



Joe Lombardo
Governor

**NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM**

3427 Goni Road, Suite 109
Carson City, Nevada 89706
(775) 684-7000 | (702) 486-3100 | (800) 326-5496
NVHA.NV.GOV
PEBP.NV.GOV



Stacie Weeks
Director



Theresa Carsten
Executive Officer

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program

Date and Time of Meeting: January 20, 2026 9:00 a.m.

Physical Meeting Location: 3427 Goni Road, Suite 117, Carson City, Nevada

Video Conferencing: **This meeting will also be available by means of a remote technology system pursuant to NRS 241.023 using video- and tele-conference. Instructions for both are below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at https://www.youtube.com/live/op_6mKDMZk**

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

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

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

- Option #1** Join the webinar as an attendee <https://us06web.zoom.us/j/81467119396>
This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Video Conferencing" field above.
- Option #2** Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 814 6711 9396 then press #. When prompted for a Participant ID, please enter #.

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

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

AGENDA

1. Open Meeting; Roll Call.

2. Public Comment.

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

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

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

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

6. Annual Quality Control Data Presentation. (Leslie Bittleston, Quality Control Officer) (Information/Discussion)

a. Acceptance of the Annual PEBP Appeals and Complaints Summary Report for submission to the Nevada Division of Insurance. (Leslie Bittleston, Quality Control Officer) **(For Possible Action)**

b. Acceptance of the Annual PEBP External Review Summary Report for submission to the Office of Consumer Health Assistance. (Leslie Bittleston, Quality Control Officer) **(For Possible Action)**

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

8. Q1 FY 26 Claim Technologies Incorporated audit findings for State of Nevada Public Employees Benefits Program administered by UMR. (Joni Amato, CTI) **(For Possible Action)**
9. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations. (Brandee Mooneyhan, Lead Insurance Counsel) **(For Possible Action)**
 - 10.1 Contract Overview
 - 10.2 New Contracts
 - 10.3 Contract Amendments
 - 10.4 Status of Current Solicitations
10. Executive Officer Report. (Theresa Carsten, Executive Officer) (Information/Discussion)
11. Election of Board Chair. All current Board members are eligible. (Jim Wells, Board Chair) **(For Possible Action)**
12. Vendor Reports for the period ending September 30, 2025. (Information/Discussion)
 - 12.1 The below reports were presented during the December 2025 board meeting.
 - 12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management
 - 12.1.2 Q1 Express Scripts – Utilization and Summary Reports
 - 12.2 Vendor Reports for the period ending September 30, 2025.
 - 12.2.1 Q1 UMR – Obesity and Diabetes Care Management
 - 12.2.2 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
 - 12.2.3 Q1 UnitedHealthcare Basic Life Insurance
 - 12.2.4 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
 - 12.2.5 Q1 CDHP Performance Review
 - 12.2.6 Q1 LD PPO Performance Review
 - 12.2.7 Q1 EPO Performance Review
 - 12.2.8 Q1 HPN Performance Review
 - 12.2.9 Q1 Dental Performance Review
 - 12.2.10 Q1 Doctor on Demand Engagement Report
 - 12.2.11 Q1 Real Appeal Performance Report
13. Public Comment.

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

The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at <https://pebp.nv.gov/Meetings/current-board-meetings/> (under the Board Meeting date referenced above). Contact Jessica Crane at PEBP, 3427 Goni Rd, Suite 109, Carson City, NV 89706 (775) 684-7020 or (800) 326-5496

An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.

All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 3427 Goni Rd, Suite 109, Carson City, NV 89706, or call Jessica Crane at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.

Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 3427 Goni Rd, Suite 109, Carson City, NV 89706 or on the PEBP website at <https://pebp.nv.gov>. For additional information, contact Jessica Crane at (775) 684-7020 or (800) 326-5496.

Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at <https://pebp.nv.gov>, at the office of the public body and to the public notice website for meetings at <https://notice.nv.gov>. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call.

2.

2. Public Comment.

3.

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

4.

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

**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING**

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

December 12, 2025

**MEMBERS PRESENT
VIA TELECONFERENCE:**

Ms. Janell Woodward, Member
Ms. Laura Rich, Member

**MEMBERS PRESENT
IN PERSON:**

Mr. Jim Wells, Board Chair
Ms. Blaine Harper, Member
Dr. Jennifer McClendon, Member
Ms. Joy Grimmer, Vice Chair
Mr. Jim Barnes, Member
Ms. Keiko Duncan, Member

MEMBERS EXCUSED:

Mr. Christopher Viton, Member
Ms. Tarryn Emerich-Choi, Member

FOR THE BOARD:

Mr. Jose Rivera, Deputy Attorney General

FOR STAFF:

Ms. Theresa Carsten, Executive Officer
Mr. Nik Proper, Operations Officer
Ms. Brandee Mooneyhan, Lead Insurance Counsel
Ms. Leslie Bittleston, Quality Control Officer
Ms. Monica McJoy, Chief Financial Officer
Ms. Jessica Crane, Executive Assistant

OTHER PRESENTERS:

Mr. Kurt Schlicker, Eide Bailly
Ms. Laura Nelson, Eide Bailly
Ms. Joni Amato, CTI
Ms. Jennifer Spencer, UMR
Mr. Helmut Braun, UMR
Mr. Chris Garcia, WTW/VIA Benefits
Ms. Joan Operario, UHC
Mr. Neil Boyce, UHC
Ms. Amy Daily, ESI
Ms. Amy Donohue, ESI
Mr. Richard Ward, Segal
Ms. Shelley Chun, Segal

1. Open Meeting; Roll Call.

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

2. Public Comment.

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

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

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

BOARD ACTION ON ITEM 4

MOTION: Approve meeting minutes.

BY: Member, Jim Barnes

SECOND: Member, Keiko Duncan

VOTE: Unanimous; the motion carried

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

BOARD ACTION ON ITEM 5

MOTION: Accept audited financial statement for the Retiree Health and Welfare Trust and Employer allocation reports.

BY: Member, Jim Barnes

SECOND: Member, Blaine Harper

VOTE: Unanimous, the motion carried

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

BOARD ACTION ON ITEM 6

MOTION: Accept changes as outlined by Chair Wells.

BY: Member, Jennifer McClendon

SECOND: Member, Keiko Duncan

VOTE: Unanimous, the motion carried

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

BOARD ACTION ON ITEM 7

MOTION: Approve enhancements to the Master Plan Documents for PY 26, PY 27, PY 28.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous; the motion carried

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

BOARD ACTION ON ITEM 8

MOTION: Accept the Claims Technology Incorporated audit of UMR for April 1, 2025 – June 30, 2025 along with the collection of penalties identified in the report.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

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

BOARD ACTION ON ITEM 9

MOTION: Accept the Claims Technology Incorporated audit of Willis Towers Watson for July 1, 2024 – June 30, 2025 and the application of the associated penalties.

BY: Member, Jim Barnes

SECOND: Member, Blaine Harper

VOTE: Unanimous, the motion carried

10. Q4 Sierra Healthcare Options – Utilization and Large Case Management. (Joan Operario and Kelly Hall, UnitedHealthcare) (Information/Discussion)
11. Q4 Express Scripts – Utilization and Summary Reports. (Amy Donohue and Amy Daily, Express Scripts) (Information/Discussion)
12. SFY 25 Year End Report and SFY 26 Q1 Budget Report. (Monica McJoy, Chief Financial Officer) (Information/Discussion)
13. Presentation and possible action on current PEBP plans and possible revisions to future plan years. (Richard Ward, Segal) **(For Possible Action)**
 - 13.1 Medical Pharmacy Coupon Program
 - 13.2 Prior Authorization
 - 13.2.1 Biopsy Coverage
 - 13.2.2 Board consideration and potential approval for UMR to review PA approval rates for all prior authorizations twice per year, and report to board any services that are above a 95% approval rate for the review period for the board to consider removal of PAs for such services/codes

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

BOARD ACTION ON ITEM 13.1

MOTION: Approve the additional Medical Pharmacy Coupon program.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

BOARD ACTION ON ITEM 13.2

MOTION: Approve the removal of prior authorization for biopsies, MRI's and Dialysis.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

BOARD ACTION ON ITEM 13.3

MOTION: Approve diagnostic breast imaging and colonoscopies at 100% as preventive services with the exception of the CDHP where they are still subject to the deductible.

BY: Vice Chair, Joy Grimmer

SECOND: Member, Jim Barnes

VOTE: Unanimous, the motion carried

BOARD ACTION ON ITEM 13.4

MOTION: Approve first annual out-of-network lab being paid as in-network.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Ayes – 7, the motion carries
Abstained – Jim Wells

BOARD ACTION ON ITEM 13.5

MOTION: No motion.

BOARD ACTION ON ITEM 13.6

MOTION: No motion.

BOARD ACTION ON ITEM 13.7

MOTION: Approve scenario one with OOP Max being \$5,000/\$10,000 in-network and \$12,500/\$25,000 out-of-network under CDHP to match LD PPO.

BY: Member, Jennifer McClendon

SECOND: Member, Blaine Harper

VOTE: Ayes – 6, the motion carries
Abstained – Jim Barnes, Janell Woodward

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

BOARD ACTION ON ITEM 14

MOTION: Approve amendment to Carrum Centers of Excellence Contract described in agenda.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

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

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

BOARD ACTION ON ITEM 16

MOTION: Move January meeting to January 20th and approve CY 26 meeting dates.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

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

BOARD ACTION ON ITEM 17

MOTION: No Motion.

18. Quarter 4 Vendor Reports. (Information/Discussion)

- 18.1 Receipt of quarterly vendor reports for the period ending June 30, 2025:

- 18.1.1 Q4 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

- 18.1.2 Q4 Doctor on Demand Engagement Report

- 18.1.3 Q4 CDHP Performance Review

- 18.1.4 Q4 LD PPO Performance Review

- 18.1.5 Q4 EPO Performance Review

- 18.1.6 Q4 HPN Performance Review

- 18.1.7 Q4 Dental Performance Review

- 18.2 Questions or discussion related to any reports provided (Board)

19. Public Comment.

- Doug Unger – NV Faculty Alliance

20. Adjournment.

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

BOARD ACTION ON ITEM 20

MOTION: Motion to adjourn.

BY: Member, Blaine Harper

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

5.

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

6.

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



NEVADA HEALTH AUTHORITY

PUBLIC EMPLOYEES' BENEFITS PROGRAM

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2025 Quality Control Data 1/20/2026

Annual QC Cases by Category

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

Average Time to Complete Cases in Days

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

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

1. Complaints

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

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

2. Level II Appeals

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

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

3. External Reviews

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

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

4. Eligibility and Enrollment

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

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

5. Other

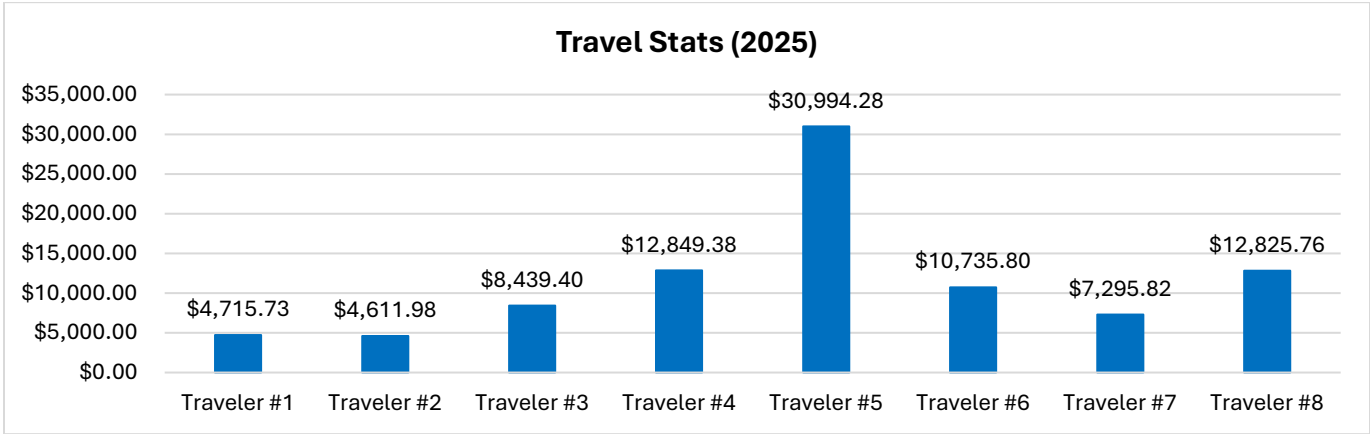
Year	Total Other Services	Disability Recertification	Guardianship Recertification	Records Request	Significantly Inferior Coverage	Subrogation
2025	40	8	13	2	15	2
Percentage		20.0	32.5	5.0	37.5	5.0

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

6. Travel

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

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



6.

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



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Stacie Weeks
Director



Theresa Carsten
Executive Officer

January X, 2026

NED GAINES

NEVADA DIVISION OF INSURANCE

1818 e. COLLEGE PARKWAY, SUITE 103

CARSON CITY, NV 89706

Dear Commissioner Gaines,

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

Pursuant to NAC 287.750

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

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

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

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

1. The Quality Control Unit shall respond to the participants either by mail, e-mail, or phone within 2 business days to acknowledge receipt of the complaint. Generally, complaints will be acknowledged in the same method as submitted to PEBP.
2. The Quality Control Unit shall log the complaint for tracking and reporting purposes with the pertinent details of the complaint. The Compliance Division staff review complaint documents to determine a response.
3. If the complaint is addressed to a specific staff member, it is routed to the Quality Control Unit for processing.
4. The Quality Control Unit shall respond to the participant with determination of complaint findings within 7 business days. In the event further time is needed to completely research and review the complaint, the Compliance Division staff will contact the participant as needed to provide status updates.
5. A final complaint response, including signed written response from the Quality Control Unit, is mailed to the participant.
6. For PEBP Operational purposes, the Quality Control Unit shall note the participant's account in the current PEBP internal Client Relations Management Tool and will not include participant's Personal Health Information (PHI).

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

- All notifications provided to participants may be found on PEBPS website for [mandatory notices](#).
- Master plan documents may be found on PEBP site under [“Getting to know your plan”](#).

Summary Narrative

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

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

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

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

Sincerely,

Leslie Bittleston

Leslie Bittleston, MSQA

Quality Control Officer

Public Employees' Benefits Program

CC: File

6.

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



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January X, 2026

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

Dear Ms. Carter,

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

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

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

Sincerely,

Leslie Bittleston

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

CC: File

7.

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

8.

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

Comprehensive Claim Administration Audit

QUARTERLY FINDINGS REPORT

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

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

Presented to

State of Nevada Public Employees' Benefits Program

January 20, 2026



CTI Audit Solutions

Proprietary and Confidential

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EXECUTIVE SUMMARY

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

Scope

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

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

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

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

Auditor's Opinion

Based on these findings, and in our opinion:

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

Random Sample Audit Performance Guarantee Summary

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

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

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

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

AUDIT OBJECTIVES

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

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

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

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

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

QUARTERLY PERFORMANCE GUARANTEE VALIDATION

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

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

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

ELECTRONIC SCREENING WITH TARGETED SAMPLE ANALYSIS

Objective

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

Scope

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

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

Methodology

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

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

Findings

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

Categories for Process Improvement

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

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

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

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

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

RANDOM SAMPLE AUDIT

Objectives

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

Scope

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

- Financial Accuracy
- Claims Payment Accuracy
- Overall Accuracy

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

Methodology

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

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

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

Financial Accuracy

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

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

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

Claims Payment Accuracy

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

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

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

Overall Accuracy

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

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

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

Random Sample Findings Detail Report

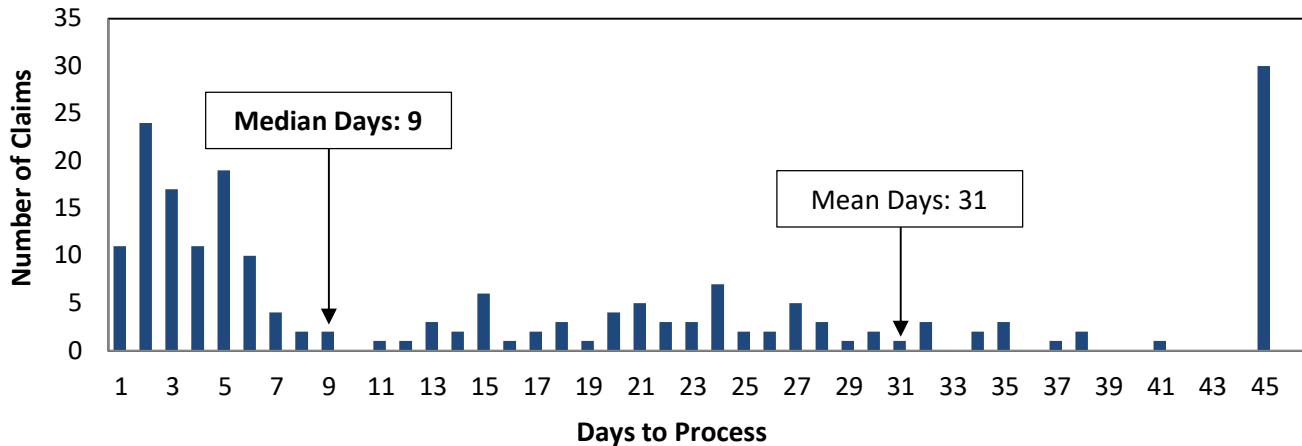
Audit No.	Under/Overpaid	UMR Response	CTI Conclusion	Manual or System
PPO Discount				
1062	\$336.81	Agree. The claim allowance was entered incorrectly. The original payment was \$181,273.32 and should be \$180,936.51. This results in a \$336.81 overpayment.	Procedural error and overpayment remain. An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

Claim Turnaround

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

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

Median and Mean Claim Turnaround



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

Additional Observations

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

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

CONCLUSION

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

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

APPENDIX – ADMINISTRATOR RESPONSE TO DRAFT REPORT

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



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Wausau, WI 54401

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

January 12, 2026

Joni,

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

ESAS Targeted Sample Analysis

Duplicate Payments

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

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

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

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

Plan Exclusions - Dental Services

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

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

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

Plan Exclusions – Biofeedback

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

Prior Authorization Required – CT/MRI/PET

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

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

Prior Authorization Required – Genetic Testing

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

Copay Application – Speech Therapy

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

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

Copay Application – Office Visit - Specialist

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

Preventive Services – Copay Applied

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

Random Sample Findings

PPO Discount

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

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

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

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

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

Incorrect Copay

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



Deductible Error

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

Usual and Customary Calculation Error

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

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

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

Sincerely,

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



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



CTI Audit Solutions

100 Court Avenue – Suite 306 • Des Moines, IA 50309

9.

9. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations.

(Brandee Mooneyhan, Lead Insurance Counsel) (**For Possible Action**)

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



NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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PEBP.NV.GOV



Stacie Weeks
Director



Theresa Carsten
Executive Officer

Joe Lombardo
Governor

AGENDA ITEM

☒ Action Item

☐ Information Only

Date: January 20, 2026

Item Number: 9

Title: Contract Status Report

Summary

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

10.1 Contracts Overview

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

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

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

No action necessary.

10.2 New Contracts

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

No action necessary.

10.3 Contract Amendments

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

No action necessary.

10.4 Current Solicitations

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

There are no other solicitations in progress.

No action necessary.

10.

10. Executive Officer Report.

(Theresa Carsten, Executive Officer) (Information/Discussion)



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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Stacie Weeks
Director



Nik Proper
Interim Executive Officer

AGENDA ITEM

☐

Action Item

☒

Information Only

Date: January 20, 2026

Item Number: 10

Title: Executive Officer Report

SUMMARY

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

REPORT

IRBC

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

Employee Benefit Deduction Issues

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

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

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

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

HPN Premium Reduction Update

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

11.

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

12.

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

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

12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management

12.1.2 Q1 Express Scripts – Utilization and Summary Reports

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

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

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

12.2.3 Q1 UnitedHealthcare Basic Life Insurance

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

12.2.5 Q1 CDHP Performance Review

12.2.6 Q1 LD PPO Performance Review

12.2.7 Q1 EPO Performance Review

12.2.8 Q1 HPN Performance Review

12.2.9 Q1 Dental Performance Review

12.2.10 Q1 Doctor on Demand Engagement Report

12.2.11 Q1 Real Appeal Performance Report

12.1.1

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

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

12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management

Executive Summary

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

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

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

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

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

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

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

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

Executive Summary

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

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

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

Executive Summary

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

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

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

Executive Summary

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

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

Executive Summary

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

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

Utilization Summary

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

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

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

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

Utilization Summary

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

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

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

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

Utilization Summary

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

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

Bedday Summary

Acute only

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

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

SHO

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

SHL PPO

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

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

Executive Summary (Behavioral Health)

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

Inpatient All - Acute, RTC, and OOA

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

Beddays by Facility Type

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

Beddays per K

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

Admits by Facility Type

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

Admits per K

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

Readmits by Facility Type

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

Executive Summary (Behavioral Health)

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

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

Executive Summary (Behavioral Health)

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

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

Executive Summary (Behavioral Health)

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

Utilization Summary (Behavioral Health)

Inpatient Case Management

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

Authorizations

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

Denial Reason

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

Utilization Summary (Behavioral Health)

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

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

Utilization Summary (Behavioral Health)

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

Bedday Summary (Behavioral Health)

Acute only

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

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

SHO

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

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

12.1.2

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

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

12.1.1 Q1 Sierra Healthcare Options – Utilization and Large Case Management

12.1.2 Q1 Express Scripts – Utilization and Summary Reports

Nevada PEBP FY26 Q1 Report

7/1/2025 – 9/30/2025

Report Includes:

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

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

PREPARED BY CLIENT ANALYTICS

Cynthia Eaton (Cynthia.eaton@express-scripts.com)

11/26/2025

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

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

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

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

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ FY26 Q1 vs FY25 Q1

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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$5,642,093	\$5,537,410	1.9%
Generic Cost Share	\$1,279,022	\$1,313,160	-2.6%
Brand Cost Share	\$4,363,071	\$4,224,250	3.3%
MSB Cost Share	\$45,717	\$60,538	-24.5%
Total Copay	\$4,684,808	\$4,527,652	3.5%
Total Deductible	\$957,285	\$1,009,758	-5.2%
Avg Copay per Claim (Member Cost Share/ARx)	\$27.34	\$28.03	-2.5%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.17	\$7.72	-7.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$156.66	\$154.03	1.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$109.90	\$119.17	-7.8%
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	18.6%	-1.2
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$26,912,307	\$24,310,410	10.7%
Generic Plan Cost	\$1,941,476	\$1,640,035	18.4%
Brand Plan Cost	\$24,970,831	\$22,670,375	10.1%
MSB Plan Cost	\$288,969	\$325,083	-11.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$12,493,908	\$11,733,597	6.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$14,418,399	\$12,576,813	14.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$130.43	\$123.06	6.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.88	\$9.64	12.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$896.59	\$826.63	8.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$694.64	\$639.93	8.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$61.46	\$60.15	2.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,730.45	\$5,106.30	-7.4%
Plan Cost PMPM	\$170.89	\$159.65	7.0%
Non-Specialty Plan Cost PMPM	\$79.33	\$77.06	3.0%
Specialty Plan Cost PMPM	\$91.55	\$82.59	10.8%
Specialty % of Plan Cost	53.6%	51.7%	1.8
Net Plan Cost PMPM (factoring Rebates)	\$109.35	\$99.31	10.1%
Non-Specialty Plan Cost PMPM	\$42.37	\$42.89	-1.2%
Specialty Plan Cost PMPM	\$66.99	\$56.42	18.7%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ FY26 Q1 vs FY25 Q1

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

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

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

STATE OF NEVADA PEBP:

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+ CDHP PLAN

+ FY26 Q1 vs FY25 Q1

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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$2,944,304	\$2,857,318	3.0%
Generic Cost Share	\$572,159	\$618,521	-7.5%
Brand Cost Share	\$2,372,145	\$2,238,798	6.0%
MSB Cost Share	\$30,817	\$42,835	-28.1%
Total Copay	\$1,990,142	\$1,850,460	7.5%
Total Deductible	\$954,162	\$1,006,858	-5.2%
Avg Copay per Claim (Member Cost Share/ARx)	\$36.52	\$34.69	5.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$8.09	\$8.60	-6.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$240.12	\$213.42	12.5%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$305.11	\$293.39	4.0%
Copay % of Total Prescription Cost (Member Cost Share %)	24.6%	25.5%	-0.9
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$9,018,940	\$8,344,942	8.1%
Generic Plan Cost	\$390,460	\$469,773	-16.9%
Brand Plan Cost	\$8,628,480	\$7,875,169	9.6%
MSB Plan Cost	\$63,082	\$65,712	-4.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$3,151,923	\$3,238,705	-2.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,867,017	\$5,106,237	14.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$111.86	\$101.31	10.4%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$5.52	\$6.54	-15.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$873.42	\$750.73	16.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$624.57	\$450.08	38.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$39.66	\$39.81	-0.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,092.90	\$4,976.84	2.3%
Plan Cost PMPM	\$133.66	\$122.14	9.4%
Non-Specialty Plan Cost PMPM	\$46.71	\$47.40	-1.5%
Specialty Plan Cost PMPM	\$86.95	\$74.73	16.3%
Specialty % of Plan Cost	65.1%	61.2%	3.9
Net Plan Cost PMPM (factoring Rebates)	\$85.44	\$72.75	17.4%
Non-Specialty Plan Cost PMPM	\$20.99	\$22.44	-6.5%
Specialty Plan Cost PMPM	\$64.45	\$50.31	28.1%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

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

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

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

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

By EVERNORTH
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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$543,310	\$753,467	-27.9%
Generic Cost Share	\$156,826	\$179,817	-12.8%
Brand Cost Share	\$386,484	\$573,650	-32.6%
MSB Cost Share	\$7,514	\$7,866	-4.5%
Total Copay	\$540,187	\$750,567	-28.0%
Total Deductible	\$3,123	\$2,900	7.7%
Avg Copay per Claim (Member Cost Share/ARx)	\$19.66	\$25.14	-21.8%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.63	\$7.03	-5.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$96.86	\$131.06	-26.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$127.36	\$74.21	71.6%
Copay % of Total Prescription Cost (Member Cost Share %)	11.7%	13.9%	-2.2
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$4,117,997	\$4,676,042	-11.9%
Generic Plan Cost	\$305,945	\$286,262	6.9%
Brand Plan Cost	\$3,812,053	\$4,389,780	-13.2%
MSB Plan Cost	\$40,555	\$151,003	-73.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,066,417	\$2,171,593	-4.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,051,580	\$2,504,449	-18.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$148.98	\$156.03	-4.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.94	\$11.19	15.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$955.40	\$1,002.92	-4.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$687.38	\$1,424.56	-51.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$75.92	\$73.58	3.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,838.63	\$5,504.28	-12.1%
Plan Cost PMPM	\$299.91	\$295.48	1.5%
Non-Specialty Plan Cost PMPM	\$150.49	\$137.23	9.7%
Specialty Plan Cost PMPM	\$149.41	\$158.26	-5.6%
Specialty % of Plan Cost	49.8%	53.6%	-3.7
Net Plan Cost PMPM (factoring Rebates)	\$191.18	\$188.70	1.3%
Non-Specialty Plan Cost PMPM	\$79.10	\$77.61	1.9%
Specialty Plan Cost PMPM	\$112.08	\$111.09	0.9%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

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

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

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

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

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Confidential Information

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$2,154,479	\$1,926,625	11.8%
Generic Cost Share	\$550,037	\$514,823	6.8%
Brand Cost Share	\$1,604,442	\$1,411,803	13.6%
MSB Cost Share	\$7,386	\$9,836	-24.9%
Total Copay	\$2,154,479	\$1,926,625	11.8%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$21.97	\$22.61	-2.8%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.54	\$7.09	-7.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$114.75	\$112.42	2.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$28.85	\$38.42	-24.9%
Copay % of Total Prescription Cost (Member Cost Share %)	13.5%	14.6%	-1.1
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$13,775,370	\$11,289,425	22.0%
Generic Plan Cost	\$1,245,072	\$883,999	40.8%
Brand Plan Cost	\$12,530,299	\$10,405,426	20.4%
MSB Plan Cost	\$185,332	\$108,368	71.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,275,568	\$6,323,298	15.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,499,802	\$4,966,127	30.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$140.46	\$132.50	6.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$14.81	\$12.17	21.7%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$896.17	\$828.59	8.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$723.95	\$423.31	71.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$75.32	\$75.08	0.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,415.63	\$5,057.16	-12.7%
Plan Cost PMPM	\$180.58	\$165.69	9.0%
Non-Specialty Plan Cost PMPM	\$95.37	\$92.80	2.8%
Specialty Plan Cost PMPM	\$85.21	\$72.89	16.9%
Specialty % of Plan Cost	47.2%	44.0%	3.2
Net Plan Cost PMPM (factoring Rebates)	\$115.77	\$105.15	10.1%
Non-Specialty Plan Cost PMPM	\$54.66	\$55.33	-1.2%
Specialty Plan Cost PMPM	\$61.11	\$49.82	22.7%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ FY26 Q1

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

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

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

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ FY26 Q1

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

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

Express Scripts

By EVERNORTH
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STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION
+ TOTAL PLAN
+ FY26 Q1

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

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ FY26 Q1

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

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**

+ CDHP PLAN

+ FY26 Q1

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

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ FY26 Q1

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

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ FY26 Q1

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

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Nevada PEBP

FY2026 Q1

Prepared by Client Analytics

Cynthia Eaton (cynthia.eaton@express-scripts.com)

11/26/2025

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

Hello PEBP Team,

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

CDHP Overall Trend Summaries:

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

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

- **Inflammatory Conditions:** Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$147k (19.3%) to current \$908k.
 - Plan Cost Net PMPM ↑ \$2.32 (20.8%) to current \$13.45.
 - Patient Count ↑ 18 to current count of 195.
 - Adjusted Rx's ↑ 24 to current count of 591.
- **Notable Drug Changes within Indication:**
 - **Rinvoq:**
 - Previously ranked 3rd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$41k (54.0%) to current \$117k.
 - Plan Cost Net PMPM ↑ \$.62 (55.9%) to current \$1.74.
 - Patient Count ↑ 3 to current count of 11.
 - Adjusted Rx's ↑ 7 to current count of 30.
 - **Bimzelx Autoinjector:**
 - New, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net: New, current \$46k.
 - Plan Cost Net PMPM: New, current \$.68.
 - Patient Count: New, current count of 3.
 - Adjusted Rx's: New, current count of 8.

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

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

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

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

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

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

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

- Patient Count: New, current count of 2.
- Adjusted Rx's: New, current count of 6.
- **Other drug changes in this indication were not notable.**
- **Ophthalmic Conditions:** Previous ranked 28th, currently ranked 12th by Plan Cost Net.
 - Plan Cost Net ↑ \$139k (440.1%) to current \$170k.
 - Plan Cost Net PMPM ↑ \$2.06 (446.9%) to current \$2.53.
 - Patient Count ↓ 25 to current count of 117.
 - Adjusted Rx's ↓ 75 to current count of 187.
- **Notable Drug Changes within Indication:**
 - **Tepezza:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$128k.
 - Plan Cost Net PMPM: New, current \$1.90.
 - Patient Count: New, current count of 1.
 - Adjusted Rx's: New, current count of 3.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

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

EPO Overall Trend Summaries:

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

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

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

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

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

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

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

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

- **Kesimpta:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$48k (413.8%) to current \$59k.
 - Plan Cost Net PMPM ↑ \$3.59 (492.2%) to current \$4.32.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 3 to current count of 6.
- **Tecfidera:**
 - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$21k (-60.4%) to current \$14k.
 - Plan Cost Net PMPM ↓ \$1.19 (-54.4%) to current \$1.00.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↓ 2 to current count of 2.
- **Atopic Dermatitis:** Previously ranked 11th, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net ↑ \$41k (51.5%) to current \$120k.
 - Plan Cost Net PMPM ↑ \$3.72 (74.6%) to current \$8.71.
 - Patient Count ↓ 14 to current count of 132.
 - Adjusted Rxs ↓ 4 to current count of 216.
- **Notable Drug Changes within Indication:**
 - **Dupixent Pen:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$12k (19.6%) to current \$75k.
 - Plan Cost Net PMPM ↑ \$1.51 (37.9%) to current \$5.49.
 - Patient Count: Remains at 10.
 - Adjusted Rxs ↑ 3 to current count of 33.
 - **Cibinqo:**
 - Previously ranked 3rd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$19k (520.9%) to current \$23k.
 - Plan Cost Net PMPM ↑ \$1.42 (615.6%) to current \$1.65.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 5 to current count of 7.
 - **Dupixent Syringe:**
 - Previously ranked 2nd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$6k (90.8%) to current \$13k.
 - Plan Cost Net PMPM ↑ \$.53 (119.9%) to current \$.97
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 3 to current count of 7.

- **Endocrine Disorders:** Previously ranked 5th, currently ranked 22nd by Plan Cost Net.
 - Plan Cost Net ↓ \$129k (-81.2%) to current \$30k.
 - Plan Cost Net PMPM ↓ \$7.86 (-78.3%) to current \$2.18.
 - Patient Count ↓ 6 to current count of 17.
 - Adjusted Rxs ↓ 25 to current count of 43.
- **Notable Drug Changes within Indication:**
 - **Korlym:**
 - No Longer utilized, previously ranked 1st by Plan Cost Net.
 - Plan Cost Net: Previously \$80k.
 - Plan Cost Net PMPM: Previously \$5.83.
 - Patient Count: Previous count of 2.
 - Adjusted Rxs: Previous count of 2.
 - **Supprelin LA:**
 - No Longer utilized, previously ranked 2nd by Plan Cost Net.
 - Plan Cost Net: Previously \$49k.
 - Plan Cost Net PMPM: Previously \$3.54.
 - Patient Count: Previous count of 1.
 - Adjusted Rxs: Previous count of 1.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

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

PPO Overall Trend Summaries:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- **Descovy:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$42k (37.3%) to current \$155k.
 - Plan Cost Net PMPM ↑ \$.37 (22.6%) to current \$2.03.
 - Patient Count ↑ 10 to current count of 41.
 - Adjusted Rxs ↑ 32 to current count of 103.
- **Cabenuva:**
 - New, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net: New, current \$32k.
 - Plan Cost Net PMPM: New, current \$.42.
 - Patient Count: New, current count of 3.
 - Adjusted Rxs: New, current count of 10.
- **Enzyme Deficiencies:** Previously ranked 4th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↓ \$88k (-16.0%) to current \$462k.
 - Plan Cost Net PMPM ↓ \$2.01 (-24.9%) to current \$6.06.
 - Patient Count: Remains at 9.
 - Adjusted Rxs: Remains at 20.
- **Notable Drug Changes within Indication:**
 - **Nexviazyme:**
 - No Longer utilized, previously ranked 2nd by Plan Cost Net.
 - Plan Cost Net: Previously \$151k.
 - Plan Cost Net PMPM: Previously \$2.21.
 - Patient Count: Previous count of 1.
 - Adjusted Rxs: Previous count of 2.
 - **Galafold:**
 - No Longer utilized, previously ranked 3rd by Plan Cost Net.
 - Plan Cost Net: Previously \$119k.
 - Plan Cost Net PMPM: Previously \$1.75.
 - Patient Count: Previous count of 1.
 - Adjusted Rxs: Previous count of 4.
 - **Yorvipath:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$148k.
 - Plan Cost Net PMPM: New, current \$1.94.
 - Patient Count: New, current count of 5.
 - Adjusted Rxs: New, current count of 9.

- **Imcivree:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$100k.
 - Plan Cost Net PMPM: New, current \$1.31.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.
- **Atopic Dermatitis:** Previously ranked 8th, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net ↑ \$166k (58.3%) to current \$450k.
 - Plan Cost Net PMPM ↑ \$1.73 (41.4%) to current \$5.90.
 - Patient Count ↑ 102 to current count of 686.
 - Adjusted Rxs ↑ 126 to current count of 988.
- **Notable Drug Changes within Indication:**
 - **Dupixent Pen:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$80k (41.4%) to current \$272k.
 - Plan Cost Net PMPM ↑ \$.74 (26.3%) to current \$3.56.
 - Patient Count ↑ 13 to current count of 50.
 - Adjusted Rxs ↑ 36 to current count of 139.
 - **Dupixent Syringe:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$35k (91.5%) to current \$73k.
 - Plan Cost Net PMPM ↑ \$.40 (71.1%) to current \$.96.
 - Patient Count ↑ 3 to current count of 12.
 - Adjusted Rxs ↑ 12 to current count of 34.
 - **Ebglyss Pen:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$31k.
 - Plan Cost Net PMPM: New, current \$.41.
 - Patient Count: New, current count of 3.
 - Adjusted Rxs: New, current count of 9.
- **Kidney Disease:** Previously ranked 22nd, currently ranked 10th by Plan Cost Net.
 - Plan Cost Net ↑ \$176k (248.5%) to current \$247k.
 - Plan Cost Net PMPM ↑ \$2.19 (211.3%) to current \$3.23.
 - Patient Count ↑ 3 to current count of 12.
 - Adjusted Rxs ↑ 10 to current count of 32.
- **Notable Drug Changes within Indication:**

- **Jynarque:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$129k (237.0%) to current \$183k.
 - Plan Cost Net PMPM ↑ \$1.60 (201.0%) to current \$2.40.
 - Patient Count ↑ 2 to current count of 3.
 - Adjusted Rxs ↑ 6 to current count of 9.
- **Lupkynis:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$27k (309.7%) to current \$36k.
 - Plan Cost Net PMPM ↑ \$.34 (266.0%) to current \$.47.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 3 to current count of 4.
- **Tolvaptan:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$20k.
 - Plan Cost Net PMPM: New, current \$.26.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 1.
- **Viral Infections:** Previously ranked 9th, currently ranked 19th by Plan Cost Net.
 - Plan Cost Net ↓ \$143k (-56.6%) to current \$110k.
 - Plan Cost Net PMPM ↓ \$2.28 (-61.2%) to current \$1.44.
 - Patient Count ↓ 68 to current count of 550.
 - Adjusted Rxs ↑ 13 to current count of 965.
- **Notable Drug Changes within Indication:**
 - **Paxlovid:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$142k (-58.2%) to current \$102k.
 - Plan Cost Net PMPM ↓ \$2.24 (-62.6%) to current \$1.34.
 - Patient Count ↓ 121 to current count of 87.
 - Adjusted Rxs ↓ 114 to current count of 83.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

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

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

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

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

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

Key Statistics:

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

END OF REPORT

12.2.1

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

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

12.2.1 Q1 UMR – Obesity and Diabetes Care Management



Public Employees' Benefits Program

Quarterly Plan Performance Review

OCM • 2026-1Q



A UnitedHealthcare Company



Obesity Care Management

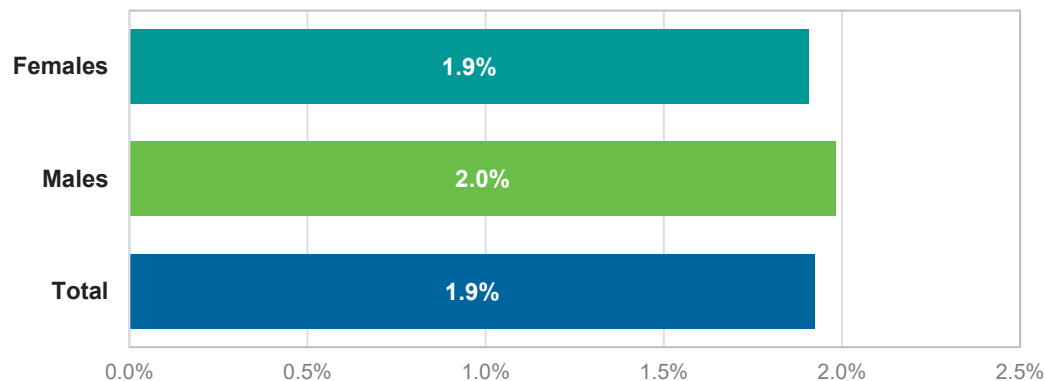
Overview



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

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

Average % Pounds Lost



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

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



Obesity Care Management

Financial & Utilization Summary

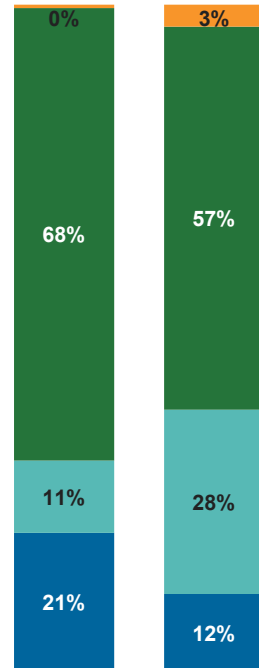


Financial Summary

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

* Annualized

Cost Distribution By Claim Type



Participant Non-Partic

■ Inpatient ■ Outpatient
■ Physician ■ Ancillary

Utilization Summary

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

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

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



Public Employees' Benefits Program

Quarterly Plan Performance Review

DCM • 2026-1Q



A UnitedHealthcare Company



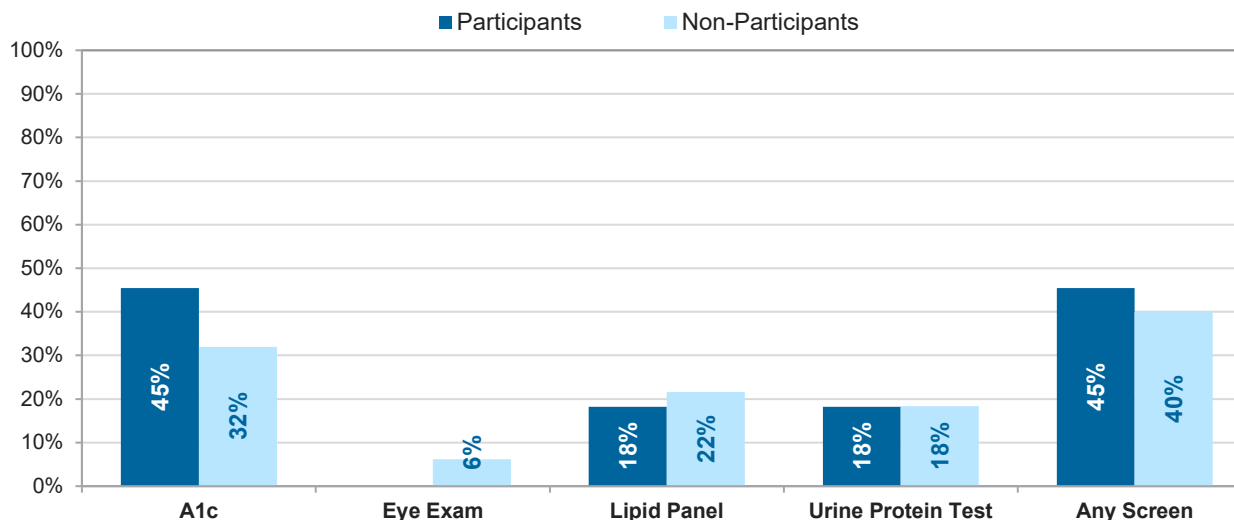
Diabetes Care Management

Screenings Breakout: Participants vs. Non-Participants



| Diabetes Screening | Participants | | | Non-Participants | | | Participant vs. Non-Variance |
|---------------------|--------------|------------------|----------------|------------------|------------------|----------------|------------------------------|
| | Members | # with Screening | Screening Rate | Members | # with Screening | Screening Rate | |
| A1c Test | 11 | 5 | 45.5% | 3,371 | 1,077 | 31.9% | 13.5 |
| Eye Exam | 11 | 0 | 0.0% | 3,371 | 208 | 6.2% | -6.2 |
| Lipid Panel | 11 | 2 | 18.2% | 3,371 | 729 | 21.6% | -3.4 |
| Urine Protein Test | 11 | 2 | 18.2% | 3,371 | 618 | 18.3% | -0.2 |
| Any Diabetes Screen | 11 | 5 | 45.5% | 3,371 | 1,347 | 40.0% | 5.5 |

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



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

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

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



Diabetes Care Management

Financial & Utilization Summary

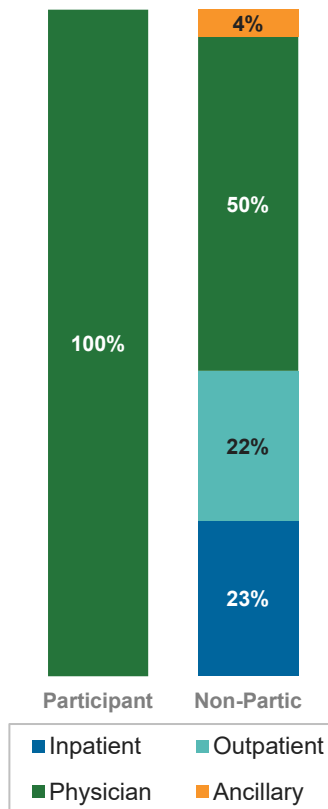


Financial Summary

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

* Annualized

Cost Distribution By Claim Type



Utilization Summary

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

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

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

12.2.2

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

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

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

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

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

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

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

12.2.3

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

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

12.2.1 Q1 UMR – Obesity and Diabetes Care Management

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

12.2.3 Q1 UnitedHealthcare Basic Life Insurance

370074 State of Nevada Public Employees' Benefits Program

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

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

12.2.4

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



Public Employees' Benefits Programs

Quarterly Update – 1st Quarter Fiscal Year 2025

WTW's Individual Marketplace (Via Benefits)

November 14, 2025



The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Executive Summary

Plan Enrollment:

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

Customer Satisfaction:

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

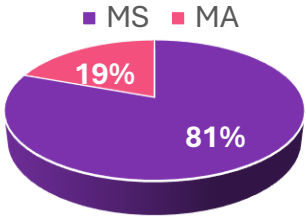
Health Reimbursement Arrangement:

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

Summary of Retiree Decisions and Costs

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

Medical Enrollment



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

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

The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

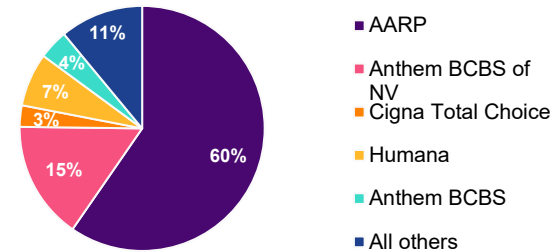
Summary of Retiree Carrier Choice

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

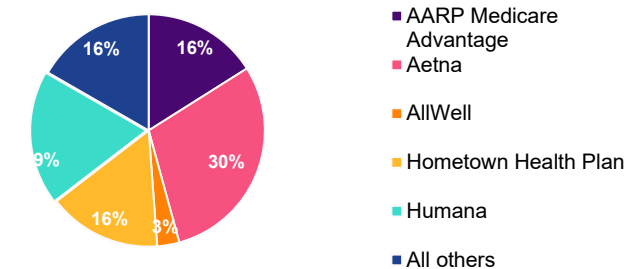
| Top Medicare Advantage Plans | Total |
|------------------------------|-------|
| Aetna | 685 |
| Humana | 432 |
| AARP | 370 |
| Hometown Health Plan | 363 |
| AllWell | 71 |

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

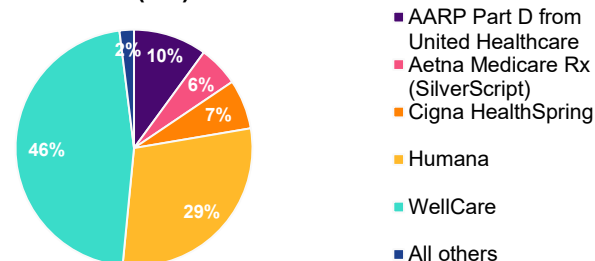
Medicare Supplement Carrier Choice



Medicare Advantage Carrier Choice



Part D (RX) Carrier Choice



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

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

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

The Public Employees' Benefits Program Executive Dashboard

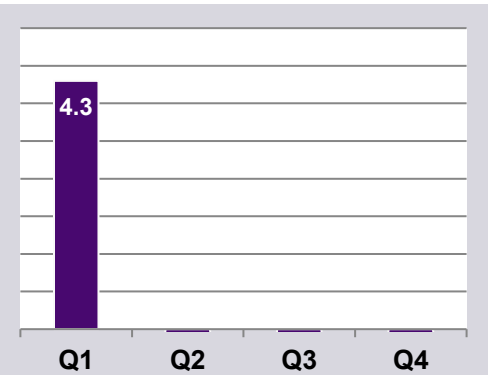
Quarterly Update – 1st Quarter Fiscal Year 2026

Customer Service – Voice of the Customer (VoC)

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

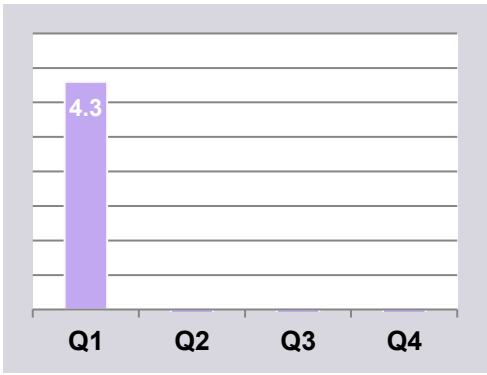
Q4 Enrollment Satisfaction

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



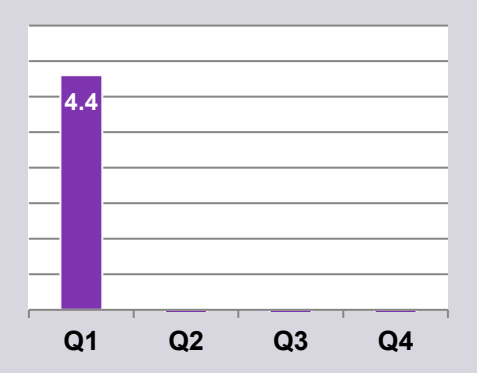
Q4 Service Satisfaction

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



Q4 Enrollment & Service Combined

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

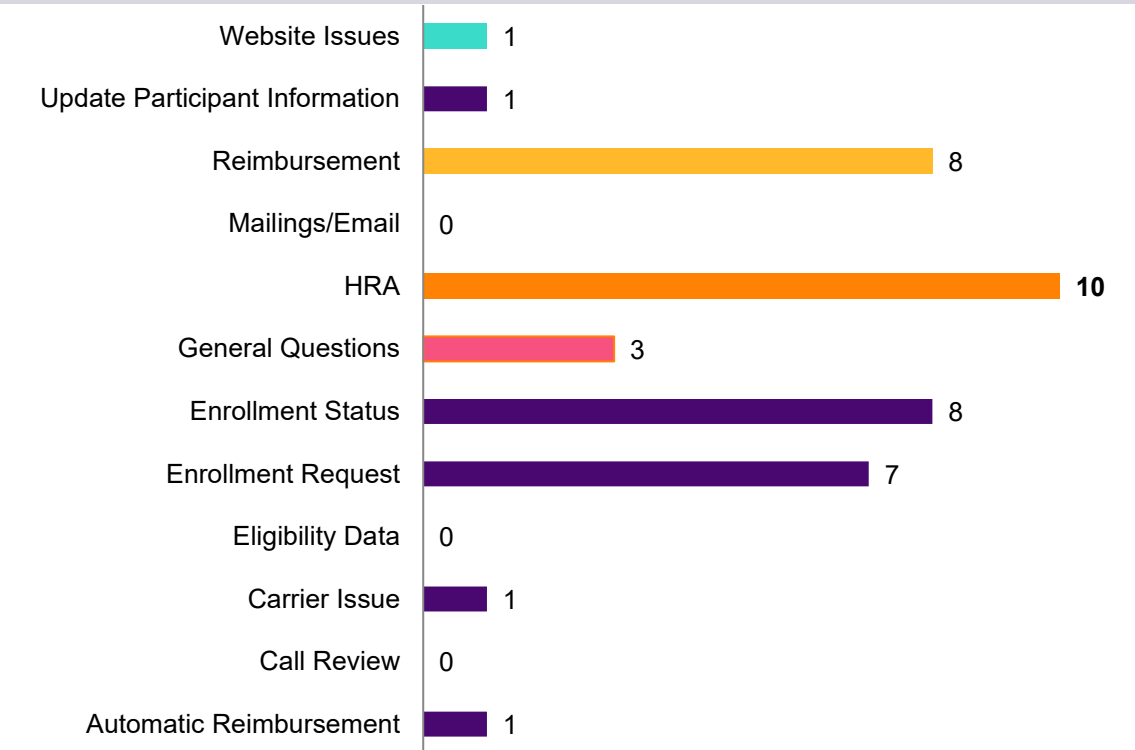


The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Customer Service – Issues Log Resolution

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



Health Reimbursement Arrangement (HRA)

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

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

The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Performance Guarantees*

| Category | Commitment | Outcome | PG MET |
|--|--|---------------------|--------|
| Claims Turnaround Time | ≤ 2 days | 0.16 Days | Yes |
| Claim Financial Precision | ≥ 98% | 99.9% | Yes |
| Reports | ≤ 15 business days | Met | Yes |
| HRA Web Services | ≥ 99% | 99.8% | Yes |
| Benefits Administration Customer Service Avg. Speed to Answer | ≤ 2 min. in Q1
≤ 90 sec in Q2 and Q3
≤ 5 minutes in Q4

Note - Quarters listed are based on calendar year. | 1 minute 18 seconds | Yes |
| Benefits Administration Customer Service Abandonment Rate Annual | ≤ 5% | 2.6% | Yes |
| Customer Satisfaction | ≥ 80% | 91.06% | Yes |
| Disclosure of Subcontractors | 100% | 100% | Yes |
| Unauthorized Transfer of PEBP Data | 100% | 100% | Yes |

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

The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Operations Report

Direct Deposit Only Plan Design:

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

Outbound Call Campaign to Accounts with Large Balances:

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

Fall 2025 Retiree Meetings:

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

The Public Employees' Benefits Program Executive Dashboard

Quarterly Update – 1st Quarter Fiscal Year 2026

Operations Report Continued

Communications:

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

Fall “The Groove” Newsletter

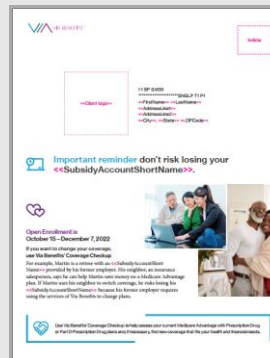
- “The Groove”, is our digital newsletter communication that is normally sent bi-monthly. The version that was sent in mid/late September focused on educating participants on the Medicare Open Enrollment Period.

HRA Qualification Reminder Notification

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

Fall Balance Reminder

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



12.2.5

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



Public Employees' Benefits Program

Quarterly Plan Performance Review

HDHP Plan • 2026-1Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2026 Plan Year (Current)

2026-1Q.1st Quarter: Claims Paid 7/1/2025 - 9/30/2025

➤ 2025 Plan Year

2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024

2025 Full Year: Claims paid 7/1/2024 - 6/30/2025

➤ 2024 Plan Year

2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023

2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

Group Data

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

Normative Comparison Data

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

| | |
|---|---------|
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| Medical Total Savings Summary | 4 |
| Medical & Rx Paid Claims by Age Range | 5 |
| Financial Summary – YTD Trend | 6 - 8 |
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| Medical Paid Claims by Claim Type | 12 |
| Medical Cost Distribution | 13 |
| Utilization Summary – YTD Trend | 14 - 16 |
| On Demand Care Summary: ER & UC | 17 |
| Network Summary | 18 |
| Clinical Classification Summary | 19 |
| Top Dx Chapter #1: Health Status & Services | 20 |
| Top Dx Chapter #2: Neoplasms (Cancer) | 21 |
| Top Dx Chapter #3: Musculoskeletal | 22 |
| Mental & Behavioral Trend | 23 |
| Chronic Conditions | 24 |
| Prevention, Wellness, & Maintenance | 25 |

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



Cost Drivers

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



Membership & Demographics

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



Utilization Key Indicators

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



Network Utilization & Savings

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

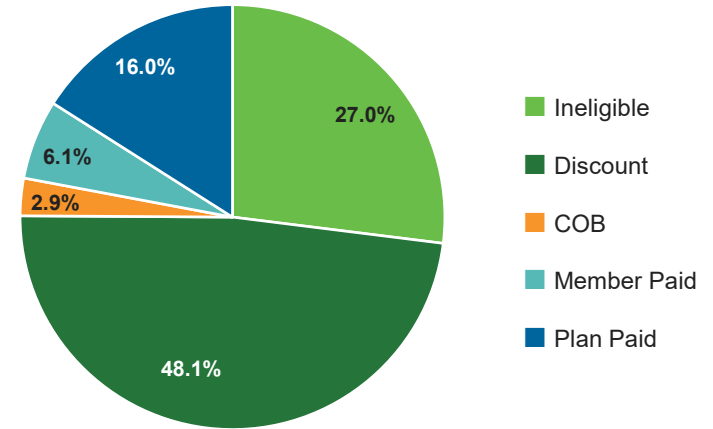
Medical Total Savings Summary



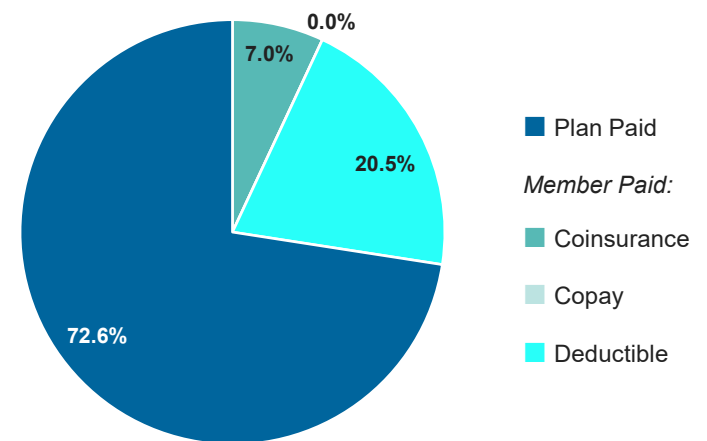
Dollar Chain: Billed to Paid Dollars

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

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



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

Medical & Rx Paid Claims by Age Range



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

Financial Summary – YTD Trend

Total Plan & Norm



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

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

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

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

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

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

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

Financial Summary – YTD Trend

Active Members



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

Financial Summary – YTD Trend

Retired Members



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

Financial Summary – Full Year Trend

Plan Totals & Norm



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

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

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

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

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

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

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

Financial Summary – Full Year Trend

Active Members



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

Financial Summary – Full Year Trend

Retired Members



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

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



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

Medical Cost Distribution

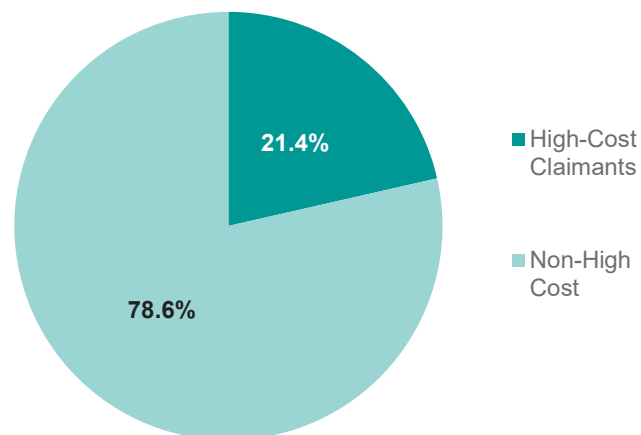
Distribution by Member Cost



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

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

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

Utilization Summary – YTD Trend

Plan Totals & Norm



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

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

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

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

Utilization Summary – YTD Trend

Active Members



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

Utilization Summary – YTD Trend

Retired Members



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

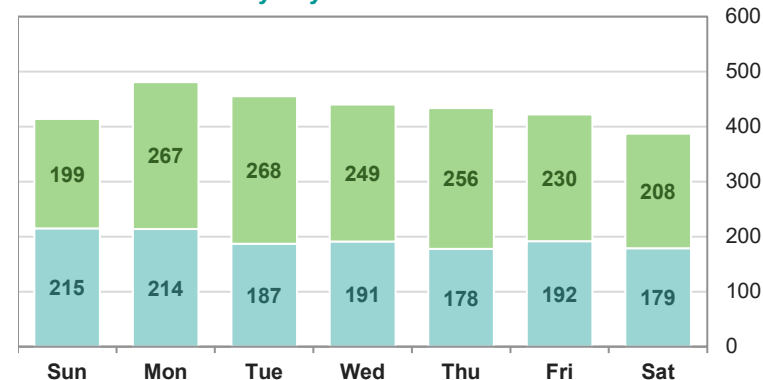
On Demand Care Summary

Emergency Room & Urgent Care

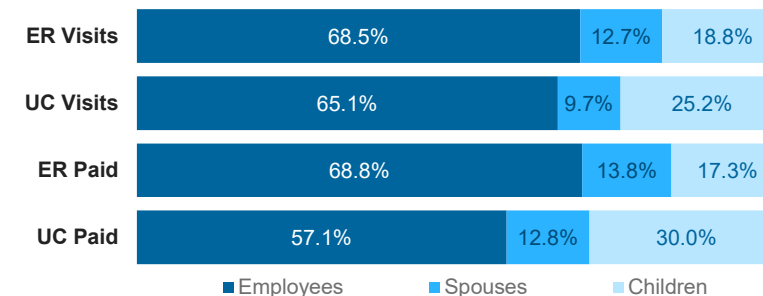


| Measure | 2025-1Q | 2026-1Q | Change | UMR Norm | Variance |
|--------------------------------|-------------|-------------|----------|----------|-----------|
| Emergency Room | | | | | |
| # of Visits | 1,188 | 1,356 | 14.1% | | |
| # of Patients | 984 | 1,010 | 2.6% | | |
| Total Plan Paid | \$2,567,660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

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



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

* Office Visit within prior 12 months..

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

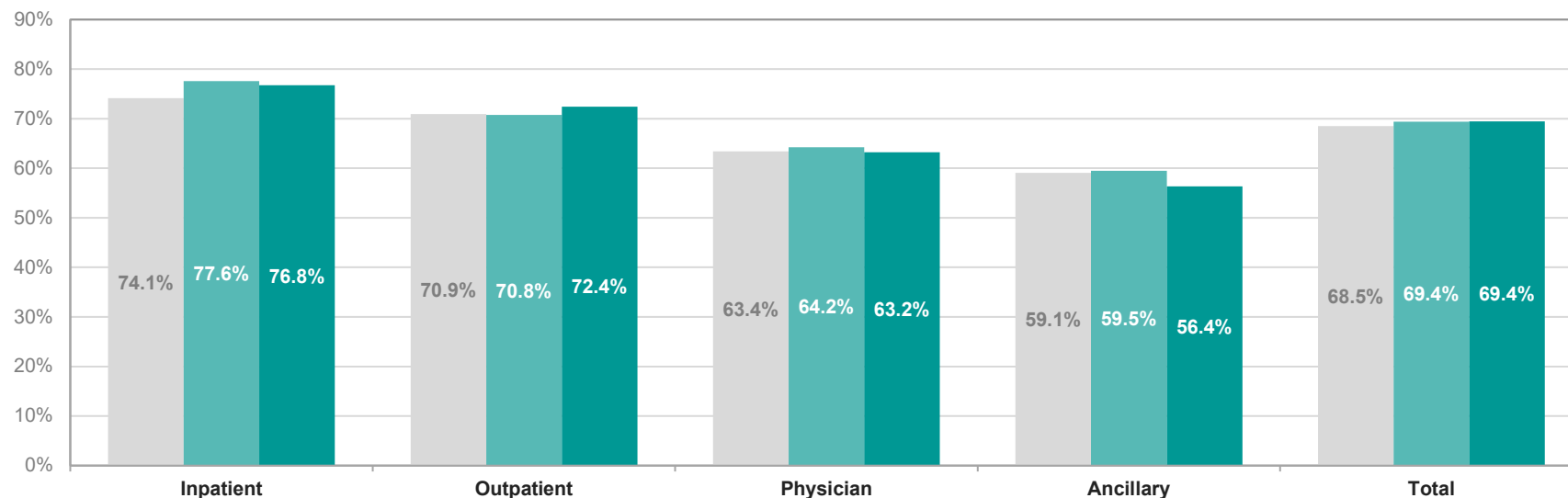
Network Summary

Discount Percentage & Network Utilization

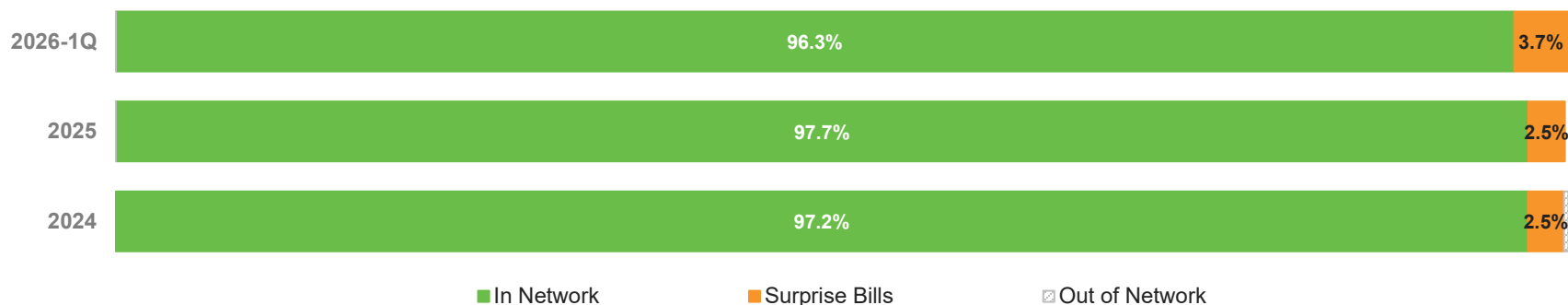


Discount Percentage* by Claim Type

Plan Year: 2024 2025 2026-1Q



Network Utilization*



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

Clinical Classification Summary

Breakout by Diagnostic Chapter



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

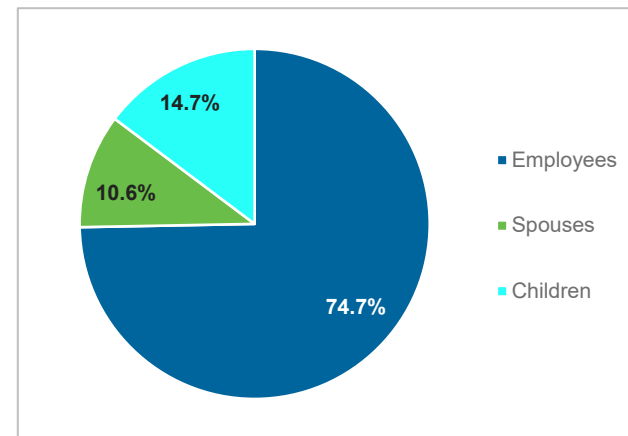
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

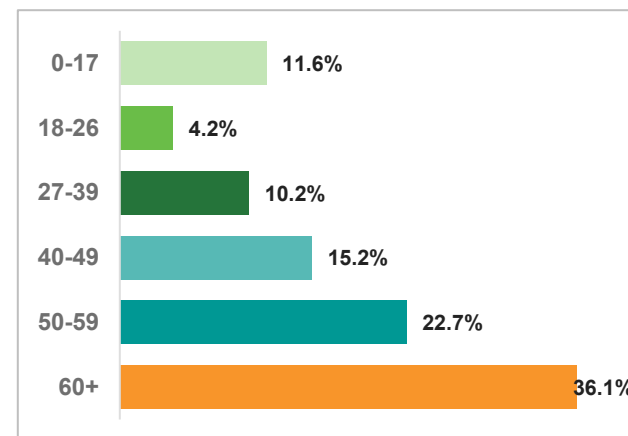


| # | Health Status & Services Dx Grouping | Patients | Claims | Total Paid | % Paid |
|-----|--|--------------|---------------|--------------------|---------------|
| 1 | Encounter for antineoplastic therapies | 41 | 193 | \$1,225,657 | 37.8% |
| 2 | Neoplasm-related encounters | 1,293 | 2,025 | \$656,403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

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range

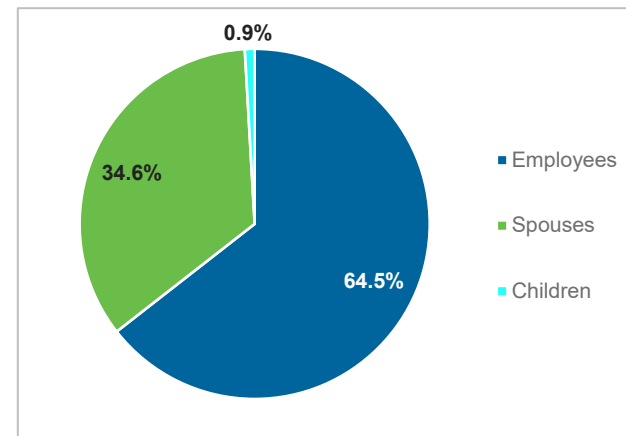


Neoplasms (Cancer)

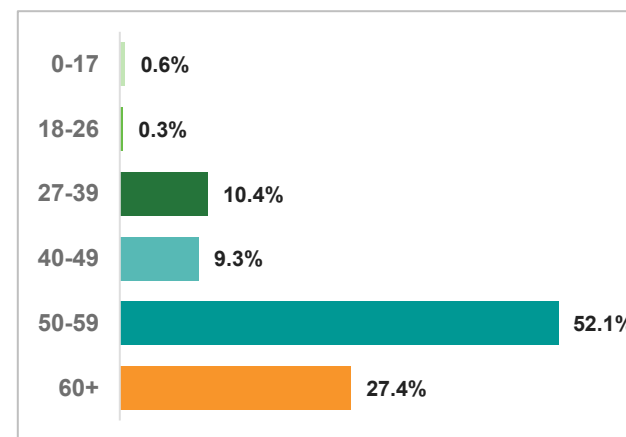
Breakout by Diagnostic Grouping & Demographics

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

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



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

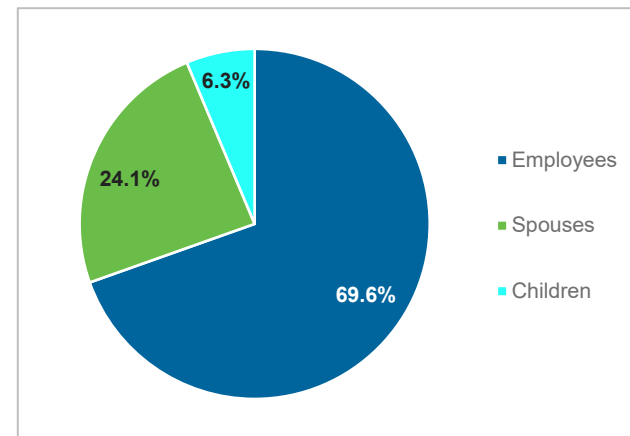
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

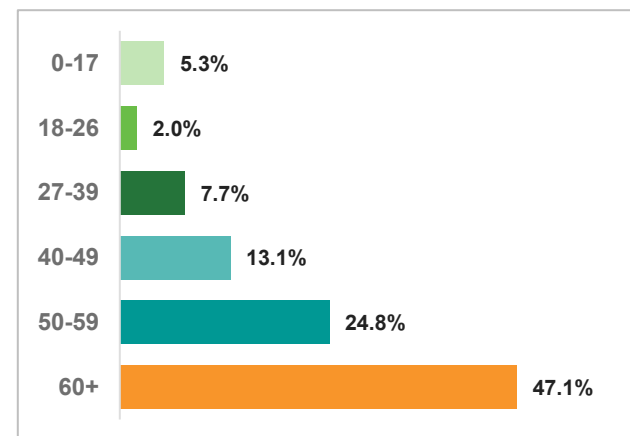


| # | Musculoskeletal Dx Grouping | Patients | Claims | Total Paid | % Paid |
|----|--|--------------|---------------|--------------------|---------------|
| 1 | Spondylopathies & arthropathy | 756 | 2,354 | \$1,029,392 | 38.1% |
| 2 | Tendon, tissue, muscle disorders | 493 | 1,085 | \$394,519 | 14.6%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

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

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

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions



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

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

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

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

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

Cost & Utilization for All Members:

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

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



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

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

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

12.2.6

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



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

Low Ded Plan • 2026-1Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2026 Plan Year (Current)

2026-1Q.1st Quarter: Claims Paid 7/1/2025 - 9/30/2025

➤ 2025 Plan Year

2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024

2025 Full Year: Claims paid 7/1/2024 - 6/30/2025

➤ 2024 Plan Year

2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023

2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

Group Data

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

Normative Comparison Data

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

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



Cost Drivers

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



Membership & Demographics

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



Utilization Key Indicators

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



Network Utilization & Savings

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

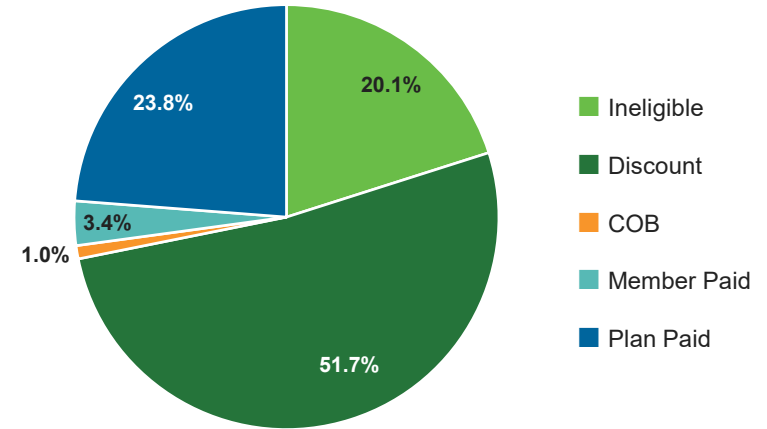
Medical Total Savings Summary



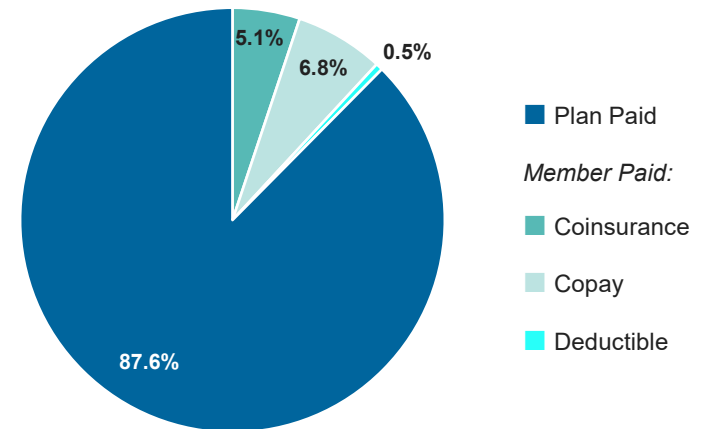
Dollar Chain: Billed to Paid Dollars

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

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



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

Medical & Rx Paid Claims by Age Range



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

Financial Summary – YTD Trend

Total Plan & Norm



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

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

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

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

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

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

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

Financial Summary – YTD Trend

Active Members



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

Financial Summary – YTD Trend

Retired Members



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

Financial Summary – Full Year Trend

Plan Totals & Norm



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

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

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

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

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

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

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

Financial Summary – Full Year Trend

Active Members



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

Financial Summary – Full Year Trend

Retired Members



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

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



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

Medical Cost Distribution

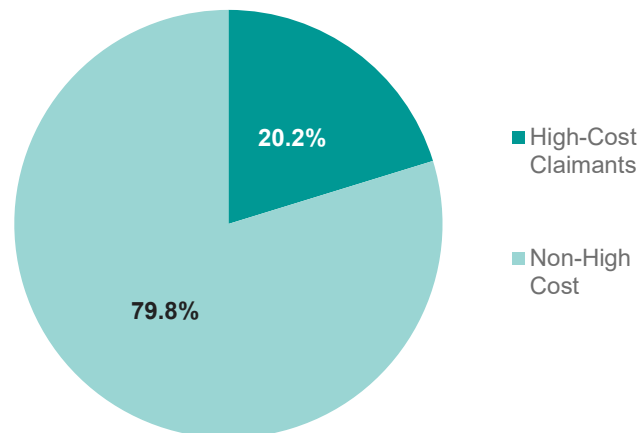
Distribution by Member Cost



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

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

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

Utilization Summary – YTD Trend

Plan Totals & Norm



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

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

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

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

Utilization Summary – YTD Trend

Active Members



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

Utilization Summary – YTD Trend

Retired Members



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

On Demand Care Summary

Emergency Room & Urgent Care

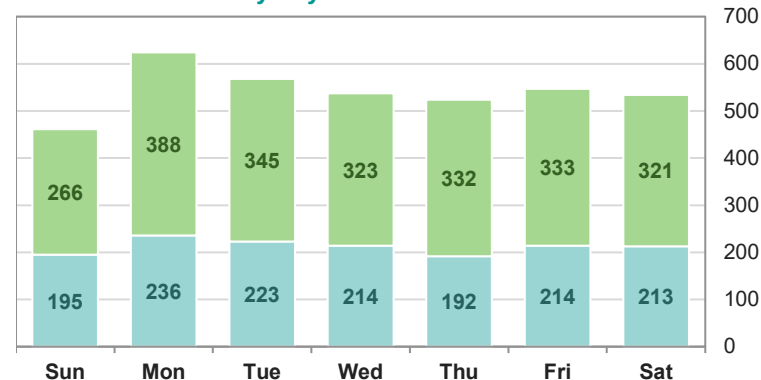


| Measure | 2025-1Q | 2026-1Q | Change | UMR Norm | Variance |
|--------------------------------|-------------|-------------|----------|----------|-----------|
| Emergency Room | | | | | |
| # of Visits | 1,088 | 1,487 | 36.7% | | |
| # of Patients | 916 | 1,225 | 33.7% | | |
| Total Plan Paid | \$3,233,583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

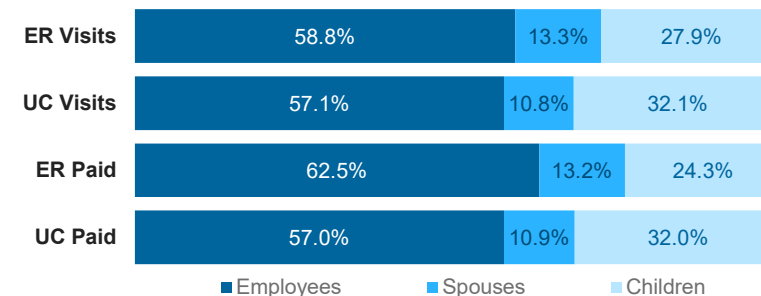
* Office Visit within prior 12 months..

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

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



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

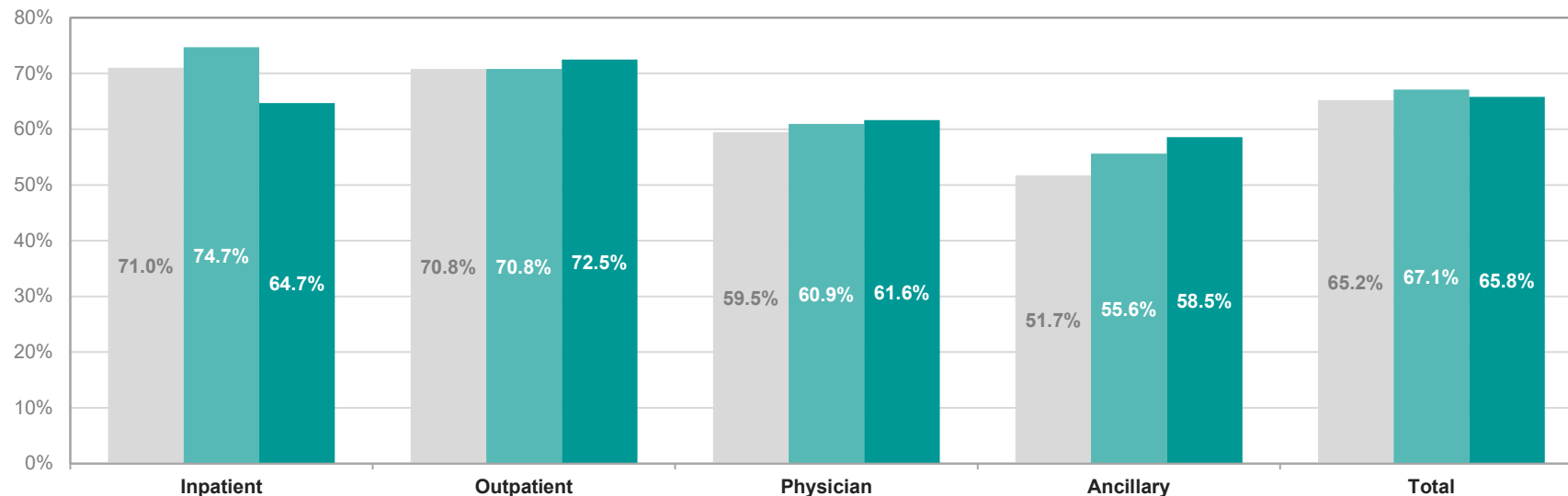
Network Summary

Discount Percentage & Network Utilization

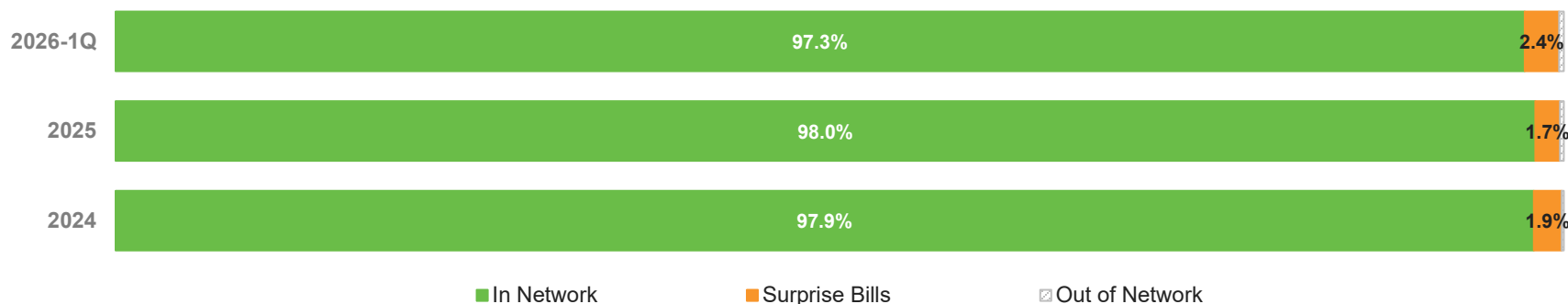


Discount Percentage* by Claim Type

Plan Year: 2024 2025 2026-1Q



Network Utilization*



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

Clinical Classification Summary

Breakout by Diagnostic Chapter



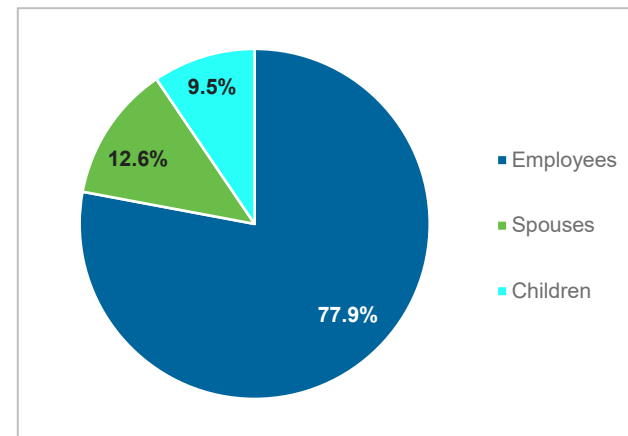
| Diagnostic Chapter | 2025 (Full Year) | | 2026-1Q | | CYTD Paid by Relationship | | | CYTD Paid by Sex | |
|--|------------------|----------------------|---------------|---------------------|---------------------------|--------------------|--------------------|---------------------|---------------------|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

Neoplasms (Cancer)

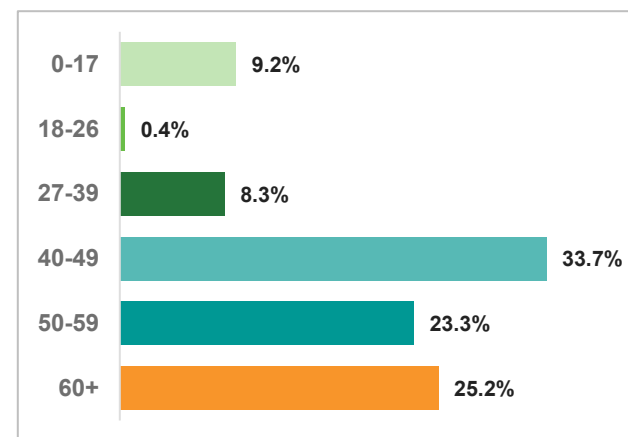
Breakout by Diagnostic Grouping & Demographics

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

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



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

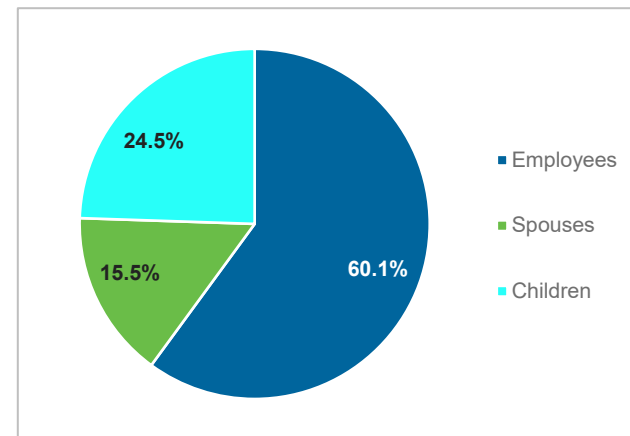
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

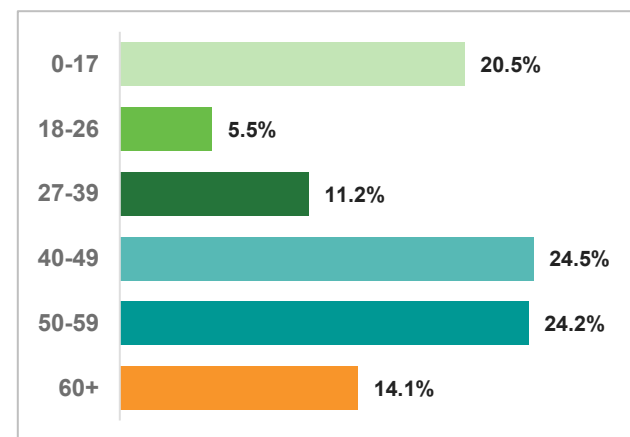


| # | Health Status & Services Dx Grouping | Patients | Claims | Total Paid | % Paid |
|-----|--|--------------|---------------|--------------------|---------------|
| 1 | Medical examination/evaluation | 4,635 | 6,323 | \$839,679 | 24.8% |
| 2 | Encounter for antineoplastic therapies | 34 | 94 | \$682,821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

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



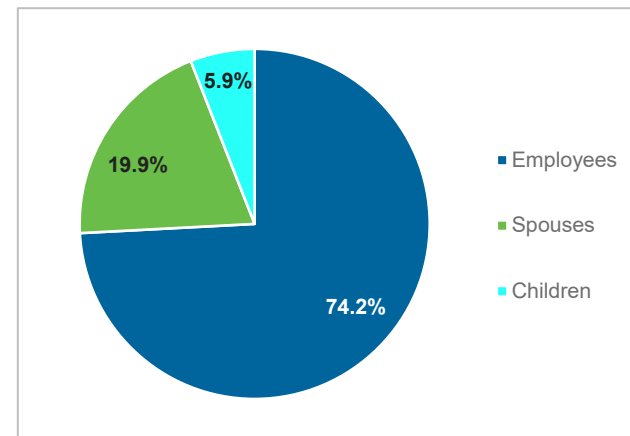
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

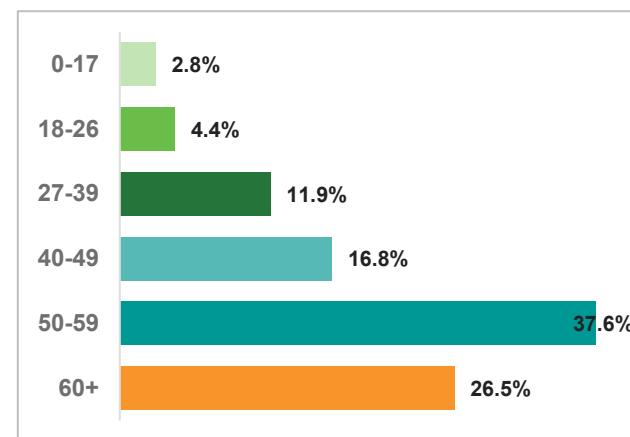


| # | Musculoskeletal Dx Grouping | Patients | Claims | Total Paid | % Paid |
|----|--|--------------|---------------|--------------------|---------------|
| 1 | Spondylopathies & arthropathy | 890 | 2,372 | \$987,590 | 30.1% |
| 2 | Osteoarthritis & osteoporosis | 361 | 688 | \$561,049 | 17.1% |
| 3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

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

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

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions



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

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

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

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

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

Cost & Utilization for All Members:

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

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



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

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

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

12.2.7

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



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

EPO Plan • 2026-1Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2026 Plan Year (Current)

2026-1Q.1st Quarter: Claims Paid 7/1/2025 - 9/30/2025

➤ 2025 Plan Year

2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024

2025 Full Year: Claims paid 7/1/2024 - 6/30/2025

➤ 2024 Plan Year

2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023

2024 Full Year: Claims paid 7/1/2023 - 6/30/2024

Group Data

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

Normative Comparison Data

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

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



Cost Drivers

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



Membership & Demographics

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



Utilization Key Indicators

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



Network Utilization & Savings

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

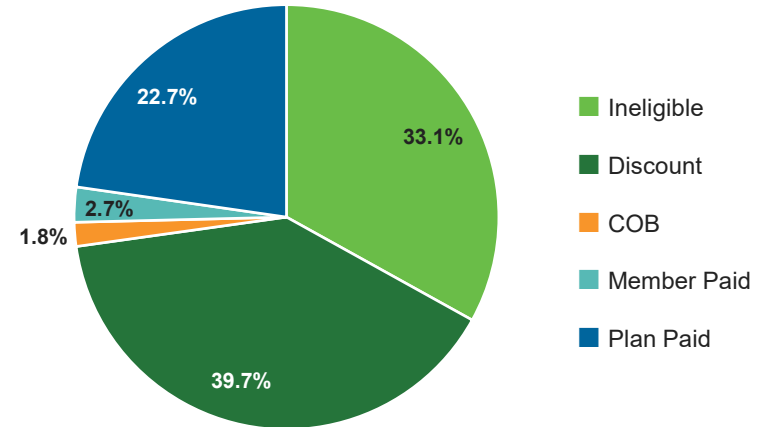
Medical Total Savings Summary



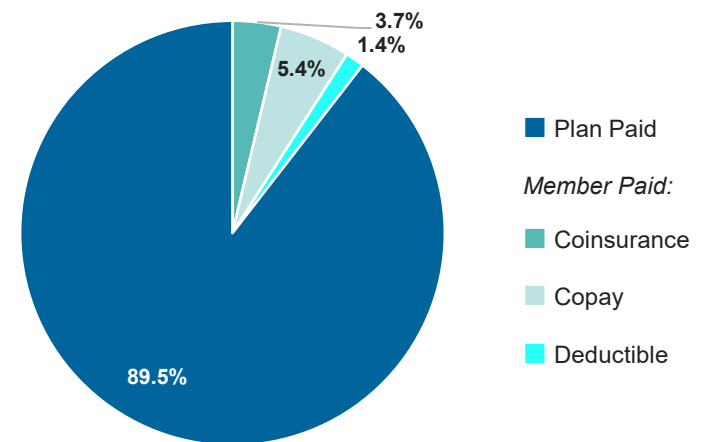
Dollar Chain: Billed to Paid Dollars

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

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



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

Medical & Rx Paid Claims by Age Range



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

Financial Summary – YTD Trend

Total Plan & Norm



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

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

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

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

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

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

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

Financial Summary – YTD Trend

Active Members



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

Financial Summary – YTD Trend

Retired Members



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

Financial Summary – Full Year Trend

Plan Totals & Norm



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

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

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

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

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

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

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

Financial Summary – Full Year Trend

Active Members



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

Financial Summary – Full Year Trend

Retired Members



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

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



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

Medical Cost Distribution

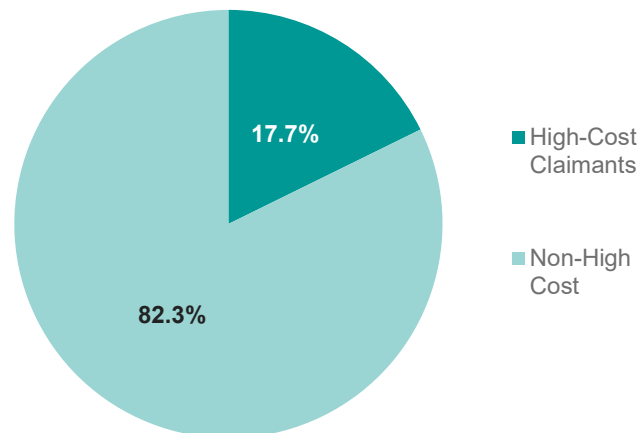
Distribution by Member Cost



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

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

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

Utilization Summary – YTD Trend

Plan Totals & Norm



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

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

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

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

Utilization Summary – YTD Trend

Active Members



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

Utilization Summary – YTD Trend

Retired Members



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

On Demand Care Summary

Emergency Room & Urgent Care

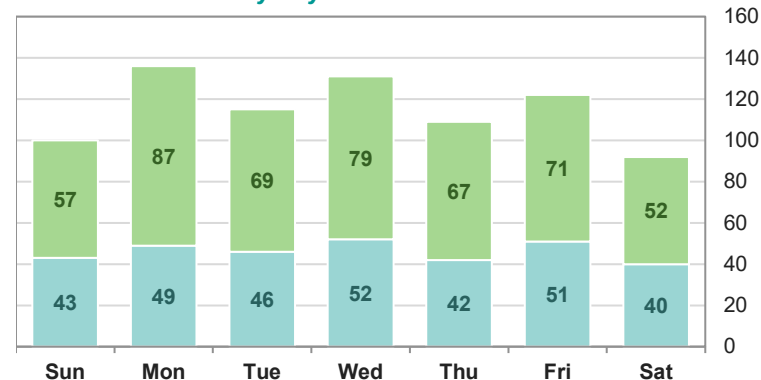


| Measure | 2025-1Q | 2026-1Q | Change | UMR Norm | Variance |
|--------------------------------|-------------|-------------|----------|----------|-----------|
| Emergency Room | | | | | |
| # of Visits | 314 | 323 | 2.9% | | |
| # of Patients | 251 | 267 | 6.4% | | |
| Total Plan Paid | \$1,016,728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

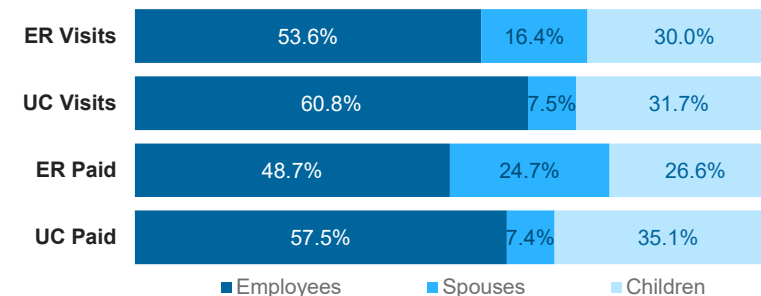
* Office Visit within prior 12 months..

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

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



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

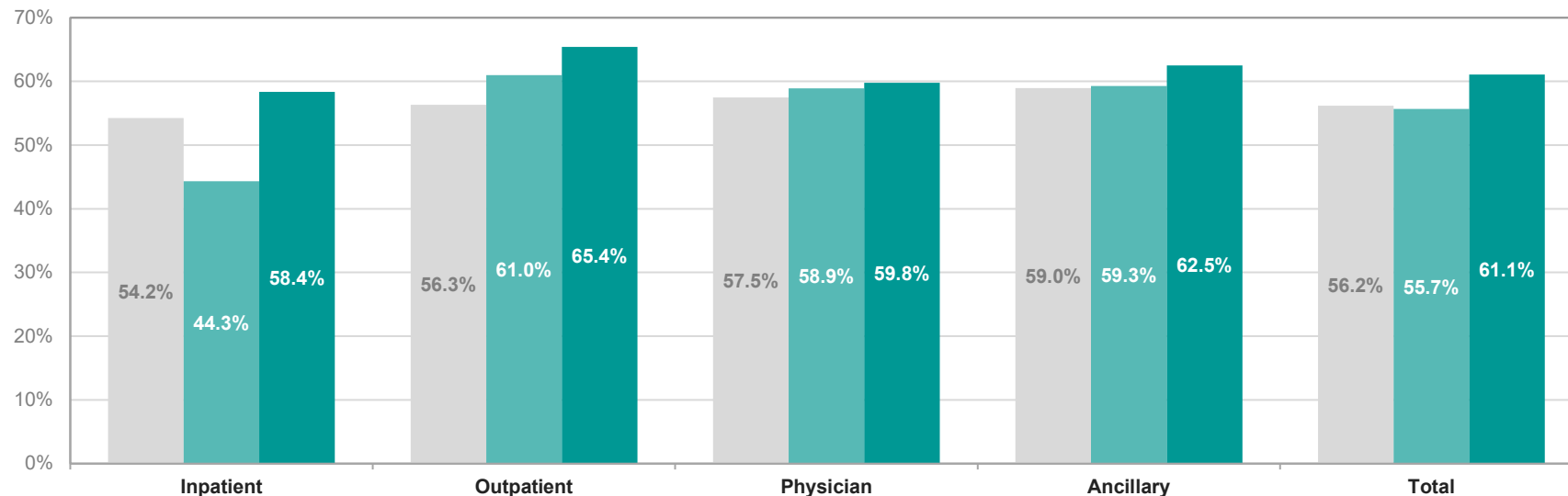
Network Summary

Discount Percentage & Network Utilization

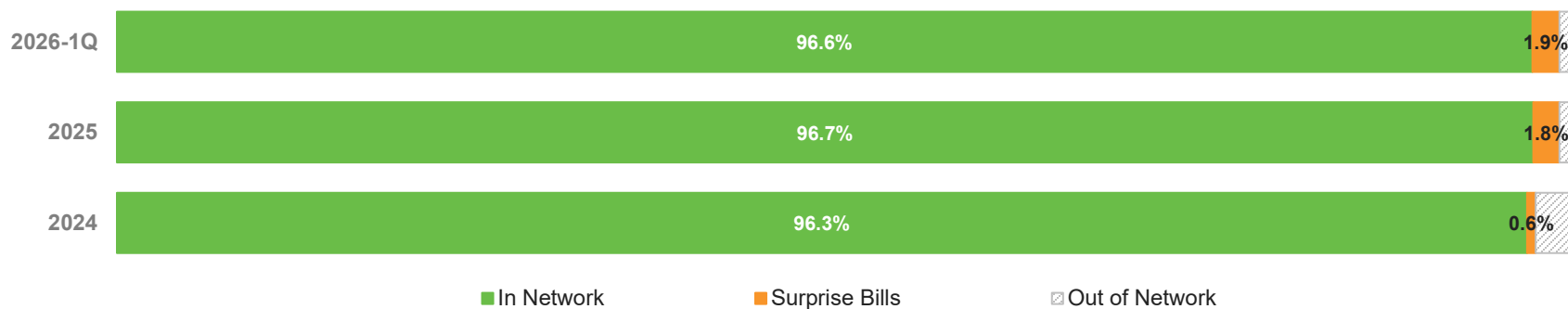


Discount Percentage* by Claim Type

Plan Year: 2024 2025 2026-1Q



Network Utilization*



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

Clinical Classification Summary

Breakout by Diagnostic Chapter



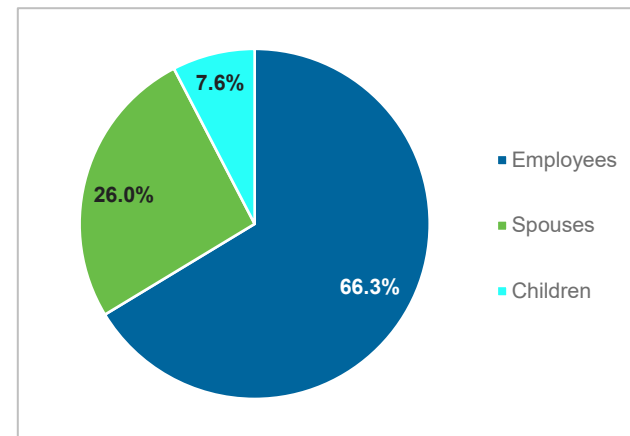
| Diagnostic Chapter | 2025 (Full Year) | | 2026-1Q | | CYTD Paid by Relationship | | | CYTD Paid by Sex | |
|--|------------------|---------------------|--------------|--------------------|---------------------------|--------------------|--------------------|--------------------|--------------------|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

Musculoskeletal System

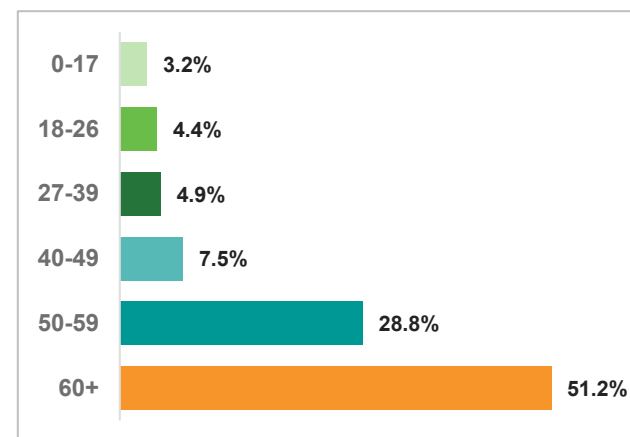
Breakout by Diagnostic Grouping & Demographics

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

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



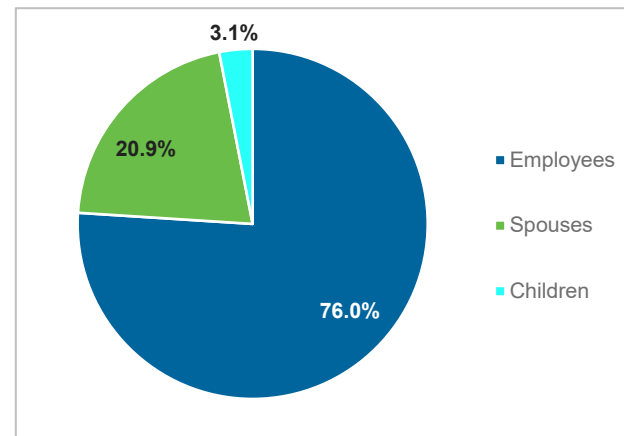
Circulatory System

Breakout by Diagnostic Grouping & Demographics

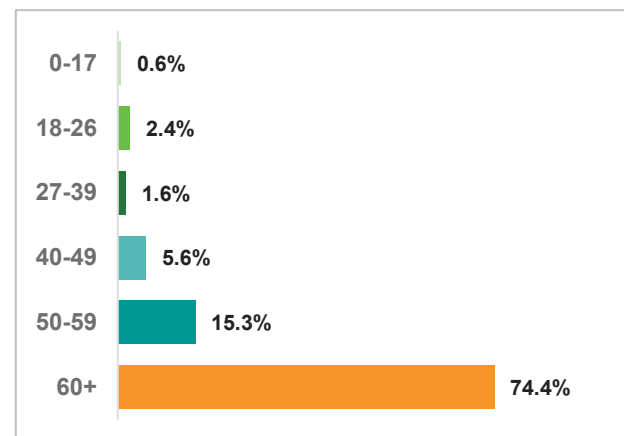


| # | Circulatory System Dx Grouping | Patients | Claims | Total Paid | % Paid |
|----|--|------------|------------|------------------|---------------|
| 1 | Cardiac dysrhythmias | 69 | 159 | \$260,374 | 29.2% |
| 2 | Heart failure | 9 | 12 | \$133,020 | 14.9% |
| 3 | Vascular disease | 31 | 61 | \$114,529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

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range

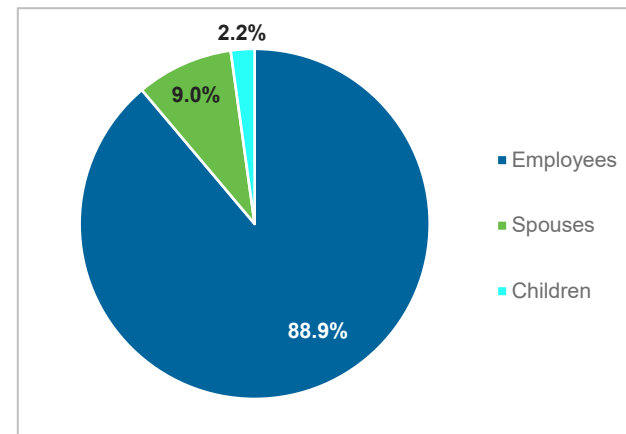


Neoplasms (Cancer)

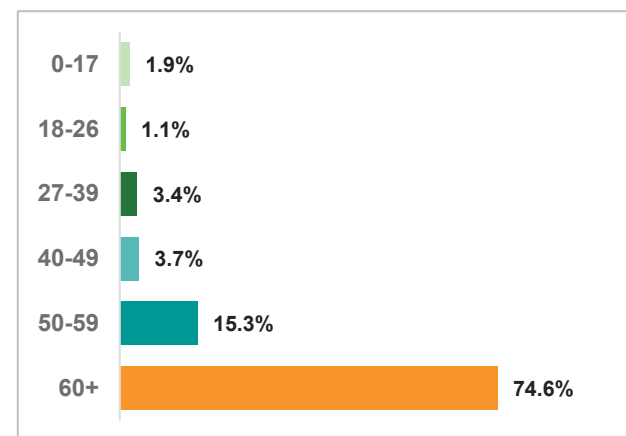
Breakout by Diagnostic Grouping & Demographics

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

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



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

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

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

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions



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

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

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

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

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

Cost & Utilization for All Members:

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

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



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

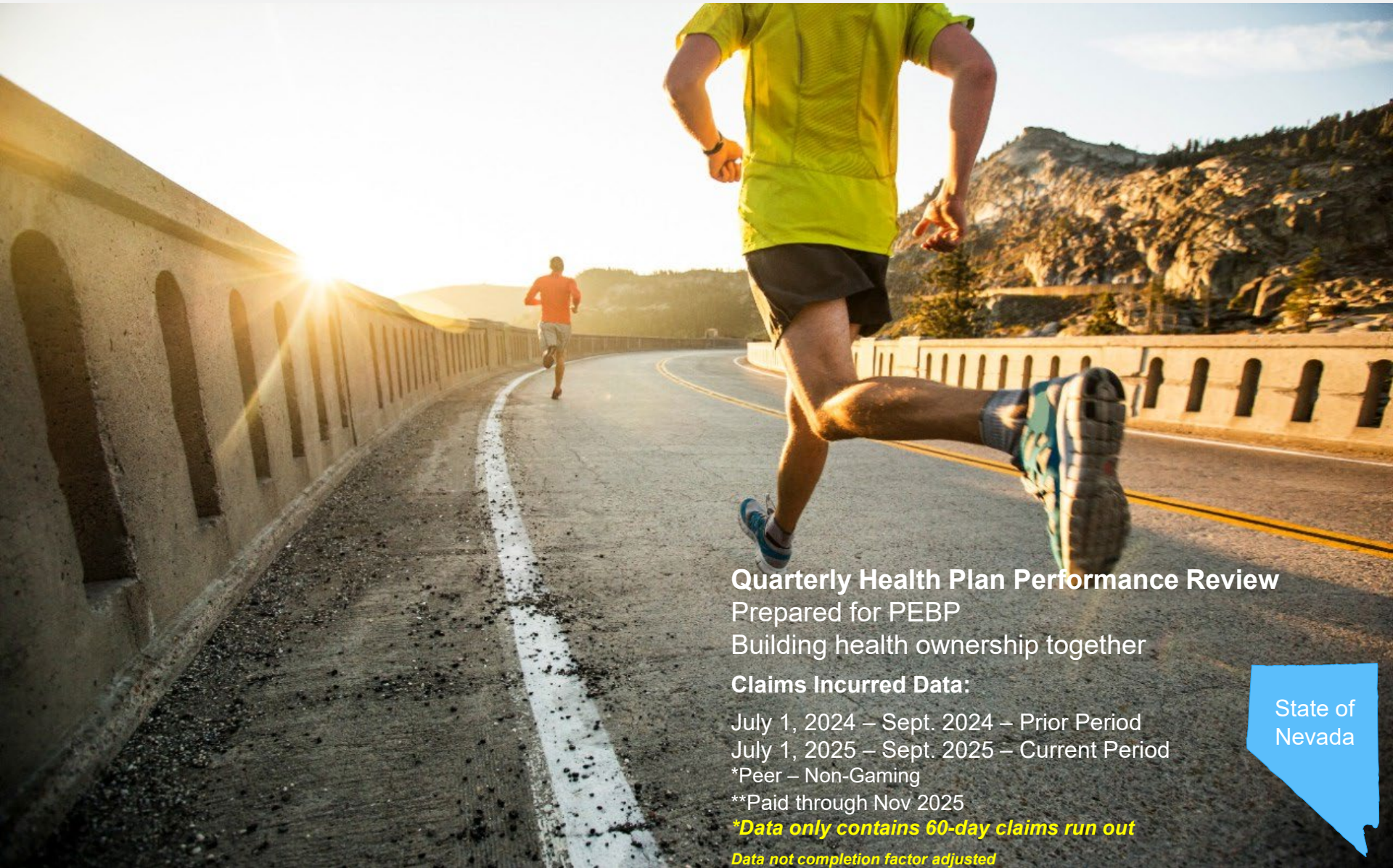
Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2024 - 6/30/2025, Paid through 9/30/2025

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

12.2.8

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

Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2024 – Sept. 2024 – Prior Period

July 1, 2025 – Sept. 2025 – Current Period

*Peer – Non-Gaming

**Paid through Nov 2025

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

Data not completion factor adjusted

State of
Nevada

Executive Summary
Spend and Utilization

Executive Summary Utilization & Spend



Population

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

Medical Paid PMPM

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

High-Cost Claimants

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

Emergency Room

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

Urgent Care

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

Rx Drivers

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

Overall Medical / Rx

- Total Medical/Rx increased 10.9% on PMPM basis

Executive Summary Utilization & Spend



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

Financial Summary



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

Paid Claims by Claim Type



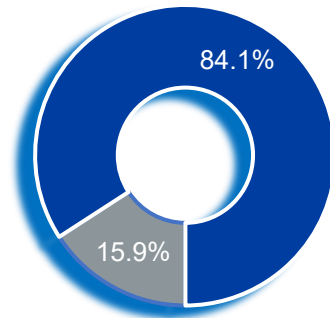
| Net Paid Claims - Total | | | | | | | | | |
|-------------------------|----------------------|--------------|-------------|-------------|----------------------|--------------|-------------|-------------|--------|
| Total Participants | | | | | | | | | |
| | July - Sept. 2024 Q1 | | | | July - Sept. 2025 Q1 | | | | ▲ |
| | Actives | Pre-Medicare | Medicare | Total | Actives | Pre-Medicare | Medicare | Total | |
| Medical | | | | | | | | | |
| InPatient | \$1,373,945 | \$103,204 | \$783,857 | \$2,261,006 | \$1,407,274 | \$0 | \$151,475 | \$1,558,749 | -31.1% |
| OutPatient | \$4,188,088 | \$118,677 | \$441,583 | \$4,748,348 | \$4,937,702 | \$93,391 | \$377,537 | \$5,406,861 | 13.9% |
| Total - Medical | \$5,562,033 | \$221,881 | \$1,225,440 | \$7,009,354 | \$5,970,319 | \$219,198 | \$1,040,986 | \$6,965,610 | -0.6% |
| | | | | | | | | | |
| Net Paid Claims - Total | | | | | | | | | |
| Total Participants | | | | | | | | | |
| | July - Sept. 2024 Q1 | | | | July - Sept. 2025 Q1 | | | | ▲ |
| | Actives | Pre-Medicare | Medicare | Total | Actives | Pre-Medicare | Medicare | Total | |
| Medical PMPM | \$335 | \$554 | \$3,058 | \$384 | \$388 | \$794 | \$817 | \$411 | 7.2% |

Cost Distribution – Medical Claims > \$50K



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

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - CCSR Chapter Conditions - Thru 1Q25

| Top 5 AHRQ Category conditions | # of Patients | Total Paid | % of Med Paid |
|---|---------------|------------|---------------|
| Diseases of the musculoskeletal system | 3 | \$252,975 | 3.6% |
| Neoplasms | 3 | \$211,954 | 3.0% |
| Factors influencing health status | 2 | \$173,761 | 2.5% |
| Certain infectious and parasitic diseases | 2 | \$155,205 | 2.2% |
| Diseases of the nervous system | 2 | \$125,797 | 1.8% |

Utilization Summary



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

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



| Top 25 CCSR Category | Total Paid | % Paid |
|---|------------|--------|
| Spondylopathies/spondyloarthropathy | \$366,682 | 6.5% |
| Neurodevelopmental disorders | \$297,862 | 5.3% |
| Cardiac dysrhythmias | \$156,334 | 2.8% |
| Abdominal pain and other digestive | \$139,644 | 2.5% |
| Diabetes mellitus with complication | \$127,658 | 2.3% |
| Septicemia | \$126,917 | 2.2% |
| Other aftercare encounter | \$126,855 | 2.2% |
| Breast cancer - all other types | \$125,278 | 2.2% |
| Sleep wake disorders | \$121,044 | 2.1% |
| Respiratory cancers | \$110,766 | 2.0% |
| Headache; including migraine | \$105,827 | 1.9% |
| Nonspecific chest pain | \$101,546 | 1.8% |
| Chronic kidney disease | \$93,073 | 1.6% |
| Respiratory failure; insufficiency; arrest | \$92,701 | 1.6% |
| Unspecified upper respiratory disease | \$91,852 | 1.6% |
| Encounter for antineoplastic therapies | \$87,769 | 1.6% |
| Depressive disorders | \$79,238 | 1.4% |
| Unspecified nutritional and metabolic disorders | \$76,036 | 1.3% |
| Sprains and strains, initial encounter | \$75,545 | 1.3% |
| Medical examination/evaluation | \$74,355 | 1.3% |
| Benign neoplasms | \$74,324 | 1.3% |
| Neoplasm-related encounters | \$71,879 | 1.3% |
| Acute myocardial infarction | \$68,313 | 1.2% |
| Male reproductive system cancers - prostate | \$68,052 | 1.2% |
| Nerve and nerve root disorders | \$65,475 | 1.2% |

**Not Representative of all utilization*

| Insured | Spouse | Dependent |
|-----------|----------|-----------|
| \$360,030 | \$6,445 | \$208 |
| \$9,900 | \$912 | \$287,050 |
| \$155,788 | \$546 | \$0 |
| \$72,823 | \$57,673 | \$9,148 |
| \$99,100 | \$14,508 | \$14,051 |
| \$126,225 | \$8 | \$684 |
| \$98,309 | \$26,352 | \$2,194 |
| \$80,967 | \$44,311 | \$0 |
| \$101,417 | \$15,284 | \$4,343 |
| \$104,925 | \$5,841 | \$0 |
| \$104,211 | \$846 | \$770 |
| \$54,536 | \$9,545 | \$37,465 |
| \$93,073 | \$0 | \$0 |
| \$92,395 | \$0 | \$306 |
| \$80,353 | \$1,632 | \$9,867 |
| \$87,769 | \$0 | \$0 |
| \$43,827 | \$7,527 | \$27,884 |
| \$27,920 | \$47,883 | \$233 |
| \$53,881 | \$3,972 | \$17,692 |
| \$14,162 | \$3,206 | \$56,988 |
| \$63,021 | \$11,303 | \$0 |
| \$66,753 | \$5,126 | \$0 |
| \$68,313 | \$0 | \$0 |
| \$17,533 | \$50,519 | \$0 |
| \$65,078 | \$397 | \$0 |

| Male | Female | Unassigned |
|-----------|-----------|------------|
| \$33,973 | \$332,709 | \$0 |
| \$199,274 | \$98,587 | \$0 |
| \$47,766 | \$108,567 | \$0 |
| \$23,645 | \$115,999 | \$0 |
| \$77,974 | \$49,684 | \$0 |
| \$1,371 | \$125,546 | \$0 |
| \$121,755 | \$5,100 | \$0 |
| \$101 | \$125,178 | \$0 |
| \$60,738 | \$60,306 | \$0 |
| \$5,841 | \$104,925 | \$0 |
| \$2,375 | \$103,452 | \$0 |
| \$31,179 | \$70,367 | \$0 |
| \$93,073 | \$0 | \$0 |
| \$306 | \$92,395 | \$0 |
| \$19,737 | \$72,115 | \$0 |
| \$12,942 | \$74,827 | \$0 |
| \$30,873 | \$48,365 | \$0 |
| \$27,636 | \$48,401 | \$0 |
| \$29,507 | \$46,038 | \$0 |
| \$32,820 | \$41,536 | \$0 |
| \$25,928 | \$48,396 | \$0 |
| \$15,503 | \$56,376 | \$0 |
| \$31,936 | \$36,377 | \$0 |
| \$68,052 | \$0 | \$0 |
| \$2,573 | \$62,902 | \$0 |

**Data based on medical spend only*

Mental Health Drilldown



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

**Not Representative of all utilization*

**Data based on medical spend only*

Respiratory Disorders

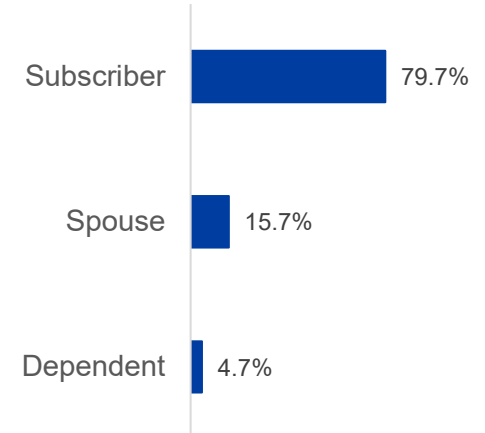
Top 10 Respiratory Disorders

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

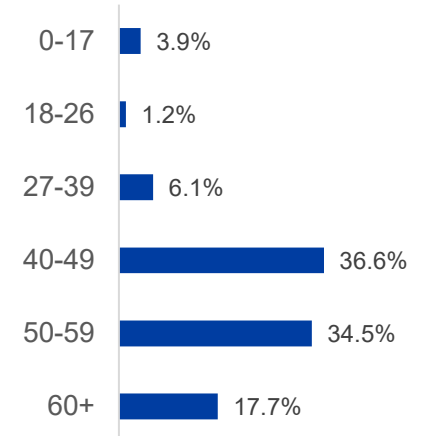
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range

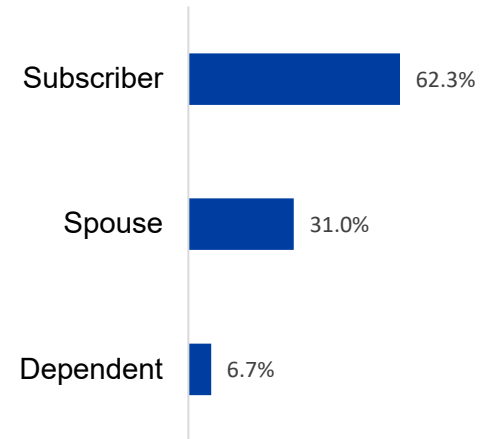


| Top 10 Infectious and Parasitic Diseases | | | | |
|--|----------|--------|------------|--------|
| CCSR Description | Patients | Claims | Total Paid | % Paid |
| Septicemia | 8 | 13 | \$126,917 | 82.5% |
| Viral infection | 37 | 47 | \$13,443 | 8.7% |
| COVID-19 | 36 | 61 | \$9,007 | 5.9% |
| HIV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

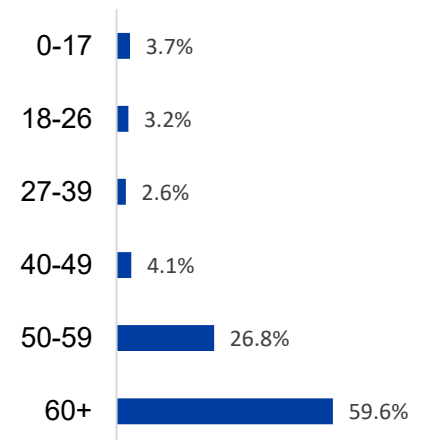
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



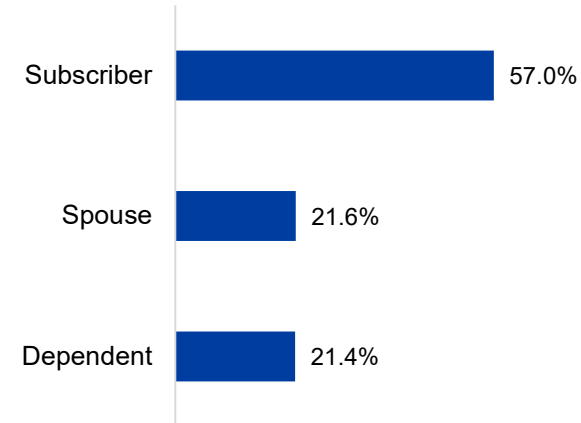
Pregnancy Related Disorders

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

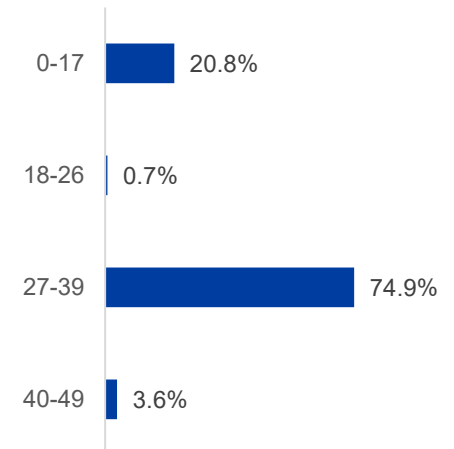
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Emergency Room and Urgent Care



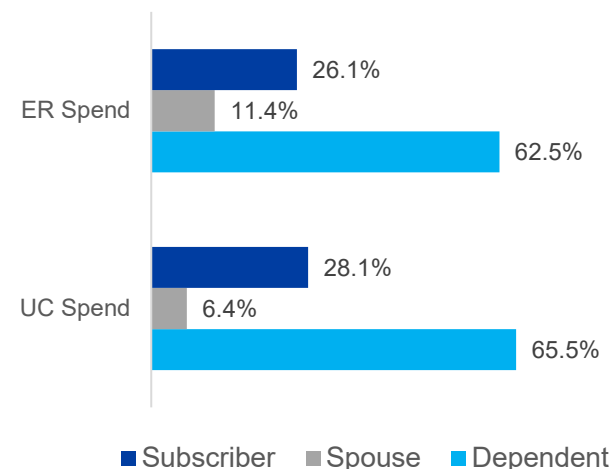
| | July - Sept. 1Q24 | | July - Sept. 1Q25 | | Peer | |
|---------------------|-------------------|-------------|-------------------|-------------|---------|-------------|
| Metric | ER | Urgent Care | ER | Urgent Care | ER | Urgent Care |
| # of Visits | 197 | 962 | 159 | 860 | | |
| Visits Per Member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

**Not Representative of all utilization*

**Data based on medical spend only*

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

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend

(CCSR Chapter Conditions)



| Top 15 Common Condition | # of Members | % of Members | Members Per K | PMPM |
|---|--------------|--------------|---------------|---------|
| Mental, behavioral and neuro disorders | 655 | 11.6% | 116.1 | \$27.89 |
| Neoplasms | 280 | 5.0% | 49.6 | \$25.77 |
| Factors influencing health status | 1621 | 28.7% | 287.3 | \$22.80 |
| Diseases of the circulatory system | 478 | 8.5% | 84.7 | \$22.45 |
| Diseases of the musculoskeletal system | 745 | 13.2% | 132.0 | \$19.77 |
| Diseases of the genitourinary system | 478 | 8.5% | 84.7 | \$17.74 |
| Symptoms, signs and abnormal | 942 | 16.7% | 166.9 | \$17.32 |
| Diseases of the nervous system | 545 | 9.7% | 96.6 | \$17.17 |
| Diseases of the respiratory system | 375 | 6.6% | 66.5 | \$16.36 |
| Injury, poisoning and certain | 273 | 4.8% | 48.4 | \$16.25 |
| Endocrine, nutritional and metabolic diseases | 860 | 15.2% | 152.4 | \$14.37 |
| Diseases of the digestive system | 311 | 5.5% | 55.1 | \$12.93 |
| Pregnancy, childbirth and the puerperium | 37 | 0.7% | 6.6 | \$9.06 |
| Certain infectious and parasitic diseases | 139 | 2.5% | 24.6 | \$6.46 |
| Diseases of the ear and mastoid process | 114 | 2.0% | 20.2 | \$3.19 |
| <i>*Not Representative of all utilization</i> | | | | |

**Data based on medical spend only*

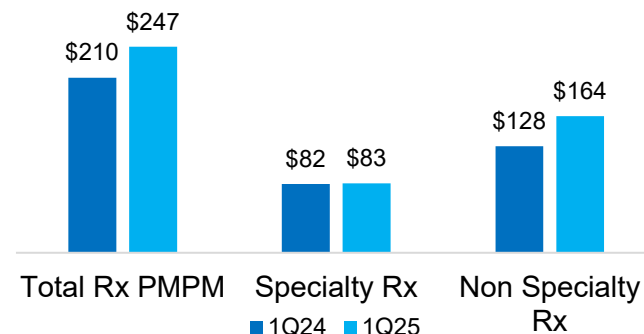
Pharmacy Drivers

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

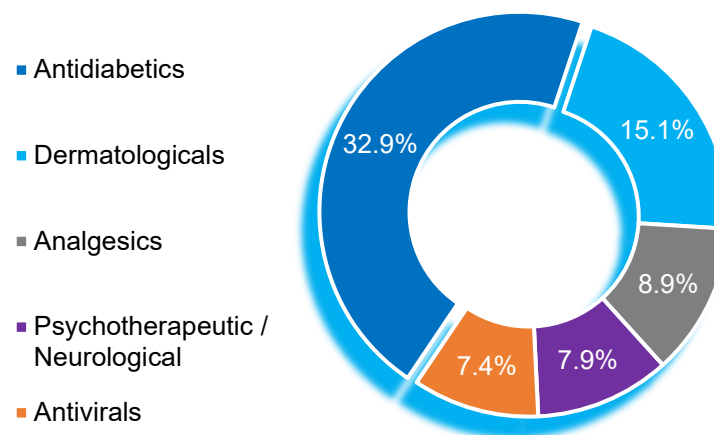
Pharmacy Performance

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

Total Rx Spend by Benefit and Type



Top 5 Therapeutic Classes by Spend



12.2.9

- 12. Vendor Reports for the period ending September 30, 2025. (Information/Discussion)
 - 12.1 The below reports were presented during the December 2025 board meeting.
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 - 12.2.6 Q1 LD PPO Performance Review
 - 12.2.7 Q1 EPO Performance Review
 - 12.2.8 Q1 HPN Performance Review
 - 12.2.9 Q1 Dental Performance Review**



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

Dental • 2026-1Q

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



A UnitedHealthcare Company



Dental Total Savings Summary

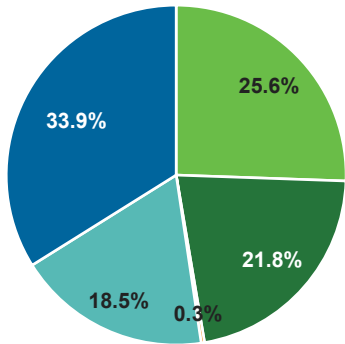
Breakouts & Network Performance



Dental Dollar Chain: Billed to Paid Dollars

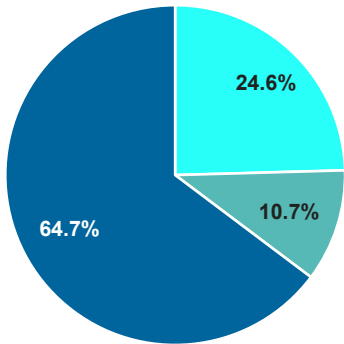
| Dollar Amount | Total Dollars | PMPM |
|-------------------|---------------|----------|
| Dental Billed | \$22,926,290 | \$111.44 |
| (-) Ineligible | \$5,928,805 | \$28.82 |
| Dental Covered | \$16,997,485 | \$82.62 |
| (-) Discount | \$5,050,428 | \$24.55 |
| Dental Allowed | \$11,947,057 | \$58.07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

Breakout of Billed Dollars



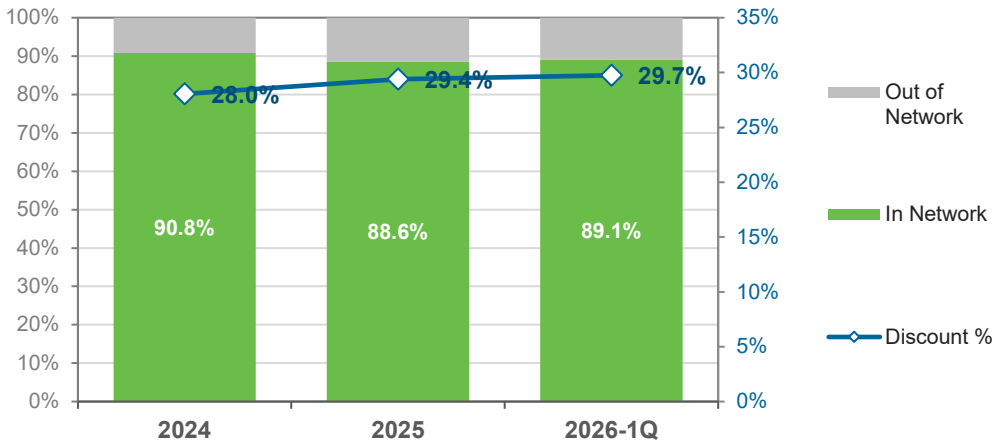
Ineligible
Discount
COB
Member Paid
Plan Paid

Breakout of Paid Dollars



Member Paid
Plan Paid
Coinsurance
Deductible

Dental Network Performance





Dental Claims Breakouts

Age Range, Member Cost, and Dental Category



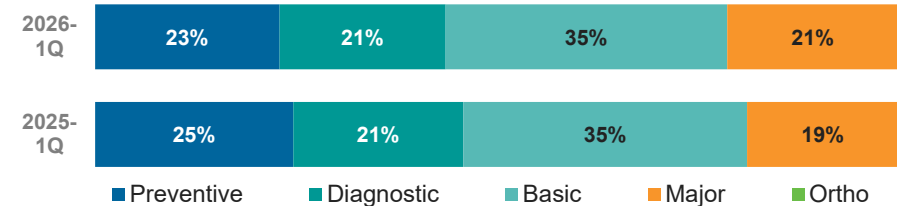
Dental Paid Claims by Age Range

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

Dental Cost Distribution

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

Paid Breakout by Dental Category



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



Dental Paid by Member Status

Breakout of State vs. Non-State by Member Status



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

12.2.10

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 - 12.2.7 Q1 EPO Performance Review
 - 12.2.8 Q1 HPN Performance Review
 - 12.2.9 Q1 Dental Performance Review
 - 12.2.10 Q1 Doctor on Demand Engagement Report**



Virtual Care Engagement Monthly Report

**UMR-State of Nevada
July 2025**

Member Engagement



56

Registrations This Month

295

Unique Visitors This Month

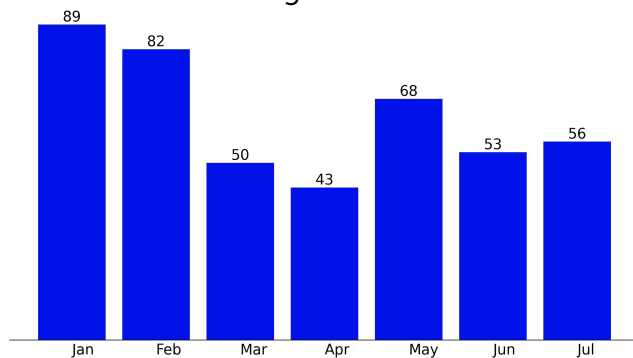
391

Total Visits This month

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

New Registrations (Year to Date)

■ New Member Registrations



48,935

Total Covered Lives

13,755

Registrations Lifetime to date

28.1%

Registration Rate Lifetime to date

-

Employee Covered Lives

441

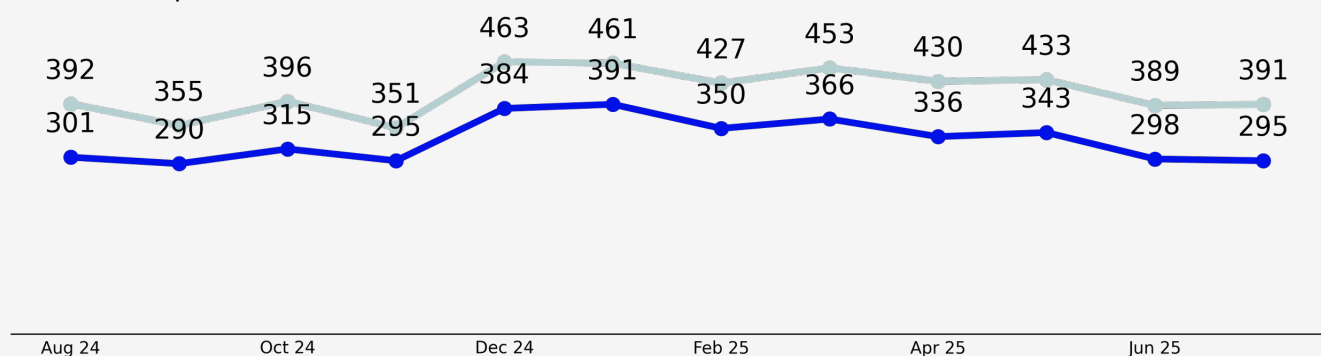
Registrations Year to Date

0.9%

Registration Rate Year to Date

Visits Last 12 Months

—●— Unique Visitors —●— Total Visits



25,705

Visits Lifetime to Date

8,099

Unique Visitors Lifetime to Date

3.2

Avg Visits Per Visitor Lifetime to Date

16.6%

Engagement Rate (Visitors/Lives) Lifetime to Date

2,984

Visits Year to Date

1,559

Unique Visitors Year to Date

1.9

Avg Visits Per Visitor Year to Date

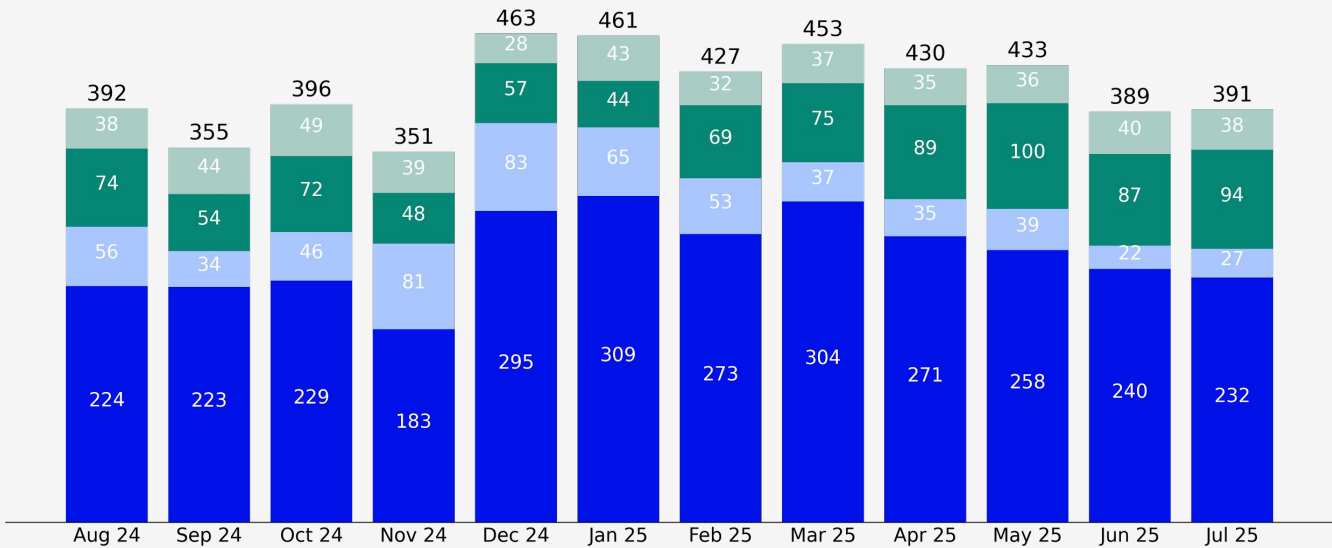
3.2%

Engagement Rate (Visitors/Lives) Year to Date

Medical & Behavioral Health Visits (Rolling)

- Scheduled Medical Visit
- On-Demand Medical Visit
- Therapy Visit
- Psychiatry Visit

2
Total Visits & Care
Commenced AT&T's Month



Member Demand by Visit Type Year to Date

Was the urgent care visit scheduled?



Appointment Type:



Most Popular Day for Visits
Year to Date

Tuesday

Most Popular Time for Visits
Year to Date

Noon - 2PM

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

Supporting your population

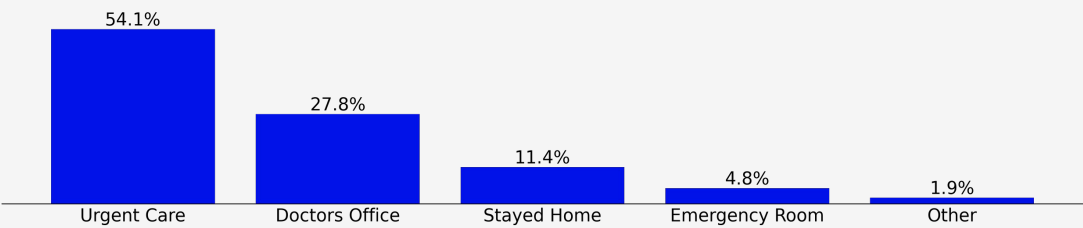


Member access, demographics, and experience

Without Included Health, where would you have gone?

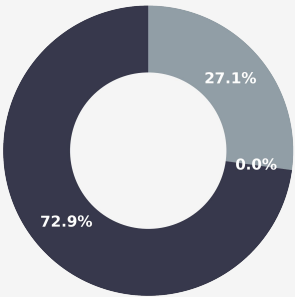
■ Percent Response Year to Date

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



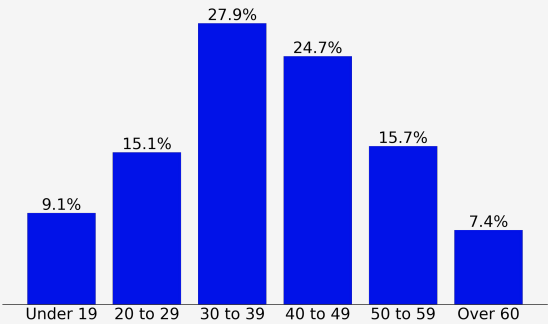
Visits by Reported Gender Year to Date

■ Female ■ Male ■ Other



Visits by Age Year to Date

■ Percent Distribution



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

Member Clinical Needs



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

Member Reported Visit Reasons

Top 10 Visit Reasons

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

Member Conditions

Top 10 Diagnoses

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

Clinical Service Delivery



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

Prescriptions and Testing Summary

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

Top Prescriptions and Testing Orders

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

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



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

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



Virtual Care Engagement Monthly Report

**UMR-State of Nevada
August 2025**

Member Engagement



38

Registrations This Month

300

Unique Visitors This Month

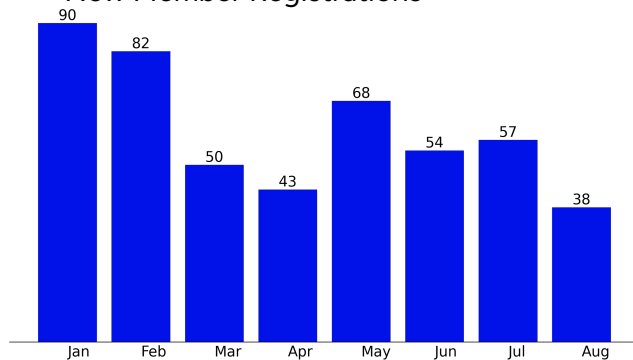
373

Total Visits This month

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

New Registrations (Year to Date)

■ New Member Registrations



48,935

Total Covered Lives

13,797

Registrations Lifetime to date

28.2%

Registration Rate Lifetime to date

-

Employee Covered Lives

482

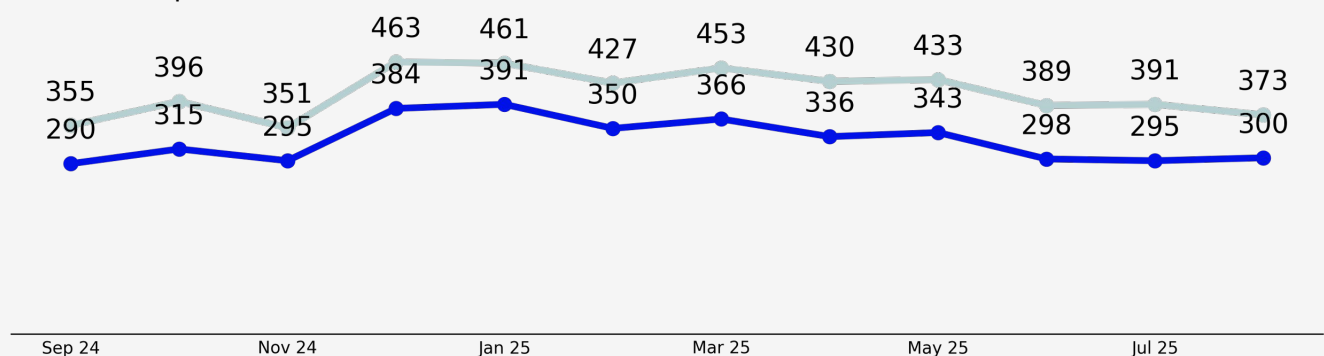
Registrations Year to Date

1.0%

Registration Rate Year to Date

Visits Last 12 Months

—●— Unique Visitors —●— Total Visits



26,079

Visits Lifetime to Date

8,140

Unique Visitors Lifetime to Date

3.2

Avg Visits Per Visitor Lifetime to Date

16.6%

Engagement Rate (Visitors/Lives) Lifetime to Date

3,357

Visits Year to Date

1,665

Unique Visitors Year to Date

2.0

Avg Visits Per Visitor Year to Date

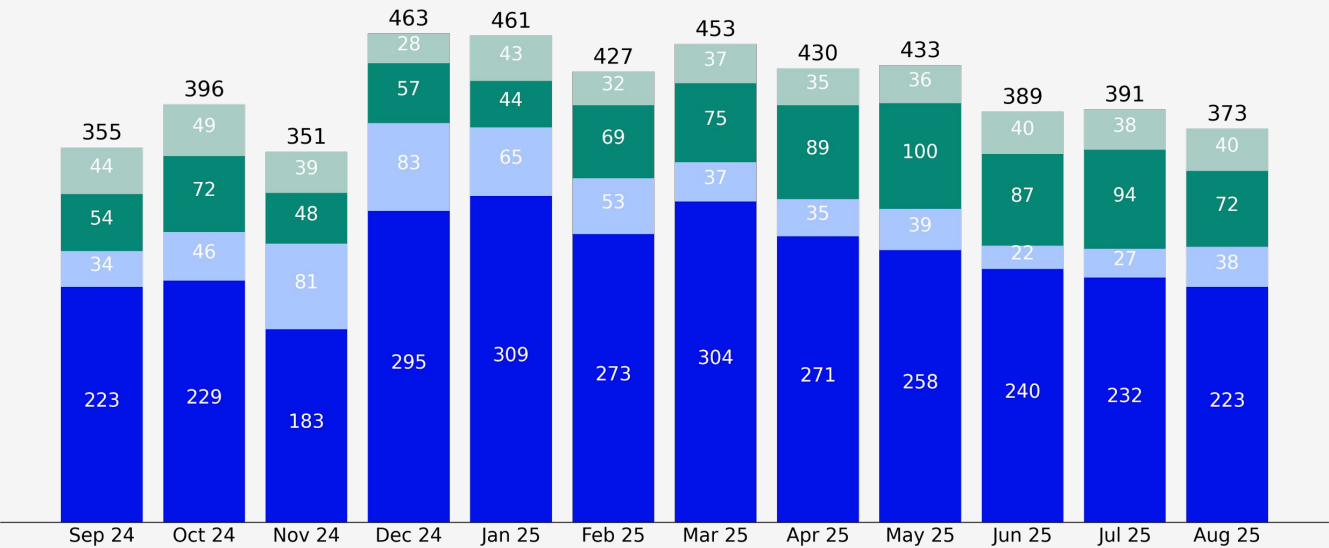
3.4%

Engagement Rate (Visitors/Lives) Year to Date

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

- Scheduled Medical Visit
- On-Demand Medical Visit
- Therapy Visit
- Psychiatry Visit

Rolling 12 Month Period
Beginning 9/24/24



Member Demand by Visit Type Year to Date

Was the urgent care visit scheduled?



Appointment Type:



Most Popular Day for Visits
Year to Date

Friday

Most Popular Time for Visits
Year to Date

4PM - 6PM

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

Supporting your population

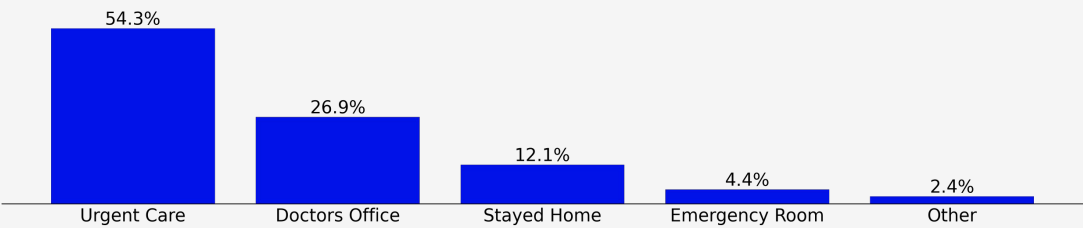


Member access, demographics, and experience

Without Included Health, where would you have gone?

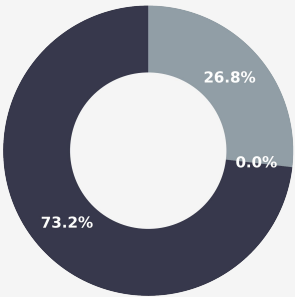
■ Percent Response Year to Date

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



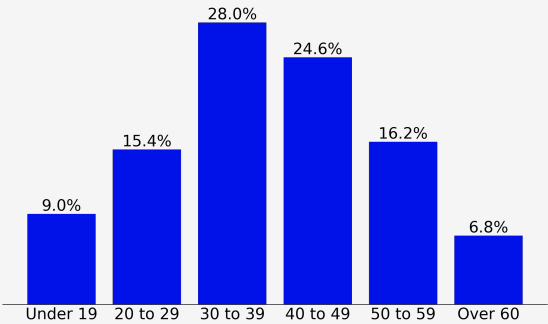
Visits by Reported Gender Year to Date

■ Female ■ Male ■ Other



Visits by Age Year to Date

■ Percent Distribution



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

Member Clinical Needs



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

Member Reported Visit Reasons

Top 10 Visit Reasons

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

Member Conditions

Top 10 Diagnoses

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

Clinical Service Delivery



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

Prescriptions and Testing Summary

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

Top Prescriptions and Testing Orders

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

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



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

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



Virtual Care Engagement Monthly Report

**UMR-State of Nevada
September 2025**

Member Engagement



38

Registrations This Month

328

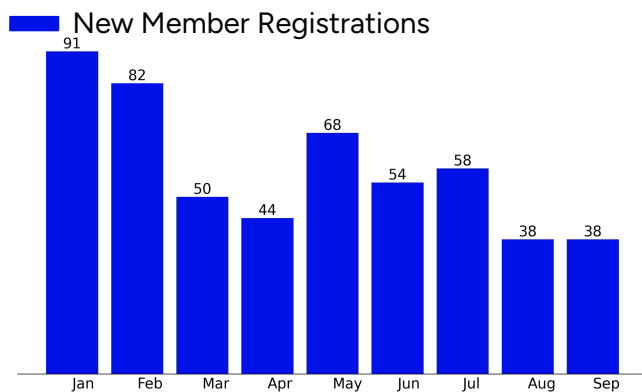
Unique Visitors This Month

422

Total Visits This month

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

New Registrations (Year to Date)



48,935

Total Covered
Lives

13,843

Registrations
Lifetime to date

28.3%

Registration Rate
Lifetime to date

-

Employee
Covered Lives

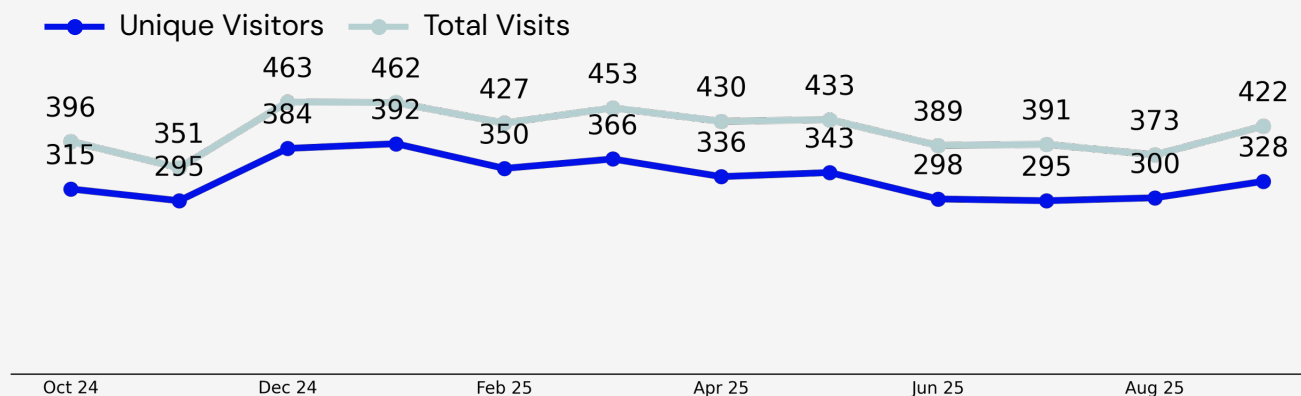
523

Registrations
Year to Date

1.1%

Registration Rate
Year to Date

Visits Last 12 Months



26,502

Visits
Lifetime to Date

8,188

Unique Visitors
Lifetime to Date

3.2

Avg Visits Per Visitor
Lifetime to Date

16.7%

Engagement Rate
(Visitors/Lives)
Lifetime to Date

3,780

Visits
Year to Date

1,784

Unique Visitors
Year to Date

2.1

Avg Visits Per Visitor
Year to Date

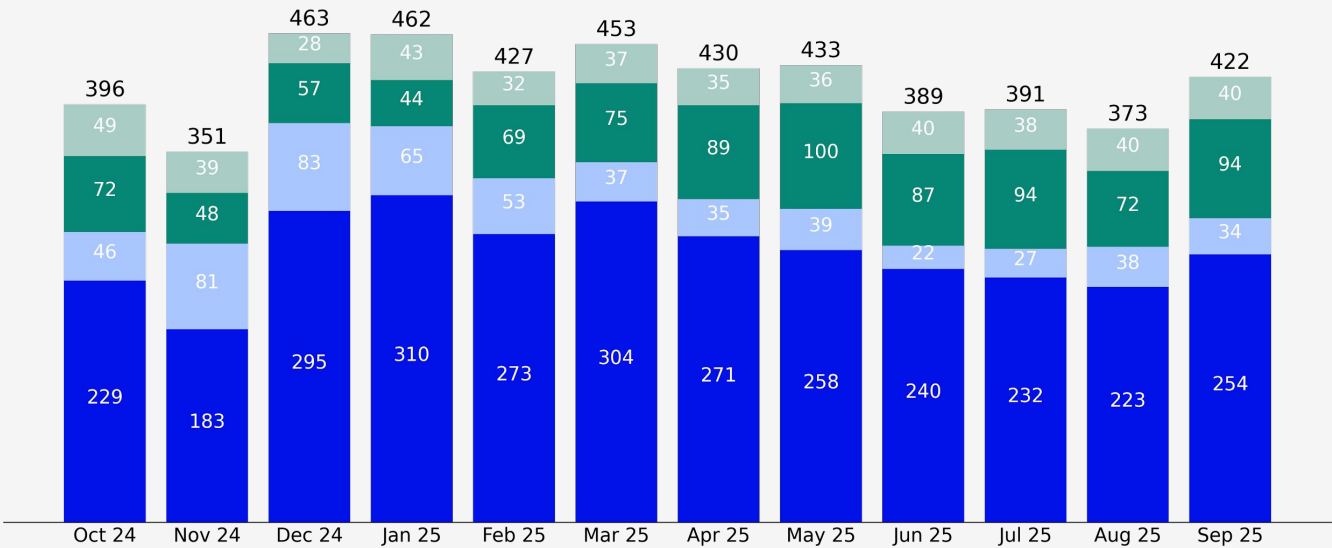
3.6%

Engagement Rate
(Visitors/Lives)
Year to Date

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

- Scheduled Medical Visit
- On-Demand Medical Visit
- Therapy Visit
- Psychiatry Visit

9
Rolling 12 Month
Calendar Month

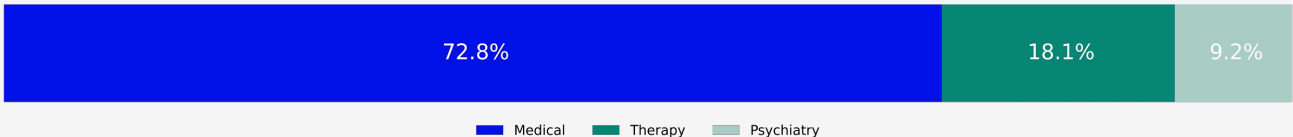


Member Demand by Visit Type Year to Date

Was the urgent care visit scheduled?



Appointment Type:



Most Popular Day for Visits
Year to Date

Monday

Most Popular Time for Visits
Year to Date

10AM - Noon

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

Supporting your population

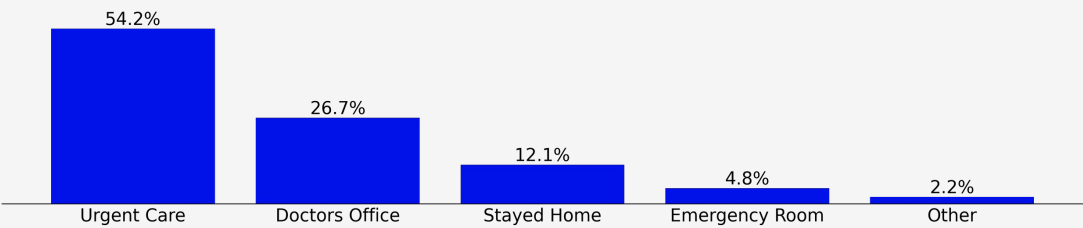


Member access, demographics, and experience

Without Included Health, where would you have gone?

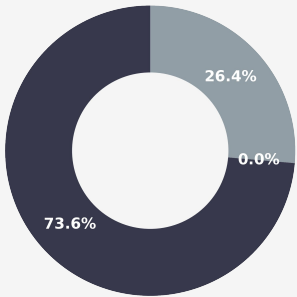
■ Percent Response Year to Date

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



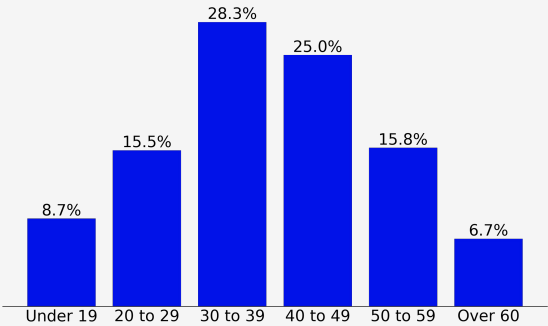
Visits by Reported Gender Year to Date

■ Female ■ Male ■ Other



Visits by Age Year to Date

■ Percent Distribution



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

Member Clinical Needs



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

Member Reported Visit Reasons

Top 10 Visit Reasons

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

Member Conditions

Top 10 Diagnoses

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

Clinical Service Delivery



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

Prescriptions and Testing Summary

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

Top Prescriptions and Testing Orders

| Top Prescriptions | Count (YTD) |
|--------------------------------|-------------|
| benzonatate 200 mg capsule | 201 |
| nitrofurantoin monohydrate/mac | 178 |
| albuterol sulfate hfa 90 mcg/a | 168 |
| amoxicillin 875 mg-potassium c | 167 |
| prednisone 20 mg tablet | 143 |
| fluticasone propionate 50 mcg/ | 132 |
| azelastine 137 mcg (0.1 %) nas | 116 |
| ondansetron 4 mg disintegratin | 100 |
| fluconazole 150 mg tablet | 81 |
| doxycycline hyclate 100 mg cap | 68 |

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



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

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

12.2.11

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



Real Appeal

State of Nevada

Data from July 2015 through September 2025

Dashboard Report



1,874

Enrollment

Members enrolled since program inception*



85%

At-Risk

Members with BMI > 30, or BMI between 25 to 29.99 and a qualifying comorbidity



1,022

Engagement

Members attending one or more coaching sessions



113

Currently Engaged

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



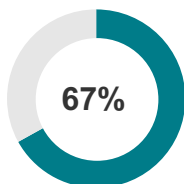
Member Satisfaction Rating

4.84

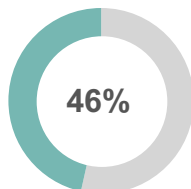
*Data since program inception, unless an alternative date range has been specified on the cover page.

At-Risk Attendance

4+ Sessions Attended



9+ Sessions Attended



At-Risk

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

At-Risk Weight Loss

35%
5%+ Weight Loss

Attended 4+ Sessions
In Program 16+ Weeks

5.8
Average lbs. Loss
(per member)

Attended 4+ Sessions
In Program 16+ Weeks



740

Members Reporting Weight Loss

6,889

Total Pounds Lost

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

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

Dashboard Report



1,874

Enrollment

Members enrolled since program inception*



85%

At-Risk

Members with BMI > 30, or BMI between 25 to 29.99 and a qualifying comorbidity



1,022

Engagement

Members attending one or more coaching sessions



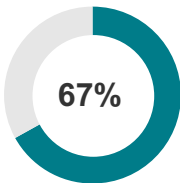
113

Currently Engaged

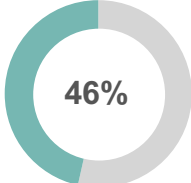
Members actively engaged due to logging activity within the last six weeks

At-Risk Attendance

4+ Sessions Attended



9+ Sessions Attended



At-Risk

Diabetes, Cardiovascular or other related conditions

Attend 4+ Sessions

Real Appeal Expectations 70%

Attend 9+ Sessions

Real Appeal Expectations 50%

At-Risk Weight Loss

35%
5%+ Weight Loss

Attended 4+ Sessions
In Program 16+ Weeks

5.8
Average lbs. Loss
(per member)

Attended 4+ Sessions
In Program 16+ Weeks



740

Members Reporting Weight Loss

6,889

Total Pounds Lost

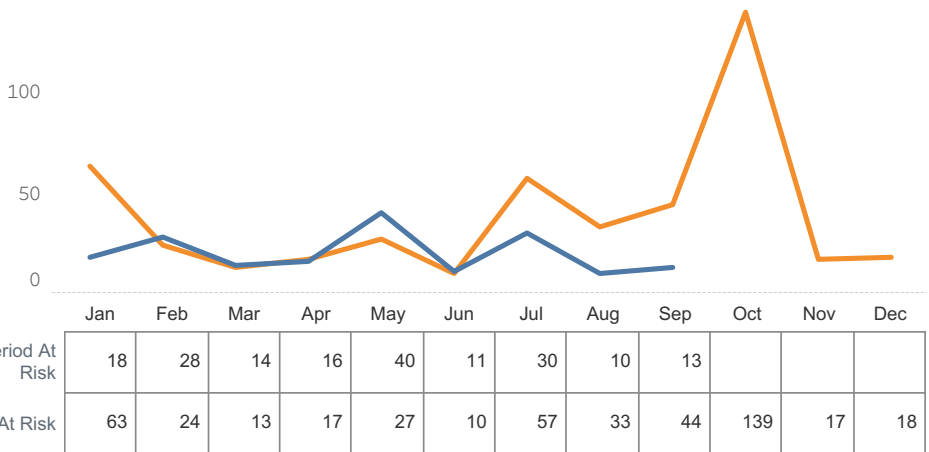
5%+ Loss: Real Appeal Expectations 33%

5%+ Loss: Represents members that have reported weight loss

At-Risk Enrollment

Current Period At Risk

Prior Period At Risk



Disqualification Criteria:

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

| | 2024 | 2025 |
|--------------|------|------|
| Enrolled | 542 | 207 |
| Disqualified | 17 | 8 |

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

Enrollment Summary



1,874

Enrollment

Members enrolled since program inception*



1,593

At-Risk

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



36

Re-Enrolled

Members who completed the programs and enrolled for another period



113

Currently Engaged

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

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

Enrollments by Year

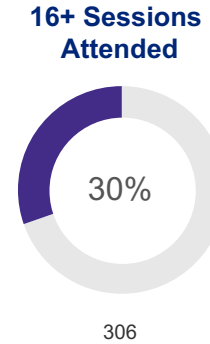
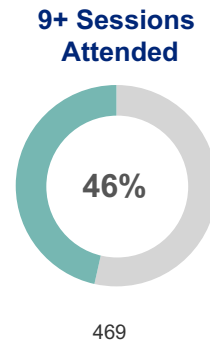
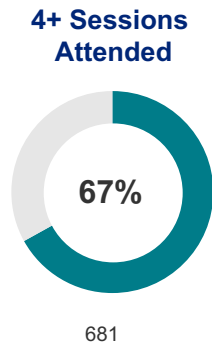
| Grand Total | 2023 | 2024 | 2025 |
|-------------|-------|------|------|
| 1,874 | 1,125 | 542 | 207 |

Enrollments by Month

| | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Jan | | 71 | 22 |
| Feb | | 29 | 34 |
| Mar | | 15 | 18 |
| Apr | | 17 | 19 |
| May | | 36 | 44 |
| Jun | | 12 | 13 |
| Jul | 869 | 66 | 34 |
| Aug | 121 | 34 | 10 |
| Sep | 35 | 47 | 13 |
| Oct | 47 | 168 | |
| Nov | 33 | 27 | |
| Dec | 20 | 20 | |

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

At-Risk Class Progression & Session Engagement



Real Appeal Expectations

70% Will Attend 4+ Sessions

50% Will Attend 9+ Sessions

30% Will Attend 16+ Sessions

Currently in Week / Session Engagement

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

At-Risk Outcomes



740
Members with
Weight Loss



6,889
Pounds Lost



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

2.9% Book of Business



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

Your Results

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

At-Risk 5%+ Weight Loss

2025 20%

2024 19%

2023 19%

Real Appeal Book of Business

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

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

* Note: Outcomes in above charts include members who may have weight loss, weight gain, or remain unchanged.

Enrollee Characteristics & Outcomes

BMI

| ** 23-24.9 | 25-29.9 | >=30 |
|------------|------------|--------------|
| 131
7% | 555
30% | 1,188
63% |

Medical Need

| At-Risk | Not At-Risk |
|--------------|-------------|
| 1,593
85% | 281
15% |

Gender

| Female | Male |
|--------------|------------|
| 1,563
83% | 311
17% |

Plan Member Type

| Employee | Spouse/Other |
|--------------|--------------|
| 1,787
95% | 87
5% |

Age Range

| 18-29 | 30-39 | 40-49 | 50-64 | 65-69 | 70+ |
|-----------|------------|------------|------------|----------|----------|
| 111
6% | 428
23% | 527
28% | 696
37% | 82
4% | 30
2% |

**On occasion individuals with a BMI <23 will be included in this category.

Attendance & Weight Loss

| | | % 4+ | 5%+ Loss |
|------------|--------|-------|----------|
| >=30 | Female | 66.4% | 18.8% |
| | Male | 61.3% | 16.8% |
| 25-29.9 | Female | 66.2% | 17.6% |
| | Male | 55.6% | 20.6% |
| ** 23-24.9 | Female | 55.4% | 13.8% |
| | Male | 42.9% | 0.0% |

Book of Business Attendance & Weight Loss

| | | % 4+ | 5%+ |
|-----------|--------|-------|-------|
| >=30 | Female | 73.6% | 21.0% |
| | Male | 68.6% | 22.8% |
| 25-29.9 | Female | 66.7% | 17.6% |
| | Male | 57.6% | 16.4% |
| 18.5-24.9 | Female | 48.0% | 13.9% |
| | Male | 38.0% | 9.7% |

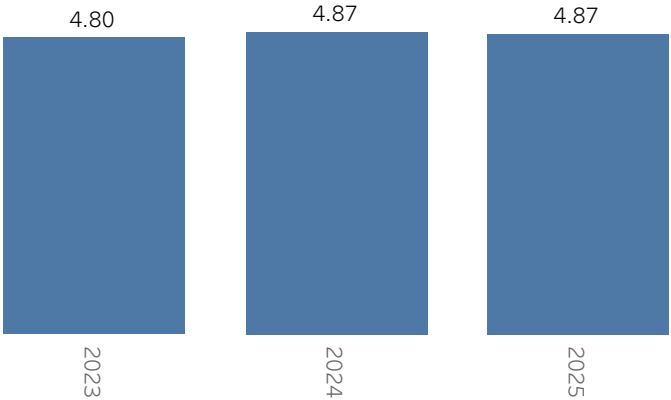
Member Satisfaction



Member
Satisfaction
Rating
4.84

Book of Business 4.82

Average Rating
On a Scale 1-5
(with 5 being the Highest)



Total Ratings
Classroom Experience **5,228**

Registration & Enrollment

Relationship

| | Relationship | Grand Total | 2023 | 2024 | 2025 |
|---------------------|--------------|--------------|-------|------|------|
| Registered | Employee | 1,849 | 1,099 | 550 | 200 |
| | Spouse/Other | 91 | 67 | 9 | 15 |
| Disqualified | Employee | 62 | 37 | 17 | 8 |
| | Spouse/Other | 4 | 4 | 0 | 0 |
| Enrolled | Employee | 1,787 | 1,062 | 533 | 192 |
| | Spouse/Other | 87 | 63 | 9 | 15 |
| At-Risk | Employee | 1,518 | 897 | 455 | 166 |
| | Spouse/Other | 75 | 54 | 7 | 14 |
| Not At-Risk | Employee | 269 | 165 | 78 | 26 |
| | Spouse/Other | 12 | 9 | 2 | 1 |
| Re-Enrolled | Employee | 36 | 0 | 19 | 17 |
| | Spouse/Other | 0 | 0 | 0 | 0 |

Month

| | Total | January | February | March | April | May | June | July | August | September | October | November | December |
|--------------|------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| Registered | 439 | 22 | 35 | 18 | 19 | 45 | 14 | 39 | 10 | 13 | 174 | 28 | 22 |
| Disqualified | 17 | 0 | 1 | 0 | 0 | 1 | 1 | 5 | 0 | 0 | 6 | 1 | 2 |
| Enrolled | 422 | 22 | 34 | 18 | 19 | 44 | 13 | 34 | 10 | 13 | 168 | 27 | 20 |
| At-Risk | 354 | 18 | 28 | 14 | 16 | 40 | 11 | 30 | 10 | 13 | 139 | 17 | 18 |
| Not At-Risk | 68 | 4 | 6 | 4 | 3 | 4 | 2 | 4 | 0 | 0 | 29 | 10 | 2 |
| Re-Enrolled | 22 | 0 | 3 | 1 | 2 | 4 | 1 | 3 | 2 | 1 | 5 | 0 | 0 |

Appendix

| Measure | Definition |
|---------------------------------|--|
| Completed Registration | Based on valid insurance the member is eligible for the program.
Member can be counted 1+ times in this section if they re-enroll. |
| At-Risk | Member medically qualified to participate in the program. |
| At-Risk Weight Loss | Members medically qualified to participate in the program and have tracked weight loss. |
| At-Risk Engagement & Attendance | Members who medically qualify to participate.
% Engaged attended ≥ 1 session
% Engaged attended 4+ sessions
% Engaged attended 9+ sessions |
| Disqualified | Medically excluded or found ineligible. |
| Enrolled | Member has been identified to participate in the At-Risk or Not At-Risk program and has selected a class to participate in. |
| Engaged | Attended 1+ sessions |
| Active | Member in program for ≤ 52 weeks and has participated in the past 6 weeks |
| Average Pounds Start | Average weight when enrolled |

At-Risk Measurements

| | |
|---------------------|---|
| Total Pounds Lost | At-Risk members with weight loss |
| 3%+ Loss | At-Risk members who lost $\geq 3\%$ |
| 5%+ Loss | At-Risk members who lost $\geq 5\%$ |
| Average Pounds Lost | At-Risk members average pounds lost (Total At-Risk Pounds Lost) / (At-Risk Members) |

Outcomes

| | |
|-----------------------|---|
| All | At-Risk participants regardless of class participation or length in program |
| 1+ | Members attended 1+ sessions |
| 4+ Attended 16+ Weeks | At-Risk participants 4+ class participations, in program 16+ weeks |

13.

13. Public Comment.

14.

14. Adjournment.