment												
Avg # Employees	23,673	23,322	19,267	-17.4%	19,809	19,529	15,814	-19.0%	4	4	3	-25.0%
Avg # Members	42,865	42,317	33,844	-20.0%	37,291	36,761	28,790	-21.7%	7	9	8	-11.1%
Ratio	1.8	1.8	1.8	-2.8%	1.9	1.9	1.8	-3.2%	1.8	2.3	2.7	18.7%
Financial Summary												
Gross Cost	\$185,251,114	\$169,798,016	\$84,509,450	-50.2%	\$139,774,757	\$131,033,700	\$66,234,286	-49.5%	\$46,064	\$40,353	\$27,588	-31.6%
Client Paid	\$143,667,208	\$132,093,355	\$63,977,931	-51.6%	\$106,095,205	\$100,467,765	\$50,221,644	-50.0%	\$35,053	\$26,699	\$17,886	-33.0%
Employee Paid	\$41,583,906	\$37,704,661	\$20,531,518	-45.5%	\$33,679,553	\$30,565,935	\$16,012,642	-47.6%	\$11,011	\$13,654	\$9,702	-28.9%
Client Paid-PEPY	\$6,069	\$5,664	\$6,641	17.2%	\$5,356	\$5,144	\$6,352	23.5%	\$9,144	\$6,675	\$11,924	78.6%
Client Paid-PMPY	\$3,352	\$3,122	\$3,781	21.1%	\$2,845	\$2,733	\$3,489	27.7%	\$5,130	\$2,967	\$4,471	50.7%
Client Paid-PEPM	\$506	\$472	\$553	17.2%	\$446	\$429	\$529	23.3%	\$762	\$556	\$994	78.8%
Client Paid-PMPM	\$279	\$260	\$315	21.2%	\$237	\$228	\$291	27.6%	\$427	\$247	\$373	51.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	206	178	91		151	128	67		0	0	0	
HCC's / 1,000	4.8	4.2	2.7		4.1	3.5	2.3		0.0	0.0	0.0	
Avg HCC Paid	\$236,642	\$246,763	\$240,886	-2.4%	\$206,591	\$237,270	\$256,147	8.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.9%	33.3%	34.3%	3.0%	29.4%	30.2%	34.2%	13.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,139	\$893	\$1,507	68.8%	\$883	\$750	\$1,415	88.7%	\$0	\$14	\$0	0.0%
Facility Outpatient	\$1,040	\$991	\$1,091	10.1%	\$880	\$822	\$939	14.2%	\$2,087	\$2,152	\$2,389	11.0%
Physician	\$1,093	\$1,174	\$1,106	-5.8%	\$1,014	\$1,105	\$1,065	-3.6%	\$2,777	\$770	\$2,020	162.3%
Other	\$80	\$64	\$77	20.3%	\$68	\$56	\$70	25.0%	\$266	\$30	\$62	0.0%
Total	\$3,352	\$3,122	\$3,781	21.1%	\$2,845	\$2,733	\$3,489	27.7%	\$5,130	\$2,967	\$4,471	50.7%
			Annualized				Annualized				Annualized	

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

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY20	PY21	2Q22	Variance to Prior Year	PY20	PY21	2Q22	Variance to Prior Year	
Enrollment									
Avg # Employees	3,246	3,268	3,001	-8.2%	615	521	450	-13.6%	1.6
Avg # Members	4,858	4,933	4,512	-8.5%	710	614	534	-13.1%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.8%	
Financial Summary									
Gross Cost	\$39,350,569	\$33,024,994	\$16,398,069	-50.3%	\$6,079,723	\$5,698,970	\$1,849,506	-67.5%	\$6,297
Client Paid	\$32,691,908	\$26,900,984	\$12,488,707	-53.6%	\$4,845,042	\$4,697,908	\$1,249,695	-73.4%	
Employee Paid	\$6,658,661	\$6,124,010	\$3,909,362	-36.2%	\$1,234,681	\$1,001,063	\$599,811	-40.1%	
Client Paid-PEPY	\$10,070	\$8,231	\$8,323	1.1%	\$7,882	\$9,024	\$5,558	-38.4%	
Client Paid-PMPY	\$6,730	\$5,454	\$5,536	1.5%	\$6,821	\$7,646	\$4,683	-38.8%	
Client Paid-PEPM	\$839	\$686	\$694	1.2%	\$657	\$752	\$463	-38.4%	
Client Paid-PMPM	\$561	\$454	\$461	1.5%	\$568	\$637	\$390	-38.8%	
Client Paid-PMPM	\$561	\$454	\$461	1.5%	\$568	\$637	\$390	-38.8%	
High Cost Claimants (HCC's) > \$100k									
# of HCC's	60	44	26		8	9	1		25.8%
HCC's / 1,000	12.4	8.9	5.8		11.3	14.7	1.9		
Avg HCC Paid	\$271,721	\$261,318	\$173,785	-33.5%	\$156,233	\$228,360	\$240,433	5.3%	
HCC's % of Plan Paid	49.9%	42.7%	36.2%	-15.2%	25.8%	43.7%	19.2%	-56.1%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,853	\$1,597	\$2,048	28.2%	\$2,835	\$3,771	\$1,910	-49.4%	\$1,149
Facility Outpatient	\$2,107	\$2,154	\$2,025	-6.0%	\$2,143	\$1,733	\$1,375	-20.7%	\$1,333
Physician	\$1,600	\$1,586	\$1,342	-15.4%	\$1,745	\$2,022	\$1,328	-34.3%	\$1,301
Other	\$170	\$116	\$122	5.2%	\$98	\$120	\$70	-41.7%	\$96
Total	\$6,730	\$5,454	\$5,536	1.5%	\$6,821	\$7,646	\$4,683	-38.8%	\$3,879

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 14,876,766	\$ 2,928,106	\$ 1,578,041	\$ 19,382,914	\$ 22,475,890	\$ 4,180,307	\$ 901,240	\$ 27,557,438	42.2%	
Outpatient	\$ 29,487,744	\$ 6,949,375	\$ 964,627	\$ 37,401,746	\$ 27,745,754	\$ 6,579,712	\$ 827,448	\$ 35,152,914	-6.0%	
Total - Medical	\$ 44,364,510	\$ 9,877,481	\$ 2,542,669	\$ 56,784,660	\$ 50,221,644	\$ 10,760,019	\$ 1,728,688	\$ 62,710,351	10.4%	

Net Paid Claims - Per Participant per Month										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 378	\$ 619	\$ 664	\$ 414	\$ 529	\$ 748	\$ 478	\$ 555	34.1%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q21				2Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 126	\$ 1,113,031	\$ 496,882	\$ 1,610,039	\$ 435	\$ 362,261	\$ 192,059	\$ 554,756		-65.5%
Outpatient	\$ 2,137	\$ 888,545	\$ 282,135	\$ 1,172,817	\$ 17,450	\$ 414,976	\$ 280,399	\$ 712,825		-39.2%
Total - Medical	\$ 2,263	\$ 2,001,576	\$ 779,017	\$ 2,782,857	\$ 17,886	\$ 777,237	\$ 472,458	\$ 1,267,581		-54.5%

Net Paid Claims - Per Participant per Month										
	2Q21				2Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 103	\$ 1,193	\$ 488	\$ 845	\$ 994	\$ 708	\$ 295	\$ 466		-44.8%

Paid Claims by Claim Type – Total Participants

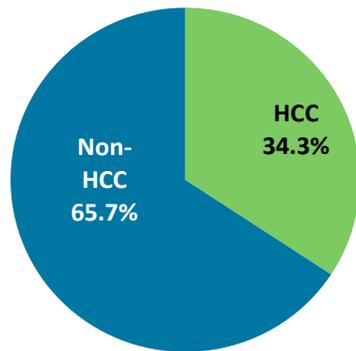
Net Paid Claims - Total										
Total Participants										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 14,876,892	\$ 4,041,137	\$ 2,074,924	\$ 20,992,953	\$ 22,476,325	\$ 4,542,569	\$ 1,093,299	\$ 28,112,193	33.9%	
Outpatient	\$ 29,489,881	\$ 7,837,920	\$ 1,246,762	\$ 38,574,563	\$ 27,763,205	\$ 6,994,688	\$ 1,107,847	\$ 35,865,739	-7.0%	
Total - Medical	\$ 44,366,773	\$ 11,879,057	\$ 3,321,686	\$ 59,567,516	\$ 50,239,530	\$ 11,537,256	\$ 2,201,146	\$ 63,977,931	7.4%	

Net Paid Claims - Per Participant per Month										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 378	\$ 673	\$ 613	\$ 424	\$ 529	\$ 745	\$ 422	\$ 553	30.4%	

Cost Distribution – Medical Claims

2Q21						2Q22						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
62	0.1%	\$14,757,845	24.8%	\$438,323	2.0%	\$100,000.01 Plus	70	0.2%	\$21,564,208	33.7%	\$480,929	2.3%
112	0.3%	\$8,205,997	13.8%	\$629,846	2.9%	\$50,000.01-\$100,000.00	90	0.3%	\$7,900,302	12.3%	\$586,424	2.9%
225	0.5%	\$8,149,864	13.7%	\$1,123,566	5.2%	\$25,000.01-\$50,000.00	190	0.6%	\$8,090,999	12.6%	\$1,028,670	5.0%
586	1.4%	\$9,619,497	16.1%	\$2,567,045	11.9%	\$10,000.01-\$25,000.00	463	1.4%	\$8,456,070	13.2%	\$2,141,716	10.4%
748	1.8%	\$5,538,987	9.3%	\$2,412,521	11.2%	\$5,000.01-\$10,000.00	669	2.0%	\$5,447,633	8.5%	\$2,236,215	10.9%
1,017	2.4%	\$3,843,670	6.5%	\$2,234,603	10.4%	\$2,500.01-\$5,000.00	1,061	3.1%	\$4,182,370	6.5%	\$2,505,082	12.2%
21,490	50.6%	\$9,451,659	15.9%	\$10,046,762	46.6%	\$0.01-\$2,500.00	16,465	48.7%	\$8,336,349	13.0%	\$9,337,076	45.5%
5,595	13.2%	\$0	0.0%	\$2,126,300	9.9%	\$0.00	5,099	15.1%	\$0	0.0%	\$2,215,406	10.8%
12,645	29.8%	\$0	0.0%	\$0	0.0%	No Claims	9,735	28.8%	\$0	0.0%	\$0	0.0%
42,479	100.0%	\$59,567,516	100.0%	\$21,578,966	100.0%		33,844	100.0%	\$63,977,931	100.0%	\$20,531,518	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Pregnancy-related Disorders	4	\$5,308,114	24.2%
Cancer	34	\$3,858,633	17.6%
Cardiac Disorders	59	\$2,421,243	11.0%
Infections	46	\$2,204,806	10.1%
Spine-related Disorders	15	\$934,205	4.3%
Gastrointestinal Disorders	44	\$903,323	4.1%
Renal/Urologic Disorders	33	\$812,643	3.7%
Endocrine/Metabolic Disorders	35	\$716,978	3.3%
Trauma/Accidents	25	\$664,015	3.0%
Mental Health	22	\$642,656	2.9%
All Other		\$3,454,043	15.8%
Overall	----	\$21,920,658	100.0%

Utilization Summary (p. 1 of 2)

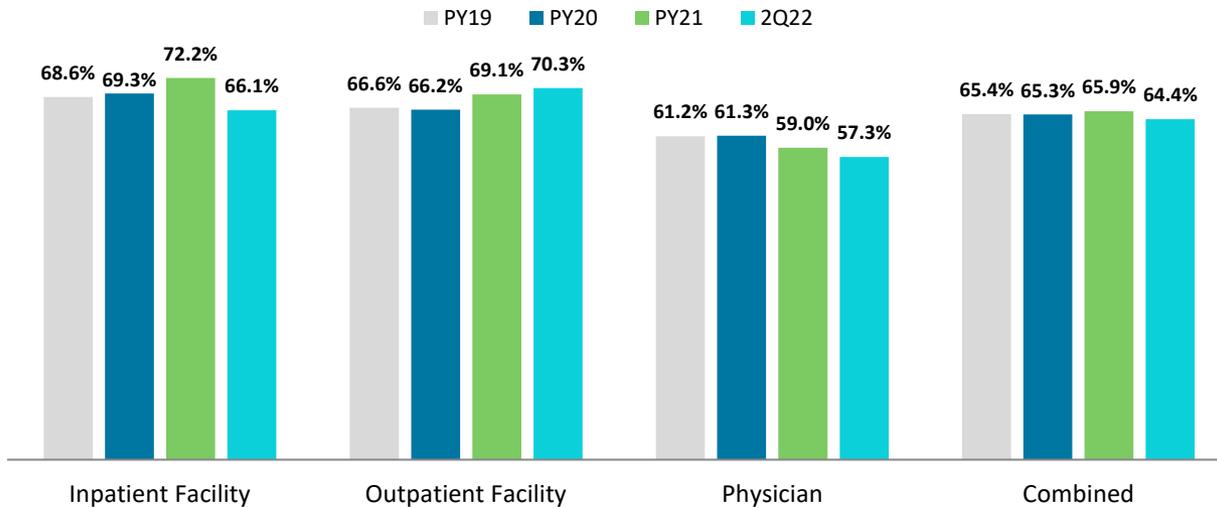
Summary	Total				State Active				Non-State Active			
	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year
Inpatient Summary												
# of Admits	952	831	731		725	676	544		0	0	0	
# of Bed Days	5,667	5,928	4,145		4,289	4,941	3,112		0	0	0	
Paid Per Admit	\$26,636	\$37,814	\$22,345	-40.9%	\$26,004	\$36,853	\$23,356	-36.6%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,475	\$5,301	\$3,941	-25.7%	\$4,396	\$5,042	\$4,083	-19.0%	\$0	\$0	\$0	0.0%
Admits Per 1,000	44	39	43	10.3%	39	37	38	2.7%	0	0	0	0.0%
Days Per 1,000	263	279	245	-12.2%	228	267	216	-19.1%	0	0	0	0.0%
Avg LOS	6	7.1	5.7	-19.7%	5.9	7.3	5.7	-21.9%	0	0	0	0.0%
# Admits From ER	476	435	416		332	334	283		0	0	0	
Physician Office												
OV Utilization per Member	4.2	3.7	4.1	10.8%	3.9	3.5	3.9	11.4%	14	4.0	3.5	-12.5%
Avg Paid per OV	\$69	\$69	\$77	11.6%	\$69	\$71	\$80	12.7%	\$99	\$86	\$44	-48.8%
Avg OV Paid per Member	\$290	\$259	\$317	22.4%	\$270	\$250	\$308	23.2%	\$1,391	\$346	\$153	-55.8%
DX&L Utilization per Member	8.2	7.7	8.2	6.5%	7.6	7.2	7.7	6.9%	0	0	15.8	0.0%
Avg Paid per DX&L	\$51	\$53	\$54	1.9%	\$48	\$48	\$50	4.2%	\$0	\$0	\$127	0.0%
Avg DX&L Paid per Member	\$416	\$405	\$442	9.1%	\$366	\$348	\$384	10.3%	\$0	\$0	\$2,005	0.0%
Emergency Room												
# of Visits	3,194	2,431	2,522		2,649	2,088	2,104		2	0	3	
Visits Per Member	0.15	0.11	0.15	36.4%	0.14	0.11	0.15	36.4%	0.57	0.00	0.75	0.0%
Visits Per 1,000	148	114	149	30.7%	141	113	146	29.2%	571	0	750	0.0%
Avg Paid per Visit	\$2,000	\$2,036	\$1,674	-17.8%	\$1,997	\$2,023	\$1,684	-16.8%	\$1,803	\$0	\$1,489	0.0%
Urgent Care												
# of Visits	6,354	4,797	4,574		5,738	4,309	4,062		1	0	1	
Visits Per Member	0.29	0.23	0.27	17.4%	0.31	0.23	0.28	21.7%	0.29	0.00	0.25	0.0%
Visits Per 1,000	294	225	270	20.0%	305	233	282	21.0%	286	0	250	0.0%
Avg Paid per Visit	\$31	\$68	\$63	-7.4%	\$30	\$68	\$63	-7.4%	\$170	\$0	\$113	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

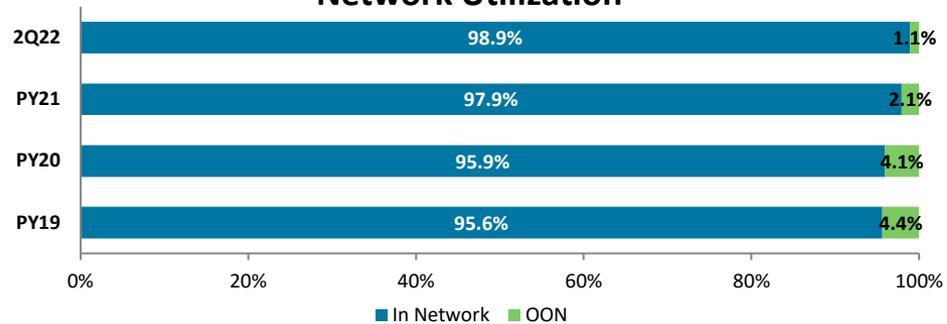
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	174	128	171		53	27	16		
# of Bed Days	1,118	815	928		260	172	105		
Paid Per Admit	\$31,894	\$40,391	\$19,613	-51.4%	\$18,021	\$49,664	\$17,131	-65.5%	\$16,632
Paid Per Day	\$4,964	\$6,344	\$3,614	-43.0%	\$3,674	\$7,796	\$2,611	-66.5%	\$3,217
Admits Per 1,000	72	52	76	46.2%	144	84	60	-28.6%	76
Days Per 1,000	462	332	411	23.8%	707	537	394	-26.6%	391
Avg LOS	6.4	6.4	5.4	-15.6%	4.9	6.4	6.6	3.1%	5.2
# Admits From ER	103	83	125		41	18	8		
Physician Office									
OV Utilization per Member	5.8	4.9	5.2	6.1%	7.6	6.4	7.3	14.1%	5.0
Avg Paid per OV	\$72	\$62	\$75	21.0%	\$65	\$59	\$31	-47.5%	\$57
Avg OV Paid per Member	\$420	\$305	\$390	27.9%	\$495	\$378	\$226	-40.2%	\$286
DX&L Utilization per Member	11.9	10.5	10.7	1.9%	14.2	12.4	11.6	-6.5%	10.5
Avg Paid per DX&L	\$63	\$74	\$74	0.0%	\$53	\$66	\$53	-19.7%	\$50
Avg DX&L Paid per Member	\$753	\$775	\$789	1.8%	\$746	\$821	\$615	-25.1%	\$522
Emergency Room									
# of Visits	436	304	358		107	39	57		
Visits Per Member	0.18	0.12	0.16	33.3%	0.29	0.12	0.21	75.0%	0.24
Visits Per 1,000	180	124	159	28.2%	291	122	214	75.4%	235
Avg Paid per Visit	\$2,175	\$2,012	\$1,697	-15.7%	\$1,366	\$2,898	\$1,198	-58.7%	\$943
Urgent Care									
# of Visits	522	428	462		93	60	49		
Visits Per Member	0.22	0.17	0.20	17.6%	0.25	0.19	0.18	-5.3%	0.3
Visits Per 1,000	216	174	205	17.8%	253	187	184	-1.6%	300
Avg Paid per Visit	\$40	\$70	\$60	-14.3%	\$32	\$62	\$27	-56.5%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female	Unassigned
Pregnancy-related Disorders	\$8,034,521	12.6%	\$1,436,999	\$464,194	\$6,133,327	\$5,580,590	\$2,238,701	\$215,230
Cancer	\$6,927,820	10.8%	\$5,656,087	\$834,300	\$437,433	\$3,300,266	\$3,627,553	\$0
Infections	\$6,062,619	9.5%	\$3,997,012	\$1,407,834	\$657,773	\$3,144,889	\$2,917,659	\$70
COVID-19, Confirmed	\$2,994,280	4.7%	\$2,072,245	\$788,781	\$133,253	\$1,537,577	\$1,456,702	\$0
Health Status/Encounters	\$5,065,634	7.9%	\$2,928,265	\$719,426	\$1,417,943	\$1,972,216	\$3,090,447	\$2,971
Cardiac Disorders	\$4,945,799	7.7%	\$3,808,685	\$1,087,172	\$49,942	\$3,494,760	\$1,448,002	\$3,037
Gastrointestinal Disorders	\$4,577,949	7.2%	\$3,342,655	\$787,457	\$447,837	\$2,287,262	\$2,290,675	\$11
Musculoskeletal Disorders	\$4,016,688	6.3%	\$2,872,680	\$588,542	\$555,466	\$1,489,390	\$2,525,688	\$1,611
Mental Health	\$2,984,044	4.7%	\$1,045,117	\$208,364	\$1,730,563	\$1,275,002	\$1,709,042	\$0
Spine-related Disorders	\$2,926,668	4.6%	\$2,146,846	\$574,343	\$205,479	\$756,875	\$2,169,792	\$0
Trauma/Accidents	\$2,743,598	4.3%	\$1,621,173	\$387,874	\$734,551	\$1,219,108	\$1,524,490	\$0
Neurological Disorders	\$2,665,826	4.2%	\$1,797,322	\$465,398	\$403,106	\$951,432	\$1,713,844	\$550
Renal/Urologic Disorders	\$2,095,358	3.3%	\$1,312,698	\$585,092	\$197,568	\$1,347,027	\$748,330	\$0
Eye/ENT Disorders	\$1,633,112	2.6%	\$1,199,738	\$168,755	\$264,619	\$712,515	\$920,539	\$58
Endocrine/Metabolic Disorders	\$1,384,649	2.2%	\$1,203,395	\$142,138	\$39,116	\$414,700	\$969,949	\$0
Pulmonary Disorders	\$1,281,132	2.0%	\$802,875	\$161,597	\$316,660	\$567,686	\$713,446	\$0
Gynecological/Breast Disorders	\$1,090,008	1.7%	\$696,654	\$236,034	\$157,320	\$37,403	\$1,052,526	\$79
Non-malignant Neoplasm	\$850,491	1.3%	\$611,165	\$219,172	\$20,153	\$292,803	\$557,687	\$0
Hematological Disorders	\$723,312	1.1%	\$675,961	\$20,254	\$27,097	\$179,594	\$543,718	\$0
Congenital/Chromosomal Anomalies	\$713,122	1.1%	\$96,317	\$2,401	\$614,404	\$428,678	\$284,312	\$132
Medical/Surgical Complications	\$671,756	1.0%	\$555,048	\$95,245	\$21,463	\$436,472	\$235,284	\$0
Dermatological Disorders	\$638,506	1.0%	\$418,580	\$51,094	\$168,832	\$370,568	\$267,938	\$0
Miscellaneous	\$564,646	0.9%	\$293,614	\$183,292	\$87,740	\$286,926	\$276,964	\$757
Diabetes	\$513,400	0.8%	\$359,849	\$91,752	\$61,799	\$313,763	\$199,637	\$0
Vascular Disorders	\$384,161	0.6%	\$311,307	\$68,888	\$3,966	\$92,731	\$291,431	\$0
Abnormal Lab/Radiology	\$281,774	0.4%	\$213,856	\$57,998	\$9,920	\$116,142	\$165,325	\$307
Medication Related Conditions	\$89,188	0.1%	\$45,107	\$12,247	\$31,835	\$35,064	\$54,124	\$0
Cholesterol Disorders	\$43,727	0.1%	\$35,088	\$7,706	\$933	\$21,563	\$22,164	\$0
External Hazard Exposure	\$24,276	0.0%	\$8,317	\$10,481	\$5,478	\$16,140	\$8,137	\$0
Dental Conditions	\$23,751	0.0%	\$19,734	\$509	\$3,508	\$5,045	\$18,706	\$0
Allergic Reaction	\$20,396	0.0%	\$9,633	\$3,617	\$7,146	\$9,519	\$10,877	\$0
Total	\$63,977,931	100.0%	\$39,521,778	\$9,643,176	\$14,812,978	\$31,156,129	\$32,596,990	\$224,812

Mental Health Drilldown

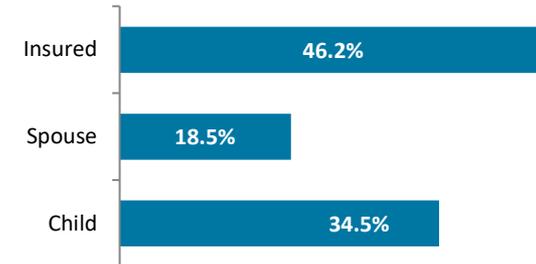
Grouper	PY19		PY20		PY21		2Q22	
	Patients	Total Paid						
Depression	1,438	\$960,442	1,578	\$1,202,510	1,622	\$1,042,887	900	\$505,007
Developmental Disorders	132	\$376,873	155	\$796,920	190	\$1,169,559	113	\$478,159
Alcohol Abuse/Dependence	127	\$888,930	134	\$689,963	129	\$999,750	68	\$401,043
Eating Disorders	46	\$77,221	49	\$159,855	50	\$598,404	44	\$345,752
Mental Health Conditions, Other	1,243	\$504,177	1,341	\$786,711	1,278	\$792,762	762	\$250,625
Substance Abuse/Dependence	115	\$1,226,970	131	\$1,029,390	138	\$370,274	67	\$241,135
Mood and Anxiety Disorders	1,646	\$366,935	1,860	\$484,244	1,957	\$609,469	1,063	\$225,305
Complications of Substance Abuse	85	\$578,454	94	\$713,276	74	\$456,459	40	\$215,217
Bipolar Disorder	343	\$314,670	349	\$379,745	319	\$507,979	183	\$167,888
Psychoses	47	\$102,096	59	\$71,859	52	\$115,493	29	\$52,057
Schizophrenia	26	\$49,918	30	\$46,596	26	\$136,199	19	\$47,077
Attention Deficit Disorder	428	\$49,357	460	\$60,539	493	\$68,592	294	\$23,360
Sleep Disorders	529	\$48,331	568	\$45,329	549	\$70,710	268	\$20,002
Sexually Related Disorders	53	\$27,530	60	\$20,133	67	\$164,428	40	\$4,340
Personality Disorders	18	\$13,066	24	\$18,327	26	\$17,095	13	\$3,835
Tobacco Use Disorder	172	\$13,424	161	\$6,997	124	\$8,023	71	\$3,242
Total		\$5,598,394		\$6,512,394		\$7,128,082		\$2,984,044

Diagnosis Grouper – Pregnancy-related Disorders

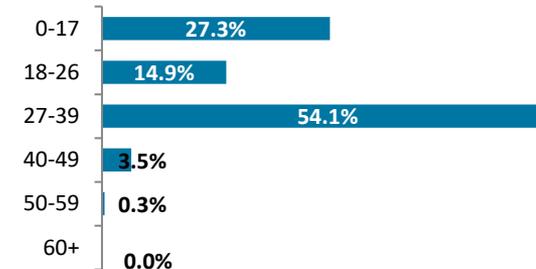
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	98	294	\$2,567,463	32.0%
Prematurity and Low Birth Weight	6	12	\$2,562,563	31.9%
Labor and Delivery Related	165	423	\$879,753	10.9%
Liveborn Infants	143	241	\$864,732	10.8%
Pregnancy Complications	294	966	\$830,977	10.3%
Supervision of Pregnancy	368	1,263	\$171,192	2.1%
Fetal Distress	8	37	\$95,988	1.2%
Multiple Gestation Related	9	56	\$32,621	0.4%
Abortion Related	27	66	\$18,991	0.2%
Cesarean Delivery	6	6	\$5,711	0.1%
Ectopic Pregnancy	3	6	\$4,235	0.1%
Birth Injury	1	3	\$294	0.0%
Overall	----	----	\$8,034,521	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

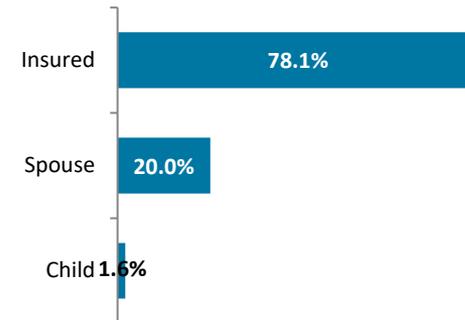


Diagnosis Grouper – Cancer

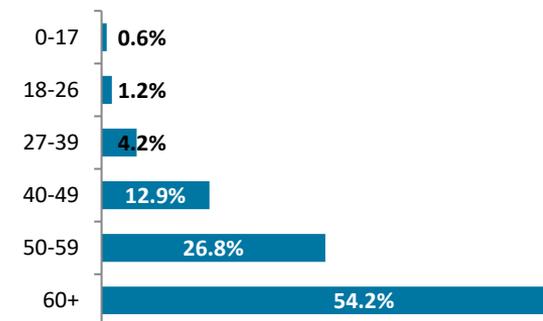
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	95	564	\$2,528,932	36.5%
Cancers, Other	306	1,146	\$875,924	12.6%
Breast Cancer	193	1,162	\$707,873	10.2%
Leukemias	28	320	\$467,856	6.8%
Cervical/Uterine Cancer	46	207	\$311,297	4.5%
Brain Cancer	12	143	\$275,488	4.0%
Prostate Cancer	96	381	\$251,526	3.6%
Melanoma	48	161	\$228,783	3.3%
Lung Cancer	24	168	\$226,799	3.3%
Secondary Cancers	58	239	\$216,860	3.1%
Thyroid Cancer	69	231	\$170,446	2.5%
Colon Cancer	44	234	\$167,274	2.4%
Ovarian Cancer	20	85	\$141,403	2.0%
Pancreatic Cancer	10	74	\$114,569	1.7%
Lymphomas	40	257	\$81,207	1.2%
Myeloma	9	115	\$67,317	1.0%
Carcinoma in Situ	69	112	\$43,815	0.6%
Kidney Cancer	16	51	\$31,293	0.5%
Bladder Cancer	19	109	\$19,158	0.3%
Overall	----	----	\$6,927,820	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

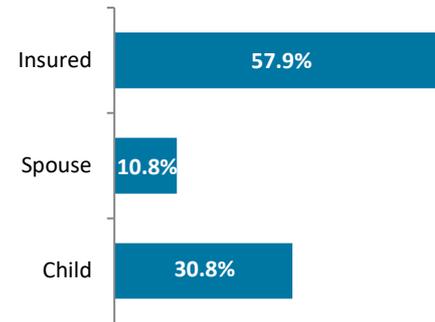


Diagnosis Grouper – Infections

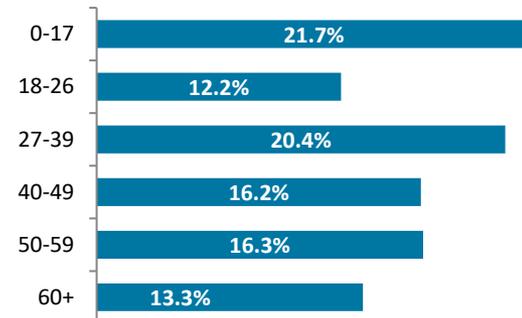
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Infectious Diseases	5,655	11,646	\$3,956,687	65.3%
Septicemia	101	236	\$1,941,807	32.0%
Osteomyelitis	15	312	\$153,385	2.5%
HIV	35	92	\$9,349	0.2%
Influenza	16	18	\$733	0.0%
Hepatitis B	13	33	\$652	0.0%
Hepatitis C	4	4	\$7	0.0%
Tuberculosis	2	2	\$0	0.0%
Clostridium Difficile	2	2	\$0	0.0%
Overall	----	----	\$6,062,619	100.0%

*Patient and claim counts are unique only within the category

Relationship



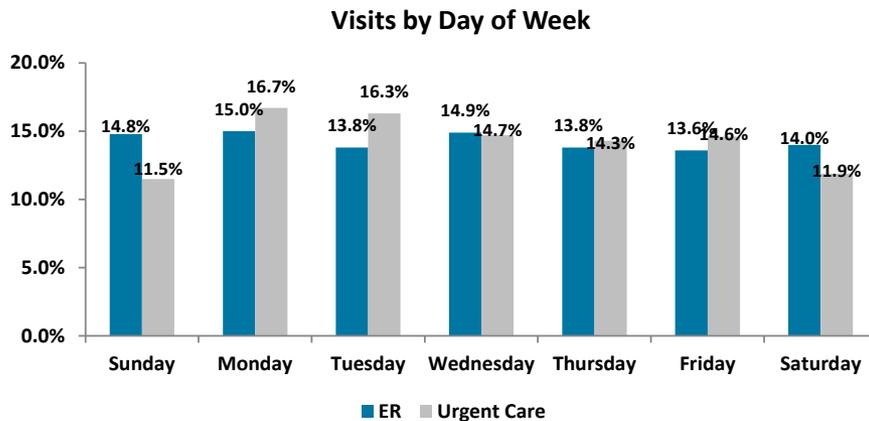
Age Range



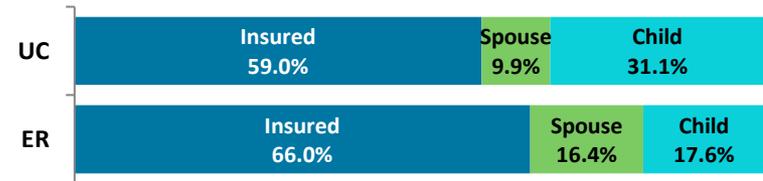
Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q21		2Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	2,431	4,797	2,522	4,574		
Visits Per Member	0.11	0.23	0.15	0.27	0.17	0.24
Visits/1000 Members	114	225	149	270	174	242
Avg Paid Per Visit	\$2,036	\$68	\$1,674	\$63	\$1,684	\$74
% with OV*	83.1%	78.9%	85.0%	81.1%		
% Avoidable	11.0%	24.0%	11.3%	29.1%		
Total Member Paid	\$2,770,223	\$515,483	\$2,609,908	\$510,720		
Total Plan Paid	\$4,949,028	\$325,345	\$4,222,925	\$286,230		
	Annualized	Annualized	Annualized	Annualized		

*looks back 12 months



% of Paid

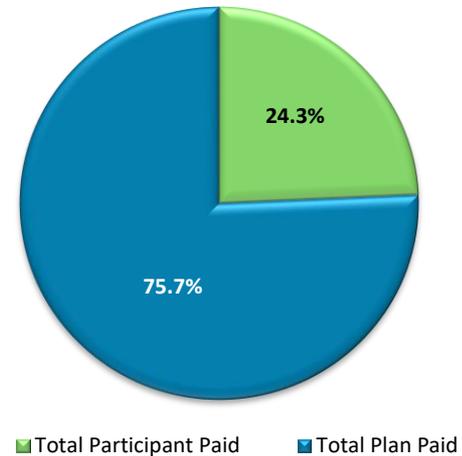
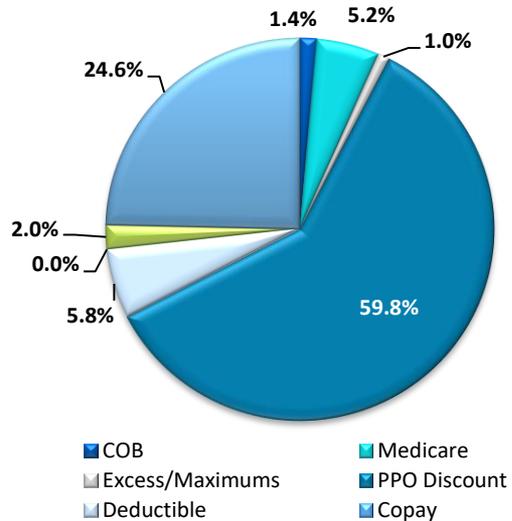


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,515	79	2,711	4,380	4,226	219
Spouse	364	86	464	863	828	196
Child	643	62	1,399	1,655	2,042	197
Total	2,522	75	4,574	135	7,096	210

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$258,868,990	\$2,239	100.0%
COB	\$3,571,115	\$31	1.4%
Medicare	\$13,531,952	\$117	5.2%
Excess/Maximums	\$2,616,156	\$23	1.0%
PPO Discount	\$155,343,332	\$1,344	60.0%
Deductible	\$15,176,524	\$131	5.9%
Copay	\$75,962	\$1	0.0%
Coinsurance	\$5,279,033	\$46	2.0%
Total Participant Paid	\$20,531,518	\$178	7.9%
Total Plan Paid	\$63,977,931	\$553	24.7%

Total Participant Paid - PY21	\$135
Total Plan Paid - PY21	\$472



Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
	2Q20		2Q21		2Q22		% Change	
Age Range	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 9,126	\$ 3	\$ 5,915	\$ 2	\$ 4,637	\$ 2	-21.6%	-14.0%
1	\$ 25,737	\$ 8	\$ 25,092	\$ 7	\$ 26,996	\$ 9	7.6%	17.0%
2 - 4	\$ 205,909	\$ 19	\$ 185,442	\$ 17	\$ 208,939	\$ 20	12.7%	19.3%
5 - 9	\$ 661,689	\$ 31	\$ 604,397	\$ 30	\$ 647,643	\$ 33	7.2%	12.3%
10 - 14	\$ 641,514	\$ 27	\$ 664,155	\$ 28	\$ 666,817	\$ 29	0.4%	2.7%
15 - 19	\$ 776,827	\$ 31	\$ 833,988	\$ 33	\$ 789,260	\$ 32	-5.4%	-3.9%
20 - 24	\$ 524,971	\$ 19	\$ 495,420	\$ 18	\$ 478,271	\$ 18	-3.5%	-0.8%
25 - 29	\$ 528,795	\$ 25	\$ 503,991	\$ 24	\$ 455,130	\$ 24	-9.7%	-2.7%
30 - 34	\$ 612,847	\$ 26	\$ 616,734	\$ 26	\$ 593,620	\$ 26	-3.7%	1.0%
35 - 39	\$ 742,642	\$ 29	\$ 719,288	\$ 27	\$ 754,787	\$ 30	4.9%	8.7%
40 - 44	\$ 725,414	\$ 30	\$ 694,249	\$ 28	\$ 726,045	\$ 29	4.6%	4.2%
45 - 49	\$ 886,480	\$ 32	\$ 774,557	\$ 29	\$ 755,359	\$ 30	-2.5%	3.2%
50 - 54	\$ 972,069	\$ 34	\$ 878,427	\$ 30	\$ 966,569	\$ 34	10.0%	10.7%
55 - 59	\$ 1,178,205	\$ 37	\$ 1,065,686	\$ 35	\$ 1,095,005	\$ 37	2.8%	5.4%
60 - 64	\$ 1,435,524	\$ 40	\$ 1,317,511	\$ 38	\$ 1,382,146	\$ 42	4.9%	8.2%
65+	\$ 3,421,967	\$ 43	\$ 3,330,539	\$ 41	\$ 3,552,447	\$ 44	6.7%	6.5%
Total	\$13,349,718	\$ 32	\$ 12,715,391	\$ 31	\$ 13,103,671	\$ 33	3.1%	5.7%

Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	2Q21				2Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 8,645,923	\$ 1,017,552	\$ 274,399	\$ 9,937,874	\$ 8,718,106	\$ 1,122,018	\$ 274,488	\$ 10,114,612	1.8%	
Dental Exchange	\$ -	\$ -	\$ 1,615,026	\$ 1,615,026	\$ -	\$ -	\$ 1,799,747	\$ 1,799,747	11.4%	
Total	\$ 8,645,923	\$ 1,017,552	\$ 1,889,424	\$ 11,552,899	\$ 8,718,106	\$ 1,122,018	\$ 2,074,235	\$ 11,914,359	13.2%	

Dental Paid Claims - Per Participant per Month										
	2Q21				2Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 53	\$ 50	\$ 60	\$ 53	\$ 56	\$ 54	\$ 61	\$ 56	4.5%	
Dental Exchange	\$ -	\$ -	\$ 49	\$ 49	\$ -	\$ -	\$ 53	\$ 53	8.4%	

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total										
Non-State Participants										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 2,188	\$ 117,318	\$ 112,403	\$ 231,909	\$ 3,507	\$ 87,788	\$ 121,784	\$ 213,079	-8.1%	
Dental Exchange	\$ -	\$ -	\$ 930,582	\$ 930,582	\$ -	\$ -	\$ 976,233	\$ 976,233	4.9%	
Total	\$ 2,188	\$ 117,318	\$ 1,042,985	\$ 1,162,491	\$ 3,507	\$ 87,788	\$ 1,098,017	\$ 1,189,312	2.3%	

Dental Paid Claims - Per Participant per Month										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 48	\$ 42	\$ 45	\$ 43	\$ 83	\$ 47	\$ 47	\$ 47	9.1%	
Dental Exchange	\$ -	\$ -	\$ 44	\$ 44	\$ -	\$ -	\$ 47	\$ 47	7.2%	

Dental Paid Claims – Total Participants

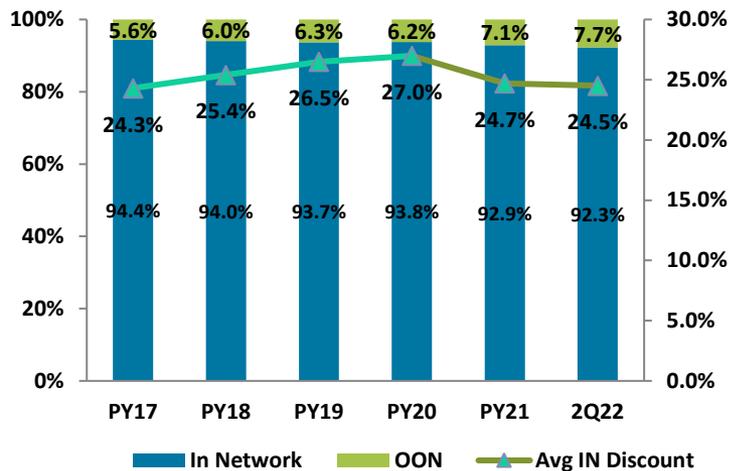
Dental Paid Claims - Total										
Total Participants										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 8,648,111	\$ 1,134,870	\$ 386,802	\$ 10,169,783	\$ 8,721,613	\$ 1,209,806	\$ 396,272	\$ 10,327,691	1.6%	
Dental Exchange	\$ -	\$ -	\$ 2,545,608	\$ 2,545,608	\$ -	\$ -	\$ 2,775,980	\$ 2,775,980	9.0%	
Total	\$ 8,648,111	\$ 1,134,870	\$ 2,932,410	\$ 12,715,391	\$ 8,721,613	\$ 1,209,806	\$ 3,172,252	\$ 13,103,671	3.1%	

Dental Paid Claims - Per Participant per Month										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 53	\$ 49	\$ 55	\$ 53	\$ 56	\$ 53	\$ 56	\$ 55	4.6%	
Dental Exchange	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ -	\$ 51	\$ 51	8.1%	

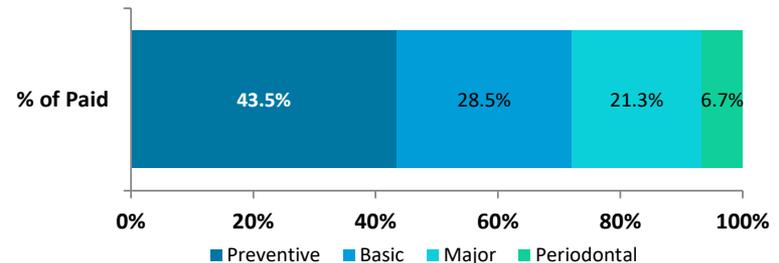
Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	% of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	3,186	4.8%	11,422	17.0%	\$4,699,312	35.9%	\$3,273,137	50.0%
\$750.01-\$1,000.00	1,389	2.1%	4,210	6.3%	\$1,227,275	9.4%	\$725,091	11.1%
\$500.01-\$750.00	2,298	3.4%	5,935	8.8%	\$1,442,275	11.0%	\$842,036	12.9%
\$250.01-\$500.00	6,443	9.7%	14,301	21.3%	\$2,223,055	17.0%	\$730,585	11.2%
\$0.01-\$250.00	23,372	35.0%	30,637	45.6%	\$3,511,754	26.8%	\$929,009	14.2%
\$0.00	602	0.9%	655	1.0%	\$0	0.0%	\$46,939	0.7%
No Claims	29,438	44.1%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	66,728	100.0%	67,160	100.0%	\$13,103,671	100.0%	\$6,546,796	100.0%

Network Performance



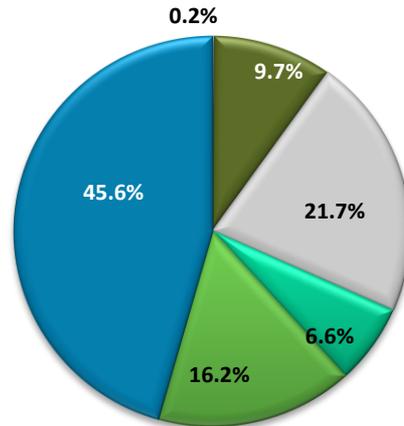
Claim Category	Total Paid	% of Paid
Preventive	\$5,700,081	43.5%
Basic	\$3,737,165	28.5%
Major	\$2,793,652	21.3%
Periodontal	\$872,773	6.7%
Total	\$13,103,671	100.0%



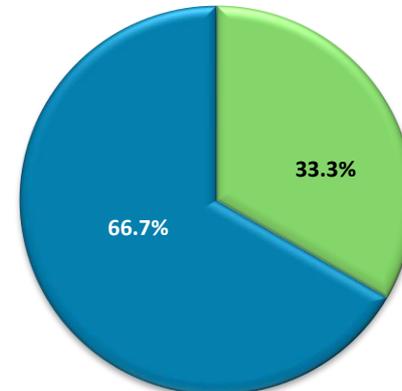
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$28,663,547	\$119	100.0%
COB	\$51,378	\$0	0.2%
Excess/Maximums	\$2,797,138	\$12	9.8%
PPO Discount	\$6,243,024	\$26	21.8%
Deductible	\$1,903,142	\$8	6.6%
Coinsurance	\$4,643,654	\$19	16.2%
Total Participant Paid	\$6,546,796	\$27	22.8%
Total Plan Paid	\$13,103,671	\$54	45.7%

Total Participant Paid - PY21	\$23
Total Plan Paid - PY21	\$51



■ COB
■ PPO Discount
■ Coinsurance
■ Excess/Maximums
■ Deductible
■ Total Plan Paid



■ Total Participant Paid
■ Total Plan Paid

Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	1,144	1,100	44	96.2%
	<2 asthma related ER Visits in the last 6 months	1,144	1,143	1	99.9%
	No asthma related admit in last 12 months	1,144	1,143	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	231	224	7	97.0%
	Members with COPD who had an annual spirometry test	231	33	198	14.3%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	12	11	1	91.7%
	No ER Visit for Heart Failure in last 90 days	212	207	5	97.6%
	Follow-up OV within 4 weeks of discharge from HF admission	12	10	2	83.3%
Diabetes	Annual office visit	1,683	1,601	82	95.1%
	Annual dilated eye exam	1,683	691	992	41.1%
	Annual foot exam	1,683	685	998	40.7%
	Annual HbA1c test done	1,683	1,354	329	80.5%
	Diabetes Annual lipid profile	1,683	1,276	407	75.8%
	Annual microalbumin urine screen	1,683	1,144	539	68.0%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	4,181	3,345	836	80.0%
Hypertension	Annual lipid profile	4,658	3,127	1,531	67.1%
	Annual serum creatinine test	4,572	3,624	948	79.3%
Wellness	Well Child Visit - 15 months	242	228	14	94.2%
	Routine office visit in last 6 months	33,230	19,649	13,581	59.1%
	Age 45 to 75 years with colorectal cancer screening	13,118	2,938	10,180	22.4%
	Women age 25-65 with recommended cervical cancer screening	10,480	7,284	3,196	69.5%
	Males age greater than 49 with PSA test in last 24 months	5,087	2,368	2,719	46.6%
	Routine exam in last 24 months	33,230	27,718	5,512	83.4%
	Women age 40 to 75 with a screening mammogram last 24 months	8,433	4,749	3,684	56.3%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	202	0.61%	5.97	\$13,788
Asthma	1,290	3.88%	38.12	\$12,633
Atrial Fibrillation	322	0.97%	9.51	\$31,021
Blood Disorders	1,692	5.09%	50.00	\$26,213
CAD	658	1.98%	19.44	\$21,344
COPD	230	0.69%	6.80	\$24,171
Cancer	1,190	3.58%	35.16	\$23,116
Chronic Pain	628	1.89%	18.56	\$20,125
Congestive Heart Failure	211	0.63%	6.23	\$45,850
Demyelinating Diseases	76	0.23%	2.25	\$50,857
Depression	1,883	5.66%	55.64	\$12,712
Diabetes	1,843	5.54%	54.46	\$15,509
ESRD	45	0.14%	1.33	\$96,359
Eating Disorders	105	0.32%	3.10	\$35,043
HIV/AIDS	37	0.11%	1.09	\$51,278
Hyperlipidemia	4,413	13.27%	130.39	\$9,010
Hypertension	4,686	14.09%	138.46	\$12,012
Immune Disorders	87	0.26%	2.57	\$72,947
Inflammatory Bowel Disease	105	0.32%	3.10	\$36,106
Liver Diseases	589	1.77%	17.40	\$19,801
Morbid Obesity	788	2.37%	23.28	\$16,098
Osteoarthritis	1,116	3.36%	32.98	\$14,579
Peripheral Vascular Disease	171	0.51%	5.05	\$18,987
Rheumatoid Arthritis	145	0.44%	4.28	\$31,098

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

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

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

Public Employees' Benefits Program - RX Costs
PY 2022 - Quarter Ending December 31, 2021

Express Scripts

2Q FY2022 CDHP		2Q FY2021 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	33,790	42,487	(8,697)	-20.5%
Utilizing Member Count (Patients)	22,695	24,706	(2,011)	-8.1%
Percent Utilizing (Utilization)	67.2%	58.1%	0.09	15.5%
Claim Summary				
Net Claims (Total Rx's)	223,104	259,638	(36,534)	-14.1%
Claims per Elig Member per Month (Claims PMPM)	1.10	1.02	0.08	7.8%
Total Claims for Generic (Generic Rx)	185,889	222,076	(36,187.00)	-16.3%
Total Claims for Brand (Brand Rx)	37,215	37,562	(347.00)	-0.9%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	1,628	4,035	(2,407.00)	-59.7%
Total Non-Specialty Claims	220,414	256,453	(36,039.00)	-14.1%
Total Specialty Claims	2,690	3,185	(495.00)	-15.5%
Generic % of Total Claims (GFR)	83.3%	85.5%	(0.02)	-2.6%
Generic Effective Rate (GCR)	99.1%	98.2%	0.01	0.9%
Mail Order Claims	52,584	56,417	(3,833.00)	-6.8%
Mail Penetration Rate*	28.0%	24.6%	0.03	3.4%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$22,440,808	\$27,583,540	(\$5,142,732.00)	-18.6%
Total Generic Gross Cost	\$3,118,301	\$4,349,401	(\$1,231,100.00)	-28.3%
Total Brand Gross Cost	\$19,322,507	\$23,234,139	(\$3,911,632.00)	-16.8%
Total MSB Gross Cost	\$588,035	\$1,008,526	(\$420,491.00)	-41.7%
Total Ingredient Cost	\$21,833,666	\$27,344,946	(\$5,511,280.00)	-20.2%
Total Dispensing Fee	\$597,861	\$226,806	\$371,055.00	163.6%
Total Other (e.g. tax)	\$9,282	\$11,787	(\$2,505.00)	-21.3%
Avg Total Cost per Claim (Gross Cost/Rx)	\$100.58	\$106.24	(\$5.65)	-5.3%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$16.78	\$19.59	(\$2.81)	-14.3%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$519.21	\$618.55	(\$99.34)	-16.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$361.20	\$249.94	\$111.26	44.5%
Member Cost Summary				
Total Member Cost	\$5,690,935	\$7,080,906	(\$1,389,971.00)	-19.6%
Total Copay	\$3,950,771	\$4,731,862	(\$781,091.00)	-16.5%
Total Deductible	\$1,740,163	\$2,349,044	(\$608,881.00)	-25.9%
Avg Copay per Claim (Copay/Rx)	\$17.71	\$18.22	(\$0.52)	-2.8%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$25.51	\$27.27	(\$1.76)	-6.5%
Avg Copay for Generic (Copay/Generic Rx)	\$9.17	\$9.98	(\$0.81)	-8.1%
Avg Copay for Brand (Copay/Brand Rx)	\$107.10	\$129.52	(\$22.42)	-17.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$95.58	\$74.95	\$20.63	27.5%
Net PMPM (Participant Cost PMPM)	\$28.07	\$27.78	\$0.29	1.1%
Copay % of Total Prescription Cost (Member Cost Share %)	25.4%	25.7%	-0.3%	-1.2%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$16,749,874	\$20,502,634	(\$3,752,760.00)	-18.3%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$5,951,805	\$6,948,383	(\$996,578.00)	-14.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,798,069	\$13,554,251	(\$2,756,182.00)	-20.3%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$75.08	\$78.97	(\$3.89)	-4.9%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$7.60	\$9.61	(\$2.01)	-20.9%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$412.11	\$489.04	(\$76.93)	-15.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$265.62	\$175.00	\$90.62	51.8%
Net PMPM (Plan Cost PMPM)	\$82.62	\$80.43	\$2.19	2.7%
PMPM for Specialty Only (Specialty PMPM)	\$53.26	\$53.17	\$0.09	0.2%
PMPM without Specialty (Non-Specialty PMPM)	\$29.36	\$27.26	\$2.10	7.7%
Specialty % of Plan Cost	64.5%	66.10%	(\$0.02)	-2.4%
Rebates Received (Q1-Q2 FY2022 actual)	\$5,997,859	\$4,915,767	\$1,082,091.27	22.0%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$53.03	\$61.14	(\$8.11)	-13.3%
PMPM for Specialty Only (Specialty PMPM)	\$43.58	\$45.80	(\$2.22)	-4.8%
PMPM without Specialty (Non-Specialty PMPM)	\$17.45	\$13.78	\$3.67	26.6%

Appendix B

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HealthSCOPE – LDPPPO Utilization Review for PEBP July 1, 2021 – December 31, 2021

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July – December 2021



Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q22 was \$11,668,043 with an annualized plan cost per employee per year (PEPY) of \$6,028.
 - IP Cost per Admit is \$25,768.
 - ER Cost per Visit is \$2,050.
- Employees shared in 18.5% of the medical cost.
- Inpatient facility costs were 28.9% of the plan spend.
- 92.5% of the Average Membership had paid Medical claims less than \$2,500, with 29.3% of those having no claims paid at all during the reporting period.
- 18 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 29.1% of the plan spend. The highest diagnosis category was Cancer, accounting for 28.4% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.2%. The average In Network discount was 60.5%.

Paid Claims by Age Group

Paid Claims by Age Group							
2Q22							
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	
<1	\$ 1,506,721	\$ 3,304	\$ 1,162	\$ 3	\$ 1,507,883	\$ 3,307	
1	\$ 82,847	\$ 138	\$ 3,147	\$ 5	\$ 85,994	\$ 143	
2 - 4	\$ 186,165	\$ 97	\$ 29,541	\$ 15	\$ 215,706	\$ 113	
5 - 9	\$ 149,107	\$ 46	\$ 25,034	\$ 8	\$ 174,141	\$ 54	
10 - 14	\$ 387,840	\$ 99	\$ 94,677	\$ 24	\$ 482,517	\$ 123	
15 - 19	\$ 481,272	\$ 124	\$ 161,893	\$ 42	\$ 643,165	\$ 165	
20 - 24	\$ 516,034	\$ 133	\$ 123,208	\$ 32	\$ 639,242	\$ 165	
25 - 29	\$ 487,353	\$ 178	\$ 179,306	\$ 66	\$ 666,659	\$ 244	
30 - 34	\$ 710,072	\$ 204	\$ 265,308	\$ 76	\$ 975,380	\$ 281	
35 - 39	\$ 845,484	\$ 205	\$ 287,229	\$ 70	\$ 1,132,713	\$ 274	
40 - 44	\$ 1,078,844	\$ 267	\$ 397,669	\$ 98	\$ 1,476,513	\$ 366	
45 - 49	\$ 1,016,977	\$ 281	\$ 342,472	\$ 95	\$ 1,359,449	\$ 376	
50 - 54	\$ 800,422	\$ 203	\$ 525,752	\$ 134	\$ 1,326,174	\$ 337	
55 - 59	\$ 1,528,813	\$ 407	\$ 501,892	\$ 134	\$ 2,030,705	\$ 541	
60 - 64	\$ 1,531,769	\$ 491	\$ 935,255	\$ 300	\$ 2,467,024	\$ 791	
65+	\$ 358,322	\$ 296	\$ 257,107	\$ 212	\$ 615,429	\$ 508	
Total	\$ 11,668,043	\$ 243	\$ 4,130,650	\$ 86	\$ 15,798,693	\$ 330	

Financial Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	2Q22	2Q22	2Q22	2Q22	2Q22	HSB Peer Index
Enrollment						
Avg # Employees	3,871	3,502	1	349	20	
Avg # Members	7,987	7,370	2	585	30	
Ratio	2.1	2.1	2.0	1.7	1.5	1.8
Financial Summary						
Gross Cost	\$14,311,936	\$12,348,595	\$14,519	\$1,807,322	\$141,500	
Client Paid	\$11,668,043	\$10,033,067	\$11,738	\$1,508,078	\$115,160	
Employee Paid	\$2,643,893	\$2,315,528	\$2,780	\$299,244	\$26,340	
Client Paid-PEPY	\$6,028	\$5,731	\$23,477	\$8,642	\$11,421	\$6,209
Client Paid-PMPY	\$2,922	\$2,723	\$11,738	\$5,154	\$7,635	\$3,437
Client Paid-PEPM	\$502	\$478	\$1,956	\$720	\$952	\$517
Client Paid-PMPM	\$243	\$227	\$978	\$430	\$636	\$286
High Cost Claimants (HCC's) > \$100k						
# of HCC's	18	14	0	5	0	
HCC's / 1,000	2.3	1.9	0.0	8.5	0.0	
Avg HCC Paid	\$188,430	\$205,225	\$0	\$103,716	\$0	
HCC's % of Plan Paid	29.1%	28.6%	0.0%	34.4%	0.0%	
Cost Distribution by Claim Type (PMPY)						
Facility Inpatient	\$843	\$833	\$0	\$1,000	\$98	\$1,057
Facility Outpatient	\$703	\$614	\$5,328	\$1,585	\$4,904	\$1,145
Physician	\$1,337	\$1,237	\$6,410	\$2,514	\$2,611	\$1,122
Other	\$39	\$38	\$0	\$56	\$22	\$113
Total	\$2,922	\$2,723	\$11,738	\$5,154	\$7,635	\$3,437
	Annualized	Annualized	Annualized	Annualized	Annualized	

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total					
State Participants					
	2Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 3,705,405	\$ 325,449	\$ 1,816	\$	4,032,670
Outpatient	\$ 6,327,663	\$ 1,161,380	\$ 19,432	\$	7,508,475
Total - Medical	\$ 10,033,067	\$ 1,486,829	\$ 21,248	\$	11,541,145

Net Paid Claims - Per Participant per Month					
	2Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 477	\$ 758	\$ 154	\$	499

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total					
Non-State Participants					
	2Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ -	\$ -	\$ 3,018	\$	3,018
Outpatient	\$ 11,738	\$ 81,952	\$ 30,190	\$	123,880
Total - Medical	\$ 11,738	\$ 81,952	\$ 33,208	\$	126,898

Net Paid Claims - Per Participant per Month					
	2Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 1,956	\$ 1,242	\$ 553	\$	961

Paid Claims by Claim Type – Total Participants

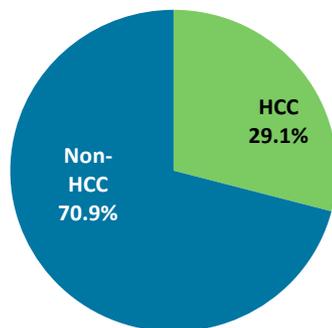
Net Paid Claims - Total					
Total Participants					
	2Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 3,705,405	\$ 325,449	\$ 4,834	\$	4,035,688
Outpatient	\$ 6,339,401	\$ 1,243,332	\$ 49,622	\$	7,632,355
Total - Medical	\$ 10,044,806	\$ 1,568,781	\$ 54,456	\$	11,668,043

Net Paid Claims - Per Participant per Month					
	2Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 478	\$ 774	\$ 275	\$	502

Cost Distribution – Medical Claims

2Q22						
Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
\$100,000.01 Plus	13	0.2%	\$3,260,203	27.9%	\$66,703	2.5%
\$50,000.01-\$100,000.00	15	0.2%	\$1,038,883	8.9%	\$70,477	2.7%
\$25,000.01-\$50,000.00	33	0.4%	\$1,165,817	10.0%	\$122,234	4.6%
\$10,000.01-\$25,000.00	93	1.2%	\$1,444,339	12.4%	\$296,197	11.2%
\$5,000.01-\$10,000.00	162	2.0%	\$1,148,013	9.8%	\$303,347	11.5%
\$2,500.01-\$5,000.00	280	3.5%	\$1,031,716	8.8%	\$365,951	13.8%
\$0.01-\$2,500.00	4,905	61.4%	\$2,579,071	22.1%	\$1,399,211	52.9%
\$0.00	148	1.8%	\$0	0.0%	\$19,773	0.7%
No Claims	2,338	29.3%	\$0	0.0%	\$0	0.0%
	7,987	100.0%	\$11,668,043	100.0%	\$2,643,893	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

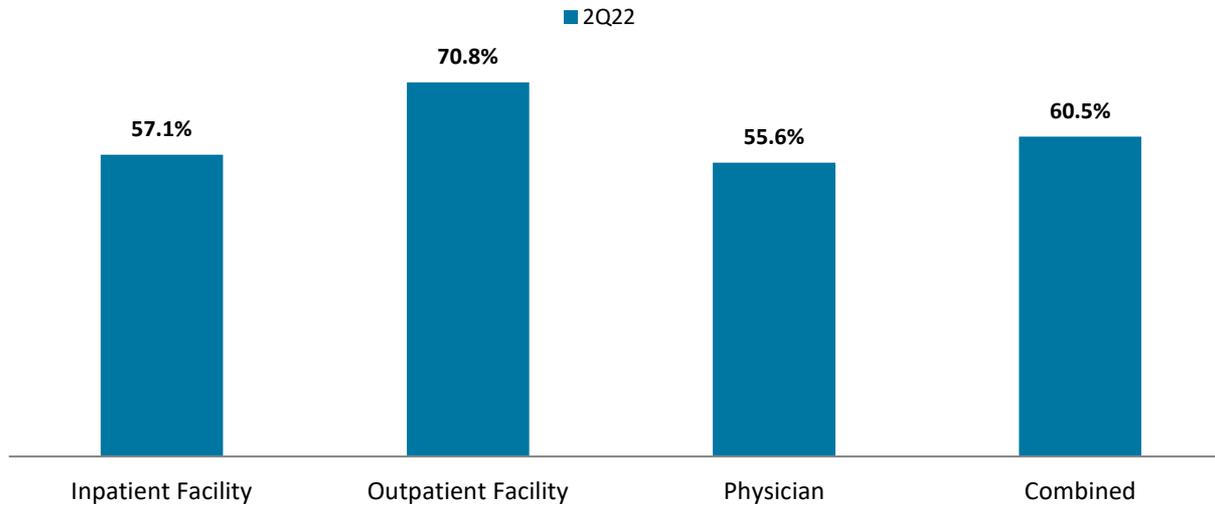
HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	7	\$964,732	28.4%
Pregnancy-related Disorders	2	\$849,936	25.1%
Trauma/Accidents	3	\$372,518	11.0%
Cardiac Disorders	8	\$266,191	7.8%
Pulmonary Disorders	8	\$252,804	7.5%
Mental Health	4	\$186,519	5.5%
Spine-related Disorders	5	\$140,851	4.2%
Renal/Urologic Disorders	7	\$135,501	4.0%
Congenital/Chromosomal Anomalies	3	\$65,376	1.9%
Medical/Surgical Complications	2	\$42,908	1.3%
All Other		\$114,402	3.4%
Overall	----	\$3,391,738	100.0%

Utilization Summary

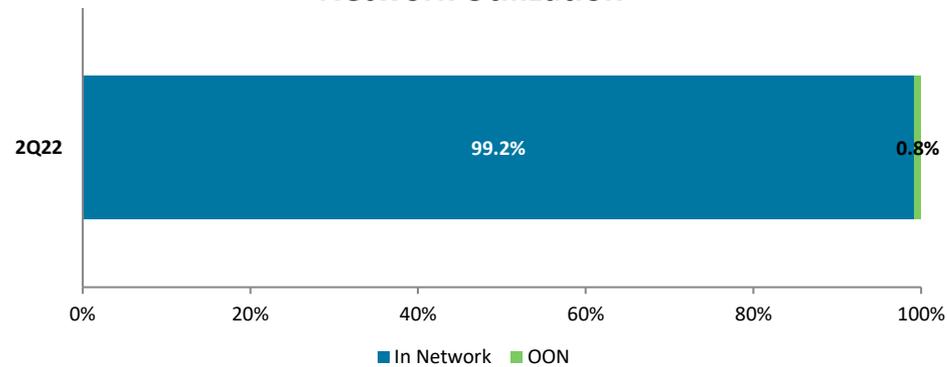
	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	2Q22	2Q22	2Q22	2Q22	2Q22	HSB Peer Index
Inpatient Facility						
# of Admits	137	118	0	15	4	
# of Bed Days	679	610	0	57	12	
Paid Per Admit	\$25,768	\$26,250	\$0	\$28,113	\$2,745	\$16,173
Paid Per Day	\$5,199	\$5,078	\$0	\$7,398	\$915	\$3,708
Admits Per 1,000	34	32	0	51	265	61
Days Per 1,000	170	166	0	195	796	264
Avg LOS	5	5.2	0	3.8	3.0	4.3
# Admits From ER	69	57	0	10	2.0	
Physician Office						
OV Utilization per Member	4.2	4.1	10.0	5.7	5.6	3.3
Avg Paid per OV	\$134	\$125	\$230	\$213	\$117	\$50
Avg OV Paid per Member	\$560	\$506	\$2,304	\$1,217	\$659	\$167
DX&L Utilization per Member	7.2	6.8	32	11.7	13.6	8.3
Avg Paid per DX&L	\$46	\$43	\$56	\$66	\$88	\$67
Avg DX&L Paid per Member	\$331	\$291	\$1,786	\$780	\$1,200	\$554
Emergency Room						
# of Visits	449	416	0	32	1	
Visits Per Member	0.11	0.11	0	0.11	0.07	0.17
Visits Per 1,000	112	113	0	109	66	174
Avg Paid per Visit	\$2,050	\$2,019	\$0	\$2,452	\$1,827	\$1,684
Urgent Care						
# of Visits	943	871	0	71	1	
Visits Per Member	0.24	0.24	0.00	0.24	0.07	0.24
Visits Per 1,000	236	236	0	243	66	242
Avg Paid per Visit	\$120	\$118	\$0	\$147	\$65	\$74
	Annualized	Annualized	Annualized	Annualized	Annualized	

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female	Unassigned
Pregnancy-related Disorders	\$1,622,128	13.9%	\$417,389	\$138,734	\$1,066,005	\$989,663	\$630,172	\$2,293
Cancer	\$1,575,140	13.5%	\$803,446	\$688,957	\$82,737	\$736,094	\$839,047	\$0
Health Status/Encounters	\$1,041,678	8.9%	\$526,364	\$124,063	\$391,251	\$342,319	\$698,967	\$393
Cardiac Disorders	\$733,397	6.3%	\$459,358	\$240,329	\$33,710	\$505,996	\$227,401	\$0
Gastrointestinal Disorders	\$717,443	6.1%	\$468,970	\$181,673	\$66,799	\$214,995	\$502,447	\$0
Musculoskeletal Disorders	\$696,136	6.0%	\$385,533	\$224,175	\$86,429	\$293,750	\$402,386	\$0
Mental Health	\$694,361	6.0%	\$188,563	\$47,432	\$458,366	\$239,218	\$455,143	\$0
Trauma/Accidents	\$661,873	5.7%	\$426,090	\$68,104	\$167,678	\$132,321	\$529,552	\$0
Infections	\$570,685	4.9%	\$382,603	\$94,924	\$93,158	\$209,965	\$360,720	\$0
COVID-19, Confirmed	\$320,726	2.7%	\$235,892	\$70,404	\$14,430	\$126,756	\$193,970	\$0
Pulmonary Disorders	\$520,933	4.5%	\$187,692	\$48,514	\$284,726	\$299,705	\$221,228	\$0
Eye/ENT Disorders	\$512,700	4.4%	\$268,084	\$77,921	\$166,695	\$226,935	\$285,681	\$83
Spine-related Disorders	\$423,136	3.6%	\$192,299	\$80,917	\$149,920	\$107,676	\$315,460	\$0
Renal/Urologic Disorders	\$355,852	3.0%	\$264,386	\$48,335	\$43,132	\$295,317	\$60,536	\$0
Neurological Disorders	\$355,357	3.0%	\$207,376	\$102,827	\$45,155	\$98,966	\$256,391	\$0
Gynecological/Breast Disorders	\$286,055	2.5%	\$188,907	\$48,737	\$48,411	\$6,972	\$279,083	\$0
Endocrine/Metabolic Disorders	\$180,400	1.5%	\$140,363	\$31,336	\$8,701	\$83,820	\$96,580	\$0
Miscellaneous	\$130,409	1.1%	\$46,676	\$10,643	\$73,090	\$67,349	\$63,060	\$0
Non-malignant Neoplasm	\$103,973	0.9%	\$75,060	\$14,077	\$14,837	\$47,071	\$56,903	\$0
Dermatological Disorders	\$87,258	0.7%	\$53,608	\$13,179	\$20,471	\$27,497	\$59,761	\$0
Congenital/Chromosomal Anomalies	\$86,205	0.7%	\$5,285	\$8,577	\$72,343	\$75,225	\$10,981	\$0
Abnormal Lab/Radiology	\$73,765	0.6%	\$53,063	\$18,285	\$2,417	\$30,760	\$43,005	\$0
Diabetes	\$67,064	0.6%	\$38,282	\$12,476	\$16,306	\$23,308	\$43,756	\$0
Medical/Surgical Complications	\$47,739	0.4%	\$3,835	\$2,282	\$41,622	\$2,470	\$45,269	\$0
Hematological Disorders	\$42,126	0.4%	\$29,628	\$6,601	\$5,897	\$6,135	\$35,990	\$0
Vascular Disorders	\$27,268	0.2%	\$13,350	\$7,165	\$6,753	\$10,942	\$16,325	\$0
Cholesterol Disorders	\$25,246	0.2%	\$18,638	\$5,751	\$858	\$11,742	\$13,504	\$0
Allergic Reaction	\$11,050	0.1%	\$8,469	\$0	\$2,581	\$463	\$10,587	\$0
Medication Related Conditions	\$7,506	0.1%	\$3,531	\$650	\$3,326	\$1,794	\$5,713	\$0
Dental Conditions	\$6,238	0.1%	\$146	\$1,503	\$4,589	\$1,923	\$4,315	\$0
External Hazard Exposure	\$4,922	0.0%	\$254	\$0	\$4,667	\$3,967	\$955	\$0
Total	\$11,668,043	100.0%	\$5,857,247	\$2,348,166	\$3,462,631	\$5,094,358	\$6,570,917	\$2,768

Mental Health Drilldown

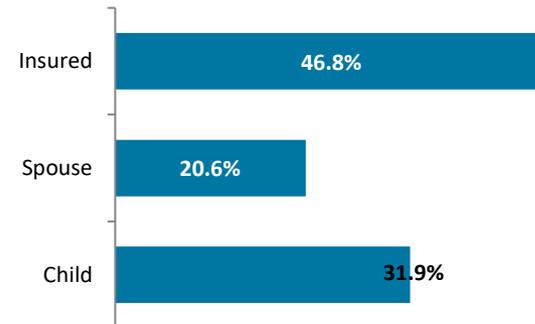
Group	2Q22	
	Patients	Total Paid
Depression	252	\$222,336
Mental Health Conditions, Other	218	\$145,599
Developmental Disorders	32	\$90,157
Mood and Anxiety Disorders	305	\$86,193
Bipolar Disorder	66	\$38,594
Eating Disorders	10	\$34,063
Attention Deficit Disorder	111	\$28,731
Substance Abuse/Dependence	17	\$20,101
Psychoses	3	\$7,082
Sleep Disorders	54	\$6,577
Personality Disorders	8	\$5,225
Tobacco Use Disorder	10	\$3,993
Sexually Related Disorders	13	\$3,081
Complications of Substance Abuse	3	\$1,000
Schizophrenia	1	\$953
Alcohol Abuse/Dependence	6	\$677
Total		\$694,361

Diagnosis Grouper – Pregnancy-related Disorders

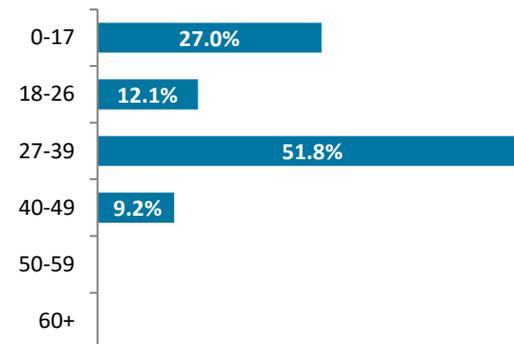
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	20	46	\$885,561	54.6%
Labor and Delivery Related	40	146	\$278,346	17.2%
Pregnancy Complications	64	239	\$238,557	14.7%
Liveborn Infants	32	49	\$149,668	9.2%
Supervision of Pregnancy	85	349	\$36,737	2.3%
Multiple Gestation Related	2	22	\$19,838	1.2%
Abortion Related	7	14	\$8,007	0.5%
Ectopic Pregnancy	1	8	\$5,244	0.3%
Prematurity and Low Birth Weight	1	1	\$157	0.0%
Cesarean Delivery	1	1	\$12	0.0%
Overall	----	----	\$1,622,128	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

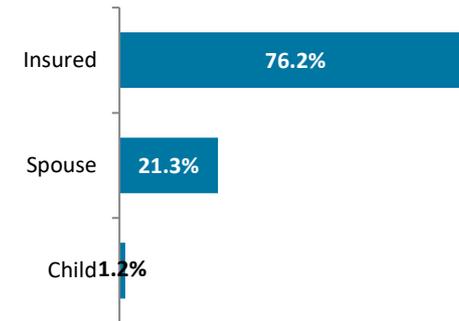


Diagnosis Grouper – Cancer

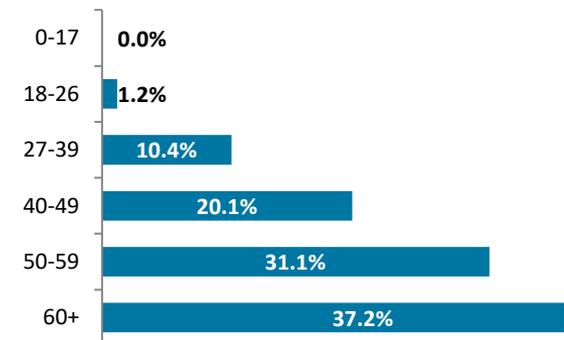
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	17	129	\$618,848	58.8%
Brain Cancer	1	57	\$298,046	28.3%
Melanoma	11	59	\$268,416	25.5%
Cancers, Other	46	207	\$164,789	15.7%
Breast Cancer	34	268	\$55,336	5.3%
Thyroid Cancer	12	34	\$30,421	2.9%
Colon Cancer	4	81	\$24,267	2.3%
Secondary Cancers	12	44	\$24,254	2.3%
Prostate Cancer	12	66	\$23,193	2.2%
Carcinoma in Situ	18	73	\$20,283	1.9%
Kidney Cancer	2	7	\$12,284	1.2%
Bladder Cancer	3	43	\$10,488	1.0%
Lung Cancer	6	42	\$10,331	1.0%
Cervical/Uterine Cancer	8	19	\$6,734	0.6%
Lymphomas	11	34	\$4,382	0.4%
Leukemias	10	28	\$3,069	0.3%
Overall	----	----	\$1,575,140	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

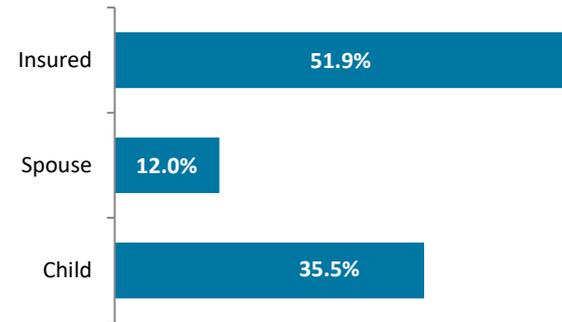


Diagnosis Groupers – Health Status/Encounters

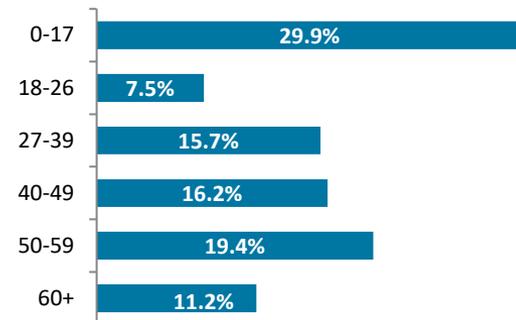
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	1,022	1,770	\$280,371	26.9%
Prophylactic Measures	1,206	1,491	\$275,385	26.4%
Exams	1,488	2,487	\$259,313	24.9%
Encounters - Infants/Children	705	901	\$145,556	14.0%
Personal History of Condition	91	128	\$20,494	2.0%
Prosthetics/Devices/Implants	55	127	\$17,134	1.6%
Aftercare	51	74	\$13,818	1.3%
History of Condition	32	40	\$7,388	0.7%
Family History of Condition	26	39	\$5,988	0.6%
Counseling	53	78	\$4,634	0.4%
Follow-Up Encounters	5	11	\$3,200	0.3%
Donors	1	3	\$3,096	0.3%
Lifestyle/Situational Issues	48	56	\$2,537	0.2%
Encounter - Procedure	9	10	\$1,540	0.1%
Health Status, Other	13	16	\$655	0.1%
Replacements	12	19	\$523	0.1%
Miscellaneous Examinations	6	7	\$24	0.0%
Encounter - Transplant Related	2	2	\$23	0.0%
Overall	----	----	\$1,041,678	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



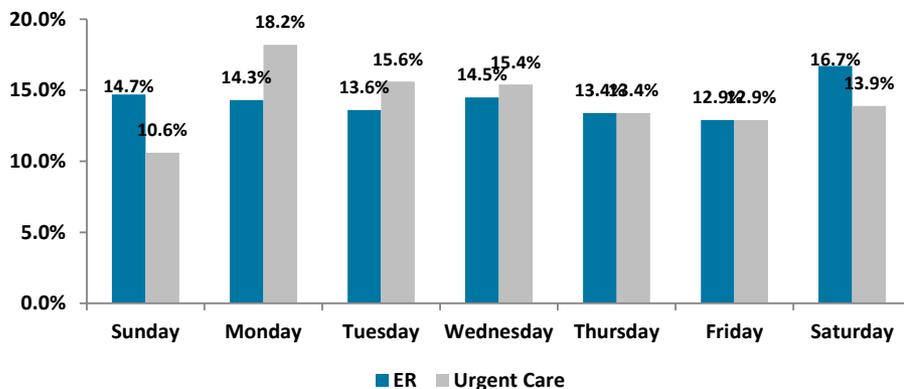
Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care
Number of Visits	449	943		
Visits Per Member	0.11	0.24	0.17	0.24
Visits/1000 Members	112	236	174	242
Avg Paid Per Visit	\$2,050	\$120	\$1,684	\$74
% with OV*	79.5%	80.0%		
% Avoidable	10.5%	31.5%		
Total Member Paid	\$248,644	\$61,384		
Total Plan Paid	\$920,264	\$113,237		

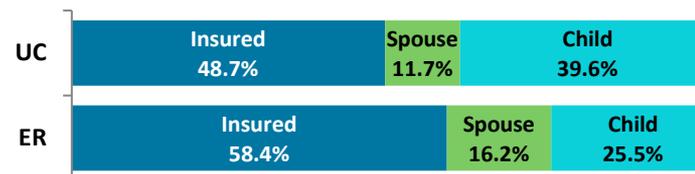
*looks back 12 months from ER visit

Annualized Annualized

Visits by Day of Week



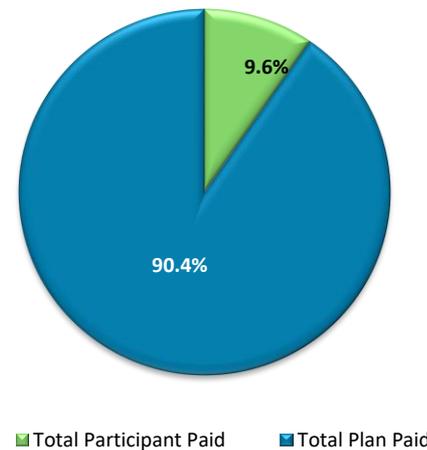
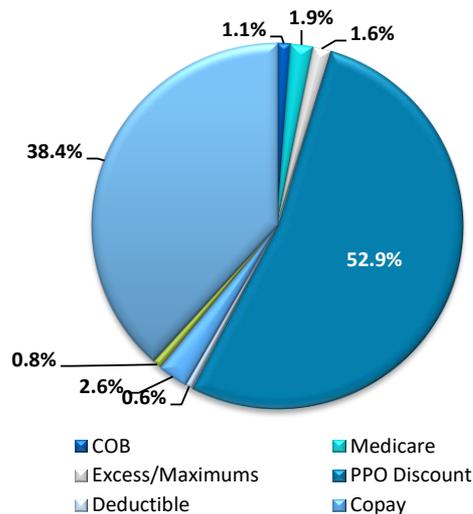
% of Paid



ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	231	60	459	119	1,056	273
Spouse	57	50	114	101	202	178
Child	161	54	370	124	513	172
Total	449	56	943	118	1,771	222

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$37,818,535	\$1,531	100.0%
COB	\$164,808	\$7	0.4%
Medicare	\$538,767	\$22	1.4%
Excess/Maximums	\$592,458	\$24	1.6%
PPO Discount	\$22,225,159	\$900	58.8%
Deductible	\$923,690	\$37	2.4%
Copay	\$1,103,384	\$45	2.9%
Coinsurance	\$616,819	\$25	1.6%
Total Participant Paid	\$2,643,893	\$107	7.0%
Total Plan Paid	\$11,668,043	\$502	30.9%



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	313	308	5	98.4%
	<2 asthma related ER Visits in the last 6 months	313	313	0	100.0%
	No asthma related admit in last 12 months	313	311	2	99.4%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	27	25	2	92.6%
	Members with COPD who had an annual spirometry test	27	1	26	3.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	2	2	0	100.0%
	No ER Visit for Heart Failure in last 90 days	35	33	2	94.3%
	Follow-up OV within 4 weeks of discharge from HF admission	2	1	1	50.0%
Diabetes	Annual office visit	356	344	12	96.6%
	Annual dilated eye exam	356	155	201	43.5%
	Annual foot exam	356	163	193	45.8%
	Annual HbA1c test done	356	304	52	85.4%
	Diabetes Annual lipid profile	356	277	79	77.8%
	Annual microalbumin urine screen	356	253	103	71.1%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	914	767	147	83.9%
Hypertension	Annual lipid profile	850	629	221	74.0%
	Annual serum creatinine test	777	673	104	86.6%
Wellness	Well Child Visit - 15 months	83	68	15	81.9%
	Routine office visit in last 6 months	8,551	5,301	3,250	62.0%
	Age 45 to 75 years with colorectal cancer screening	2,751	629	2,122	22.9%
	Women age 25-65 with recommended cervical cancer screening	2,879	1,787	1,092	62.1%
	Males age greater than 49 with PSA test in last 24 months	885	385	500	43.5%
	Routine exam in last 24 months	8,551	6,690	1,861	78.2%
	Women age 40 to 75 with a screening mammogram last 24 months	2,020	1,135	885	56.2%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	69	0.81%	8.64	\$12,283
Asthma	340	3.97%	42.57	\$9,335
Atrial Fibrillation	56	0.65%	7.01	\$13,928
Blood Disorders	408	4.77%	51.08	\$17,443
CAD	90	1.05%	11.27	\$23,408
COPD	26	0.30%	3.26	\$18,291
Cancer	247	2.89%	30.93	\$21,896
Chronic Pain	133	1.55%	16.65	\$16,804
Congestive Heart Failure	35	0.41%	4.38	\$42,293
Demyelinating Diseases	20	0.23%	2.50	\$40,429
Depression	580	6.78%	72.62	\$7,602
Diabetes	377	4.41%	47.20	\$13,210
ESRD	4	0.05%	0.50	\$126,197
Eating Disorders	35	0.41%	4.38	\$5,753
HIV/AIDS	4	0.05%	0.50	\$24,163
Hyperlipidemia	934	10.92%	116.94	\$9,109
Hypertension	856	10.01%	107.17	\$11,118
Immune Disorders	31	0.36%	3.88	\$25,187
Inflammatory Bowel Disease	37	0.43%	4.63	\$16,232
Liver Diseases	117	1.37%	14.65	\$14,688
Morbid Obesity	221	2.58%	27.67	\$8,419
Osteoarthritis	189	2.21%	23.66	\$18,204
Peripheral Vascular Disease	31	0.36%	3.88	\$4,966
Rheumatoid Arthritis	38	0.44%	4.76	\$24,605

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

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

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

Public Employees' Benefits Program - RX Costs
PY 2022 - Quarter Ending December 31, 2021

Express Scripts

2Q FY2022 LDPP0			Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	7,947		7,947	#DIV/0!
Utilizing Member Count (Patients)	5,751		5,751	#DIV/0!
Percent Utilizing (Utilization)	72.4%	#DIV/0!	#DIV/0!	#DIV/0!
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	55,750		55,750	#DIV/0!
Claims per Elig Member per Month (Claims PMPM)	1.17		1.17	#DIV/0!
Total Claims for Generic (Generic Rx)	45,394		45,394.00	#DIV/0!
Total Claims for Brand (Brand Rx)	10,356		10,356.00	#DIV/0!
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	472		472.00	#DIV/0!
Total Non-Specialty Claims	55,099		55,099.00	#DIV/0!
Total Specialty Claims	651		651.00	#DIV/0!
Generic % of Total Claims (GFR)	81.4%	#DIV/0!	#DIV/0!	#DIV/0!
Generic Effective Rate (GCR)	99.0%	#DIV/0!	#DIV/0!	#DIV/0!
Mail Order Claims	14,370		14,370.00	#DIV/0!
Mail Penetration Rate*	30.8%		0.31	30.8%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$5,605,481		\$5,605,481.00	#DIV/0!
Total Generic Gross Cost	\$1,066,834		\$1,066,834.00	#DIV/0!
Total Brand Gross Cost	\$4,538,647		\$4,538,647.00	#DIV/0!
Total MSB Gross Cost	\$153,809		\$153,809.00	#DIV/0!
Total Ingredient Cost	\$5,468,610		\$5,468,610.00	#DIV/0!
Total Dispensing Fee	\$143,045		\$143,045.00	#DIV/0!
Total Other (e.g. tax)	\$3,826		\$3,826.00	#DIV/0!
Avg Total Cost per Claim (Gross Cost/Rx)	\$100.55	#DIV/0!	#DIV/0!	#DIV/0!
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.50		\$23.50	#DIV/0!
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$438.26		\$438.26	#DIV/0!
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$325.87		\$325.87	#DIV/0!
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$1,040,252		\$1,040,252.00	#DIV/0!
Total Copay	\$1,020,233	\$0.00	\$1,020,233.00	#DIV/0!
Total Deductible	\$20,018	\$0.00	\$20,018.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$18.30	#DIV/0!	#DIV/0!	#DIV/0!
Avg Participant Share per Claim (Copay+Deductible/RX)	\$18.66	#DIV/0!	#DIV/0!	#DIV/0!
Avg Copay for Generic (Copay/Generic Rx)	\$7.52		\$7.52	#DIV/0!
Avg Copay for Brand (Copay/Brand Rx)	\$67.50		\$67.50	#DIV/0!
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$43.17		\$43.17	#DIV/0!
Net PMPM (Participant Cost PMPM)	\$21.82	#DIV/0!	#DIV/0!	#DIV/0!
Copay % of Total Prescription Cost (Member Cost Share %)	18.6%	#DIV/0!	#DIV/0!	#DIV/0!
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$4,565,229		\$4,565,229.00	#DIV/0!
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,615,647		\$2,615,647.00	#DIV/0!
Total Specialty Drug Cost (Specialty Plan Cost)	\$1,949,582		\$1,949,582.00	#DIV/0!
Avg Plan Cost per Claim (Plan Cost/Rx)	\$81.89	#DIV/0!	#DIV/0!	#DIV/0!
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.98		\$15.98	#DIV/0!
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$370.76		\$370.76	#DIV/0!
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$282.70		\$282.70	#DIV/0!
Net PMPM (Plan Cost PMPM)	\$95.74	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)	\$40.89		\$40.89	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)	\$54.86		\$54.86	#DIV/0!
Rebates Received (Q1-Q2 FY2022 actual)	\$0.00		\$0.00	#DIV/0!
Net PMPM (Plan Cost PMPM factoring Rebates)	\$95.74	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)			\$0.00	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)			\$0.00	#DIV/0!

Appendix C

Index of Tables HealthSCOPE – EPO Utilization Review for PEBP July 1, 2021 – December 31, 2021

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July – December 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q22 was \$25,760,997 with an annualized plan cost per employee per year (PEPY) of \$12,519. This is an increase of 17.6% when compared to 2Q21.
 - IP Cost per Admit is \$26,751 which is 30.1% lower than 2Q21.
 - ER Cost per Visit is \$1,863 which is 22.7% lower than 2Q21.
- Employees shared in 9.2% of the medical cost.
- Inpatient facility costs were 32.7% of the plan spend.
- 83.7% of the Average Membership had paid Medical claims less than \$2,500, with 17.0% of those having no claims paid at all during the reporting period.
- 29 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 30.7% of the plan spend. The highest diagnosis category was Pulmonary Disorders, accounting for 20.4% of the high-cost claimant dollars.
- Total spending with in-network providers was 100.0%. The average In Network discount was 53.8%, which is .7% lower than the PY21 average discount of 54.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	2Q21						2Q22						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 755,466	\$1,298	\$ 8,243	\$14	\$ 763,709	\$1,312	\$ 1,462,286	\$ 3,385	\$ 1,648	\$ 4	\$ 1,463,934	\$ 3,389	91.7%	158.2%
1	\$ 92,724	\$147	\$ 1,175	\$2	\$ 93,899	\$149	\$ 163,867	\$ 355	\$ 1,310	\$ 3	\$ 165,177	\$ 358	75.9%	139.9%
2 - 4	\$ 166,045	\$100	\$ 6,299	\$4	\$ 172,344	\$103	\$ 245,946	\$ 158	\$ 10,851	\$ 7	\$ 256,797	\$ 165	49.0%	59.3%
5 - 9	\$ 255,835	\$84	\$ 40,755	\$13	\$ 296,590	\$97	\$ 193,767	\$ 76	\$ 26,297	\$ 10	\$ 220,064	\$ 87	-25.8%	-11.1%
10 - 14	\$ 501,931	\$136	\$ 107,041	\$29	\$ 608,972	\$164	\$ 911,496	\$ 274	\$ 109,038	\$ 33	\$ 1,020,534	\$ 307	67.6%	86.6%
15 - 19	\$ 1,153,196	\$268	\$ 216,715	\$50	\$ 1,369,911	\$319	\$ 932,349	\$ 233	\$ 183,100	\$ 46	\$ 1,115,449	\$ 278	-18.6%	-12.7%
20 - 24	\$ 997,822	\$252	\$ 347,621	\$88	\$ 1,345,443	\$339	\$ 665,253	\$ 184	\$ 196,682	\$ 54	\$ 861,935	\$ 238	-35.9%	-29.8%
25 - 29	\$ 625,083	\$293	\$ 555,437	\$261	\$ 1,180,520	\$554	\$ 702,374	\$ 429	\$ 418,445	\$ 255	\$ 1,120,819	\$ 684	-5.1%	23.5%
30 - 34	\$ 1,922,273	\$683	\$ 393,850	\$140	\$ 2,316,123	\$823	\$ 1,132,185	\$ 506	\$ 235,062	\$ 105	\$ 1,367,247	\$ 611	-41.0%	-25.8%
35 - 39	\$ 1,967,049	\$561	\$ 427,343	\$122	\$ 2,394,392	\$683	\$ 1,756,493	\$ 577	\$ 349,314	\$ 115	\$ 2,105,807	\$ 692	-12.1%	1.3%
40 - 44	\$ 1,426,392	\$417	\$ 719,424	\$210	\$ 2,145,816	\$627	\$ 1,666,398	\$ 532	\$ 930,776	\$ 297	\$ 2,597,174	\$ 829	21.0%	32.2%
45 - 49	\$ 2,274,793	\$574	\$ 580,217	\$147	\$ 2,855,010	\$721	\$ 1,542,954	\$ 442	\$ 560,628	\$ 161	\$ 2,103,582	\$ 602	-26.3%	-16.4%
50 - 54	\$ 2,521,730	\$513	\$ 1,264,072	\$257	\$ 3,785,802	\$770	\$ 4,350,072	\$ 1,010	\$ 1,167,128	\$ 271	\$ 5,517,200	\$ 1,281	45.7%	66.2%
55 - 59	\$ 3,260,075	\$641	\$ 1,331,853	\$262	\$ 4,591,928	\$904	\$ 3,748,967	\$ 840	\$ 1,118,247	\$ 251	\$ 4,867,214	\$ 1,090	6.0%	20.7%
60 - 64	\$ 5,351,303	\$952	\$ 2,063,246	\$367	\$ 7,414,549	\$1,319	\$ 3,832,194	\$ 727	\$ 1,959,239	\$ 371	\$ 5,791,433	\$ 1,098	-21.9%	-16.7%
65+	\$ 1,721,176	\$708	\$ 921,919	\$379	\$ 2,643,095	\$1,088	\$ 2,454,396	\$ 1,065	\$ 959,549	\$ 416	\$ 3,413,945	\$ 1,482	29.2%	36.2%
Total	\$24,992,892	\$483	\$8,985,212	\$174	\$33,978,105	\$656	\$ 25,760,997	\$ 562	\$ 8,227,314	\$ 180	\$ 33,988,311	\$ 742	0.0%	13.0%

Financial Summary (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year
Enrollment												
Avg # Employees	4,823	4,696	4,116	-12.4%	4,074	3,986	3,454	-13.4%	4	4	3	-20.8%
Avg # Members	8,819	8,627	7,637	-11.5%	7,808	7,666	6,721	-12.3%	5	5	3	-32.1%
Ratio	1.8	1.8	1.9	1.1%	1.9	1.9	2.0	1.6%	1.3	1.2	1.0	-14.5%
Financial Summary												
Gross Cost	\$26,998,382	\$26,605,674	\$28,491,239	7.1%	\$23,079,745	\$22,398,978	\$24,404,728	9.0%	\$38,573	\$27,972	\$3,252	-88.4%
Client Paid	\$24,249,744	\$24,992,892	\$25,760,997	3.1%	\$20,843,376	\$21,045,129	\$22,152,079	5.3%	\$35,593	\$26,079	\$2,391	-90.8%
Employee Paid	\$2,748,639	\$1,612,781	\$2,730,242	69.3%	\$2,236,369	\$1,353,850	\$2,252,648	66.4%	\$2,979	\$1,893	\$861	-54.5%
Client Paid-PEPY	\$10,055	\$10,644	\$12,519	17.6%	\$10,233	\$10,560	\$12,829	21.5%	\$17,797	\$13,039	\$1,510	-88.4%
Client Paid-PMPY	\$5,499	\$5,794	\$6,747	16.4%	\$5,339	\$5,491	\$6,592	20.1%	\$14,237	\$11,177	\$1,510	-86.5%
Client Paid-PEPM	\$838	\$887	\$1,043	17.6%	\$853	\$880	\$1,069	21.5%	\$1,483	\$1,087	\$126	-88.4%
Client Paid-PMPM	\$458	\$483	\$562	16.4%	\$445	\$458	\$549	19.9%	\$1,186	\$931	\$126	-86.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	15	29	29	0.0%	14	23	25	8.7%	0	0	0	0.0%
HCC's / 1,000	1.7	3.4	3.8	13.1%	1.8	3.0	3.7	24.0%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$183,130	\$195,921	\$272,456	39.1%	\$189,023	\$201,553	\$297,002	47.4%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	11.3%	22.7%	30.7%	35.2%	12.7%	22.0%	33.5%	52.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,060	\$1,106	\$2,203	99.2%	\$1,025	\$1,108	\$2,198	98.4%	\$5,856	\$0	\$0	0.0%
Facility Outpatient	\$1,727	\$1,929	\$1,806	-6.4%	\$1,674	\$1,778	\$1,764	-0.8%	\$1,978	\$6,326	\$0	-100.0%
Physician	\$2,534	\$2,556	\$2,582	1.0%	\$2,480	\$2,442	\$2,489	1.9%	\$6,126	\$4,050	\$1,401	-65.4%
Other	\$178	\$203	\$156	-23.2%	\$161	\$163	\$141	-13.5%	\$277	\$801	\$108	-86.5%
Total	\$5,499	\$5,794	\$6,747	16.4%	\$5,339	\$5,491	\$6,592	20.1%	\$14,237	\$11,177	\$1,510	-86.5%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	592	578	567	-1.8%	154	129	92	-28.6%	
Avg # Members	811	791	791	0.0%	195	165	122	-26.3%	
Ratio	1.4	1.4	1.4	2.2%	1.3	1.3	1.3	3.9%	1.6
Financial Summary									
Gross Cost	\$3,433,058	\$3,710,234	\$3,491,677	-5.9%	\$447,006	\$468,489	\$591,582	26.3%	
Client Paid	\$2,999,537	\$3,499,564	\$3,095,882	-11.5%	\$371,237	\$422,121	\$510,645	21.0%	
Employee Paid	\$433,521	\$210,670	\$395,795	87.9%	\$75,769	\$46,368	\$80,937	74.6%	
Client Paid-PEPY	\$10,142	\$12,113	\$10,917	-9.9%	\$4,816	\$6,561	\$11,121	69.5%	\$6,297
Client Paid-PMPY	\$7,397	\$8,848	\$7,824	-11.6%	\$3,808	\$5,106	\$8,383	64.2%	\$3,879
Client Paid-PEPM	\$845	\$1,009	\$910	-9.8%	\$401	\$547	\$927	69.5%	\$525
Client Paid-PMPM	\$616	\$737	\$652	-11.5%	\$317	\$426	\$699	64.1%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	1	7	4	0.0%	0	1	1	0.0%	
HCC's / 1,000	1.2	8.9	5.1	0.0%	0.0	6.1	8.2	0.0%	
Avg HCC Paid	\$100,633	\$131,142	\$67,101	0.0%	\$0	\$127,984	\$207,778	0.0%	
HCC's % of Plan Paid	3.4%	26.2%	8.7%	0.0%	0.0%	30.3%	40.7%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,510	\$1,151	\$1,897	64.8%	\$465	\$831	\$4,519	443.8%	\$1,149
Facility Outpatient	\$2,401	\$3,520	\$2,250	-36.1%	\$1,064	\$1,198	\$1,254	4.7%	\$1,333
Physician	\$3,160	\$3,637	\$3,410	-6.2%	\$2,028	\$2,633	\$2,353	-10.6%	\$1,301
Other	\$326	\$540	\$268	-50.4%	\$250	\$444	\$257	-42.1%	\$96
Total	\$7,397	\$8,848	\$7,824	-11.6%	\$3,808	\$5,106	\$8,383	64.2%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

Summary	Total				State Active				Non-State Active			
	PY20	PY21	2Q22	Variance to Prior Year	PY20	PY21	2Q22	Variance to Prior Year	PY20	PY21	2Q22	Variance to Prior Year
Enrollment												
Avg # Employees	4,794	4,650	4,116	-11.5%	4,054	3,949	3,454	-12.5%	4	4	3	-20.8%
Avg # Members	8,768	8,553	7,637	-10.7%	7,768	7,602	6,721	-11.6%	5	4	3	-26.8%
Ratio	1.8	1.8	1.9	1.1%	1.9	1.9	2.0	1.0%	1.3	1.1	1.0	-7.4%
Financial Summary												
Gross Cost	\$55,523,229	\$56,804,046	\$28,491,239	-49.8%	\$45,961,999	\$44,805,657	\$24,404,728	-45.5%	\$70,916	\$44,403	\$3,252	-92.7%
Client Paid	\$50,293,887	\$53,113,944	\$25,760,997	-51.5%	\$41,579,805	\$41,757,107	\$22,152,079	-47.0%	\$65,329	\$41,594	\$2,391	-94.3%
Employee Paid	\$5,229,342	\$3,690,102	\$2,730,242	-26.0%	\$4,382,194	\$3,048,550	\$2,252,648	-26.1%	\$5,587	\$2,808	\$861	-69.3%
Client Paid-PEPY	\$10,492	\$11,422	\$12,519	9.6%	\$10,256	\$10,575	\$12,829	21.3%	\$16,332	\$10,399	\$1,510	-85.5%
Client Paid-PMPY	\$5,736	\$6,210	\$6,747	8.6%	\$5,352	\$5,493	\$6,592	20.0%	\$13,066	\$9,599	\$1,510	-84.3%
Client Paid-PEPM	\$874	\$952	\$1,043	9.6%	\$855	\$881	\$1,069	21.3%	\$1,361	\$867	\$126	-85.5%
Client Paid-PMPM	\$478	\$518	\$562	8.5%	\$446	\$458	\$549	19.9%	\$1,089	\$800	\$126	-84.3%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	51	61	29	-52.5%	40	49	25	-49.0%	0	0	0	0.0%
HCC's / 1,000	5.8	7.1	3.8	-46.7%	5.2	6.5	3.7	-42.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$202,775	\$257,989	\$272,456	5.6%	\$179,535	\$212,968	\$297,002	39.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	20.6%	29.6%	30.7%	3.7%	17.3%	25.0%	33.5%	34.0%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,169	\$1,457	\$2,203	51.2%	\$1,036	\$1,091	\$2,198	101.5%	\$2,928	\$0	\$0	0.0%
Facility Outpatient	\$1,832	\$1,951	\$1,806	-7.4%	\$1,693	\$1,779	\$1,764	-0.8%	\$4,817	\$4,611	\$0	-100.0%
Physician	\$2,541	\$2,608	\$2,582	-1.0%	\$2,461	\$2,464	\$2,489	1.0%	\$5,153	\$4,469	\$1,401	-68.7%
Other	\$194	\$194	\$156	-19.6%	\$163	\$159	\$141	-11.3%	\$168	\$518	\$108	-79.2%
Total	\$5,736	\$6,210	\$6,747	8.6%	\$5,352	\$5,493	\$6,592	20.0%	\$13,066	\$9,599	\$1,510	-84.3%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY20	PY21	2Q22	Variance to Prior Year	PY20	PY21	2Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	588	576	567	-1.4%	148	122	92	-24.9%	
Avg # Members	807	789	791	0.3%	188	158	122	-22.8%	
Ratio	1.4	1.4	1.4	2.2%	1.3	1.3	1.3	3.1%	1.6
Financial Summary									
Gross Cost	\$8,514,643	\$7,966,596	\$3,491,677	-56.2%	\$975,672	\$3,987,390	\$591,582	-85.2%	
Client Paid	\$7,803,114	\$7,426,217	\$3,095,882	-58.3%	\$845,639	\$3,889,026	\$510,645	-86.9%	
Employee Paid	\$711,529	\$540,380	\$395,795	-26.8%	\$130,033	\$98,364	\$80,937	-17.7%	
Client Paid-PEPY	\$13,272	\$12,904	\$10,917	-15.4%	\$5,730	\$31,812	\$11,121	-65.0%	\$6,297
Client Paid-PMPY	\$9,674	\$9,413	\$7,824	-16.9%	\$4,508	\$24,653	\$8,383	-66.0%	\$3,879
Client Paid-PEPM	\$1,106	\$1,075	\$910	-15.3%	\$477	\$2,651	\$927	-65.0%	\$525
Client Paid-PMPM	\$806	\$784	\$652	-16.8%	\$376	\$2,054	\$699	-66.0%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	18	18	4	-77.8%	0	2	1	0.0%	
HCC's / 1,000	22.3	22.8	5.1	-77.9%	0.0	12.7	8.2	0.0%	
Avg HCC Paid	\$175,561	\$113,454	\$67,101	-40.9%	\$0	\$1,629,851	\$207,778	0.0%	
HCC's % of Plan Paid	40.5%	27.5%	8.7%	-68.5%	0.0%	83.8%	40.7%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,529	\$1,454	\$1,897	30.5%	\$787	\$19,176	\$4,519	-76.4%	\$1,149
Facility Outpatient	\$3,276	\$3,575	\$2,250	-37.1%	\$1,314	\$2,010	\$1,254	-37.6%	\$1,333
Physician	\$3,385	\$3,897	\$3,410	-12.5%	\$2,165	\$3,054	\$2,353	-23.0%	\$1,301
Other	\$484	\$487	\$268	-45.0%	\$242	\$413	\$257	-37.8%	\$96
Total	\$9,674	\$9,413	\$7,824	-16.9%	\$4,508	\$24,653	\$8,383	-66.0%	\$3,879
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 5,240,874	\$ 551,033	\$ 44,289	\$ 5,836,196	\$ 8,463,729	\$ 725,318	\$ 172,559	\$ 9,361,605	60.4%	
Outpatient	\$ 15,804,254	\$ 2,616,412	\$ 287,830	\$ 18,708,497	\$ 13,688,350	\$ 2,027,950	\$ 170,056	\$ 15,886,356	-15.1%	
Total - Medical	\$ 21,045,129	\$ 3,167,445	\$ 332,119	\$ 24,544,693	\$ 22,152,079	\$ 2,753,267	\$ 342,615	\$ 25,247,961	2.9%	

Net Paid Claims - Per Participant per Month										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 880	\$ 1,061	\$ 688	\$ 896	\$ 1,069	\$ 931	\$ 772	\$ 1,047	16.7%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q21				2Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical										
Inpatient	\$ 1,391	\$ 79,523	\$ 37,565	\$ 118,479	\$ -	\$ 237,790	\$ 48,643	\$ 286,433		141.8%
Outpatient	\$ 24,688	\$ 242,668	\$ 62,364	\$ 329,720	\$ 2,391	\$ 123,475	\$ 100,738	\$ 226,603		-31.3%
Total - Medical	\$ 26,079	\$ 322,191	\$ 99,929	\$ 448,200	\$ 2,391	\$ 361,265	\$ 149,380	\$ 513,036		14.5%

Net Paid Claims - Per Participant per Month										
	2Q21				2Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical	\$ 1,087	\$ 731	\$ 302	\$ 563	\$ 133	\$ 1,505	\$ 479	\$ 900		59.9%

Paid Claims by Claim Type – Total

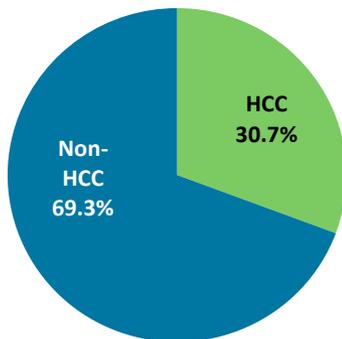
Net Paid Claims - Total										
Total Participants										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 5,242,265	\$ 630,556	\$ 81,854	\$ 5,954,675	\$ 8,463,729	\$ 963,108	\$ 221,201	\$ 9,648,038	62.0%	
Outpatient	\$ 15,828,943	\$ 2,859,080	\$ 350,194	\$ 19,038,217	\$ 13,690,741	\$ 2,151,425	\$ 270,793	\$ 16,112,959	-15.4%	
Total - Medical	\$ 21,071,207	\$ 3,489,636	\$ 432,049	\$ 24,992,892	\$ 22,154,470	\$ 3,114,532	\$ 491,995	\$ 25,760,997	3.1%	

Net Paid Claims - Per Participant per Month										
	2Q21				2Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 880	\$ 1,019	\$ 531	\$ 887	\$ 1,068	\$ 974	\$ 651	\$ 1,043	17.6%	

Cost Distribution – Medical Claims

2Q21						2Q22						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
25	0.3%	\$5,681,700	22.7%	(\$31,257)	-1.9%	\$100,000.01 Plus	22	0.3%	\$7,848,499	30.5%	\$71,255	2.6%
35	0.4%	\$2,531,061	10.1%	\$42,015	2.6%	\$50,000.01-\$100,000.00	32	0.4%	\$2,453,690	9.5%	\$115,674	4.2%
97	1.1%	\$3,584,636	14.3%	\$118,462	7.3%	\$25,000.01-\$50,000.00	86	1.1%	\$3,161,157	12.3%	\$180,203	6.6%
279	3.2%	\$4,527,857	18.1%	\$228,903	14.2%	\$10,000.01-\$25,000.00	235	3.1%	\$4,084,447	15.9%	\$396,867	14.5%
328	3.8%	\$2,396,592	9.6%	\$238,130	14.8%	\$5,000.01-\$10,000.00	304	4.0%	\$2,312,183	9.0%	\$386,747	14.2%
638	7.4%	\$2,297,228	9.2%	\$320,714	19.9%	\$2,500.01-\$5,000.00	569	7.5%	\$2,091,693	8.1%	\$474,616	17.4%
5,632	65.3%	\$3,973,818	15.9%	\$691,783	43.0%	\$0.01-\$2,500.00	5,038	66.0%	\$3,809,327	14.8%	\$1,099,137	40.3%
26	0.3%	\$0	0.0%	\$4,032	0.2%	\$0.00	57	0.7%	\$0	0.0%	\$5,743	0.2%
1,567	18.2%	\$0	0.0%	\$0	0.0%	No Claims	1,295	17.0%	\$0	0.0%	\$0	0.0%
8,627	100.0%	\$24,992,892	100.0%	\$1,612,781	100.0%		7,637	100.0%	\$25,760,997	100.0%	\$2,730,242	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Pulmonary Disorders	19	\$1,608,326	20.4%
Infections	12	\$1,130,239	14.3%
Pregnancy-related Disorders	3	\$1,111,026	14.1%
Endocrine/Metabolic Disorders	11	\$1,048,759	13.3%
Cancer	9	\$955,604	12.1%
Congenital/Chromosomal Anomalies	4	\$656,038	8.3%
Hematological Disorders	5	\$340,491	4.3%
Medical/Surgical Complications	5	\$302,247	3.8%
Renal/Urologic Disorders	4	\$188,577	2.4%
Cardiac Disorders	12	\$141,191	1.8%
All Other		\$418,735	5.3%
Overall	----	\$7,901,232	100.0%

Utilization Summary (p. 1 of 2)

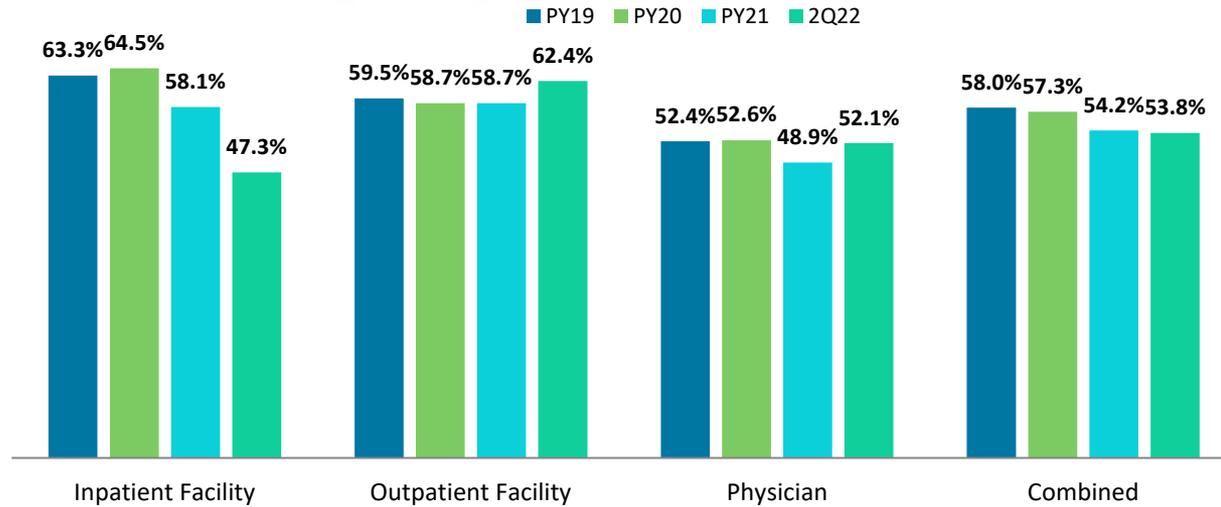
Summary	Total				State Active				Non-State Active			
	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year
Inpatient Summary												
# of Admits	278	243	226		237	206	193		1	0	0	
# of Bed Days	1,364	1,662	1,188		1,158	1,151	994		2	0	0	
Paid Per Admit	\$22,894	\$38,287	\$26,751	-30.1%	\$23,107	\$25,029	\$27,878	11.4%	\$22,498	\$0	\$0	0.0%
Paid Per Day	\$4,666	\$5,598	\$5,089	-9.1%	\$4,729	\$4,480	\$5,413	20.8%	\$11,249	\$0	\$0	0.0%
Admits Per 1,000	63	56	59	5.4%	61	54	57	5.6%	400	0	0	0.0%
Days Per 1,000	309	385	311	-19.2%	296	300	296	-1.3%	800	0	0	0.0%
Avg LOS	4.9	6.8	5.3	-22.1%	4.9	5.6	5.2	-7.1%	2.0	0.0	0.0	0.0%
# Admits From ER	129	109	123		100	85	98		0	0	0	
Physician Office												
OV Utilization per Member	6.1	6	6.0	0.0%	5.9	5.8	5.8	0.0%	8.4	6.0	7.6	26.7%
Avg Paid per OV	\$147	\$149	\$156	4.7%	\$151	\$151	\$156	3.3%	\$133	\$99	\$151	52.5%
Avg OV Paid per Member	\$899	\$892	\$931	4.4%	\$896	\$867	\$904	4.3%	\$1,120	\$594	\$1,142	92.3%
DX&L Utilization per Member	11	10.2	10.4	2.0%	10.4	9.7	9.9	2.1%	20	12.4	0	-100.0%
Avg Paid per DX&L	\$66	\$70	\$65	-7.1%	\$67	\$68	\$67	-1.5%	\$107	\$67	\$0	-100.0%
Avg DX&L Paid per Member	\$723	\$708	\$680	-4.0%	\$697	\$659	\$664	0.8%	\$2,141	\$833	\$0	-100.0%
Emergency Room												
# of Visits	907	655	732		804	585	622		1	2	0	
Visits Per Member	0.21	0.15	0.19	26.7%	0.21	0.15	0.19	26.7%	0.40	0.86	0.00	0.0%
Visits Per 1,000	205	152	192	26.3%	205	152	185	21.7%	400	857	0	0.0%
Avg Paid per Visit	\$2,548	\$2,409	\$1,863	-22.7%	\$2,593	\$2,399	\$1,846	-23.1%	\$3,495	\$10,325	\$0	0.0%
Urgent Care												
# of Visits	1,697	1,213	1,431		1,564	1,102	1,292		0	0	0	
Visits Per Member	0.38	0.28	0.37	32.1%	0.40	0.29	0.38	31.0%	0.00	0.00	0.00	0.0%
Visits Per 1,000	384	281	375	33.5%	399	287	384	33.8%	0	0	0	0.0%
Avg Paid per Visit	\$144	\$145	\$159	9.7%	\$145	\$147	\$161	9.5%	\$0	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

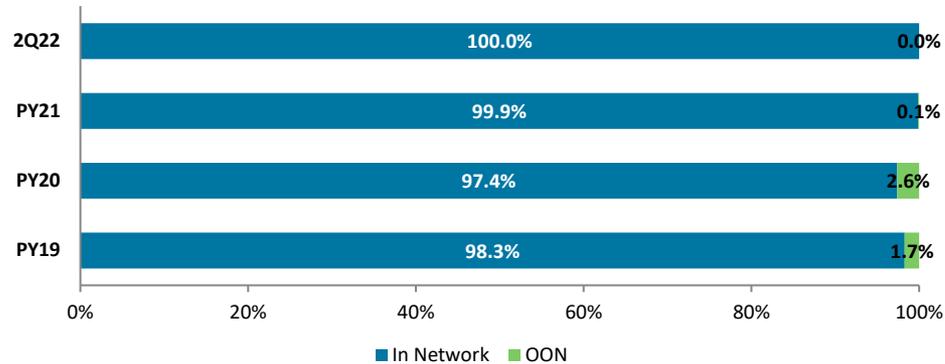
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	2Q20	2Q21	2Q22	Variance to Prior Year	2Q20	2Q21	2Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	37	33	25		3	4	8		
# of Bed Days	188	361	137		16	150	57		
Paid Per Admit	\$22,322	\$28,441	\$21,240	-25.3%	\$13,268	\$802,313	\$16,772	-97.9%	\$16,632
Paid Per Day	\$4,393	\$2,600	\$3,876	49.1%	\$2,488	\$21,395	\$2,354	-89.0%	\$3,217
Admits Per 1,000	92	84	63	-25.0%	31	49	131	167.3%	76
Days Per 1,000	468	923	346	-62.5%	164	1,829	936	-48.8%	391
Avg LOS	5.1	10.9	5.5	-49.5%	5.3	37.5	7.1	-81.1%	5.2
# Admits From ER	28	22	19		1	2	6		
Physician Office									
OV Utilization per Member	8.0	7.8	7.1	-9.0%	7.0	6.9	7.8	13.0%	5.0
Avg Paid per OV	\$120	\$146	\$165	13.0%	\$112	\$123	\$113	-8.1%	\$57
Avg OV Paid per Member	\$954	\$1,140	\$1,171	2.7%	\$786	\$853	\$888	4.1%	\$286
DX&L Utilization per Member	15.8	14.8	14.2	-4.1%	14.4	11.5	13.9	20.9%	10.5
Avg Paid per DX&L	\$59	\$80	\$57	-28.8%	\$58	\$61	\$49	-19.7%	\$50
Avg DX&L Paid per Member	\$935	\$1,191	\$810	-32.0%	\$840	\$695	\$686	-1.3%	\$522
Emergency Room									
# of Visits	92	58	91		10	10	19		
Visits Per Member	0.23	0.15	0.23	53.3%	0.10	0.12	0.31	158.3%	0.24
Visits Per 1,000	229	148	230	55.4%	103	122	312	155.7%	235
Avg Paid per Visit	\$2,277	\$2,270	\$2,172	-4.3%	\$1,291	\$2,239	\$934	-58.3%	\$943
Urgent Care									
# of Visits	95	92	118		38	19	21		
Visits Per Member	0.24	0.24	0.30	25.0%	0.39	0.23	0.34	47.8%	0.3
Visits Per 1,000	237	235	298	26.8%	390	232	345	48.7%	300
Avg Paid per Visit	\$152	\$133	\$152	14.3%	\$93	\$128	\$69	-46.1%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female	Unassigned
Pulmonary Disorders	\$2,243,805	8.7%	\$2,020,376	\$68,219	\$155,210	\$1,875,978	\$367,827	\$0
Infections	\$2,167,262	8.4%	\$1,784,399	\$182,401	\$200,463	\$808,740	\$1,358,523	\$0
COVID-19, Confirmed	\$1,465,922	5.7%	\$1,327,772	\$76,577	\$61,573	\$473,937	\$991,985	\$0
Pregnancy-related Disorders	\$2,072,970	8.0%	\$636,523	\$140,429	\$1,296,018	\$492,353	\$1,574,861	\$5,756
Cancer	\$1,710,236	6.6%	\$1,028,330	\$657,776	\$24,130	\$1,056,824	\$653,412	\$0
Health Status/Encounters	\$1,697,717	6.6%	\$974,804	\$190,389	\$532,524	\$600,829	\$1,096,206	\$682
Endocrine/Metabolic Disorders	\$1,658,258	6.4%	\$1,505,633	\$110,972	\$41,652	\$538,284	\$1,119,973	\$0
Musculoskeletal Disorders	\$1,593,615	6.2%	\$1,119,144	\$241,040	\$233,431	\$674,903	\$918,712	\$0
Gastrointestinal Disorders	\$1,559,415	6.1%	\$1,172,713	\$263,887	\$122,814	\$579,402	\$979,969	\$43
Cardiac Disorders	\$1,347,057	5.2%	\$1,117,965	\$200,457	\$28,636	\$606,262	\$740,730	\$65
Mental Health	\$1,129,573	4.4%	\$628,416	\$90,535	\$410,623	\$390,892	\$738,682	\$0
Neurological Disorders	\$1,060,415	4.1%	\$740,355	\$117,407	\$202,653	\$264,908	\$795,093	\$414
Renal/Urologic Disorders	\$990,686	3.8%	\$782,982	\$120,172	\$87,532	\$535,136	\$455,488	\$61
Spine-related Disorders	\$974,194	3.8%	\$717,614	\$228,362	\$28,219	\$409,769	\$564,426	\$0
Eye/ENT Disorders	\$920,890	3.6%	\$541,832	\$96,673	\$282,385	\$407,585	\$513,305	\$0
Congenital/Chromosomal Anomalies	\$773,161	3.0%	\$291,863	\$1,206	\$480,092	\$50,254	\$722,907	\$0
Trauma/Accidents	\$623,207	2.4%	\$376,604	\$85,061	\$161,542	\$316,986	\$306,221	\$0
Gynecological/Breast Disorders	\$604,113	2.3%	\$481,156	\$48,031	\$74,925	\$10,928	\$593,185	\$0
Medical/Surgical Complications	\$525,944	2.0%	\$388,888	\$49,089	\$87,967	\$203,203	\$322,741	\$0
Hematological Disorders	\$423,816	1.6%	\$401,206	\$19,626	\$2,984	\$361,326	\$62,490	\$0
Non-malignant Neoplasm	\$302,144	1.2%	\$237,946	\$46,182	\$18,015	\$66,134	\$236,009	\$0
Diabetes	\$301,318	1.2%	\$220,456	\$50,988	\$29,874	\$177,423	\$123,894	\$0
Miscellaneous	\$265,554	1.0%	\$198,447	\$28,018	\$39,089	\$120,104	\$145,450	\$0
Dermatological Disorders	\$255,559	1.0%	\$166,011	\$36,935	\$52,613	\$98,546	\$157,013	\$0
Vascular Disorders	\$190,519	0.7%	\$185,406	\$4,936	\$177	\$127,469	\$63,050	\$0
Abnormal Lab/Radiology	\$127,330	0.5%	\$102,994	\$17,113	\$7,224	\$44,908	\$82,422	\$0
Medication Related Conditions	\$90,863	0.4%	\$49,958	\$31,208	\$9,697	\$31,458	\$59,405	\$0
Cholesterol Disorders	\$75,882	0.3%	\$69,221	\$5,734	\$928	\$19,477	\$56,405	\$0
Dental Conditions	\$50,777	0.2%	\$37,617	\$4,160	\$9,000	\$5,602	\$45,175	\$0
External Hazard Exposure	\$14,836	0.1%	\$5,203	\$253	\$9,379	\$11,315	\$3,521	\$0
Allergic Reaction	\$9,882	0.0%	\$2,580	\$530	\$6,772	\$5,502	\$4,380	\$0
Total	\$25,760,997	100.0%	\$17,986,641	\$3,137,789	\$4,636,567	\$10,892,502	\$14,861,474	\$7,021

Mental Health Drilldown

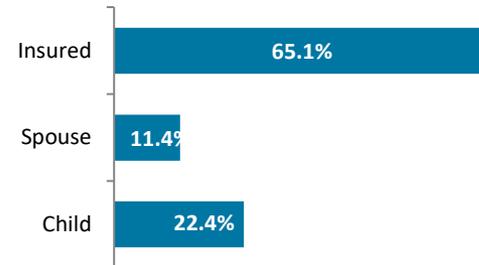
Grouper	PY19		PY20		PY21		2Q22	
	Patients	Total Paid						
Depression	532	\$751,739	632	\$1,048,452	655	\$861,117	391	\$303,145
Mental Health Conditions, Other	464	\$493,299	595	\$616,280	662	\$938,742	386	\$226,060
Mood and Anxiety Disorders	551	\$333,099	694	\$531,718	716	\$636,220	461	\$209,686
Sexually Related Disorders	11	\$3,408	20	\$167,866	26	\$81,490	16	\$80,095
Complications of Substance Abuse	26	\$319,764	34	\$325,820	30	\$138,433	22	\$67,279
Bipolar Disorder	121	\$202,469	151	\$279,948	135	\$252,449	80	\$63,563
Attention Deficit Disorder	153	\$58,480	187	\$95,843	190	\$94,546	133	\$40,060
Eating Disorders	14	\$268,532	17	\$111,963	25	\$376,295	20	\$37,212
Developmental Disorders	53	\$61,872	64	\$149,263	64	\$155,167	47	\$33,273
Alcohol Abuse/Dependence	33	\$24,550	43	\$162,989	39	\$168,417	27	\$25,179
Sleep Disorders	165	\$29,028	186	\$36,835	187	\$38,393	90	\$17,877
Personality Disorders	9	\$10,876	10	\$10,468	15	\$18,725	15	\$11,772
Substance Abuse/Dependence	40	\$20,086	48	\$107,498	54	\$44,537	26	\$6,350
Psychoses	7	\$3,308	14	\$18,805	8	\$54,549	3	\$3,822
Tobacco Use Disorder	49	\$5,087	54	\$5,349	42	\$4,779	20	\$2,629
Schizophrenia	9	\$10,155	11	\$16,662	10	\$10,630	6	\$1,571
Total		\$2,595,750		\$3,685,761		\$3,874,490		\$1,129,573

Diagnosis Grouper – Pulmonary Disorders

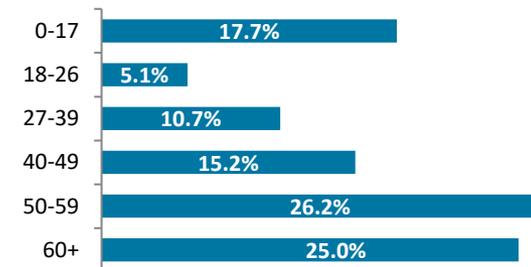
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Respiratory Failure	38	190	\$1,690,349	75.3%
Sleep Apnea	410	1,603	\$134,756	6.0%
Respiratory Symptoms	494	846	\$114,524	5.1%
Lung Conditions, Other	97	167	\$92,765	4.1%
Asthma	212	336	\$67,156	3.0%
Bronchitis	74	98	\$61,705	2.8%
Pneumonia	49	93	\$54,342	2.4%
COPD	51	147	\$26,305	1.2%
Aspiration Related	6	10	\$1,904	0.1%
Cystic Fibrosis	0	0	\$0	0.0%
Overall	----	----	\$2,243,805	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

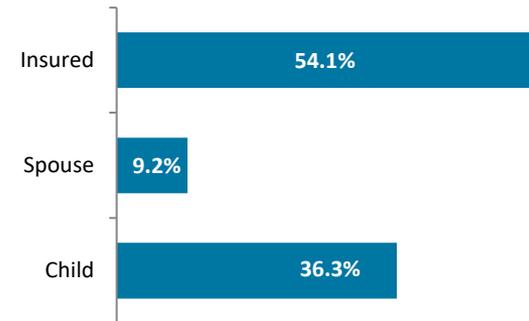


Diagnosis Grouper – Infections

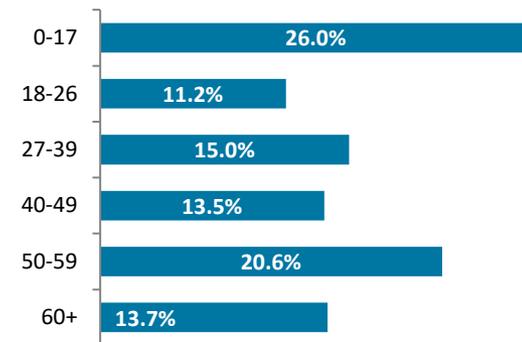
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Infectious Diseases	1,509	3,067	\$1,756,959	81.1%
Septicemia	29	72	\$398,403	18.4%
Osteomyelitis	4	16	\$6,196	0.3%
Central Nervous System Infection	1	4	\$3,907	0.2%
HIV	7	16	\$1,313	0.1%
Influenza	3	3	\$180	0.0%
Clostridium Difficile	1	1	\$115	0.0%
Hepatitis C	2	2	\$104	0.0%
Hepatitis B	3	3	\$74	0.0%
Tuberculosis	2	2	\$11	0.0%
Overall	----	----	\$2,167,262	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

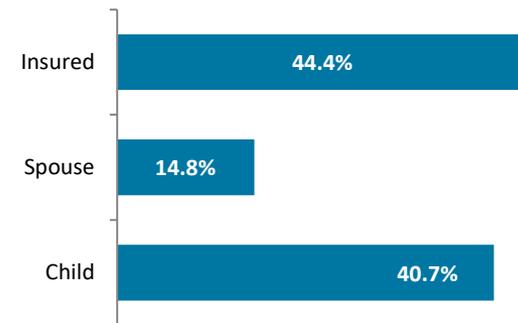


Diagnosis Group – Pregnancy-related Disorders

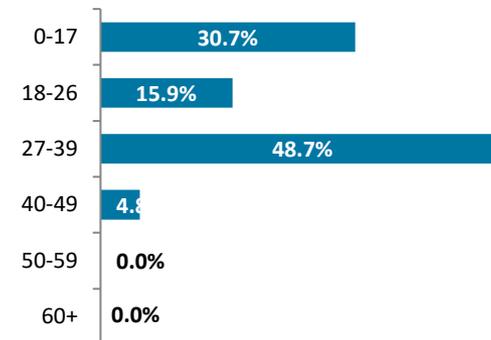
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Liveborn Infants	53	94	\$1,015,809	49.0%
Labor and Delivery Related	58	168	\$484,431	23.4%
Pregnancy Complications	82	298	\$220,488	10.6%
Fetal Distress	3	71	\$193,770	9.3%
Supervision of Pregnancy	99	330	\$76,703	3.7%
Perinatal Disorders	32	63	\$34,855	1.7%
Abortion Related	7	19	\$22,401	1.1%
Multiple Gestation Related	3	25	\$16,745	0.8%
Prematurity and Low Birth Weight	5	9	\$3,988	0.2%
Cesarean Delivery	3	4	\$3,710	0.2%
Ectopic Pregnancy	1	1	\$70	0.0%
Overall	----	----	\$2,072,970	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

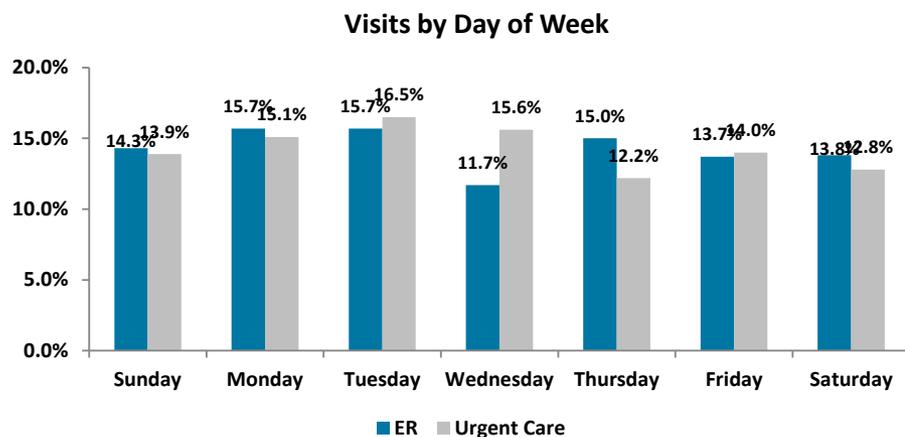


Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q21		2Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	655	1,213	732	1,431		
Visits Per Member	0.15	0.28	0.19	0.37	0.17	0.24
Visits/1000 Members	152	281	192	375	174	242
Avg Paid Per Visit	\$2,409	\$145	\$1,863	\$159	\$1,684	\$74
% with OV*	91.9%	87.8%	91.5%	89.7%		
% Avoidable	9.3%	29.6%	11.1%	34.8%		
Total Member Paid	\$260,101	\$48,482	\$374,405	\$60,667		
Total Plan Paid	\$1,578,049	\$176,321	\$1,363,560	\$227,062		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid

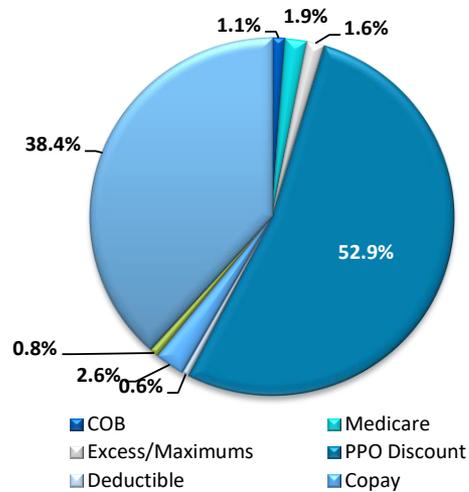


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	392	95	747	181	1,056	257
Spouse	96	116	151	182	202	243
Child	244	91	533	198	513	191
Total	732	96	1,431	187	1,771	232

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$67,112,802	\$2,718	100.0%
COB	\$752,644	\$30	1.1%
Medicare	\$1,296,437	\$53	1.9%
Excess/Maximums	\$1,070,826	\$43	1.6%
PPO Discount	\$35,561,673	\$1,440	53.0%
Deductible	\$420,016	\$17	0.6%
Copay	\$1,767,682	\$72	2.6%
Coinsurance	\$542,543	\$22	0.8%
Total Participant Paid	\$2,730,241	\$111	4.1%
Total Plan Paid	\$25,760,997	\$1,043	38.4%

Total Participant Paid - PY21	\$66
Total Plan Paid - PY21	\$952



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	488	482	6	98.8%
	<2 asthma related ER Visits in the last 6 months	488	488	0	100.0%
	No asthma related admit in last 12 months	488	488	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	90	85	5	94.4%
	Members with COPD who had an annual spirometry test	90	14	76	15.6%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	4	4	0	100.0%
	No ER Visit for Heart Failure in last 90 days	68	65	3	95.6%
	Follow-up OV within 4 weeks of discharge from HF admission	4	3	1	75.0%
Diabetes	Annual office visit	565	559	6	98.9%
	Annual dilated eye exam	565	270	295	47.8%
	Annual foot exam	565	228	337	40.4%
	Annual HbA1c test done	565	483	82	85.5%
	Diabetes Annual lipid profile	565	441	124	78.1%
	Annual microalbumin urine screen	565	399	166	70.6%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,243	982	261	79.0%
Hypertension	Annual lipid profile	1,294	889	405	68.7%
	Annual serum creatinine test	1,263	1,041	222	82.4%
Wellness	Well Child Visit - 15 months	64	62	2	96.9%
	Routine office visit in last 6 months	7,516	5,503	2,013	73.2%
	Age 45 to 75 years with colorectal cancer screening	3,189	760	2,429	23.8%
	Women age 25-65 with recommended cervical cancer screening	2,441	1,805	636	73.9%
	Males age greater than 49 with PSA test in last 24 months	1,136	583	553	51.3%
	Routine exam in last 24 months	7,516	6,905	611	91.9%
	Women age 40 to 75 with a screening mammogram last 24 months	2,139	1,337	802	62.5%

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

Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	118	1.57%	15.45	\$14,474
Asthma	537	7.14%	70.32	\$14,329
Atrial Fibrillation	83	1.10%	10.87	\$28,608
Blood Disorders	465	6.19%	60.89	\$36,895
CAD	161	2.14%	21.08	\$24,058
COPD	90	1.20%	11.78	\$46,306
Cancer	320	4.26%	41.90	\$23,288
Chronic Pain	377	5.01%	49.37	\$22,601
Congestive Heart Failure	68	0.90%	8.90	\$34,359
Demyelinating Diseases	26	0.35%	3.40	\$37,559
Depression	851	11.32%	111.43	\$13,145
Diabetes	600	7.98%	78.57	\$26,094
ESRD	9	0.12%	1.18	\$102,360
Eating Disorders	34	0.45%	4.45	\$17,675
HIV/AIDS	11	0.15%	1.44	\$28,987
Hyperlipidemia	1,282	17.05%	167.87	\$17,899
Hypertension	1,300	17.29%	170.23	\$16,253
Immune Disorders	32	0.43%	4.19	\$29,905
Inflammatory Bowel Disease	51	0.68%	6.68	\$39,607
Liver Diseases	175	2.33%	22.92	\$35,479
Morbid Obesity	323	4.30%	42.30	\$22,388
Osteoarthritis	420	5.59%	55.00	\$18,998
Peripheral Vascular Disease	44	0.59%	5.76	\$31,004
Rheumatoid Arthritis	74	0.98%	9.69	\$39,083

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

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

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

Public Employees' Benefits Program - RX Costs
PY 2022 - Quarter Ending December 31, 2021

Express Scripts

2Q FY2022 EPO		2Q FY2021 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	7,635	8,629	(994)	-11.5%
Utilizing Member Count (Patients)	5,874	6,095	(221)	-3.6%
Percent Utilizing (Utilization)	76.9%	70.6%	0	8.9%
Claim Summary				
Net Claims (Total Rx's)	77,547	85,456	(7,909)	-9.3%
Claims per Elig Member per Month (Claims PMPM)	1.69	1.65	0.04	2.4%
Total Claims for Generic (Generic Rx)	64,962	72,772	(7,810.00)	-10.7%
Total Claims for Brand (Brand Rx)	12,585	12,684	(99.00)	-0.8%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	650	1,355	(705.00)	-52.0%
Total Non-Specialty Claims	76,445	84,327	(7,882.00)	-9.3%
Total Specialty Claims	1,102	1,129	(27.00)	-2.4%
Generic % of Total Claims (GFR)	83.8%	85.2%	(0.01)	-1.6%
Generic Effective Rate (GCR)	99.0%	98.2%	0.01	0.8%
Mail Order Claims	15,494	9,729	5,765.00	59.3%
Mail Penetration Rate*	22.7%	12.5%	0.10	10.2%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$9,767,101	\$10,880,580	(\$1,113,479.00)	-10.2%
Total Generic Gross Cost	\$1,440,839	\$1,693,171	(\$252,332.00)	-14.9%
Total Brand Gross Cost	\$8,326,263	\$9,187,409	(\$861,146.00)	-9.4%
Total MSB Gross Cost	\$147,078	\$330,602	(\$183,524.00)	-55.5%
Total Ingredient Cost	\$9,635,588	\$10,828,565	(\$1,192,977.00)	-11.0%
Total Dispensing Fee	\$128,074	\$49,348	\$78,726.00	159.5%
Total Other (e.g. tax)	\$3,439	\$2,668	\$771.00	28.9%
Avg Total Cost per Claim (Gross Cost/Rx)	\$125.95	\$127.32	(\$1.37)	-1.1%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$22.18	\$23.27	(\$1.09)	-4.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$661.60	\$724.33	(\$62.73)	-8.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$226.27	\$243.99	(\$17.72)	-7.3%
Member Cost Summary				
Total Member Cost	\$1,587,511	\$1,800,157	(\$212,646.00)	-11.8%
Total Copay	\$1,577,721	\$1,800,157	(\$222,436.00)	-12.4%
Total Deductible	\$9,790	\$0	\$9,790.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$20.35	\$21.07	(\$0.72)	-3.4%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$20.47	\$21.07	(\$0.59)	-2.8%
Avg Copay for Generic (Copay/Generic Rx)	\$7.65	\$7.49	\$0.16	2.1%
Avg Copay for Brand (Copay/Brand Rx)	\$86.63	\$98.96	(\$12.33)	-12.5%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$32.34	\$31.69	\$0.65	2.1%
Net PMPM (Participant Cost PMPM)	\$34.65	\$34.77	(\$0.12)	-0.3%
Copay % of Total Prescription Cost (Member Cost Share %)	16.3%	16.5%	-0.3%	-1.8%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$8,179,590	\$9,080,423	(\$900,833.00)	-9.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,093,854	\$4,428,604	(\$334,750.00)	-7.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,085,736	\$4,651,818	(\$566,082.00)	-12.2%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$105.48	\$106.26	(\$0.78)	-0.7%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$14.53	\$15.78	(\$1.25)	-7.9%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$574.97	\$625.37	(\$50.40)	-8.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$193.94	\$212.29	(\$18.35)	-8.6%
Net PMPM (Plan Cost PMPM)	\$178.55	\$175.39	\$3.17	1.8%
PMPM for Specialty Only (Specialty PMPM)	\$89.19	\$89.85	(\$0.66)	-0.7%
PMPM without Specialty (Non-Specialty PMPM)	\$89.37	\$85.54	\$3.83	4.5%
Rebates Received (Q1-Q2 FY2022 actual)	\$2,017,849.94	\$2,052,634.70	(\$34,784.76)	-1.7%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$134.51	\$135.74	(\$1.23)	-0.9%
PMPM for Specialty Only (Specialty PMPM)	\$72.31	\$76.03	(\$3.72)	-4.9%
PMPM without Specialty (Non-Specialty PMPM)	\$62.13	\$58.74	\$3.39	5.8%

Appendix D

Index of Tables

Health Plan of Nevada –Utilization Review for PEBP July 1, 2021 – September 30, 2021

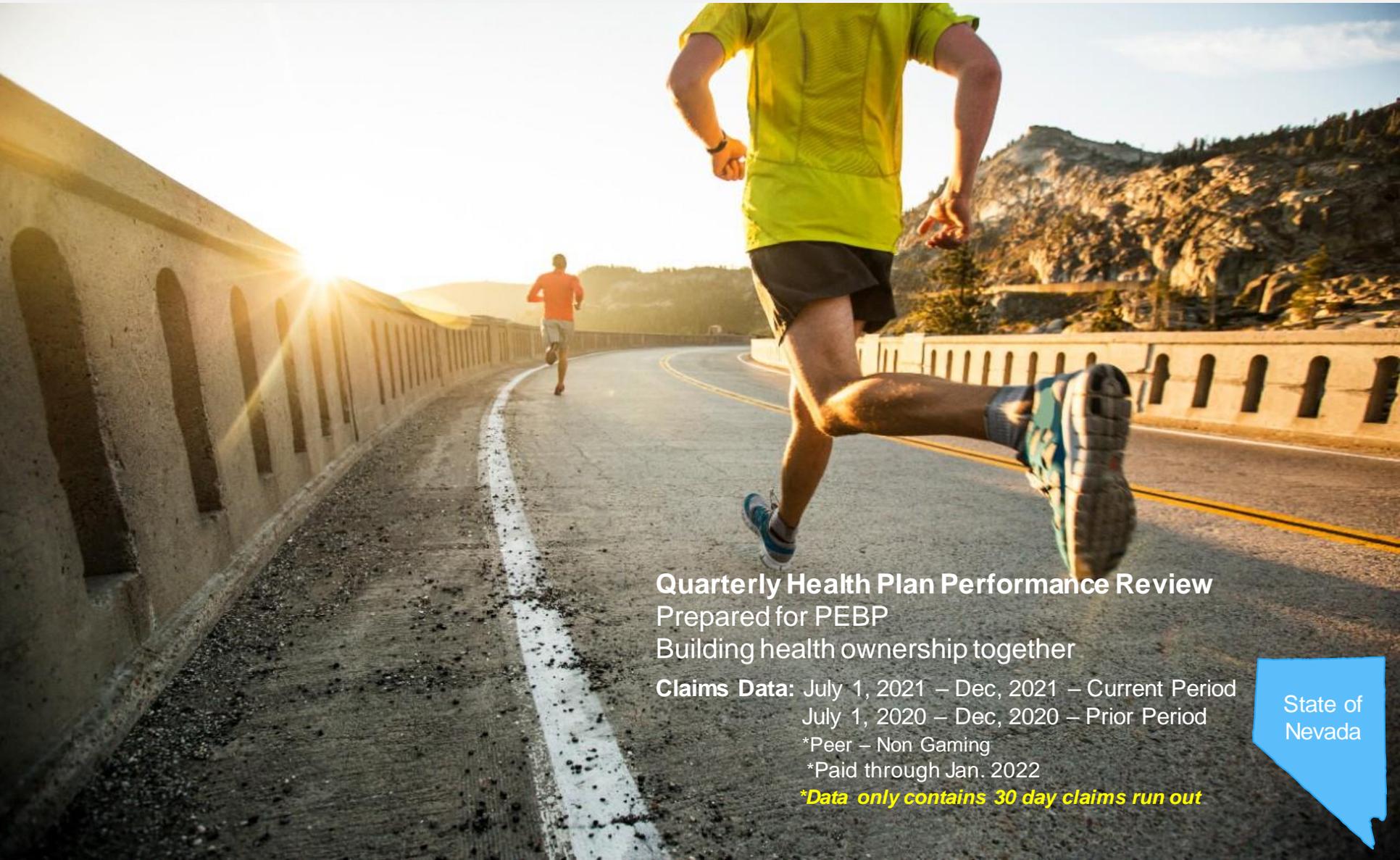
KEY PERFORMANCE INDICATORS

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PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
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Power Of Partnership.



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

Claims Data: July 1, 2021 – Dec, 2021 – Current Period
July 1, 2020 – Dec, 2020 – Prior Period

*Peer – Non Gaming

*Paid through Jan. 2022

****Data only contains 30 day claims run out***

State of
Nevada



Key Performance Indicators
Includes Demographics And
Financials

39 years experience caring for Nevadans and their families



Member Centered
Solutions



Access to
Southwest
Medical/OptumCare



Cost Structure
& Network
Strength



Local Service
& Wellness
Resources



On-Site Hospital
Case Managers

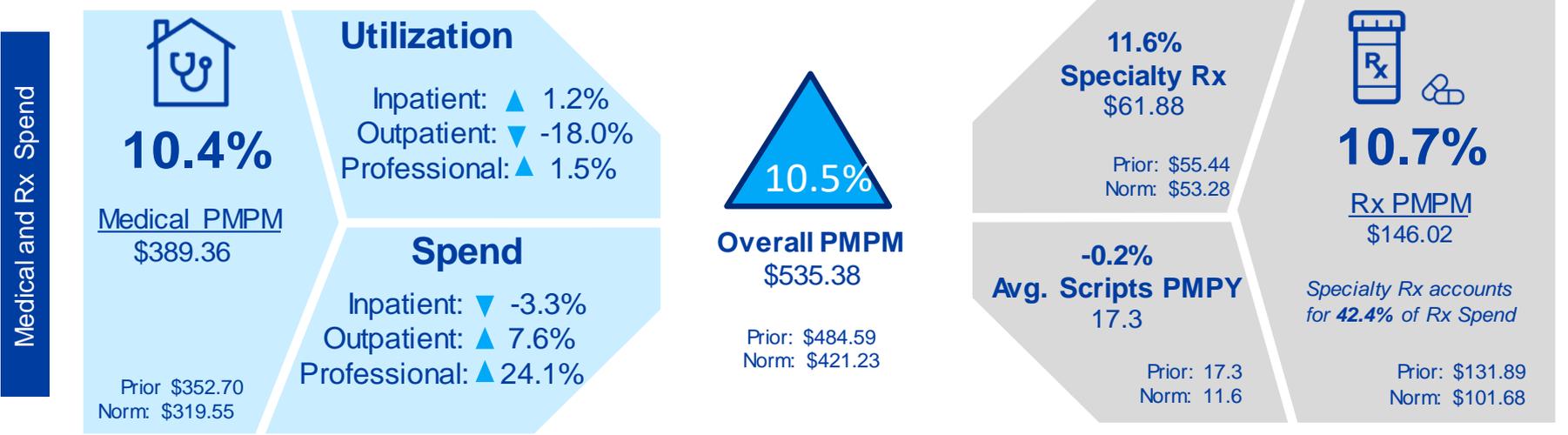
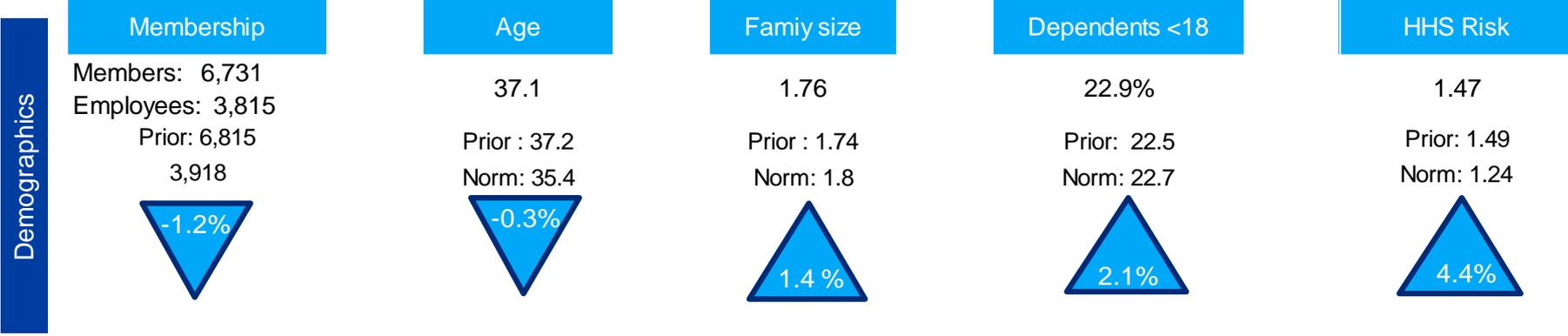
Our Care Delivery Assets in Nevada

- ✓ 45 OptumCare locations and expanding
- ✓ Over 450 providers practicing evidence-based medicine
- ✓ 6 high acuity urgent cares with home waiting room option
- ✓ Patient portal with e-visit capabilities
- ✓ Robust integrated EMR
- ✓ Access to schedule, renew script and view test results
- ✓ 2 ambulatory surgery centers
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

Enhancements Made for Your Members

- ✓ Provided COVID-19 testing and vaccinations at multiple locations throughout the Las Vegas area, including drive through locations.
- ✓ Introduced the **Tummy2Toddler pregnancy support app** helping mothers stay healthy during every step of pregnancy and early childhood.
- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits

Demographic and Financial Overview





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Key Metrics			
Utilization Metric	Prior	Current	Δ
Physician Office Vists PMPY	2.5	2.4	-4.8%
Specialist Office Vists PMPY	4.6	4.9	5.9%
ER Visits per K	100.5	103.5	3.0%
UC Visits per K	546.3	833.6	52.6%
On Demand	503.5	585.5	16.3%
OutPatient Surgery			
ASC	120.0	113.2	-5.7%
Facility	42.6	30.0	-29.5%
Inpatient Utilization			
Admissions Per K	60.0	60.8	1.2%
Bed Days Per K	350.7	378.8	8.0%
Average Length of Stay	5.8	6.2	6.7%

**Not representative of all Utilization*

Highlights

- PCP Visits decreased in the current period, down -4.8%
- Specialist Office visits increased 5.9%
- ER utilization increased 3.0%,
 - Average paid per visit decreased -21.4%, due to less emergent cases
- Urgent Care Utilization increased 52.6%
- Outpatient surgeries had decreases at both ASC and OP Facility settings
 - Procedures in ASC settings are more than double than those at OP setting
- IP Admits remained relatively flat from prior period
- Overall IP spend had a slight decreased of -3.3%
 - Average length of stay went from an average of 5.8 to 6.2 days per stay
Average length of stay increased 6.7%
 - 7 less maternity stays in the current period, a decrease of -39.5%
 - NICU visits had a significant decrease of -43.6% in the current period. NICU avg. length of stay decreased by 64.0%

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,815	6,731	-1.2%		
Average Prescriptions PMPY	17.3	17.3	-0.2%	11.6	49.5%
Formulary Rate	91.7%	87.7%	-4.4%	85.6%	2.4%
Generic Use Rate	85.4%	81.8%	-4.3%	81.0%	0.9%
Generic Substitution Rate	97.2%	98.2%	1.0%	97.9%	0.3%
Employee Cost Share PMPM	\$21.70	\$25.44	17.3%	\$14.08	80.7%
Avg Net Paid per Prescription	\$91.44	\$101.46	11.0%	\$105.64	-3.9%
Net Paid PMPM	\$131.89	\$146.02	10.7%	\$101.68	43.6%

Paid By Benefit and Type

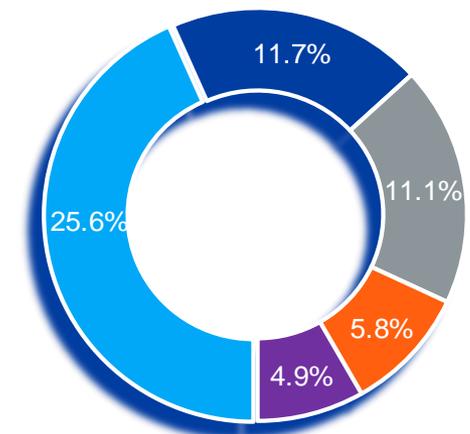


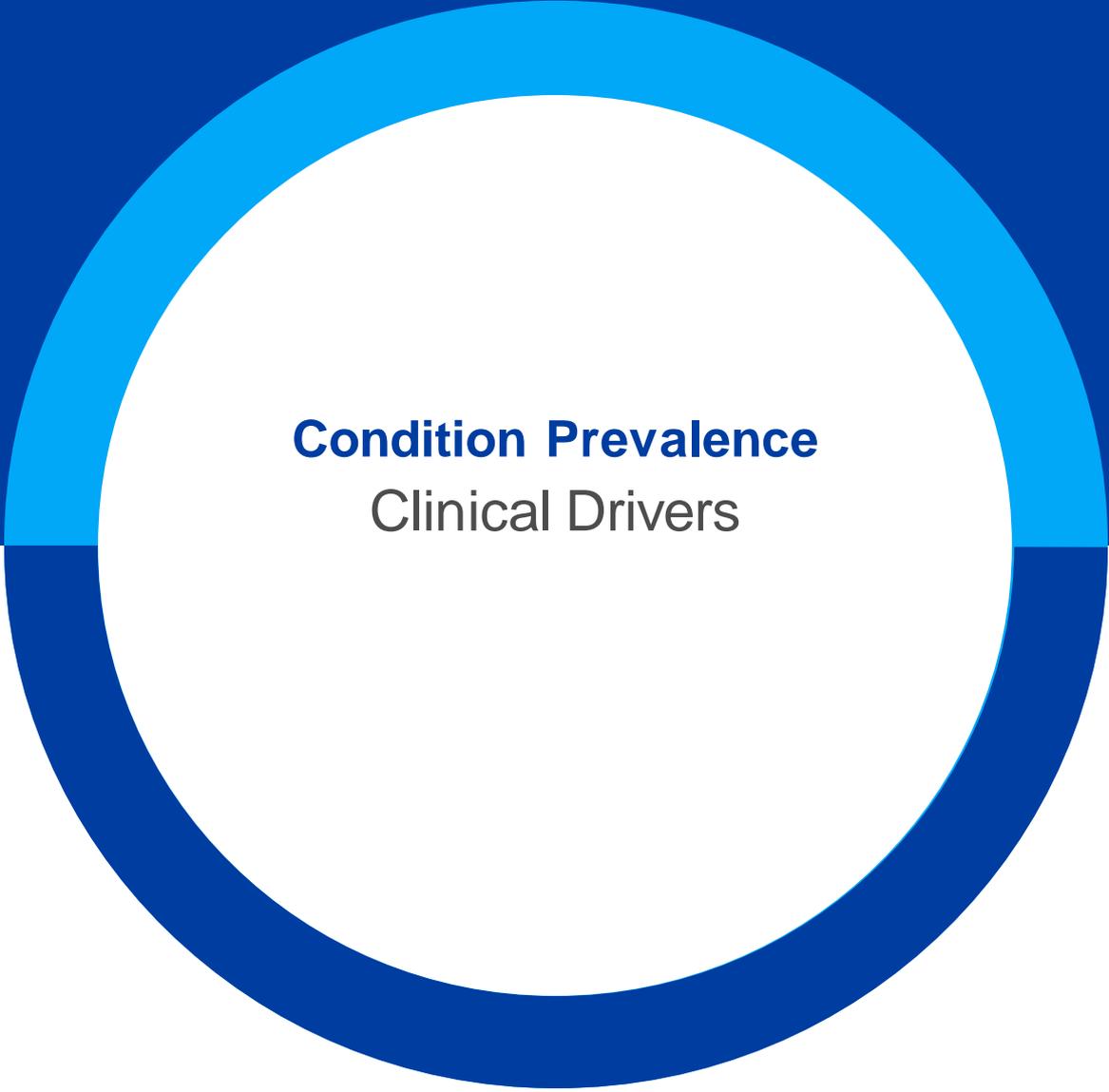
Pharmacy Spend is up 10.7% (\$14.13 PMPM)

- Average net paid per script increased 11.0% (up \$10.02 PMPM from prior period)
- Consistent with market trends; diabetic compliance is on the rise Antidiabetic Rx Spend increased 4.9%
- Specialty Rx Spend increased 11.6%
 - Specialty Rx Drivers:
 - *Humira (Analgesics, spend up 4.5%)
 - *Stelara (Dermatologic, spend up 199.3%)
 - *Aubagio(Psychotherapeutic, spend up 11.8%)
- Avg. Prescriptions PMPY decreased -0.2%

Top 5 Therapeutic Classes by Spend

- ANTIDIABETICS
- ANTINEOPLASTICS
- ANALGESICS
- DERMATOLOGICALS
- ANTIVIRALS



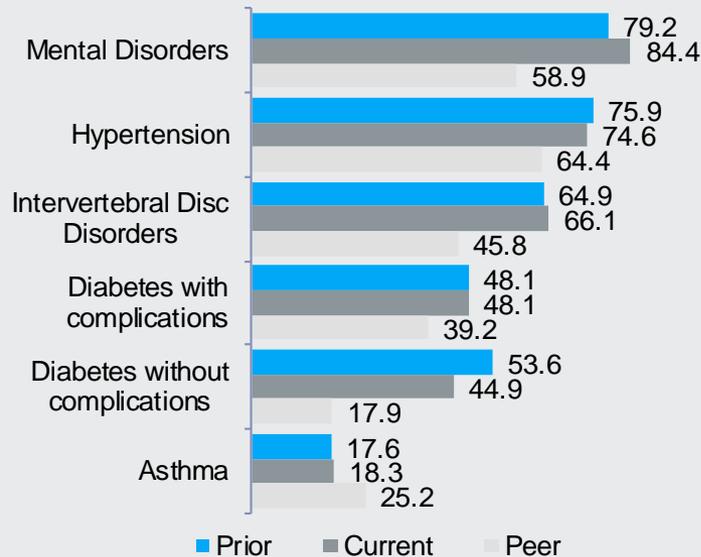


Condition Prevalence
Clinical Drivers

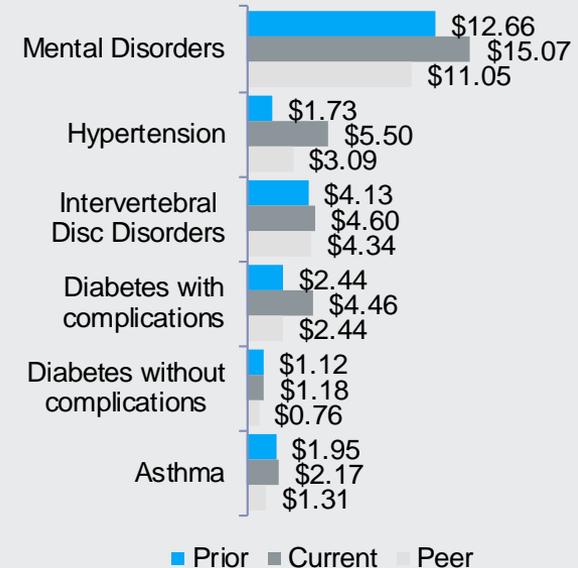
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



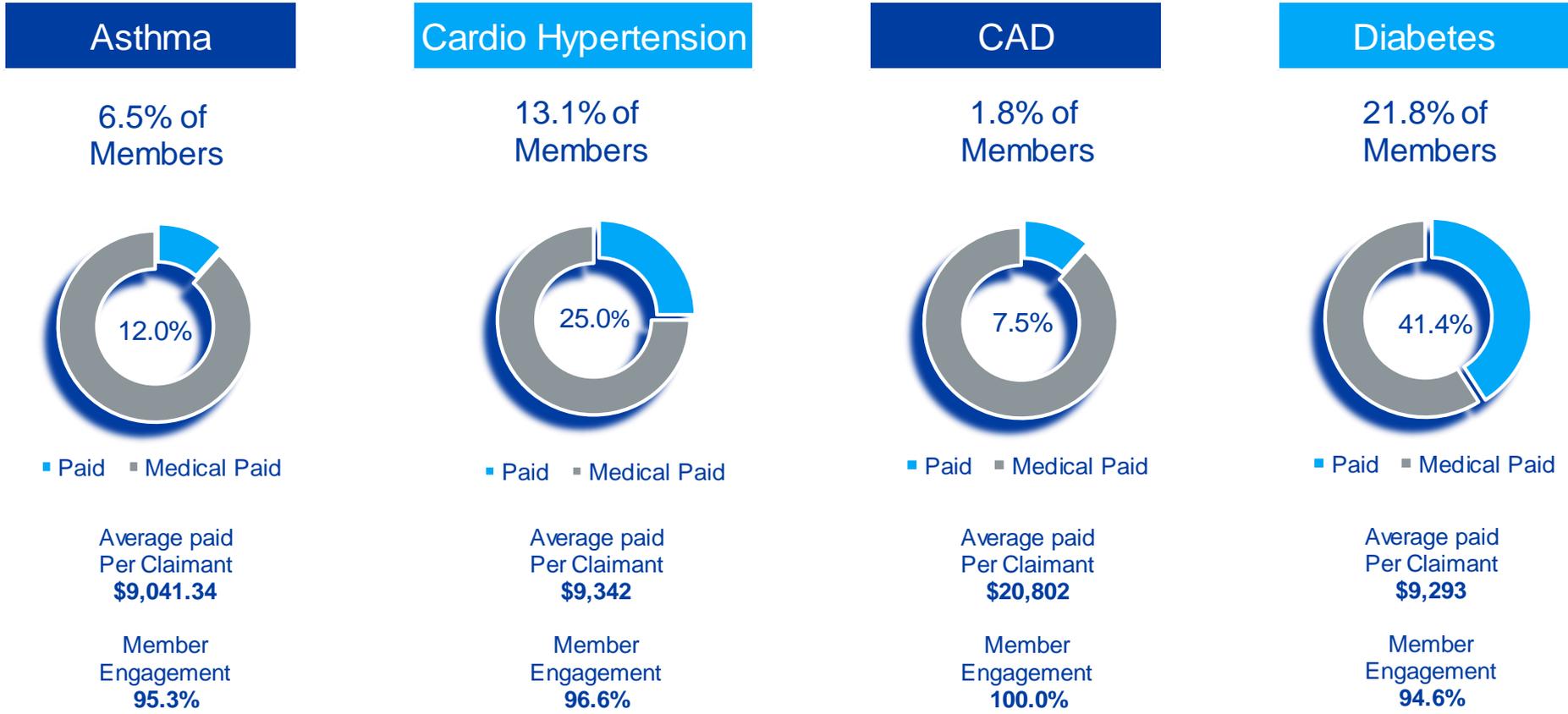
Top Conditions by PMPM



- Chronic illnesses continue to drive the top common conditions
- Mental Disorders, Hypertension and Intervertebral Disc Disorders are the most prevalent clinical conditions within this population for this period
- Mental Disorder prevalence increased 6.5% and had an increased in overall spend increased 19.0% (up, \$2.41 PMPM) from prior period
 - Spend for Alcohol related disorders increased 80.6%, up \$0.91 PMPM from prior period
 - Autism spend increased 44.4% (ABA therapy) up \$2.82 PMPM from prior period

Chronic Condition Cost Drivers

85.9% Of Medical spend driven by members with these 4 Chronic Conditions. Average Engagement 97%

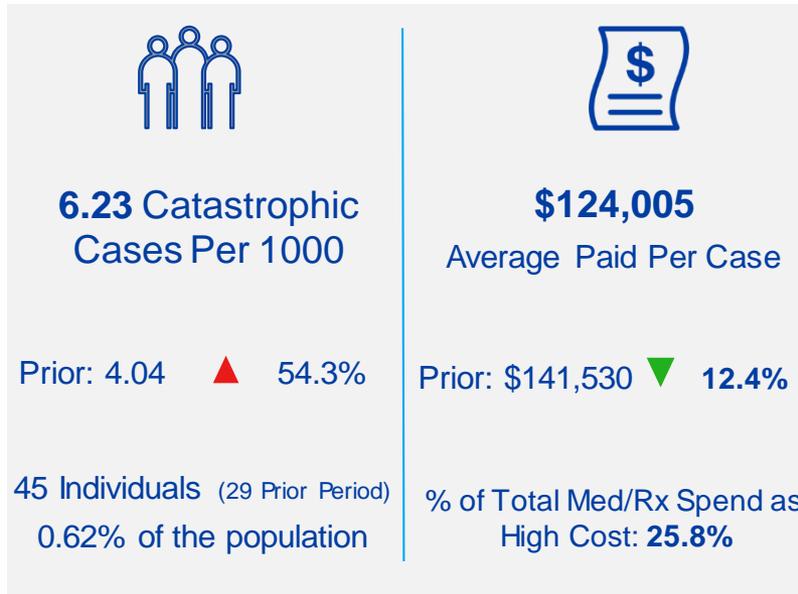


*Data obtained for this slide is for Eval period Nov-2020 thru Oct-2021

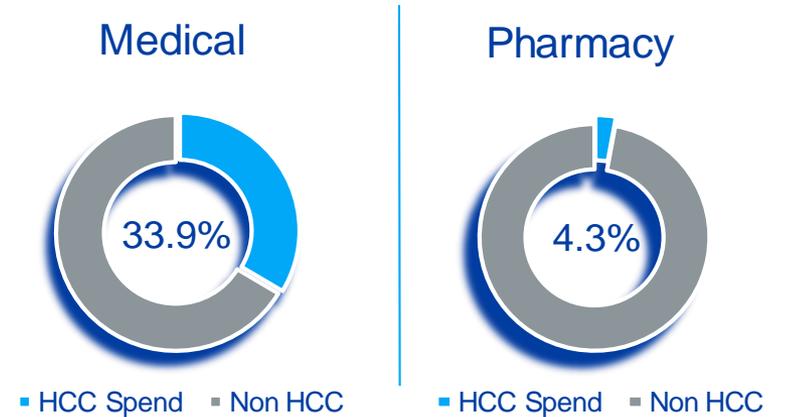


Catastrophic Cases
High Cost Claimants

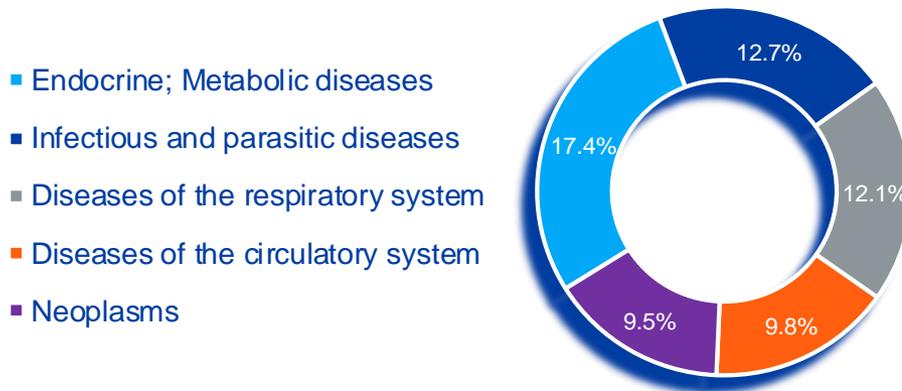
Catastrophic Cases Summary (>\$50k)



% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid



Claims and Spend by Relationship

