



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

PUBLIC EMPLOYEES' BENEFITS PROGRAM

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NVHA.NV.GOV
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Stacie Weeks
Director



Theresa Carsten
Executive Officer

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program

Date and Time of Meeting: March 19, 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/jzcg3POeAjl>**

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/84530496510>
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: 845 3049 6510 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@nvha.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. At the discretion of the chair, the time for each individual to make comment, as well as the aggregate time for public comment, may be reasonably limited. Any such limitations will be announced at the beginning of the comment period. Additional comment periods, subject to similar limitations as announced by the chair, may be allowed on individual agenda items at the discretion of the chair. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. 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 or who wish to make comments not subject to a potential time limit may submit their public comment in writing by uploading a document to the [Public Comment Upload Form](#) located under [Contact Us](#) on the PEBP website, <https://www.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 the January 20, 2026 and February 24, 2026 PEBP Board Meetings. (Jim Wells, Board Chair) **(For Possible Action)**
5. Discussion and possible action regarding possible plan design changes in conjunction with rate setting scenarios and approving Plan Year 2027 rates for State and Non- State employees, retirees, and their dependents for the Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO), and Health Maintenance Organization Plan (HMO). (Deborah Donaldson, Segal and Theresa Carsten, Executive Officer) **(For Possible Action)**
6. Discussion and possible action on shortening the Open Enrollment period for Plan Year 2027. (Theresa Carsten, Executive Officer) **(For Possible Action)**

7. Executive Officer Report. (Theresa Carsten, Executive Officer) (Information/Discussion)
8. Contract Status Report. (Brandee Mooneyhan, Lead Insurance Counsel) (Information/Discussion)
 - 8.1 Contract Overview
 - 8.2 New Contracts
 - 8.3 Contract Amendments
 - 8.4 Status of Current Solicitations
9. SFY 26 Q2 Budget Report. (Monica McJoy, Chief Financial Officer) (Information/Discussion)
10. Q2 Sierra Healthcare Options – Utilization and Large Case Management.
(Joan Operario and Kelly Hall, UnitedHealthcare) (Information/Discussion)
11. Q2 Express Scripts – Utilization and Summary Reports (Amy Donohue & Amy Daily, Express Scripts)
(Information/Discussion)
12. Vendor Reports for the period ending December 31, 2025. (Information/Discussion)
 - 12.1 Q2 UMR – Obesity and Diabetes Care Management
 - 12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
 - 12.3 Q2 UnitedHealthcare Basic Life Insurance
 - 12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
 - 12.5 Q2 CDHP Performance Review
 - 12.6 Q2 LD PPO Performance Review
 - 12.7 Q2 EPO Performance Review
 - 12.8 Q2 HPN Performance Review
 - 12.9 Q2 Dental Performance Review
 - 12.10 Q2 Doctor on Demand Engagement Report
 - 12.11 Q2 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://www.pebp.nv.gov/meetings-events/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://www.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://www.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 January 20, 2026 and February 24, 2026 PEBP Board Meetings. (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)

January 20, 2026

**MEMBERS PRESENT
VIA TELECONFERENCE:**

Dr. Jennifer McClendon, Member

**MEMBERS PRESENT
IN PERSON:**

Mr. Jim Wells, Board Chair
Ms. Blaine Harper, Member
Ms. Joy Grimmer, Vice Chair
Mr. Jim Barnes, Member
Ms. Keiko Duncan, Member
Mr. Christopher Viton, Member
Ms. Janell Woodward, Member
Ms. Laura Rich, Member

MEMBERS EXCUSED:

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. Monica McJoy, Chief Financial Officer
Ms. Jessica Crane, Executive Assistant

OTHER PRESENTERS:

Mr. Richard Ward, Segal
Ms. Joni Amato, CTI
Ms. Jennifer Spencer, UMR

1. Open Meeting; Roll Call.
 - Board Chair Wells opened the meeting at 9:02 a.m.
2. Public Comment.
 - Kent Ervin – NV Faculty Alliance
 - Doug Unger – NV Faculty Alliance
 - Terri Laird – RPEN
3. PEBP Board disclosures for applicable Board meeting agenda items. (Jose Rivera, Deputy Attorney General) (Information/Discussion)
4. Approval of Action Minutes from the December 12, 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. 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)

BOARD ACTION ON ITEM 5

MOTION: No motion, meeting scheduled for February 18th for further discussion.

BY: Board Chair, Jim Wells

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

BOARD ACTION ON ITEM 6

MOTION: Accept reports and allow staff to update signatures as necessary.

BY: Member, Jim Barnes

SECOND: Member, Janell Woodward

VOTE: Unanimous, the motion carried

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

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

BOARD ACTION ON ITEM 8

MOTION: Accept audit and associated penalties and authorize staff to collect penalties.

BY: Member, Jim Barnes

SECOND: Member, Blaine Harper

VOTE: Unanimous, the motion carried

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

BOARD ACTION ON ITEM 9

MOTION: No motion.

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)

BOARD ACTION ON ITEM 8

MOTION: Motion to Nominate Jim Wells.

BY: Member, Keiko Duncan

SECOND: Member, Laura Rich

VOTE: Unanimous, the motion carried

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.

- Kent Ervin – NV Faculty Alliance

14. Adjournment.

MOTION: Motion to close the board meeting at 11:52 am.

BY: Member, Jim Barnes

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

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

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

February 24, 2026

**MEMBERS PRESENT
VIA TELECONFERENCE:**

Ms. Tarryn Emmerich-Choi, Member

**MEMBERS PRESENT
IN PERSON:**

Mr. Jim Wells, Board Chair
Ms. Joy Grimmer, Vice Chair
Ms. Blaine Harper, Member
Mr. Tom Zumtobel, Member
Mr. Jim Barnes, Member
Ms. Keiko Duncan, Member
Mr. Christopher Viton, Member
Ms. Janell Woodward, Member
Ms. Laura Rich, Member
Dr. Jennifer McClendon, Member

FOR THE BOARD:

Mr. Izaac Rowe, Deputy Attorney General

FOR STAFF:

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

OTHER PRESENTERS:

Mr. Richard Ward, Segal

1. Open Meeting; Roll Call.

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

2. Public Comment.

- Julie Balderson Knight, Member
- Dan Gordon, NV Police Union
- Kent Ervin, NV Faculty Alliance
- Tess Opferman, AFSCME
- Laura Cadod, Retiree
- Jorge Fonseca, Member
- Terri Laird, RPEN
- Cassie Charles, AFSCME
- Anna Binder, Member
- Robert Borchardt, Member
- Arianna Razo, Member
- Doug Unger, NV Faculty Alliance
- Andrea Hernandez, Member
- Dr. Leila Pazargadi, Member
- Lorayn Walser, Retiree
- Nichole Toth, Member
- Amanda Macias, Member
- Dr. Sarah Surrain, Member
- Frank Fong, Member

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

4. Presentation on potential plan design changes and rate methodology for Plan Year 2027. (Richard Ward, Segal) (**For Possible Action**)

BOARD ACTION ON ITEM 4

MOTION: Maintain the same out-of-pocket max in the CDHP in PY27 as in PY26.

BY: Member, Blaine Harper

SECOND: Member, Jennifer McClendon

VOTE: Ayes: 3

Opposed: 8

Motion Failed

5. Public Comment.

- Kent Ervin – NV Faculty Alliance
- Julie Balderson Knight, Member

6. Adjournment.

MOTION: Motion to close the board meeting at 3:31 p.m.

BY: Member, Laura Rich

SECOND: Vice Chair, Joy Grimmer

VOTE: Unanimous, the motion carried

5.

5. Discussion and possible action regarding possible plan design changes in conjunction with rate setting scenarios and approving Plan Year 2027 rates for State and Non- State employees, retirees, and their dependents for the Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO), and Health Maintenance Organization Plan (HMO). (Deborah Donaldson, Segal and Theresa Carsten, Executive Officer) **(For Possible Action)**



State of Nevada –
Public Employees' Benefit Program

Trend Presentation

March 19, 2026



| Agenda

Results of 2026 Segal Health Plan Cost Trend Survey

Historical PEBP Cost Trends

PY2027 Pricing Methodology and Assumptions

Questions

| Segal Health Plan Cost Trend Survey

About the Segal Health Plan Cost Trend Survey

- The 2026 Segal Health Plan Cost Trend **Survey** is our 29th annual survey.
 - Approximately **70** national and regional insurance carriers (HMOs, EPOs, HDHP, PPOs), administrators (TPAs) and pharmacy benefit managers (PBMs) participate.
 - Represents more than 80% of the commercially insured and self-insured market.
- Respondents reported 2024 actual and 2026 forecasted allowed trends.



PPO/POS Plans



HMO/EPO Plans



HDHPs

What's Behind the Numbers

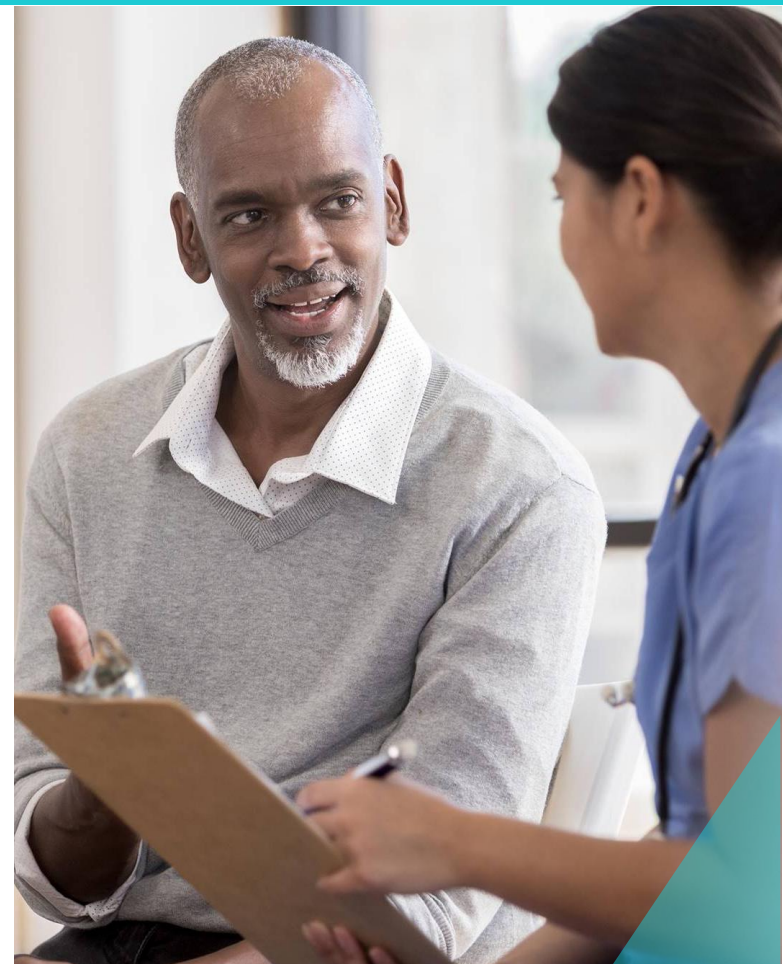
- Price inflation is the primary component of health plan cost increases, driven by:
 - Rising labor costs due to increased demand and limited supply
 - Regulatory changes
 - Ongoing workforce shortages
- Specialty drug trend remains high, driven by:
 - Utilization of high-cost new specialty drugs, replacing current drug therapies that have lower prices
 - High list price increases



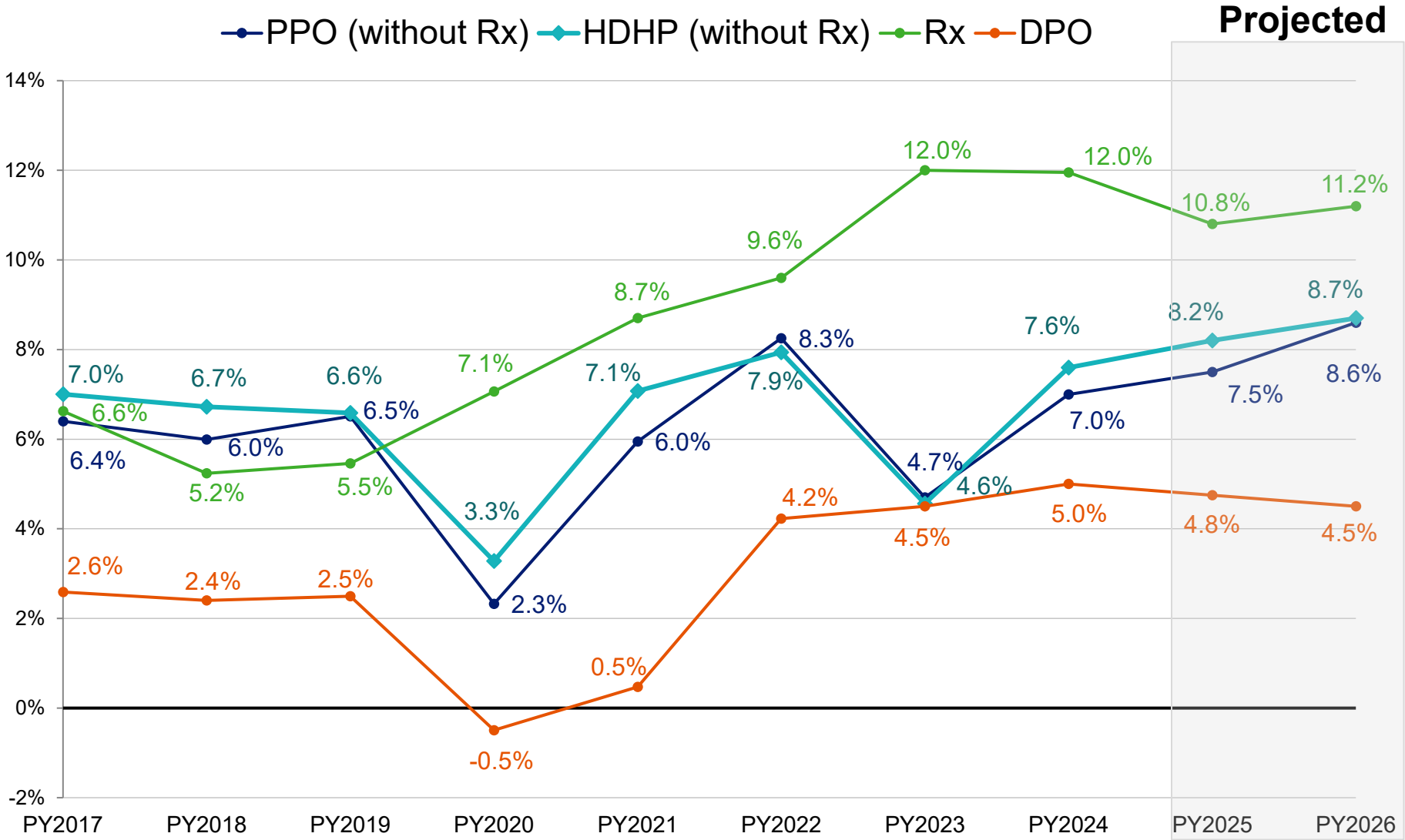
What Drives Trend?

- New treatments, therapies and technology
- Greater emphasis on detection and diagnostics
- Medical inflation, impacting the cost of care delivery
- Social and economic factors, which can influence utilization or care decisions
- Provider consolidation
- Implications of new laws
- Increased treatment burden due to the aging population and rise in chronic conditions
- Provider cost shifting
- Erosion effect of fixed deductibles and copayments¹

¹ This is a driver of net paid claim cost trends, not gross per capita claims cost increases.



Ten-Year Summary of Selected Medical, Prescription Drug Carve-Out and Dental Trends: 2017–2024 Actual and 2025 and 2026 Projected¹



Source: 2026 Segal Health Plan Cost Trend Survey

¹ All trends are illustrated for actives and retirees under age 65, except for MA HMOs.

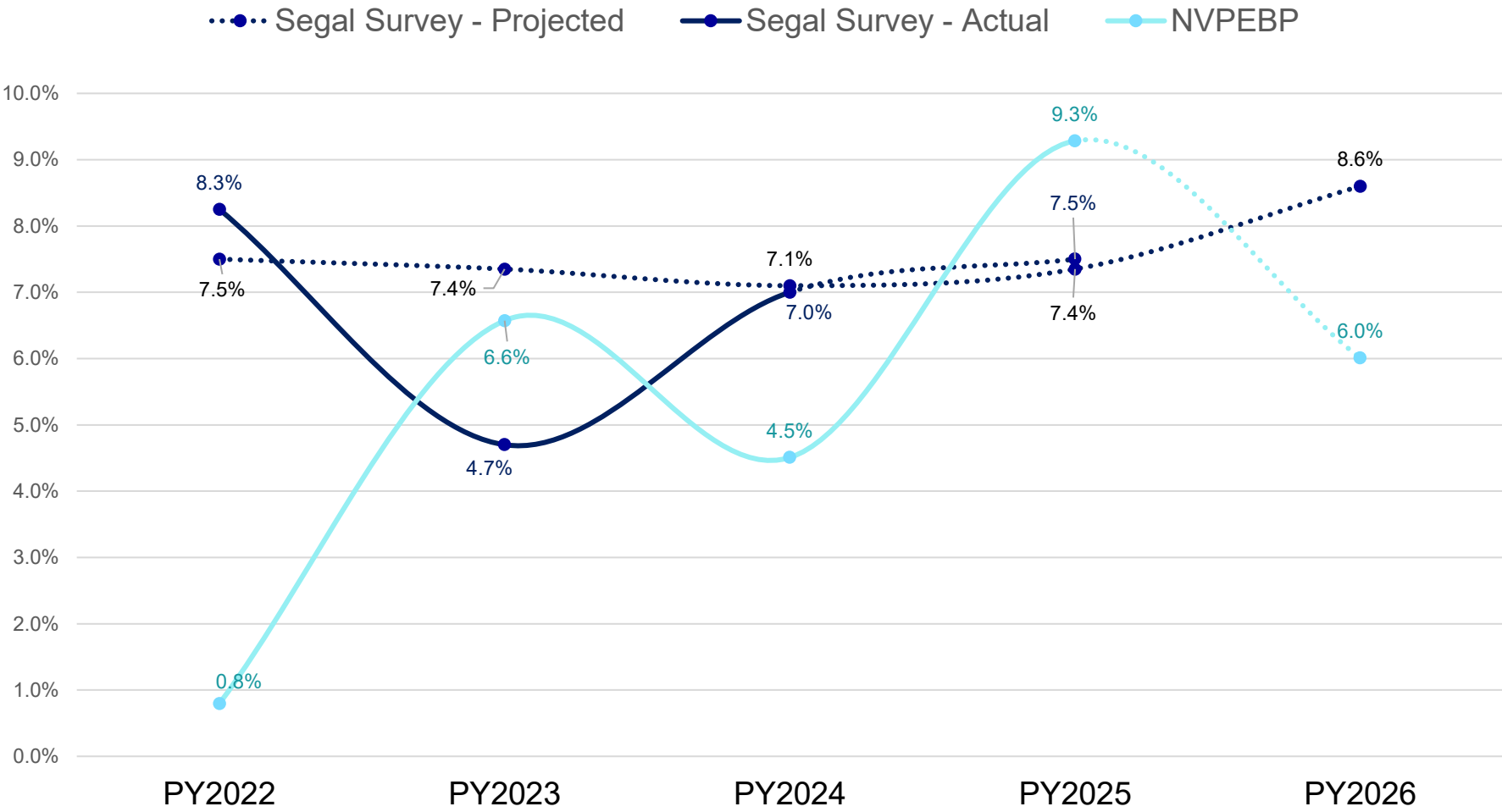
² Prescription drug trend is combined for retail and mail order delivery channels.

The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEBP's fiscal year.

| PEBP Historical Plan Trends

Five-Year Summary of Selected Medical Trends

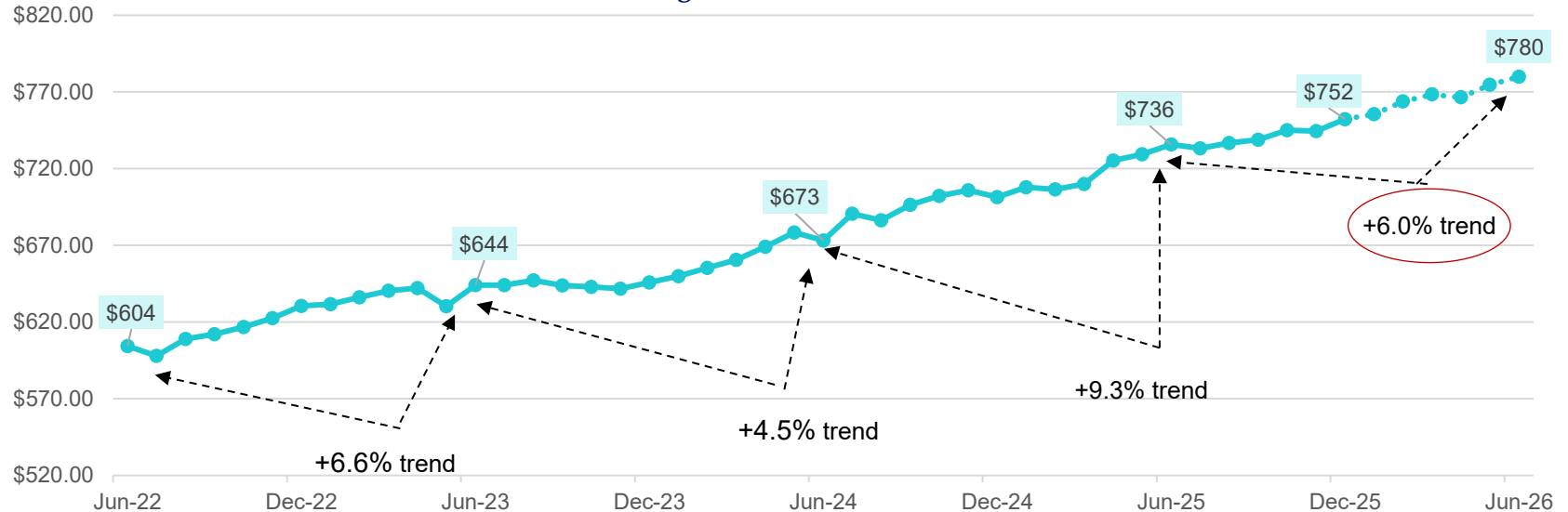
Plan Year 2022–2024 Actual and 2025 and 2026 Projected



Source: 2026 Segal Health Plan Cost Trend Survey All trends are illustrated for actives and retirees under age 65, except for MA HMOs, in the Segal Survey. The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEBP's fiscal year. The PY2025 Segal Survey Actual figure includes a projected component.

Historical Trend - Medical

Medical PEPM Cost History Rolling 12-month Incurred Basis



Plan Year	Legislative Approved Trend ¹	Pricing Trend	Actual ²
2023	3.52%	5.4%	6.6%
2024	3.91%	4.0%	4.5%
2025	3.91%	3.0%	9.3%
2026 ³	5.00%	5.0%	6.0%
2027	5.00%	6.0%	TBD

PEBP top Medical trend drivers through December 2025

- High-Cost Claimants - Account for \$2M increase between FY24/FY25
- Cancer prevalence is 7.9% of members
- Diabetes prevalence is 6.4% of members
- MSK prevalence is 18.9% of members

In years where legislative approved are less than actual, PEBP needs to pick up difference

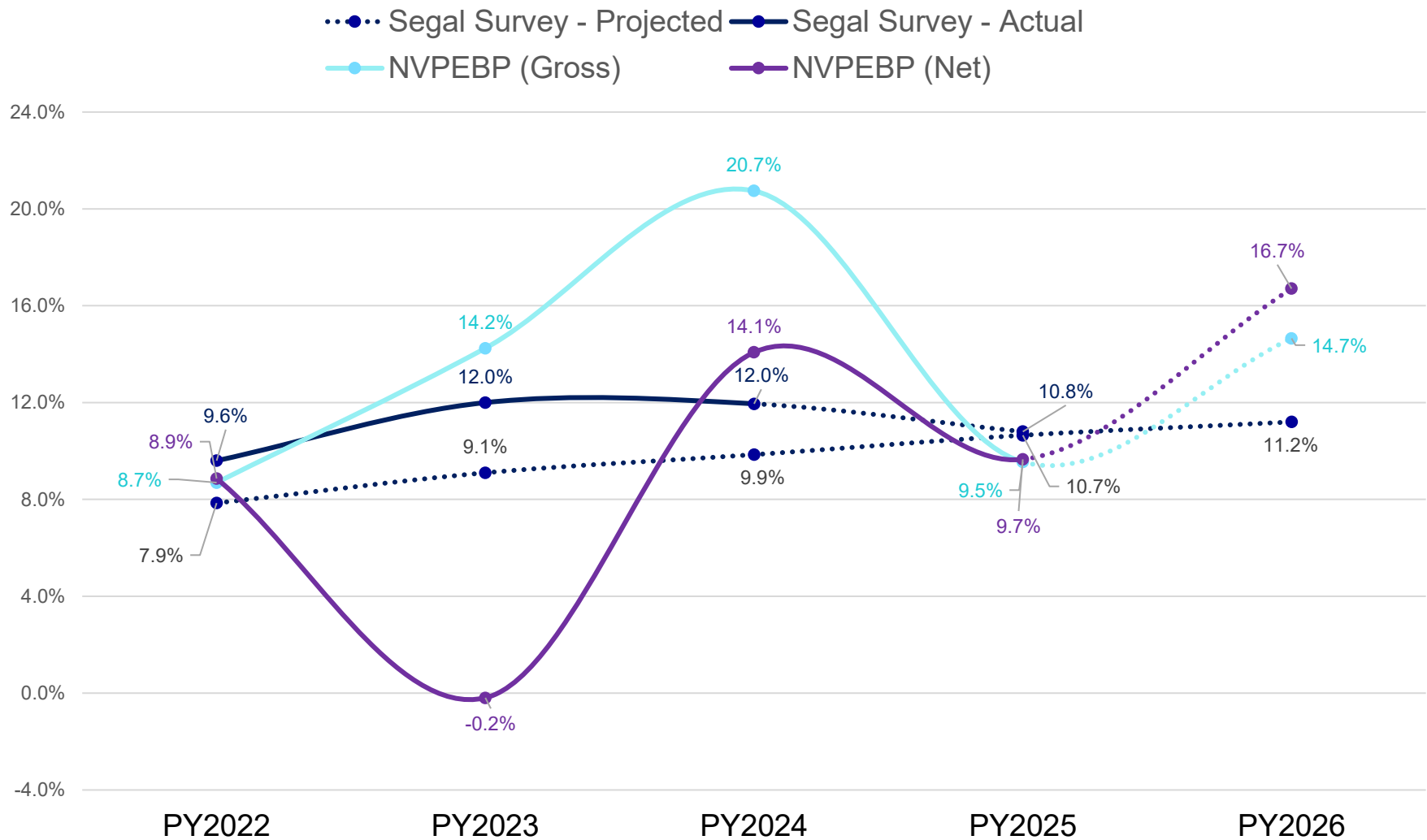
¹ Per PEBP.

² Actual trends are based on incurred claims data as reported by UMR with runout paid through December 31, 2025.

³ The actual trend shown for PY2026 is estimated based on actual claims incurred year-to-date with a projection of expected claim cost. Therefore, actual PY2026 trends may change as experience develops.

Five-Year Summary of Selected Prescription Drug Carve-Out Trends

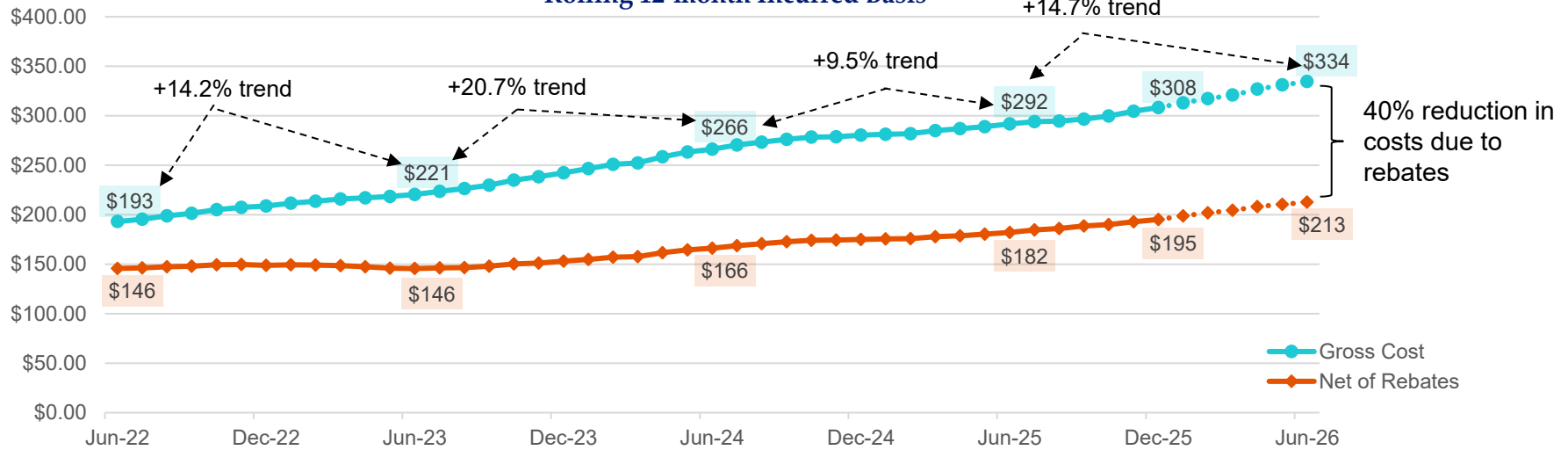
Plan Year 2022–2024 Actual and 2025 and 2026 Projected



Historical Trend – Rx

Prescription Drug PEPM Cost History

Rolling 12-month Incurred Basis



PEBP top Rx trend drivers

- The number of patients utilizing Mounjaro and Ozempic continues to rise (2-3x that of prior period)
- Specialty patients increasing by 15-20% in FY25
- Rebate trend lagging claims trend in FY25

In years where legislative approved are less than actual, PEBP needs to pick up difference

Plan Year	Legislative Approved Trend ¹	Pricing Trend ²	Actual ³ (Gross)	Actual ² (Net)
2023	4.00%	6.7%	14.2%	-0.2%
2024	3.67%	8.0%	20.7%	14.1%
2025	3.67%	10.0%	9.5%	9.7%
2026 ³	15.00%	15.0%	14.7%	16.7%
2027	15.00%	11.0%	TBD	TBD

¹ Per PEBP.

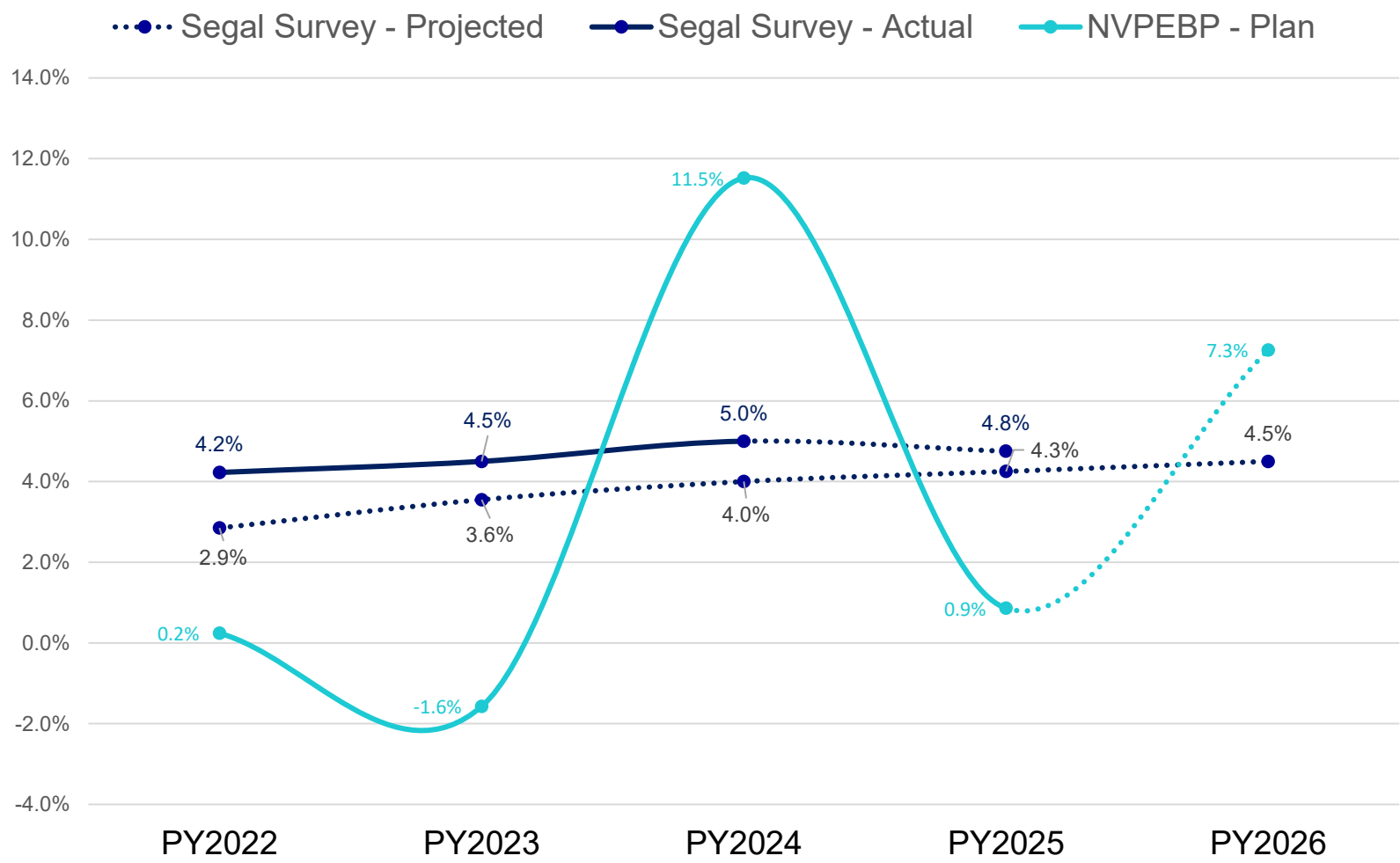
³ Actual trends are based on incurred claims data and rebates as reported by ESI with runout paid through December 31, 2025.

³The actual trend shown for PY2026 is estimated based on actual claims incurred year-to-date with a projection of expected claim cost. Therefore, actual PY2026 trends may change as experience develops.

Pharmacy trends are shown on both a gross and net plan cost basis (i.e., before and after the application of manufacturer rebates).

Five-Year Summary of Selected Dental Trends

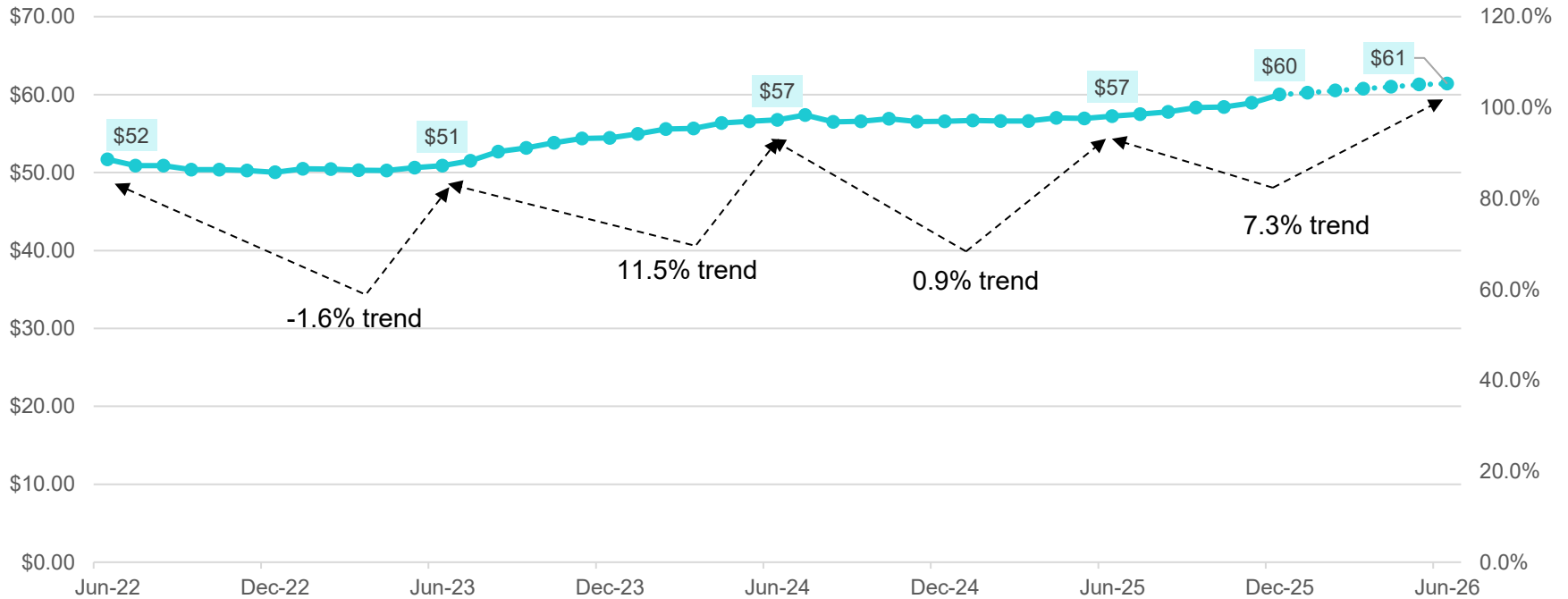
Plan Year 2022–2024 Actual and 2025 and 2026 Projected



Source: 2026 Segal Health Plan Cost Trend Survey All trends are illustrated for actives and retirees under age 65, except for MA HMOs, in the Segal Survey. The Segal Trend Survey data is reported on a calendar year basis and has been converted to a plan year basis to align with PEBP's fiscal year. The PY2024 Segal Survey Actual figure includes a projected component.

Historical Trend - Dental

Dental PEPM Cost History
Rolling 12-month Incurred Basis



Plan Year	Legislative Approved Trend ¹	Pricing Trend ²	Actual ³
2023	1.75%	3.0%	-1.6%
2024	2.00%	1.0%	11.5%
2025	2.00%	2.0%	0.9%
2026 ⁴	3.00%	3.0%	7.3%
2027	3.00%	3.5%	TBD

¹ Per PEBP.

² Expected trends are based on the pricing trend assumed when setting each Plan Year's rates.

³ Actual trends are based on incurred claims data as reported by UMR with runout paid through December 31, 2025.

⁴ The actual trend shown for PY2026 is estimated based on actual claims incurred year-to-date with a projection of expected claim cost. Therefore, actual PY2026 trends may change as experience develops.

Executive Summary

- For PY2023-2025, PEBP's medical and pharmacy trends ran above, while dental trend ran below industry.
- For PY2026 and in comparison to PY2023-2025, Segal is projecting lower medical claims trend, similar pharmacy and a higher dental claims trend.
- Historical gross pharmacy trend exceeded 10% since PY22 but has returned to lower levels beginning May 2025 and through December 2025
 - Segal is utilizing an 11% trend for PY2027 projections
 - Net Rx trend for PY2026 is expected to be 16.7% after rebates are applied
- Dental claims trend has been volatile since COVID

Plan Years 2023-2025 Actual¹

	PEBP	Industry ²
Medical	6.8%	6.4%
Pharmacy ³	14.8%	11.6%
Dental	3.5%	4.7%

Plan Year 2026 Projected

	PEBP	Industry ²
Medical	6.0%	8.6%
Pharmacy ³	14.7%	11.2%
Dental	7.3%	4.5%

Plan Year 2027 Projected

	PEBP	Industry
Medical	6.0%	9.3%
Pharmacy ³	11.0%	11.0%
Dental	3.5%	4.5%

¹ Average annualized trend comparing PY2025 to PY2023 costs.

² Industry trend come from the 2026 Segal Trend Survey, PY2025 and PY2026 use a projected component.

³ Pharmacy trends is based on allowed claims prior to rebates.

| PY2027 Pricing Methodology and Assumptions

Pricing Methodology Overview

1 | **Historical Claims and Enrollment**
Medical, pharmacy and dental claims + shared savings fees + capitation fees, less pharmacy rebates

2 | **Project to Experience Period**
Pricing trend assumptions, plan design changes, demographic and seasonality adjustments

3 | **Administrative Fees**
Medical, pharmacy, dental ASO fees and other applicable fees or credits

4 | **Rates & Contributions**
Develop budget rates by coverage tier as the basis for setting employee and retiree contributions

Pricing Methodology and Assumptions

1

Historical Claims and Enrollment¹

- Claims and enrollment from January 2024 through December 2025 used as the basis of the projection.
- Data was provided by: UMR, ESI, and TELUS Health.

2

Project to Experience Period

- Claims costs are projected on an incurred basis with 60% weighting to the most recent 12-month experience period.
- Trend assumptions applied to projection period.
- Adjustments made to projected costs to account for program changes, migration, mix of services and plan design changes.
- Pharmacy rebates are modeled based on the anticipated minimum guarantees for PY2027 in the proposed ESI contract renewal.

Medical	6.0%
Rx	11.0%
Dental	3.5%

¹ In conducting our analysis, we have relied on data provided by NV PEBP's vendors. We have accepted the data without audit and relied upon the sources for the accuracy of the data.

Pricing Methodology and Assumptions (cont'd)

3

Administrative Fees

- Administrative Fees
 - Medical ASO
 - Rx ASO
 - Dental ASO
 - General Administration fees
 - Life premiums
- Fully Insured HMO premiums for PY2027, which included a 9% increase over current rates, were provided by UHC.

4

Rates & Contributions

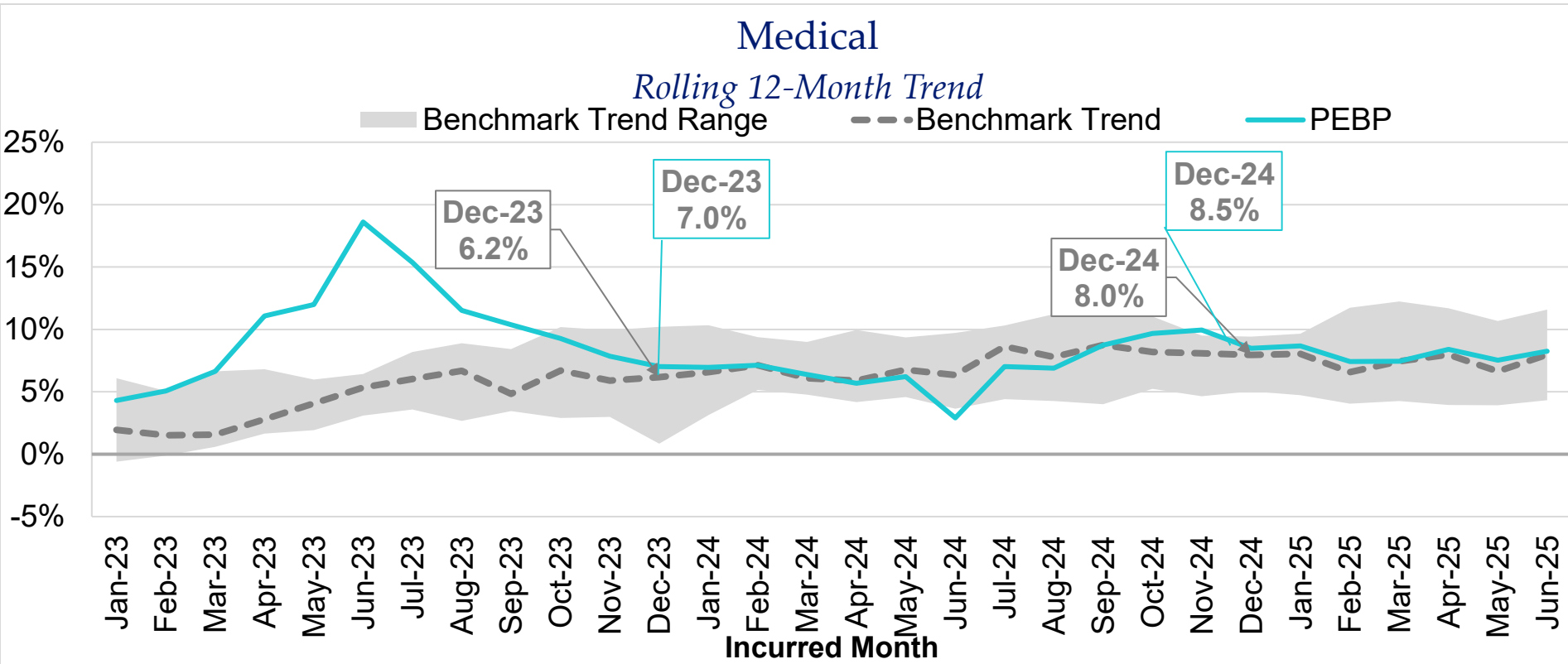
- AEGIS (\$943) and REGI (\$700) amounts for PY 2027, per the Final State Budget.

Thank
You

| Appendix

Medical Trend Summary

% Change in Allowed PMPM



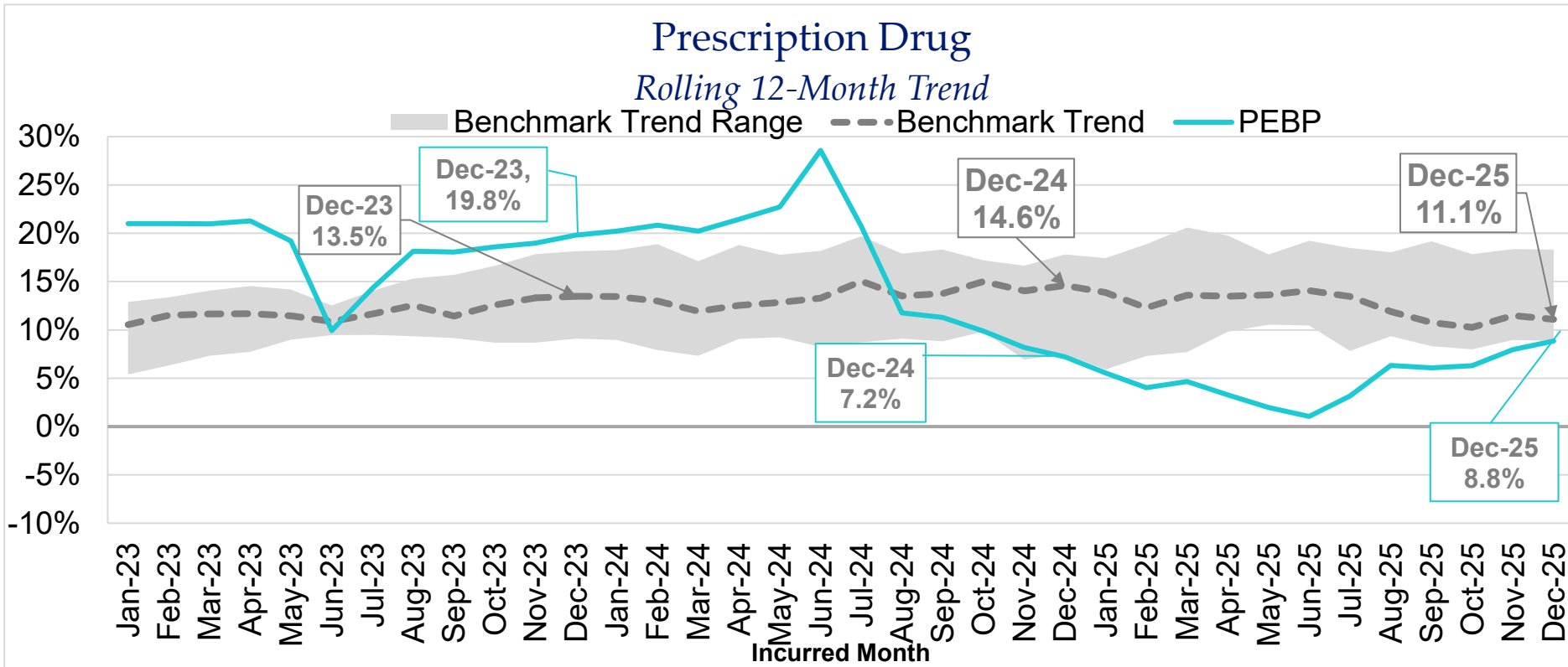
- These Allowed Cost trends are higher than the Plan Paid trends shown on p4, due in part to PEBP maintaining consistent deductibles, OOP Maxes and copays year-to-year
- Year-over-year medical for Nevada PEBP in 2024 was 8.5% which is slightly above the benchmark rate of 8.0%.
- Year-to-date 2025 trends are showing PEBP's medical trend is in line with the benchmark data.

Source: SHAPE Data Warehouse

* The Trend Range represents the 25th – 75th percentile across Segal's SHAPE public sector book-of-business

Prescription Drug Trend Summary

% Change in Allowed PMPM



- These Allowed Cost trends are higher than the Plan Paid trends shown on p4, due in part to PEBP maintaining consistent deductibles, OOP Maxes and copays year-to-year
- Year-over-year medical for Nevada PEBP in 2025 was 8.8% which below the benchmark trend of 11.1% and lower than over 75% of Segal's SHAPE book of business.

Source: SHAPE Data Warehouse

- The Trend Range represents the 25th – 75th percentile across Segal's SHAPE public sector book-of-business
- Data does not consider drug manufacturer rebates or the impact of variable copay/coupon programs



Nevada Public Employee's Benefits Program

PY2027 Rates and Benefits

March 19, 2026



| Agenda

Current state and background

Review cost and trend information

PY2027 premium scenarios

Background

- The Board approved changes in deductibles and Out-of-Pocket Maximum's (OOPMax) for all plans for PY2027 at the December 2025 Board meeting
 - Annual savings are estimated to be about \$5M (1%), pending any migration
- Enrollment has migrated towards the LDPPO consistently on an annual basis since it was introduced in PY2022
 - Migration has been primarily from the CDHP, but some from the EPO/HMO too
- For PY2026, premium increases were 13% in aggregate, while State funding increased 30%
 - Active CDHP premiums remained at PY2025 levels
- Trend increases have largely been absorbed by the plan
 - Member cost share (includes premiums and copays/deductibles/etc) has declined from 33.3% in PY2022 to 31.5% in PY2025
 - EPO/HMO has highest total OOP (including premiums)
- 1% of the membership is responsible for 31% of total plan costs
 - Average annual cost for these members is \$217,000
 - Average annual cost per member for the lowest 85% is \$3,400
- 8% of employees/families reached the annual OOPMax in PY2025
 - CDHP, at 10.7%, had the highest rate

PY2027 Plan Designs

In-Network benefits

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

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

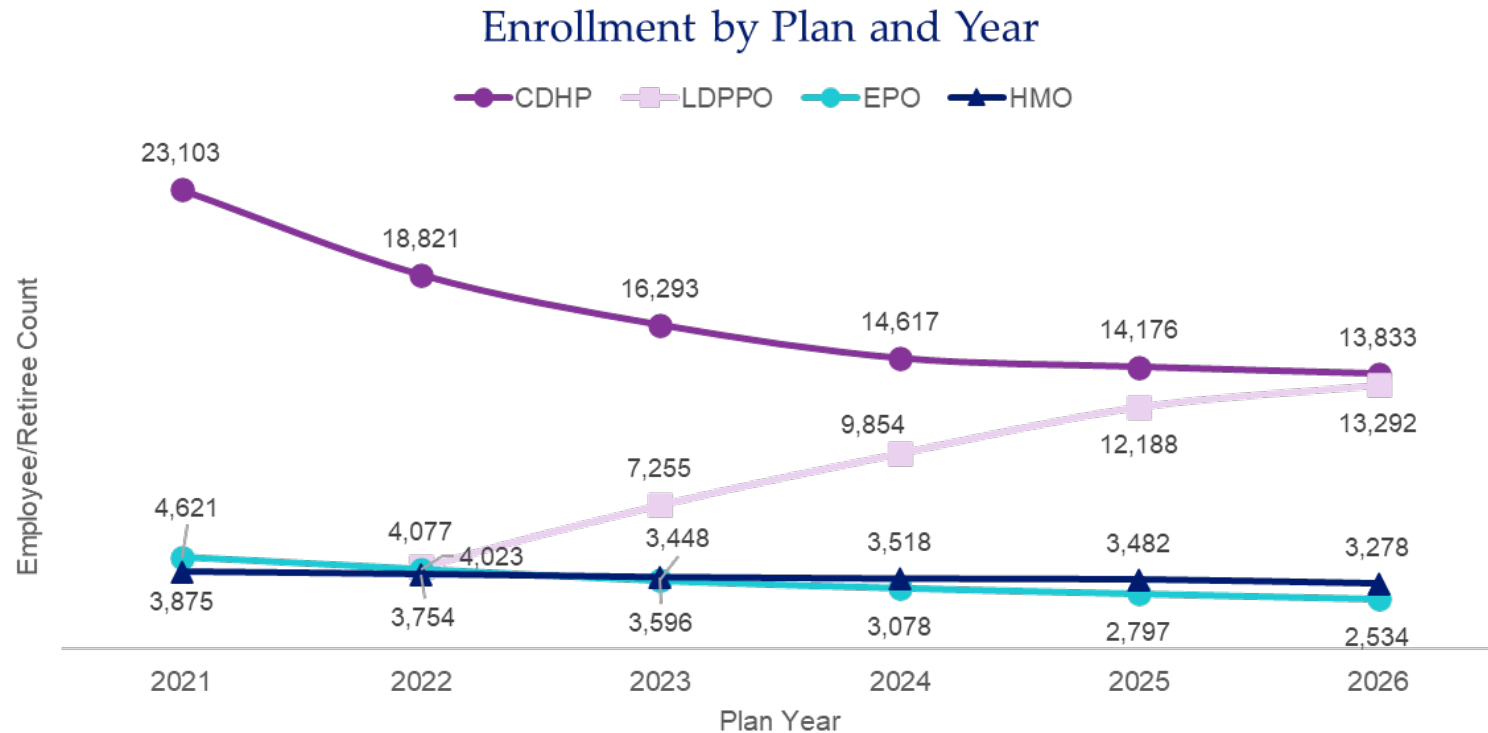
PY2027 Plan Changes

- PY2027 plan changes approved at the December 2025 Board meeting
- Savings reduce premiums since PY2027 AEGIS/REGI are fixed

Option	Description	PY27 Cost/(Savings)
UMR Rx Coupon Program	Variable Coupon Program for medical Rx, similar to SaveOnSP for outpatient Rx	Net PEBP: (\$840,000) Members: (\$400,000)
Prior Authorizations	Remove PAs for biopsies, MRIs and Dialysis	\$0
Out-of-Network Lab	Pay first OON lab annually at network benefit and educate member on network access and savings	\$2,000
Diagnostic colonoscopies and breast imaging	Cover at 100% (deducible applies in CDHP for colonoscopies)	\$350,000
Modify Current Plans	Adjust deductibles/OPMaxes	(\$4.5M)
Total Net Impact		(\$5.0M)

Migration to the LDPPO

- AEGIS/REGI are fixed on a per employee basis
- Depending on the premium differences between plans, migration from the CDHP to the LDPPO may increase net costs



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

Plan Year 2025 to Plan Year 2026

State Actives and Retirees

Between PY2025 to PY2026, State funding increased by 30% and employee/retiree premiums increased 13% on average.

	PY2025 Premiums			Current PY2026 Premiums*		
State Actives	CDHP	LDPPO	EPO/HMO	CDHP	LDPPO	EPO/HMO
Participant	\$55.26	\$85.26	\$181.24	\$55.26	\$91.79	\$219.91
Participant + Spouse	\$271.27	\$331.28	\$523.25	\$313.94	\$386.99	\$643.23
Participant + Children	\$136.26	\$177.52	\$309.50	\$152.27	\$202.48	\$378.65
Participant + Family	\$352.28	\$423.54	\$651.51	\$410.94	\$497.68	\$801.97
State Retirees	CDHP	LDPPO	EPO/HMO	CDHP	LDPPO	EPO/HMO
Participant	\$263.82	\$293.82	\$389.80	\$278.06	\$314.58	\$442.70
Participant + Spouse	\$635.73	\$695.72	\$887.69	\$702.81	\$775.85	\$1,032.09
Participant + Children	\$403.27	\$444.52	\$576.52	\$437.34	\$487.56	\$663.73
Participant + Family	\$775.19	\$846.44	\$1,074.41	\$862.09	\$948.83	\$1,253.12

	PY2025	PY2026	% Change
EE/Ret Average Premiums¹	\$201.96	\$227.30	13%
AEGIS	\$759.00	\$991.00	31%
REGI	\$545.00	\$650.00	19%
AEGIS/REGI Average¹	\$733.13	\$951.13	30%

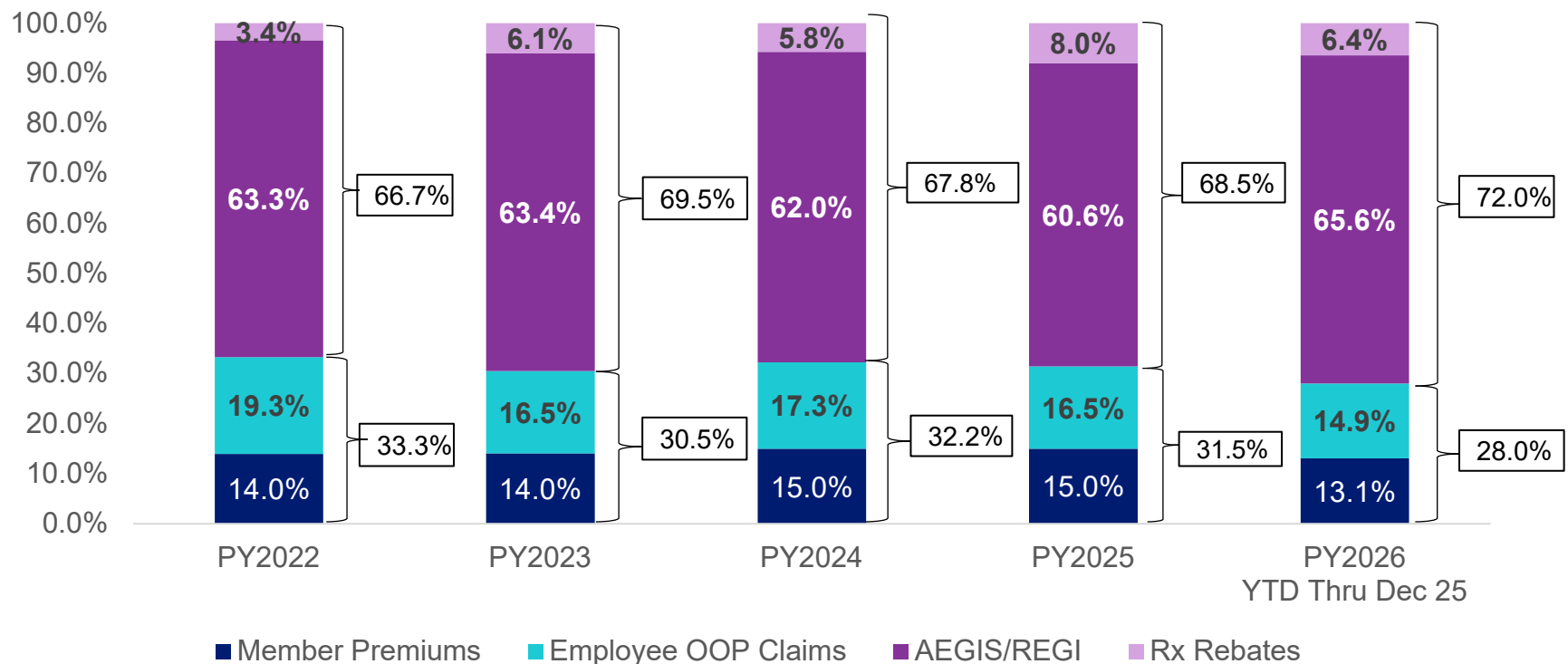
10% premium,
3% migration

¹ Amounts shown are based on weighted average enrollment in each plan year as of January 2026. Figures do not reflect amounts for reserve building or spend-down

Historic Cost Share

- Stable plan provisions and premiums leveraged cost increases to PEBP
 - Member share of total costs has declined from 33% in PY22 to 28% in PY26, **a 5% cost shift to PEBP.**
 - Based on PY26 projected costs, this translates into approx. **\$30M in costs shifting to PEBP.**

Distribution of Revenue Sources



Historical member OOP + Premiums PEPM

Actives/Retirees, State/Non-State Enrollees Combined

CDHP

	PY2022	PY2023	PY2024	PY2025	PY2026 YTD (as of 12/31/2025)
Annual Premium Contributions	\$133.73	\$129.16	\$134.71	\$144.28	\$137.94
Member OOP Costs	\$205.33	\$206.13	\$219.43	\$227.16	\$227.48
Total Member Costs	\$339.06	\$335.29	\$354.14	\$371.43	\$365.42

LDPPO

	PY2022	PY2023	PY2024	PY2025	PY2026 YTD (as of 12/31/2025)
Annual Premium Contributions	\$165.97	\$172.73	\$183.33	\$205.13	\$206.61
Member OOP Costs	\$177.32	\$145.89	\$156.66	\$164.68	\$162.35
Total Member Costs	\$343.30	\$318.62	\$340.00	\$369.81	\$368.96

EPO/HMO

	PY2022	PY2023	PY2024	PY2025	PY2026 YTD (as of 12/31/2025)
Annual Premium Contributions	\$241.55	\$265.52	\$284.50	\$311.55	\$335.75
Member OOP Costs	\$100.40	\$95.87	\$100.93	\$111.46	\$134.84
Total Member Costs	\$341.95	\$361.39	\$385.43	\$423.00	\$470.59

* Actual annual premium contributions are allocated across plans based on expected contributions

** Member cost share reflects medical/rx benefits only and does not directly include HSA, HRA or FSA funding.

Historical member OOP + Premiums

Actives/Retirees, State/Non-State Enrollees Combined

CDHP

	PY2022	PY2023	PY2024	PY2025	PY2026 YTD (as of 12/31/2025)
Annual Premium Contributions	\$30,203,134	\$25,252,645	\$23,628,557	\$24,542,868	\$11,440,766
<u>Member OOP Costs</u>	<u>\$46,372,282</u>	<u>\$40,301,978</u>	<u>\$38,489,619</u>	<u>\$38,641,528</u>	<u>\$18,867,720</u>
Total Member Costs	\$76,575,417	\$65,554,623	\$62,118,176	\$63,184,396	\$30,308,486

LDPPO

	PY2022	PY2023	PY2024	PY2025	PY2026 YTD (as of 12/31/2025)
Annual Premium Contributions	\$8,119,476	\$15,037,908	\$21,679,796	\$30,001,719	\$16,579,537
<u>Member OOP Costs</u>	<u>\$8,674,876</u>	<u>\$12,701,658</u>	<u>\$18,525,817</u>	<u>\$24,086,641</u>	<u>\$13,027,793</u>
Total Member Costs	\$16,794,352	\$27,739,567	\$40,205,613	\$54,088,360	\$29,607,330

EPO/HMO

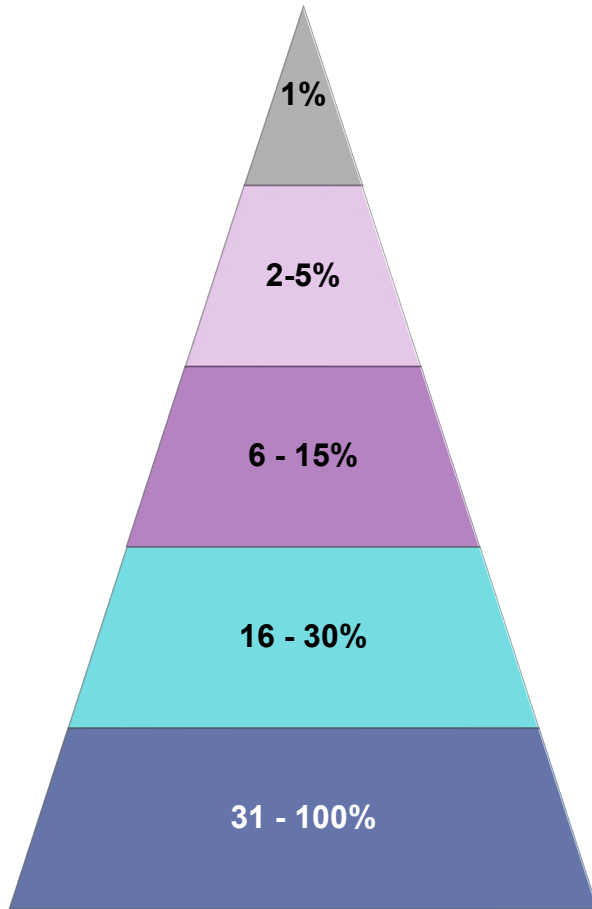
	PY2022	PY2023	PY2024	PY2025	PY2026 YTD (as of 12/31/2025)
Annual Premium Contributions	\$22,543,095	\$22,444,474	\$22,517,357	\$23,473,048	\$11,553,095
<u>Member OOP Costs</u>	<u>\$9,370,138</u>	<u>\$8,104,237</u>	<u>\$7,988,092</u>	<u>\$8,397,559</u>	<u>\$4,639,866</u>
Total Member Costs	\$31,913,233	\$30,548,711	\$30,505,449	\$31,870,607	\$16,192,961

* Actual annual premium contributions are allocated across plans based on expected contributions

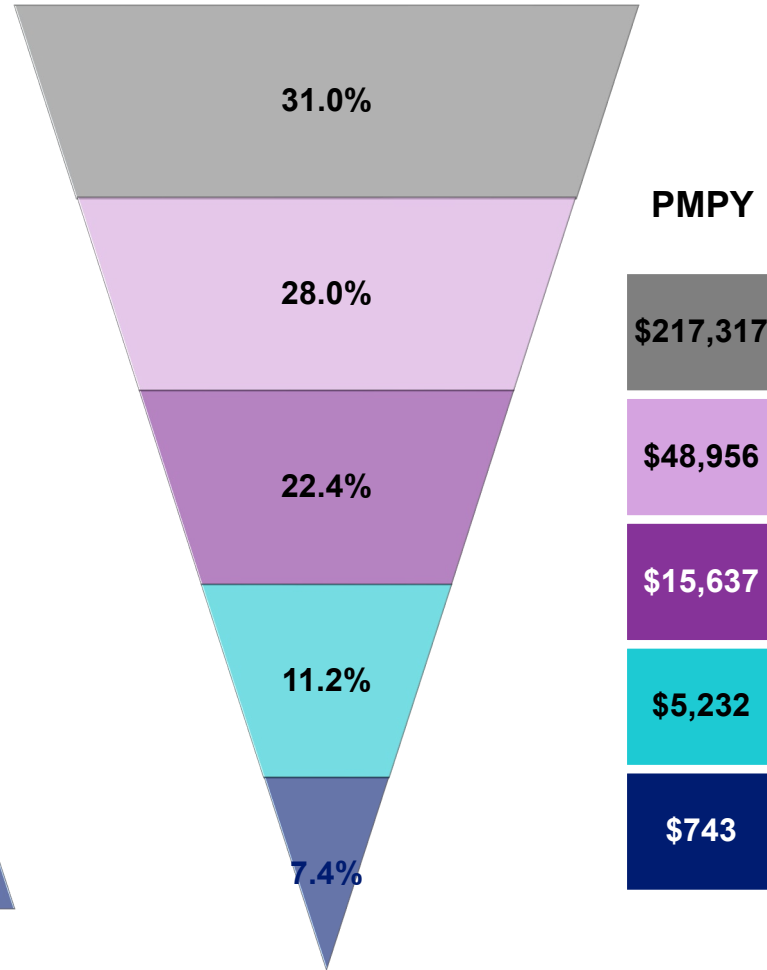
** Member cost share reflects medical/rx benefits only and does not directly include HSA, HRA or FSA funding.

PY2025 Claim Pyramids

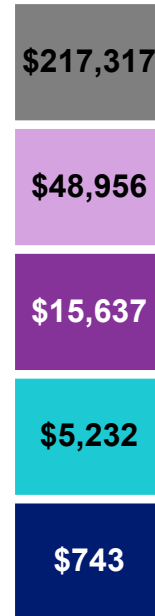
% of Membership



All Plans Combined



PMPY

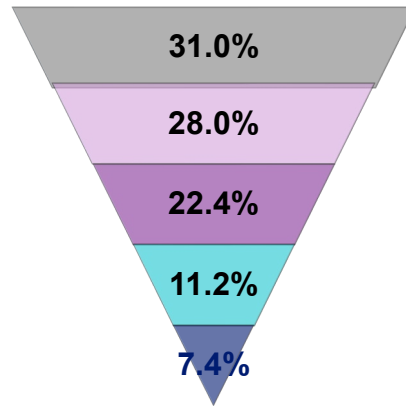
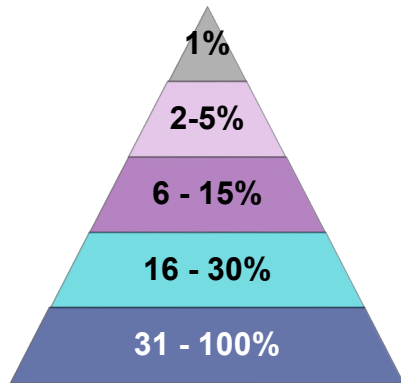


- Top 1% of membership account for 31% of total costs (\$217,317 PMPY in PY2025)
- Bottom 85% of membership account for 18.6% of total costs (\$3,400 PMPY)

PY2025 Claim Pyramids by Plan

% of Membership

All Plans Combined



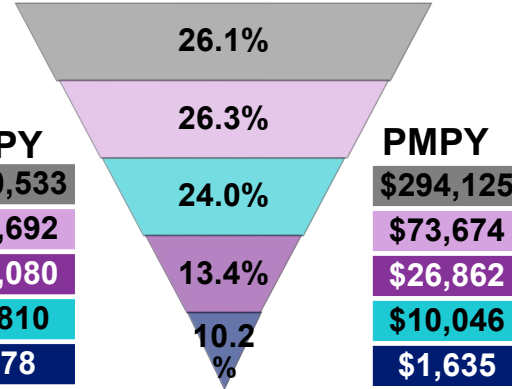
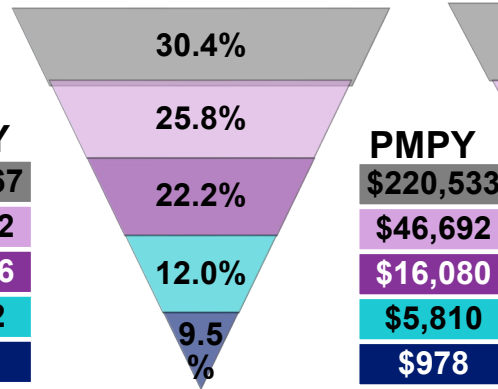
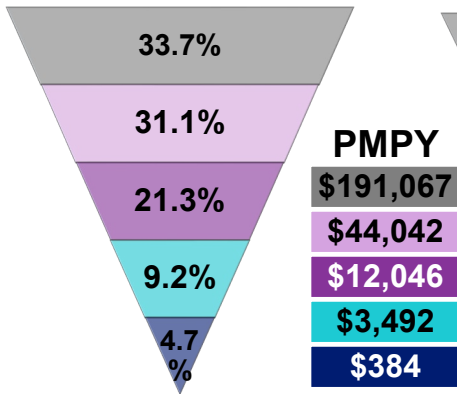
- Top 1% of all members account for 31% of total costs (\$217,317 PMPY in PY2025).
- Bottom 85% of all members account for 18.6% of total costs (\$3,400 PMPY).

- Top 1% of CDHP members account for a larger portion of the costs as compared to other plans (33.7% vs. 30.4% and 26.1%).
- CDHP costs are lowest for all bands.
- Top 1% of members is lowest for EPO at 26.1%.
- EPO costs are highest for all bands.

CDHP

LDPPO

EPO



Looking Back – Historical Performance

Incurred basis with runout paid through December 31, 2025 plus an estimate of remaining runout

		PY2023	PY2024	PY2025	PY2026 Actual & Proj
CDHP	Employee/Retiree Count	15,922	14,292	13,880	13,533
	Revenue ¹	\$167,431,977	\$143,510,401	\$153,502,687	\$178,290,950
	<u>Expenses²</u>	<u>\$150,943,357</u>	<u>\$139,753,378</u>	<u>\$139,784,992</u>	<u>\$150,094,043</u>
	Net Revenue	\$16,488,620	\$3,757,023	\$13,717,695	\$28,196,907
LDPPO/Copay	Employee/Retiree Count	7,228	9,825	12,161	13,353
	Revenue ¹	\$83,686,734	\$111,289,717	\$153,601,632	\$197,092,767
	<u>Expenses²</u>	<u>\$83,156,406</u>	<u>\$126,454,606</u>	<u>\$175,866,921</u>	<u>\$209,981,899</u>
	Net Revenue	\$530,327	(\$15,164,890)	(\$22,265,290)	(\$12,889,132)
EPO/HMO	Employee/Retiree Count	6,831	6,406	6,110	5,561
	Revenue ¹	\$84,274,498	\$79,102,500	\$83,839,444	\$89,605,955
	<u>Expenses²</u>	<u>\$109,360,353</u>	<u>\$105,038,022</u>	<u>\$108,300,490</u>	<u>\$103,038,972</u>
	Net Revenue	(\$25,085,855)	(\$25,935,523)	(\$24,461,047)	(\$13,433,017)
Total	Employee/Retiree Count	29,981	30,523	32,152	32,448
	Revenue ¹	\$335,393,209	\$333,902,617	\$390,943,762	\$464,989,673
	<u>Expenses²</u>	<u>\$343,460,116</u>	<u>\$371,246,007</u>	<u>\$423,952,403</u>	<u>\$463,114,915</u>
	Net Revenue	(\$8,066,908)	(\$37,343,390)	(\$33,008,641)	\$1,874,758

¹ Revenue is based on budget rates and monthly enrollment by plan and coverage tier. PY25 and PY26 include adjustments to State revenue provided by PEBP.

² Expenses include self-insured medical, Rx and dental claims costs; ASO fees, HSA funding and HRA claims (excluding PEBP supplemental in PY24; excluding legislative supplemental in PY24-PY25); fully insured HMO and Life insurance premiums, net of pharmacy rebates

PY2027 Considerations

- The CDHP has been subsidizing the LDPPO and EPO/HMO for several years, at least to PY2022
- Transitioning to a rate structure where each plan stands on its own will substantially increase the LDPPO and EPO/HMO member premiums for PY2027
- **After a 30% increase for PY2026, AEGIS and REGI will be lower in PY2027, adding pressure to maintain benefits and premiums**

	PY2025	PY2026	PY2027
AEGIS	\$759	\$991	\$943
REGI	\$545	\$650	\$700

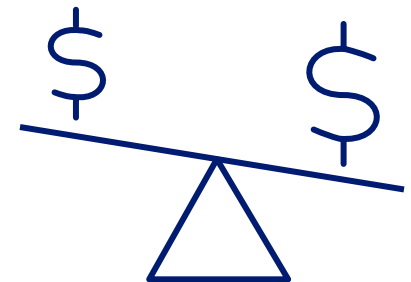
Diagram illustrating the rate changes for PY2026 and PY2027:

- A 30% increase from PY2025 to PY2026 for both AEGIS and REGI.
- A -4% decrease from PY2026 to PY2027 for both AEGIS and REGI.

PY 2027 Considerations – Remove Subsidies between plans

- Larger increases for LDPPO and EPO
 - The CDHP will remain flat for Actives and see modest increases for Retirees
 - It is anticipated to result in substantial migration between plans
- Table shows PY2026 published rates (used for premiums) and PY2027 experience-based costs by plan (for plan changes approved in Dec)
- With a uniform AEGIS/REGI subsidy across all three plans, larger increases in these rates correspond to larger premium increases

	PY2026 (PEPM) Published	PY2027 (PEPM) Experience	Change
CDHP	\$1,076	\$1,056	-1.8%
LDPPO	\$1,206	\$1,439	19.3%
EPO/HMO	\$1,313	\$1,697	29.3%
Total	\$1,170	\$1,251	7.0%



¹ PY2026 average cost is based on Published premium weighted by current enrollment

² PY2027 average cost is based on projected published rates, December 2025 Board-approved plan design changes and migration assumptions

Rate Development Assumptions

- Plan-specific rates without cross-subsidies
 - With this approach, CDHP budget rates will be lower in PY2027 (no subsidies between plans) compared to the published PY2026 rates (with subsidies between plans). However, premiums are recommended to be held at PY2026 levels, which should provide some surplus in PY2027 (\$964K - \$1.6M)
- Full application of AEGIS/REGI
- Rates set to cover projected expenses in PY2027
- Rates consider migration/selection
 - 30% from the EPO/HMO to the LDPPO
 - 30% from the LDPPO to the CDHP
 - 10% from the EPO/HMO to the CDHP
 - This associated shift in risk between plans will also increase rates
 - For example, the lower cost members in the EPO/HMO currently will move to the LDPPO but assumed likely to be higher cost than the current LDPPO members, even when considering differences in plan design between the two plans. This dynamic also applies to the LDPPO/CDHP
- With the anticipated degree of migration, it is very difficult to project how risk will truly shift and estimate the exact costs for each plan. It will be necessary to re-evaluate the migration of risk and costs and potentially recalibrate each plan's projected costs

Trend Assumptions

Medical:	6.0%
Rx:	11.0% (with 36% rebate offset)
Dental:	3.5%

Primary Decisions for PY2027 Premiums

Plan Design

- 1.Changes approved in Dec
- 2.Reset CDHP OOPMax to PY26
- 3.Reset all OOPMaxes to PY26

Premiums

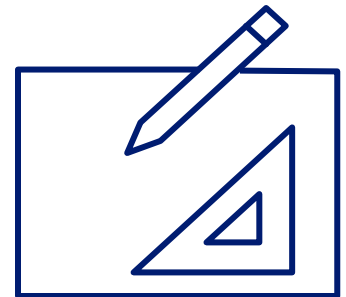
- 1.Immediate application
- 2.Two-year phase in
- 3.Three-year phase in

Rate and Premium Scenarios

PLAN DESIGN

At the February 24, 2026 meeting, the Board requested the following scenarios:

- Scenario 1:
 - PY2027 benefits approved at the December 12, 2025 Board meeting
- Scenario 2:
 - PY2027 benefits approved at the December 12, 2025 Board meeting, except
 - CDHP OOPMax reset to PY2026 levels (\$2.2M cost increase to premiums)
- Scenario 3:
 - PY2027 benefits approved at the December 12, 2025 Board meeting, except
 - OOPMax reset to PY2026 levels for all plans (\$3.2M cost increase to premiums)



Plan Year 2027 Premium Scenarios

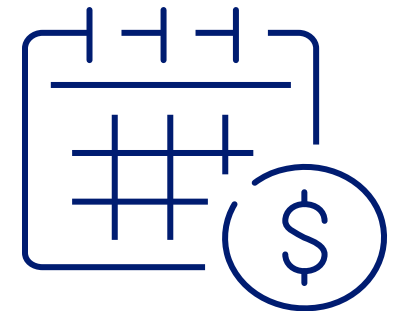
Premium Implementation

Options for 2- and 3-year phase-in will result in less migration and member impact, but will NOT be cost neutral for PY2027

- 2-year phase-in costs = \$26.4M – \$28.6M in PY2027
- 3-year phase-in costs = \$35.1M – \$37.7M in PY2027

Phase-in options shown for PY2027 move premiums 50% or 33% towards what they would be in PY2027 with immediate implementation.

- Re-evaluate for PY2028 to consider
 - Migration
 - Cost Trends
 - State funding in FY2028-29 biennium



PY2027 Summary

- Premiums are set to expect a (close to) break-even year* in PY2027 for Scenarios 1a, 2a and 3a
- Premiums are higher in Scenarios 2a and 3a due to the benefit enhancements
- Phasing-in the premium changes will increase costs to PEBP since AEGIS and REGI are fixed

Additional Costs to PEBP

	A No Phase-In	B 2-Yr Phase-In	C 3-Year Phase-In
Scenario 1 December 2025 Board-approved plan design changes	Cover costs with \$2.4M surplus	+\$26.4M	+\$35.1M
Scenario 2 December 2025 Board-approved plan design changes, CDHP MaxOOP remains at PY26 level	Cover costs with \$1.0M surplus	+\$28.1M	+\$37.1M
Scenario 3 December 2025 Board-approved plan design changes, MaxOOP for all plans remain at PY2026 level	Cover costs with \$1.1M surplus	+\$28.6M	+\$37.7M

* Holding CDHP premiums at PY2026 levels provides about \$1M in surplus

Scenario 1A: Plan-Specific Rates

December 2025 Approved Plan Design – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	- Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	- Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$819.54	(\$2.56)	\$766.84	\$55.26	\$0.00
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,624.28	(\$12.46)	\$1,322.80	\$313.94	\$0.00
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,121.32	(\$6.28)	\$975.32	\$152.28	\$0.01
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,926.06	(\$16.16)	\$1,531.28	\$410.94	\$0.00
LDPP/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,063.80	\$0.00	\$766.84	\$296.96	\$205.17
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,112.78	\$0.00	\$1,322.80	\$789.98	\$402.99
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,457.16	\$0.00	\$975.32	\$481.84	\$279.36
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,506.16	\$0.00	\$1,531.28	\$974.88	\$477.20
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,309.40	\$0.00	\$766.84	\$542.56	\$322.65
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,603.98	\$0.00	\$1,322.80	\$1,281.18	\$637.95
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,794.86	\$0.00	\$975.32	\$819.54	\$440.89
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,089.44	\$0.00	\$1,531.28	\$1,558.16	\$756.19

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- Projected to cover PY2027 expenses with \$2.4M surplus

PY27 premium changes range \$0 in CDHP to \$756.19 for EPO/HMO family from PY26

Scenario 1A: Plan-Specific Rates

December 2025 Approved Plan Design – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	– Base Subsidy	= Participant Premium		Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$842.96	\$564.90	\$278.06		\$813.26	(\$33.50)	\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26	\$974.45	\$702.81		\$1,617.98	(\$65.86)	\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82	\$718.48	\$437.34		\$1,115.02	(\$45.64)	\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12	\$1,128.03	\$862.09		\$1,919.76	(\$77.96)	\$1,135.62	\$862.10	\$0.01
LDPPO/Copay									
Participant	\$879.48	\$564.90	\$314.58		\$1,057.50	\$0.00	\$568.70	\$488.80	\$174.22
Participant + Spouse	\$1,750.30	\$974.45	\$775.85		\$2,106.50	\$0.00	\$981.02	\$1,125.48	\$349.63
Participant + Children	\$1,206.04	\$718.48	\$487.56		\$1,450.88	\$0.00	\$723.32	\$727.56	\$240.00
Participant + Family	\$2,076.86	\$1,128.03	\$948.83		\$2,499.86	\$0.00	\$1,135.62	\$1,364.24	\$415.41
EPO/HMO									
Participant	\$1,007.60	\$564.90	\$442.70		\$1,303.10	\$0.00	\$568.70	\$734.40	\$291.70
Participant + Spouse	\$2,006.54	\$974.45	\$1,032.09		\$2,597.70	\$0.00	\$981.02	\$1,616.68	\$584.59
Participant + Children	\$1,382.21	\$718.48	\$663.73		\$1,788.58	\$0.00	\$723.32	\$1,065.26	\$401.53
Participant + Family	\$2,381.15	\$1,128.03	\$1,253.12		\$3,083.16	\$0.00	\$1,135.62	\$1,947.54	\$694.42

- For Plan Year 2027:
- Experience-based rates by plan (no cross-subsidies)
 - Full application of AEGIS/REGI
 - Projected to cover PY2027 expenses with \$2.4M surplus

PY276 premium changes range \$0 in CDHP to \$694.42 for EPO/HMO family from PY26

Scenario 1B: Plan-Specific Rates with 2-YR Phase-In

December 2025 Approved Plan Design – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	- Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	- Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$819.54	(\$2.56)	\$766.84	\$55.26	\$0.00
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,624.28	(\$12.46)	\$1,322.80	\$313.94	\$0.00
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,121.32	(\$6.28)	\$975.32	\$152.28	\$0.01
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,926.06	(\$16.16)	\$1,531.28	\$410.94	\$0.00
LDPP/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,063.80	\$102.58	\$766.84	\$194.38	\$102.59
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,112.78	\$201.48	\$1,322.80	\$588.50	\$201.51
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,457.16	\$139.68	\$975.32	\$342.16	\$139.68
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,506.16	\$238.60	\$1,531.28	\$736.28	\$238.60
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,309.40	\$161.32	\$766.84	\$381.24	\$161.33
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,603.98	\$318.98	\$1,322.80	\$962.20	\$318.97
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,794.86	\$220.44	\$975.32	\$599.10	\$220.45
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,089.44	\$378.08	\$1,531.28	\$1,180.08	\$378.11

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 2-YR phase-in cost **\$26.4M in PY2027 only**

PY27 premium changes range from \$0 in CDHP to \$378.11 for EPO/HMO family from PY26

Scenario 1B: Plan-Specific Rates with 2-YR Phase-In

December 2025 Approved Plan Design – State Retirees

State Retirees	Current PY2026 Rates			Proposed PY2027 Rates					PY27 vs. PY26
	Published Rates	– Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference	
CDHP									
Participant	\$842.96	\$564.90	\$278.06	\$813.26	(\$33.50)	\$568.70	\$278.06	\$0.00	
Participant + Spouse	\$1,677.26	\$974.45	\$702.81	\$1,617.98	(\$65.86)	\$981.02	\$702.82	\$0.01	
Participant + Children	\$1,155.82	\$718.48	\$437.34	\$1,115.02	(\$45.64)	\$723.32	\$437.34	\$0.00	
Participant + Family	\$1,990.12	\$1,128.03	\$862.09	\$1,919.76	(\$77.96)	\$1,135.62	\$862.10	\$0.01	
LDPPO/Copay									
Participant	\$879.48	\$564.90	\$314.58	\$1,057.50	\$87.10	\$568.70	\$401.70	\$87.12	
Participant + Spouse	\$1,750.30	\$974.45	\$775.85	\$2,106.50	\$174.80	\$981.02	\$950.68	\$174.83	
Participant + Children	\$1,206.04	\$718.48	\$487.56	\$1,450.88	\$120.00	\$723.32	\$607.56	\$120.00	
Participant + Family	\$2,076.86	\$1,128.03	\$948.83	\$2,499.86	\$207.70	\$1,135.62	\$1,156.54	\$207.71	
EPO/HMO									
Participant	\$1,007.60	\$564.90	\$442.70	\$1,303.10	\$145.84	\$568.70	\$588.56	\$145.86	
Participant + Spouse	\$2,006.54	\$974.45	\$1,032.09	\$2,597.70	\$292.30	\$981.02	\$1,324.38	\$292.29	
Participant + Children	\$1,382.21	\$718.48	\$663.73	\$1,788.58	\$200.76	\$723.32	\$864.50	\$200.77	
Participant + Family	\$2,381.15	\$1,128.03	\$1,253.12	\$3,083.16	\$347.20	\$1,135.62	\$1,600.34	\$347.22	

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 2-YR phase-in cost: **\$26.4M in PY2027 only**

PY27 premium changes range \$0 in CDHP to \$347.22 for EPO/HMO family from PY26

Scenario 1C: Plan-Specific Rates with 3-YR Phase-In

December 2025 Approved Plan Design – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	- Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	- Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$819.54	(\$2.56)	\$766.84	\$55.26	\$0.00
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,624.28	(\$12.46)	\$1,322.80	\$313.94	\$0.00
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,121.32	(\$6.28)	\$975.32	\$152.28	\$0.01
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,926.06	(\$16.16)	\$1,531.28	\$410.94	\$0.00
LDPP/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,063.80	\$136.78	\$766.84	\$160.18	\$68.39
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,112.78	\$268.66	\$1,322.80	\$521.32	\$134.33
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,457.16	\$186.24	\$975.32	\$295.60	\$93.12
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,506.16	\$318.14	\$1,531.28	\$656.74	\$159.06
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,309.40	\$215.10	\$766.84	\$327.46	\$107.55
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,603.98	\$425.30	\$1,322.80	\$855.88	\$212.65
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,794.86	\$293.92	\$975.32	\$525.62	\$146.97
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,089.44	\$504.12	\$1,531.28	\$1,054.04	\$252.07

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 3-YR phase-in cost **\$35.1M in PY2027 only**

PY27 premium changes range from \$0 in CDHP to \$252.07 for EPO/HMO family from PY26

Scenario 1C: Plan-Specific Rates with 3-YR Phase-In

December 2025 Approved Plan Design – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates					PY27 vs. PY26	
	Published Rates	–	Base Subsidy	= Participant Premium	Budget Rates	+	Rate Adjustment	–	Base Subsidy	= Participant Premium	Premium Difference
CDHP											
Participant	\$842.96		\$564.90	\$278.06	\$813.26		(\$33.50)		\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26		\$974.45	\$702.81	\$1,617.98		(\$65.86)		\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82		\$718.48	\$437.34	\$1,115.02		(\$45.64)		\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12		\$1,128.03	\$862.09	\$1,919.76		(\$77.96)		\$1,135.62	\$862.10	\$0.01
LDPPO/Copay											
Participant	\$879.48		\$564.90	\$314.58	\$1,057.50		\$116.14		\$568.70	\$372.66	\$58.08
Participant + Spouse	\$1,750.30		\$974.45	\$775.85	\$2,106.50		\$233.08		\$981.02	\$892.40	\$116.55
Participant + Children	\$1,206.04		\$718.48	\$487.56	\$1,450.88		\$160.00		\$723.32	\$567.56	\$80.00
Participant + Family	\$2,076.86		\$1,128.03	\$948.83	\$2,499.86		\$276.94		\$1,135.62	\$1,087.30	\$138.47
EPO/HMO											
Participant	\$1,007.60		\$564.90	\$442.70	\$1,303.10		\$194.46		\$568.70	\$539.94	\$97.24
Participant + Spouse	\$2,006.54		\$974.45	\$1,032.09	\$2,597.70		\$389.72		\$981.02	\$1,226.96	\$194.87
Participant + Children	\$1,382.21		\$718.48	\$663.73	\$1,788.58		\$267.68		\$723.32	\$797.58	\$133.85
Participant + Family	\$2,381.15		\$1,128.03	\$1,253.12	\$3,083.16		\$462.94		\$1,135.62	\$1,484.60	\$231.48

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 3-YR phase-in cost **\$35.1M in PY2027 only**

PY27 premium changes range \$0 in CDHP to \$231.48 for EPO/HMO family from PY26

Scenario 2A: Plan-Specific Rates

December 2025 Approved Plan Design, CDHP MaxOOP remains at PY26 level – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	- Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	- Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$827.40	\$0.00	\$766.84	\$60.56	\$5.30
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,640.02	\$0.00	\$1,322.80	\$317.22	\$3.28
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,132.14	\$0.00	\$975.32	\$156.82	\$4.55
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,944.74	\$0.00	\$1,531.28	\$413.46	\$2.52
LDPPO/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,063.80	\$0.00	\$766.84	\$296.96	\$205.17
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,112.78	\$0.00	\$1,322.80	\$789.98	\$402.99
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,457.16	\$0.00	\$975.32	\$481.84	\$279.36
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,506.16	\$0.00	\$1,531.28	\$974.88	\$477.20
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,309.40	\$0.00	\$766.84	\$542.56	\$322.65
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,603.98	\$0.00	\$1,322.80	\$1,281.18	\$637.95
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,794.86	\$0.00	\$975.32	\$819.54	\$440.89
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,089.44	\$0.00	\$1,531.28	\$1,558.16	\$756.19

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- Projected to cover PY2027 expenses with \$1.0M surplus

PY27 premium changes range \$2.52 in CDHP to \$756.19 for EPO/HMO family from PY26

Scenario 2A: Plan-Specific Rates

December 2025 Approved Plan Design, CDHP MaxOOP remains at PY26 level – State Retirees

State Retirees	Current PY2026 Rates			Proposed PY2027 Rates					PY27 vs. PY26
	Published Rates	– Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference	
CDHP									
Participant	\$842.96	\$564.90	\$278.06	\$821.12	(\$25.64)	\$568.70	\$278.06	\$0.00	
Participant + Spouse	\$1,677.26	\$974.45	\$702.81	\$1,633.72	(\$50.12)	\$981.02	\$702.82	\$0.01	
Participant + Children	\$1,155.82	\$718.48	\$437.34	\$1,125.84	(\$34.82)	\$723.32	\$437.34	\$0.00	
Participant + Family	\$1,990.12	\$1,128.03	\$862.09	\$1,938.44	(\$59.28)	\$1,135.62	\$862.10	\$0.01	
LDPPO/Copay									
Participant	\$879.48	\$564.90	\$314.58	\$1,057.50	\$0.00	\$568.70	\$488.80	\$174.22	
Participant + Spouse	\$1,750.30	\$974.45	\$775.85	\$2,106.50	\$0.00	\$981.02	\$1,125.48	\$349.63	
Participant + Children	\$1,206.04	\$718.48	\$487.56	\$1,450.88	\$0.00	\$723.32	\$727.56	\$240.00	
Participant + Family	\$2,076.86	\$1,128.03	\$948.83	\$2,499.86	\$0.00	\$1,135.62	\$1,364.24	\$415.41	
EPO/HMO									
Participant	\$1,007.60	\$564.90	\$442.70	\$1,303.10	\$0.00	\$568.70	\$734.40	\$291.70	
Participant + Spouse	\$2,006.54	\$974.45	\$1,032.09	\$2,597.70	\$0.00	\$981.02	\$1,616.68	\$584.59	
Participant + Children	\$1,382.21	\$718.48	\$663.73	\$1,788.58	\$0.00	\$723.32	\$1,065.26	\$401.53	
Participant + Family	\$2,381.15	\$1,128.03	\$1,253.12	\$3,083.16	\$0.00	\$1,135.62	\$1,947.54	\$694.42	

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- Projected to cover PY2027 expenses with **\$1.0M surplus**

PY27 premium changes range \$0 in CDHP to \$694.42 for EPO/HMO family from PY26

Scenario 2B: Plan-Specific Rates with 2-YR Phase-In

December 2025 Approved Plan Design, CDHP MaxOOP remains at PY26 level – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	- Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	- Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$827.40	\$2.64	\$766.84	\$57.92	\$2.66
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,640.02	\$1.64	\$1,322.80	\$315.58	\$1.64
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,132.14	\$2.28	\$975.32	\$154.54	\$2.27
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,944.74	\$1.26	\$1,531.28	\$412.20	\$1.26
LDPPO/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,063.80	\$102.58	\$766.84	\$194.38	\$102.59
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,112.78	\$201.48	\$1,322.80	\$588.50	\$201.51
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,457.16	\$139.68	\$975.32	\$342.16	\$139.68
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,506.16	\$238.60	\$1,531.28	\$736.28	\$238.60
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,309.40	\$161.32	\$766.84	\$381.24	\$161.33
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,603.98	\$318.98	\$1,322.80	\$962.20	\$318.97
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,794.86	\$220.44	\$975.32	\$599.10	\$220.45
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,089.44	\$378.08	\$1,531.28	\$1,180.08	\$378.11

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 2-YR phase-in cost: \$28.1M in PY2027 only

PY27 premium changes range \$1.26 in CDHP to \$378.11 for EPO/HMO family from PY26

Scenario 2B: Plan-Specific Rates with 2-YR Phase-In

December 2025 Approved Plan Design, CDHP MaxOOP remains at PY26 level – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates						PY27 vs. PY26
	Published Rates	–	Base Subsidy	= Participant Premium	Budget Rates	+	Rate Adjustment	–	Base Subsidy	= Participant Premium	Premium Difference
CDHP											
Participant	\$842.96		\$564.90	\$278.06	\$821.12		(\$25.64)		\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26		\$974.45	\$702.81	\$1,633.72		(\$50.12)		\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82		\$718.48	\$437.34	\$1,125.84		(\$34.82)		\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12		\$1,128.03	\$862.09	\$1,938.44		(\$59.28)		\$1,135.62	\$862.10	\$0.01
LDPPO/Copay											
Participant	\$879.48		\$564.90	\$314.58	\$1,057.50		\$87.10		\$568.70	\$401.70	\$87.12
Participant + Spouse	\$1,750.30		\$974.45	\$775.85	\$2,106.50		\$174.80		\$981.02	\$950.68	\$174.83
Participant + Children	\$1,206.04		\$718.48	\$487.56	\$1,450.88		\$120.00		\$723.32	\$607.56	\$120.00
Participant + Family	\$2,076.86		\$1,128.03	\$948.83	\$2,499.86		\$207.70		\$1,135.62	\$1,156.54	\$207.71
EPO/HMO											
Participant	\$1,007.60		\$564.90	\$442.70	\$1,303.10		\$145.84		\$568.70	\$588.56	\$145.86
Participant + Spouse	\$2,006.54		\$974.45	\$1,032.09	\$2,597.70		\$292.30		\$981.02	\$1,324.38	\$292.29
Participant + Children	\$1,382.21		\$718.48	\$663.73	\$1,788.58		\$200.76		\$723.32	\$864.50	\$200.77
Participant + Family	\$2,381.15		\$1,128.03	\$1,253.12	\$3,083.16		\$347.20		\$1,135.62	\$1,600.34	\$347.22

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 2-YR phase-in cost: \$28.1M in PY2027 only

PY27 premium changes range \$0 in CDHP to \$347.22 for EPO/HMO family from PY26

Scenario 2C: Plan-Specific Rates with 3-YR Phase-In

December 2025 Approved Plan Design, CDHP MaxOOP remains at PY26 level – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	- Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	- Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$827.40	\$3.52	\$766.84	\$57.04	\$1.78
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,640.02	\$2.18	\$1,322.80	\$315.04	\$1.10
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,132.14	\$3.04	\$975.32	\$153.78	\$1.51
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,944.74	\$1.68	\$1,531.28	\$411.78	\$0.84
LDPPO/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,063.80	\$136.78	\$766.84	\$160.18	\$68.39
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,112.78	\$268.66	\$1,322.80	\$521.32	\$134.33
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,457.16	\$186.24	\$975.32	\$295.60	\$93.12
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,506.16	\$318.14	\$1,531.28	\$656.74	\$159.06
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,309.40	\$215.10	\$766.84	\$327.46	\$107.55
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,603.98	\$425.30	\$1,322.80	\$855.88	\$212.65
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,794.86	\$293.92	\$975.32	\$525.62	\$146.97
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,089.44	\$504.12	\$1,531.28	\$1,054.04	\$252.07

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 3-YR phase-in cost: \$37.1M in PY2027 only

PY27 premium changes range \$0.84 in CDHP to \$252.07 for EPO/HMO family from PY26

Scenario 2C: Plan-Specific Rates with 3-YR Phase-In

December 2025 Approved Plan Design, CDHP MaxOOP remains at PY26 level – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates					PY27 vs. PY26	
	Published Rates	–	Base Subsidy	= Participant Premium	Budget Rates	+	Rate Adjustment	–	Base Subsidy	= Participant Premium	Premium Difference
CDHP											
Participant	\$842.96		\$564.90	\$278.06	\$821.12		(\$25.64)		\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26		\$974.45	\$702.81	\$1,633.72		(\$50.12)		\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82		\$718.48	\$437.34	\$1,125.84		(\$34.82)		\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12		\$1,128.03	\$862.09	\$1,938.44		(\$59.28)		\$1,135.62	\$862.10	\$0.01
LDPPO/Copay											
Participant	\$879.48		\$564.90	\$314.58	\$1,057.50		\$116.14		\$568.70	\$372.66	\$58.08
Participant + Spouse	\$1,750.30		\$974.45	\$775.85	\$2,106.50		\$233.08		\$981.02	\$892.40	\$116.55
Participant + Children	\$1,206.04		\$718.48	\$487.56	\$1,450.88		\$160.00		\$723.32	\$567.56	\$80.00
Participant + Family	\$2,076.86		\$1,128.03	\$948.83	\$2,499.86		\$276.94		\$1,135.62	\$1,087.30	\$138.47
EPO/HMO											
Participant	\$1,007.60		\$564.90	\$442.70	\$1,303.10		\$194.46		\$568.70	\$539.94	\$97.24
Participant + Spouse	\$2,006.54		\$974.45	\$1,032.09	\$2,597.70		\$389.72		\$981.02	\$1,226.96	\$194.87
Participant + Children	\$1,382.21		\$718.48	\$663.73	\$1,788.58		\$267.68		\$723.32	\$797.58	\$133.85
Participant + Family	\$2,381.15		\$1,128.03	\$1,253.12	\$3,083.16		\$462.94		\$1,135.62	\$1,484.60	\$231.48

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 3-YR phase-in cost: \$37.1M in PY2027 only

PY27 premium changes range \$0 in CDHP to \$231.48 for EPO/HMO family from PY26

Scenario 3A: Plan-Specific Rates

December 2025 Approved Plan Design, MaxOOP for all plans remain at PY26 level – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	– Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$827.22	\$0.00	\$766.84	\$60.38	\$5.12
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,639.64	\$0.00	\$1,322.80	\$316.84	\$2.90
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,131.88	\$0.00	\$975.32	\$156.56	\$4.29
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,944.30	\$0.00	\$1,531.28	\$413.02	\$2.08
LDPP/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,070.08	\$0.00	\$766.84	\$303.24	\$211.45
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,125.36	\$0.00	\$1,322.80	\$802.56	\$415.57
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,465.82	\$0.00	\$975.32	\$490.50	\$288.02
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,521.10	\$0.00	\$1,531.28	\$989.82	\$492.14
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,307.08	\$0.00	\$766.84	\$540.24	\$320.33
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,599.36	\$0.00	\$1,322.80	\$1,276.56	\$633.33
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,791.68	\$0.00	\$975.32	\$816.36	\$437.71
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,083.96	\$0.00	\$1,531.28	\$1,552.68	\$750.71

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- Projected to cover PY2027 expenses with **\$1.1M surplus**

PY27 premium changes range \$2.08 in CDHP to \$750.71 for EPO/HMO family from PY26

Scenario 3A: Plan-Specific Rates

December 2025 Approved Plan Design, MaxOOP for all plans remain at PY26 level – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26 Premium Difference
	Published Rates	– Base Subsidy	= Participant Premium		Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	
CDHP									
Participant	\$842.96	\$564.90	\$278.06		\$820.94	(\$25.82)	\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26	\$974.45	\$702.81		\$1,633.36	(\$50.48)	\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82	\$718.48	\$437.34		\$1,125.60	(\$35.06)	\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12	\$1,128.03	\$862.09		\$1,938.00	(\$59.72)	\$1,135.62	\$862.10	\$0.01
LDPPO/Copay									
Participant	\$879.48	\$564.90	\$314.58		\$1,063.80	\$0.00	\$568.70	\$495.10	\$180.52
Participant + Spouse	\$1,750.30	\$974.45	\$775.85		\$2,119.08	\$0.00	\$981.02	\$1,138.06	\$362.21
Participant + Children	\$1,206.04	\$718.48	\$487.56		\$1,459.52	\$0.00	\$723.32	\$736.20	\$248.64
Participant + Family	\$2,076.86	\$1,128.03	\$948.83		\$2,514.80	\$0.00	\$1,135.62	\$1,379.18	\$430.35
EPO/HMO									
Participant	\$1,007.60	\$564.90	\$442.70		\$1,300.80	\$0.00	\$568.70	\$732.10	\$289.40
Participant + Spouse	\$2,006.54	\$974.45	\$1,032.09		\$2,593.08	\$0.00	\$981.02	\$1,612.06	\$579.97
Participant + Children	\$1,382.21	\$718.48	\$663.73		\$1,785.40	\$0.00	\$723.32	\$1,062.08	\$398.35
Participant + Family	\$2,381.15	\$1,128.03	\$1,253.12		\$3,077.68	\$0.00	\$1,135.62	\$1,942.06	\$688.94

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- Projected to cover PY2027 expenses with **\$1.1M surplus**

PY27 premium changes range \$0 in CDHP to \$688.94 for EPO/HMO family from PY26

Scenario 3B: Plan-Specific Rates with 2-YR Phase-In

December 2025 Approved Plan Design, MaxOOP for all plans remain at PY26 level – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	– Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$827.22	\$2.56	\$766.84	\$57.82	\$2.56
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,639.64	\$1.44	\$1,322.80	\$315.40	\$1.46
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,131.88	\$2.14	\$975.32	\$154.42	\$2.15
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,944.30	\$1.04	\$1,531.28	\$411.98	\$1.04
LDPP/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,070.08	\$105.72	\$766.84	\$197.52	\$105.73
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,125.36	\$207.78	\$1,322.80	\$594.78	\$207.79
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,465.82	\$144.00	\$975.32	\$346.50	\$144.02
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,521.10	\$246.06	\$1,531.28	\$743.76	\$246.08
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,307.08	\$160.16	\$766.84	\$380.08	\$160.17
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,599.36	\$316.66	\$1,322.80	\$959.90	\$316.67
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,791.68	\$218.84	\$975.32	\$597.52	\$218.87
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,083.96	\$375.34	\$1,531.28	\$1,177.34	\$375.37

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 2-YR phase-in cost **\$28.6M in PY2027 only**

PY27 premium changes range \$1.04 in CDHP to \$375.37 for EPO/HMO family from PY26

Scenario 3B: Plan-Specific Rates with 2-YR Phase-In

December 2025 Approved Plan Design, MaxOOP for all plans remain at PY26 level – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	– Base Subsidy	= Participant Premium		Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$842.96	\$564.90	\$278.06		\$820.94	(\$25.82)	\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26	\$974.45	\$702.81		\$1,633.36	(\$50.48)	\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82	\$718.48	\$437.34		\$1,125.60	(\$35.06)	\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12	\$1,128.03	\$862.09		\$1,938.00	(\$59.72)	\$1,135.62	\$862.10	\$0.01
LDPPO/Copay									
Participant	\$879.48	\$564.90	\$314.58		\$1,063.80	\$90.26	\$568.70	\$404.84	\$90.26
Participant + Spouse	\$1,750.30	\$974.45	\$775.85		\$2,119.08	\$181.10	\$981.02	\$956.96	\$181.11
Participant + Children	\$1,206.04	\$718.48	\$487.56		\$1,459.52	\$124.32	\$723.32	\$611.88	\$124.32
Participant + Family	\$2,076.86	\$1,128.03	\$948.83		\$2,514.80	\$215.16	\$1,135.62	\$1,164.02	\$215.19
EPO/HMO									
Participant	\$1,007.60	\$564.90	\$442.70		\$1,300.80	\$144.70	\$568.70	\$587.40	\$144.70
Participant + Spouse	\$2,006.54	\$974.45	\$1,032.09		\$2,593.08	\$289.98	\$981.02	\$1,322.08	\$289.99
Participant + Children	\$1,382.21	\$718.48	\$663.73		\$1,785.40	\$199.18	\$723.32	\$862.90	\$199.17
Participant + Family	\$2,381.15	\$1,128.03	\$1,253.12		\$3,077.68	\$344.46	\$1,135.62	\$1,597.60	\$344.48

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 2-YR phase-in cost: \$28.6M in PY2027 only

PY27 premium changes range \$0 in CDHP to \$344.48 for EPO/HMO family from PY26

Scenario 3C: Plan-Specific Rates with 3-YR Phase-In

December 2025 Approved Plan Design, MaxOOP for all plans remain at PY26 level – State Actives

State Actives	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	+ Reserve Replenishment	– Base Subsidy	= Participant Premium	Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$849.22	(\$12.28)	\$806.24	\$55.26	\$827.22	\$3.40	\$766.84	\$56.98	\$1.72
Participant + Spouse	\$1,683.52	(\$21.18)	\$1,390.76	\$313.94	\$1,639.64	\$1.92	\$1,322.80	\$314.92	\$0.98
Participant + Children	\$1,162.09	(\$15.62)	\$1,025.44	\$152.27	\$1,131.88	\$2.86	\$975.32	\$153.70	\$1.43
Participant + Family	\$1,996.38	(\$24.52)	\$1,609.96	\$410.94	\$1,944.30	\$1.38	\$1,531.28	\$411.64	\$0.70
LDPPO/Copay									
Participant	\$885.75	(\$12.28)	\$806.24	\$91.79	\$1,070.08	\$140.96	\$766.84	\$162.28	\$70.49
Participant + Spouse	\$1,756.57	(\$21.18)	\$1,390.76	\$386.99	\$2,125.36	\$277.04	\$1,322.80	\$525.52	\$138.53
Participant + Children	\$1,212.30	(\$15.62)	\$1,025.44	\$202.48	\$1,465.82	\$192.02	\$975.32	\$298.48	\$96.00
Participant + Family	\$2,083.12	(\$24.52)	\$1,609.96	\$497.68	\$2,521.10	\$328.10	\$1,531.28	\$661.72	\$164.04
EPO/HMO									
Participant	\$1,013.87	(\$12.28)	\$806.24	\$219.91	\$1,307.08	\$213.54	\$766.84	\$326.70	\$106.79
Participant + Spouse	\$2,012.81	(\$21.18)	\$1,390.76	\$643.23	\$2,599.36	\$422.22	\$1,322.80	\$854.34	\$211.11
Participant + Children	\$1,388.47	(\$15.62)	\$1,025.44	\$378.65	\$1,791.68	\$291.80	\$975.32	\$524.56	\$145.91
Participant + Family	\$2,387.41	(\$24.52)	\$1,609.96	\$801.97	\$3,083.96	\$500.46	\$1,531.28	\$1,052.22	\$250.25

- For Plan Year 2027:**
 - Experience-based rates by plan (no cross-subsidies)
 - Full application of AEGIS/REGI
 - 3-YR phase-in cost **\$37.7M in PY2027 only**

PY27 premium changes range \$0.70 in CDHP to \$250.25 for EPO/HMO family from PY26

Scenario 3C: Plan-Specific Rates with 3-YR Phase-In

December 2025 Approved Plan Design, MaxOOP for all plans remain at PY26 level – State Retirees

State Retirees	Current PY2026 Rates				Proposed PY2027 Rates				PY27 vs. PY26
	Published Rates	– Base Subsidy	= Participant Premium		Budget Rates	+ Rate Adjustment	– Base Subsidy	= Participant Premium	Premium Difference
CDHP									
Participant	\$842.96	\$564.90	\$278.06		\$820.94	(\$25.82)	\$568.70	\$278.06	\$0.00
Participant + Spouse	\$1,677.26	\$974.45	\$702.81		\$1,633.36	(\$50.48)	\$981.02	\$702.82	\$0.01
Participant + Children	\$1,155.82	\$718.48	\$437.34		\$1,125.60	(\$35.06)	\$723.32	\$437.34	\$0.00
Participant + Family	\$1,990.12	\$1,128.03	\$862.09		\$1,938.00	(\$59.72)	\$1,135.62	\$862.10	\$0.01
LDPPO/Copay									
Participant	\$879.48	\$564.90	\$314.58		\$1,063.80	\$120.34	\$568.70	\$374.76	\$60.18
Participant + Spouse	\$1,750.30	\$974.45	\$775.85		\$2,119.08	\$241.46	\$981.02	\$896.60	\$120.75
Participant + Children	\$1,206.04	\$718.48	\$487.56		\$1,459.52	\$165.76	\$723.32	\$570.44	\$82.88
Participant + Family	\$2,076.86	\$1,128.03	\$948.83		\$2,514.80	\$286.90	\$1,135.62	\$1,092.28	\$143.45
EPO/HMO									
Participant	\$1,007.60	\$564.90	\$442.70		\$1,300.80	\$192.94	\$568.70	\$539.16	\$96.46
Participant + Spouse	\$2,006.54	\$974.45	\$1,032.09		\$2,593.08	\$386.64	\$981.02	\$1,225.42	\$193.33
Participant + Children	\$1,382.21	\$718.48	\$663.73		\$1,785.40	\$265.56	\$723.32	\$796.52	\$132.79
Participant + Family	\$2,381.15	\$1,128.03	\$1,253.12		\$3,077.68	\$459.30	\$1,135.62	\$1,482.76	\$229.64

For Plan Year 2027:

- Experience-based rates by plan (no cross-subsidies)
- Full application of AEGIS/REGI
- 3-YR phase-in cost \$37.7M in PY2027 only

PY27 premium changes range \$0 in CDHP to \$229.64 for EPO/HMO family from PY26

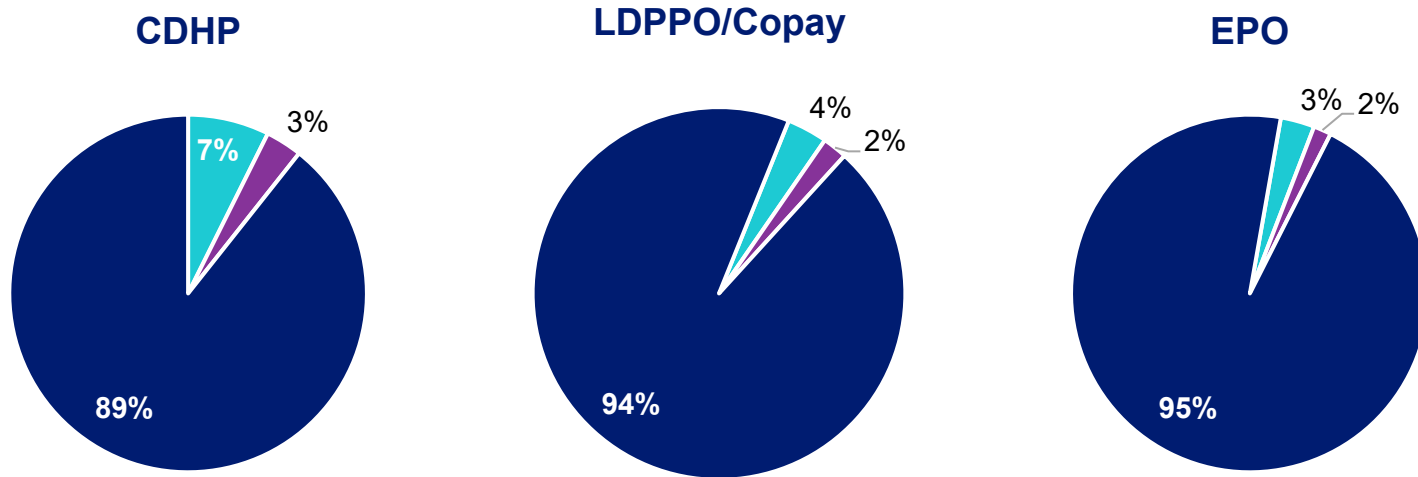
Summary

- Removing subsidies between plans will impact budget rates
 - Reduce CDHP
 - Increases for LDPPO and EPO/HMO
- Coupled with reduction in State funding (PY2027 vs. PY2026), the impact on premiums:
 - No change for CDHP
 - Increases for LDPPO and EPO/HMO
- Substantial migration is anticipated
 - from EPO/HMO to LDPPO
 - from LDPPO to CDHP
- Plan design options being considered will increase premium costs (\$2.2M - \$3.2M)
- Multi-year premium phase-in will increase PEBP costs by \$26.4M – \$37.7M
- Re-evaluate for PY2028 to consider
 - impact of migration
 - Cost trends
 - State funding for FY2028-29 biennium



Appendix

Members Reaching OOP Max – PY2025



■ EE Only Coverage Meeting OOP Max ■ EE+Deps Coverage Meeting OOP Max ■ EEs Not Meeting OOP Max

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

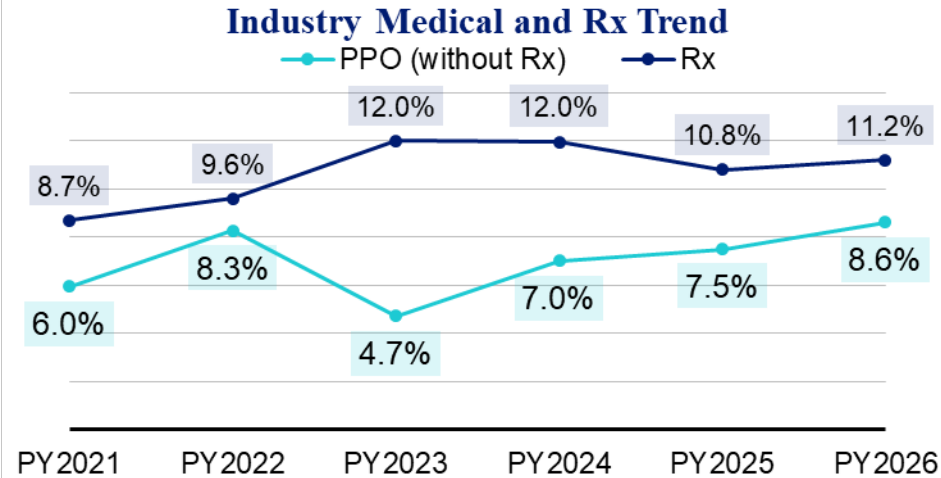
Medical/Rx Cost Trends

• PEBP Rx trend drivers¹

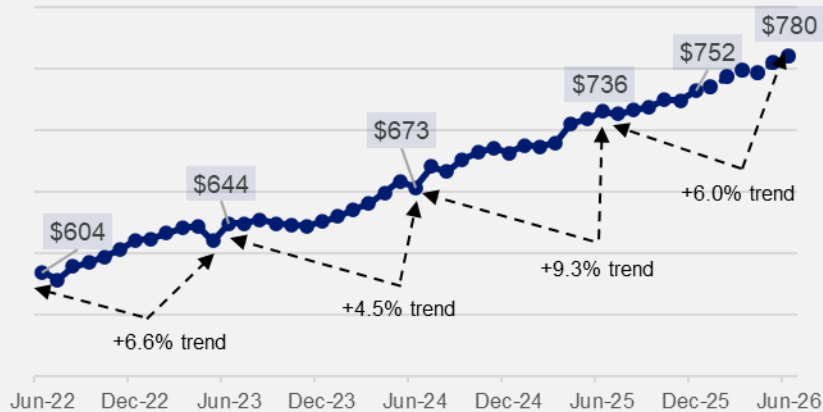
- The number of patients utilizing Mounjaro and Ozempic continues to rise (2-3x that of prior period)
- Specialty patients increasing by 15-20% in FY25
- Rebate trend lagging claims trend in FY25

• PEBP Medical trend drivers²

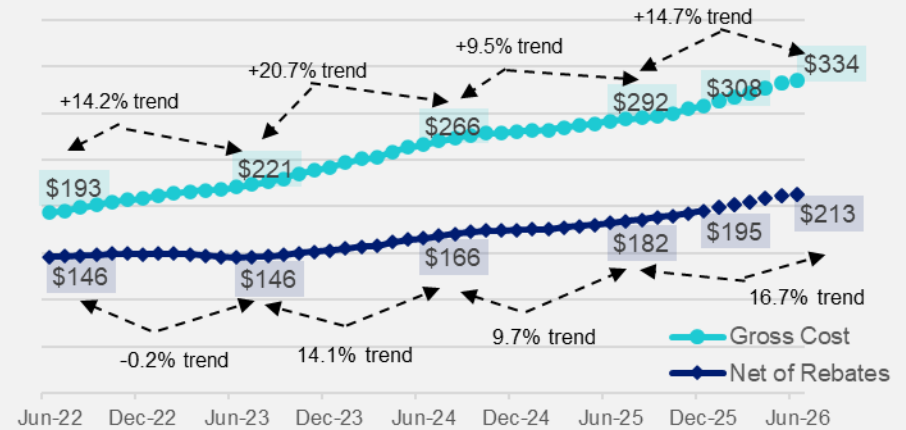
- HCCs account for \$2M increase between FY24/FY25
- Cancer prevalence is 7.9% of members
- Diabetes prevalence is 6.4% of members
- MSK prevalence is 18.9% of members



PEBP Medical (PEPM)



PEBP Prescription Drug (PEPM)



¹ Based on ESI reporting through December 31, 2025

² Based on UMR reporting through December 31, 2025

Summary of Network Plan Designs and Premiums

PPO Comparison

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

Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.

Each plan element in the comparison data is shown independently. Multiple plans may be represented across the richest and leanest comparison columns.

Benchmark plan designs and contributions effective on January 1, 2026.

Summary of Current Plan Designs and Premiums

CDHP Comparison

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

*Only generic / preferred brand / non-preferred brand are shown due to lack of specialty copay only tiers in benchmark data.

Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.

Each plan element in the comparison data is shown independently. Multiple plans may be represented across the richest and leanest comparison columns.

Benchmark plan designs and contributions effective on January 1, 2026.

Disclaimers

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6.

6. Discussion and possible action on shortening the Open Enrollment period for Plan Year 2027. (Theresa Carsten, Executive Officer)
(For Possible Action)

7.

7. 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: March 19, 2026

Item Number: 7

Title: Executive Officer Report

SUMMARY

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

REPORT

HPN Premium Reduction Update

The HPN – Medical Loss Ratio reduction in premium was voted on by the board to be applied in December. In addressing errors in premium reduction from December and January, PEBP decided to delay the additional interest owed to these members through premium reduction in February, and the adjustment will apply during the second pay period in April 2026. PEBP will owe additional interest from February to April. The total remaining interest to be reduced from member premiums should be \$3 per member. 3,213 members expected to receive the reduction in premium.

Open Meeting Law Complaint

After last month's board meeting, staff received a complaint that if PEBP were no longer producing transcription notes from a court reporter, then our meeting minutes were in violation of Nevada's Open Meeting Laws. Our in-house counsel, Brandee Mooneyhan, communicated this public concern with our Deputy Attorney General, and PEBP was notified that we are in compliance with our live-stream recording and publication via YouTube and with our meeting minutes. It was communicated that if PEBP wished to provide a transcription of future meetings that would be providing more than what is required to satisfy the requirements under statute. I have asked staff to generate the transcription from the YouTube site and add that with future meeting minutes for consumption. PEBP will not be hiring transcription services as that cost is not a requirement to meet statute.

Quality Control Officer Position

The position was posted for a two-week period. Personnel has notified us there are 28 applications for review. Staff will be reviewing those in the coming weeks and scheduling interviews.

8.

8. Contract Status Report. (Brandee Mooneyhan, Lead Insurance Counsel) (Information/Discussion)

8.1 Contract Overview

8.2 New Contracts

8.3 Contract Amendments

8.4 Status of Current Solicitations



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Stacie Weeks
Director



Theresa Carsten
Executive Officer

Joe Lombardo
Governor

AGENDA ITEM

☐ Action Item

☒ Information Only

Date: March 19, 2026

Item Number: 8

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.

8.1 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	06/30/2027 ¹
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 ²
Willis Towers Watson (Via Benefits)	Medicare Exchange	07/01/2025	06/30/2030

¹This date anticipates approval of the proposed amendment extending PEBP's contract with Diversified Dental Services by the Board of Examiners (BOE) at its meeting scheduled for March 18, 2026. If the BOE does not approve the amendment, the PEBP Board will be informed at its meeting on March 19, 2026.

² While PEBP is not a party to the network agreement between its third-party administrator, UMR, Inc., and Carson Tahoe Health (CTH), please note that UMR and CTH have agreed to extend their agreement, thereby keeping CTH in the UMR network, though June 30, 2027. Because ensuring its members' access to CTH services is a top priority, PEBP will continue to monitor this contractual relationship and apprise the Board of developments.

Financial Auditor: PEBP staff is pursuing a potential extension of the contract with Eide Bailly for continued audit of its financial statements.

Pharmacy Benefit Manager: Discussion of a potential extension of PEBP's contract with Express Scripts is ongoing, with the support of subject matter experts at the Nevada Health Authority. It is anticipated that staff will be able to present a contract amendment to the Board at its meeting set for May 21, 2026.

No action necessary.

8.2 New Contracts

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

No action necessary.

8.3 Contract Amendments

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

No action necessary.

8.4 Current Solicitations

Benefits Management System: PEBP continues to work on negotiations with the vendor chosen during the RFP process, including incorporation of Nevada Health Authority contract management goals, and anticipates presenting the resulting contract to the Board at a future meeting.

There are no other solicitations in progress.

No action necessary.

9.

9. SFY 26 Q2 Budget Report. (Monica McJoy, Chief Financial Officer) (Information/Discussion)



Joe Lombardo
Governor

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Theresa Carsten
Executive Officer

AGENDA ITEM

Action Item ☐

Information Only ☒

Date: March 19, 2026
Item Number: 9
Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of December 31, 2025, to include:

1. Budget Status
2. Budget Totals
3. FY 25 Year End Totals

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of December 31, 2025, with comparisons to the same period in Fiscal Year 2025. The budget status is reported on a cash basis and does not include incurred expenses and income owed to the fund.

The budget status report reflects actual income of \$258.4 million as of December 31, 2025, compared to \$205.4 million as of December 31, 2024, or an increase of 25.9%. Total expenses for the period have increased by \$31.2 million or 13.2% for the same period.

The budget status report shows Realized Funding Available (cash) at \$58.3 million. This compares to \$63.8 million for the same period of last year. The table below reflects the actual revenues and expenditures for the period.

OPERATIONAL BUDGET						
	FISCAL YEAR 2026			FISCAL YEAR 2025		
	Actual as of			Actuals as of	Fiscal Year	
	12/31/2025	Work Program	Percent	12/31/2024	2025 Close	Percent
Beginning Cash	66,888,128	66,888,128	100%	94,373,969	94,373,969	100%
Premium Income	39,573,399	577,316,074	7%	35,642,606	427,002,012	8%
All Other Income	218,970,814	45,957,505	476%	169,734,203	57,013,752	298%
Total Income	258,544,212	623,273,579	41%	205,376,809	484,015,764	42%
Personnel Services	1,641,538	3,856,037	43%	1,451,086	3,357,172	43%
Operating (Other than Personnel)	1,206,907	3,410,757	35%	1,214,808	2,951,072	41%
Insurance Program Expenses	264,170,669	561,337,488	47%	233,182,975	504,985,651	46%
All Other Expenses	103,187	254,446	41%	102,840	207,710	50%
Total Expenses	267,122,302	568,858,728	47%	235,951,709	511,501,605	46%
Change in Cash	(8,578,090)	54,414,851		(30,574,900)	(27,485,841)	
Realized Funding Available	58,310,038	121,302,979	48%	63,799,069	66,888,128	95%
Incurred But Not Reported Liability	(53,670,132)	(53,670,132)		(39,999,273)	(39,999,273)	
Catastrophic Reserve	(42,536,700)	(42,536,700)		(33,892,991)	(33,892,991)	
HRA Reserve	(25,096,147)	(25,096,147)		(14,864,089)	(14,864,089)	
NET REALIZED FUNDING AVAILABLE	(62,992,941)	-		(24,957,284)	(21,868,225)	

Current Budget Projections

The following table represents projections for FY 2026. The projection reflects total income to be less than budgeted by 14.1% (\$690.1 million vs \$593.1 million), total expenditures are projected to be less than budgeted by 6.1% (\$ 568.8 million vs \$ 533.9 million); and total reserves are projected to be less than budgeted by 51.2% (\$ 121.3 million vs \$ 59.1 million).

State Subsidies are projected to be less than the budgeted amount by \$61.4 million (14%), Non- State Subsidies are projected to be less than budgeted by \$3.2 million (14.4%), and Premium Income is projected to be less than budgeted by \$27.6 million (24%). The overall decrease in budgeted revenue is due in part to

BUDGETED & PROJECTED INCOME (BUDGET ACCOUNT 1338)					
Description	Budget	Actual as of 12/31/25	Projected	Difference	% Remaining
Carry Forward	66,888,128	66,888,128	66,888,128	-	
State Subsidies (RGL 4325)	440,038,912	189,274,022	378,548,042	(61,490,870)	-14.0%
Non-State Subsidies (RGL 4321)	22,214,260	9,517,106	19,022,602	(3,191,658)	-14.4%
Premium (RGL 4319 & 4323)	115,062,902	39,573,399	87,480,471	(27,582,431)	-24.0%
Appropriations	-	-	-		
All Other	45,957,505	19,880,458	41,127,926	(4,829,579)	-10.5%
Total	690,161,707	325,133,112	593,067,169	(97,094,539)	-14.1%

BUDGETED & PROJECTED EXPENSES (BUDGET ACCOUNT 1338)					
Description	Budget	Actual as of 12/31/25	Projected	Difference	
Operating	7,521,240	2,951,632	6,223,601	1,297,639	17.3%
State Insurance Costs (Cat 40)	504,507,236	240,858,913	476,390,927	28,116,309	5.6%
Non-State Ins, Costs (Cat 42)	7,716,969	3,461,892	8,106,165	(389,196)	-5.0%
Medicare Retiree Ins. Costs (Cat 44)	49,113,283	19,849,865	43,181,480	5,931,803	12.1%
Total Insurance Costs	561,337,488	264,170,669	527,678,572	33,658,916	6.0%
Total Expenses	568,858,728	267,122,302	533,902,173	34,956,555	6.1%

Restricted Reserves	121,302,979	121,302,979	59,164,995	(62,137,984)	-51.2%

Total Projected Revenue	593,067,169
Less Total Projected Expenditures	(533,902,173)
Balance Remaining	59,164,995
Less Actuary Estimated Reserves	(121,302,979)
Over/Under Reserves	(62,137,984)
Prior Year REGI Pmts	15,334,302
Over/Under Reserves	(46,803,682)

Expenses for Fiscal Year 2026 are projected to be \$34.9 million (6.1%) less than budgeted when changes to reserves are excluded. Operating expenses are projected to be less than budgeted by \$1.3 million (17.3%). Employee and Retiree insurances costs are projected to be less than budgeted by \$33.7 million (6%) when taken in total (see table above for specific information).

Recommendations

None.

10.

10. Q2 Sierra Healthcare Options – Utilization and Large Case Management. (Joan Operario and Kelly Hall, UnitedHealthcare) (Information/Discussion)

Executive Summary

Metrics	Oct-25	Nov-25	Dec-25	Average
Enrollment	52,837	52,791	52,777	52,802

Inpatient All - LTACH, AIR, SNF, and OOA					
Month	Oct-25	Nov-25	Dec-25	Total	Average
Total Discharges	165	141	174		
Total Discharges LOS	948	586	861	2,395	798
Average LOS	5.7	4.2	4.9	5.0	5.0

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

Inpatient Hospital Acute Only					
Month	Oct-25	Nov-25	Dec-25	Total	Average
Total Discharges	119	91	126	336	112
Total Discharges LOS	461	374	523	1,358	453
Average LOS	3.9	4.1	4.2	4.0	4.0

Beddays by Facility Type					
Metrics	Beddays				
Facility Type	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	461	375	523	1,359	453
Hospital Rehabilitation	30	46	14	90	30
Skilled Nursing	24	19	33	76	25
Out of Area	436	147	378	961	320

Metrics	Beddays per K			
Facility Type	Oct-25	Nov-25	Dec-25	Total
Hospital	104.7	85.2	118.9	103.0
Hospital Rehabilitation	6.8	10.5	3.2	6.8
Skilled Nursing	5.5	4.3	7.5	5.8
Out of Area	99.0	33.4	85.9	72.8

Admits by Facility Type					
Metrics	Admits				
Facility Type	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	109	90	132	331	110
Hospital Rehabilitation	2	2	1	5	2
Skilled Nursing	1	3	1	5	2
Out of Area	49	35	48	132	44

Metrics	Admits per K			
Facility Type	Oct-25	Nov-25	Dec-25	Total
Hospital	24.8	20.5	30.0	25.1
Hospital Rehabilitation	0.5	0.5	0.2	0.4

Executive Summary

Metrics	Admits per K			
	Oct-25	Nov-25	Dec-25	Total
Skilled Nursing	0.2	0.7	0.2	0.4
Out of Area	11.1	8.0	10.9	10.0

Metrics	Readmits by Facility Type				
	Readmits				
Facility Type	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	4	10	6	20	7
Hospital Rehabilitation	0	0	0	0	0
Skilled Nursing	0	0	0	0	0
All Other	3	5	1	9	3

Facility Type	Average Length of Stay by Facility				
	Average LOS				
	Facility Name	Oct-25	Nov-25	Dec-25	Total
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	1.0	0.0	0.0	1.0
	CARSON TAHOE REGIONAL MEDICAL CENTER	6.1	4.6	2.9	4.1
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	3.3	4.1	2.3	3.3
	HENDERSON HOSPITAL	3.4	5.8	3.2	4.0
	LAS VEGAS VAMC	0.0	3.0	7.0	5.0
	MOUNTAIN VIEW HOSPITAL	2.3	4.0	6.0	4.3
	NORTH VISTA HOSPITAL	0.0	1.0	0.0	1.0
	RENOWN REGIONAL MEDICAL CENTER	3.4	5.5	4.6	4.3
	SOUTHERN HILLS HOSPITAL	4.0	1.7	4.0	3.1
	SPRING VALLEY HOSPITAL	2.0	9.5	6.6	5.5
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	3.0	0.0	2.0	2.8
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	2.2	2.4	4.9	3.1
	SUMMERLIN HOSPITAL MEDICAL CTR	5.7	2.2	5.0	4.3
	SUNRISE HOSPITAL	5.6	1.0	4.6	4.0
	UNIVERSITY MEDICAL CENTER SO NV	3.0	10.0	2.9	4.1
	VALLEY HOSPITAL MEDICAL CTR	4.0	2.0	6.0	4.0
	Total	3.9	4.1	4.2	4.0
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	5.0	9.0	0.0	7.0
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	0.0	0.0	14.0	14.0
	HORIZON SPECIALTY HOSPITAL OF HENDERSON	0.0	0.0	0.0	25.0
	KINDRED HOSPITAL W SAHARA	0.0	0.0	0.0	37.0
	Total	30.0	23.0	7.0	18.0



Executive Summary

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Oct-25	Nov-25	Dec-25	Total
Skilled Nursing	HARMON HOSPITAL	0.0	13.0	0.0	13.0
	SANDSTONE SPRING VALLEY LLC		2.0	0.0	10.0
	Total	0.0	4.8	0.0	10.8
Out of Area			3.3	7.0	6.7
	Total	9.6	3.3	7.0	6.7

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	1	0	0	1	1
	CARSON TAHOE REGIONAL MEDICAL CENTER	73	82	75	230	77
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	13	37	16	66	22
	HENDERSON HOSPITAL	17	23	16	56	19
	LAS VEGAS VAMC	0	3	7	10	5
	MOUNTAIN VIEW HOSPITAL	14	4	42	60	20
	NORTH VISTA HOSPITAL	0	1	0	1	1
	RENOWN REGIONAL MEDICAL CENTER	137	115	183	435	145
	SOUTHERN HILLS HOSPITAL	8	5	12	25	8
	SPRING VALLEY HOSPITAL	8	19	33	60	20
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	9	0	2	11	6
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	20	24	39	83	28
	SUMMERLIN HOSPITAL MEDICAL CTR	68	23	40	131	44
	SUNRISE HOSPITAL	62	7	32	101	34
	UNIVERSITY MEDICAL CENTER SO NV	27	30	20	77	26
	VALLEY HOSPITAL MEDICAL CTR	4	2	6	12	4
	Total	461	375	523	1,359	0
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	5	9	0	14	7
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	0	0	14	14	14
	HORIZON SPECIALTY HOSPITAL OF HENDERSON	25	0	0	25	25
	KINDRED HOSPITAL W SAHARA	0	37	0	37	37
	Total	30	46	14	90	0
Skilled Nursing	HARMON HOSPITAL	0	13	0	13	13
	SANDSTONE SPRING VALLEY LLC	24	6	33	63	21
	Total	24	19	33	76	0
Out of Area	Out of Area	436	147	378	961	320
	Total	436	147	378	961	0

Executive Summary

Facility Type	Admits by Facility					
	Metrics	Admits				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	1	0	0	1	1
	CARSON TAHOE REGIONAL MEDICAL CENTER	12	20	24	56	19
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	4	9	7	20	7
	HENDERSON HOSPITAL	4	5	5	14	5
	LAS VEGAS VAMC	0	1	1	2	1
	MOUNTAIN VIEW HOSPITAL	5	1	9	15	5
	NORTH VISTA HOSPITAL	0	1	0	1	1
	RENOWN REGIONAL MEDICAL CENTER	35	20	42	97	32
	SOUTHERN HILLS HOSPITAL	2	2	3	7	2
	SPRING VALLEY HOSPITAL	3	3	6	12	4
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	3	0	1	4	2
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	7	10	8	25	8
	SUMMERLIN HOSPITAL MEDICAL CTR	13	8	9	30	10
	SUNRISE HOSPITAL	11	5	8	24	8
	UNIVERSITY MEDICAL CENTER SO NV	8	4	8	20	7
	VALLEY HOSPITAL MEDICAL CTR	1	1	1	3	1
	Total	109	90	132	331	0
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	1	1	0	2	1
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	0	0	1	1	1
	HORIZON SPECIALTY HOSPITAL OF HENDERSON	1	0	0	1	1
	KINDRED HOSPITAL W SAHARA	0	1	0	1	1
	Total	2	2	1	5	0
Skilled Nursing	HARMON HOSPITAL	0	1	0	1	1
	SANDSTONE SPRING VALLEY LLC	1	2	1	4	1
	Total	1	3	1	5	0
Out of Area	Out of Area	49	35	48	132	44
	Total	49	35	48	132	0

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Oct-25	Nov-25	Dec-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	0	3	1	4	1



Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	HENDERSON HOSPITAL	0	2	0	2	1
	LAS VEGAS VAMC	0	0	1	1	1
	MOUNTAIN VIEW HOSPITAL	0	0	1	1	0
	NORTH VISTA HOSPITAL	0	0	0	0	0
	RENOWN REGIONAL MEDICAL CENTER	1	2	1	4	1
	SOUTHERN HILLS HOSPITAL	0	0	0	0	0
	SPRING VALLEY HOSPITAL	0	1	0	1	0
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	0	0	0
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	1	0	1	2	1
	SUMMERLIN HOSPITAL MEDICAL CTR	0	0	0	0	0
	SUNRISE HOSPITAL	1	0	0	1	0
	UNIVERSITY MEDICAL CENTER SO NV	0	0	1	1	0
	VALLEY HOSPITAL MEDICAL CTR	0	0	0	0	0
	Total	4	10	6	20	0
Out of Area	Out of Area	3	5	1	9	3
	Total	3	5	1	9	0

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL HEALTHCARE	0.0%	0.0%	0.0%	0.0%	0.0%
	CARSON TAHOE REGIONAL MEDICAL CENTER	8.3%	10.0%	0.0%	5.4%	5.4%
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	0.0%	33.3%	14.3%	20.0%	20.0%
	HENDERSON HOSPITAL	0.0%	40.0%	0.0%	14.3%	14.3%
	LAS VEGAS VAMC	0.0%	0.0%	100.0%	50.0%	50.0%
	MOUNTAIN VIEW HOSPITAL	0.0%	0.0%	11.1%	6.7%	6.7%
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	RENOWN REGIONAL MEDICAL CENTER	2.9%	10.0%	2.4%	4.1%	4.1%
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	SPRING VALLEY HOSPITAL	0.0%	33.3%	0.0%	8.3%	8.3%
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0.0%	0.0%	0.0%	0.0%	0.0%
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	14.3%	0.0%	12.5%	8.0%	8.0%
	SUMMERLIN HOSPITAL MEDICAL CTR	0.0%	0.0%	0.0%	0.0%	0.0%
	SUNRISE HOSPITAL	9.1%	0.0%	0.0%	4.2%	4.2%
	UNIVERSITY MEDICAL CENTER SO NV	0.0%	0.0%	12.5%	5.0%	5.0%
	VALLEY HOSPITAL MEDICAL CTR	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	3.7%	11.1%	4.5%	6.0%	0.0%



Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Out of Area	Out of Area	6.1%	14.3%	2.1%	6.8%	6.8%
	Total	6.1%	14.3%	2.1%	6.8%	0.0%

Utilization Summary

Outpatient Case Management

Month	Oct-25	Nov-25	Dec-25	YTD	Average
New Cases	260	204	276	740	247
					142
					57.7%
Average Duration (closed only)					6.0

Inpatient Case Management

Month	Oct-25	Nov-25	Dec-25	YTD	Average
Open End of Month	31	19	29	79	26
Cases opened in the month	161	130			158
Cases closed in the month	165	141			160
Denied Days	11	6			7
Average LOS	5.7	4.2			5.0
NICU Open at End of Month	3	0			1
NICU Cases opened in the month	5	2			5
NICU Cases closed in the month	5	5			5
NICU Average Legth of Stay	11.2	1.8			9.1

Authorizations

Month	Oct-25	Nov-25	Dec-25	YTD	Average
Total services reviewed	4,297	3,509	3,985	11,791	3,930
Services Approved	4,163	3,409		11,424	3,808
Approval Rate	96.9%	97.2%		96.9%	96.9%
Services Denied	134	100		367	122
Denied Charges	\$152,421	\$68,689		\$365,376	\$121,792
Denial Rate	3%	3%		3%	3%

Denial Reason

Month	Oct-25	Nov-25	Dec-25	YTD	Average
Denial Reason	Denied	Denied	Denied	Denied	Denied
Not medically necessary	117	100	133	350	117
Lack of information	17	0	0	17	17

Utilization Summary

Turn Around Time					
Month	Oct-25	Nov-25	Dec-25	YTD	Average
2 or fewer days	751	480	560	1,791	597
2 or fewer Pct	42.3%	33.6%	33.7%	36.8%	36.8%
5 or fewer days	1,193	637	739	2,569	856
5 or fewer Pct	67.2%	44.6%	44.5%	52.8%	52.8%
15 or fewer Days	1,768	1,393	1,585	4,746	1,582
15 or fewer Pct	99.5%	97.6%	95.5%	97.6%	97.6%
Over 15 days	8	34	75	117	39
Over 15 days Pct	0.5%	2.4%	4.5%	2.4%	2.4%

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

Stat					
Month	Oct-25	Nov-25	Dec-25	YTD	Average
Stat Request	1,054	893	1,038	2,985	995

Appeals					
Month	Oct-25	Nov-25	Dec-25	YTD	Average
Appeals 1st Level	2	1	4	7.00	2.33
Appeals 2nd Level	0	0	0	0.00	0.00
Appeals 3rd Level	0	0	0	0.00	0.00
Appeals Overturned	0	0	1	1.00	0.33
Appeals Upheld	4	1	3	8.00	2.67

Utilization Summary

Retro Reviews					
Month	Oct-25	Nov-25	Dec-25	YTD	Average
Retros	6	2	3	11	4

Telephone Advise Nurse					
Metrics					
Outcome description	Oct-25	Nov-25	Dec-25	YTD	Average
Call 911	1	2	2	5	2
ER	5	7	4	16	5
Information or Advice Only	1	2	1	4	1
Other	9	15	11	35	12
PCP	8	5	8	21	7
Poison Center	1	0	0	1	1
Self-Care/Home Care	3	2	3	8	3
Urgent Care	9	7	8	24	8

Bedday Summary

Acute only

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

Month	Oct-25	Nov-25	Dec-25	YTD
Membership	52,837	52,791	52,777	52,802
Beddays per K	176.5	119.6	188.7	161.6
Admits per K	34.7	28.4	40.0	34.4
Average LOS	4.8	4.0	4.9	4.6
Readmits per K	1.6	3.4	1.6	2.2
Readmit Rate	4.6%	12.0%	4.0%	6.4%

SHO

Month	Oct-25	Nov-25	Dec-25	YTD
Beddays per K	187.7	175.8	182.1	181.9
Admits per K	36.4	35.9	40.6	37.6
Average LOS	4.9	4.7	4.4	4.7
Readmits per K	2.3	3.0	2.0	2.4
Readmit Rate	6.4%	8.3%	4.9%	6.5%

SHL PPO

Month	Oct-25	Nov-25	Dec-25	YTD
Beddays per K	157.3	142.5	126.2	142.0
Admits per K	37.4	34.6	39.1	37.0
Average LOS	4.5	5.7	3.9	4.7
Reamits per K	4.5	1.5	1.5	2.5
Readmit Rate	12.1%	4.4%	3.9%	6.8%

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

Executive Summary (Behavioral Health)

Metrics	Oct-25	Nov-25	Dec-25	Average
Enrollment	52,837	52,791	52,777	52,802

Inpatient All - Acute, RTC, and OOA

Month	Oct-25	Nov-25	Dec-25	Total	Average
Total Discharges	27	18	19	64	21
Total Discharges LOS	123	199	197	519	173
Average LOS	4.6	11.1	10.4	8.1	8.1

Beddays by Facility Type

Metrics	Beddays				
Facility Type	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	47	55	63	165	55
RTC	8	0	15	23	12
Out of Area	68	145	126	339	113

Beddays per K

Metrics	Beddays per K			
Facility Type	Oct-25	Nov-25	Dec-25	Total
Hospital	10.7	12.5	14.3	12.5
RTC	1.8	0.0	3.4	1.7
Out of Area	15.4	33.0	28.6	25.7

Admits by Facility Type

Metrics	Admits				
Facility Type	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	11	13	15	39	13
RTC	1	0	1	2	1
Out of Area	9	7	8	24	8

Admits per K

Metrics	Admits per K			
Facility Type	Oct-25	Nov-25	Dec-25	Total
Hospital	2.5	3.0	3.4	3.0
RTC	0.2	0.0	0.2	0.2
Out of Area	2.0	1.6	1.8	1.8

Readmits by Facility Type

Metrics	Readmits				
Facility Type	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	0	1	1	2	1
RTC	0	0	0	0	0
Out of Area	2	0	0	2	1

Executive Summary (Behavioral Health)

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Oct-25	Nov-25	Dec-25	Total
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	2.7	4.3	5.3	4.1
	DESERT HOPE CENTER	0.0	0.0	6.0	6.0
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0	3.0	0.0	3.0
	DESERT WINDS HOSPITAL	0.0	4.0	0.0	2.0
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	4.0	6.3	4.5	4.6
	SEVEN HILLS HOSPITAL INC	5.5	3.0	4.0	4.2
	SOUTHERN HILLS HOSPITAL	0.0	5.0	4.0	3.0
	VIRTUE RECOVERY LAS VEGAS LLC	0.0	0.0	8.0	8.0
	Total	3.4	4.5	5.1	4.2
RTC	VIRTUE RECOVERY LAS VEGAS LLC	8.0	0.0	15.0	11.5
	Total	8.0	0.0	15.0	11.5
Out of Area	Out of Area	5.7	24.2	18.0	13.6
	Total	5.7	24.2	18.0	13.6

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	8	17	19	44	15
	DESERT HOPE CENTER	0	0	6	6	6
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	3	0	3	3
	DESERT WINDS HOSPITAL	0	4	0	4	4
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	28	20	22	70	23
	SEVEN HILLS HOSPITAL INC	11	6	4	21	7
	SOUTHERN HILLS HOSPITAL	0	5	4	9	5
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	8	8	8
	Total	47	55	63	165	0
RTC	VIRTUE RECOVERY LAS VEGAS LLC	8	0	15	23	12
	Total	8	0	15	23	0
Out of Area	Out of Area	68	145	126	339	113
	Total	68	145	126	339	0

Facility Type BHO	Admits by Facility					
	Metrics	Admits				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	2	4	5	11	4
	DESERT HOPE CENTER	0	0	1	1	1



Executive Summary (Behavioral Health)

Facility Type BHO	Admits by Facility					
	Metrics	Admits				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	1	0	1	1
	DESERT WINDS HOSPITAL	0	1	0	1	1
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	7	4	6	17	6
	SEVEN HILLS HOSPITAL INC	2	2	1	5	2
	SOUTHERN HILLS HOSPITAL	0	1	1	2	1
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	1	1	1
	Total	11	13	15	39	0
RTC	VIRTUE RECOVERY LAS VEGAS LLC	1	0	1	2	1
	Total	1	0	1	2	0
Out of Area	Out of Area	9	7	8	24	8
	Total	9	7	8	24	0

Facility Type BHO	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	1	0	1	0
	DESERT HOPE CENTER	0	0	0	0	0
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	0	0	0	0
	DESERT WINDS 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	0	0	0	0
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	0	0	0
	Total	0	1	1	2	0
RTC	VIRTUE RECOVERY LAS VEGAS LLC	0	0	0	0	0
	Total	0	0	0	0	0
Out of Area	Out of Area	2	0	0	2	1
	Total	2	0	0	2	0

Facility Type BHO	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	25.0%	0.0%	9.1%	9.1%
	DESERT HOPE CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	DESERT WINDS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%



Executive Summary (Behavioral Health)

Facility Type BHO	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Oct-25	Nov-25	Dec-25	Total	Average
Hospital	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	0.0%	16.7%	5.9%	5.9%
	SEVEN HILLS HOSPITAL INC	0.0%	0.0%	0.0%	0.0%	0.0%
	SOUTHERN HILLS HOSPITAL	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%	7.7%	6.7%	5.1%	0.0%
RTC	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	22.2%	0.0%	0.0%	8.3%	8.3%
	Total	22.2%	0.0%	0.0%	8.3%	0.0%

Utilization Summary (Behavioral Health)

Inpatient Case Management

Month	Oct-25	Nov-25	Dec-25	YTD	Average
Open End of Month	2	4	6	12	4
Cases opened in the month	21	20	24	65	22
Cases closed in the month	27	18	19	64	21
Denied Days	6	4	5	15	5
Average LOS	4.6	11.1	10.4	8.1	8.1

Authorizations

Month	Oct-25	Nov-25	Dec-25	YTD	Average
Total services reviewed	33	45	196	274	91
Services Approved	27	45	162	234	78
Approval Rate	81.8%	100.0%	82.7%	85.4%	85.4%
Services Denied	6	0	34	40	13
Denied Charges	\$855	\$0	\$72,632	\$73,486	\$24,495
Denial Rate	18%	0%	17%	15%	15%

Denial Reason

Month	Oct-25	Dec-25	YTD	Average
Denial Reason	Denied	Denied	Denied	Denied
Not medically necessary	5	31	36	18
In network provider(s)	1	0	1	1
Not medically necessary	0	2	2	2
Not medically necessary	0	1	1	1

Utilization Summary (Behavioral Health)

Stat					
Month	Oct-25	Nov-25	Dec-25	YTD	Average
Stat Request	0	0	0	0	0

Appeals					
Month	Oct-25	Nov-25	Dec-25	YTD	Average
Appeals 1st Level	2	1	4	7.00	2.33
Appeals 2nd Level	0	0	0	0.00	0.00
Appeals 3rd Level	0	0	0	0.00	0.00
Appeals Overturned	0	0	1	1.00	0.33
Appeals Upheld	4	1	3	8.00	2.67

Utilization Summary (Behavioral Health)

Month	Retro Reviews			YTD	Average
	Oct-25	Nov-25	Dec-25		
Retros	0	0	0	0	0

Bedday Summary (Behavioral Health)

Acute only

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

Month	Oct-25	Nov-25	Dec-25	YTD
Membership	52,837	52,791	52,777	52,802
Beddays per K	15.2	15.2	16.8	15.8
Admits per K	3.9	3.4	4.3	3.9
Average LOS	3.5	4.4	4.5	4.1
Readmits per K	0.5	0.2	0.2	0.3
Readmit Rate	11.8%	6.7%	5.3%	7.8%

SHO

Month	Oct-25	Nov-25	Dec-25	YTD
Beddays per K	14.3	13.7	12.6	13.5
Admits per K	3.3	2.8	3.1	3.1
Average LOS	4.1	5.1	4.1	4.4
Readmits per K	0.3	0.2	0.2	0.2
Readmit Rate	7.7%	7.3%	6.6%	7.2%

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

11.

11. Q2 Express Scripts – Utilization and Summary Reports.
(Amy Donohue & Amy Daily, Express Scripts)
(Information/Discussion)

Nevada PEBP FY26 Q2 Report

7/1/2024 – 12/31/2025

Report Includes:

- CDHP Comparison Data from Q2 FY26 to Q2 FY25
- EPO Comparison Data from Q2 FY26 to Q2 FY25
- PPO Comparison Data from Q2 FY26 to Q2 FY25
- CDHP, EPO, PPO Breakout Data from Q2 FY26
- Summary Comparison Data from FY26
- Key Metric Breakout Data from FY26

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

PREPARED BY CLIENT ANALYTICS

Christian Peoples (Christian.Peoples@express-scripts.com)

2/27/2026

Express Scripts

By **EVERNORTH**
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY26 to Q2 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	52,586	51,168	2.8%
Utilizing Member Count (Patients)	33,722	32,788	2.8%
Percent Utilizing (Utilization)	64.1%	64.1%	0.0

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	419,432	403,292	4.0%
Claims per Elig Member per Month (Claims PMPM)	2.66	2.63	1.2%
Total Claims for Generic (Generic ARx)	360,821	345,790	4.3%
Total Claims for Brand (Brand ARx)	58,611	57,502	1.9%
Total Claims for Multisource Brand Claims (MSB ARx)	780	1,035	-24.6%
Total Non-Specialty Claims	413,188	398,203	3.8%
Total Specialty Claims	6,244	5,089	22.7%
Generic % of Total Claims (GFR)	86.0%	85.7%	0.3
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	99,860	106,163	-5.9%
Mail Penetration Rate*	27.0%	30.1%	-3.1

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$68,165,649	\$59,882,550	13.8%
Total Generic Gross Cost	\$6,603,705	\$6,061,085	9.0%
Total Brand Gross Cost	\$61,561,944	\$53,821,465	14.4%
Total MSB Gross Cost	\$625,184	\$652,290	-4.2%
Total Ingredient Cost	\$66,230,324	\$58,029,825	14.1%
Total Dispensing Fee	\$1,918,820	\$1,814,847	5.7%
Total Other (e.g. tax)	\$16,505	\$37,878	-56.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$162.52	\$148.48	9.5%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$18.30	\$17.53	4.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,050.35	\$935.99	12.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$801.52	\$630.23	27.2%

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY26 to Q2 FY25

Express Scripts

By EVERNORTH
Confidential Information

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$10,390,278	\$10,373,359	0.2%
Generic Cost Share	\$2,438,989	\$2,538,393	-3.9%
Brand Cost Share	\$7,951,290	\$7,834,966	1.5%
MSB Cost Share	\$82,062	\$113,622	-27.8%
Total Copay	\$9,050,301	\$8,968,081	0.9%
Total Deductible	\$1,339,978	\$1,405,278	-4.6%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.77	\$25.72	-3.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.76	\$7.34	-7.9%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$135.66	\$136.26	-0.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$105.21	\$109.78	-4.2%
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	17.3%	-2.1
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$57,775,371	\$49,509,191	16.7%
Generic Plan Cost	\$4,164,717	\$3,522,692	18.2%
Brand Plan Cost	\$53,610,654	\$45,986,499	16.6%
MSB Plan Cost	\$543,122	\$538,669	0.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$26,489,717	\$24,261,500	9.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$31,285,654	\$25,247,691	23.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$137.75	\$122.76	12.2%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$11.54	\$10.19	13.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$914.69	\$799.74	14.4%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$696.31	\$520.45	33.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$64.11	\$60.93	5.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,010.51	\$4,961.23	1.0%
Plan Cost PMPM	\$366.23	\$322.53	13.5%
Non-Specialty Plan Cost PMPM	\$167.91	\$158.05	6.2%
Specialty Plan Cost PMPM	\$198.31	\$164.48	20.6%
Specialty % of Plan Cost	54.2%	51.0%	3.2
Net Plan Cost PMPM (factoring Rebates)	\$120.00	\$101.18	18.6%
Non-Specialty Plan Cost PMPM	\$46.35	\$44.76	3.6%
Specialty Plan Cost PMPM	\$73.65	\$56.42	30.5%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY26 to Q2 FY25

Express Scripts

By EVERNORTH
Confidential Information

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	22,496	22,923	-1.9%
Utilizing Member Count (Patients)	13,429	13,886	-3.3%
Percent Utilizing (Utilization)	59.7%	60.6%	-0.9

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	163,086	167,835	-2.8%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.22	-1.0%
Total Claims for Generic (Generic ARx)	141,926	145,744	-2.6%
Total Claims for Brand (Brand ARx)	21,160	22,091	-4.2%
Total Claims for Multisource Brand Claims (MSB ARx)	194	292	-33.6%
Total Non-Specialty Claims	160,704	165,813	-3.1%
Total Specialty Claims	2,382	2,022	17.8%
Generic % of Total Claims (GFR)	87.0%	86.8%	0.2
Generic Effective Rate (GCR)	99.9%	99.8%	0.1
Mail Order Claims	38,707	42,791	-9.5%
Mail Penetration Rate*	26.9%	29.2%	-2.2

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$24,883,569	\$22,469,779	10.7%
Total Generic Gross Cost	\$2,038,479	\$2,257,100	-9.7%
Total Brand Gross Cost	\$22,845,090	\$20,212,679	13.0%
Total MSB Gross Cost	\$185,376	\$182,641	1.5%
Total Ingredient Cost	\$24,115,600	\$21,693,275	11.2%
Total Dispensing Fee	\$761,878	\$763,566	-0.2%
Total Other (e.g. tax)	\$6,092	\$12,937	-52.9%
Avg Total Cost per Claim (Gross Cost/ARx)	\$152.58	\$133.88	14.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$14.36	\$15.49	-7.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,079.64	\$914.97	18.0%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$955.55	\$625.48	52.8%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY26 to Q2 FY25

Express Scripts

By EVERNORTH
Confidential Information

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$5,212,650	\$5,124,253	1.7%
Generic Cost Share	\$1,032,240	\$1,127,183	-8.4%
Brand Cost Share	\$4,180,410	\$3,997,070	4.6%
MSB Cost Share	\$51,837	\$83,348	-37.8%
Total Copay	\$3,876,215	\$3,722,101	4.1%
Total Deductible	\$1,336,435	\$1,402,152	-4.7%
Avg Copay per Claim (Member Cost Share/ARx)	\$31.96	\$30.53	4.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.27	\$7.73	-6.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$197.56	\$180.94	9.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$267.20	\$285.44	-6.4%
Copay % of Total Prescription Cost (Member Cost Share %)	20.9%	22.8%	-1.9
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$19,670,919	\$17,345,526	13.4%
Generic Plan Cost	\$1,006,239	\$1,129,916	-10.9%
Brand Plan Cost	\$18,664,680	\$16,215,609	15.1%
MSB Plan Cost	\$133,540	\$99,294	34.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,072,689	\$7,061,845	0.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$12,598,231	\$10,283,680	22.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$120.62	\$103.35	16.7%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$7.09	\$7.75	-8.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$882.07	\$734.04	20.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$688.35	\$340.05	102.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$44.01	\$42.59	3.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,288.93	\$5,085.90	4.0%
Plan Cost PMPM	\$145.74	\$126.11	15.6%
Non-Specialty Plan Cost PMPM	\$52.40	\$51.34	2.1%
Specialty Plan Cost PMPM	\$93.34	\$74.77	24.8%
Specialty % of Plan Cost	64.0%	59.3%	4.8
Net Plan Cost PMPM (factoring Rebates)	\$95.92	\$77.00	24.6%
Non-Specialty Plan Cost PMPM	\$25.58	\$26.19	-2.3%
Specialty Plan Cost PMPM	\$70.34	\$50.81	38.5%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY26 vs Q2 FY25

Express Scripts

By EVERNORTH
Confidential Information

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	4,533	5,238	-13.5%
Utilizing Member Count (Patients)	3,380	3,865	-12.5%
Percent Utilizing (Utilization)	74.6%	73.8%	0.8

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	55,046	60,764	-9.4%
Claims per Elig Member per Month (Claims PMPM)	2.02	1.93	4.7%
Total Claims for Generic (Generic ARx)	46,871	51,823	-9.6%
Total Claims for Brand (Brand ARx)	8,175	8,941	-8.6%
Total Claims for Multisource Brand Claims (MSB ARx)	121	225	-46.2%
Total Non-Specialty Claims	54,163	59,849	-9.5%
Total Specialty Claims	883	915	-3.5%
Generic % of Total Claims (GFR)	85.1%	85.3%	-0.1
Generic Effective Rate (GCR)	99.7%	99.6%	0.2
Mail Order Claims	14,577	17,329	-15.9%
Mail Penetration Rate*	29.2%	31.6%	-2.4

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$9,545,516	\$10,588,785	-9.9%
Total Generic Gross Cost	\$924,127	\$927,175	-0.3%
Total Brand Gross Cost	\$8,621,388	\$9,661,610	-10.8%
Total MSB Gross Cost	\$117,857	\$238,411	-50.6%
Total Ingredient Cost	\$9,289,839	\$10,305,789	-9.9%
Total Dispensing Fee	\$253,699	\$276,861	-8.4%
Total Other (e.g. tax)	\$1,977	\$6,135	-67.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$173.41	\$174.26	-0.5%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.72	\$17.89	10.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,054.60	\$1,080.60	-2.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$974.03	\$1,059.60	-8.1%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY26 vs Q2 FY25

Express Scripts

By EVERNORTH
Confidential Information

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$1,131,510	\$1,507,989	-25.0%
Generic Cost Share	\$304,084	\$363,851	-16.4%
Brand Cost Share	\$827,426	\$1,144,139	-27.7%
MSB Cost Share	\$17,737	\$11,468	54.7%
Total Copay	\$1,127,967	\$1,504,864	-25.0%
Total Deductible	\$3,543	\$3,125	13.4%
Avg Copay per Claim (Member Cost Share/ARx)	\$20.56	\$24.82	-17.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.49	\$7.02	-7.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$101.21	\$127.97	-20.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$146.59	\$50.97	187.6%
Copay % of Total Prescription Cost (Member Cost Share %)	11.9%	14.2%	-2.4
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$8,414,006	\$9,080,796	-7.3%
Generic Plan Cost	\$620,043	\$563,324	10.1%
Brand Plan Cost	\$7,793,963	\$8,517,472	-8.5%
MSB Plan Cost	\$100,120	\$226,943	-55.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,215,569	\$4,376,504	-3.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,198,437	\$4,704,292	-10.8%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$152.85	\$149.44	2.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$13.23	\$10.87	21.7%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$953.39	\$952.63	0.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$827.43	\$1,008.63	-18.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$77.83	\$73.13	6.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,754.74	\$5,141.30	-7.5%
Plan Cost PMPM	\$309.36	\$288.94	7.1%
Non-Specialty Plan Cost PMPM	\$155.00	\$139.25	11.3%
Specialty Plan Cost PMPM	\$154.37	\$149.68	3.1%
Specialty % of Plan Cost	49.9%	51.8%	-1.9
Net Plan Cost PMPM (factoring Rebates)	\$198.25	\$183.50	8.0%
Non-Specialty Plan Cost PMPM	\$83.90	\$78.90	6.3%
Specialty Plan Cost PMPM	\$114.35	\$104.60	9.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY26 vs Q2 FY25

Express Scripts

By EVERNORTH
Confidential Information

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	25,559	23,010	11.1%
Utilizing Member Count (Patients)	16,949	15,076	12.4%
Percent Utilizing (Utilization)	66.3%	65.5%	0.8

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	201,300	174,693	15.2%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.27	3.7%
Total Claims for Generic (Generic ARx)	172,024	148,223	16.1%
Total Claims for Brand (Brand ARx)	29,276	26,470	10.6%
Total Claims for Multisource Brand Claims (MSB ARx)	465	518	-10.2%
Total Non-Specialty Claims	198,321	172,541	14.9%
Total Specialty Claims	2,979	2,152	38.4%
Generic % of Total Claims (GFR)	85.5%	84.8%	0.6
Generic Effective Rate (GCR)	99.7%	99.7%	0.1
Mail Order Claims	46,576	46,043	1.2%
Mail Penetration Rate*	26.4%	30.4%	-4.0

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$33,736,564	\$26,823,985	25.8%
Total Generic Gross Cost	\$3,641,099	\$2,876,810	26.6%
Total Brand Gross Cost	\$30,095,465	\$23,947,175	25.7%
Total MSB Gross Cost	\$321,951	\$231,238	39.2%
Total Ingredient Cost	\$32,824,885	\$26,030,760	26.1%
Total Dispensing Fee	\$903,243	\$774,419	16.6%
Total Other (e.g. tax)	\$8,436	\$18,806	-55.1%
Avg Total Cost per Claim (Gross Cost/ARx)	\$167.59	\$153.55	9.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$21.17	\$19.41	9.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,027.99	\$904.69	13.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$692.37	\$446.41	55.1%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY26 vs Q2 FY25

Express Scripts

By EVERNORTH
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

+ Q2 FY26

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	52,586	4,533	22,496	25,559
Utilizing Member Count (Patients)	33,722	3,380	13,429	16,949
Percent Utilizing (Utilization)	64.1%	74.6%	59.7%	66.3%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	419,432	55,046	163,086	201,300
Claims per Elig Member per Month (Claims PMPM)	1.33	2.02	1.21	1.31
Total Claims for Generic (Generic Rx)	360,821	46,871	141,926	172,024
Total Claims for Brand (Brand Rx)	58,611	8,175	21,160	29,276
Total Claims for Multisource Brand Claims (MSB Rx)	780	121	194	465
Total Non-Specialty Claims	413,188	54,163	160,704	198,321
Total Specialty Claims	6,244	883	2,382	2,979
Generic % of Total Claims (GFR)	86.0%	85.1%	87.0%	85.5%
Generic Effective Rate (GCR)	99.8%	99.7%	99.9%	99.7%
Mail Order Claims	99,860	14,577	38,707	46,576
Mail Penetration Rate*	27.0%	29.2%	26.9%	26.4%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$68,165,649	\$9,545,516	\$24,883,569	\$33,736,564
Total Generic Gross Cost	\$6,603,705	\$924,127	\$2,038,479	\$3,641,099
Total Brand Gross Cost	\$61,561,944	\$8,621,388	\$22,845,090	\$30,095,465
Total MSB Gross Cost	\$625,184	\$117,857	\$185,376	\$321,951
Total Ingredient Cost	\$66,230,324	\$9,289,839	\$24,115,600	\$32,824,885
Total Dispensing Fee	\$1,015,577	\$253,699	\$761,878	\$903,243
Total Other (e.g. tax)	\$16,505	\$1,977	\$6,092	\$8,436
Avg Total Cost per Claim (Gross Cost/Rx)	\$162.52	\$173.41	\$152.58	\$167.59
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$18.30	\$19.72	\$14.36	\$21.17
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$1,050.35	\$1,054.60	\$1,079.64	\$1,027.99
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$801.52	\$974.03	\$955.55	\$692.37

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q2 FY26

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$10,390,278	\$1,131,510	\$5,212,650	\$4,046,119
Generic Cost Share	\$2,438,989	\$304,084	\$1,032,240	\$1,102,664
Brand Cost Share	\$7,951,290	\$827,426	\$4,180,410	\$2,943,454
MSB Cost Share	\$82,062	\$17,737	\$51,837	\$12,488
Total Copay	\$9,050,301	\$1,127,967	\$3,876,215	\$4,046,119
Total Deductible	\$1,339,978	\$3,543	\$1,336,435	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$24.77	\$20.56	\$31.96	\$20.10
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.76	\$6.49	\$7.27	\$6.41
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$135.66	\$101.21	\$197.56	\$100.54
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$105.21	\$146.59	\$267.20	\$26.86
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	11.9%	20.9%	12.0%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$57,775,371	\$8,414,006	\$19,670,919	\$29,690,445
Generic Plan Cost	\$4,164,717	\$620,043	\$1,006,239	\$2,538,435
Brand Plan Cost	\$53,610,654	\$7,793,963	\$18,664,680	\$27,152,011
MSB Plan Cost	\$543,122	\$100,120	\$133,540	\$309,463
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$26,489,717	\$4,215,569	\$7,072,689	\$15,201,460
Total Specialty Drug Cost (Specialty Plan Cost)	\$31,285,654	\$4,198,437	\$12,598,231	\$14,488,985
Avg Plan Cost per Claim (Plan Cost/Rx)	\$137.75	\$152.85	\$120.62	\$147.49
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$11.54	\$13.23	\$7.09	\$14.76
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$914.69	\$953.39	\$882.07	\$927.45
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$696.31	\$827.43	\$688.35	\$665.51
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$64.11	\$77.83	\$44.01	\$76.65
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$5,010.51	\$4,754.74	\$5,288.93	\$4,863.71
Plan Cost PMPM	\$183.11	\$309.36	\$145.74	\$193.61
Non-Specialty Plan Cost PMPM	\$83.96	\$155.00	\$52.40	\$99.13
Specialty Plan Cost PMPM	\$99.16	\$154.37	\$93.34	\$94.48
Specialty % of Plan Cost	54.2%	49.9%	64.0%	48.8%
Net Plan Cost PMPM (factoring Rebates)	\$120.00	\$198.25	\$95.92	\$127.30
Non-Specialty Net Plan Cost PMPM	\$46.35	\$83.90	\$25.58	\$57.96
Specialty Net Plan Cost PMPM	\$73.65	\$114.35	\$70.34	\$69.34

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q2 FY26

State of Nevada PEBP				
FY2026 Q2				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	52,586	4,533	22,496	25,559
Pct Members Utilizing Benefit	64.1%	74.6%	59.7%	66.3%
Total Plan Cost	\$ 57,775,371	\$ 8,414,006	\$ 19,670,919	\$ 29,690,445
Total Days	11,001,989	1,483,788	4,274,171	5,244,030
Total Adjusted Rxs	419,432	55,046	163,086	201,300
Plan Cost PMPM	\$ 183.11	\$ 309.36	\$ 145.74	\$ 193.61
Plan Cost Net PMPM	\$ 120.00	\$ 198.25	\$ 95.92	\$ 127.30
Plan Cost/Day	\$ 5.25	\$ 5.67	\$ 4.60	\$ 5.66
Plan Cost per Adjusted Rx	\$ 137.75	\$ 152.85	\$ 120.62	\$ 147.49
Nbr Rxs PMPM	1.33	2.02	1.21	1.31
Generic Fill Rate	86.0%	85.1%	87.0%	85.5%
Home Delivery Utilization	27.0%	29.2%	26.9%	26.4%
Member Cost %	15.2%	11.9%	20.9%	12.0%
Specialty Percent of Plan Cost	54.2%	49.9%	64.0%	48.8%
Specialty Plan Cost PMPM	\$ 99.16	\$ 154.37	\$ 93.34	\$ 94.48
Formulary Compliance Rate	99.5%	99.4%	99.7%	99.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	52,586	46,762	5,413	17	397
Pct Members Utilizing Benefit	64.1%	62.3%	81.2%	70.6%	87.7%
Total Plan Cost	\$ 57,775,371	\$ 46,400,585	\$ 10,633,869	\$ 25,339	\$ 715,577
Total Days	11,001,989	8,555,253	2,163,331	5,316	278,089
Total Adjusted Rxs	419,432	329,975	79,216	191	10,050
Plan Cost PMPM	\$ 183.11	\$ 165.38	\$ 327.42	\$ 248.43	\$ 300.41
Plan Cost Net PMPM	\$ 120.00	\$ 107.80	\$ 221.99	\$ 117.24	\$ 165.93
Plan Cost/Day	\$ 5.25	\$ 5.42	\$ 4.92	\$ 4.77	\$ 2.57
Plan Cost per Adjusted Rx	\$ 137.75	\$ 140.62	\$ 134.24	\$ 132.67	\$ 71.20
Nbr Rxs PMPM	1.33	1.18	2.44	1.87	4.22
Generic Fill Rate	86.0%	85.7%	87.2%	79.1%	87.8%
Home Delivery Utilization	27.0%	24.8%	34.5%	76.9%	34.0%
Member Cost %	15.2%	15.1%	15.8%	7.4%	18.9%
Specialty Percent of Plan Cost	54.2%	53.4%	59.4%	0.0%	28.8%
Specialty Plan Cost PMPM	\$ 99.16	\$ 88.25	\$ 194.53	\$ -	\$ 86.58
Formulary Compliance Rate	99.5%	99.5%	99.7%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	4,533	3,840	633	2	58
Pct Members Utilizing Benefit	74.6%	72.6%	88.5%	50.0%	84.5%
Total Plan Cost	\$ 8,414,006	\$ 6,062,383	\$ 2,268,173	\$ 11,945	\$ 71,505
Total Days	1,483,788	1,114,061	335,508	1,518	32,701
Total Adjusted Rxs	55,046	41,636	12,172	53	1,185
Plan Cost PMPM	\$ 309.36	\$ 263.12	\$ 597.20	\$ 995.38	\$ 205.47
Plan Cost Net PMPM	\$ 198.25	\$ 160.06	\$ 434.72	\$ 334.50	\$ 140.77
Plan Cost/Day	\$ 5.67	\$ 5.44	\$ 6.76	\$ 7.87	\$ 2.19
Plan Cost per Adjusted Rx	\$ 152.85	\$ 145.60	\$ 186.34	\$ 225.37	\$ 60.34
Nbr Rxs PMPM	2.02	1.81	3.20	4.42	4.22
Generic Fill Rate	85.1%	84.8%	85.9%	69.8%	90.6%
Home Delivery Utilization	29.2%	27.6%	33.6%	88.5%	35.0%
Member Cost %	11.9%	11.4%	13.0%	4.8%	12.3%
Specialty Percent of Plan Cost	49.9%	46.2%	60.9%	0.0%	26.9%
Specialty Plan Cost PMPM	\$ 154.37	\$ 121.45	\$ 363.63	\$ -	\$ 55.35
Formulary Compliance Rate	99.4%	99.4%	99.6%	100.0%	99.2%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,496	19,173	3,008	9	306
Pct Members Utilizing Benefit	59.7%	56.5%	78.4%	77.8%	87.3%
Total Plan Cost	\$ 19,670,919	\$ 14,213,692	\$ 4,919,338	\$ 1,640	\$ 536,250
Total Days	4,274,171	2,927,272	1,127,455	489	218,955
Total Adjusted Rxs	163,086	113,948	41,215	20	7,903
Plan Cost PMPM	\$ 145.74	\$ 123.56	\$ 272.57	\$ 30.36	\$ 292.08
Plan Cost Net PMPM	\$ 95.92	\$ 80.80	\$ 187.59	\$ 17.73	\$ 144.53
Plan Cost/Day	\$ 4.60	\$ 4.86	\$ 4.36	\$ 3.35	\$ 2.45
Plan Cost per Adjusted Rx	\$ 120.62	\$ 124.74	\$ 119.36	\$ -	\$ 67.85
Nbr Rxs PMPM	1.21	0.99	2.28	0.37	4.30
Generic Fill Rate	87.0%	86.5%	88.3%	75.0%	87.6%
Home Delivery Utilization	26.9%	23.7%	34.2%	0.0%	32.9%
Member Cost %	20.9%	21.5%	19.2%	14.7%	21.7%
Specialty Percent of Plan Cost	64.0%	64.3%	66.9%	0.0%	32.6%
Specialty Plan Cost PMPM	\$ 93.34	\$ 79.41	\$ 182.22	\$ -	\$ 95.28
Formulary Compliance Rate	99.7%	99.7%	99.8%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	25,559	23,749	1,772	5	33
Pct Members Utilizing Benefit	66.3%	65.3%	83.5%	80.0%	97.0%
Total Plan Cost	\$ 29,690,445	\$ 26,124,509	\$ 3,446,358	\$ 11,755	\$ 107,822
Total Days	5,244,030	4,513,920	700,368	3,309	26,433
Total Adjusted Rxs	201,300	174,391	25,829	118	962
Plan Cost PMPM	\$ 193.61	\$ 183.34	\$ 324.15	\$ 391.84	\$ 544.56
Plan Cost Net PMPM	\$ 127.30	\$ 121.14	\$ 204.38	\$ 232.90	\$ 408.64
Plan Cost/Day	\$ 5.66	\$ 5.79	\$ 4.92	\$ 3.55	\$ 4.08
Plan Cost per Adjusted Rx	\$ 147.49	\$ 149.80	\$ 133.43	\$ 99.62	\$ 112.08
Nbr Rxs PMPM	1.31	1.22	2.43	3.93	4.86
Generic Fill Rate	85.5%	85.4%	86.0%	83.9%	86.6%
Home Delivery Utilization	26.4%	24.8%	35.3%	82.9%	41.9%
Member Cost %	12.0%	12.0%	12.4%	8.9%	7.0%
Specialty Percent of Plan Cost	48.8%	49.1%	47.8%	0.0%	11.2%
Specialty Plan Cost PMPM	\$ 94.48	\$ 90.03	\$ 155.03	\$ -	\$ 60.77
Formulary Compliance Rate	99.3%	99.3%	99.6%	100.0%	100.0%

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Nevada PEBP

Q2 FY2026

Prepared by Client Analytics

Christian Peoples (christian.peoples@express-scripts.com)

02/26/2026

**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 Qx FY26 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 2, currently ranked 1 by Plan Cost Net.
 - Plan Cost Net ↑ \$502k (31.2%) to current \$2.1M.
 - Plan Cost Net PMPM ↑ \$3.95 (33.7%) to current \$15.66.
 - Patient Count ↑ 20 to current count of 228.
 - Adjusted Rxs ↑ 58 to current count of 1,214.
- **Notable Drug Changes within Indication:**
 - **Adalimumab**
 - Previous ranked 11, currently ranked 10 by Plan Cost Net.
 - Plan Cost Net ↑ \$16k (33.9%) to current \$66k.
 - Plan Cost Net PMPM ↑ \$0.13 (36.5%) to current \$0.49.
 - Patient Count saw no change
 - Adjusted Rxs ↑ 2 to current count of 66.
 - **Ilaris**
 - New, currently ranked 4 by Plan Cost Net.
 - Plan Cost Net: New, current \$164k.
 - Plan Cost Net PMPM: New, current \$1.22.
 - Patient Count: New, current count of 3.
 - Adjusted Rxs: New, current count of 12.
 - **Bimzelx Autoinjector:**
 - New, currently ranked 6 by Plan Cost Net.

- Plan Cost Net: New, current \$128k.
 - Plan Cost Net PMPM: New, current \$0.93.
 - Patient Count: New, current count of 4.
 - Adjusted Rxs: New, current count of 19.
 - **Other drug changes in this indication were not notable.**
- **Atopic Dermatitis:** Previous ranked 6, currently ranked 5 by Plan Cost Net.
 - Plan Cost Net ↑ 258\$k (55.4%) to current \$725k.
 - Plan Cost Net PMPM ↑ \$1.98 (58.4%) to current \$5.37.
 - Patient Count ↓ 69 to current count of 785.
 - Adjusted Rxs ↓ 57 to current count of 1368.
 - **Adbry Autoinjector**
 - New, currently ranked 3 by Plan Cost Net.
 - Plan Cost Net: New, current \$47k.
 - Plan Cost Net PMPM: New, current \$0.35.
 - Patient Count: New, current count of 4.
 - Adjusted Rxs: New, current count of 17.
 - **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 \$119.78 compared to CDHP PEBP of \$95.92.
- Peer experienced Trend of 16.1%, compared to CDHP PEBP Trend of 24.6%

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:

- **Inflammatory Conditions:** Previous ranked 1st, currently ranked 1st by Plan Cost Net..
 - Plan Cost Net \$81.9k (-8.8%) to current \$849.0k..
 - Plan Cost Net PMPM ↑ \$1.59 (+5.4%) to current \$31.22.
 - Patient Count ↓ 19 to current count of 97.
 - Adjusted Rxs ↓ 114 to current count of 553.

- **Notable Drug Changes within Indication:**
 - **Taltz Autoinjector:**
 - Previously ranked 9th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$63.1k (+162.6%) to current \$101.8k.
 - Plan Cost Net PMPM ↑ \$2.51 (+203.5%) to current \$3.74.
 - Patient Count ↑ 2 to current count of 9.
 - Adjusted Rxs ↑ 11 to current count of 49.
 - **Skyrizi On-Body:**
 - Previously ranked 67th, currently ranked 22nd overall (ranked 5th within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$38.7k (+207.7%) to current \$57.4k..
 - Plan Cost Net PMPM ↑ \$1.52 (+255.6%) to current \$2.11.
 - Patient Count ↑ 3 to current count of 4.
 - Adjusted Rxs ↑ 10 to current count of 16.
 - **Tavneos:**
 - Previously ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$90.5k (-47.6%) to current \$99.8k.
 - Plan Cost Net PMPM ↓ \$2.39 (-39.4%) to current \$3.67.
 - Patient Count ↓ 1 to current count of 1.
 - Adjusted Rxs ↓ 7 to current count of 6.
 - **Rinvoq:**
 - Previously ranked 2nd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$60.7k (-46.2%) to current \$70.7k.
 - Plan Cost Net PMPM ↓ \$1.58 (-37.8%) to current \$2.60.
 - Patient Count ↓ 3 to current count of 3.
 - Adjusted Rxs ↓ 18 to current count of 18.

- **Diabetes:**
 - Plan Cost Net ↓ \$11.6k (-1.7%) to current \$683.2k.
 - Plan Cost Net PMPM ↑ \$3.01 (+13.6%) to current \$25.12.
 - Patient Count ↓ 48 to current count of 513.
 - Adjusted Rxs ↓ 389 to current count of 5,087.
 - **Mounjaro:**
 - Previously ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$60.7k (-46.2%) to current \$70.7k.
 - Plan Cost Net PMPM ↑ \$3.11 (+56.6%) to current \$8.61.
 - Patient Count ↑ 47 to current count of 132.
 - Adjusted Rxs ↑ 190 to current count of 671.

- **Ozempic:**
 - Previously ranked 1st, currently ranked 2nd by Plan Cost Net
 - Plan Cost Net ↓ \$46.3k (-21.7%) to current \$166.7k.
 - Plan Cost Net PMPM ↓ \$0.65 (-9.6%) to current \$6.13.
 - Patient Count ↓ 24 to current count of 101.
 - Adjusted Rxs ↓ 161 to current count of 518.
- **Rybelsus:**
 - Previously ranked 6th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$4.43k (+27.3%) to current \$20.6k.
 - Plan Cost Net PMPM ↑ \$0.24 (+47.1%) to current \$0.76.
 - Patient Count ↑ 4 to current count of 15.
 - Adjusted Rxs ↑ 12 to current count of 72.
- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↓ \$100.9k (-15.5%) to current \$548.8k.
 - Plan Cost Net PMPM ↓ \$0.49 (-2.4%) to current \$20.18.
 - Patient Count ↓ 50 to current count of 244.
 - Adjusted Rxs ↓ 1,322 to current count of 6,971.
- **Notable Drug Changes within Indication:**
 - **Venclexta:**
 - Previously ranked 3rd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$51.7k (+51.2%) to current \$152.8k.
 - Plan Cost Net PMPM ↑ \$2.40 (+74.7%) to current \$5.62.
 - Patient Count: remains at 2.
 - Adjusted Rxs ↑ 3 to current count of 10.
 - **Nilotinib HCL:**
 - Currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: current \$90.1k.
 - Plan Cost Net PMPM: current \$3.31.
 - Patient Count: current count of 1.
 - Adjusted Rxs: current count of 6.
 - **Tasigna:**
 - Previously ranked 7th, currently ranked 8th by Plan Cost Net.
 - Plan
 - Plan Cost Net PMPM ↑ \$2.40 (+74.7%) to current \$5.62.
 - Patient Count: remains at 2.
 - Adjusted Rxs ↑ 3 to current count of 10.
- **Multiple Sclerosis:** Previous ranked 12th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$149.3k (+99.8%) to current \$298.9k.
 - Plan Cost Net PMPM ↑ \$6.23 (+130.9%) to current \$10.99.
 - Patient Count ↑ 2 to current count of 43.
 - Adjusted Rxs ↑ 62 to current count of 1,250.

- **Kesimpta Pen:**
 - Previously ranked 44th overall, currently ranked 8th overall (ranked 1st within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$78.5k (+210.8%) to current \$115.7k.
 - Plan Cost Net PMPM ↑ \$3.07 (+259.1%) to current \$4.25.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rx's ↑ 6 to current count of 13.
- **MavenClad:**
 - Current high-cost driver: Plan Cost Net current \$85.9k and PMPM \$3.16.
 - Patient Count: current 1; Adjusted Rx's: current 1.
- **Tecfidera**
 - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$28.5k (-45.4%) to current \$34.2k.
 - Plan Cost Net PMPM ↓ \$0.74 (-36.9%) to current \$1.26.
 - Patient Count: remains at 1; Adjusted Rx's: current 5.
- **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.
- Peer experienced Plan Cost Net PMPM of \$173.99 compared to PEBP EPO of \$198.25
- Peer experienced Trend of 19.2%, compared to PEBP EPO of 8.0%

PPO Overall Trend Summaries:

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

Previous Period - Plan Cost Net PMPM **\$105.15**

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

- **Inflammatory Conditions:** Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$1,093.5k (+50.8%) to current \$3,244.0k.
 - Plan Cost Net PMPM ↑ \$5.58 (+35.8%) to current \$21.15.

- Patient Count ↑ 321 to current count of 1,911.
 - Adjusted Rxs ↑ 8,948 to current count of 54,791.
- **Notable Drug Changes within Indication:**
 - **Rinvoq**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$154.5k (+53.3%) to current \$444.5k.
 - Plan Cost Net PMPM ↑ \$0.80 (+38.0%) to current \$2.90.
 - Patient Count ↑ 4 to current count of 20.
 - Adjusted Rxs ↑ 30 to current count of 114.
 - **Skyrizi On-Body:**
 - Previously ranked 147th overall, currently ranked 28th overall (ranked 5th within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$128.7k (+695.8%) to current \$147.2k.
 - Plan Cost Net PMPM ↑ \$0.83 (+616.5%) to current \$0.96.
 - Patient Count ↑ 4 to current count of 5.
 - Adjusted Rxs ↑ 672 to current count of 784.
 - **Stelara:**
 - Previously ranked 2nd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$102.6k (-37.4%) to current \$171.4k.
 - Plan Cost Net PMPM ↓ \$0.87 (-43.7%) to current \$1.12
 - **Diabetes:** Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$240.9k (+12.5%) to current \$2,161.2k.
 - Plan Cost Net PMPM ↑ \$0.18 (+1.3%) to current \$14.09.
 - Patient Count ↑ 1,150 to current count of 16,284.
 - Adjusted Rxs ↑ 34,143 to current count of 477,428.
 - **Notable Drug Changes within Indication:**
 - **Mounjaro:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$330.8k (+53.4%) to current \$950.2k.
 - Plan Cost Net PMPM ↑ \$1.71 (+38.1%) to current \$6.20.
 - Patient Count ↑ 230 to current count of 539.

- Adjusted Rxs ↑ 1,061 to current count of 2,825.
- **Ozempic:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$109.7k (-20.4%) to current \$428.2k.
 - Plan Cost Net PMPM ↓ \$1.10 (-28.3%) to current \$2.79.
 - Patient Count ↓ 49 to current count of 303.
 - Adjusted Rxs ↓ 379 to current count of 1,372.
- **Trulicity:**
 - Previously ranked 4th, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net ↓ \$47.5k (-46.9%) to current \$53.7k.
 - Plan Cost Net PMPM ↓ \$0.38 (-52.2%) to current \$0.35.
- **Other drug changes in this indication were not notable.**
- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$442.8k (+36.2%) to current \$1,666.2k.
 - Plan Cost Net PMPM ↑ \$2.00 (+22.6%) to current \$10.86.
 - Patient Count ↑ 148 to current count of 948.
 - Adjusted Rxs ↑ 4,445 to current count of 27,311.
- **Notable Drug Changes within Indication:**
 - **Idhifa:**
 - Previously ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$157.6k (+93.0%) to current \$327.1k.
 - Plan Cost Net PMPM ↑ \$0.91 (+73.8%) to current \$2.13.
 - **Kisqali:**
 - Previously ranked 145th overall, currently ranked 24th overall (ranked 3rd within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$147.8k (+785.3%) to current \$166.6k.
 - Plan Cost Net PMPM ↑ \$0.95 (+697.0%) to current \$1.09.
 - **Other drug changes in this indication were not notable.**

- **Enzyme Deficiencies:** Previous ranked 6th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$412.1k (+53.6%) to current \$1,180.6k.
 - Plan Cost Net PMPM ↑ \$2.13 (+38.3%) to current \$7.70.
 - Patient Count ↑ 23 to current count of 51.
 - Adjusted Rxs ↑ 624 to current count of 1,430.
- **Notable Drug Changes within Indication:**
 - **Yorvipath:** currently a major driver at \$592.9k Plan Cost Net (ranked #1 in the indication).
 - **Strensiq:** Plan Cost Net ↓ \$41.3k (-12.6%) to \$287.2k.
 - **Sucraid:** Plan Cost Net ↓ \$39.8k (-66.6%) to \$20.0k
 - **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 in Plan Cost Net, however PEBP PPO experienced slightly higher Trend.
- PEBP PPO experienced Plan Cost Net PMPM of \$127.30 compared to peer of \$173.99.
- Peer experienced Trend of 19.2%, compared to PEBP PPO of 19.5%.

Total Overall Trend		% Change
Current Period - Plan Cost Net PMPM		\$120.00
Utilization	\$2.11	2.1%
Unit Cost	\$11.36	11.2%
Member Share	\$5.35	5.3%
Total Change in Plan Cost Net PMPM		\$18.82 18.6%
Previous Period - Plan Cost Net PMPM		\$101.18

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 16.9% in Specialty patients. This resulted in an 22.0% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 8.0%. Which reduced the combined unit cost trend to 11.2%

Member Cost contributed to Trend on both Specialty and NonSpecialty drugs. This is due to increased Utilization on Specialty drugs and Drug Mix on NonSpecialty drugs. Primary driven by utilization of more expensive brand drugs.

Key Statistics:

Nevada PEBP Total			
Description	Q2 FY26	Q2 FY25	Change
Average Members per Month	52,586	51,168	2.8%
Number of Unique patients	33,722	32,788	2.8%
Members Utilizing the Benefit	64.1%	64.1%	0.0
Gross Cost/Adjusted Rx	\$162.52	\$148.48	9.5%
Plan Spend	\$57,775,371	\$49,509,191	16.7%
Rebates (estimated)	\$19,913,420	\$18,445,964	5.5%
Plan Cost Net	\$37,861,950	\$31,063,227	21.9%
Plan Cost Net PMPM	\$120.00	\$101.18	18.6%
Non-Specialty Plan Cost Net PMPM	\$83.96	\$79.03	6.2%
Specialty Plan Cost Net PMPM	\$99.16	\$82.24	20.6%
Generic Fill Rate	86.0%	85.7%	0.3
90 Day Utilization	59.6%	59.9%	-0.3
Retail - Maintenance 90 Utilization	32.2%	29.5%	2.7
Home Delivery Utilization	27.0%	30.1%	-3.1
Member Cost Net %	15.2%	17.3%	-2.1

END OF REPORT

12.

12. Vendor Reports for the period ending December 31, 2025

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review

12.7 Q2 EPO Performance Review

12.8 Q2 HPN Performance Review

12.9 Q2 Dental Performance Review

12.10 Q2 Doctor on Demand Engagement Report

12.11 Q2 Real Appeal Performance Report

12.1

12. Vendor Reports for the period ending December 31, 2025.
(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management



Public Employees' Benefits Program

Quarterly Plan Performance Review

OCM • 2026-2Q



A UnitedHealthcare Company



Obesity Care Management

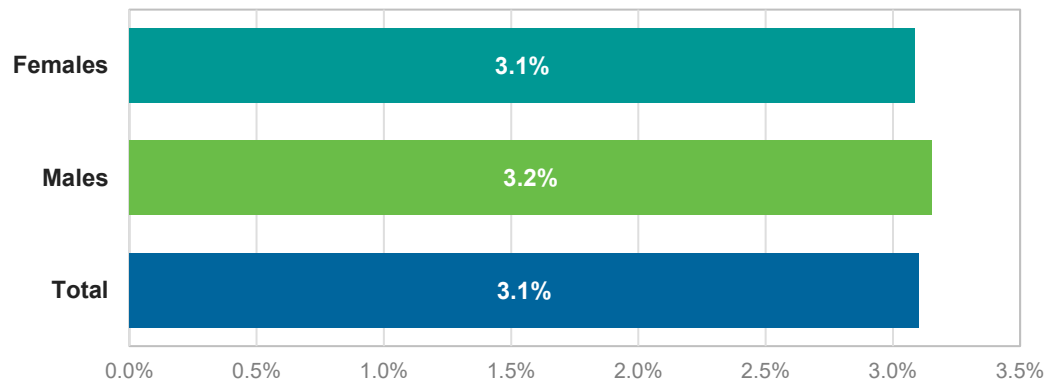
Overview



Weight Management Summary	Females	Males	Total
Members Enrolled in OCM	271	63	334
Average Pounds Lost	6.5	8.2	6.8
Total Pounds Lost	1,757.8	516.7	2,274.5
% Pounds Lost	3.1%	3.2%	3.1%
Average Paid per Member	\$3,019	\$2,856	\$2,989

➤ At \$494.03, Paid PMPM for OCM participants is significantly (-40.3%) lower than non-participants (\$827.43)

Average % Pounds Lost



Obesity Care Management participation is for the 2026 Plan Year with activity through 12/31/2025

Claims Date Range (for Avg. Paid per Member): Service Dates 7/1/2025 12/31/2025, Paid through 12/31/2025



Obesity Care Management

Financial & Utilization Summary

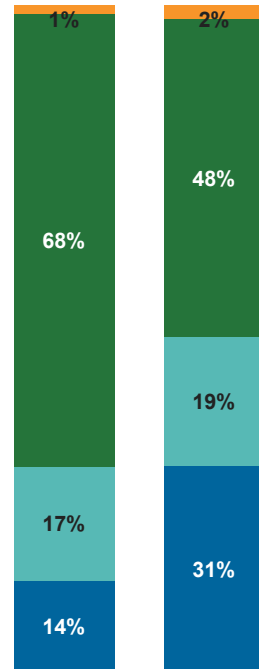


Financial Summary

Financial Measure	Participants	Non Partic.	Variance
Average Enrollment			
Employees	295	544	-45.8%
Tot. Members	334	628	-46.8%
Emp to Total Ratio	1.1	1.2	-1.9%
Financial Summary			
Allowed	\$1,217,388	\$3,730,342	-67.4%
Plan Paid	\$998,168	\$3,143,384	-68.2%
Member Paid (OOP)	\$187,231	\$567,609	-67.0%
Paid PEPY*	\$6,712	\$11,462	-41.4%
Paid PMPY*	\$5,928	\$9,929	-40.3%
Paid PEPM	\$559	\$955	-41.4%
Paid PMPM	\$494	\$827	-40.3%
High-Cost Claimants (Med Paid \$100,000+)			
# of HCCs	1	4	-75.0%
HCCs per 1000	3.0	6.4	-53.0%
Paid per HCC	\$156,045	\$257,044	-39.3%
HCC Paid % of Tot	15.6%	32.7%	-17.1 pts
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	\$815	\$3,075	-73.5%
Outpatient	\$1,017	\$1,927	-47.2%
Physician	\$4,020	\$4,728	-15.0%
Ancillary	\$77	\$199	-61.3%

* 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	7	29	-75.9%
# of Admit Days	34	206	-83.5%
Paid per Admit	\$22,769	\$36,121	-37.0%
Paid per Admit Day	\$4,688	\$5,085	-7.8%
Admits per 1000	41.6	91.6	-54.6%
Average LOS	4.9	7.1	-31.6%
Emergency Room Visits			
# of ER Visits	31	105	-70.5%
~ % resulting in Admit	16.1%	11.4%	4.7 pts
ER Visits per Patient	1.3	1.4	-6.5%
ER Visits per 1000	184.1	331.7	-44.5%
Paid per ER Visit	\$4,131	\$3,483	18.6%
Urgent Care Visits			
# of UC Visits	70	130	-46.2%
UC Visits per Patient	1.3	1.3	-3.3%
UC Visits per 1000	415.7	410.6	1.2%
Paid per UC Visit	\$113	\$103	9.4%
Office Visits			
Off Visits per Patient	9.9	4.7	113.5%
Paid per Office Visit	\$122	\$90	36.1%
Office Visits Paid PMPY	\$2,374	\$731	225.0%
Services			
Radiology Svcs per 1000	4,745.4	5,268.8	-9.9%
Radiology Paid PMPY	\$368	\$654	-43.7%
Lab Services per 1000	17,461.3	21,094.1	-17.2%
Labs Paid PMPY	\$269	\$495	-45.6%

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

Claims Date Range: Service Dates 7/1/2025 12/31/2025, Paid through 12/31/2025



Public Employees' Benefits Program

Quarterly Plan Performance Review

DCM • 2026-2Q



A UnitedHealthcare Company



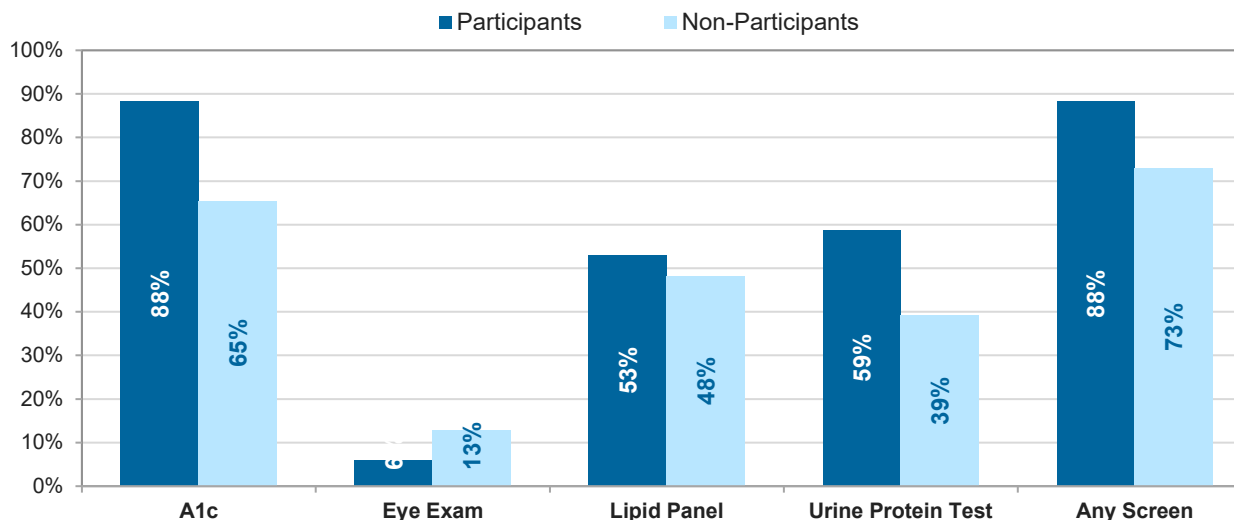
Diabetes Care Management

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	17	15	88.2%	3,456	2,262	65.5%	22.8
Eye Exam	17	1	5.9%	3,456	447	12.9%	-7.1
Lipid Panel	17	9	52.9%	3,456	1,666	48.2%	4.7
Urine Protein Test	17	10	58.8%	3,456	1,353	39.1%	19.7
Any Diabetes Screen	17	15	88.2%	3,456	2,517	72.8%	15.4

- 58.8% of DCM participants had an office visit for Diabetes, while 51.6% of non-participants had a visit
- 5.9% of DCM participants received all four screenings, while 4.7% of non-participants did



Diabetes Care Management participation is for the 2026 Plan Year with activity through 12/31/2025

Non participants are defined as members identified with diabetes in the prior 12 months (2025), but who are not enrolled in the Diabetes Care Management program

Screening Date Range: Service Dates 7/1/2025 - 12/31/2025, Paid through 12/31/2025



Diabetes Care Management

Financial & Utilization Summary

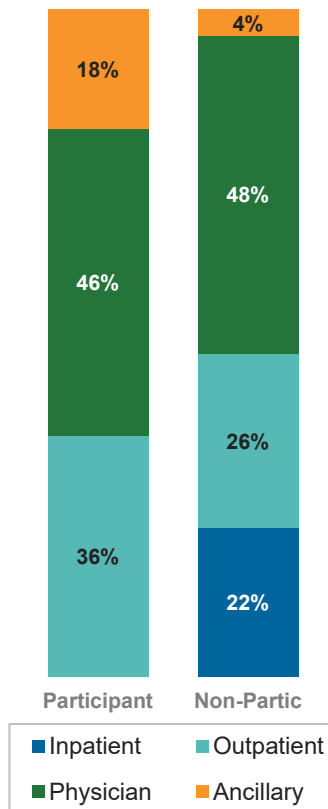


Financial Summary

Financial Measure	Participants	Non Partic.	Variance
Average Enrollment			
Employees	12	2,772	-99.6%
Tot. Members	17	3,456	-99.5%
Emp to Total Ratio	1.4	1.2	13.6%
Financial Summary			
Allowed	\$41,640	\$17,642,028	-99.8%
Plan Paid	\$26,351	\$12,050,240	-99.8%
Member Paid (OOP)	\$15,289	\$2,937,645	-99.5%
Paid PEPY*	\$4,356	\$8,623	-49.5%
Paid PMPY*	\$3,075	\$6,917	-55.5%
Paid PEPM	\$363	\$719	-49.5%
Paid PMPM	\$256	\$576	-55.5%
High-Cost Claimants (Med Paid \$100,000+)			
# of HCCs	0	11	-100.0%
HCCs per 1000	0.0	3.2	-100.0%
Paid per HCC	\$0	\$177,247	-
HCC Paid % of Tot	0.0%	16.2%	-16.2 pts
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	\$0	\$1,540	-100.0%
Outpatient	\$1,110	\$1,811	-38.7%
Physician	\$1,413	\$3,296	-57.1%
Ancillary	\$552	\$270	104.6%

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non Partic.	Variance
Inpatient Admissions			
# of Admits	0	150	-100.0%
# of Admit Days	0	774	-100.0%
Paid per Admit	\$0	\$22,815	-
Paid per Admit Day	\$0	\$4,421	-
Admits per 1000	0.0	86.1	-100.0%
Average LOS	0.0	5.2	-
Emergency Room Visits			
# of ER Visits	1	472	-99.8%
~ % resulting in Admit	0.0%	18.4%	-18.4 pts
ER Visits per Patient	1.0	1.4	-26.7%
ER Visits per 1000	116.7	270.9	-56.9%
Paid per ER Visit	\$3,218	\$3,124	3.0%
Urgent Care Visits			
# of UC Visits	1	569	-99.8%
UC Visits per Patient	1.0	1.4	-26.0%
UC Visits per 1000	116.7	326.6	-64.3%
Paid per UC Visit	\$0	\$88	-100.0%
Office Visits			
Off Visits per Patient	3.1	4.2	-26.7%
Paid per Office Visit	\$36	\$85	-57.7%
Office Visits Paid PMPY	\$156	\$604	-74.1%
Services			
Radiology Svcs per 1000	2,100.4	6,294.9	-66.6%
Radiology Paid PMPY	\$383	\$563	-31.9%
Lab Services per 1000	16,919.8	18,403.7	-8.1%
Labs Paid PMPY	\$189	\$350	-46.1%

Non participants are defined as members identified with diabetes in the prior 12 months (2025), but who are not enrolled in the Diabetes Care Management program

Claims Date Range: Service Dates 7/1/2025 12/31/2025, Paid through 12/31/2025

12.2

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

**12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network**

Network Repricing Quality - UMR		
PEBP PG Target	97%	
Q1 Results	99.46%	
Q2 Results	99.11%	
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	99.50%	99.50%
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	0	N/A
Q3 Results		
Q4 Results		

12.3

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

**370074 State of Nevada Public
Employees' Benefits Program
Life Performance Guarantees 2026 Q2 –
10/01/2025 – 12/31/2025)**

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	100%	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	Quarterly claim decision report	.3% of quarterly Basic Life Insurance Premium	100%	Yes
	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	62.72% in 142seconds	No
	Abandonment Rate	Less than 5% of calls will be abandoned	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	6.09%	No

12.4

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

**12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report**

Public Employees' Benefits Programs

Quarterly Update – 2nd Quarter Fiscal Year 2026

WTW's Individual Marketplace (Via Benefits)

February 18, 2026



Executive Summary

Quarterly Update – 2nd Quarter Fiscal Year 2026

Plan Enrollment

- As of FY Q2, 19,661 plan applications have been processed for PEBP retirees through WTW, selecting 969 plans across 104 carriers.
- Medicare Supplement (MS) plans made up 81% of enrollment, led by AARP (5,614) and Anthem BCBS NV (1,447). Average MS premium: \$148 per month.
- Medicare Advantage (MA) enrollment remained at 19%, with top selections from Humana (449) and Hometown Health Plan (417). Average MA premium: \$7 per month.

Customer Satisfaction

- Enrollment Calls: 4.3/5.0 from 31 surveys.
- Service Calls: 3.7/5.0 from 256 surveys.
- Combined Q2 satisfaction: 3.7/5.0.

Health Reimbursement Arrangement

- 12,746 HRA accounts were active at the end of Q2 2026.
- 118,982 claims were processed, with 85.8% auto-reimbursed (102,086 claims).
- Total reimbursements: \$8.06M across 43,341 payments, averaging \$86.12 per payment.

Summary of Retiree Decisions and Costs

Quarterly Update – 2nd Quarter Fiscal Year 2026

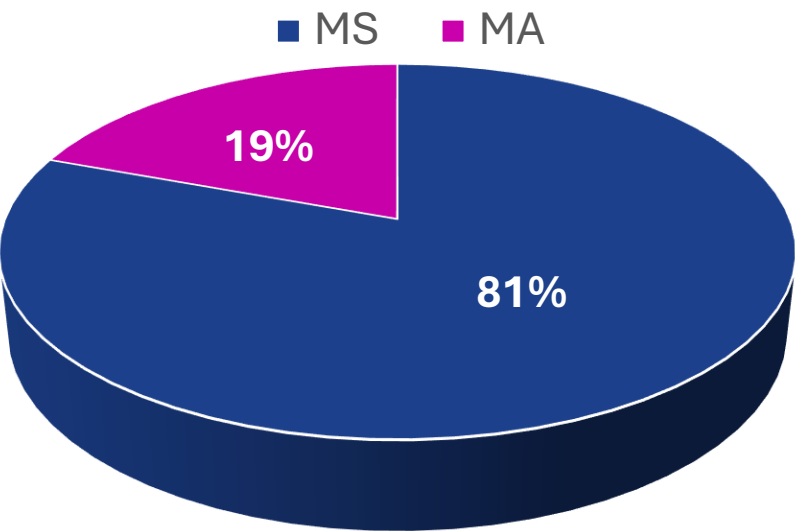
Retiree Plan Selection Through 12/31/2025		Previous Qtr.
Total applications through Individual Marketplace	19,661	20,285
Number of carriers**	104	107
Number of plans**	969	1,080

Plan Type Selection Through 12/31/2025		Previous Qtr.
Medicare Advantage (MA, MAPD)	2,032	2,306
Medicare Supplement (MS)	9,483	9,579

Summary of Retiree Decisions and Costs - Continue

Quarterly Update – 2nd Quarter Fiscal Year 2026

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)	9,483	\$150
Medicare Advantage (MA,MAPD)	2,032	\$6 / \$17
Part D drug coverage	5,527	\$26
Dental coverage	888	\$35
Vision coverage	1,731	\$10

Summary of Retiree Carrier Choice

Quarterly Update – 2nd Quarter Fiscal Year 2026

Top Medicare Supplement Plans

Carrier	Total
AARP	5,614
Anthem BCBS of NV	1,447
Humana	695
Cigna Total Choice	274
Anthem BCBS	381

Medicare Supplement Carrier Choice

Carrier	Percentage
AARP	60%
Anthem BCBS of NV	15%
Humana	7%
Cigna Total Choice	3%
Anthem BCBS	4%
All Others	11%

Cost Data For MS Plans

Data	Cost
Minimum	\$22
Average	\$148
Median	\$140
Maximum	\$464

Summary of Retiree Carrier Choice - Slide 2

Quarterly Update – 2nd Quarter Fiscal Year 2026

Top Medicare Advantage Plans

Carrier	Total
Aetna	415
Humana	449
AARP	334
Hometown Health Plan	417
AllWell	112

Medicare Advantage Carrier Choice

Carrier	Percentage
Aetna	20%
Humana	22%
AAPR	16%
Hometown Health Plan	21%
AllWell	6%
All Others	15%

Cost Data For MA Plans

Data	Cost
Minimum	\$0
Average	\$6
Median	\$0
Maximum	\$248

Summary of Retiree Carrier Choice – Slide 3

Quarterly Update – 2nd Quarter Fiscal Year 2026

Top Part D Plans

Carrier	Total
WellCare	2,844
Humana	1,591
AARP Part D from United Healthcare	515
Aetna Medicare Rx (SilverScript)	291
Cigna HealthSpring	277

Part D (RX) Carrier Choice

Carrier	Percentage
WellCare	51%
Humana	29%
AARP Part D from United Healthcare	9%
Aetna Medicare Rx (SilverScript)	5%
Cigna HealthSpring	5%
All Others	<1%

Cost Data For Part D Plans

Data	Cost
Minimum	\$0
Average	\$15
Median	\$13
Maximum	\$165

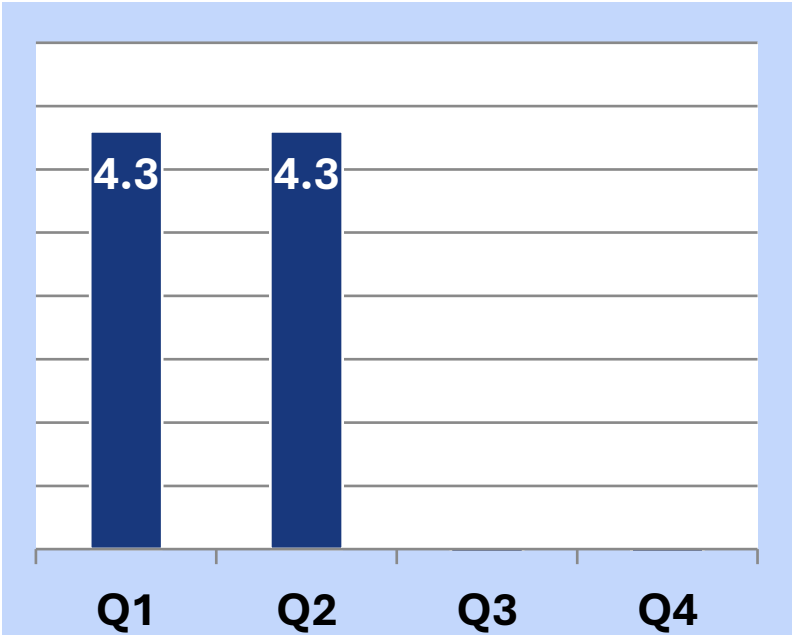
Customer Service – Voice of the Customer (VoC)

Quarterly Update – 2nd Quarter Fiscal Year 2026

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.

Q2 Enrollment Satisfaction

CSAT score	Count	%
5	19	61%
4	5	16%
3	2	7%
2	5	16%
1	0	0%
	31	100%

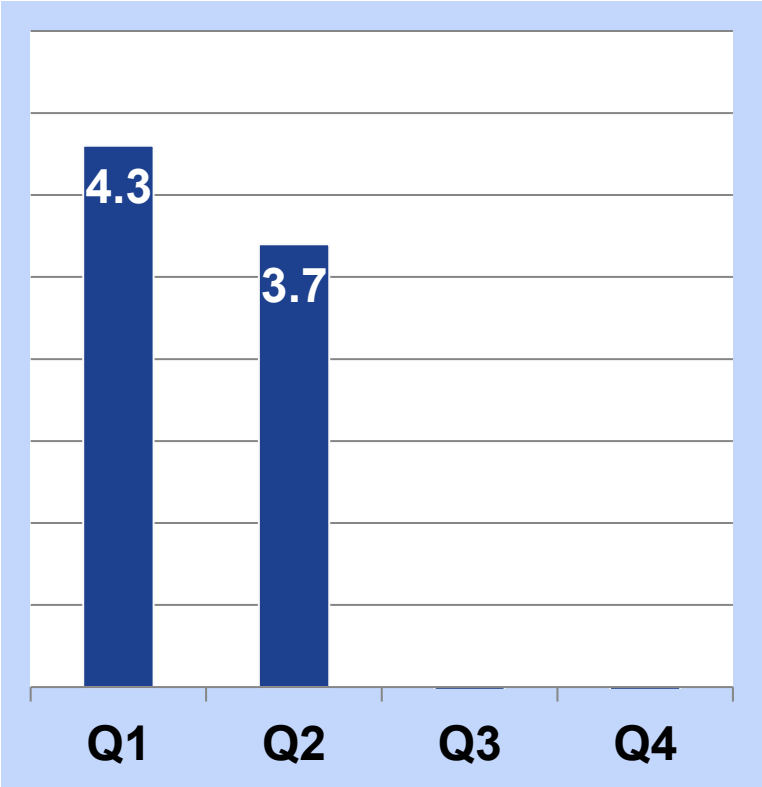


Customer Service – Voice of the Customer (VoC) – Slide 2

Quarterly Update – 2nd Quarter Fiscal Year 2026

Q2 Service Satisfaction

CSAT score	Count	%
5	120	47%
4	39	15%
3	31	12%
2	17	7%
1	49	19%
	256	100%

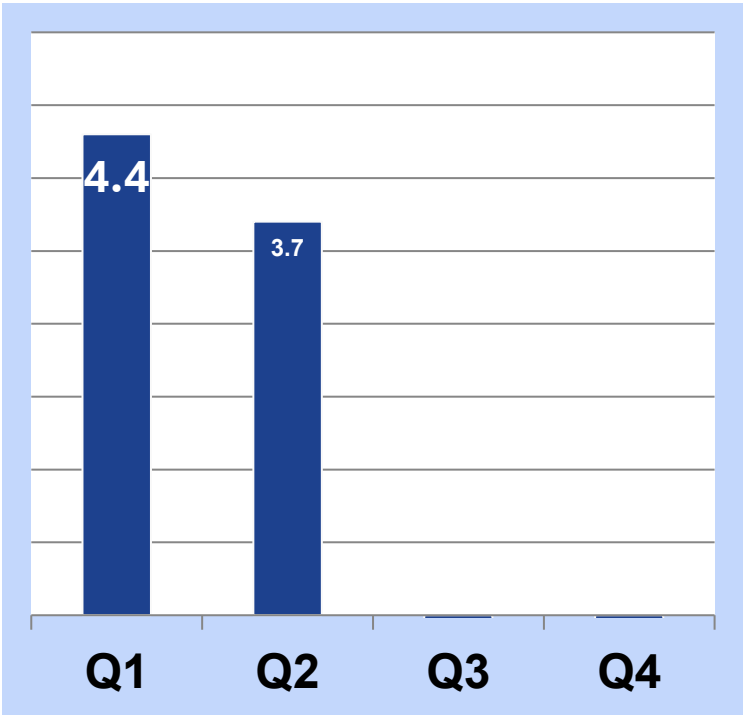


Customer Service – Voice of the Customer (VoC) – Slide 3

Quarterly Update – 2nd Quarter Fiscal Year 2026

Q2 Enrollment and Service Combined

CSAT score	Count	%
5	139	49%
4	44	15%
3	33	12%
2	22	7%
1	49	17%
	287	100%



Customer Service – Issues Log Resolution

Quarterly Update – 2nd Quarter Fiscal Year 2026

Each quarter, PEBP and WTW receive participant inquiries that require escalation to the Individual Marketplace Issues Log. WTW staff monitor and resolve these items. In Q2-FY 2026, 108 inquiries were reviewed, falling into the following categories:

Automatic Reimbursement	0
Call Review	1
Carrier Issue	2
Eligibility Data	0
Enrollment Request	34
Enrollment Status	10

General Questions	20
HRA	27
Mailings/Email	0
Reimbursement	12
Update Participant Information	1
Website Issues	1

Health Reimbursement Arrangement (HRA)

Quarterly Update – 2nd Quarter Fiscal Year 2026

Claim Activity for the Quarter	Q2 Total	Prior Quarter
HRA accounts	12,746	13,566
Number of payments	43,341	46,538
Accounts with no balance	7,916	8,285
Accounts with Direct Deposit	11,523	10,883
% of Accounts with Direct Deposit	90%	80%
Claims paid amount	\$8,066,764	\$8,258,407

Health Reimbursement Arrangement (HRA) - Continued

Quarterly Update – 2nd Quarter Fiscal Year 2026

Claims by Source	Q2 Total	Prior Quarter
Automatic Reimbursement Premium File	102,086	106,186
Mail	7,595	3,982
Website	5,235	9,768
Mobile App	4,066	5,274
TOTAL	118,982	125,156

Performance Guarantees*

Quarterly Update – 2nd Quarter Fiscal Year 2026

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.3 Days	Yes
Claim Financial Precision	≥ 98%	99.9%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.9%	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.	5 minute 16 seconds	No

*Performance guarantees are reviewed as part of the Fiscal Year claims audit. Any penalties due to Nevada PEPB for missed performance guarantees are addressed then.

Performance Guarantees* - Continued

Quarterly Update – 2nd Quarter Fiscal Year 2026

Category	Commitment	Outcome	PG MET
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	9.2%	No
Customer Satisfaction	≥ 80%	77.5%	No
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Performance guarantees are reviewed as part of the Fiscal Year claims audit. Any penalties due to Nevada PEPB for missed performance guarantees are addressed then.

Operations Report

Quarterly Update – 2nd Quarter Fiscal Year 2026

HRA Available Balance Cap of \$8,000

Effective May 29, 2026, Via Benefits will process the annual \$8,000 HRA Available Balance Cap reduction on accounts with a balance of more than \$8,000. (Note that May 31, 2026 is on a Sunday so the process this year will occur on the last business day of May.) Nevada PEBP has sent communications related to the Available Balance Cap to 696 participants with balances of \$7,000 or greater as they are expected to be the ones who will potentially be impacted by the Cap this year. The goal of the communication is to remind participants to submit claims against their balance to reduce it below the \$8,000 threshold so they do not lose any of their HRA balance. Once funds are removed because they are over the \$8,000 cap, they cannot be added back.

Operations Report – Slide 2

Quarterly Update – 2nd Quarter Fiscal Year 2026

Outbound Call Campaign to Accounts with Large Balances

In March, Via Benefits begin a new outbound call campaign to Nevada PEBP participants with large available balances in their HRA to try to help educate participants on how to effectively utilize their accounts. The calls are 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](#).

Operations Report – Slide 3

Quarterly Update – 2nd Quarter Fiscal Year 2026

Spring 2026 Retiree Meetings

WTW and Nevada PEBP will be hosting four virtual retiree meetings on April 15 and 16, with a live attendance option at the PEBP offices in Carson City. The meetings are designed to:

- 1) Educate Pre-65 retirees who are aging into Medicare
- 2) Educate active employees who are 65 or older who are considering retiring on the transition to Medicare
- 3) Educate Medicare eligible retirees who are already enrolled through Via Benefits with additional information Medicare and the HRA

Registration links are available on the [Nevada PEBP Via Benefits website](#) for participants to access to register for the meeting that best meets their situation.

Communications

Quarterly Update – 2nd Quarter Fiscal Year 2026

Spring 2026 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 mid-February.

VIA

VIA BENEFITS[®]

Via Benefits

PO Box 12345

City Name, PA 67890-1234

Electronic Service Requested



11122233344455566677770



00001 T-1-1

John Sample

1234 Street Name

Any Town, OH 12345

United States

Balance Reminder



11122233344455566677770

Identifier: 17885808_11355910

GROUP NAME, LLC

01/15/2026

You have a total available balance of \$1,560.00 in your reimbursement account that you can use for eligible expenses. The table below shows the available balance from each account and plan year.

The available balance may be subject to reimbursement submission deadlines defined by your plan rules. View your account online for more details.

Account Balance Breakdown		
Account	Plan Year	Available Balance
HRA	2024	\$140.00
HRA	2025	\$220.00
HRA	2026	\$1,200.00
Total Available Balance: \$1,560.00		

We're here to assist you

If you have questions, please call Via Benefits at 1-833-939-1210 (TTY: 711), Monday through Friday, 5:00 a.m. to 6:00 p.m. Pacific Time.

Sincerely,

Via Benefits

Get Informed Faster

Get instant updates via email. Update your notification settings at [viabenefitsurl.com](#).

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VIA BENEFITS[®]

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12.5

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

12.5 Q2 CDHP Performance Review



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

HDHP Plan • 2026-2Q



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Report Criteria & Contents



Experience Periods*

➤ 2026 Plan Year (Current)

2026-2Q. 1st two Quarters: Claims Paid 7/1/2025 - 12/31/2025

➤ 2025 Plan Year

2025-2Q. 1st two Quarters: Claims Paid 7/1/2024 - 12/31/2024

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

➤ 2024 Plan Year

2024-2Q. 1st two Quarters: Claims Paid 7/1/2023 - 12/31/2023

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: 4,811 groups with approximately 7.6 million members
- Norm Period matches Current Year: Claims Paid 7/1/2025 - 12/31/2025

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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: +13.4%
- High-Cost Claimants Paid PMPM trend: +20.1%; Non HCCs trend: +11.0%
- Top Paid Diagnostic Chapters: Health Status & Services (+14.2% Paid PMPM), Neoplasms (Cancer) (+45.1%), Musculoskeletal (+6.9%)



Membership & Demographics

- Total membership is 2.0% lower than prior period
- Employees decreased 1.9%, while Dependents were down 2.2%
- 90.7% of members had < \$2,500 medical paid, with 30.6% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$25,890, which is 3.0% lower than 2025-2Q
- Paid per ER Visit was \$2,316, which is 5.6% higher than 2025-2Q



Network Utilization & Savings

- 97.5% of all Medical spend dollars were to In Network providers
- The average In Network discount was 70.3%, which is 0.9 pts above the 2025 average discount of 69.4%

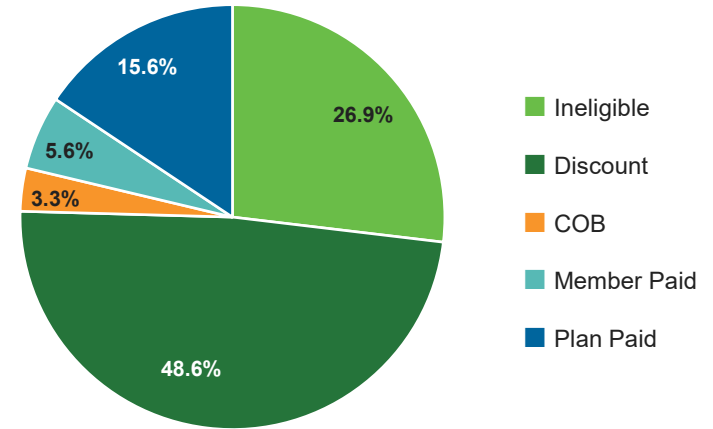
Medical Total Savings Summary



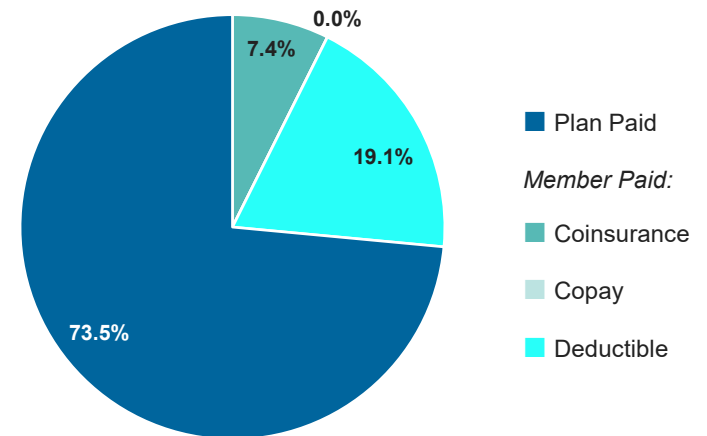
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2026-2Q Total Dollars	2026-2Q PMPM*	2025 PMPM*	Trend
Medical Billed	\$296,852,675	\$2,191	\$1,981	10.6%
(-) Ineligible	\$79,706,009	\$588	\$588	0.0%
Medical Covered	\$217,146,666	\$1,603	\$1,393	15.1%
(-) Discount	\$143,939,466	\$1,063	\$903	17.7%
Medical Allowed	\$73,207,201	\$540	\$490	10.2%
(-) COB	\$9,724,271	\$72	\$70	2.0%
(-) Coinsurance	\$4,655,777	\$34	\$33	3.7%
(-) Copay	\$130	\$0	\$0	-86.5%
(-) Deductible	\$12,052,775	\$89	\$66	35.2%
Total Member Paid	\$16,708,682	\$123	\$99	24.6%
Total Plan Paid	\$46,380,494	\$342	\$320	7.1%

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	2025-2Q (7/1/2024 - 12/31/2024)						2026-2Q (7/1/2025 - 12/31/2025)						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	\$1,443,306	\$2,069	\$409	\$1	\$1,443,716	\$2,070	\$1,496,769	\$2,405	\$902	\$1	\$1,497,672	\$2,407	3.7%	16.3%
1	\$94,108	\$156	\$67	\$0	\$94,175	\$156	\$95,650	\$133	\$72	\$0	\$95,722	\$133	1.6%	-15.0%
2 - 4	\$416,243	\$147	\$32,174	\$11	\$448,417	\$158	\$471,553	\$179	\$3,077	\$1	\$474,631	\$181	5.8%	14.4%
5 - 9	\$728,990	\$117	\$228,620	\$37	\$957,610	\$154	\$739,910	\$121	\$146,662	\$24	\$886,571	\$145	-7.4%	-6.1%
10 - 14	\$625,726	\$79	\$181,278	\$23	\$807,004	\$101	\$1,163,121	\$146	\$160,117	\$20	\$1,323,238	\$166	64.0%	64.1%
15 - 19	\$1,716,083	\$184	\$254,644	\$27	\$1,970,727	\$211	\$1,638,250	\$183	\$300,208	\$33	\$1,938,457	\$216	-1.6%	2.2%
20 - 24	\$1,540,967	\$134	\$876,198	\$76	\$2,417,165	\$210	\$1,158,140	\$103	\$483,294	\$43	\$1,641,433	\$146	-32.1%	-30.8%
25 - 29	\$993,378	\$128	\$368,761	\$47	\$1,362,139	\$175	\$1,168,365	\$141	\$419,560	\$51	\$1,587,926	\$191	16.6%	9.1%
30 - 34	\$2,537,522	\$274	\$531,015	\$57	\$3,068,537	\$331	\$2,902,350	\$325	\$570,213	\$64	\$3,472,563	\$389	13.2%	17.5%
35 - 39	\$2,728,750	\$274	\$730,525	\$73	\$3,459,276	\$348	\$2,685,728	\$263	\$1,161,016	\$114	\$3,846,744	\$377	11.2%	8.4%
40 - 44	\$1,995,677	\$180	\$966,226	\$87	\$2,961,903	\$266	\$2,763,938	\$244	\$1,200,061	\$106	\$3,963,999	\$350	33.8%	31.2%
45 - 49	\$2,535,515	\$247	\$1,647,281	\$160	\$4,182,796	\$407	\$3,574,717	\$345	\$1,842,466	\$178	\$5,417,183	\$523	29.5%	28.3%
50 - 54	\$3,972,571	\$338	\$2,221,340	\$189	\$6,193,911	\$527	\$5,163,759	\$469	\$2,136,068	\$194	\$7,299,827	\$664	17.9%	25.8%
55 - 59	\$5,993,613	\$473	\$2,380,332	\$188	\$8,373,945	\$660	\$5,582,832	\$456	\$2,865,050	\$234	\$8,447,882	\$690	0.9%	4.6%
60 - 64	\$8,519,463	\$563	\$3,478,980	\$230	\$11,998,443	\$792	\$9,174,203	\$660	\$4,291,104	\$309	\$13,465,307	\$969	12.2%	22.3%
65+	\$5,850,817	\$525	\$3,468,500	\$311	\$9,319,317	\$836	\$6,601,209	\$606	\$3,651,757	\$335	\$10,252,966	\$941	10.0%	12.6%
Total	\$41,692,730	\$302	\$17,366,352	\$126	\$59,059,082	\$427	\$46,380,494	\$342	\$19,231,629	\$142	\$65,612,123	\$484	11.1%	13.4%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2026-2Q	Variance
Average Enrollment							
Employees	9,854	44.4%	14,228	-1.9%	13,960		
Spouses	1,862	37.3%	2,558	-3.2%	2,475		
Children	4,488	39.3%	6,252	-1.7%	6,143		
Tot. Members	16,204	42.2%	23,037	-2.0%	22,577		
Avg. Family Size	1.6	-1.5%	1.6	-0.1%	1.6	1.9	-15.9%
Financial Summary							
Allowed	\$38,825,298	76.7%	\$68,595,101	6.7%	\$73,207,201		
Plan Paid	\$26,539,704	57.1%	\$41,692,730	11.2%	\$46,380,494		
Member Paid (OOP)	\$10,706,419	53.5%	\$16,429,759	1.7%	\$16,708,682		
Paid PEPY	\$5,387	8.8%	\$5,861	13.4%	\$6,645	\$11,111	-40.2%
Paid PMPY	\$3,276	10.5%	\$3,620	13.5%	\$4,109	\$5,779	-28.9%
Paid PEPM	\$449	8.8%	\$488	13.4%	\$554	\$926	-40.2%
Paid PMPM	\$273	10.5%	\$302	13.5%	\$342	\$482	-28.9%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	57	3.5%	59	0.0%	59		
HCCs per 1000	3.5	-27.2%	2.6	2.0%	2.6	2.9	-8.3%
Paid per HCC	\$188,047	4.7%	\$196,836	17.7%	\$231,654	\$210,001	10.3%
HCC Paid % of Tot	40.4%	-12.5 pts	27.9%	1.6 pts	29.5%	23.3%	6.1 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$990	1.7%	\$1,007	9.1%	\$1,099	\$1,392	-21.1%
Outpatient	\$1,003	17.1%	\$1,174	17.4%	\$1,379	\$1,640	-15.9%
Physician	\$1,245	10.1%	\$1,371	14.1%	\$1,565	\$2,618	-40.2%
Ancillary	\$38	79.3%	\$68	-1.9%	\$66	\$129	-48.5%

- With \$33.6M paid, the State Active population is 72.5% of total 2026-2Q med spend
- On a Paid PMPM basis, State Actives are up 5.8% compared to prior year
- Total HDHP Plan Paid PMPM trend is +13.5%

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				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Average Enrollment										
Employees	7,991	46.0%	11,664	-0.1%	11,651	3	40.0%	4	85.7%	7
Spouses	1,415	38.1%	1,955	-1.4%	1,928	1	-25.0%	1	261.1%	2
Children	4,110	39.8%	5,748	-1.0%	5,692	2	-61.5%	1	20.0%	1
Tot. Members	13,516	43.3%	19,367	-0.5%	19,271	5	-9.4%	5	92.5%	9
Avg. Family Size	1.7	-1.8%	1.7	-0.4%	1.7	2.1	-35.3%	1.4	3.7%	1.4
Financial Summary										
Allowed	\$29,206,504	58.3%	\$46,239,027	6.5%	\$49,237,932	\$3,632	770.1%	\$31,600	223.8%	\$102,329
Plan Paid	\$20,265,850	57.7%	\$31,950,910	5.3%	\$33,637,560	\$2,830	707.4%	\$22,847	226.6%	\$74,625
Member Paid (OOP)	\$7,947,894	57.2%	\$12,493,598	3.0%	\$12,869,646	\$802	991.5%	\$8,754	83.7%	\$16,078
Paid PEPY	\$5,072	8.0%	\$5,478	5.4%	\$5,774	\$2,264	476.7%	\$13,055	75.9%	\$22,962
Paid PMPY	\$2,999	10.0%	\$3,300	5.8%	\$3,491	\$1,061	790.9%	\$9,454	69.7%	\$16,039
Paid PEPM	\$423	8.0%	\$457	5.4%	\$481	\$189	476.7%	\$1,088	75.9%	\$1,913
Paid PMPM	\$250	10.0%	\$275	5.8%	\$291	\$88	790.9%	\$788	69.7%	\$1,337
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	43	0.0%	43	-9.3%	39	0	-	0	-	0
HCCs per 1000	3.2	-30.2%	2.2	-8.9%	2.0	0.0	-	0.0	-	0.0
Paid per HCC	\$192,960	4.8%	\$202,305	5.2%	\$212,915	\$0	-	\$0	-	\$0
HCC Paid % of Tot	40.9%	-13.7 pts	27.2%	-2.5 pts	24.7%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$912	5.8%	\$965	-10.4%	\$864	\$0	-	\$0	-	\$9,139
Outpatient	\$896	18.4%	\$1,061	17.0%	\$1,241	\$0	-	\$7,114	-48.0%	\$3,696
Physician	\$1,158	6.7%	\$1,236	8.6%	\$1,342	\$1,061	120.5%	\$2,340	-25.4%	\$1,745
Ancillary	\$33	14.1%	\$38	14.0%	\$43	\$0	-	\$0	-	\$1,459

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Average Enrollment										
Employees	1,644	37.9%	2,267	-10.4%	2,031	217	35.4%	293	-7.7%	271
Spouses	421	36.0%	573	-8.8%	522	25	19.3%	30	-23.5%	23
Children	367	33.9%	491	-10.4%	440	9	28.6%	12	-18.1%	10
Tot. Members	2,432	37.0%	3,331	-10.1%	2,993	251	33.6%	335	-9.5%	303
Avg. Family Size	1.5	-0.7%	1.5	0.3%	1.5	1.2	-1.4%	1.1	-1.9%	1.1
Financial Summary										
Allowed	\$9,054,914	99.1%	\$18,031,202	10.2%	\$19,865,352	\$560,248	666.3%	\$4,293,271	-6.8%	\$4,001,588
Plan Paid	\$5,453,795	63.3%	\$8,907,759	30.5%	\$11,627,363	\$817,228	-0.7%	\$811,214	28.3%	\$1,040,946
Member Paid (OOP)	\$2,386,366	41.2%	\$3,370,159	-1.2%	\$3,330,652	\$371,356	50.1%	\$557,248	-11.7%	\$492,305
Paid PEPY	\$6,635	18.4%	\$7,859	45.7%	\$11,447	\$7,549	-26.7%	\$5,534	39.0%	\$7,692
Paid PMPY	\$4,485	19.3%	\$5,349	45.2%	\$7,768	\$6,516	-25.7%	\$4,843	41.7%	\$6,863
Paid PEPM	\$553	18.4%	\$655	45.7%	\$954	\$629	-26.7%	\$461	39.0%	\$641
Paid PMPM	\$374	19.3%	\$446	45.2%	\$647	\$543	-25.7%	\$404	41.7%	\$572
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	11	36.4%	15	13.3%	17	3	-66.7%	1	100.0%	2
HCCs per 1000	4.5	-0.4%	4.5	26.1%	5.7	12.0	-75.0%	3.0	120.9%	6.6
Paid per HCC	\$183,081	2.4%	\$187,439	52.1%	\$285,138	\$135,647	-24.4%	\$102,583	64.0%	\$168,264
HCC Paid % of Tot	36.9%	-5.4 pts	31.6%	10.1 pts	41.7%	49.8%	-37.1 pts	12.6%	19.7 pts	32.3%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,164	-1.3%	\$1,149	104.0%	\$2,345	\$3,536	-42.5%	\$2,032	69.7%	\$3,449
Outpatient	\$1,526	21.0%	\$1,846	19.6%	\$2,208	\$1,728	-44.0%	\$968	91.1%	\$1,849
Physician	\$1,735	21.7%	\$2,110	42.6%	\$3,010	\$1,188	51.1%	\$1,794	-20.3%	\$1,430
Ancillary	\$61	298.8%	\$244	-15.6%	\$205	\$64	-23.5%	\$49	174.8%	\$135

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2024	⇒	2025	⇒	2026-2Q	2026-2Q	Variance
Average Enrollment							
Employees	12,303	16.3%	14,312	-2.5%	13,960		
Spouses	2,295	11.1%	2,550	-2.9%	2,475		
Children	5,554	12.5%	6,247	-1.7%	6,143		
Tot. Members	20,151	14.7%	23,109	-2.3%	22,577		
Avg. Family Size	1.6	-1.4%	1.6	0.2%	1.6	1.9	-15.9%
Financial Summary							
Allowed	\$110,882,128	22.7%	\$135,998,902	-46.2%	\$73,207,201		
Plan Paid	\$79,826,506	11.0%	\$88,624,170	-47.7%	\$46,380,494		
Member Paid (OOP)	\$22,161,728	23.8%	\$27,441,813	-39.1%	\$16,708,682		
Paid PEPY	\$6,488	-4.6%	\$6,192	7.3%	\$6,645	\$11,111	-40.2%
Paid PMPY	\$3,961	-3.2%	\$3,835	7.1%	\$4,109	\$5,779	-28.9%
Paid PEPM	\$541	-4.6%	\$516	7.3%	\$554	\$926	-40.2%
Paid PMPM	\$330	-3.2%	\$320	7.1%	\$342	\$482	-28.9%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	148	-13.5%	128	-53.9%	59		
HCCs per 1000	7.3	-24.6%	5.5	-52.8%	2.6	2.9	-8.3%
Paid per HCC	\$230,303	-11.6%	\$203,621	13.8%	\$231,654	\$210,001	10.3%
HCC Paid % of Tot	42.7%	-13.3 pts	29.4%	0.1 pts	29.5%	23.3%	6.1 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$1,285	-25.8%	\$953	15.3%	\$1,099	\$1,392	-21.1%
Outpatient	\$1,157	12.9%	\$1,306	5.6%	\$1,379	\$1,640	-15.9%
Physician	\$1,460	3.1%	\$1,505	4.0%	\$1,565	\$2,618	-40.2%
Ancillary	\$59	20.2%	\$71	-6.7%	\$66	\$129	-48.5%

- Total plan paid amount for the first two quarters of 2024 was 47.0% of the full year
- Annualizing 2025 paid dollars using the same ratio would result in a total paid of \$98.6 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	⇒	2026-2Q	2024	⇒	2025	⇒	2026-2Q
Average Enrollment										
Employees	10,013	17.9%	11,807	-1.3%	11,651	3	67.6%	5	25.8%	7
Spouses	1,750	12.1%	1,961	-1.7%	1,928	0	120.0%	1	97.0%	2
Children	5,089	13.1%	5,755	-1.1%	5,692	2	-47.6%	1	9.1%	1
Tot. Members	16,851	15.9%	19,522	-1.3%	19,271	5	33.3%	7	32.9%	9
Avg. Family Size	1.7	-1.8%	1.7	0.0%	1.7	1.7	-20.4%	1.4	5.7%	1.4
Financial Summary										
Allowed	\$81,546,375	12.2%	\$91,514,620	-46.2%	\$49,237,932	\$74,194	-54.9%	\$33,497	205.5%	\$102,329
Plan Paid	\$62,366,719	6.1%	\$66,141,692	-49.1%	\$33,637,560	\$62,162	-61.9%	\$23,665	215.3%	\$74,625
Member Paid (OOP)	\$16,852,361	25.9%	\$21,217,588	-39.3%	\$12,869,646	\$12,033	-18.3%	\$9,832	63.5%	\$16,078
Paid PEPY	\$6,229	-10.1%	\$5,602	3.1%	\$5,774	\$20,160	-77.3%	\$4,580	401.3%	\$22,962
Paid PMPY	\$3,701	-8.5%	\$3,388	3.0%	\$3,491	\$11,840	-71.4%	\$3,381	374.4%	\$16,039
Paid PEPM	\$519	-10.1%	\$467	3.1%	\$481	\$1,680	-77.3%	\$382	401.3%	\$1,913
Paid PMPM	\$308	-8.5%	\$282	3.0%	\$291	\$987	-71.4%	\$282	374.4%	\$1,337
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	110	-20.9%	87	-55.2%	39	0	-	0	-	0
HCCs per 1000	6.5	-31.7%	4.5	-54.6%	2.0	0.0	-	0.0	-	0.0
Paid per HCC	\$245,319	-14.3%	\$210,234	1.3%	\$212,915	\$0	-	\$0	-	\$0
HCC Paid % of Tot	43.3%	-15.6 pts	27.7%	-3.0 pts	24.7%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,240	-30.0%	\$868	-0.4%	\$864	\$0	-	\$0	-	\$9,139
Outpatient	\$1,048	9.0%	\$1,142	8.7%	\$1,241	\$7,425	-66.9%	\$2,456	50.5%	\$3,696
Physician	\$1,359	-2.1%	\$1,330	0.9%	\$1,342	\$4,412	-79.2%	\$916	90.5%	\$1,745
Ancillary	\$54	-12.4%	\$47	-9.4%	\$43	\$4	137.3%	\$9	16924.9%	\$1,459

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024	⇒	2025	⇒	2026-2Q	2024	⇒	2025	⇒	2026-2Q
Average Enrollment										
Employees	2,025	9.2%	2,212	-8.2%	2,031	262	9.8%	288	-6.0%	271
Spouses	516	8.5%	560	-6.6%	522	29	-1.1%	29	-20.8%	23
Children	452	6.1%	479	-8.3%	440	11	5.2%	12	-16.9%	10
Tot. Members	2,992	8.6%	3,251	-7.9%	2,993	303	8.6%	329	-7.7%	303
Avg. Family Size	1.5	-0.5%	1.5	0.3%	1.5	1.2	-1.1%	1.1	-1.8%	1.1
Financial Summary										
Allowed	\$25,351,856	45.5%	\$36,877,665	-46.1%	\$19,865,352	\$3,909,703	93.7%	\$7,573,121	-47.2%	\$4,001,588
Plan Paid	\$15,770,048	28.6%	\$20,280,083	-42.7%	\$11,627,363	\$1,627,578	33.9%	\$2,178,730	-52.2%	\$1,040,946
Member Paid (OOP)	\$4,561,766	19.0%	\$5,428,023	-38.6%	\$3,330,652	\$735,568	6.9%	\$786,370	-37.4%	\$492,305
Paid PEPY	\$7,788	17.7%	\$9,169	24.8%	\$11,447	\$6,206	21.9%	\$7,567	1.6%	\$7,692
Paid PMPY	\$5,270	18.4%	\$6,238	24.5%	\$7,768	\$5,377	23.3%	\$6,631	3.5%	\$6,863
Paid PEPM	\$649	17.7%	\$764	24.8%	\$954	\$517	21.9%	\$631	1.6%	\$641
Paid PMPM	\$439	18.4%	\$520	24.5%	\$647	\$448	23.3%	\$553	3.5%	\$572
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	37	-5.4%	35	-51.4%	17	3	100.0%	6	-66.7%	2
HCCs per 1000	12.4	-12.9%	10.8	-47.3%	5.7	9.9	84.2%	18.3	-63.9%	6.6
Paid per HCC	\$175,418	14.4%	\$200,660	42.1%	\$285,138	\$175,672	-28.8%	\$125,018	34.6%	\$168,264
HCC Paid % of Tot	41.2%	-6.5 pts	34.6%	7.1 pts	41.7%	32.4%	2.0 pts	34.4%	-2.1 pts	32.3%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,405	-13.0%	\$1,223	91.8%	\$2,345	\$2,619	28.4%	\$3,362	2.6%	\$3,449
Outpatient	\$1,754	29.7%	\$2,275	-3.0%	\$2,208	\$1,191	17.7%	\$1,402	31.9%	\$1,849
Physician	\$2,031	24.4%	\$2,527	19.1%	\$3,010	\$1,433	25.3%	\$1,795	-20.3%	\$1,430
Ancillary	\$80	166.2%	\$214	-3.8%	\$205	\$135	-46.7%	\$72	88.1%	\$135

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2025-2Q (7/1/2024 - 12/31/2024)				2026-2Q (7/1/2025 - 12/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$9,344,087	\$1,283,635	\$630,472	\$11,258,193	\$8,329,093	\$2,462,792	\$1,046,844	\$11,838,728	5.2%
Outpatient	\$10,271,254	\$2,546,964	\$526,743	\$13,344,962	\$11,960,411	\$2,810,668	\$493,739	\$15,264,818	14.4%
Physician	\$11,970,554	\$3,016,027	\$498,323	\$15,484,904	\$12,934,070	\$3,924,948	\$580,804	\$17,439,822	12.6%
Ancillary	\$365,015	\$91,971	\$313,624	\$770,611	\$413,986	\$91,323	\$216,246	\$721,555	-6.4%
Total	\$31,950,910	\$6,938,597	\$1,969,162	\$40,858,669	\$33,637,560	\$9,289,730	\$2,337,633	\$45,264,923	10.8%
PMPM	\$274.96	\$467.58	\$382.84	\$300.02	\$290.91	\$714.23	\$471.83	\$338.84	12.9%
Non-State Members									
Inpatient	\$0	\$32,305	\$308,032	\$340,337	\$42,520	\$18,081	\$504,952	\$565,554	66.2%
Outpatient	\$17,192	\$86,742	\$75,390	\$179,325	\$17,197	\$91,937	\$188,543	\$297,677	66.0%
Physician	\$5,654	\$69,850	\$230,656	\$306,161	\$8,119	\$69,282	\$147,652	\$225,054	-26.5%
Ancillary	\$0	\$7,496	\$741	\$8,237	\$6,790	\$1,044	\$19,454	\$27,287	231.3%
Total	\$22,847	\$196,394	\$614,820	\$834,060	\$74,625	\$180,344	\$860,601	\$1,115,571	33.8%
PMPM	\$787.81	\$480.21	\$384.02	\$409.05	\$1,336.57	\$644.06	\$558.84	\$594.71	45.4%
All Members									
Inpatient	\$9,344,087	\$1,315,940	\$938,504	\$11,598,531	\$8,371,613	\$2,480,873	\$1,551,796	\$12,404,282	6.9%
Outpatient	\$10,288,447	\$2,633,706	\$602,133	\$13,524,286	\$11,977,608	\$2,902,605	\$682,282	\$15,562,495	15.1%
Physician	\$11,976,209	\$3,085,877	\$728,979	\$15,791,065	\$12,942,188	\$3,994,230	\$728,457	\$17,664,875	11.9%
Ancillary	\$365,015	\$99,468	\$314,365	\$778,848	\$420,776	\$92,367	\$235,700	\$748,842	-3.9%
Total	\$31,973,757	\$7,134,991	\$2,583,982	\$41,692,730	\$33,712,185	\$9,470,074	\$3,198,235	\$46,380,494	11.2%
PMPM	\$275.09	\$467.92	\$383.12	\$301.63	\$291.42	\$712.75	\$492.46	\$342.38	13.5%

Medical Cost Distribution

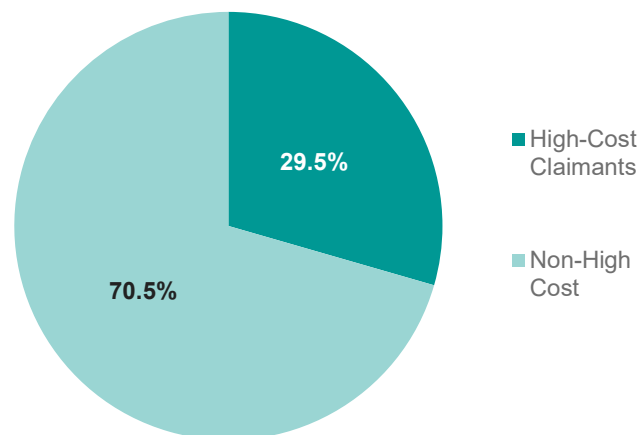
Distribution by Member Cost



Member Total Paid Range	2025-2Q (7/1/2024 - 12/31/2024)						2026-2Q (7/1/2025 - 12/31/2025)					
	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	7,935	30.4%	\$0	0.0%	\$0	0.0%	7,724	30.6%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	5,750	22.0%	-\$503,586	-1.2%	\$2,000,270	12.2%	5,463	21.6%	-\$561,463	-1.2%	\$1,977,818	11.8%
> \$0 - \$2,500	10,226	39.2%	\$5,211,852	12.5%	\$7,091,309	43.2%	9,751	38.6%	\$5,071,641	10.9%	\$6,947,048	41.6%
> \$2,500 - \$5,000	850	3.3%	\$3,006,654	7.2%	\$2,021,980	12.3%	887	3.5%	\$3,114,468	6.7%	\$2,071,473	12.4%
> \$5,000 - \$10,000	596	2.3%	\$4,189,387	10.0%	\$1,893,938	11.5%	634	2.5%	\$4,434,837	9.6%	\$1,998,061	12.0%
> \$10,000 - \$25,000	441	1.7%	\$6,787,755	16.3%	\$1,892,097	11.5%	464	1.8%	\$7,327,502	15.8%	\$1,923,734	11.5%
> \$25,000 - \$50,000	161	0.6%	\$5,573,072	13.4%	\$779,282	4.7%	198	0.8%	\$6,680,895	14.4%	\$930,353	5.6%
> \$50,000 - \$100,000	83	0.3%	\$5,814,297	13.9%	\$441,377	2.7%	97	0.4%	\$6,645,005	14.3%	\$498,210	3.0%
> \$100,000	59	0.2%	\$11,613,298	27.9%	\$309,506	1.9%	59	0.2%	\$13,667,609	29.5%	\$361,985	2.2%
Total	26,101	100.0%	\$41,692,730	100.0%	\$16,429,759	100.0%	25,277	100.0%	\$46,380,494	100.0%	\$16,708,682	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	31	\$3,302,534	24.2%
2	Health Status & Health Services	51	\$2,728,991	20.0%
3	Injury, Poisoning & External Causes	31	\$1,362,605	10.0%
4	Circulatory System	45	\$1,142,675	8.4%
5	Respiratory System	30	\$873,376	6.4%
6	Musculoskeletal System	34	\$861,411	6.3%
7	Perinatal Originating Conditions	4	\$857,166	6.3%
8	Nervous System	30	\$487,541	3.6%
9	Endocrine, Nutritional & Metabolic	28	\$456,836	3.3%
10	Digestive System	23	\$338,847	2.5%
...	All Others		\$1,255,628	9.2%
=	Total	59	\$13,667,609	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2026-2Q	Variance
Inpatient Admissions							
# of Admits	509	-5.3%	482	0.4%	484		
# of Admit Days	4,105	-40.0%	2,464	-4.1%	2,364		
Paid per Admit	\$30,955	-13.7%	\$26,700	-3.0%	\$25,890	\$29,282	-11.6%
Paid per Admit Day	\$3,838	36.1%	\$5,223	1.5%	\$5,301	\$5,888	-10.0%
Admits per 1000	62.8	-33.4%	41.8	2.5%	42.9	47.4	-9.5%
Average LOS	8.1	-36.6%	5.1	-4.5%	4.9	5.0	-1.8%
Emergency Room Visits							
# of ER Visits	2,365	-3.3%	2,286	14.2%	2,610		
~ % resulting in Admit	13.4%	-1.6 pts	11.8%	0.5 pts	12.3%	10.3%	2.0 pts
ER Visits per Patient	1.3	0.2%	1.3	11.2%	1.5		
ER Visits per 1000	291.9	-32.0%	198.5	16.5%	231.2	227.4	1.7%
Paid per ER Visit	\$2,220	-1.2%	\$2,192	5.6%	\$2,316	\$2,561	-9.6%
Urgent Care Visits							
# of UC Visits	3,769	-5.4%	3,567	-7.3%	3,308		
UC Visits per Patient	1.3	-0.1%	1.3	-0.1%	1.3		-
UC Visits per 1000	465.2	-33.4%	309.7	-5.4%	293.0	248.6	17.9%
Paid per UC Visit	\$31	17.0%	\$36	7.7%	\$39	\$126	-68.9%
Office Visits							
Off Visits per Patient	3.0	4.8%	3.1	4.4%	3.3		
Paid per Office Visit	\$35	8.2%	\$38	12.8%	\$43	\$101	-57.5%
Office Visits Paid PMPY	\$193	-25.4%	\$144	17.9%	\$170	\$399	-57.5%
Services							
Radiology Svcs per 1000	5,483.7	-27.3%	3,984.1	7.9%	4,298.5	3,767.6	14.1%
Radiology Paid PMPY	\$349	-27.9%	\$252	31.8%	\$332		
Lab Services per 1000	14,153.2	-28.2%	10,164.2	8.5%	11,027.1	9,864.7	11.8%
Labs Paid PMPY	\$220	-23.7%	\$168	22.2%	\$205		

- Inpatient Admission rate per 1000 increased 2.5%, but amount paid per Admission is 3.0% lower than prior period
- ER utilization increased significantly (+16.5%), and amount paid per ER visit is 5.6% 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				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Inpatient Admissions										
# of Admits	365	0.8%	368	0.0%	368	0	-	0	-	2
# of Admit Days	3,038	-37.9%	1,886	-12.6%	1,649	0	-	0	-	10
Paid per Admit	\$31,204	-7.7%	\$28,794	-13.6%	\$24,871	\$0	-	\$0	-	\$22,120
Paid per Admit Day	\$3,749	49.9%	\$5,618	-1.2%	\$5,550	\$0	-	\$0	-	\$4,424
Admits per 1000	54.0	-29.6%	38.0	0.5%	38.2	0.0	-	0.0	-	429.9
Average LOS	8.3	-38.4%	5.1	-12.6%	4.5	0.0	-	0.0	-	5.0
Emergency Room Visits										
# of ER Visits	1,864	1.3%	1,889	9.5%	2,068	0	-	1	400.0%	5
~ % resulting in Admit	11.7%	-0.9 pts	10.7%	0.1 pts	10.9%	0.0%	-	0.0%	40.0 pts	40.0%
ER Visits per Patient	1.3	0.4%	1.3	8.5%	1.4	0.0	-	1.0	66.7%	1.7
ER Visits per 1000	275.8	-29.3%	195.1	10.0%	214.6	0.0	-	413.8	159.7%	1,074.6
Paid per ER Visit	\$2,344	-5.1%	\$2,224	10.1%	\$2,450	\$0	-	\$18,276	-89.4%	\$1,938
Urgent Care Visits										
# of UC Visits	3,271	-4.9%	3,112	-7.6%	2,876	2	-100.0%	0	-	2
UC Visits per Patient	1.3	0.3%	1.3	-1.6%	1.3	1.0	-100.0%	0.0	-	1.0
UC Visits per 1000	484.0	-33.6%	321.4	-7.1%	298.5	750.0	-100.0%	0.0	-	429.9
Paid per UC Visit	\$31	14.1%	\$36	8.9%	\$39	\$130	-100.0%	\$0	-	\$51
Office Visits										
Off Visits per Patient	2.8	5.3%	3.0	4.7%	3.1	2.5	-60.0%	1.0	122.2%	2.2
Paid per Office Visit	\$36	5.6%	\$38	10.6%	\$43	\$133	-33.8%	\$88	-41.8%	\$51
Office Visits Paid PMPY	\$182	-27.3%	\$132	15.7%	\$153	\$498	-85.4%	\$73	202.1%	\$220
Services										
Radiology Svcs per 1000	4,702.6	-26.1%	3,477.4	11.0%	3,860.5	2,625.0	-36.9%	1,655.2	107.8%	3,438.8
Radiology Paid PMPY	\$312	-32.8%	\$210	18.4%	\$248	\$1,767	33.4%	\$2,358	-48.7%	\$1,210
Lab Services per 1000	13,183.0	-28.3%	9,455.2	8.5%	10,259.5	5,250.0	-52.7%	2,482.8	601.2%	17,409.0
Labs Paid PMPY	\$205	-21.6%	\$161	17.9%	\$190	\$59	1166.7%	\$743	135.8%	\$1,752

Utilization Summary – YTD Trend

Retired Members



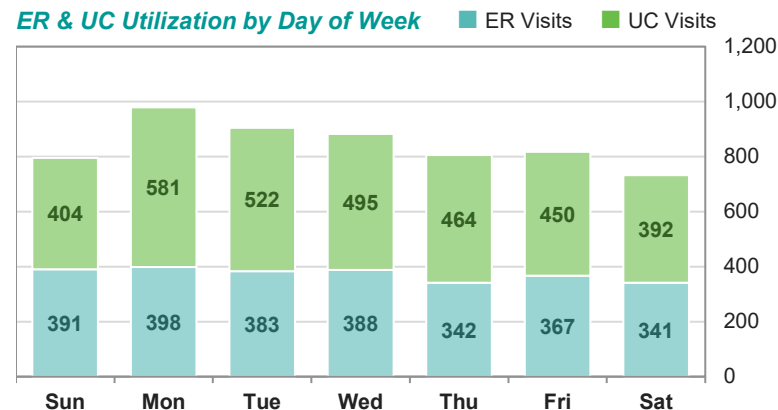
Measure	State Retirees					Non-State Retirees				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Inpatient Admissions										
# of Admits	111	-16.2%	93	-5.4%	88	33	-36.4%	21	23.8%	26
# of Admit Days	851	-47.0%	451	25.9%	568	216	-41.2%	127	7.9%	137
Paid per Admit	\$31,410	-28.0%	\$22,629	54.3%	\$34,915	\$26,669	-69.9%	\$8,036	25.2%	\$10,059
Paid per Admit Day	\$4,097	13.9%	\$4,666	15.9%	\$5,409	\$4,074	-67.4%	\$1,329	43.7%	\$1,909
Admits per 1000	91.3	-38.8%	55.8	5.3%	58.8	263.1	-52.4%	125.4	36.7%	171.4
Average LOS	7.7	-36.7%	4.8	33.1%	6.5	6.5	-7.6%	6.0	-12.9%	5.3
Emergency Room Visits										
# of ER Visits	417	-20.4%	332	22.0%	405	84	-23.8%	64	106.3%	132
~ % resulting in Admit	17.7%	0.3 pts	18.1%	0.9 pts	19.0%	29.8%	-18.8 pts	10.9%	2.7 pts	13.6%
ER Visits per Patient	1.4	3.0%	1.4	7.1%	1.5	1.6	-7.5%	1.5	101.5%	3.1
ER Visits per 1000	343.0	-41.9%	199.4	35.7%	270.6	669.8	-43.0%	382.1	127.8%	870.3
Paid per ER Visit	\$1,963	15.2%	\$2,262	-4.7%	\$2,156	\$737	-13.0%	\$641	12.2%	\$719
Urgent Care Visits										
# of UC Visits	455	-9.5%	412	-11.9%	363	41	4.9%	43	55.8%	67
UC Visits per Patient	1.3	-1.8%	1.3	3.7%	1.3	1.5	-8.2%	1.3	91.8%	2.6
UC Visits per 1000	374.2	-33.9%	247.4	-2.0%	242.5	326.9	-21.5%	256.7	72.1%	441.8
Paid per UC Visit	\$31	37.7%	\$43	-0.1%	\$43	\$9	158.2%	\$22	42.6%	\$32
Office Visits										
Off Visits per Patient	3.5	3.5%	3.6	4.2%	3.8	5.2	5.4%	5.5	5.4%	5.8
Paid per Office Visit	\$34	17.0%	\$40	21.1%	\$48	\$18	24.0%	\$22	18.8%	\$26
Office Visits Paid PMPY	\$250	-17.3%	\$207	29.7%	\$268	\$236	-14.5%	\$202	30.4%	\$264
Services										
Radiology Svcs per 1000	8,577.1	-28.5%	6,128.8	1.2%	6,200.8	17,645.2	-32.1%	11,988.1	11.6%	13,384.6
Radiology Paid PMPY	\$545	-9.8%	\$491	77.3%	\$871	\$384	-34.4%	\$252	2.8%	\$259
Lab Services per 1000	17,372.1	-22.5%	13,461.6	2.2%	13,762.5	35,417.9	-47.8%	18,483.6	76.4%	32,604.4
Labs Paid PMPY	\$306	-30.8%	\$212	35.4%	\$287	\$213	-32.7%	\$143	141.2%	\$346

On Demand Care Summary

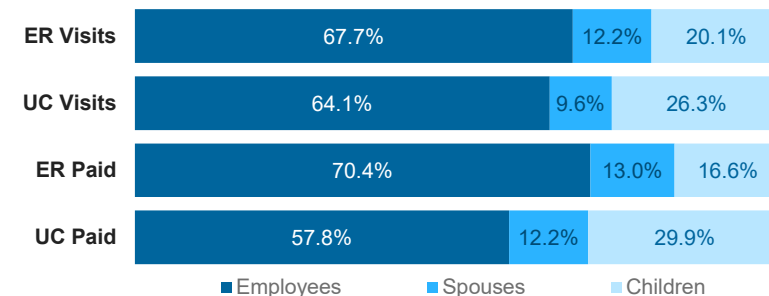
Emergency Room & Urgent Care



Measure	2025-2Q	2026-2Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	2,286	2,610	14.2%		
# of Patients	1,732	1,778	2.7%		
Total Plan Paid	\$5,012,000	\$6,043,508	20.6%		
Total Mem Paid	\$2,942,238	\$2,974,977	1.1%		
Visits per 1000	198.5	231.2	16.5%	227.4	1.7%
Paid per Visit	\$2,192	\$2,316	5.6%	\$2,561	-9.6%
Paid PMPM	\$36	\$45	23.0%	\$49	-8.1%
% ER Patients w/ Office Visit*	89.8%	89.9%	0.1 pts		
% Potentially Avoidable**	16.2%	16.1%	-0.1 pts	82.9%	-66.8 pts
Urgent Care					
# of Visits	3,567	3,308	-7.3%		
# of Patients	2,670	2,478	-7.2%		
Total Plan Paid	\$130,137	\$130,000	-0.1%		
Total Mem Paid	\$507,903	\$464,462	-8.6%		
Visits per 1000	309.7	293.0	-5.4%	248.6	17.9%
Paid per Visit	\$36	\$39	7.7%	\$126	-68.9%
Paid PMPM	\$1	\$1	1.9%	\$3	-63.3%



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	1,767	2,121	3,888	\$4,256,466	\$75,186	\$4,331,651
Spouse	318	318	636	\$784,123	\$15,888	\$800,011
Child	525	869	1,394	\$1,002,920	\$38,926	\$1,041,846
Total	2,610	3,308	5,918	\$6,043,508	\$130,000	\$6,173,508

* 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.

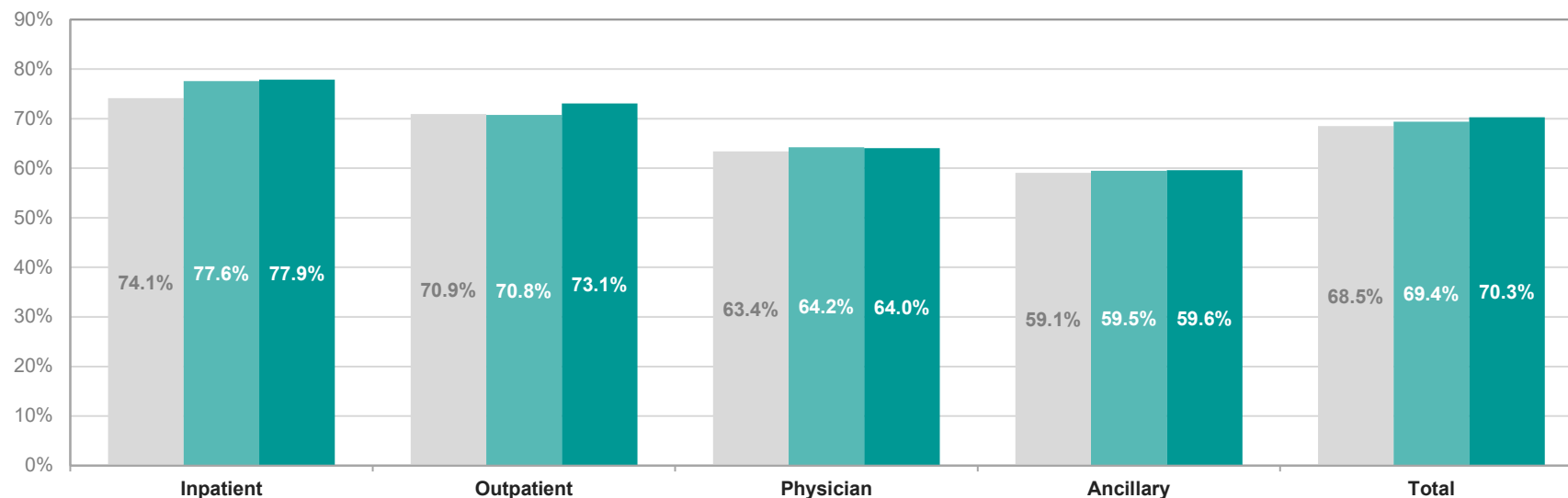
Network Summary

Discount Percentage & Network Utilization

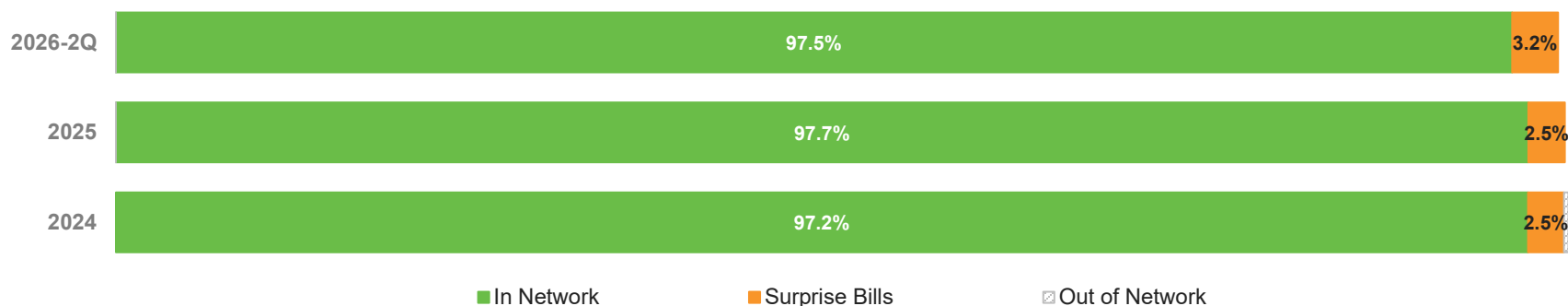


Discount Percentage* by Claim Type

Plan Year: 2024 2025 2026-2Q



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)		2026-2Q		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	9,042	\$6,855,061	\$5,227,634	\$641,760	\$985,667	\$2,871,388	\$3,983,673
Neoplasms	3,177	\$8,496,372	1,921	\$6,023,971	\$4,446,247	\$1,499,806	\$77,918	\$3,179,314	\$2,844,657
Musculoskeletal System	6,235	\$9,614,034	4,202	\$5,020,521	\$3,648,574	\$1,006,615	\$365,332	\$2,755,764	\$2,264,757
Circulatory System	4,249	\$9,533,462	2,712	\$4,594,912	\$3,738,681	\$590,581	\$265,650	\$2,941,597	\$1,653,315
Injury, Poisoning & External Causes	2,881	\$7,432,651	1,738	\$3,537,659	\$1,786,861	\$759,679	\$991,119	\$2,112,387	\$1,425,273
Symptoms, Signs & Findings, NEC	8,856	\$5,378,622	5,438	\$2,779,166	\$2,081,986	\$328,419	\$368,762	\$1,356,959	\$1,422,207
Digestive System	2,875	\$5,633,027	1,680	\$2,492,945	\$1,757,220	\$436,482	\$299,243	\$1,082,571	\$1,410,375
Respiratory System	5,262	\$3,232,126	2,626	\$2,032,699	\$1,641,836	\$169,353	\$221,510	\$863,635	\$1,169,065
Nervous System	3,005	\$3,876,394	2,079	\$2,026,760	\$1,270,800	\$328,638	\$427,321	\$754,645	\$1,272,115
Genitourinary System	4,241	\$4,467,616	2,634	\$1,938,905	\$1,449,472	\$356,816	\$132,617	\$696,061	\$1,242,845
Mental, Behavioral & Neurodevelopmental	3,387	\$3,746,998	2,481	\$1,884,969	\$771,186	\$274,348	\$839,435	\$895,587	\$989,382
Endocrine, Nutritional & Metabolic	6,461	\$3,685,436	4,392	\$1,734,644	\$1,487,451	\$160,747	\$86,446	\$1,004,416	\$730,229
Pregnancy, Childbirth & the Puerperium	410	\$2,314,674	282	\$1,397,138	\$978,600	\$342,899	\$75,639	\$2,312	\$1,394,826
Perinatal Originating Conditions	190	\$2,082,861	109	\$1,242,314	\$120	\$0	\$1,242,194	\$1,160,773	\$80,134
Infectious & Parasitic Diseases	1,624	\$2,894,059	836	\$993,933	\$717,818	\$237,819	\$38,297	\$640,713	\$353,220
Skin & Subcutaneous Tissue	4,810	\$1,242,481	2,918	\$551,183	\$425,226	\$86,803	\$39,154	\$288,349	\$262,834
Eye and Adnexa	4,098	\$895,465	2,114	\$521,964	\$373,329	\$119,758	\$28,877	\$231,826	\$290,138
Blood & Immune Disorders	967	\$752,337	664	\$398,705	\$344,778	\$39,883	\$14,044	\$246,681	\$152,025
Congenital Malformations & Abnormalities	271	\$541,322	188	\$207,565	\$77,056	\$9,604	\$120,906	\$110,687	\$96,878
Ear and Mastoid Process	1,596	\$513,866	820	\$145,307	\$102,177	\$9,652	\$33,478	\$65,536	\$79,770
External Causes of Morbidity	0	\$0	7	\$170	\$0	\$0	\$170	\$170	\$0
Total	21,073	\$88,624,170	16,785	\$46,380,494	\$32,327,051	\$7,399,662	\$6,653,781	\$23,261,370	\$23,117,716

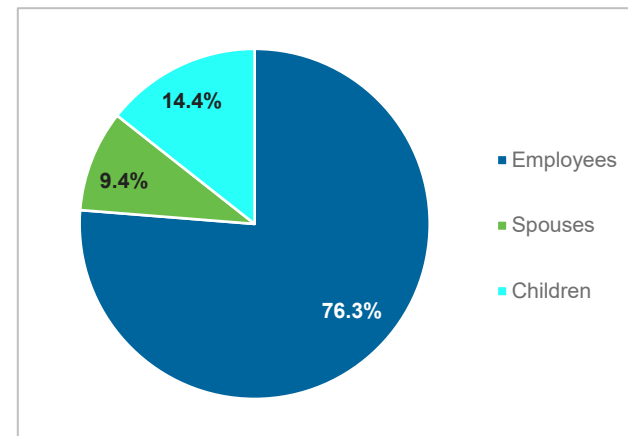
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

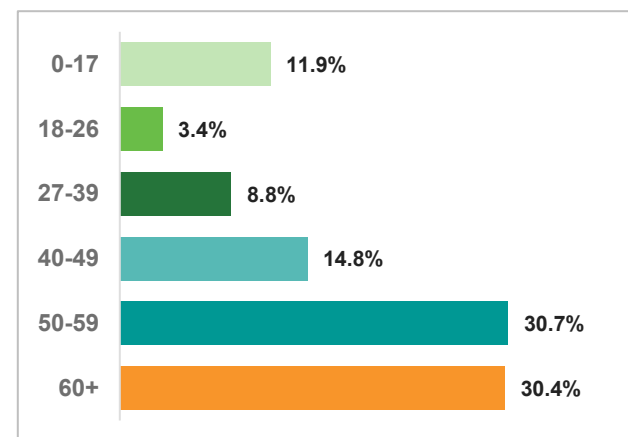


#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	63	511	\$2,974,809	43.4%
2	Neoplasm-related encounters	2,287	3,900	\$1,217,200	17.8%
3	Medical examination/evaluation	5,659	8,620	\$987,282	14.4%
4	Exposure, enc, screen or contact w infectious dz	2,700	3,470	\$610,733	8.9%
5	Contraceptive & procreative management	342	499	\$272,659	4.0%
6	Other aftercare encounter	335	694	\$254,161	3.7%
7	Encount for obs & exam for conds ruled out	993	1,293	\$92,343	1.3%
8	Implant, device or graft related encounter	288	832	\$85,706	1.3%
9	Other specified status	436	818	\$70,455	1.0%
10	Acquired absence of limb or organ	42	60	\$69,548	1.0%
11	Family history of disease	77	108	\$52,217	0.8%
12	Enc for prophylactic measures (ex immuniz)	57	123	\$40,093	0.6%
13	Organ transplant status	30	186	\$31,782	0.5%
14	Personal history of other disease	164	221	\$26,975	0.4%
15	Other specified encounters & counseling	121	256	\$17,718	0.3%
16	Personal history of malignant neoplasm	73	85	\$12,441	0.2%
17	Encounter for administrative purposes	26	31	\$9,990	0.1%
18	Lifestyle/life management factors	33	54	\$6,514	0.1%
19	Encounter for prophylactic or oth procedures	22	26	\$5,739	0.1%
20	Encounter for mental health conditions	817	956	\$5,715	0.1%
...	All Others	114	142	\$10,984	0.2%
=	Total	9,042	23,925	\$6,855,061	100.0%

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range

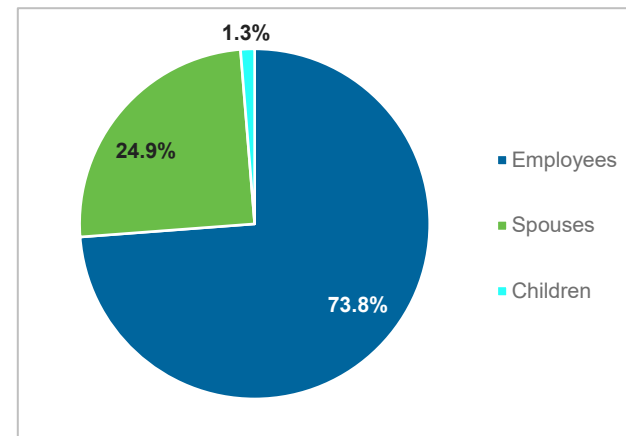


Neoplasms (Cancer)

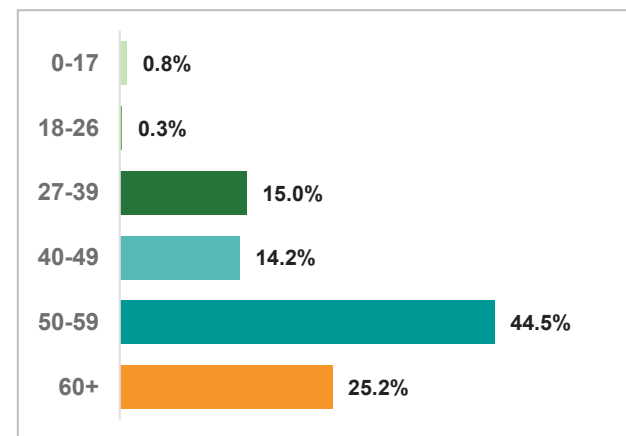
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Prostate cancer	91	622	\$1,014,092	16.8%
2	Breast cancer	142	1,179	\$889,966	14.8%
3	Benign neoplasms	1,066	1,674	\$828,083	13.7%
4	Leukemia	29	288	\$616,026	10.2%
5	Secondary malignancies	40	198	\$390,702	6.5%
6	Ovarian cancer	14	123	\$386,625	6.4%
7	Lymphoma	31	244	\$367,897	6.1%
8	Other cancer	38	215	\$230,005	3.8%
9	Colorectal cancer	31	451	\$222,293	3.7%
10	Head & neck cancers	13	99	\$172,203	2.9%
11	Thyroid cancer	39	168	\$157,719	2.6%
12	Multiple myeloma	7	216	\$151,858	2.5%
13	Pancreatic cancer	8	230	\$120,661	2.0%
14	Other gastrointestinal cancers	17	102	\$102,141	1.7%
15	Skin cancer	188	518	\$83,138	1.4%
16	Neoplasms of unspec nature	684	960	\$73,820	1.2%
17	Respiratory cancers	14	89	\$62,145	1.0%
18	Endometrial cancer	18	55	\$44,934	0.7%
19	Female reproductive	13	113	\$32,606	0.5%
20	Oral cancer	6	76	\$32,285	0.5%
...	All Others	36	212	\$44,773	0.7%
=	Total	1,921	8,589	\$6,023,971	100.0%

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



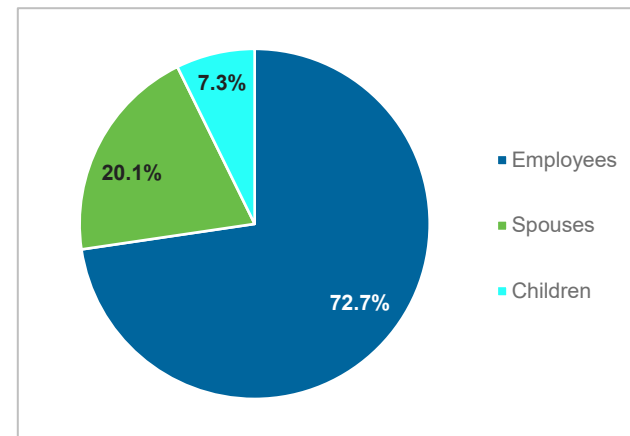
Note: there are additional cancer-related costs for encounters and therapy, totaling \$4,192,009 – see Health Status for more details

Musculoskeletal System

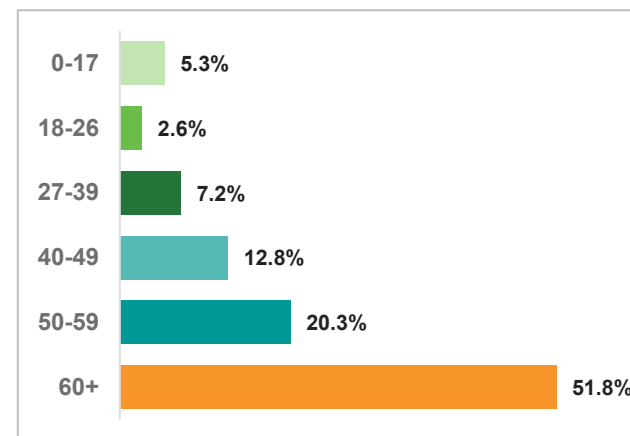
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	1,130	4,519	\$1,618,376	32.2%
2	Osteoarthritis & osteoporosis	708	2,013	\$930,762	18.5%
3	Tendon, tissue, muscle disorders	868	2,397	\$670,199	13.3%
4	Other musculoskeletal pain	2,137	7,237	\$478,450	9.5%
5	Scoliosis & oth deformities	340	624	\$385,695	7.7%
6	Joint disorders & fractures	265	576	\$290,690	5.8%
7	Other MSK	72	326	\$245,080	4.9%
8	Rheumatoid arthritis & related disease	122	386	\$143,765	2.9%
9	Low back pain	501	1,610	\$132,298	2.6%
10	Lupus	83	252	\$102,249	2.0%
11	Biomechanical lesions	331	1,231	\$14,777	0.3%
12	Gout & crystal arthropathies	86	182	\$8,179	0.2%
=	Total	4,202	23,384	\$5,020,521	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)		2026-2Q		2026-2Q 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	419	\$486,863	\$0	\$0	\$486,244	\$619
Depressive disorders	1,005	\$728,698	972	\$640,203	660	\$371,251	\$104,689	\$2,956	\$262,337	\$1,268
Alcohol-related disorders	124	\$806,533	137	\$565,545	65	\$315,322	\$166,772	\$87,315	\$61,236	\$0
Anxiety & related Disorders	1,199	\$362,534	1,284	\$382,098	885	\$202,396	\$41,293	\$21,928	\$139,071	\$104
Trauma & stressor disorders	760	\$288,426	836	\$376,394	593	\$147,138	\$2,150	\$20,108	\$124,881	\$0
Bipolar & related Disorders	172	\$99,260	174	\$152,956	112	\$83,243	\$64,130	\$3,029	\$16,040	\$44
Suicidal ideation, attempt or self-harm	51	\$205,797	44	\$79,221	27	\$79,954	\$2,094	\$71,456	\$6,404	\$0
Other mental health	258	\$121,588	311	\$82,352	178	\$71,318	\$0	\$43,057	\$28,212	\$49
Schizophrenia spectrum disorders	48	\$121,142	41	\$59,034	34	\$46,386	\$17,608	\$20,474	\$8,304	\$0
Eating disorders	30	\$83,704	23	\$16,533	10	\$38,398	\$0	\$0	\$38,398	\$0
Obsessive compulsive disorders	54	\$72,146	57	\$70,219	33	\$14,556	\$0	\$0	\$14,556	\$0
Opioid disorders	35	\$37,710	37	\$36,077	24	\$14,182	\$7,125	\$2,129	\$4,928	\$0
Other substance use	106	\$12,377	114	\$19,144	78	\$8,207	\$0	\$3,343	\$4,864	\$0
Cannabis-related disorders	24	\$15,571	28	\$13,141	13	\$5,378	\$0	\$1,840	\$3,538	\$0
Stimulant disorders	7	\$21,155	12	\$6,892	5	\$376	\$0	\$0	\$376	\$0
Total	3,269	\$4,218,922	3,387	\$3,746,998	2,481	\$1,884,969	\$405,861	\$277,635	\$1,199,388	\$2,084

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	53	2.3	15.2%	34	1.5	17.2%	\$7,992	56.6	264.2
Asthma	583	25.3	-4.4%	222	9.6	-10.8%	\$5,887	51.5	473.4
Atrial Fibrillation	236	10.2	10.8%	172	7.5	7.5%	\$47,247	326.3	707.6
Blood Disorders	942	40.9	1.6%	433	18.8	9.6%	\$19,336	192.1	542.5
CAD	378	16.4	-3.3%	210	9.1	-1.9%	\$24,571	227.5	418.0
COPD	101	4.4	-11.4%	66	2.9	-1.5%	\$29,136	386.1	910.9
Cancer	1,723	74.8	-4.9%	903	39.2	-2.7%	\$16,544	95.8	220.0
Chronic Pain	136	5.9	16.2%	59	2.6	11.3%	\$36,248	463.2	1,352.9
CHF	96	4.2	12.9%	56	2.4	24.4%	\$39,158	479.2	822.9
Demyelinating Diseases	56	2.4	-8.2%	36	1.6	-18.2%	\$25,554	125.0	607.1
Depression	906	39.3	-6.4%	639	27.7	5.3%	\$10,584	131.3	364.2
Diabetes	1,493	64.8	0.8%	1,010	43.9	0.1%	\$12,900	91.1	269.9
ESRD	118	5.1	0.9%	83	3.6	-9.8%	\$54,130	1,025.4	2,110.2
Eating Disorders	21	0.9	-12.5%	14	0.6	0.0%	\$20,147	142.9	142.9
HIV/AIDS	40	1.7	0.0%	33	1.4	10.0%	\$6,926	175.0	450.0
Hyperlipidemia	928	40.3	17.0%	318	13.8	16.5%	\$4,377	23.7	80.8
Hypertension	2,353	102.2	-3.2%	1,128	49.0	-5.4%	\$8,632	89.2	261.8
Immune Disorders	44	1.9	-20.0%	24	1.0	9.1%	\$29,853	204.5	522.7
IBD	64	2.8	12.3%	15	0.7	7.1%	\$4,741	46.9	171.9
Liver Disease	11	0.5	175.0%	9	0.4	125.0%	\$116,028	1,818.2	2,727.3
Morbid Obesity	248	10.8	0.4%	104	4.5	-11.1%	\$6,966	68.5	173.4
Osteoarthritis	894	38.8	3.0%	392	17.0	-1.5%	\$13,330	47.0	199.1
Peripheral Vascular Disease	115	5.0	-8.7%	34	1.5	-15.0%	\$19,513	165.2	313.0
Rheumatoid Arthritis	140	6.1	19.7%	101	4.4	18.8%	\$14,843	78.6	292.9

- Most prevalent chronic condition is Hypertension, with 2,353 members
- Hypertension is also the condition with the most moderate/high risk members (1,128)
- Members with mod/high risk Cancer have the highest combined cost: 903 members totaling \$14.9M

Date Range: Service Dates 10/1/2024 - 9/30/2025, Paid through 12/31/2025

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: \$5,784
- Admits per 1000: 41.7
- ER Visits per 1000: 208.4

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	Oct 2023 - Sep 2024			Oct 2024 - Sep 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	139.4	798	5,723.2	140.7	744	5,289.0	-7.6%	5,517.6	-4.1%
Well Child Visit	3 - 6 years	753.1	572	759.5	723.3	530	732.8	-3.5%	735.5	-0.4%
Adults w/ Well Visit	Adults 18+	19,724	7,239	36.7%	19,102	6,962	36.4%	-0.3 pts	42.3%	-5.9
Screenings	Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	6,140	2,633	42.9%	5,754	2,588	45.0%	2.1 pts	45.0%	0.0
Cervical Cancer	Females 21 - 64	8,849	2,178	24.6%	8,441	1,989	23.6%	-1.1 pts	25.6%	-2.0
Prostate Cancer	Males 50 - 70	3,796	1,561	41.1%	3,578	1,456	40.7%	-0.4 pts	42.2%	-1.5
Colorectal Cancer	Members 45 - 75	10,207	1,587	15.5%	9,628	1,594	16.6%	1.0 pts	18.6%	-2.0
Cholesterol	Female 45+ Male 35+	12,293	5,859	47.7%	11,759	5,754	48.9%	1.3 pts	54.1%	-5.2
Condition-specific	Screening									
Asthma	Office Visit for Asthma	610	498	81.6%	583	452	77.5%	-4.1 pts		
COPD	Spirometry Test	114	20	17.5%	101	17	16.8%	-0.7 pts		
Type 2 Diabetes	A1c Test	1,402	1,200	85.6%	1,411	1,206	85.5%	-0.1 pts	86.5%	-1.0
	Eye Exam	1,402	367	26.2%	1,411	380	26.9%	0.8 pts	0.0%	
	Lipid Panel	1,402	1,058	75.5%	1,411	1,082	76.7%	1.2 pts	80.4%	-3.7
	Urine Protein Test	1,402	883	63.0%	1,411	915	64.8%	1.9 pts	71.1%	-6.3
	Any Diabetes Screen	1,402	1,308	93.3%	1,411	1,320	93.6%	0.3 pts	0.0%	
Hyperlipidemia	Lipid Profile	793	411	51.8%	928	435	46.9%	-5.0 pts		
Hypertension	Creatinine Test	2,432	467	19.2%	2,353	469	19.9%	0.7 pts		
	Lipid Profile	2,432	595	24.5%	2,353	584	24.8%	0.4 pts		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is [Service Dates 10/1/2024 – 9/30/2025, paid through 12/31/2025]

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

12.6

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review



Public Employees' Benefits Program

Quarterly Plan Performance Review

Low Ded Plan • 2026-2Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2026 Plan Year (Current)

2026-2Q. 1st two Quarters: Claims Paid 7/1/2025 - 12/31/2025

➤ 2025 Plan Year

2025-2Q. 1st two Quarters: Claims Paid 7/1/2024 - 12/31/2024

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

➤ 2024 Plan Year

2024-2Q. 1st two Quarters: Claims Paid 7/1/2023 - 12/31/2023

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: 4,811 groups with approximately 7.6 million members
- Norm Period matches Current Year: Claims Paid 7/1/2025 - 12/31/2025

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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: +14.4%
- High-Cost Claimants Paid PMPM trend: +42.0%; Non HCCs trend: +8.4%
- Top Paid Diagnostic Chapters: Health Status & Services (-0.7% Paid PMPM), Neoplasms (Cancer) (+17.8%), Musculoskeletal (+16.3%)



Membership & Demographics

- Total membership is 10.7% higher than prior period
- Employees increased 11.3%, while Dependents were up 10.1%
- 85.4% of members had < \$2,500 medical paid, with 22.6% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$29,135, which is 2.9% higher than 2025-2Q
- Paid per ER Visit was \$3,357, which is 9.7% higher than 2025-2Q



Network Utilization & Savings

- 98.0% of all Medical spend dollars were to In Network providers
- The average In Network discount was 67.3%, which is somewhat (+0.2 pts) above the 2025 average discount of 67.1%

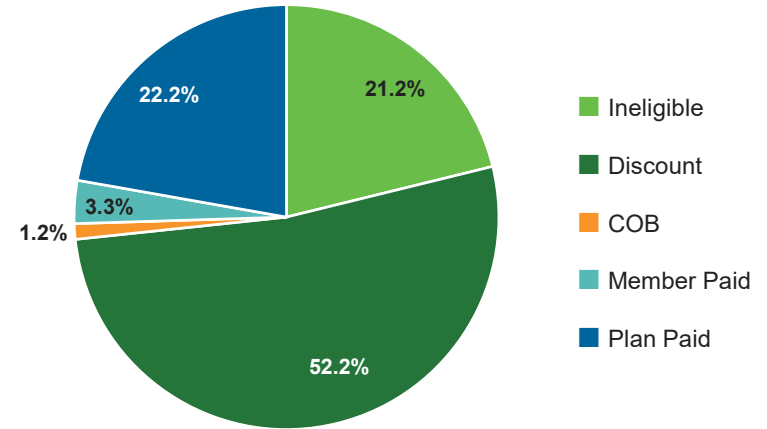
Medical Total Savings Summary



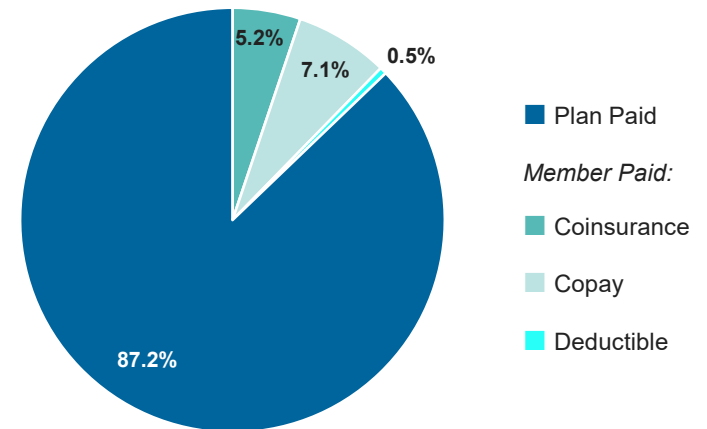
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2026-2Q Total Dollars	2026-2Q PMPM*	2025 PMPM*	Trend
Medical Billed	\$307,287,755	\$2,006	\$1,796	11.7%
(-) Ineligible	\$64,972,315	\$424	\$344	23.3%
Medical Covered	\$242,315,441	\$1,582	\$1,452	9.0%
(-) Discount	\$160,120,312	\$1,045	\$958	9.1%
Medical Allowed	\$82,195,128	\$537	\$494	8.7%
(-) COB	\$3,629,224	\$24	\$20	16.3%
(-) Coinsurance	\$4,054,792	\$26	\$24	11.8%
(-) Copay	\$5,576,074	\$36	\$33	11.0%
(-) Deductible	\$412,616	\$3	\$2	7.8%
Total Member Paid	\$10,043,482	\$66	\$59	11.2%
Total Plan Paid	\$68,211,444	\$445	\$414	7.6%

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	2025-2Q (7/1/2024 - 12/31/2024)						2026-2Q (7/1/2025 - 12/31/2025)						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	\$2,252,886	\$1,591	\$14,313	\$10	\$2,267,199	\$1,601	\$4,616,002	\$2,870	\$25,609	\$16	\$4,641,610	\$2,886	104.7%	80.3%
1	\$415,513	\$271	\$4,853	\$3	\$420,366	\$274	\$345,970	\$210	\$22,274	\$14	\$368,244	\$224	-12.4%	-18.5%
2 - 4	\$763,744	\$153	\$49,850	\$10	\$813,593	\$163	\$1,360,641	\$259	\$85,774	\$16	\$1,446,416	\$275	77.8%	69.3%
5 - 9	\$1,186,523	\$127	\$513,071	\$55	\$1,699,594	\$182	\$1,743,415	\$174	\$274,045	\$27	\$2,017,460	\$201	18.7%	10.4%
10 - 14	\$1,404,176	\$144	\$198,095	\$20	\$1,602,271	\$164	\$2,078,932	\$189	\$520,303	\$47	\$2,599,235	\$237	62.2%	44.5%
15 - 19	\$2,684,305	\$234	\$684,322	\$60	\$3,368,627	\$294	\$2,450,743	\$196	\$889,792	\$71	\$3,340,535	\$267	-0.8%	-9.0%
20 - 24	\$2,058,615	\$187	\$821,977	\$75	\$2,880,592	\$262	\$2,802,481	\$227	\$1,164,962	\$94	\$3,967,443	\$321	37.7%	22.5%
25 - 29	\$2,859,759	\$299	\$1,277,441	\$134	\$4,137,200	\$433	\$4,060,673	\$390	\$1,345,127	\$129	\$5,405,800	\$519	30.7%	19.8%
30 - 34	\$3,624,439	\$330	\$1,653,641	\$150	\$5,278,079	\$480	\$4,209,773	\$364	\$2,264,699	\$196	\$6,474,472	\$560	22.7%	16.6%
35 - 39	\$4,799,667	\$397	\$2,026,782	\$168	\$6,826,450	\$565	\$5,592,059	\$407	\$2,341,642	\$171	\$7,933,701	\$578	16.2%	2.3%
40 - 44	\$4,869,305	\$413	\$2,236,795	\$190	\$7,106,100	\$602	\$6,418,536	\$485	\$3,182,452	\$240	\$9,600,988	\$725	35.1%	20.4%
45 - 49	\$4,334,818	\$416	\$2,329,444	\$223	\$6,664,262	\$639	\$6,103,065	\$504	\$3,347,625	\$276	\$9,450,690	\$780	41.8%	22.1%
50 - 54	\$4,867,425	\$433	\$2,989,700	\$266	\$7,857,125	\$698	\$5,883,917	\$490	\$4,057,505	\$338	\$9,941,422	\$828	26.5%	18.5%
55 - 59	\$6,221,772	\$608	\$3,205,078	\$313	\$9,426,849	\$921	\$8,386,592	\$726	\$4,005,057	\$347	\$12,391,650	\$1,073	31.5%	16.5%
60 - 64	\$7,391,748	\$834	\$3,178,994	\$359	\$10,570,742	\$1,193	\$8,049,116	\$802	\$3,751,186	\$374	\$11,800,302	\$1,176	11.6%	-1.4%
65+	\$3,822,524	\$1,059	\$1,541,696	\$427	\$5,364,219	\$1,486	\$4,109,528	\$991	\$1,939,695	\$468	\$6,049,222	\$1,459	12.8%	-1.8%
Total	\$53,557,219	\$387	\$22,726,051	\$164	\$76,283,270	\$551	\$68,211,444	\$445	\$29,217,747	\$191	\$97,429,191	\$636	27.7%	15.3%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2026-2Q	Variance
Average Enrollment							
Employees	6,493	85.9%	12,072	11.3%	13,440		
Spouses	1,599	78.3%	2,852	9.8%	3,130		
Children	4,434	83.4%	8,132	10.2%	8,960		
Tot. Members	12,526	84.1%	23,056	10.7%	25,530		
Avg. Family Size	1.9	-1.0%	1.9	-0.5%	1.9	1.9	-1.2%
Financial Summary							
Allowed	\$29,213,519	122.4%	\$64,975,178	26.5%	\$82,195,128		
Plan Paid	\$23,575,059	127.2%	\$53,557,219	27.4%	\$68,211,444		
Member Paid (OOP)	\$4,347,380	93.0%	\$8,390,558	19.7%	\$10,043,482		
Paid PEPY	\$7,262	22.2%	\$8,873	14.4%	\$10,151	\$11,111	-8.6%
Paid PMPY	\$3,764	23.4%	\$4,646	15.0%	\$5,344	\$5,779	-7.5%
Paid PEPM	\$605	22.2%	\$739	14.4%	\$846	\$926	-8.6%
Paid PMPM	\$314	23.4%	\$387	15.0%	\$445	\$482	-7.5%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	26	96.2%	51	37.3%	70		
HCCs per 1000	2.1	6.6%	2.2	24.0%	2.7	2.9	-3.8%
Paid per HCC	\$202,956	1.7%	\$206,321	14.5%	\$236,280	\$210,001	12.5%
HCC Paid % of Tot	22.4%	-2.7 pts	19.6%	4.6 pts	24.2%	23.3%	0.9 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$611	43.2%	\$876	39.6%	\$1,222	\$1,392	-12.2%
Outpatient	\$1,126	18.2%	\$1,330	18.1%	\$1,571	\$1,640	-4.2%
Physician	\$1,942	21.9%	\$2,367	3.0%	\$2,437	\$2,618	-6.9%
Ancillary	\$85	-14.2%	\$73	54.8%	\$113	\$129	-12.2%

- With \$60.9M paid, the State Active population is 89.3% of total 2026-2Q med spend
- On a Paid PMPM basis, State Actives are up 15.7% compared to prior year
- Total Low Ded Plan Paid PMPM trend is +15.0%

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				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Average Enrollment										
Employees	5,931	87.6%	11,129	11.1%	12,366	1	225.0%	2	38.5%	3
Spouses	1,421	79.6%	2,552	9.5%	2,794	1	75.0%	1	71.4%	2
Children	4,228	84.4%	7,795	9.9%	8,567	0	-	0	-	0
Tot. Members	11,580	85.5%	21,477	10.5%	23,727	1	150.0%	3	50.0%	5
Avg. Family Size	2.0	-1.2%	1.9	-0.6%	1.9	2.0	-23.1%	1.5	8.3%	1.7
Financial Summary										
Allowed	\$25,306,373	128.9%	\$57,922,197	26.0%	\$73,009,840	\$9,555	56.2%	\$14,924	296.7%	\$59,199
Plan Paid	\$20,571,570	131.9%	\$47,699,376	27.8%	\$60,946,838	\$7,618	54.5%	\$11,768	353.4%	\$53,357
Member Paid (OOP)	\$3,868,581	96.5%	\$7,599,844	18.6%	\$9,016,175	\$1,937	62.9%	\$3,155	85.1%	\$5,842
Paid PEPY	\$6,937	23.6%	\$8,572	15.0%	\$9,857	\$22,854	-52.5%	\$10,863	227.5%	\$35,571
Paid PMPY	\$3,553	25.0%	\$4,442	15.7%	\$5,137	\$11,427	-38.2%	\$7,061	202.3%	\$21,343
Paid PEPM	\$578	23.6%	\$714	15.0%	\$821	\$1,905	-52.5%	\$905	227.5%	\$2,964
Paid PMPM	\$296	25.0%	\$370	15.7%	\$428	\$952	-38.2%	\$588	202.3%	\$1,779
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	19	131.6%	44	40.9%	62	0	-	0	-	0
HCCs per 1000	1.6	24.9%	2.0	27.5%	2.6	0.0	-	0.0	-	0.0
Paid per HCC	\$209,364	-7.4%	\$193,814	19.9%	\$232,292	\$0	-	\$0	-	\$0
HCC Paid % of Tot	19.3%	-1.5 pts	17.9%	5.8 pts	23.6%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$587	39.4%	\$819	42.7%	\$1,169	\$0	-	\$0	-	\$0
Outpatient	\$1,072	17.2%	\$1,257	18.8%	\$1,493	\$0	-	\$2,592	227.7%	\$8,496
Physician	\$1,810	26.7%	\$2,293	3.0%	\$2,362	\$11,427	-60.9%	\$4,468	187.5%	\$12,846
Ancillary	\$84	-12.2%	\$73	53.8%	\$113	\$0	-	\$0	-	\$0

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Average Enrollment										
Employees	541	69.0%	915	14.5%	1,048	20	29.4%	26	-11.7%	23
Spouses	169	69.8%	287	13.3%	325	9	31.4%	11	-19.4%	9
Children	206	63.4%	336	16.7%	392	1	50.0%	1	0.0%	1
Tot. Members	916	67.9%	1,538	14.8%	1,765	29	30.5%	38	-13.7%	33
Avg. Family Size	1.7	-0.7%	1.7	0.2%	1.7	1.5	0.8%	1.5	-2.2%	1.4
Financial Summary										
Allowed	\$3,624,362	90.0%	\$6,886,492	27.4%	\$8,770,117	\$273,229	-44.5%	\$151,565	134.9%	\$355,972
Plan Paid	\$2,919,490	97.7%	\$5,772,291	22.8%	\$7,088,085	\$76,382	-3.4%	\$73,784	66.9%	\$123,164
Member Paid (OOP)	\$432,678	75.6%	\$759,699	29.5%	\$983,503	\$44,183	-36.9%	\$27,861	36.3%	\$37,962
Paid PEPY	\$10,784	17.0%	\$12,616	7.2%	\$13,526	\$7,702	-25.4%	\$5,749	89.0%	\$10,867
Paid PMPY	\$6,373	17.8%	\$7,505	7.0%	\$8,030	\$5,268	-26.0%	\$3,900	93.3%	\$7,541
Paid PEPM	\$899	17.0%	\$1,051	7.2%	\$1,127	\$642	-25.4%	\$479	89.0%	\$906
Paid PMPM	\$531	17.8%	\$625	7.0%	\$669	\$439	-26.0%	\$325	93.3%	\$628
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	8	-12.5%	7	14.3%	8	0	-	0	-	0
HCCs per 1000	8.7	-47.9%	4.6	-0.4%	4.5	0.0	-	0.0	-	0.0
Paid per HCC	\$161,609	76.3%	\$284,926	-6.2%	\$267,194	\$0	-	\$0	-	\$0
HCC Paid % of Tot	44.3%	-9.7 pts	34.6%	-4.4 pts	30.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$866	95.0%	\$1,688	14.0%	\$1,925	\$2,137	-100.0%	\$0	-	\$2,101
Outpatient	\$1,821	29.5%	\$2,360	9.6%	\$2,586	\$584	69.6%	\$990	111.7%	\$2,096
Physician	\$3,582	-5.3%	\$3,393	0.3%	\$3,404	\$2,458	10.6%	\$2,717	19.2%	\$3,239
Ancillary	\$104	-37.9%	\$65	78.2%	\$115	\$89	116.6%	\$193	-45.7%	\$105

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2024	⇒	2025	⇒	2026-2Q	2026-2Q	Variance
Average Enrollment							
Employees	8,440	45.8%	12,303	9.2%	13,440		
Spouses	2,054	40.6%	2,889	8.4%	3,130		
Children	5,707	44.7%	8,256	8.5%	8,960		
Tot. Members	16,202	44.7%	23,448	8.9%	25,530		
Avg. Family Size	1.9	-0.7%	1.9	-0.3%	1.9	1.9	-1.2%
Financial Summary							
Allowed	\$86,338,683	60.9%	\$138,897,633	-40.8%	\$82,195,128		
Plan Paid	\$72,239,934	61.1%	\$116,413,291	-41.4%	\$68,211,444		
Member Paid (OOP)	\$11,117,155	49.3%	\$16,592,748	-39.5%	\$10,043,482		
Paid PEPY	\$8,559	10.6%	\$9,462	7.3%	\$10,151	\$11,111	-8.6%
Paid PMPY	\$4,459	11.4%	\$4,965	7.6%	\$5,344	\$5,779	-7.5%
Paid PEPM	\$713	10.6%	\$789	7.3%	\$846	\$926	-8.6%
Paid PMPM	\$372	11.4%	\$414	7.6%	\$445	\$482	-7.5%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	88	36.4%	120	-41.7%	70		
HCCs per 1000	5.4	-5.8%	5.1	-46.4%	2.7	2.9	-3.8%
Paid per HCC	\$228,980	10.8%	\$253,751	-6.9%	\$236,280	\$210,001	12.5%
HCC Paid % of Tot	27.9%	-1.7 pts	26.2%	-1.9 pts	24.2%	23.3%	0.9 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$878	18.2%	\$1,038	17.8%	\$1,222	\$1,392	-12.2%
Outpatient	\$1,304	9.5%	\$1,428	10.0%	\$1,571	\$1,640	-4.2%
Physician	\$2,188	10.2%	\$2,412	1.1%	\$2,437	\$2,618	-6.9%
Ancillary	\$89	-1.4%	\$87	29.5%	\$113	\$129	-12.2%

- Total plan paid amount for the first two quarters of 2024 was 46.0% of the full year
- Annualizing 2025 paid dollars using the same ratio would result in a total paid of \$148 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	⇒	2026-2Q	2024	⇒	2025	⇒	2026-2Q
Average Enrollment										
Employees	7,728	46.9%	11,351	8.9%	12,366	1	138.5%	3	16.1%	3
Spouses	1,828	41.6%	2,589	7.9%	2,794	1	46.2%	2	26.3%	2
Children	5,447	45.3%	7,914	8.3%	8,567	0	-	0	-	0
Tot. Members	15,004	45.7%	21,854	8.6%	23,727	2	92.3%	4	20.0%	5
Avg. Family Size	1.9	-0.8%	1.9	-0.3%	1.9	2.0	-19.4%	1.6	3.3%	1.7
Financial Summary										
Allowed	\$75,146,464	64.6%	\$123,713,482	-41.0%	\$73,009,840	\$25,037	-17.5%	\$20,653	186.6%	\$59,199
Plan Paid	\$63,125,236	64.9%	\$104,078,363	-41.4%	\$60,946,838	\$20,063	-19.5%	\$16,151	230.4%	\$53,357
Member Paid (OOP)	\$10,009,496	50.4%	\$15,053,276	-40.1%	\$9,016,175	\$4,974	-9.5%	\$4,503	29.8%	\$5,842
Paid PEPY	\$8,168	12.3%	\$9,169	7.5%	\$9,857	\$18,520	-66.2%	\$6,252	469.0%	\$35,571
Paid PMPY	\$4,207	13.2%	\$4,762	7.9%	\$5,137	\$9,260	-58.1%	\$3,876	450.6%	\$21,343
Paid PEPM	\$681	12.3%	\$764	7.5%	\$821	\$1,543	-66.2%	\$521	469.0%	\$2,964
Paid PMPM	\$351	13.2%	\$397	7.9%	\$428	\$772	-58.1%	\$323	450.6%	\$1,779
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	70	50.0%	105	-41.0%	62	0	-	0	-	0
HCCs per 1000	4.7	3.0%	4.8	-45.6%	2.6	0.0	-	0.0	-	0.0
Paid per HCC	\$230,519	11.0%	\$255,813	-9.2%	\$232,292	\$0	-	\$0	-	\$0
HCC Paid % of Tot	25.6%	0.2 pts	25.8%	-2.2 pts	23.6%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$842	19.4%	\$1,005	16.3%	\$1,169	\$0	-	\$0	-	\$0
Outpatient	\$1,216	9.7%	\$1,334	12.0%	\$1,493	\$608	70.6%	\$1,037	719.3%	\$8,496
Physician	\$2,061	13.3%	\$2,336	1.1%	\$2,362	\$8,592	-67.0%	\$2,839	352.5%	\$12,846
Ancillary	\$88	-1.2%	\$87	30.2%	\$113	\$60	-100.0%	\$0	-	\$0

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024	⇒	2025	⇒	2026-2Q	2024	⇒	2025	⇒	2026-2Q
Average Enrollment										
Employees	687	34.5%	925	13.3%	1,048	23	5.4%	25	-7.8%	23
Spouses	215	34.0%	288	13.0%	325	10	1.7%	10	-12.2%	9
Children	259	31.5%	341	15.0%	392	1	20.0%	1	0.0%	1
Tot. Members	1,162	33.7%	1,554	13.6%	1,765	34	4.6%	36	-8.8%	33
Avg. Family Size	1.7	-0.6%	1.7	0.3%	1.7	1.5	-0.7%	1.5	-1.1%	1.4
Financial Summary										
Allowed	\$10,611,915	38.0%	\$14,647,388	-40.1%	\$8,770,117	\$555,267	-7.1%	\$516,110	-31.0%	\$355,972
Plan Paid	\$8,842,938	36.4%	\$12,059,589	-41.2%	\$7,088,085	\$251,697	3.0%	\$259,189	-52.5%	\$123,164
Member Paid (OOP)	\$1,028,904	44.4%	\$1,485,264	-33.8%	\$983,503	\$73,782	-32.6%	\$49,705	-23.6%	\$37,962
Paid PEPY	\$12,865	1.4%	\$13,042	3.7%	\$13,526	\$10,787	-2.3%	\$10,543	3.1%	\$10,867
Paid PMPY	\$7,613	2.0%	\$7,763	3.4%	\$8,030	\$7,349	-1.6%	\$7,233	4.3%	\$7,541
Paid PEPM	\$1,072	1.4%	\$1,087	3.7%	\$1,127	\$899	-2.3%	\$879	3.1%	\$906
Paid PMPM	\$634	2.0%	\$647	3.4%	\$669	\$612	-1.6%	\$603	4.3%	\$628
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	18	-11.1%	16	-50.0%	8	1	-100.0%	0	-	0
HCCs per 1000	15.5	-33.5%	10.3	-56.0%	4.5	29.2	-100.0%	0.0	-	0.0
Paid per HCC	\$216,572	3.6%	\$224,337	19.1%	\$267,194	\$109,572	-100.0%	\$0	-	\$0
HCC Paid % of Tot	44.1%	-14.3 pts	29.8%	0.4 pts	30.2%	43.5%	-43.5 pts	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,277	18.4%	\$1,512	27.3%	\$1,925	\$3,095	-93.2%	\$210	900.5%	\$2,101
Outpatient	\$2,434	11.3%	\$2,710	-4.6%	\$2,586	\$1,717	100.0%	\$3,432	-38.9%	\$2,096
Physician	\$3,805	-9.4%	\$3,446	-1.2%	\$3,404	\$2,383	44.9%	\$3,451	-6.1%	\$3,239
Ancillary	\$96	-1.7%	\$95	21.9%	\$115	\$155	-9.9%	\$139	-24.7%	\$105

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2025-2Q (7/1/2024 - 12/31/2024)				2026-2Q (7/1/2025 - 12/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$8,794,778	\$1,290,061	\$8,184	\$10,093,023	\$13,866,488	\$1,676,509	\$22,572	\$15,565,569	54.2%
Outpatient	\$13,493,802	\$1,775,954	\$38,826	\$15,308,582	\$17,715,354	\$2,229,254	\$53,368	\$19,997,976	30.6%
Physician	\$24,621,678	\$2,491,522	\$117,961	\$27,231,162	\$28,024,585	\$2,823,049	\$181,525	\$31,029,159	13.9%
Ancillary	\$789,118	\$44,342	\$5,441	\$838,901	\$1,340,410	\$87,666	\$14,143	\$1,442,220	71.9%
Total	\$47,699,376	\$5,601,880	\$170,412	\$53,471,667	\$60,946,838	\$6,816,477	\$271,608	\$68,034,923	27.2%
PMPM	\$370.16	\$667.72	\$202.86	\$387.22	\$428.11	\$725.99	\$225.75	\$444.80	14.9%
Non-State Members									
Inpatient	\$0	\$0	\$0	\$0	\$0	\$30,753	\$3,556	\$34,309	-
Outpatient	\$4,321	\$12,311	\$6,413	\$23,045	\$21,241	\$12,136	\$22,095	\$55,472	140.7%
Physician	\$7,447	\$25,076	\$26,328	\$58,851	\$32,116	\$17,167	\$35,743	\$85,025	44.5%
Ancillary	\$0	\$145	\$3,511	\$3,656	\$0	\$44	\$1,671	\$1,715	-53.1%
Total	\$11,768	\$37,532	\$36,252	\$85,552	\$53,357	\$60,100	\$63,064	\$176,521	106.3%
PMPM	\$588.41	\$872.61	\$197.03	\$346.36	\$1,778.55	\$2,730.45	\$362.46	\$781.06	125.5%
All Members									
Inpatient	\$8,794,778	\$1,290,061	\$8,184	\$10,093,023	\$13,866,488	\$1,707,262	\$26,128	\$15,599,878	54.6%
Outpatient	\$13,498,123	\$1,788,264	\$45,239	\$15,331,627	\$17,736,595	\$2,241,390	\$75,463	\$20,053,448	30.8%
Physician	\$24,629,126	\$2,516,598	\$144,289	\$27,290,013	\$28,056,701	\$2,840,215	\$217,268	\$31,114,184	14.0%
Ancillary	\$789,118	\$44,487	\$8,952	\$842,557	\$1,340,410	\$87,710	\$15,814	\$1,443,935	71.4%
Total	\$47,711,144	\$5,639,411	\$206,664	\$53,557,219	\$61,000,195	\$6,876,577	\$334,673	\$68,211,444	27.4%
PMPM	\$370.19	\$668.76	\$201.81	\$387.15	\$428.39	\$730.68	\$243.02	\$445.30	15.0%

Medical Cost Distribution

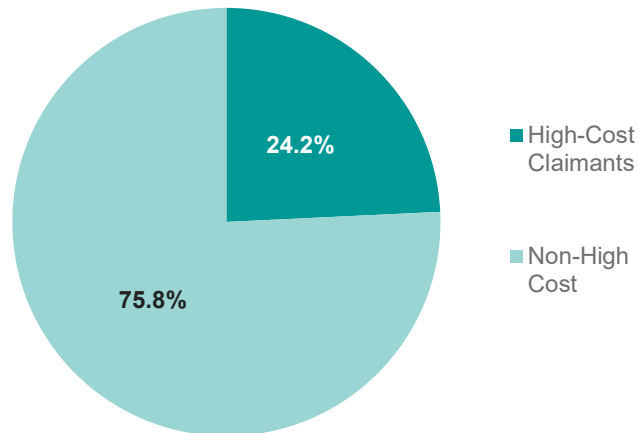
Distribution by Member Cost



Member Total Paid Range	2025-2Q (7/1/2024 - 12/31/2024)						2026-2Q (7/1/2025 - 12/31/2025)					
	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	6,196	24.3%	\$0	0.0%	\$0	0.0%	6,381	22.6%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	828	3.2%	-\$232,139	-0.4%	\$27,371	0.3%	1,022	3.6%	-\$395,551	-0.6%	\$46,314	0.5%
> \$0 - \$2,500	15,180	59.4%	\$9,474,384	17.7%	\$3,169,828	37.8%	16,647	59.1%	\$10,736,056	15.7%	\$3,498,357	34.8%
> \$2,500 - \$5,000	1,538	6.0%	\$5,336,773	10.0%	\$1,445,041	17.2%	1,847	6.6%	\$6,468,902	9.5%	\$1,752,861	17.5%
> \$5,000 - \$10,000	896	3.5%	\$6,173,890	11.5%	\$1,300,139	15.5%	1,130	4.0%	\$7,840,385	11.5%	\$1,622,609	16.2%
> \$10,000 - \$25,000	563	2.2%	\$8,760,592	16.4%	\$1,331,515	15.9%	730	2.6%	\$11,164,719	16.4%	\$1,707,662	17.0%
> \$25,000 - \$50,000	204	0.8%	\$6,916,334	12.9%	\$631,242	7.5%	244	0.9%	\$8,404,604	12.3%	\$741,605	7.4%
> \$50,000 - \$100,000	94	0.4%	\$6,605,020	12.3%	\$294,728	3.5%	106	0.4%	\$7,452,699	10.9%	\$380,736	3.8%
> \$100,000	51	0.2%	\$10,522,365	19.6%	\$190,694	2.3%	70	0.2%	\$16,539,630	24.2%	\$293,339	2.9%
Total	25,550	100.0%	\$53,557,219	100.0%	\$8,390,558	100.0%	28,177	100.0%	\$68,211,444	100.0%	\$10,043,482	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	31	\$3,391,699	20.5%
2	Perinatal Originating Conditions	8	\$2,262,830	13.7%
3	Health Status & Health Services	63	\$1,502,788	9.1%
4	Blood & Immune Disorders	16	\$1,193,210	7.2%
5	Musculoskeletal System	33	\$1,077,465	6.5%
6	Nervous System	32	\$1,048,077	6.3%
7	Circulatory System	34	\$1,048,067	6.3%
8	Injury, Poisoning & External Causes	29	\$1,013,946	6.1%
9	Endocrine, Nutritional & Metabolic	31	\$938,752	5.7%
10	Respiratory System	24	\$737,489	4.5%
...	All Others		\$2,325,307	14.1%
=	Total	70	\$16,539,630	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2026-2Q	Variance
Inpatient Admissions							
# of Admits	327	35.2%	442	15.2%	509		
# of Admit Days	1,600	32.9%	2,126	8.9%	2,315		
Paid per Admit	\$23,734	19.3%	\$28,303	2.9%	\$29,135	\$29,282	-0.5%
Paid per Admit Day	\$4,851	21.3%	\$5,884	8.9%	\$6,406	\$5,888	8.8%
Admits per 1000	52.2	-26.6%	38.3	4.0%	39.9	47.4	-15.8%
Average LOS	4.9	-1.7%	4.8	-5.4%	4.5	5.0	-8.5%
Emergency Room Visits							
# of ER Visits	1,699	29.7%	2,203	29.4%	2,850		
~ % resulting in Admit	8.7%	1.8 pts	10.5%	-0.7 pts	9.8%	10.3%	-0.6 pts
ER Visits per Patient	1.3	-0.4%	1.3	2.4%	1.3		
ER Visits per 1000	271.3	-29.6%	191.1	16.8%	223.3	227.4	-1.8%
Paid per ER Visit	\$2,881	6.2%	\$3,059	9.7%	\$3,357	\$2,561	31.1%
Urgent Care Visits							
# of UC Visits	3,488	22.7%	4,280	10.3%	4,720		
UC Visits per Patient	1.3	-1.2%	1.3	0.6%	1.3		-
UC Visits per 1000	556.9	-33.3%	371.3	-0.4%	369.8	248.6	48.7%
Paid per UC Visit	\$97	9.6%	\$107	3.0%	\$110	\$126	-13.0%
Office Visits							
Off Visits per Patient	3.2	3.6%	3.3	7.9%	3.5		
Paid per Office Visit	\$85	5.4%	\$89	2.2%	\$91	\$101	-9.9%
Office Visits Paid PMPY	\$531	-26.1%	\$392	12.8%	\$443	\$399	10.9%
Services							
Radiology Svcs per 1000	5,185.9	-24.7%	3,903.4	1.6%	3,967.0	3,767.6	5.3%
Radiology Paid PMPY	\$498	-22.2%	\$388	10.6%	\$429		
Lab Services per 1000	14,124.6	-24.7%	10,636.2	13.2%	12,043.2	9,864.7	22.1%
Labs Paid PMPY	\$335	-21.2%	\$264	12.0%	\$296		

- Inpatient Admission rate per 1000 increased 4.0%, and amount paid per Admission is 2.9% higher than prior period
- ER utilization increased significantly (+16.8%), and amount paid per ER visit is 9.7% 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				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Inpatient Admissions										
# of Admits	296	43.9%	426	10.3%	470	0	-	0	-	0
# of Admit Days	1,450	39.2%	2,018	4.5%	2,108	0	-	0	-	0
Paid per Admit	\$23,991	14.7%	\$27,528	0.9%	\$27,772	\$0	-	\$0	-	\$0
Paid per Admit Day	\$4,898	18.7%	\$5,811	6.6%	\$6,192	\$0	-	\$0	-	\$0
Admits per 1000	51.1	-22.4%	39.7	-0.1%	39.6	0.0	-	0.0	-	0.0
Average LOS	4.9	-3.3%	4.7	-5.3%	4.5	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	1,561	32.0%	2,061	29.1%	2,661	0	-	2	-50.0%	1
~ % resulting in Admit	8.5%	2.1 pts	10.6%	-1.1 pts	9.5%	0.0%	-	0.0%	0.0 pts	0.0%
ER Visits per Patient	1.3	-0.5%	1.3	2.9%	1.3	0.0	-	2.0	-50.0%	1.0
ER Visits per 1000	269.6	-28.8%	191.9	16.9%	224.3	0.0	-	1,200.0	-66.7%	400.0
Paid per ER Visit	\$2,952	0.8%	\$2,975	14.3%	\$3,400	\$0	-	\$1,852	-47.1%	\$980
Urgent Care Visits										
# of UC Visits	3,305	22.6%	4,053	9.9%	4,453	2	-100.0%	0	-	0
UC Visits per Patient	1.3	-1.6%	1.3	0.9%	1.3	1.0	-100.0%	0.0	-	0.0
UC Visits per 1000	570.8	-33.9%	377.4	-0.6%	375.3	3,000.0	-100.0%	0.0	-	0.0
Paid per UC Visit	\$98	9.5%	\$107	3.2%	\$110	\$170	-100.0%	\$0	-	\$0
Office Visits										
Off Visits per Patient	3.1	4.1%	3.2	7.6%	3.5	7.0	-35.7%	4.5	127.8%	10.3
Paid per Office Visit	\$84	5.6%	\$89	1.6%	\$90	\$142	11.2%	\$158	-18.0%	\$130
Office Visits Paid PMPY	\$511	-25.6%	\$380	12.1%	\$426	\$2,988	-71.4%	\$855	149.0%	\$2,128
Services										
Radiology Svcs per 1000	4,790.6	-23.4%	3,668.9	2.1%	3,744.5	9,000.0	-26.7%	6,600.0	57.6%	10,400.0
Radiology Paid PMPY	\$457	-21.3%	\$359	12.1%	\$403	\$5,794	-64.4%	\$2,064	162.9%	\$5,424
Lab Services per 1000	13,728.6	-23.9%	10,451.5	12.8%	11,792.7	37,500.0	-36.0%	24,000.0	25.0%	30,000.0
Labs Paid PMPY	\$330	-21.7%	\$258	12.5%	\$290	\$291	-23.5%	\$223	264.5%	\$812

Utilization Summary – YTD Trend

Retired Members



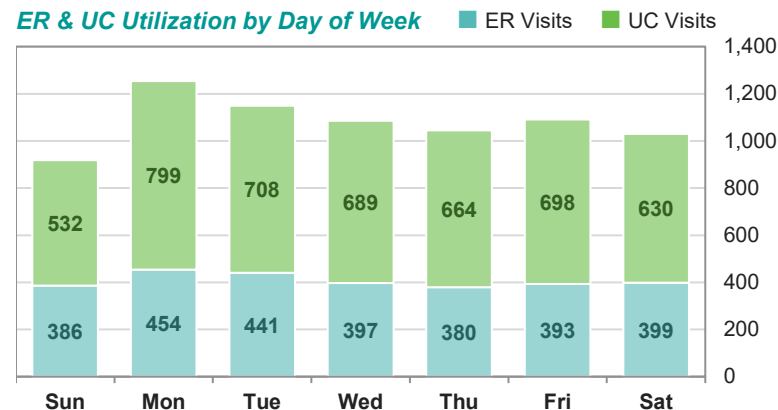
Measure	State Retirees					Non-State Retirees				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Inpatient Admissions										
# of Admits	30	-46.7%	16	118.8%	35	1	-100.0%	0	-	4
# of Admit Days	139	-22.3%	108	75.9%	190	11	-100.0%	0	-	17
Paid per Admit	\$19,454	151.5%	\$48,928	1.5%	\$49,664	\$75,918	-100.0%	\$0	-	\$9,729
Paid per Admit Day	\$4,199	72.6%	\$7,249	26.2%	\$9,149	\$6,902	-100.0%	\$0	-	\$2,289
Admits per 1000	65.5	-68.2%	20.8	90.6%	39.7	69.0	-100.0%	0.0	-	244.9
Average LOS	4.6	45.7%	6.8	-19.6%	5.4	11.0	-100.0%	0.0	-	4.3
Emergency Room Visits										
# of ER Visits	135	1.5%	137	28.5%	176	3	0.0%	3	300.0%	12
~ % resulting in Admit	11.1%	-2.4 pts	8.8%	4.9 pts	13.6%	0.0%	0.0 pts	0.0%	16.7 pts	16.7%
ER Visits per Patient	1.4	0.5%	1.4	-5.5%	1.3	1.0	50.0%	1.5	14.3%	1.7
ER Visits per 1000	294.7	-39.6%	178.1	11.9%	199.4	206.9	-23.3%	158.6	363.3%	734.7
Paid per ER Visit	\$2,099	107.6%	\$4,358	-33.9%	\$2,879	\$673	316.7%	\$2,805	-57.7%	\$1,187
Urgent Care Visits										
# of UC Visits	172	26.2%	217	18.9%	258	9	11.1%	10	-10.0%	9
UC Visits per Patient	1.2	6.8%	1.3	-5.5%	1.3	1.5	-16.7%	1.3	2.9%	1.3
UC Visits per 1000	375.4	-24.9%	282.1	3.6%	292.3	620.7	-14.8%	528.6	4.2%	551.0
Paid per UC Visit	\$93	12.4%	\$105	-0.4%	\$104	\$58	3.9%	\$61	-63.0%	\$22
Office Visits										
Off Visits per Patient	3.7	-0.2%	3.7	7.7%	4.0	4.2	18.3%	4.9	18.1%	5.8
Paid per Office Visit	\$93	2.6%	\$95	7.7%	\$102	\$55	65.2%	\$91	-29.6%	\$64
Office Visits Paid PMPY	\$778	-28.9%	\$553	18.6%	\$655	\$618	38.2%	\$854	-17.1%	\$708
Services										
Radiology Svcs per 1000	9,571.7	-26.7%	7,020.9	-2.8%	6,824.5	24,275.9	-58.8%	9,991.2	1.1%	10,102.0
Radiology Paid PMPY	\$1,015	-24.0%	\$772	-2.2%	\$755	\$458	41.8%	\$649	41.4%	\$918
Lab Services per 1000	18,652.4	-30.1%	13,044.5	16.7%	15,221.5	28,137.9	-41.8%	16,387.7	18.8%	19,469.4
Labs Paid PMPY	\$408	-14.1%	\$350	5.2%	\$369	\$227	-37.7%	\$141	74.2%	\$246

On Demand Care Summary

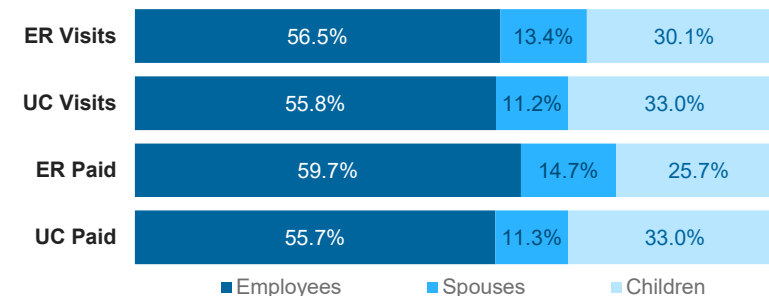
Emergency Room & Urgent Care



Measure	2025-2Q	2026-2Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	2,203	2,850	29.4%		
# of Patients	1,715	2,166	26.3%		
Total Plan Paid	\$6,740,039	\$9,568,812	42.0%		
Total Mem Paid	\$1,403,517	\$1,820,587	29.7%		
Visits per 1000	191.1	223.3	16.8%	227.4	-1.8%
Paid per Visit	\$3,059	\$3,357	9.7%	\$2,561	31.1%
Paid PMPM	\$49	\$62	28.2%	\$49	28.7%
% ER Patients w/ Office Visit*	90.0%	92.6%	2.6 pts		
% Potentially Avoidable**	16.3%	14.3%	-2.0 pts	82.9%	-68.6 pts
Urgent Care					
# of Visits	4,280	4,720	10.3%		
# of Patients	3,268	3,584	9.7%		
Total Plan Paid	\$457,017	\$518,887	13.5%		
Total Mem Paid	\$307,525	\$350,958	14.1%		
Visits per 1000	371.3	369.8	-0.4%	248.6	48.7%
Paid per Visit	\$107	\$110	3.0%	\$126	-13.0%
Paid PMPM	\$3	\$3	2.5%	\$3	29.4%



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	1,609	2,634	4,243	\$5,711,411	\$289,091	\$6,000,501
Spouse	382	528	910	\$1,402,967	\$58,604	\$1,461,570
Child	859	1,558	2,417	\$2,454,435	\$171,193	\$2,625,627
Total	2,850	4,720	7,570	\$9,568,812	\$518,887	\$10,087,699

* 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.

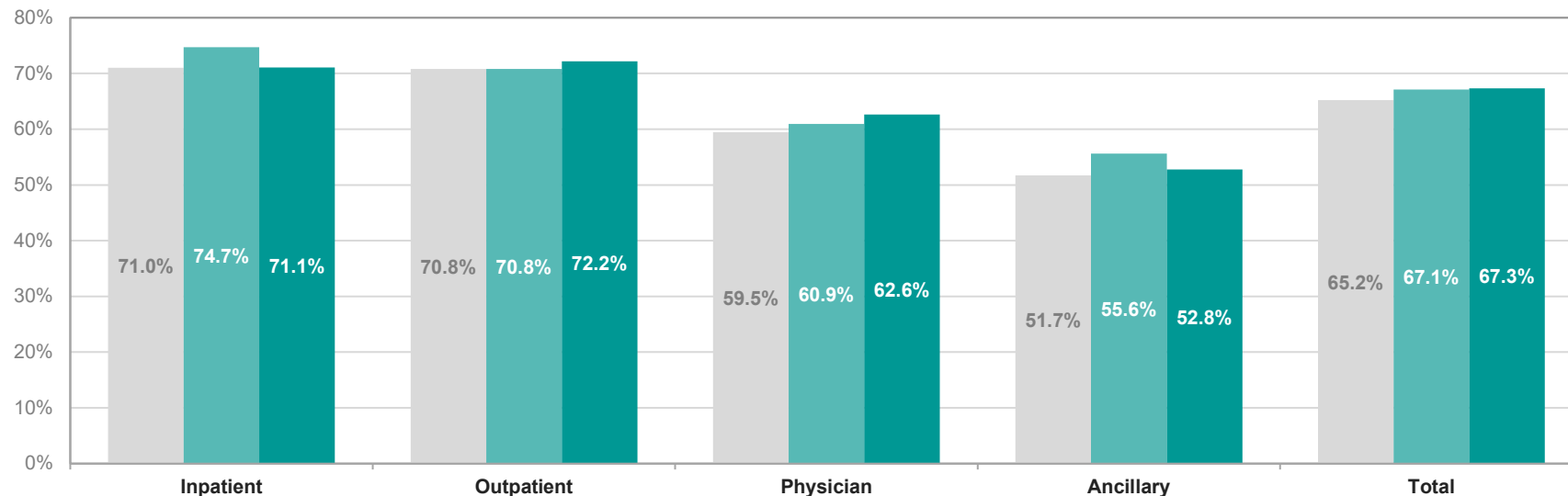
Network Summary

Discount Percentage & Network Utilization

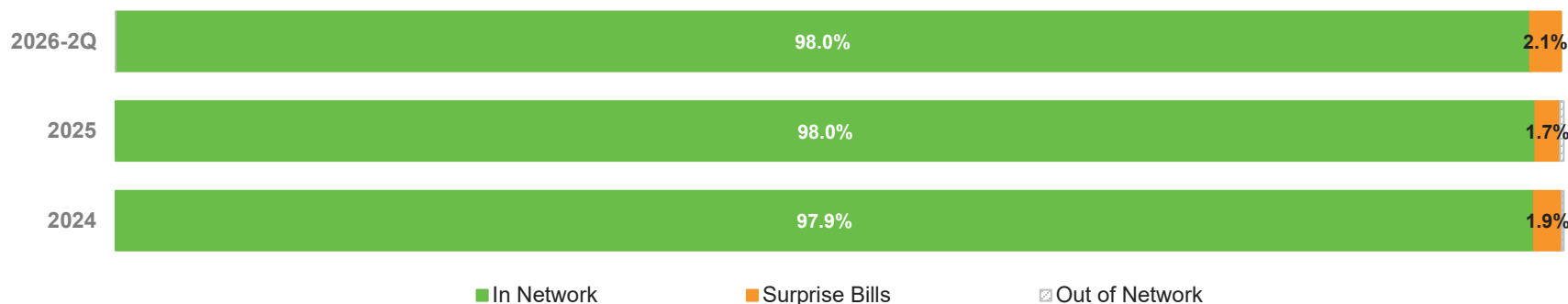


Discount Percentage* by Claim Type

Plan Year: 2024 2025 2026-2Q



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)		2026-2Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	15,933	\$13,125,849	12,174	\$7,095,829	\$4,012,180	\$1,431,515	\$1,652,134	\$2,305,338	\$4,790,491
Neoplasms	3,006	\$10,454,135	1,996	\$6,704,145	\$5,400,427	\$892,439	\$411,279	\$2,358,507	\$4,345,638
Musculoskeletal System	6,392	\$9,971,815	4,939	\$6,311,568	\$4,270,088	\$1,621,157	\$420,323	\$2,680,972	\$3,630,596
Mental, Behavioral & Neurodevelopmental	5,403	\$9,148,979	4,801	\$5,409,471	\$2,515,350	\$371,817	\$2,522,304	\$2,258,722	\$3,150,749
Circulatory System	3,700	\$9,265,567	2,684	\$5,199,473	\$3,691,102	\$1,216,119	\$292,253	\$2,853,592	\$2,345,881
Injury, Poisoning & External Causes	3,374	\$8,521,617	2,323	\$4,651,310	\$3,068,180	\$324,429	\$1,258,701	\$2,601,750	\$2,049,560
Symptoms, Signs & Findings, NEC	10,316	\$7,524,028	7,166	\$4,533,897	\$2,986,830	\$727,779	\$819,288	\$1,549,461	\$2,984,436
Digestive System	3,369	\$6,835,609	2,246	\$4,030,888	\$2,512,484	\$925,248	\$593,156	\$1,881,372	\$2,149,515
Nervous System	3,485	\$5,995,432	2,787	\$3,480,661	\$2,756,610	\$410,977	\$313,074	\$977,920	\$2,502,742
Genitourinary System	5,020	\$5,876,996	3,623	\$3,254,668	\$2,360,412	\$539,035	\$355,221	\$947,498	\$2,307,169
Perinatal Originating Conditions	312	\$4,049,899	220	\$3,136,636	\$2,381	\$0	\$3,134,255	\$2,804,569	\$332,067
Endocrine, Nutritional & Metabolic	6,742	\$5,668,698	5,505	\$3,048,137	\$2,310,607	\$497,711	\$239,819	\$1,217,825	\$1,830,313
Pregnancy, Childbirth & the Puerperium	643	\$5,490,502	539	\$2,967,258	\$1,966,270	\$679,057	\$321,931	\$2,121	\$2,965,138
Respiratory System	6,826	\$5,610,487	3,942	\$2,929,036	\$1,782,516	\$308,711	\$837,809	\$983,956	\$1,945,080
Blood & Immune Disorders	1,041	\$2,739,481	756	\$1,536,356	\$822,474	\$50,460	\$663,422	\$1,323,562	\$212,794
Infectious & Parasitic Diseases	1,937	\$1,811,338	1,037	\$1,093,967	\$573,665	\$251,391	\$268,911	\$607,889	\$486,077
Skin & Subcutaneous Tissue	5,109	\$1,235,100	3,581	\$899,668	\$521,093	\$148,390	\$230,185	\$305,645	\$594,023
Eye and Adnexa	5,230	\$1,509,643	3,128	\$738,344	\$460,784	\$139,932	\$137,628	\$307,475	\$430,869
Congenital Malformations & Abnormalities	435	\$581,437	271	\$665,052	\$180,375	\$36,898	\$447,780	\$304,872	\$360,180
Ear and Mastoid Process	2,008	\$974,018	1,160	\$524,534	\$336,215	\$45,560	\$142,759	\$195,616	\$328,918
External Causes of Morbidity	11	\$22,660	9	\$545	\$383	\$0	\$162	\$71	\$474
Total	23,085	\$116,413,291	21,212	\$68,211,444	\$42,530,426	\$10,618,626	\$15,062,392	\$28,468,734	\$39,742,710

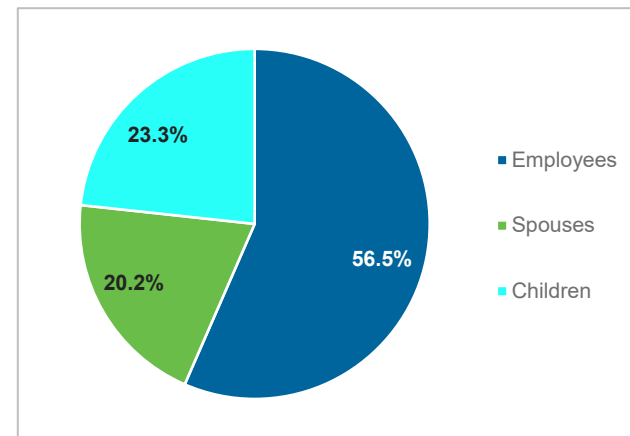
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

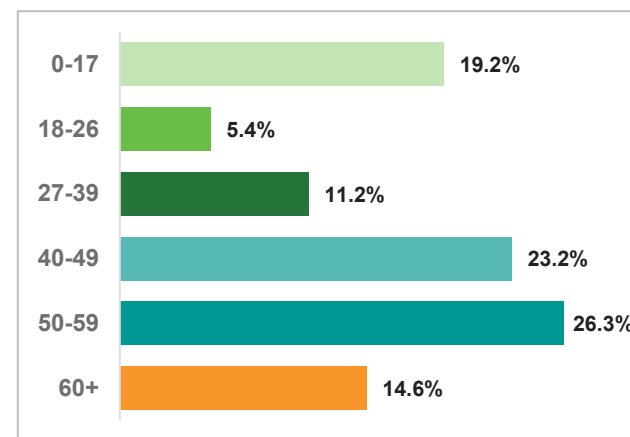


#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	55	264	\$1,704,176	24.0%
2	Medical examination/evaluation	8,155	12,509	\$1,633,370	23.0%
3	Neoplasm-related encounters	2,595	4,390	\$1,293,640	18.2%
4	Exposure, enc, screen or contact w infectious dz	4,284	5,741	\$1,167,646	16.5%
5	Contraceptive & procreative management	585	965	\$369,002	5.2%
6	Implant, device or graft related encounter	264	645	\$127,352	1.8%
7	Encount for obs & exam for conds ruled out	1,465	2,000	\$127,023	1.8%
8	Other aftercare encounter	332	595	\$115,104	1.6%
9	Other specified status	602	1,065	\$91,075	1.3%
10	Encounter for administrative purposes	33	65	\$73,757	1.0%
11	Family history of disease	102	133	\$71,873	1.0%
12	Organ transplant status	25	124	\$64,317	0.9%
13	Personal history of other disease	218	273	\$46,344	0.7%
14	Other specified encounters & counseling	222	564	\$45,310	0.6%
15	Encounter for prophylactic or oth procedures	42	51	\$44,597	0.6%
16	Personal history of malignant neoplasm	73	101	\$44,147	0.6%
17	Enc for prophylactic measures (ex immuniz)	118	141	\$43,873	0.6%
18	Acquired absence of limb or organ	32	54	\$8,766	0.1%
19	Lifestyle/life management factors	55	81	\$8,652	0.1%
20	Encounter for mental health conditions	975	1,135	\$7,878	0.1%
...	All Others	222	253	\$7,926	0.1%
=	Total	12,174	30,905	\$7,095,829	100.0%

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range

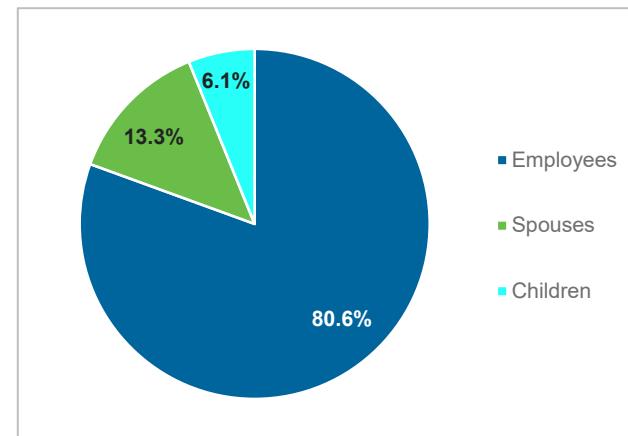


Neoplasms (Cancer)

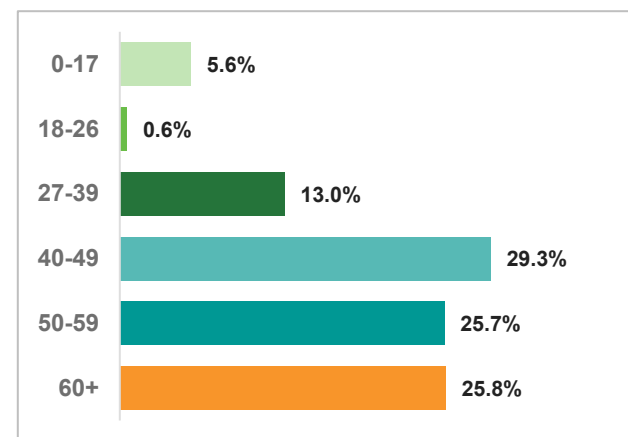
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Breast cancer	137	1,229	\$1,414,003	21.1%
2	Benign neoplasms	1,244	1,894	\$881,539	13.1%
3	Other cancer	42	208	\$780,287	11.6%
4	Neoplasms of unspec nature	701	989	\$643,579	9.6%
5	Leukemia	27	220	\$502,128	7.5%
6	Secondary malignancies	31	110	\$421,236	6.3%
7	Other gastrointestinal cancers	17	234	\$359,605	5.4%
8	Multiple myeloma	5	93	\$335,959	5.0%
9	Lymphoma	34	285	\$271,957	4.1%
10	Colorectal cancer	27	316	\$249,366	3.7%
11	Skin cancer	130	301	\$209,731	3.1%
12	Pancreatic cancer	5	119	\$159,555	2.4%
13	Prostate cancer	48	314	\$147,869	2.2%
14	Head & neck cancers	16	83	\$64,926	1.0%
15	Respiratory cancers	10	151	\$63,869	1.0%
16	Kidney Cancer	9	30	\$55,628	0.8%
17	Thyroid cancer	52	169	\$47,982	0.7%
18	Ovarian cancer	11	100	\$31,960	0.5%
19	Brain cancer	9	42	\$24,197	0.4%
20	Other urinary system cancer	8	36	\$14,611	0.2%
...	All Others	33	73	\$24,157	0.4%
=	Total	1,996	7,574	\$6,704,145	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 \$2,997,815 – see Health Status for more details

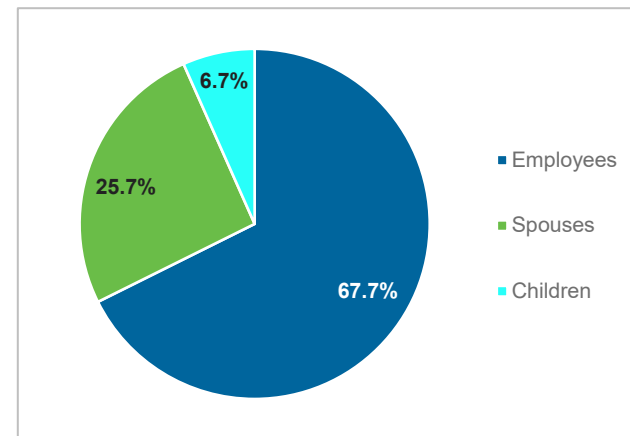
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

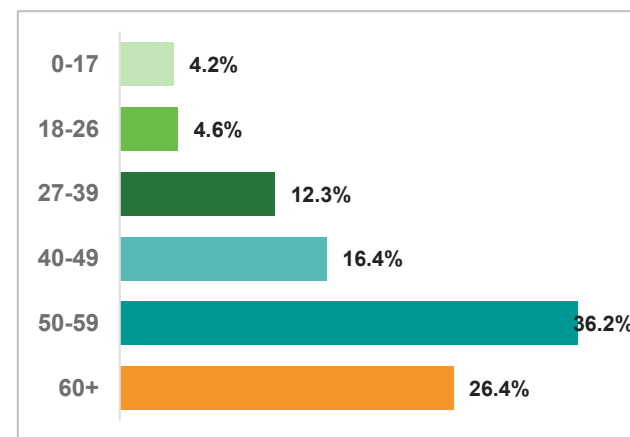


#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	1,382	4,967	\$1,842,408	29.2%
2	Osteoarthritis & osteoporosis	627	1,498	\$939,574	14.9%
3	Other musculoskeletal pain	2,630	7,992	\$833,143	13.2%
4	Tendon, tissue, muscle disorders	1,033	2,518	\$739,244	11.7%
5	Scoliosis & oth deformities	379	754	\$652,914	10.3%
6	Joint disorders & fractures	372	881	\$395,949	6.3%
7	Other MSK	69	319	\$370,464	5.9%
8	Low back pain	641	1,853	\$258,267	4.1%
9	Rheumatoid arthritis & related disease	144	431	\$155,964	2.5%
10	Lupus	112	315	\$91,769	1.5%
11	Gout & crystal arthropathies	81	112	\$17,680	0.3%
12	Biomechanical lesions	348	1,293	\$14,191	0.2%
=	Total	4,939	24,173	\$6,311,568	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)		2026-2Q		2026-2Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Neurodevelopmental disorders	839	\$967,358	1,117	\$2,005,009	1,004	\$1,267,862	\$0	\$5,075	\$1,259,309	\$3,477
Depressive disorders	1,312	\$1,765,217	1,657	\$2,195,970	1,338	\$1,189,188	\$126,782	\$20,628	\$1,041,163	\$615
Anxiety & related Disorders	1,659	\$914,955	2,234	\$1,366,176	1,835	\$850,302	\$3,903	\$46,081	\$800,084	\$235
Trauma & stressor disorders	1,151	\$777,003	1,462	\$1,169,043	1,235	\$707,779	\$7,938	\$10,013	\$689,827	\$0
Other mental health	359	\$444,148	475	\$484,670	351	\$422,364	\$45,789	\$27,615	\$348,959	\$0
Alcohol-related disorders	100	\$479,637	129	\$614,122	87	\$281,145	\$167,800	\$55,528	\$56,392	\$1,426
Bipolar & related Disorders	220	\$270,639	285	\$252,131	230	\$190,381	\$69,546	\$0	\$120,835	\$0
Schizophrenia spectrum disorders	29	\$162,208	40	\$204,689	31	\$134,334	\$112,452	\$7,317	\$14,565	\$0
Eating disorders	53	\$266,949	67	\$215,695	44	\$109,203	\$13,273	\$0	\$95,930	\$0
Obsessive compulsive disorders	82	\$67,055	113	\$292,390	114	\$108,611	\$16,682	\$0	\$91,929	\$0
Suicidal ideation, attempt or self-harm	61	\$408,763	59	\$212,799	33	\$101,491	\$33,380	\$45,564	\$22,547	\$0
Other substance use	96	\$10,587	94	\$16,449	71	\$35,481	\$26,402	\$626	\$8,452	\$0
Cannabis-related disorders	19	\$5,535	26	\$42,633	19	\$13,349	\$0	\$7,424	\$5,925	\$0
Stimulant disorders	11	\$15,213	10	\$7,200	9	\$10,782	\$3,803	\$0	\$6,979	\$0
Opioid disorders	23	\$40,867	30	\$70,004	25	-\$12,800	-\$18,666	\$0	\$5,865	\$0
Total	4,161	\$6,596,135	5,403	\$9,148,979	4,801	\$5,409,471	\$609,083	\$225,872	\$4,568,763	\$5,753

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	73	3.0	23.7%	42	1.7	13.5%	\$10,595	150.7	205.5
Asthma	833	34.6	14.3%	322	13.4	10.3%	\$4,740	66.0	276.1
Atrial Fibrillation	177	7.3	31.1%	123	5.1	26.8%	\$27,412	276.8	598.9
Blood Disorders	1,093	45.3	38.7%	477	19.8	37.5%	\$15,743	135.4	293.7
CAD	279	11.6	32.2%	148	6.1	41.0%	\$18,613	182.8	358.4
COPD	64	2.7	36.2%	31	1.3	10.7%	\$16,805	250.0	390.6
Cancer	1,550	64.3	17.7%	742	30.8	21.8%	\$17,332	89.7	183.9
Chronic Pain	148	6.1	9.6%	60	2.5	1.7%	\$27,974	297.3	425.7
CHF	52	2.2	0.0%	32	1.3	-3.0%	\$21,631	365.4	461.5
Demyelinating Diseases	77	3.2	37.5%	52	2.2	33.3%	\$29,403	77.9	415.6
Depression	1,699	70.5	21.1%	1,245	51.7	21.1%	\$8,554	100.1	257.2
Diabetes	1,578	65.5	24.2%	1,115	46.3	25.0%	\$7,769	64.6	230.7
ESRD	72	3.0	28.6%	45	1.9	28.6%	\$31,374	583.3	1,027.8
Eating Disorders	64	2.7	25.5%	44	1.8	22.2%	\$12,087	15.6	234.4
HIV/AIDS	45	1.9	32.4%	38	1.6	72.7%	\$4,336	66.7	133.3
Hyperlipidemia	915	38.0	36.2%	274	11.4	16.6%	\$2,203	14.2	59.0
Hypertension	2,089	86.7	22.2%	1,013	42.0	24.4%	\$7,024	75.6	199.1
Immune Disorders	76	3.2	22.6%	38	1.6	46.2%	\$41,906	210.5	289.5
IBD	114	4.7	26.7%	23	1.0	-23.3%	\$2,185	8.8	96.5
Liver Disease	3	0.1	-25.0%	2	0.1	-50.0%	\$50,512	1,000.0	2,000.0
Morbid Obesity	410	17.0	32.3%	198	8.2	32.9%	\$6,871	78.0	187.8
Osteoarthritis	753	31.2	16.9%	322	13.4	18.4%	\$7,829	29.2	152.7
Peripheral Vascular Disease	94	3.9	27.0%	28	1.2	75.0%	\$8,089	106.4	127.7
Rheumatoid Arthritis	154	6.4	21.3%	107	4.4	23.0%	\$11,412	51.9	350.6

- *Most prevalent chronic condition is Hypertension, with 2,089 members*
- *Depression is the condition with the most moderate/high risk members (1,245)*
- *Members with mod/high risk Cancer have the highest combined cost: 742 members totaling \$12.9M*

Date Range: Service Dates 10/1/2024 - 9/30/2025, Paid through 12/31/2025

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:** \$6,042
- **Admits per 1000:** 46.1
- **ER Visits per 1000:** 209.7

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



		Oct 2023 - Sep 2024			Oct 2024 - Sep 2025				UMR Norm	
Preventive Service	Population	Eligible	Actual	Rate	Eligible	Actual	Rate	Rate Change	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	256.2	1,398	5,456.2	310.9	1,757	5,651.8	3.6%	5,517.6	2.4%
Well Child Visit	3 - 6 years	1,009.2	827	819.4	1,203.9	1,005	834.8	1.9%	735.5	13.5%
Adults w/ Well Visit	Adults 18+	15,357	6,756	44.0%	18,231	8,185	44.9%	0.9 pts	42.30%	2.6
Screenings		Rate for all screenings is the percentage of eligible population who had the screening during the period.								
Mammogram	Females 40 - 69	4,701	2,265	48.2%	5,556	2,703	48.7%	0.5 pts	45.0%	3.7
Cervical Cancer	Females 21 - 64	8,115	2,460	30.3%	9,609	2,664	27.7%	-2.6 pts	25.6%	2.1
Prostate Cancer	Males 50 - 70	2,090	959	45.9%	2,467	1,206	48.9%	3.0 pts	42.2%	6.7
Colorectal Cancer	Members 45 - 75	6,517	1,233	18.9%	7,713	1,482	19.2%	0.3 pts	18.6%	0.6
Cholesterol	Female 45+ Male 35+	8,020	4,654	58.0%	9,509	5,613	59.0%	1.0 pts	54.1%	4.9
Condition-specific	Screening									
Asthma	Office Visit for Asthma	729	588	80.7%	833	648	77.8%	-2.9 pts		
COPD	Spirometry Test	47	9	19.1%	64	13	20.3%	1.2 pts		
Type 2 Diabetes	A1c Test	1,166	1,064	91.3%	1,452	1,338	92.1%	0.9 pts	86.5%	5.6
	Eye Exam	1,166	246	21.1%	1,452	323	22.2%	1.1 pts	0.0%	0.0
	Lipid Panel	1,166	947	81.2%	1,452	1,175	80.9%	-0.3 pts	80.4%	0.5
	Urine Protein Test	1,166	783	67.2%	1,452	1,000	68.9%	1.7 pts	71.1%	-2.2
	Any Diabetes Screen	1,166	1,102	94.5%	1,452	1,389	95.7%	1.2 pts	0.0%	0.0
Hyperlipidemia	Lipid Profile	672	354	52.7%	915	426	46.6%	-6.1 pts		
Hypertension	Creatinine Test	1,710	320	18.7%	2,089	411	19.7%	1.0 pts		
	Lipid Profile	1,710	439	25.7%	2,089	528	25.3%	-0.4 pts		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is [Service Dates 10/1/2024 – 9/30/2025, paid through 12/31/2025]

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

12.7

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review

12.7 Q2 EPO Performance Review



PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review EPO Plan • 2026-2Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2026 Plan Year (Current)

2026-2Q. 1st two Quarters: Claims Paid 7/1/2025 - 12/31/2025

➤ 2025 Plan Year

2025-2Q. 1st two Quarters: Claims Paid 7/1/2024 - 12/31/2024

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

➤ 2024 Plan Year

2024-2Q. 1st two Quarters: Claims Paid 7/1/2023 - 12/31/2023

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: 4,811 groups with approximately 7.6 million members
- Norm Period matches Current Year: Claims Paid 7/1/2025 - 12/31/2025

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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: -22.5%
- High-Cost Claimants Paid PMPM trend: -48.2%; Non HCCs trend: -2.8%
- Top Paid Diagnostic Chapters: Musculoskeletal (-7.2% Paid PMPM), Circulatory System (-25.1%), Injury & Poisoning (+5.2%)



Membership & Demographics

- Total membership is 13.4% lower than prior period
- Employees decreased 11.8%, while Dependents were down 15.3%
- 79.3% of members had < \$2,500 medical paid, with 15.2% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$41,089, which is 12.3% lower than 2025-2Q
- Paid per ER Visit was \$3,258, which is 1.0% higher than 2025-2Q



Network Utilization & Savings

- 96.5% of all Medical spend dollars were to In Network providers
- The average In Network discount was 60.3%, which is 4.6 pts above the 2025 average discount of 55.7%

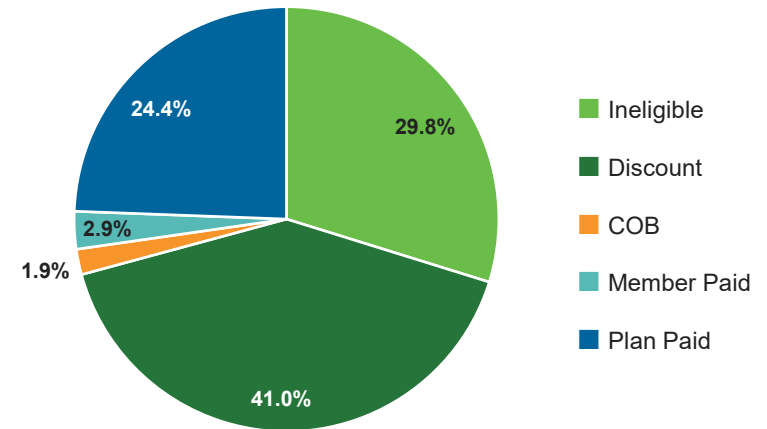
Medical Total Savings Summary



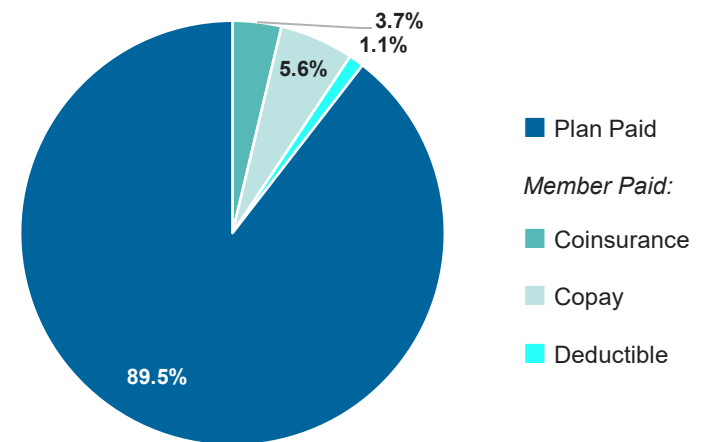
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2026-2Q Total Dollars	2026-2Q PMPM*	2025 PMPM*	Trend
Medical Billed	\$68,297,200	\$2,512	\$2,435	3.2%
(-) Ineligible	\$20,327,925	\$748	\$628	19.0%
Medical Covered	\$47,969,275	\$1,764	\$1,807	-2.3%
(-) Discount	\$27,973,796	\$1,029	\$981	4.9%
Medical Allowed	\$19,995,479	\$735	\$826	-10.9%
(-) COB	\$1,321,500	\$49	\$32	50.7%
(-) Coinsurance	\$691,415	\$25	\$23	12.3%
(-) Copay	\$1,049,131	\$39	\$36	7.1%
(-) Deductible	\$211,384	\$8	\$5	52.0%
Total Member Paid	\$1,951,930	\$72	\$64	12.6%
Total Plan Paid	\$16,655,657	\$613	\$728	-15.8%

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	2025-2Q (7/1/2024 - 12/31/2024)						2026-2Q (7/1/2025 - 12/31/2025)						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	\$3,293,367	\$16,625	\$1,177	\$6	\$3,294,544	\$16,631	\$935,237	\$5,539	\$673	\$4	\$935,910	\$5,543	-71.6%	-66.7%
1	\$152,050	\$606	\$1,962	\$8	\$154,012	\$613	\$32,909	\$193	\$131	\$1	\$33,040	\$194	-78.5%	-68.4%
2 - 4	\$87,462	\$105	\$4,561	\$5	\$92,022	\$110	\$159,495	\$218	\$9,642	\$13	\$169,137	\$231	83.8%	109.9%
5 - 9	\$253,896	\$132	\$31,576	\$16	\$285,471	\$149	\$362,757	\$237	\$26,040	\$17	\$388,797	\$254	36.2%	70.6%
10 - 14	\$505,461	\$223	\$95,288	\$42	\$600,749	\$265	\$287,184	\$152	\$50,214	\$27	\$337,398	\$178	-43.8%	-32.9%
15 - 19	\$998,903	\$380	\$384,030	\$146	\$1,382,933	\$525	\$657,844	\$287	\$122,842	\$54	\$780,686	\$341	-43.5%	-35.2%
20 - 24	\$671,886	\$250	\$265,311	\$99	\$937,197	\$349	\$582,871	\$259	\$393,984	\$175	\$976,855	\$434	4.2%	24.1%
25 - 29	\$295,064	\$332	\$161,814	\$182	\$456,878	\$514	\$206,798	\$256	\$90,764	\$112	\$297,562	\$368	-34.9%	-28.5%
30 - 34	\$640,216	\$523	\$341,002	\$278	\$981,218	\$801	\$765,786	\$704	\$292,225	\$269	\$1,058,011	\$973	7.8%	21.5%
35 - 39	\$954,245	\$528	\$216,060	\$120	\$1,170,304	\$648	\$647,389	\$453	\$167,761	\$117	\$815,150	\$571	-30.3%	-11.9%
40 - 44	\$1,152,762	\$528	\$1,111,567	\$510	\$2,264,328	\$1,038	\$888,269	\$494	\$701,576	\$390	\$1,589,844	\$885	-29.8%	-14.8%
45 - 49	\$3,097,330	\$1,381	\$752,722	\$336	\$3,850,052	\$1,717	\$945,652	\$476	\$779,304	\$392	\$1,724,956	\$868	-55.2%	-49.4%
50 - 54	\$1,915,386	\$634	\$924,691	\$306	\$2,840,076	\$940	\$1,221,764	\$492	\$841,978	\$339	\$2,063,741	\$831	-27.3%	-11.7%
55 - 59	\$3,147,378	\$914	\$1,603,886	\$466	\$4,751,264	\$1,380	\$2,928,612	\$910	\$1,660,484	\$516	\$4,589,096	\$1,427	-3.4%	3.4%
60 - 64	\$3,752,253	\$1,019	\$1,947,647	\$529	\$5,699,900	\$1,548	\$3,780,263	\$1,206	\$1,573,457	\$502	\$5,353,720	\$1,708	-6.1%	10.4%
65+	\$3,442,105	\$1,618	\$1,181,327	\$555	\$4,623,432	\$2,173	\$2,252,827	\$1,020	\$1,596,271	\$723	\$3,849,098	\$1,743	-16.7%	-19.8%
Total	\$24,359,762	\$776	\$9,024,620	\$287	\$33,384,383	\$1,063	\$16,655,657	\$612	\$8,307,344	\$305	\$24,963,001	\$918	-25.2%	-13.7%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2026-2Q	Variance
Average Enrollment							
Employees	2,079	36.4%	2,837	-11.8%	2,502		
Spouses	403	35.5%	546	-14.2%	469		
Children	1,369	35.1%	1,849	-15.6%	1,561		
Tot. Members	3,851	35.9%	5,233	-13.4%	4,531		
Avg. Family Size	1.9	-0.4%	1.8	-1.8%	1.8	1.9	-5.8%
Financial Summary							
Allowed	\$14,454,547	92.3%	\$27,796,732	-28.1%	\$19,995,479		
Plan Paid	\$12,576,529	93.7%	\$24,359,762	-31.6%	\$16,655,657		
Member Paid (OOP)	\$1,459,478	44.9%	\$2,114,233	-7.7%	\$1,951,930		
Paid PEPY	\$12,098	42.0%	\$17,173	-22.5%	\$13,317	\$11,111	19.9%
Paid PMPY	\$6,531	42.6%	\$9,311	-21.0%	\$7,351	\$5,779	27.2%
Paid PEPM	\$1,008	42.0%	\$1,431	-22.5%	\$1,110	\$926	19.9%
Paid PMPM	\$544	42.6%	\$776	-21.0%	\$613	\$482	27.2%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	21	47.6%	31	-22.6%	24		
HCCs per 1000	5.5	8.7%	5.9	-10.6%	5.3	2.9	85.8%
Paid per HCC	\$191,350	65.3%	\$316,384	-42.0%	\$183,398	\$210,001	-12.7%
HCC Paid % of Tot	32.0%	8.3 pts	40.3%	-13.8 pts	26.4%	23.3%	3.1 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$1,705	110.9%	\$3,597	-48.8%	\$1,841	\$1,392	32.2%
Outpatient	\$1,841	32.6%	\$2,442	-10.1%	\$2,195	\$1,640	33.9%
Physician	\$2,904	9.2%	\$3,171	0.9%	\$3,200	\$2,618	22.3%
Ancillary	\$81	24.7%	\$101	14.0%	\$115	\$129	-11.0%

- With \$13.4M paid, the State Active population is 80.3% of total 2026-2Q med spend
- On a Paid PMPM basis, State Actives are down 25.0% compared to prior year
- Total EPO Plan Paid PMPM trend is -21.0%

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				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Average Enrollment										
Employees	1,717	35.2%	2,321	-13.3%	2,012	1	25.0%	2	-30.0%	1
Spouses	343	35.1%	463	-16.3%	388	0	-	0	-	0
Children	1,276	34.6%	1,718	-16.2%	1,440	0	-	0	-	0
Tot. Members	3,336	35.0%	4,502	-14.7%	3,840	1	25.0%	2	-30.0%	1
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	\$11,820,009	94.2%	\$22,959,098	-34.5%	\$15,031,244	\$1,422	184.1%	\$4,040	-61.4%	\$1,558
Plan Paid	\$10,670,730	95.8%	\$20,894,147	-36.0%	\$13,369,233	\$1,115	172.1%	\$3,033	-58.5%	\$1,260
Member Paid (OOP)	\$1,190,883	43.8%	\$1,712,296	-10.9%	\$1,526,242	\$307	227.7%	\$1,007	-70.3%	\$299
Paid PEPY	\$12,428	44.9%	\$18,005	-26.2%	\$13,289	\$1,672	117.7%	\$3,640	-40.7%	\$2,159
Paid PMPY	\$6,397	45.1%	\$9,282	-25.0%	\$6,964	\$1,672	117.7%	\$3,640	-40.7%	\$2,159
Paid PEPM	\$1,036	44.9%	\$1,500	-26.2%	\$1,107	\$139	117.7%	\$303	-40.7%	\$180
Paid PMPM	\$533	45.1%	\$773	-25.0%	\$580	\$139	117.7%	\$303	-40.7%	\$180
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	17	41.2%	24	-20.8%	19	0	-	0	-	0
HCCs per 1000	5.1	4.6%	5.3	-7.2%	4.9	0.0	-	0.0	-	0.0
Paid per HCC	\$203,690	75.8%	\$358,140	-50.1%	\$178,567	\$0	-	\$0	-	\$0
HCC Paid % of Tot	32.5%	8.7 pts	41.1%	-15.8 pts	25.4%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,704	125.1%	\$3,836	-59.7%	\$1,547	\$0	-	\$0	-	\$0
Outpatient	\$1,767	28.8%	\$2,275	-6.5%	\$2,128	\$0	-	\$0	-	\$0
Physician	\$2,853	7.7%	\$3,073	3.6%	\$3,182	\$1,672	89.3%	\$3,165	-44.5%	\$1,758
Ancillary	\$72	35.5%	\$98	9.4%	\$107	\$0	-	\$475	-15.5%	\$401

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Average Enrollment										
Employees	326	44.2%	470	-5.3%	445	35	28.4%	45	-3.4%	43
Spouses	53	40.4%	75	-1.2%	74	7	17.1%	8	-12.5%	7
Children	85	44.3%	123	-7.7%	113	8	8.3%	9	-7.7%	8
Tot. Members	464	43.8%	667	-5.2%	633	50	23.6%	61	-5.2%	58
Avg. Family Size	1.4	-0.3%	1.4	0.0%	1.4	1.4	-3.7%	1.4	-1.9%	1.3
Financial Summary										
Allowed	\$2,488,328	87.6%	\$4,668,156	-15.5%	\$3,946,252	\$144,788	14.3%	\$165,438	514.4%	\$1,016,424
Plan Paid	\$1,851,813	83.5%	\$3,398,202	-23.1%	\$2,612,750	\$52,871	21.8%	\$64,379	944.5%	\$672,414
Member Paid (OOP)	\$244,160	52.5%	\$372,355	1.2%	\$376,866	\$24,128	18.4%	\$28,576	69.8%	\$48,523
Paid PEPY	\$11,364	27.3%	\$14,464	-18.9%	\$11,737	\$3,050	-5.1%	\$2,893	980.9%	\$31,275
Paid PMPY	\$7,977	27.6%	\$10,182	-18.9%	\$8,261	\$2,136	-1.5%	\$2,105	1001.5%	\$23,187
Paid PEPM	\$947	27.3%	\$1,205	-18.9%	\$978	\$254	-5.1%	\$241	980.9%	\$2,606
Paid PMPM	\$665	27.6%	\$849	-18.9%	\$688	\$178	-1.5%	\$175	1001.5%	\$1,932
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	4	75.0%	7	-42.9%	4	0	-	0	-	1
HCCs per 1000	8.6	21.7%	10.5	-39.7%	6.3	0.0	-	0.0	-	17.2
Paid per HCC	\$138,905	21.5%	\$168,765	-31.7%	\$115,262	\$0	-	\$0	-	\$541,490
HCC Paid % of Tot	30.0%	4.8 pts	34.8%	-17.1 pts	17.6%	0.0%	-	0.0%	-	80.5%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,877	22.6%	\$2,302	-3.3%	\$2,226	\$188	10.1%	\$207	8194.5%	\$17,186
Outpatient	\$2,508	49.5%	\$3,749	-33.3%	\$2,501	\$627	-14.4%	\$536	527.6%	\$3,366
Physician	\$3,445	16.0%	\$3,996	-15.6%	\$3,373	\$1,291	11.9%	\$1,444	75.6%	\$2,536
Ancillary	\$147	-8.0%	\$135	19.5%	\$162	\$30	-372.9%	-\$83	-218.7%	\$98

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2024	⇒	2025	⇒	2026-2Q	2026-2Q	Variance
Average Enrollment							
Employees	2,563	9.4%	2,804	-10.8%	2,502		
Spouses	501	7.7%	539	-13.1%	469		
Children	1,691	8.0%	1,827	-14.5%	1,561		
Tot. Members	4,754	8.7%	5,170	-12.4%	4,531		
Avg. Family Size	1.9	-0.6%	1.8	-1.7%	1.8	1.9	-5.8%
Financial Summary							
Allowed	\$43,086,529	18.9%	\$51,230,661	-61.0%	\$19,995,479		
Plan Paid	\$37,911,868	19.1%	\$45,156,705	-63.1%	\$16,655,657		
Member Paid (OOP)	\$3,463,753	14.2%	\$3,956,451	-50.7%	\$1,951,930		
Paid PEPY	\$14,793	8.9%	\$16,103	-17.3%	\$13,317	\$11,111	19.9%
Paid PMPY	\$7,974	9.5%	\$8,734	-15.8%	\$7,351	\$5,779	27.2%
Paid PEPM	\$1,233	8.9%	\$1,342	-17.3%	\$1,110	\$926	19.9%
Paid PMPM	\$664	9.5%	\$728	-15.8%	\$613	\$482	27.2%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	62	-4.8%	59	-59.3%	24		
HCCs per 1000	13.0	-12.5%	11.4	-53.6%	5.3	2.9	85.8%
Paid per HCC	\$268,731	7.9%	\$289,942	-36.7%	\$183,398	\$210,001	-12.7%
HCC Paid % of Tot	43.9%	-6.1 pts	37.9%	-11.5 pts	26.4%	23.3%	3.1 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$2,499	11.6%	\$2,789	-34.0%	\$1,841	\$1,392	32.2%
Outpatient	\$2,177	12.7%	\$2,455	-10.6%	\$2,195	\$1,640	33.9%
Physician	\$3,198	5.7%	\$3,382	-5.4%	\$3,200	\$2,618	22.3%
Ancillary	\$100	8.8%	\$108	5.6%	\$115	\$129	-11.0%

- Total plan paid amount for the first two quarters of 2024 was 53.9% 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	⇒	2026-2Q	2024	⇒	2025	⇒	2026-2Q
Average Enrollment										
Employees	2,116	8.2%	2,291	-12.2%	2,012	2	-10.0%	2	-22.2%	1
Spouses	426	7.3%	457	-15.2%	388	0	-	0	-	0
Children	1,574	7.6%	1,694	-15.0%	1,440	0	-	0	-	0
Tot. Members	4,116	7.9%	4,442	-13.6%	3,840	2	-10.0%	2	-22.2%	1
Avg. Family Size	1.9	-0.3%	1.9	-1.6%	1.9	1.0	0.0%	1.0	0.0%	1.0
Financial Summary										
Allowed	\$35,754,447	17.5%	\$42,008,318	-64.2%	\$15,031,244	\$4,325	29.9%	\$5,618	-72.3%	\$1,558
Plan Paid	\$32,764,263	16.9%	\$38,309,548	-65.1%	\$13,369,233	\$3,375	29.0%	\$4,354	-71.1%	\$1,260
Member Paid (OOP)	\$2,844,849	12.6%	\$3,203,983	-52.4%	\$1,526,242	\$950	33.1%	\$1,264	-76.4%	\$299
Paid PEPY	\$15,483	8.0%	\$16,724	-20.5%	\$13,289	\$2,025	43.4%	\$2,903	-25.6%	\$2,159
Paid PMPY	\$7,961	8.3%	\$8,625	-19.3%	\$6,964	\$2,025	43.4%	\$2,903	-25.6%	\$2,159
Paid PEPM	\$1,290	8.0%	\$1,394	-20.5%	\$1,107	\$169	43.4%	\$242	-25.6%	\$180
Paid PMPM	\$663	8.3%	\$719	-19.3%	\$580	\$169	43.4%	\$242	-25.6%	\$180
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	54	-11.1%	48	-60.4%	19	0	-	0	-	0
HCCs per 1000	13.1	-17.6%	10.8	-54.2%	4.9	0.0	-	0.0	-	0.0
Paid per HCC	\$278,222	10.8%	\$308,200	-42.1%	\$178,567	\$0	-	\$0	-	\$0
HCC Paid % of Tot	45.9%	-7.2 pts	38.6%	-13.2 pts	25.4%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$2,690	7.8%	\$2,899	-46.6%	\$1,547	\$0	-	\$0	-	\$0
Outpatient	\$2,040	13.6%	\$2,317	-8.2%	\$2,128	\$0	-	\$0	-	\$0
Physician	\$3,139	5.3%	\$3,304	-3.7%	\$3,182	\$1,880	33.8%	\$2,516	-30.1%	\$1,758
Ancillary	\$92	13.1%	\$104	2.9%	\$107	\$145	167.9%	\$387	3.7%	\$401

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024	⇒	2025	⇒	2026-2Q	2024	⇒	2025	⇒	2026-2Q
Average Enrollment										
Employees	404	15.8%	468	-4.9%	445	41	8.2%	44	-2.1%	43
Spouses	67	11.4%	74	-0.5%	74	8	-3.2%	8	-8.7%	7
Children	108	15.0%	124	-8.7%	113	10	-12.3%	8	-4.0%	8
Tot. Members	579	15.1%	667	-5.1%	633	58	3.3%	60	-3.2%	58
Avg. Family Size	1.4	-0.6%	1.4	-0.2%	1.4	1.4	-4.5%	1.4	-1.1%	1.3
Financial Summary										
Allowed	\$6,765,663	28.7%	\$8,705,026	-54.7%	\$3,946,252	\$562,094	-9.0%	\$511,699	98.6%	\$1,016,424
Plan Paid	\$4,854,348	35.7%	\$6,587,906	-60.3%	\$2,612,750	\$289,883	-12.1%	\$254,897	163.8%	\$672,414
Member Paid (OOP)	\$553,849	24.5%	\$689,806	-45.4%	\$376,866	\$64,105	-4.2%	\$61,398	-21.0%	\$48,523
Paid PEPY	\$12,005	17.2%	\$14,073	-16.6%	\$11,737	\$7,143	-18.7%	\$5,804	438.8%	\$31,275
Paid PMPY	\$8,383	17.9%	\$9,882	-16.4%	\$8,261	\$4,998	-14.9%	\$4,254	445.0%	\$23,187
Paid PEPM	\$1,000	17.2%	\$1,173	-16.6%	\$978	\$595	-18.7%	\$484	438.8%	\$2,606
Paid PMPM	\$699	17.9%	\$823	-16.4%	\$688	\$416	-14.9%	\$355	445.0%	\$1,932
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	7	57.1%	11	-63.6%	4	1	-100.0%	0	-	1
HCCs per 1000	12.1	36.5%	16.5	-61.7%	6.3	17.2	-100.0%	0.0	-	17.2
Paid per HCC	\$201,561	2.5%	\$206,510	-44.2%	\$115,262	\$132,680	-100.0%	\$0	-	\$541,490
HCC Paid % of Tot	29.1%	5.4 pts	34.5%	-16.8 pts	17.6%	45.8%	-45.8 pts	0.0%	-	80.5%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,280	73.2%	\$2,216	0.5%	\$2,226	\$1,206	-7.7%	\$1,113	1444.6%	\$17,186
Outpatient	\$3,145	10.0%	\$3,459	-27.7%	\$2,501	\$2,312	-32.7%	\$1,556	116.3%	\$3,366
Physician	\$3,814	6.4%	\$4,058	-16.9%	\$3,373	\$1,274	25.8%	\$1,603	58.2%	\$2,536
Ancillary	\$144	3.5%	\$149	8.2%	\$162	\$207	-108.3%	-\$17	-670.7%	\$98

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2025-2Q (7/1/2024 - 12/31/2024)				2026-2Q (7/1/2025 - 12/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$8,635,418	\$522,856	\$245,327	\$9,403,601	\$2,969,646	\$510,940	\$192,903	\$3,673,489	-60.9%
Outpatient	\$5,121,893	\$1,181,147	\$70,214	\$6,373,253	\$4,084,483	\$668,647	\$122,278	\$4,875,408	-23.5%
Physician	\$6,916,779	\$1,180,762	\$152,749	\$8,250,290	\$6,109,720	\$914,140	\$152,714	\$7,176,574	-13.0%
Ancillary	\$220,058	\$32,263	\$12,884	\$265,205	\$205,384	\$48,091	\$3,036	\$256,512	-3.3%
Total	\$20,894,147	\$2,917,028	\$481,174	\$24,292,350	\$13,369,233	\$2,141,819	\$470,931	\$15,981,984	-34.2%
PMPM	\$773.46	\$873.87	\$721.56	\$783.15	\$580.31	\$696.41	\$654.42	\$595.60	-23.9%
Non-State Members									
Inpatient	\$0	\$0	\$6,337	\$6,337	\$0	\$443,149	\$55,258	\$498,406	7765.0%
Outpatient	\$0	\$0	\$16,404	\$16,404	\$0	\$64,188	\$33,427	\$97,615	495.1%
Physician	\$2,637	\$5,257	\$38,915	\$46,810	\$1,025	\$44,235	\$29,305	\$74,566	59.3%
Ancillary	\$396	\$0	-\$2,534	-\$2,138	\$234	\$100	\$2,752	\$3,086	-244.4%
Total	\$3,033	\$5,257	\$59,123	\$67,413	\$1,260	\$551,672	\$120,742	\$673,673	899.3%
PMPM	\$303.33	\$175.22	\$175.44	\$178.81	\$179.93	\$18,389.07	\$379.69	\$1,897.67	961.3%
All Members									
Inpatient	\$8,635,418	\$522,856	\$251,664	\$9,409,938	\$2,969,646	\$954,089	\$248,161	\$4,171,896	-55.7%
Outpatient	\$5,121,893	\$1,181,147	\$86,618	\$6,389,657	\$4,084,483	\$732,836	\$155,704	\$4,973,023	-22.2%
Physician	\$6,919,417	\$1,186,019	\$191,664	\$8,297,099	\$6,110,745	\$958,375	\$182,019	\$7,251,140	-12.6%
Ancillary	\$220,453	\$32,263	\$10,351	\$263,068	\$205,619	\$48,191	\$5,788	\$259,598	-1.3%
Total	\$20,897,181	\$2,922,285	\$540,296	\$24,359,762	\$13,370,493	\$2,693,491	\$591,673	\$16,655,657	-31.6%
PMPM	\$773.29	\$867.65	\$538.22	\$775.90	\$580.19	\$867.32	\$570.23	\$612.60	-21.0%

Medical Cost Distribution

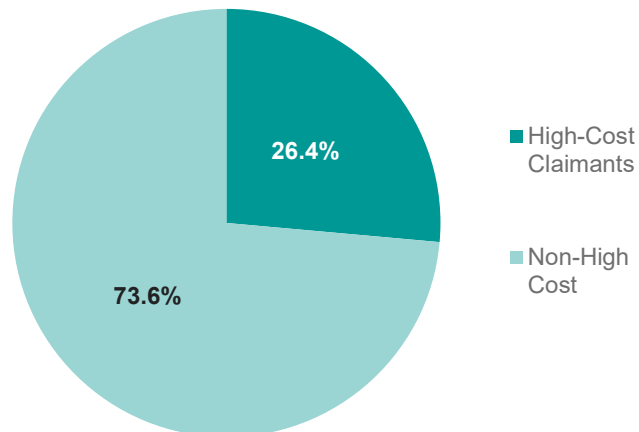
Distribution by Member Cost



Member Total Paid Range	2025-2Q (7/1/2024 - 12/31/2024)						2026-2Q (7/1/2025 - 12/31/2025)					
	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	937	16.3%	\$0	0.0%	\$0	0.0%	772	15.2%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	195	3.4%	-\$110,239	-0.5%	\$2,375	0.1%	218	4.3%	-\$213,761	-1.3%	\$3,930	0.2%
> \$0 - \$2,500	3,478	60.7%	\$2,420,374	9.9%	\$686,814	32.5%	3,036	59.8%	\$2,210,756	13.3%	\$613,399	31.4%
> \$2,500 - \$5,000	492	8.6%	\$1,733,276	7.1%	\$380,879	18.0%	485	9.6%	\$1,724,555	10.4%	\$391,283	20.0%
> \$5,000 - \$10,000	267	4.7%	\$1,845,403	7.6%	\$325,889	15.4%	285	5.6%	\$1,956,271	11.7%	\$348,868	17.9%
> \$10,000 - \$25,000	218	3.8%	\$3,512,617	14.4%	\$375,923	17.8%	174	3.4%	\$2,756,010	16.5%	\$305,357	15.6%
> \$25,000 - \$50,000	85	1.5%	\$2,890,887	11.9%	\$165,985	7.9%	49	1.0%	\$1,669,407	10.0%	\$120,450	6.2%
> \$50,000 - \$100,000	31	0.5%	\$2,259,536	9.3%	\$88,675	4.2%	31	0.6%	\$2,150,860	12.9%	\$85,479	4.4%
> \$100,000	31	0.5%	\$9,807,909	40.3%	\$87,693	4.1%	24	0.5%	\$4,401,559	26.4%	\$83,165	4.3%
Total	5,734	100.0%	\$24,359,762	100.0%	\$2,114,233	100.0%	5,074	100.0%	\$16,655,657	100.0%	\$1,951,930	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	7	\$721,973	16.4%
2	Injury, Poisoning & External Causes	10	\$683,363	15.5%
3	Perinatal Originating Conditions	4	\$452,537	10.3%
4	Circulatory System	13	\$447,701	10.2%
5	Digestive System	7	\$314,830	7.2%
6	Musculoskeletal System	11	\$301,271	6.8%
7	Respiratory System	8	\$282,185	6.4%
8	Health Status & Health Services	20	\$246,254	5.6%
9	Pregnancy, Childbirth & the Puerperium	1	\$205,670	4.7%
10	Infectious & Parasitic Diseases	6	\$198,913	4.5%
...	All Others		\$546,863	12.4%
=	Total	24	\$4,401,559	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2026-2Q	Variance
Inpatient Admissions							
# of Admits	159	-1.9%	156	-32.7%	105		
# of Admit Days	706	68.4%	1,189	-49.6%	599		
Paid per Admit	\$28,448	64.8%	\$46,868	-12.3%	\$41,089	\$29,282	40.3%
Paid per Admit Day	\$6,407	-4.0%	\$6,149	17.1%	\$7,203	\$5,888	22.3%
Admits per 1000	82.6	-27.8%	59.6	-22.3%	46.3	47.4	-2.2%
Average LOS	4.4	71.7%	7.6	-25.2%	5.7	5.0	14.7%
Emergency Room Visits							
# of ER Visits	659	-5.3%	624	-8.7%	570		
~ % resulting in Admit	14.9%	-0.1 pts	14.7%	-2.3 pts	12.5%	10.3%	2.1 pts
ER Visits per Patient	1.3	-1.9%	1.3	-1.4%	1.3		
ER Visits per 1000	342.2	-30.3%	238.5	5.5%	251.6	227.4	10.7%
Paid per ER Visit	\$2,932	10.0%	\$3,224	1.0%	\$3,258	\$2,561	27.2%
Urgent Care Visits							
# of UC Visits	1,281	-4.4%	1,225	-16.8%	1,019		
UC Visits per Patient	1.4	1.6%	1.4	-1.7%	1.4		-
UC Visits per 1000	665.2	-29.6%	468.2	-3.9%	449.8	248.6	80.9%
Paid per UC Visit	\$126	3.1%	\$130	4.6%	\$136	\$126	7.9%
Office Visits							
Off Visits per Patient	3.5	3.2%	3.6	2.7%	3.7		
Paid per Office Visit	\$111	5.0%	\$117	6.4%	\$124	\$101	22.7%
Office Visits Paid PMPY	\$869	-27.5%	\$630	12.0%	\$705	\$399	76.7%
Services							
Radiology Svcs per 1000	5,009.2	-23.2%	3,845.5	-1.6%	3,782.5	3,767.6	0.4%
Radiology Paid PMPY	\$784	-23.7%	\$598	-5.2%	\$567		
Lab Services per 1000	15,905.1	-29.7%	11,174.9	1.7%	11,361.2	9,864.7	15.2%
Labs Paid PMPY	\$313	-13.9%	\$269	-11.8%	\$238		

- Inpatient Admission rate per 1000 decreased significantly (-22.3%), and amount paid per Admission is 12.3% lower than prior period
- ER utilization increased 5.5%, and amount paid per ER visit is 1.0% 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				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Inpatient Admissions										
# of Admits	134	-7.5%	124	-38.7%	76	0	-	0	-	0
# of Admit Days	590	65.3%	975	-55.8%	431	0	-	0	-	0
Paid per Admit	\$29,588	73.5%	\$51,345	-19.6%	\$41,300	\$0	-	\$0	-	\$0
Paid per Admit Day	\$6,720	-2.8%	\$6,530	11.5%	\$7,283	\$0	-	\$0	-	\$0
Admits per 1000	80.3	-31.4%	55.1	-28.1%	39.6	0.0	-	0.0	-	0.0
Average LOS	4.4	78.6%	7.9	-27.9%	5.7	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	570	-8.9%	519	-12.9%	452	0	-	1	-100.0%	0
~ % resulting in Admit	13.3%	-1.6 pts	11.8%	0.0 pts	11.7%	0.0%	-	0.0%	0.0 pts	0.0%
ER Visits per Patient	1.3	-1.7%	1.3	-0.8%	1.3	0.0	-	1.0	-100.0%	0.0
ER Visits per 1000	341.7	-32.5%	230.5	2.1%	235.4	0.0	-	1,200.0	-100.0%	0.0
Paid per ER Visit	\$3,016	7.0%	\$3,227	9.5%	\$3,535	\$0	-	\$369	-100.0%	\$0
Urgent Care Visits										
# of UC Visits	1,137	-5.4%	1,076	-16.4%	900	0	-	0	-	0
UC Visits per Patient	1.4	1.6%	1.4	-1.2%	1.4	0.0	-	0.0	-	0.0
UC Visits per 1000	681.6	-29.9%	478.0	-1.9%	468.8	0.0	-	0.0	-	0.0
Paid per UC Visit	\$129	2.7%	\$132	5.1%	\$139	\$0	-	\$0	-	\$0
Office Visits										
Off Visits per Patient	3.4	2.3%	3.4	2.6%	3.5	4.0	0.0%	4.0	-25.0%	3.0
Paid per Office Visit	\$115	6.1%	\$122	5.8%	\$129	\$193	-34.9%	\$126	-44.3%	\$70
Office Visits Paid PMPY	\$853	-27.4%	\$619	11.9%	\$693	\$1,158	-47.9%	\$603	-40.4%	\$360
Services										
Radiology Svcs per 1000	4,743.1	-24.8%	3,568.0	0.0%	3,568.5	3,000.0	60.0%	4,800.0	42.9%	6,857.1
Radiology Paid PMPY	\$775	-24.6%	\$585	-6.1%	\$549	\$0	-	\$452	53.7%	\$694
Lab Services per 1000	15,306.7	-30.1%	10,702.6	-0.1%	10,687.3	19,500.0	-13.8%	16,800.0	2.0%	17,142.9
Labs Paid PMPY	\$307	-12.9%	\$267	-13.8%	\$230	\$514	0.0%	\$514	-69.5%	\$157

Utilization Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2024-2Q	⇒	2025-2Q	⇒	2026-2Q	2024-2Q	⇒	2025-2Q	⇒	2026-2Q
Inpatient Admissions										
# of Admits	22	40.9%	31	-16.1%	26	3	-66.7%	1	200.0%	3
# of Admit Days	109	94.5%	212	-30.7%	147	7	-71.4%	2	950.0%	21
Paid per Admit	\$24,996	21.0%	\$30,254	-12.7%	\$26,419	\$2,816	143.4%	\$6,853	2276.6%	\$162,860
Paid per Admit Day	\$5,045	-12.3%	\$4,424	5.6%	\$4,673	\$1,207	183.9%	\$3,426	579.0%	\$23,266
Admits per 1000	94.8	-2.0%	92.9	-11.5%	82.2	121.2	-73.0%	32.7	216.4%	103.4
Average LOS	5.0	38.0%	6.8	-17.3%	5.7	2.3	-14.3%	2.0	250.0%	7.0
Emergency Room Visits										
# of ER Visits	84	14.3%	96	6.3%	102	5	60.0%	8	100.0%	16
~ % resulting in Admit	22.6%	8.6 pts	31.3%	-14.6 pts	16.7%	60.0%	-47.5 pts	12.5%	-6.3 pts	6.3%
ER Visits per Patient	1.5	-6.2%	1.4	-9.9%	1.3	1.0	14.3%	1.1	40.0%	1.6
ER Visits per 1000	361.8	-20.5%	287.6	12.1%	322.5	202.0	29.5%	261.6	110.9%	551.7
Paid per ER Visit	\$2,265	52.5%	\$3,456	-33.6%	\$2,296	\$4,449	-86.3%	\$611	158.0%	\$1,578
Urgent Care Visits										
# of UC Visits	129	7.8%	139	-22.3%	108	15	-33.3%	10	10.0%	11
UC Visits per Patient	1.3	3.5%	1.4	-5.7%	1.3	1.5	-16.7%	1.3	-2.2%	1.2
UC Visits per 1000	555.7	-25.0%	416.5	-18.0%	341.5	606.1	-46.0%	327.0	16.0%	379.3
Paid per UC Visit	\$114	5.4%	\$121	3.6%	\$125	\$38	20.8%	\$45	-43.5%	\$26
Office Visits										
Off Visits per Patient	4.1	6.9%	4.4	-1.6%	4.4	4.2	-3.6%	4.1	15.5%	4.7
Paid per Office Visit	\$99	-0.6%	\$98	12.8%	\$111	\$48	-0.8%	\$48	-6.3%	\$45
Office Visits Paid PMPY	\$1,025	-28.9%	\$729	11.8%	\$815	\$500	-36.6%	\$317	9.5%	\$347
Services										
Radiology Svcs per 1000	6,866.1	-15.9%	5,773.9	-19.2%	4,667.0	5,575.8	-42.5%	3,204.4	157.2%	8,241.4
Radiology Paid PMPY	\$919	-20.4%	\$732	-8.1%	\$673	\$156	-6.1%	\$147	311.1%	\$603
Lab Services per 1000	20,421.8	-27.7%	14,765.9	2.9%	15,186.8	13,777.8	-52.1%	6,604.9	114.1%	14,137.9
Labs Paid PMPY	\$366	-17.1%	\$304	-2.7%	\$295	\$219	-67.2%	\$72	54.7%	\$111

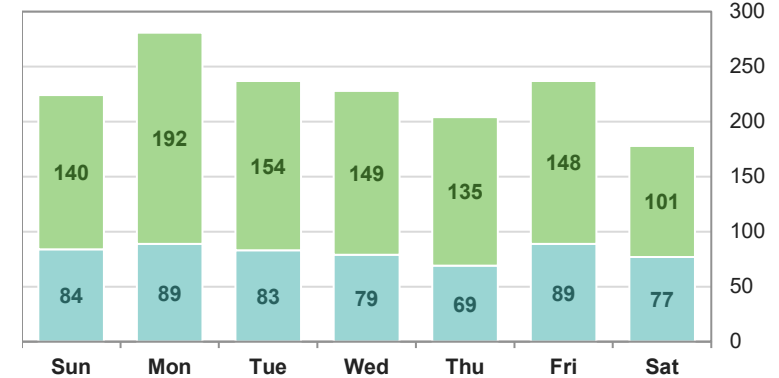
On Demand Care Summary

Emergency Room & Urgent Care

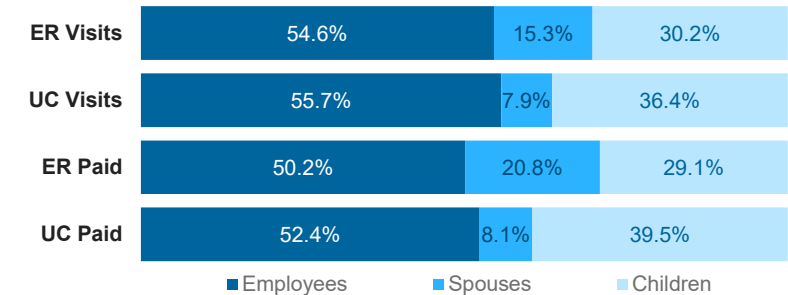


Measure	2025-2Q	2026-2Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	624	570	-8.7%		
# of Patients	475	440	-7.4%		
Total Plan Paid	\$2,012,034	\$1,857,209	-7.7%		
Total Mem Paid	\$299,667	\$280,712	-6.3%		
Visits per 1000	238.5	251.6	5.5%	227.4	10.7%
Paid per Visit	\$3,224	\$3,258	1.0%	\$2,561	27.2%
Paid PMPM	\$64	\$68	6.6%	\$49	40.8%
% ER Patients w/ Office Visit*	96.0%	95.2%	-0.8 pts		
% Potentially Avoidable**	10.6%	11.9%	1.4 pts	82.9%	-70.9 pts
Urgent Care					
# of Visits	1,225	1,019	-16.8%		
# of Patients	884	748	-15.4%		
Total Plan Paid	\$159,674	\$138,966	-13.0%		
Total Mem Paid	\$54,517	\$47,563	-12.8%		
Visits per 1000	468.2	449.8	-3.9%	248.6	80.9%
Paid per Visit	\$130	\$136	4.6%	\$126	7.9%
Paid PMPM	\$5	\$5	0.5%	\$3	95.3%

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	311	568	879	\$931,694	\$72,791	\$1,004,485
Spouse	87	80	167	\$385,910	\$11,310	\$397,220
Child	172	371	543	\$539,605	\$54,865	\$594,470
Total	570	1,019	1,589	\$1,857,209	\$138,966	\$1,996,174

* 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.

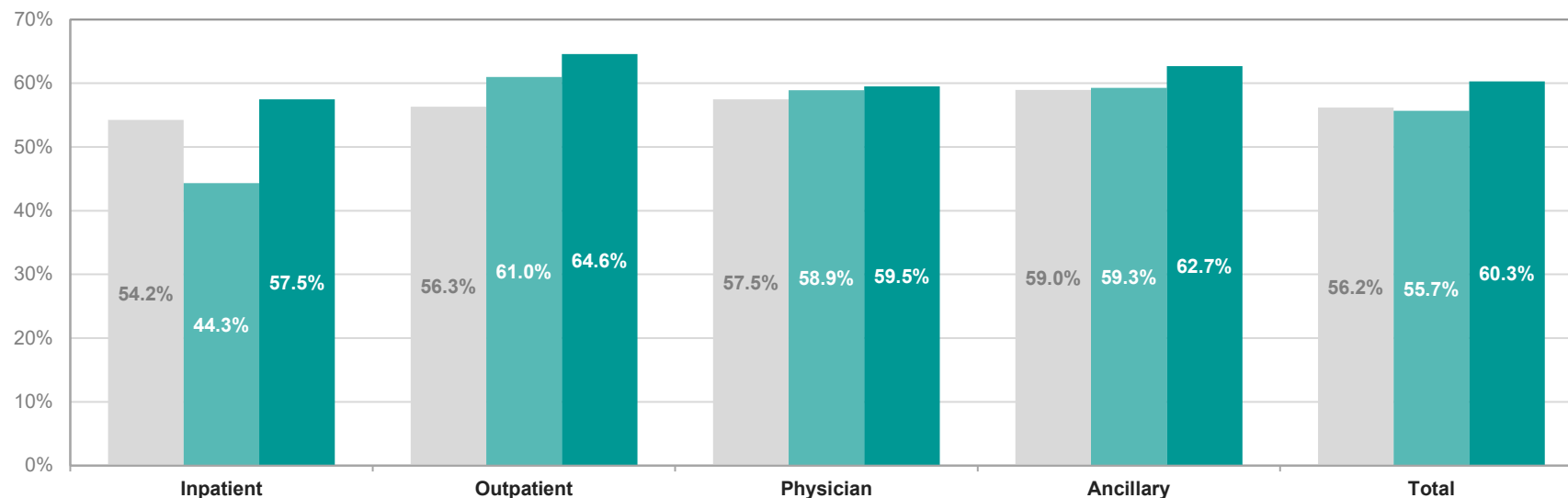
Network Summary

Discount Percentage & Network Utilization

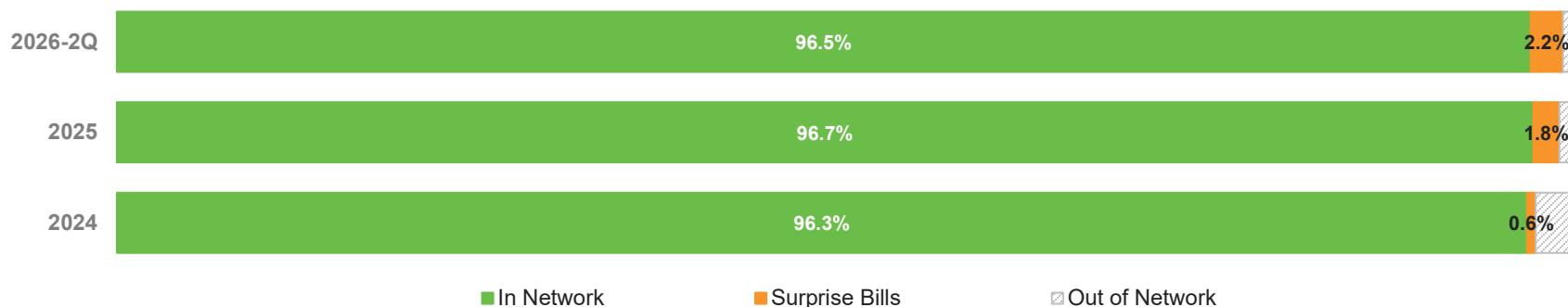


Discount Percentage* by Claim Type

Plan Year: 2024 2025 2026-2Q



Network Utilization*



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

Clinical Classification Summary

Breakout by Diagnostic Chapter



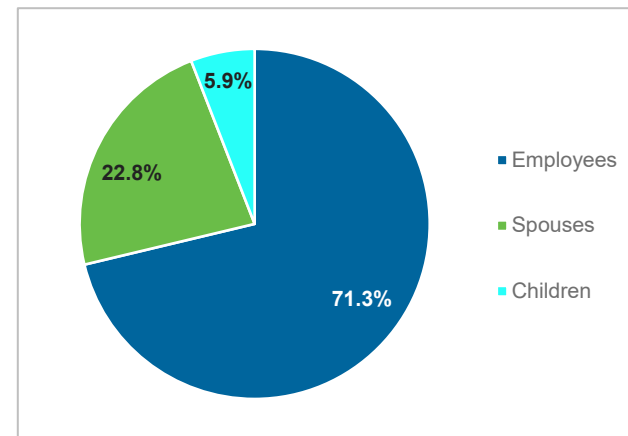
Diagnostic Chapter	2025 (Full Year)		2026-2Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Musculoskeletal System	1,916	\$5,111,750	1,250	\$2,078,013	\$1,480,856	\$474,374	\$122,782	\$983,213	\$1,094,800
Circulatory System	1,057	\$4,561,417	612	\$1,496,734	\$1,195,839	\$256,544	\$44,351	\$621,629	\$875,105
Injury, Poisoning & External Causes	954	\$3,217,301	549	\$1,482,999	\$1,062,678	\$229,943	\$190,378	\$988,258	\$494,740
Neoplasms	948	\$5,069,259	516	\$1,475,134	\$1,050,917	\$411,026	\$13,191	\$528,430	\$946,703
Health Status & Health Services	3,709	\$3,578,036	2,365	\$1,390,630	\$850,604	\$247,137	\$292,889	\$453,387	\$937,243
Digestive System	839	\$3,833,453	473	\$1,169,823	\$879,656	\$186,063	\$104,104	\$514,643	\$655,180
Mental, Behavioral & Neurodevelopmental	1,305	\$2,232,030	914	\$1,075,017	\$487,995	\$89,854	\$497,168	\$406,151	\$668,866
Symptoms, Signs & Findings, NEC	2,460	\$2,751,576	1,418	\$1,004,855	\$570,927	\$163,641	\$270,288	\$336,763	\$668,093
Nervous System	1,081	\$1,684,188	744	\$840,146	\$487,817	\$145,775	\$206,554	\$340,473	\$499,673
Genitourinary System	1,125	\$2,141,134	660	\$832,696	\$597,260	\$163,842	\$71,595	\$367,409	\$465,287
Respiratory System	1,683	\$1,989,295	792	\$820,851	\$329,388	\$112,487	\$378,975	\$570,789	\$250,062
Endocrine, Nutritional & Metabolic	1,718	\$1,519,332	1,135	\$686,085	\$495,523	\$126,686	\$63,876	\$383,147	\$302,938
Pregnancy, Childbirth & the Puerperium	100	\$1,125,245	71	\$544,210	\$449,343	\$24,474	\$70,393	\$7	\$544,202
Perinatal Originating Conditions	60	\$3,326,874	29	\$534,977	\$171	\$0	\$534,807	\$357,613	\$177,364
Infectious & Parasitic Diseases	496	\$868,889	203	\$410,258	\$285,631	\$109,394	\$15,233	\$102,192	\$308,066
Eye and Adnexa	1,537	\$443,366	800	\$249,905	\$174,991	\$30,145	\$44,770	\$97,951	\$151,954
Skin & Subcutaneous Tissue	1,389	\$471,294	818	\$216,150	\$135,368	\$22,850	\$57,932	\$118,744	\$97,406
Ear and Mastoid Process	513	\$468,197	255	\$136,513	\$60,165	\$21,430	\$54,917	\$51,246	\$85,266
Congenital Malformations & Abnormalities	97	\$259,127	49	\$116,632	\$18,501	\$93	\$98,038	\$107,226	\$9,406
Blood & Immune Disorders	216	\$504,817	131	\$94,029	\$81,965	\$7,980	\$4,083	\$24,336	\$69,692
External Causes of Morbidity	1	\$124	0	\$0	\$0	\$0	\$0	\$0	\$0
Total	5,279	\$45,156,705	4,165	\$16,655,657	\$10,695,594	\$2,823,739	\$3,136,324	\$7,353,611	\$9,302,045

Musculoskeletal System

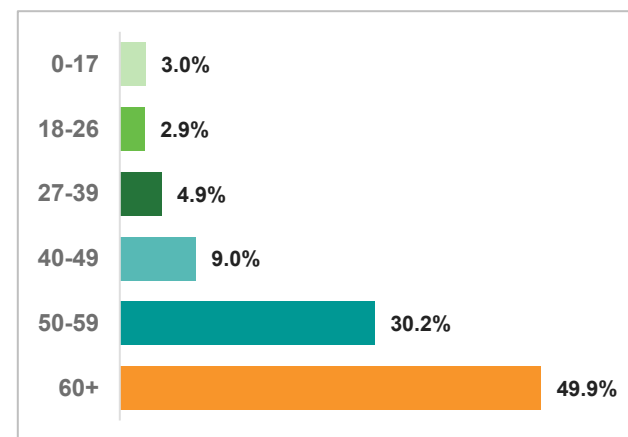
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	389	1,472	\$676,421	32.6%
2	Osteoarthritis & osteoporosis	209	519	\$418,470	20.1%
3	Tendon, tissue, muscle disorders	272	645	\$316,229	15.2%
4	Other musculoskeletal pain	705	2,150	\$300,040	14.4%
5	Joint disorders & fractures	90	236	\$150,093	7.2%
6	Scoliosis & oth deformities	94	167	\$82,298	4.0%
7	Low back pain	146	447	\$70,291	3.4%
8	Other MSK	17	98	\$26,720	1.3%
9	Rheumatoid arthritis & related disease	45	126	\$23,285	1.1%
10	Lupus	32	86	\$9,898	0.5%
11	Gout & crystal arthropathies	24	36	\$5,103	0.2%
12	Biomechanical lesions	89	399	-\$835	0.0%
=	Total	1,250	6,663	\$2,078,013	100.0%

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



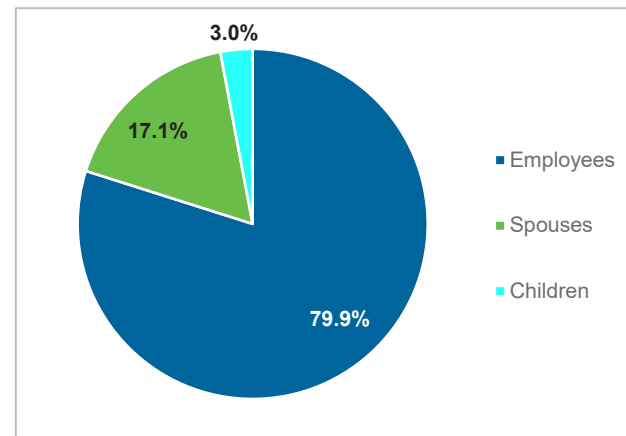
Circulatory System

Breakout by Diagnostic Grouping & Demographics

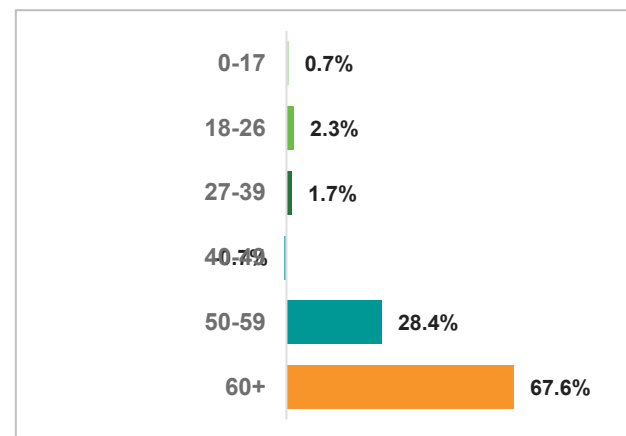


#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Cardiac dysrhythmias	114	310	\$312,263	20.9%
2	Heart failure	17	27	\$187,443	12.5%
3	Myocardial infarction	4	50	\$166,535	11.1%
4	Vascular disease	47	104	\$135,400	9.0%
5	Nonspecific chest pain	101	207	\$130,356	8.7%
6	Hypertension	325	537	\$124,552	8.3%
7	Coronary atherosclerosis & oth heart disease	88	214	\$121,276	8.1%
8	Other circulatory	35	50	\$112,716	7.5%
9	Acute pulmonary embolism, DVT	22	59	\$98,542	6.6%
10	Nonrheumatic & unspecified valve disorders	28	85	\$60,635	4.1%
11	Cerebrovascular disease	19	68	\$45,449	3.0%
12	Myocarditis & cardiomyopathy	5	8	\$1,568	0.1%
=	Total	612	1,888	\$1,496,734	100.0%

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



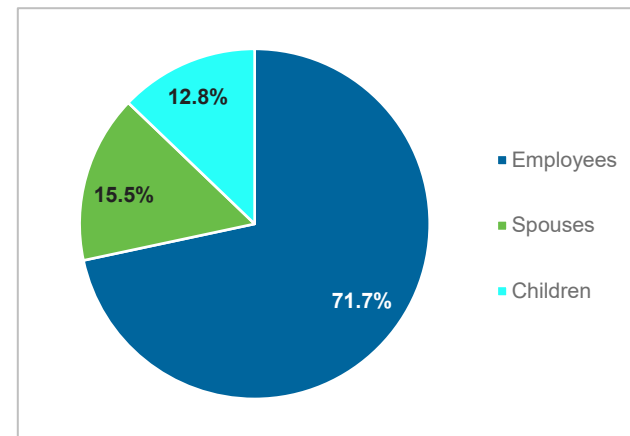
Injury, Poisoning & External Causes

Breakout by Diagnostic Grouping & Demographics

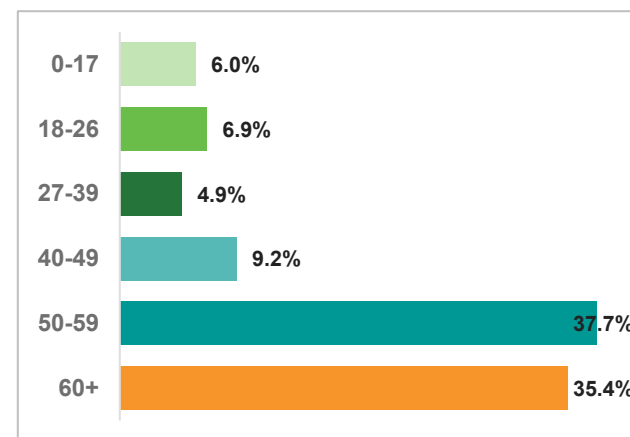


#	Injury & Poisoning Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Traumatic brain injury (TBI); concuss	16	48	\$495,473	33.4%
2	Sprains & strains	186	399	\$167,656	11.3%
3	Open wounds to limbs	66	103	\$163,844	11.0%
4	Compl of surg or med care, injury	17	55	\$128,734	8.7%
5	Fracture of lower limb (except hip)	31	123	\$101,458	6.8%
6	Internal organ injury	1	3	\$72,242	4.9%
7	Compl of intern orthop device or implant	10	25	\$55,889	3.8%
8	Other unspecified injury	89	133	\$46,809	3.2%
9	Compl of transplanted organs or tissue	2	5	\$42,489	2.9%
10	Superficial injury; contusion	84	108	\$36,553	2.5%
11	Fracture of the upper limb	41	141	\$36,164	2.4%
12	Dislocations	17	39	\$17,656	1.2%
13	Open wounds of head & neck	20	27	\$17,334	1.2%
14	Burn & corrosion	9	20	\$15,347	1.0%
15	Effect of for body entering opening	9	16	\$13,679	0.9%
16	Fracture of torso	3	11	\$12,066	0.8%
17	Open wounds of trunk	3	4	\$10,713	0.7%
18	Allergic reactions	26	35	\$10,035	0.7%
19	Other complication	7	12	\$9,408	0.6%
20	Other injury	16	19	\$8,206	0.6%
...	All Others	42	71	\$21,242	1.4%
=	Total	549	1,581	\$1,482,999	100.0%

Injury & Poisoning Paid by Relationship



Injury & Poisoning Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2024 (Full Year)		2025 (Full Year)		2026-2Q		2026-2Q 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	267	\$288,393	\$67,226	\$6,633	\$213,075	\$1,460
Anxiety & related Disorders	512	\$337,685	490	\$381,768	345	\$206,990	\$0	\$5,965	\$201,025	\$0
Neurodevelopmental disorders	253	\$292,459	260	\$259,148	180	\$184,736	\$0	\$1,335	\$183,401	\$0
Trauma & stressor disorders	338	\$370,626	332	\$297,354	232	\$165,921	\$0	\$4,525	\$161,248	\$148
Other mental health	141	\$117,944	133	\$99,065	65	\$93,050	\$0	\$68,150	\$24,901	\$0
Bipolar & related Disorders	79	\$92,390	66	\$83,919	41	\$37,549	\$13,273	\$0	\$24,276	\$0
Suicidal ideation, attempt or self-harm	23	\$42,788	24	\$141,882	11	\$26,033	\$0	\$22,466	\$3,566	\$0
Alcohol-related disorders	45	\$307,936	30	\$150,432	20	\$23,837	\$3,320	\$12,781	\$7,737	\$0
Cannabis-related disorders	5	\$3,870	10	\$2,953	3	\$17,562	\$15,392	\$1,785	\$385	\$0
Obsessive compulsive disorders	22	\$60,775	20	\$9,774	21	\$10,624	\$0	\$0	\$10,624	\$0
Eating disorders	15	\$51,171	13	\$88,845	7	\$8,352	\$0	\$0	\$8,352	\$0
Schizophrenia spectrum disorders	16	\$33,159	13	\$68,703	9	\$8,345	\$420	-\$591	\$8,516	\$0
Other substance use	40	\$10,408	37	\$7,180	15	\$1,343	\$0	\$0	\$1,343	\$0
Stimulant disorders	6	\$31,146	1	\$5,296	2	\$1,266	\$0	\$0	\$1,266	\$0
Opioid disorders	13	\$38,318	8	\$13,737	3	\$1,015	\$592	\$0	\$423	\$0
Total	1,352	\$2,322,608	1,305	\$2,232,030	914	\$1,075,017	\$100,223	\$123,048	\$850,137	\$1,608

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	10	2.0	-16.7%	5	1.0	-16.7%	\$9,310	300.0	300.0
Asthma	216	43.2	-10.0%	87	17.4	-29.3%	\$4,874	64.8	213.0
Atrial Fibrillation	71	14.2	14.5%	57	11.4	26.7%	\$38,151	478.9	774.6
Blood Disorders	215	43.0	-1.4%	106	21.2	10.4%	\$23,846	186.0	427.9
CAD	92	18.4	3.4%	50	10.0	25.0%	\$14,624	173.9	456.5
COPD	35	7.0	-7.9%	25	5.0	-3.8%	\$26,257	314.3	657.1
Cancer	487	97.5	-15.3%	250	50.0	-5.3%	\$17,181	90.3	240.2
Chronic Pain	36	7.2	-23.4%	19	3.8	-20.8%	\$54,367	527.8	1,083.3
CHF	23	4.6	-28.1%	7	1.4	-65.0%	\$27,926	304.3	347.8
Demyelinating Diseases	19	3.8	11.8%	17	3.4	30.8%	\$23,710	0.0	473.7
Depression	380	76.1	-8.9%	278	55.6	-5.1%	\$14,028	123.7	352.6
Diabetes	495	99.1	-0.8%	359	71.9	-6.8%	\$10,397	58.6	220.2
ESRD	21	4.2	50.0%	12	2.4	-7.7%	\$97,097	714.3	1,476.2
Eating Disorders	15	3.0	0.0%	9	1.8	-18.2%	\$16,354	200.0	466.7
HIV/AIDS	6	1.2	0.0%	5	1.0	0.0%	\$2,050	0.0	0.0
Hyperlipidemia	211	42.2	8.2%	75	15.0	13.6%	\$4,806	19.0	99.5
Hypertension	557	111.5	-1.9%	261	52.2	13.0%	\$10,355	104.1	247.8
Immune Disorders	26	5.2	13.0%	13	2.6	0.0%	\$21,753	38.5	153.8
IBD	23	4.6	-4.2%	7	1.4	40.0%	\$5,902	43.5	217.4
Liver Disease	0	0.0	-100.0%	0	0.0	-100.0%	\$0	0.0	0.0
Morbid Obesity	87	17.4	-17.1%	44	8.8	-24.1%	\$8,878	57.5	149.4
Osteoarthritis	275	55.0	-0.7%	113	22.6	-7.4%	\$13,402	65.5	192.7
Peripheral Vascular Disease	19	3.8	-40.6%	5	1.0	-54.5%	\$12,006	157.9	368.4
Rheumatoid Arthritis	60	12.0	-6.3%	43	8.6	-4.4%	\$8,466	66.7	316.7

- *Most prevalent chronic condition is Hypertension, with 557 members*
- *Diabetes is the condition with the most moderate/high risk members (359)*
- *Members with mod/high risk Cancer have the highest combined cost: 250 members totaling \$4.30M*

Date Range: Service Dates 10/1/2024 - 9/30/2025, Paid through 12/31/2025

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:** \$8,512
- **Admits per 1000:** 57.0
- **ER Visits per 1000:** 233.2

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	Oct 2023 - Sep 2024			Oct 2024 - Sep 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	51.8	282	5,439.9	37.9	223	5,889.2	8.3%	5,517.6	6.7%
Well Child Visit	3 - 6 years	238.2	188	789.4	201.8	176	872.3	10.5%	735.5	18.6%
Adults w/ Well Visit	Adults 18+	4,332	1,828	42.2%	3,903	1,737	44.5%	2.3 pts	42.30%	2.2
Screenings	Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	1,562	773	49.5%	1,403	730	52.0%	2.5 pts	45.0%	7.0
Cervical Cancer	Females 21 - 64	2,092	503	24.0%	1,833	464	25.3%	1.3 pts	25.6%	-0.3
Prostate Cancer	Males 50 - 70	900	434	48.2%	857	409	47.7%	-0.5 pts	42.2%	5.5
Colorectal Cancer	Members 45 - 75	2,507	431	17.2%	2,298	428	18.6%	1.4 pts	18.6%	0.0
Cholesterol	Female 45+ Male 35+	2,826	1,594	56.4%	2,590	1,508	58.2%	1.8 pts	54.1%	4.1
Condition-specific	Screening									
Asthma	Office Visit for Asthma	240	198	82.5%	216	176	81.5%	-1.0 pts		
COPD	Spirometry Test	38	8	21.1%	35	5	14.3%	-6.8 pts		
Type 2 Diabetes	A1c Test	457	414	90.6%	456	413	90.6%	0.0 pts	86.5%	4.1
	Eye Exam	457	121	26.5%	456	149	32.7%	6.2 pts	0.0%	0.0
	Lipid Panel	457	343	75.1%	456	353	77.4%	2.4 pts	80.4%	-3.0
	Urine Protein Test	457	292	63.9%	456	310	68.0%	4.1 pts	71.1%	-3.1
	Any Diabetes Screen	457	435	95.2%	456	438	96.1%	0.9 pts	0.0%	0.0
Hyperlipidemia	Lipid Profile	195	102	52.3%	211	106	50.2%	-2.1 pts		
Hypertension	Creatinine Test	568	136	23.9%	557	135	24.2%	0.3 pts		
	Lipid Profile	568	160	28.2%	557	149	26.8%	-1.4 pts		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is [Service Dates 10/1/2024 – 9/30/2025, paid through 12/31/2025]

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

12.8

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

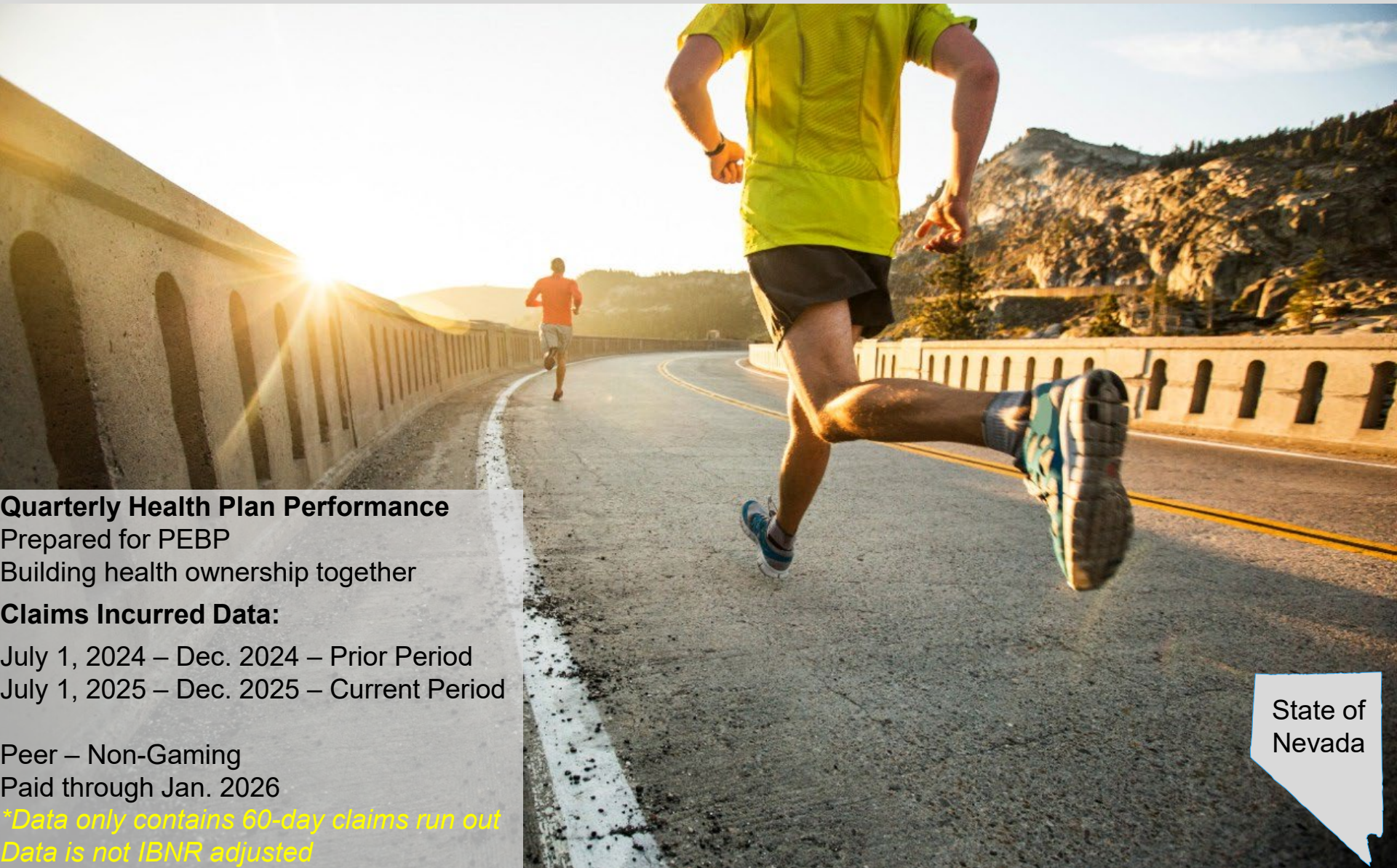
12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review

12.7 Q2 EPO Performance Review

12.8 Q2 HPN Performance Review

Power Of Partnership.



Quarterly Health Plan Performance

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2024 – Dec. 2024 – Prior Period

July 1, 2025 – Dec. 2025 – Current Period

Peer – Non-Gaming

Paid through Jan. 2026

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

Data is not IBNR adjusted

State of
Nevada

Executive Summary
Spend and Utilization

Executive Summary Utilization & Spend



Population

- -7.9% decrease for employees from prior period
- -8.2% decrease for members from prior period

Medical Paid PMPM

- 13.6% increase in medical paid PMPM from prior period
- Non-Catastrophic spend remained relatively flat from prior period
- 21.0% increase in Catastrophic spend

High-Cost Claimants

- 47 HCC in Q2 2025, up 30.6%
- -27.8% of HCC spend decrease in current period
- 30.3% of medical spend comes from HCC

Emergency Room

- ER Visits Per 1,000 members decreased -10.0%
- Avg. paid per ER Visit increased 21.8%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -12.0%
- Avg. paid per Urgent care visit increased 25.6%

Rx Drivers

- Rx Net Paid PMPM increased 20.1%
- Specialty Spend increased 7.9%
- Specialty Rx driving 35.8% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx increased 15.9% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
July - Dec. Q2 2024							July - Dec. Q2 2025						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	\$284,982	\$1,219	\$668	\$3	\$285,650	\$1,222	\$204,738	\$801	\$4,994	\$20	\$209,732	\$821	-26.6%	584.1%
01	\$44,683	\$211	\$364	\$2	\$45,046	\$213	\$70,552	\$358	\$9,988	\$51	\$80,540	\$409	69.9%	2856.2%
02-04	\$414,943	\$423	\$3,286	\$3	\$418,229	\$426	\$320,204	\$432	\$1,779	\$2	\$321,983	\$434	2.1%	-28.3%
05-09	\$371,299	\$200	\$17,351	\$9	\$388,651	\$209	\$419,200	\$242	\$15,880	\$9	\$435,080	\$252	21.3%	-1.7%
10-14	\$424,397	\$163	\$51,707	\$20	\$476,104	\$183	\$392,285	\$167	\$33,491	\$14	\$425,776	\$181	2.2%	-28.4%
15-19	\$653,115	\$213	\$94,277	\$31	\$747,392	\$243	\$525,597	\$195	\$119,128	\$44	\$644,725	\$239	-8.4%	43.9%
20-24	\$619,596	\$214	\$138,388	\$48	\$757,985	\$262	\$618,438	\$223	\$93,784	\$34	\$712,222	\$257	4.1%	-29.3%
25-29	\$476,124	\$280	\$151,391	\$89	\$627,516	\$369	\$493,382	\$354	\$167,267	\$120	\$660,649	\$474	26.4%	34.8%
30-34	\$582,074	\$330	\$279,856	\$158	\$861,929	\$488	\$564,070	\$355	\$279,680	\$176	\$843,750	\$531	7.7%	11.1%
35-39	\$680,634	\$309	\$437,376	\$198	\$1,118,010	\$507	\$1,039,837	\$531	\$607,564	\$310	\$1,647,401	\$841	71.9%	56.3%
40-44	\$805,947	\$319	\$449,393	\$178	\$1,255,340	\$497	\$957,380	\$387	\$610,582	\$247	\$1,567,962	\$634	21.3%	38.8%
45-49	\$1,591,355	\$525	\$990,042	\$326	\$2,581,397	\$851	\$1,266,529	\$466	\$687,234	\$253	\$1,953,763	\$718	-11.2%	-22.6%
50-54	\$1,563,544	\$413	\$1,397,375	\$369	\$2,960,918	\$781	\$2,535,770	\$737	\$1,718,295	\$499	\$4,254,065	\$1,236	78.6%	35.4%
55-59	\$1,435,855	\$398	\$1,395,558	\$386	\$2,831,413	\$784	\$1,604,009	\$454	\$1,746,887	\$495	\$3,350,896	\$949	14.2%	28.0%
60-64	\$1,585,326	\$455	\$1,232,365	\$354	\$2,817,691	\$809	\$1,805,608	\$566	\$1,318,032	\$413	\$3,123,640	\$979	24.3%	16.8%
65+	\$2,073,650	\$800	\$1,088,411	\$420	\$3,162,061	\$1,221	\$1,370,080	\$544	\$1,110,611	\$441	\$2,480,691	\$985	-32.1%	4.9%
Total	\$13,607,522	\$372	\$7,727,808	\$211	\$21,335,330	\$584	\$14,187,679	\$423	\$8,525,197	\$254	\$22,712,876	\$677	6.5%	15.9%

Financial Summary



Financial and Demographic (July 2025 thru Dec 2025 Q2)												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 2Q23	Thru 2Q24	Thru 2Q25	▲	Thru 2Q23	Thru 2Q24	Thru 2Q25	▲	Thru 2Q23	Thru 2Q24	Thru 2Q25	▲
Avg. # Employees	3,540	3,508	3,232	-7.9%	3,095	3,099	2,854	-7.9%	445	409	378	-7.5%
Avg. # Members	6,206	6,093	5,594	-8.2%	5,597	5,533	5,076	-8.3%	610	560	518	-7.4%
Ratio	1.8	1.7	1.7	-0.3%	1.8	1.8	1.8	-0.4%	1.4	1.4	1.4	0.1%
Financial												
Medical Paid	\$12,699,791	\$13,607,522	\$14,187,679	4.3%	\$10,644,426	\$11,913,694	\$12,458,729	4.6%	\$2,055,365	\$1,693,828	\$1,728,950	2.1%
Member Paid	\$1,094,233	\$1,341,746	\$1,136,108	-15.3%	\$791,597	\$856,917	\$782,489	-8.7%	\$302,636	\$484,829	\$353,619	-27.1%
Net Paid PEPY	\$7,175	\$7,759	\$8,780	13.2%	\$6,878	\$7,689	\$8,731	13.6%	\$9,238	\$8,290	\$9,144	10.3%
Net Paid PMPY	\$4,092	\$4,467	\$5,072	13.6%	\$3,804	\$4,306	\$4,909	14.0%	\$6,743	\$6,053	\$6,673	10.2%
Net Paid PEPM	\$598	\$647	\$732	13.2%	\$573	\$641	\$728	13.6%	\$770	\$691	\$762	10.3%
Net Paid PMPM	\$341	\$372	\$423	13.6%	\$317	\$359	\$409	14.0%	\$562	\$504	\$556	10.2%
High Cost Claimants												
# of HCC's > \$50k	32	36	47	30.6%	22	29	37	27.6%	10	7	10	42.9%
Avg. paid per claimant	\$94,656	\$99,805	\$92,491	-7.3%	\$95,122	\$102,648	\$95,983	-6.5%	\$93,631	\$88,025	\$79,568	-9.6%
HCC % of Spend	23.8%	26.3%	30.3%	15.4%	19.6%	24.9%	28.2%	13.4%	45.2%	35.6%	44.9%	26.2%
Spend by Location (PMPY)												
Inpatient	\$1,109	\$1,292	\$1,280	-0.9%	\$936	\$1,347	\$1,300	-3.5%	\$2,690	\$2,260	\$2,438	7.9%
Outpatient	\$1,064	\$1,202	\$1,436	19.4%	\$1,006	\$1,333	\$1,593	19.5%	\$1,597	\$1,402	\$1,549	10.5%
Professional	\$1,920	\$1,973	\$2,356	19.4%	\$1,861	\$2,178	\$2,597	19.2%	\$2,456	\$2,391	\$2,686	12.4%
Total	\$4,092	\$4,467	\$5,072	13.6%	\$3,804	\$4,306	\$4,909	14.0%	\$6,743	\$6,053	\$6,673	10.2%

Paid Claims by Claim Type



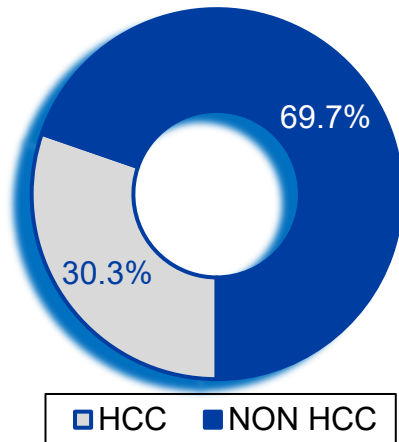
Net Paid Claims - Total									
Total Participants									
	July - Dec 2Q 2024				July - Dec 2Q 2025				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$2,698,328	\$162,668	\$1,074,305	\$3,935,301	\$3,025,204	\$0	\$556,611	\$3,581,815	-9.0%
OutPatient	\$8,464,237	\$206,989	\$1,000,995	\$9,672,222	\$9,637,158	\$137,855	\$830,850	\$10,605,864	9.7%
Total - Medical	\$11,162,565	\$369,657	\$2,075,300	\$13,607,522	\$5,970,319	\$219,198	\$1,040,986	\$14,187,679	4.3%
Net Paid Claims - Total									
Total Participants									
	July - Dec 2Q 2024				July - Dec 2Q 2025				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$336	\$483	\$2,713	\$372	\$196	\$406	\$413	\$423	13.6%

Cost Distribution – Medical Claims > \$50K



July - Dec Q2 2024							July - Dec Q2 2025					
# 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
3	0.0%	\$626,864	4.6%	\$626,864	100.0%	> \$100k	3	0.1%	\$628,741	4.4%	\$255,103	40.6%
13	0.2%	\$1,001,820	7.4%	\$459,674	45.9%	\$50k- \$100k	18	0.3%	\$1,456,807	10.3%	\$976,229	67.0%
42	0.7%	\$1,612,028	11.8%	\$912,384	56.6%	\$25k - \$50k	45	0.8%	\$1,621,199	11.4%	\$1,267,567	78.2%
127	2.1%	\$2,636,634	19.4%	\$1,521,816	57.7%	\$10k - \$25k	116	2.1%	\$2,648,799	18.7%	\$1,372,786	51.8%
220	3.6%	\$1,823,894	13.4%	\$1,149,040	63.0%	\$5k - \$10k	266	4.8%	\$2,268,620	16.0%	\$564,389	24.9%

% Paid Attributed to Catastrophic Cases



HCC > \$50k - CCSR Chapter Conditions - Thru Q2 2025

Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Neoplasms	9	\$1,274,774	8.9%
Diseases of the circulatory system	4	\$1,236,864	8.6%
Certain infectious and parasitic diseases	5	\$499,046	3.5%
Injury, poisoning and certain other consequences	5	\$402,501	2.8%
Diseases of the respiratory system	1	\$335,581	2.3%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	July - Dec Q2 -2024	July - Dec Q2-2025	▲	July - Dec Q2 -2024	July - Dec Q2-2025	▲	July - Dec Q2 -2024	July - Dec Q2-2025	▲
Inpatient									
# of Admits	199	148	-25.6%	169	126	-25.4%	30	22	-26.7%
# of Bedays	1,339	782	-41.6%	1,005	594	-40.9%	334	188	-43.7%
Avg. Paid per Admit	\$18,593	\$18,461	-0.7%	\$18,274	\$17,991	-1.5%	\$20,390	\$21,157	3.8%
Avg. Paid per Day	\$2,763	\$3,494	26.4%	\$3,073	\$3,816	24.2%	\$1,831	\$2,476	35.2%
Admits Per K	65.3	52.9	-19.0%	61.1	49.6	-18.7%	107.2	84.9	-20.8%
Days Per K	439.5	279.6	-36.4%	363.3	234.0	-35.6%	1,193.6	725.6	-39.2%
ALOS	6.7	5.3	-21.5%	5.9	4.7	-20.7%	5.5	5.9	7.3%
Admits from ER	91	82	-9.9%	74	69	-6.8%	17	13	-23.5%
Physician Office Visits									
Per Member Per Year	2.1	2.3	7.8%	2.1	2.3	8.5%	2.4	2.4	1.0%
Paid Per Visit	\$158	\$177	11.8%	\$163	\$185	13.4%	\$116	\$103	-11.2%
Net Paid PMPM	\$28	\$34	20.4%	\$29	\$35	23.0%	\$23	\$21	-10.3%
Emergency Room									
# of Visits	404	334	-17.3%	368	293	-20.4%	36	41	13.9%
Visits Per K	132.6	119.4	-10.0%	133.0	115.4	-13.2%	128.6	158.3	23.0%
Avg Paid Per Visit	\$2,917	\$3,554	21.8%	\$2,922	\$3,633	24.3%	\$2,870	\$2,989	4.1%
Urgent Care									
# of Visits	1,975	1,595	-19.2%	1,791	1,447	-19.2%	184	148	-19.6%
Visits Per K	648.3	570.2	-12.0%	647.4	570.1	-11.9%	657.5	571.2	-13.1%
Avg Paid Per Visit	\$112	\$141	25.5%	\$117	\$135	15.4%	\$98	\$113	15.3%

*Not Representative of all utilization

Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 CCSR Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Neurodevelopmental disorders	\$530,342	4.6%	\$18,913	\$1,311	\$510,118	\$342,152	\$188,190	\$0
Spondylopathies/spondyloarthropathy	\$446,300	3.8%	\$425,228	\$20,439	\$633	\$111,595	\$334,705	\$0
Other specified and unspecified liver disease	\$384,919	3.3%	\$1,937	\$382,675	\$307	\$383,589	\$1,330	\$0
Diabetes mellitus with complication	\$357,644	3.1%	\$195,694	\$141,753	\$20,197	\$274,927	\$82,717	\$0
Encounter for antineoplastic therapies	\$342,502	2.9%	\$342,502			\$26,325	\$316,176	\$0
Septicemia	\$305,937	2.6%	\$252,661	\$52,739	\$537	\$119,300	\$186,637	\$0
Sleep wake disorders	\$219,647	1.9%	\$184,332	\$26,004	\$9,311	\$107,008	\$112,639	\$0
Headache; including migraine	\$202,099	1.7%	\$109,103	\$88,281	\$4,715	\$3,792	\$198,307	\$0
Cardiac dysrhythmias	\$191,277	1.6%	\$188,377	\$2,900	\$0	\$86,710	\$104,567	\$0
Complication of other surgical or medical care	\$188,852	1.6%	\$113,361	\$74,112	\$1,378	\$119,786	\$69,066	\$0
Abdominal pain and other digestive/abdomen	\$188,687	1.6%	\$113,509	\$58,359	\$16,819	\$44,631	\$144,056	\$0
Chronic kidney disease	\$174,467	1.5%	\$173,732	\$735		\$174,467	\$0	\$0
Breast cancer - all other types	\$167,269	1.4%	\$88,998	\$78,271		\$1,306	\$165,963	\$0
Acute hemorrhagic cerebrovascular disease	\$153,032	1.3%	\$153,032			\$24,188	\$128,844	\$0
Osteoarthritis	\$149,958	1.3%	\$83,805	\$66,153	\$0	\$12,656	\$137,302	\$0
Depressive disorders	\$149,473	1.3%	\$90,434	\$15,047	\$43,992	\$48,609	\$100,864	\$0
Respiratory cancers	\$148,479	1.3%	\$144,180	\$4,299		\$7,685	\$140,794	\$0
Nonspecific chest pain	\$145,731	1.3%	\$94,221	\$14,999	\$36,511	\$61,987	\$83,744	\$0
Nerve and nerve root disorders	\$139,460	1.2%	\$138,503	\$957	\$0	\$79,396	\$60,064	\$0
Medical examination/evaluation	\$135,809	1.2%	\$32,096	\$6,303	\$97,410	\$59,895	\$75,914	\$0
Neoplasm-related encounters	\$135,391	1.2%	\$123,257	\$10,116	\$2,018	\$38,967	\$96,423	\$0
Other specified and unspecified nutritional	\$134,001	1.2%	\$61,401	\$72,374	\$225	\$60,763	\$73,237	\$0
Other aftercare encounter	\$127,727	1.1%	\$86,486	\$36,116	\$5,125	\$118,090	\$9,637	\$0
Coronary atherosclerosis	\$127,588	1.1%	\$127,136	\$453		\$91,572	\$36,016	\$0
Nonrheumatic and unspecified valve disorders	\$125,764	1.1%	\$125,764	\$0	\$0	\$122,668	\$3,096	\$0

*Not Representative of all utilization

Data based on medical spend only

Mental Health Drilldown



Top 10 Mental Health				
CCSR Category Description	July - Dec Q2 2024		July - Dec Q2 2025	
	Patients	Total Paid	Patients	Total Paid
Neurodevelopmental disorders	179	\$348,999	154	\$530,342
Depressive disorders	264	\$212,257	283	\$149,473
Anxiety and fear-related disorders	329	\$115,709	298	\$91,208
Trauma- and stressor-related disorders	183	\$72,979	165	\$85,311
Bipolar and related disorders	62	\$53,457	54	\$32,116
Suicidal ideation/attempt/intentional self-harm	8	\$26,278	9	\$52,270
Alcohol-related disorders	18	\$40,545	7	\$22,612
Other specified and unspecified mood disorders	15	\$5,916	15	\$12,492
Cannabis-related disorders	5	\$6,928	8	\$2,759
Disruptive, impulse-control and conduct disorders	4	\$845	9	\$6,656

**Not Representative of all utilization*

Data based on medical spend only

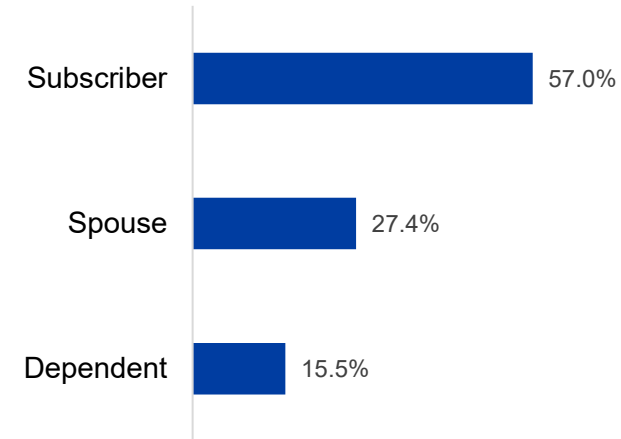
Respiratory Disorders

Top 10 Respiratory Disorders				
CCSR Category Description	Patients	Claims	Total Paid	% Paid
unspecified upper respiratory disease	175	545	\$115,788	25.1%
Pneumonia (except by tuberculosis)	17	44	\$75,896	16.5%
Pleurisy, pleural and pulmonary collapse	11	58	\$68,871	14.9%
Sinusitis	115	173	\$56,519	12.3%
Asthma	106	178	\$50,587	11.0%
Other specified upper respiratory infections	282	354	\$29,010	6.3%
Acute and chronic tonsillitis	27	39	\$25,307	5.5%
Respiratory failure; insufficiency; arrest	13	59	\$22,137	4.8%
Acute bronchitis	86	105	\$7,802	1.7%
COPD	24	33	\$4,281	0.9%

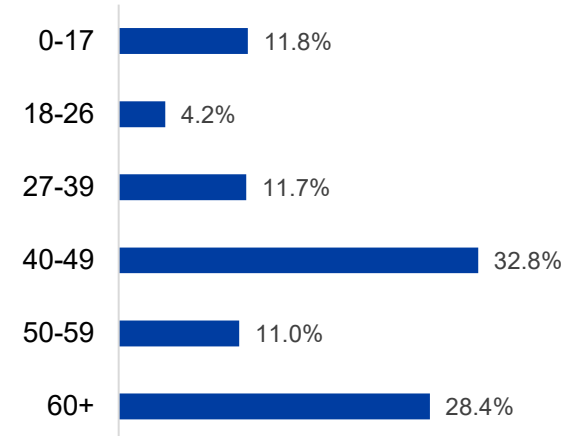
**Not Representative of all utilization*

Data based on medical spend only

Spend by Relationship



Spend by Age Range

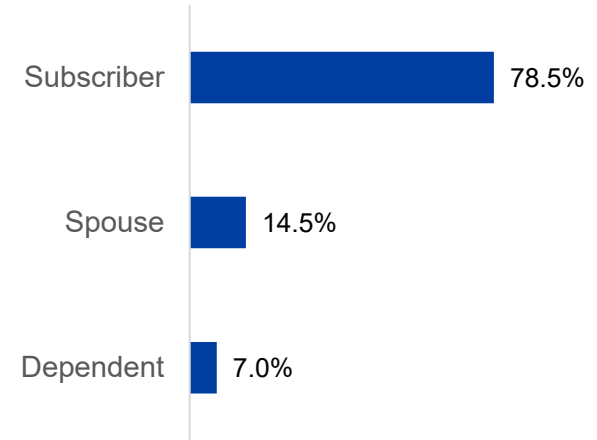


Top 10 Infectious and Parasitic Diseases				
CCSR Description	Patients	Claims	Total Paid	% Paid
Septicemia	15	49	\$305,937	82.5%
Viral infection	75	107	\$39,793	10.7%
COVID-19	47	84	\$18,843	5.1%
HIV infection	25	92	\$2,879	0.8%
Hepatitis	5	19	\$1,114	0.3%
Fungal infections	54	72	\$1,013	0.3%
Sexually transmitted infect (excl. HIV & Hepatitis	11	14	\$836	0.2%
Bacterial infections	9	10	\$558	0.2%
Foodborne intoxications	2	2	\$62	0.0%
Parasitic, specified and unspecified infections	2	3	\$0	0.0%

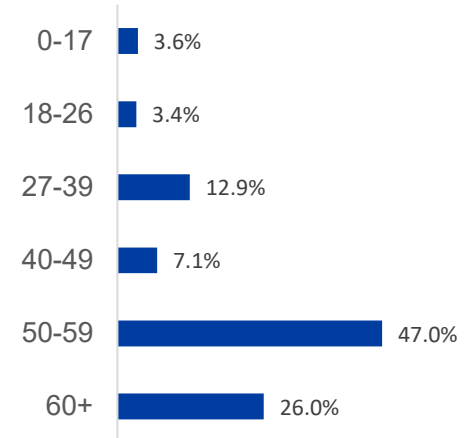
**Not Representative of all utilization*

Data based on medical spend only

Spend by Relationship



Spend by Age Range



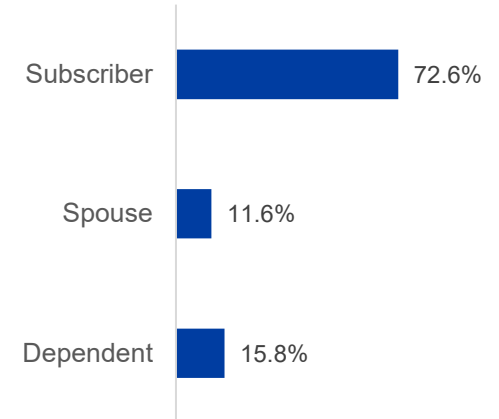
Pregnancy Related Disorders

Top 10 Complications of Pregnancy				
CCSR Description	Patients	Claims	Total Paid	% Paid
Malposition, disproportion or other labor complications	8	14	\$82,537	17.9%
Other specified complications in pregnancy	24	88	\$66,876	14.5%
Complications specified during childbirth	10	11	\$63,174	13.7%
Early or threatened labor	6	12	\$41,614	9.0%
Uncomplicated pregnancy, delivery or puerperium	36	105	\$40,408	8.7%
Previous C-section	3	6	\$39,820	8.6%
Diabetes or abnormal glucose tolerance complicating preg	7	49	\$39,039	8.5%
Hypertension and hypertensive-related conditions	7	42	\$34,460	7.5%
Early, first or unspecified trimester hemorrhage	7	18	\$27,183	5.9%
Prolonged pregnancy	1	1	\$26,774	5.8%

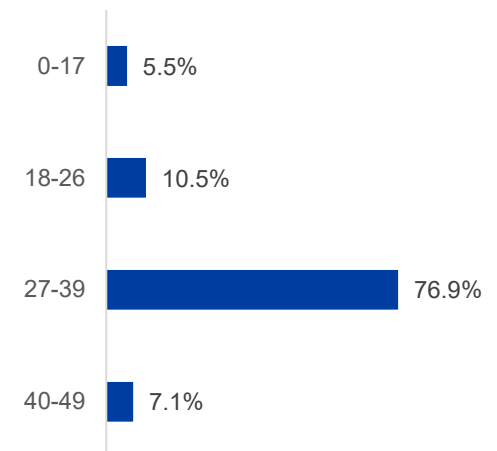
**Not Representative of all utilization*

Data based on medical spend only

Spend by Relationship



Spend by Age Range



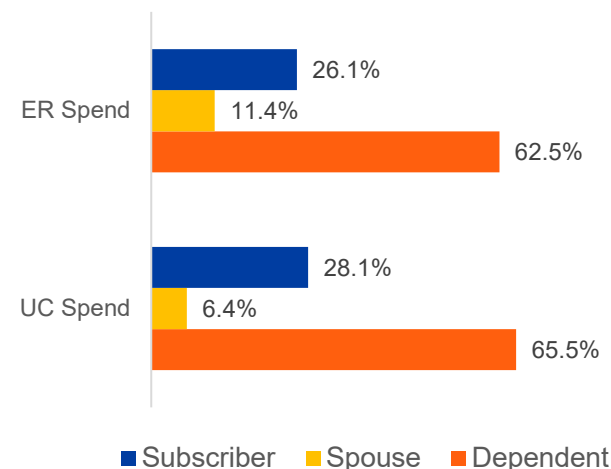
Emergency Room and Urgent Care



	July - Dec 2Q2024		July - Dec 2Q2025		Peer	
Metric	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	404	1,975	334	1,595		
Visits Per Member	0.07	0.48	0.06	0.54	0.08	0.17
Visits Per K	132.6	648.3	119.4	570.2	114.3	606.2
Avg. Paid Per Visit	\$2,917	\$112	\$3,554	\$141	\$2,856	\$123
<i>*Not Representative of all utilization</i>				<i>Data based on medical spend only</i>		

Emergency Room and Urgent Care Visits by Relationships - Q2 2025				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Subscriber	97	34.7	414	148.0
Spouse	38	13.6	148	52.9
Dependent	199	71.1	1,033	369.3
Total	334	119.4	1,595	570.2

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
Diseases of the circulatory system	1,046	18.7%	373.9	\$28.22
Mental, behavioral and neuro disorders	1,060	18.9%	378.9	\$27.28
Factors influencing health status	3,750	67.0%	1340.6	\$25.01
Diseases of the digestive system	667	11.9%	238.5	\$24.58
Injury, poisoning and certain other consequences	653	11.7%	233.4	\$23.27
Neoplasms	509	9.1%	182.0	\$22.95
Diseases of the musculoskeletal system	1,684	30.1%	602.0	\$22.71
Diseases of the nervous system	808	14.4%	288.9	\$20.66
Diseases of the genitourinary system	1,048	18.7%	374.7	\$19.03
Symptoms, signs and abnormal clinical	2,270	40.6%	811.5	\$16.58
Endocrine, nutritional and metabolic diseases	1,684	30.1%	602.0	\$15.14
Pregnancy, childbirth and the puerperium	184	3.3%	65.8	\$11.99
Diseases of the respiratory system	882	15.8%	315.3	\$11.71
Certain infectious and parasitic diseases	242	4.3%	86.5	\$8.74
Diseases of the ear and mastoid process	245	4.4%	87.6	\$3.69

*Not Representative of all utilization

Data based on medical spend only

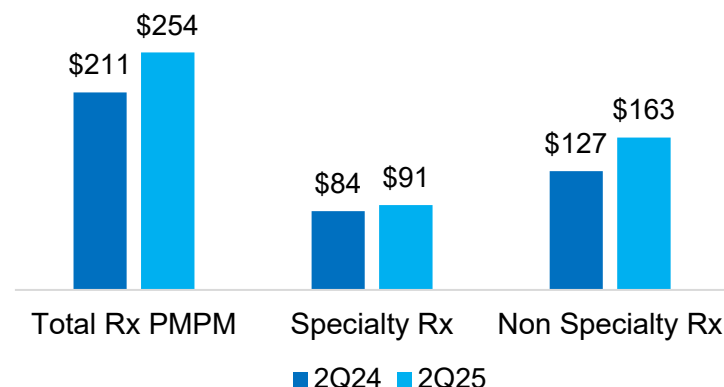
Pharmacy Drivers

	July - Dec 2Q 2024	July - Dec 2Q 2025	Δ
Enrolled Members	6,093	5,594	-8.2%
Average Prescriptions PMPY	17.6	18.3	4.3%
Formulary Rate	87.9%	88.3%	0.5%
Generic Use Rate	84.3%	83.6%	-0.9%
Generic Substitution Rate	98.8%	98.7%	-0.1%
Avg Net Paid per Prescription	\$145	\$166	15.2%
Net Paid PMPM	\$211	\$254	20.1%

Pharmacy Performance

- Rx spend increased of 20.1%, (**\$42 PMPM**) from prior period
- Avg. paid per Script increased 15.2% (**\$21 PMPM**) year over year
- Specialty Rx spend driving **35.8%** of Rx Spend
- Specialty Rx spend decreased -4.1% from the prior period
 - Specialty Rx Drivers:
 - Mounjaro** (Antidiabetic) Spend up **63.8%**
 - Ozempic** (Antidiabetic) Spend down **-4.8%** in the current period

Total Rx Spend by Benefit and Type



Top 5 Therapeutic Classes by Spend

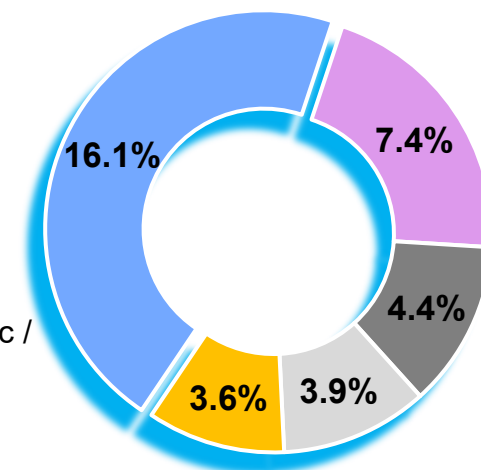
■ Antidiabetics

■ Dermatologicals

■ Analgesics

■ Psychotherapeutic / Neuro

■ Antivirals



12.9

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW's Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review

12.7 Q2 EPO Performance Review

12.8 Q2 HPN Performance Review

12.9 Q2 Dental Performance Review



Public Employees' Benefits Program

Quarterly Plan Performance Review

Dental • 2026-2Q

Claims Paid 7/1/2025 - 12/31/2025



A UnitedHealthcare Company



Dental Total Savings Summary

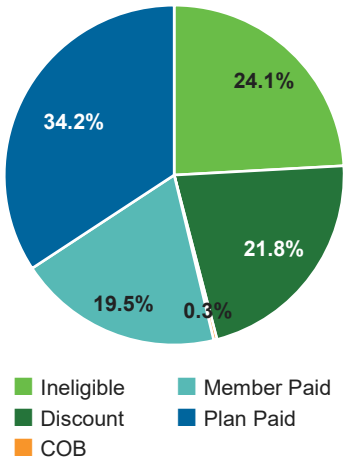
Breakouts & Network Performance



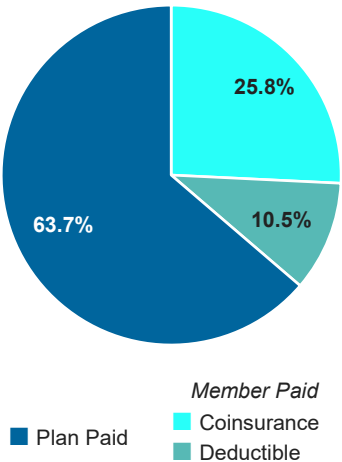
Dental Dollar Chain: Billed to Paid Dollars

Dollar Amount	Total Dollars	PMPM
Dental Billed	\$43,538,399	\$105.93
(-) Ineligible	\$10,849,308	\$26.40
Dental Covered	\$32,689,091	\$79.53
(-) Discount	\$9,806,398	\$23.86
Dental Allowed	\$22,882,693	\$55.67
(-) COB	\$143,536	\$0.35
(-) Coinsurance	\$6,226,700	\$15.15
(-) Deductible	\$2,541,180	\$6.18
Total Member Paid	\$8,767,880	\$21.33
Total Plan Paid	\$15,396,470	\$37.46

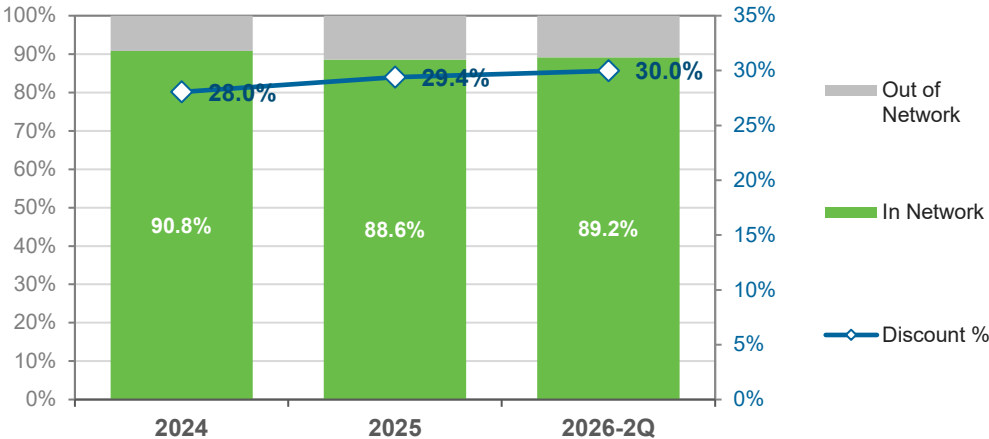
Breakout of Billed Dollars



Breakout of Paid Dollars



Dental Network Performance





Dental Claims Breakouts

Age Range, Member Cost, and Dental Category



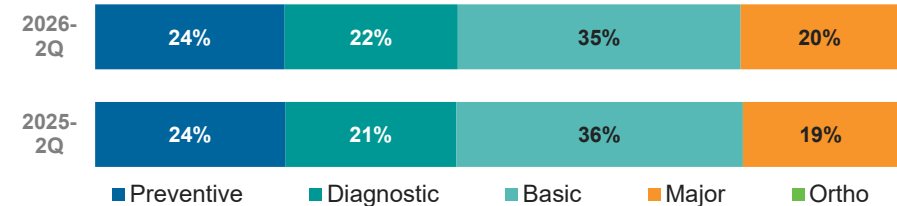
Dental Paid Claims by Age Range

Age	2025-2Q		2026-2Q		Change	
	Total Paid	Paid PMPM	Total Paid	Paid PMPM	Total	PMPM
< 01	\$4,039	\$1.69	\$4,495	\$1.79	11.3%	6.4%
01	\$26,053	\$9.98	\$29,325	\$10.70	12.6%	7.2%
02 - 04	\$232,327	\$24.04	\$216,588	\$23.11	-6.8%	-3.8%
05 - 09	\$640,226	\$33.14	\$688,985	\$35.48	7.6%	7.1%
10 - 14	\$718,735	\$31.83	\$759,579	\$32.78	5.7%	3.0%
15 - 19	\$933,239	\$35.23	\$1,073,439	\$40.56	15.0%	15.1%
20 - 24	\$609,295	\$21.72	\$646,648	\$22.59	6.1%	4.0%
25 - 29	\$502,466	\$25.23	\$542,053	\$25.98	7.9%	3.0%
30 - 34	\$641,937	\$27.59	\$670,070	\$28.98	4.4%	5.0%
35 - 39	\$792,592	\$30.44	\$817,016	\$29.93	3.1%	-1.7%
40 - 44	\$861,683	\$31.19	\$903,783	\$31.35	4.9%	0.5%
45 - 49	\$896,234	\$34.53	\$981,199	\$36.11	9.5%	4.6%
50 - 54	\$1,088,255	\$36.51	\$1,092,274	\$37.76	0.4%	3.4%
55 - 59	\$1,147,056	\$38.25	\$1,206,378	\$39.53	5.2%	3.3%
60 - 64	\$1,342,069	\$42.95	\$1,437,376	\$47.39	7.1%	10.3%
65+	\$4,098,030	\$50.44	\$4,327,264	\$52.99	5.6%	5.0%
Total	\$14,534,236	\$35.78	\$15,396,470	\$37.46	5.9%	4.7%

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	31,919	44.4%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	1,272	1.8%	-\$7,029	0.0%	\$68,710	0.8%
> \$0 - \$250	23,561	32.8%	\$3,538,448	23.0%	\$1,231,158	14.0%
> \$250 - \$500	7,031	9.8%	\$2,392,798	15.5%	\$950,305	10.8%
> \$500 - \$750	2,573	3.6%	\$1,587,624	10.3%	\$1,006,282	11.5%
> \$750 - \$1000	1,581	2.2%	\$1,371,635	8.9%	\$978,651	11.2%
> \$1000	3,890	5.4%	\$6,512,994	42.3%	\$4,532,774	51.7%
Total	71,827	100.0%	\$15,396,470	100.0%	\$8,767,880	100.0%

Paid Breakout by Dental Category



Dental Category	2025-2Q		2026-2Q		Change
	Patients	Total Paid	Patients	Total Paid	Total Paid
Preventive	29,741	\$3,443,283	30,449	\$3,631,865	5.5%
Diagnostic	30,544	\$3,087,533	31,439	\$3,317,265	7.4%
Basic	14,515	\$5,181,443	14,790	\$5,417,145	4.5%
Major	4,240	\$2,821,978	4,376	\$3,030,195	7.4%
Orthodontia	1	\$0	3	\$0	-
Total Dental	38,797	\$14,534,236	39,447	\$15,396,470	5.9%



Dental Paid by Member Status

Breakout of State vs. Non-State by Member Status



Program	2025-2Q (7/1/2024 - 12/31/2024)				2026-2Q (7/1/2025 - 12/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Dental	\$9,708,166	\$1,181,319	\$306,537	\$11,196,022	\$10,391,686	\$1,158,510	\$337,450	\$11,887,646	6.2%
Dental Exchange			\$2,171,512	\$2,171,512			\$2,352,329	\$2,352,329	8.3%
Total	\$9,708,166	\$1,181,319	\$2,478,049	\$13,367,534	\$10,391,686	\$1,158,510	\$2,689,779	\$14,239,975	6.5%
PMPM	\$31.82	\$41.37	\$51.40	\$35.01	\$33.40	\$42.37	\$54.60	\$36.73	4.9%
Non-State Members									
Dental	\$1,726	\$33,772	\$121,531	\$157,029	\$3,479	\$33,362	\$127,853	\$164,694	4.9%
Dental Exchange			\$1,009,674	\$1,009,674			\$991,801	\$991,801	-1.8%
Total	\$1,726	\$33,772	\$1,131,205	\$1,166,702	\$3,479	\$33,362	\$1,119,654	\$1,156,495	-0.9%
PMPM	\$25.40	\$48.18	\$47.98	\$47.92	\$34.56	\$70.68	\$49.22	\$49.59	3.5%
All Members									
Dental	\$9,709,892	\$1,215,091	\$428,068	\$11,353,050	\$10,395,165	\$1,191,872	\$465,303	\$12,052,340	6.2%
Dental Exchange			\$3,181,186	\$3,181,186			\$3,344,130	\$3,344,130	5.1%
Total	\$9,709,892	\$1,215,091	\$3,609,254	\$14,534,236	\$10,395,165	\$1,191,872	\$3,809,433	\$15,396,470	5.9%
PMPM	\$31.82	\$41.53	\$50.28	\$35.78	\$33.40	\$42.85	\$52.90	\$37.46	4.7%

12.10

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

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12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review

12.7 Q2 EPO Performance Review

12.8 Q2 HPN Performance Review

12.9 Q2 Dental Performance Review

12.10 Q2 Doctor on Demand Engagement Report



Virtual Care Engagement Monthly Report

UMR-State of Nevada
October 2025

Member Engagement



48

Registrations This Month

304

Unique Visitors This Month

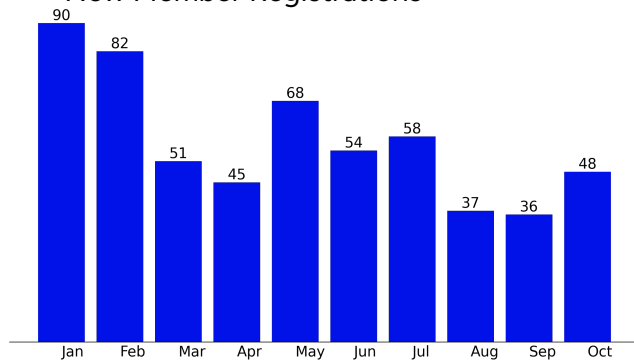
399

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

13,894

Registrations
Lifetime to date

28.4%

Registration Rate
Lifetime to date

-

Employee
Covered Lives

569

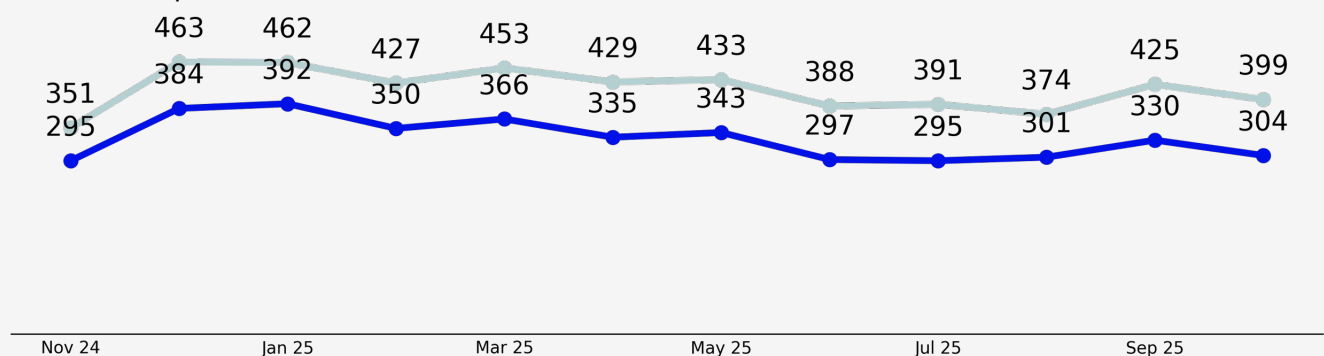
Registrations
Year to Date

1.2%

Registration Rate
Year to Date

Visits Last 12 Months

— Unique Visitors — Total Visits



26,903

Visits
Lifetime to Date

8,235

Unique Visitors
Lifetime to Date

3.3

Avg Visits Per Visitor
Lifetime to Date

16.8%

Engagement Rate
(Visitors/Lives)
Lifetime to Date

4,181

Visits
Year to Date

1,885

Unique Visitors
Year to Date

2.2

Avg Visits Per Visitor
Year to Date

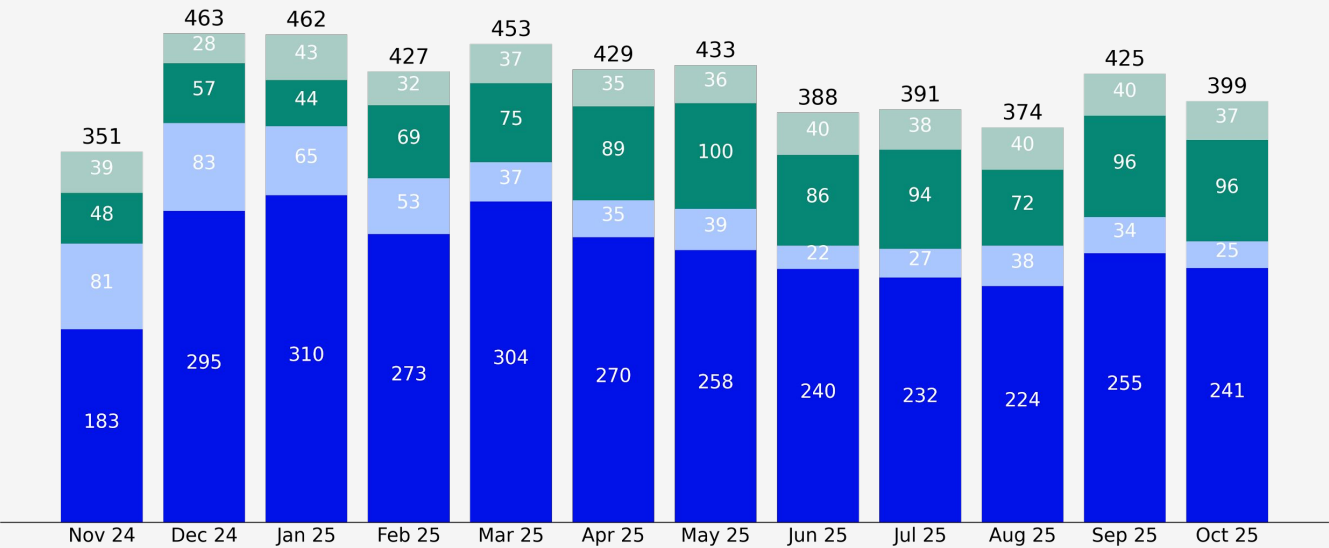
3.9%

Engagement Rate
(Visitors/Lives)
Year to Date

Medical & Behavioral Health Visits (Rolling) - 4,995 Visits

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

9
30-Day Rolling Average
Cumulative YTD Visits



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

8AM - 10AM

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

Supporting your population

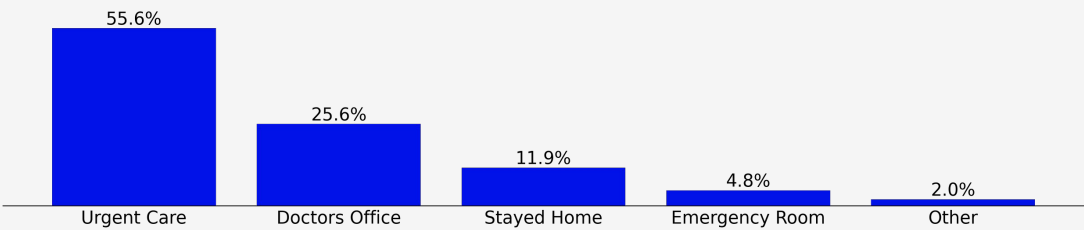


Member access, demographics, and experience

Without Included Health, where would you have gone?

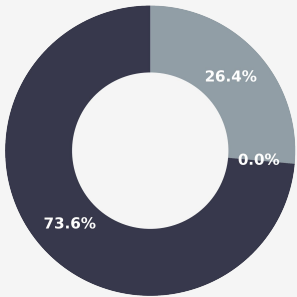
Percent Response Year to Date

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



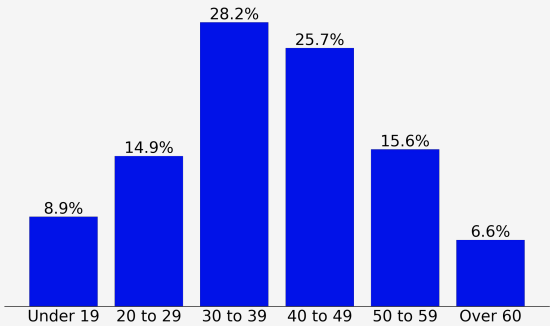
Visits by Reported Gender Year to Date

Female Male Other



Visits by Age Year to Date

Percent Distribution



Member Experience Metrics	October	Year to Date
Average Member Rating	4.9 / 5 (N = 223)	4.9 / 5 (N = 1,784)
Median Wait Time for On-Demand Medical Appointments	1.9 min	4.0 min
Median Days to Scheduled Appointment (BH)	12.0 days	9.0 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)	326
Cold	295
Cough	230
Anxiety	167
Other injury	162
Sore throat	162
Eye issue	146
Nasal congestion	125
Earache	93
Rash	89

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits Year to Date
Anxiety disorders	833
Other upper respiratory infect..	796
Mood disorders	427
Urinary tract infections	311
Adjustment disorders	253
Administrative/social admission	207
Attention-deficit conduct and ..	157
Inflammation; infection of eye..	155
Viral infection	149
Depression, unspecified	100

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

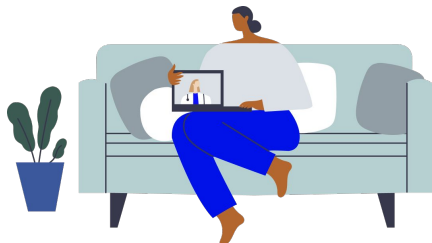
392 Prescriptions This Month	78.5% of Medical and Psychiatry visits resulted in a prescription order Year to Date	6 Lab Orders This Month	3.6% of Medical visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count (YTD)
benzonatate 200 mg capsule	226
nitrofurantoin monohydrate/mac	199
amoxicillin 875 mg-potassium c	187
albuterol sulfate hfa 90 mcg/a	187
prednisone 20 mg tablet	155
fluticasone propionate 50 mcg/	141
azelastine 137 mcg (0.1 %) nas	129
ondansetron 4 mg disintegratin	106
fluconazole 150 mg tablet	91
doxycycline hyclate 100 mg cap	75

Top Labs	Count (YTD)
urinalysis complete, reflex culture	40
cmp, serum or plasma	20
culture, urine	17
urinalysis, complete	13
cbc w/ auto diff	13
rpr (rapid plasma reagin), serum	12
hba1c (hemoglobin a1c), blood	10
lipid panel, serum	10
tsh + free t4, serum	9
hiv 1+2 ab + hiv1 p24 ag, quantitative immunoassay...	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	Medical visits refer to on-demand and/or scheduled encounters with our multidisciplinary team of clinicians. Urgent Care: Our Everyday & Urgent Care solution offers accessible video-first care for acute needs. Our multidisciplinary team of employed clinicians provide 24/7 care on demand or by appointment to improve access to care and deliver a better care experience. Providers are cross-trained in behavioral health, primary dermatology, and geriatric medicine, to treat a wide range of everyday & urgent care and behavioral health needs including cold, flu, UTIs, sinus infections, along with anxiety and depression Virtual Primary Care - With Primary Care, we provide 24/7 care across the full continuum of member needs, including physical - acute, preventive and chronic - and behavioral for engaged members.
ICD-10 Code and Description	Describes the top international classification of diseases for diagnoses, symptoms, and procedures recorded by our clinicians as a result of the visit.
Member Rating	Average visitor rating of 1-5 stars submitted upon visit completion.
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
November 2025**

Member Engagement



53

Registrations This Month

317

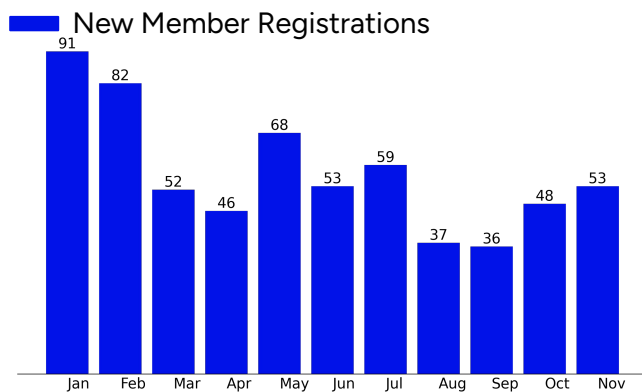
Unique Visitors This Month

386

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

13,967

Registrations
Lifetime to date

28.5%

Registration Rate
Lifetime to date

-

Employee
Covered Lives

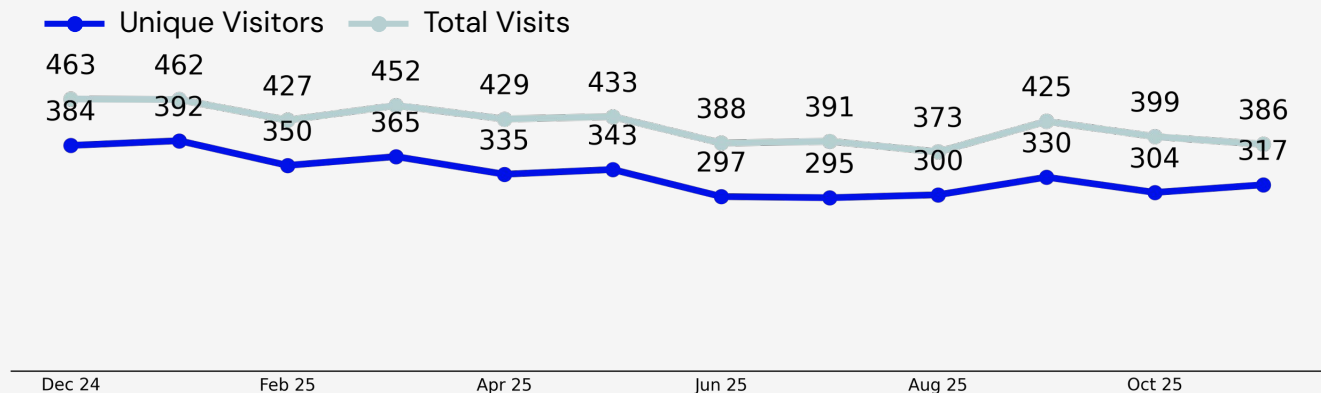
625

Registrations
Year to Date

1.3%

Registration Rate
Year to Date

Visits Last 12 Months



27,287

Visits
Lifetime to Date

8,284

Unique Visitors
Lifetime to Date

3.3

Avg Visits Per Visitor
Lifetime to Date

16.9%

Engagement Rate
(Visitors/Lives)
Lifetime to Date

4,565

Visits
Year to Date

1,982

Unique Visitors
Year to Date

2.3

Avg Visits Per Visitor
Year to Date

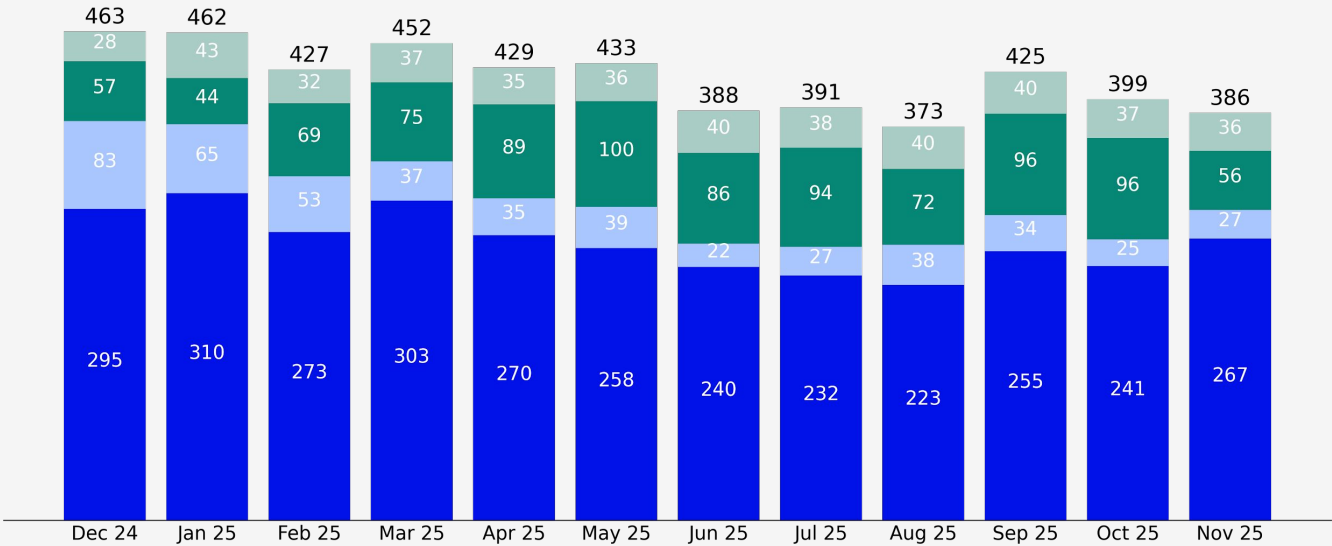
4.1%

Engagement Rate
(Visitors/Lives)
Year to Date

Medical & Behavioral Health Visits (Rolling) - 5,028 Visits

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

9
Days of Data
Available for
Analysis (Last 9 Months)



Member Demand by Visit Type Year to Date

Was the urgent care visit scheduled?



Visit Type:



Most Popular Day for Visits
Year to Date

Tuesday

Most Popular Time for Visits
Year to Date

8AM - 10AM

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

Supporting your population

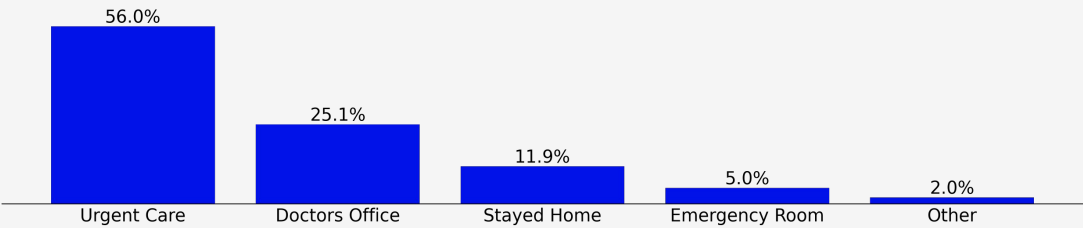


Member access, demographics, and experience

Without Included Health, where would you have gone?

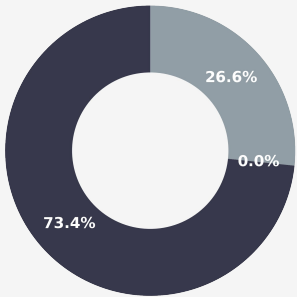
■ Percent Response Year to Date

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



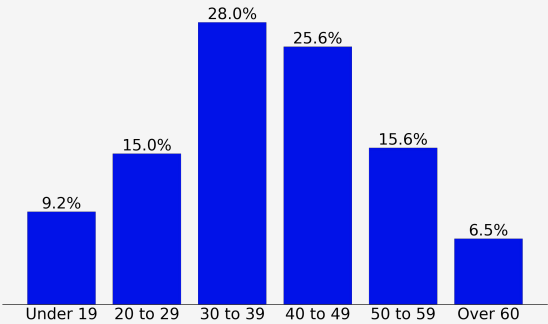
Visits by Reported Gender Year to Date

■ Female ■ Male ■ Other



Visits by Age Year to Date

■ Percent Distribution



Member Experience Metrics	November	Year to Date
Average Member Rating	4.9 / 5 (N = 211)	4.9 / 5 (N = 1,993)
Median Wait Time for On-Demand Medical Appointments	2.1 min	3.7 min
Median Days to Scheduled Appointment (BH)	13.0 days	9.0 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)	362
Cold	326
Cough	260
Anxiety	186
Sore throat	186
Other injury	174
Eye issue	153
Nasal congestion	134
Earache	104
Prescription refill	99

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits Year to Date
Anxiety disorders	895
Other upper respiratory infect..	874
Mood disorders	455
Urinary tract infections	345
Adjustment disorders	277
Administrative/social admission	226
Attention-deficit conduct and ..	162
Inflammation; infection of eye..	161
Viral infection	158
Bacterial infection; unspecifi..	118

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

452 Prescriptions This Month	78.7% of Medical and Psychiatry visits resulted in a prescription order Year to Date	14 Lab Orders This Month	3.5% of Medical visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count (YTD)
benzonatate 200 mg capsule	246
nitrofurantoin monohydrate/mac	217
albuterol sulfate hfa 90 mcg/a	209
amoxicillin 875 mg-potassium c	208
prednisone 20 mg tablet	175
fluticasone propionate 50 mcg/	156
azelastine 137 mcg (0.1 %) nas	142
ondansetron 4 mg disintegratin	118
fluconazole 150 mg tablet	98
doxycycline hyclate 100 mg cap	80

Top Labs	Count (YTD)
urinalysis complete, reflex culture	44
cmp, serum or plasma	21
culture, urine	18
urinalysis, complete	14
cbc w/ auto diff	13
rpr (rapid plasma reagin), serum	12
unlisted lab	10
hba1c (hemoglobin a1c), blood	10
lipid panel, serum	10
tsh + free t4, serum	9



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	Medical visits refer to on-demand and/or scheduled encounters with our multidisciplinary team of clinicians. Urgent Care: Our Everyday & Urgent Care solution offers accessible video-first care for acute needs. Our multidisciplinary team of employed clinicians provide 24/7 care on demand or by appointment to improve access to care and deliver a better care experience. Providers are cross-trained in behavioral health, primary dermatology, and geriatric medicine, to treat a wide range of everyday & urgent care and behavioral health needs including cold, flu, UTIs, sinus infections, along with anxiety and depression Virtual Primary Care - With Primary Care, we provide 24/7 care across the full continuum of member needs, including physical - acute, preventive and chronic - and behavioral for engaged members.
ICD-10 Code and Description	Describes the top international classification of diseases for diagnoses, symptoms, and procedures recorded by our clinicians as a result of the visit.
Member Rating	Average visitor rating of 1-5 stars submitted upon visit completion.
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
December 2025**

Member Engagement



38

Registrations This Month

340

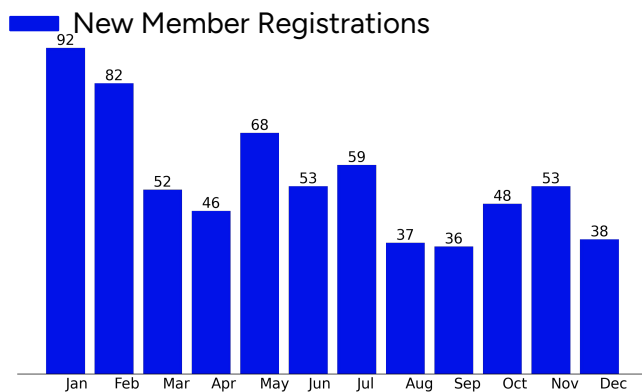
Unique Visitors This Month

401

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

14,002

Registrations
Lifetime to date

28.6%

Registration Rate
Lifetime to date

-

Employee
Covered Lives

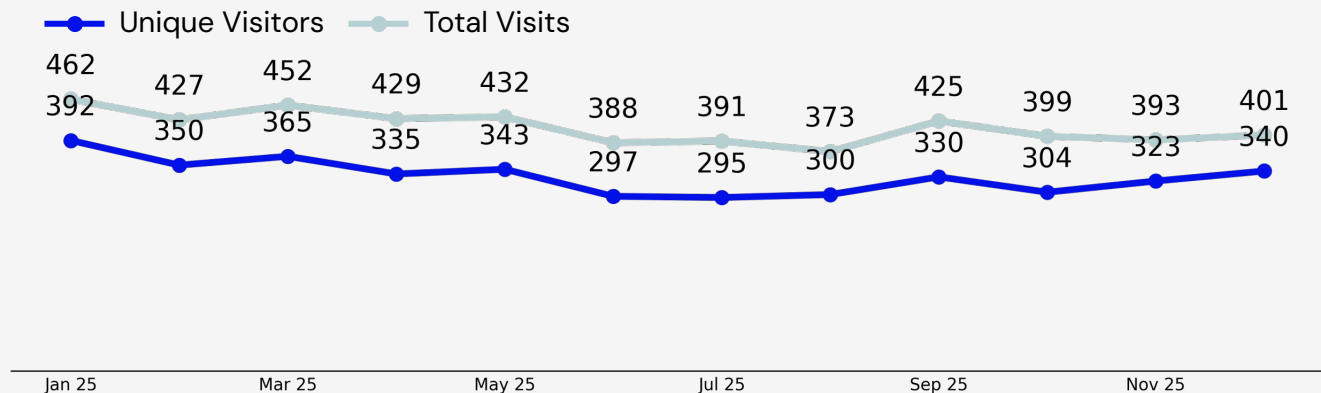
664

Registrations
Year to Date

1.4%

Registration Rate
Year to Date

Visits Last 12 Months



27,690

Visits
Lifetime to Date

8,330

Unique Visitors
Lifetime to Date

3.3

Avg Visits Per Visitor
Lifetime to Date

17.0%

Engagement Rate
(Visitors/Lives)
Lifetime to Date

4,972

Visits
Year to Date

2,110

Unique Visitors
Year to Date

2.4

Avg Visits Per Visitor
Year to Date

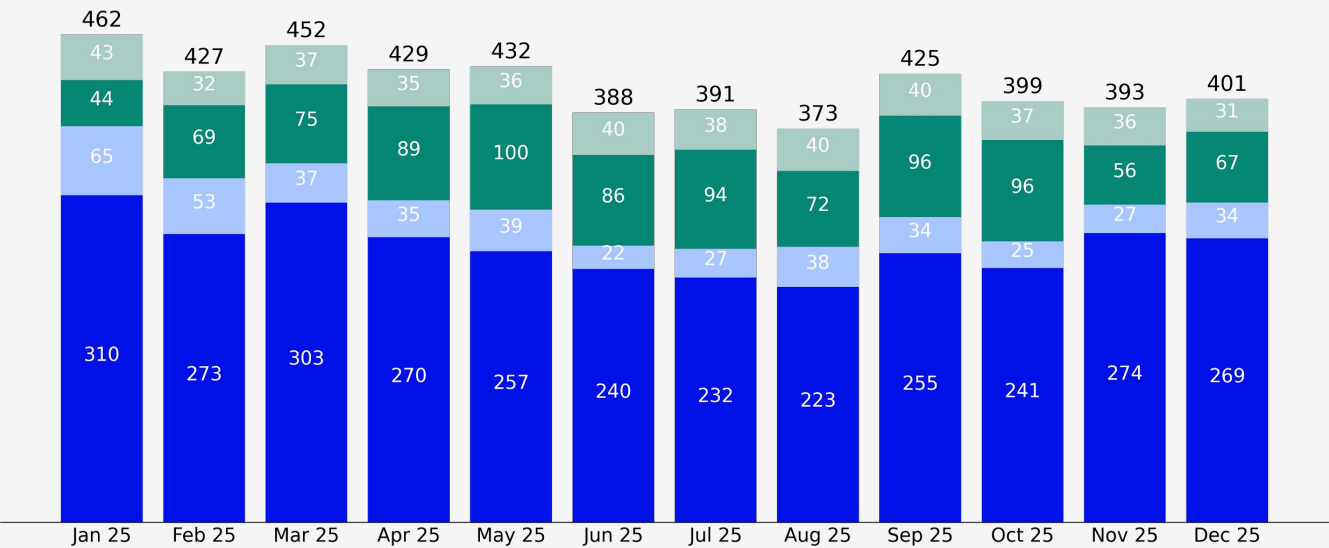
4.3%

Engagement Rate
(Visitors/Lives)
Year to Date

Medical & Behavioral Health Visits (Rolling) - 4,972 Visits

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

9
Rolling 90 Days
Cumulative YTD to Date



Member Demand by Visit Type Year to Date

Was the urgent care visit scheduled?



Visit Type:



Most Popular Day for Visits
Year to Date

Monday

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

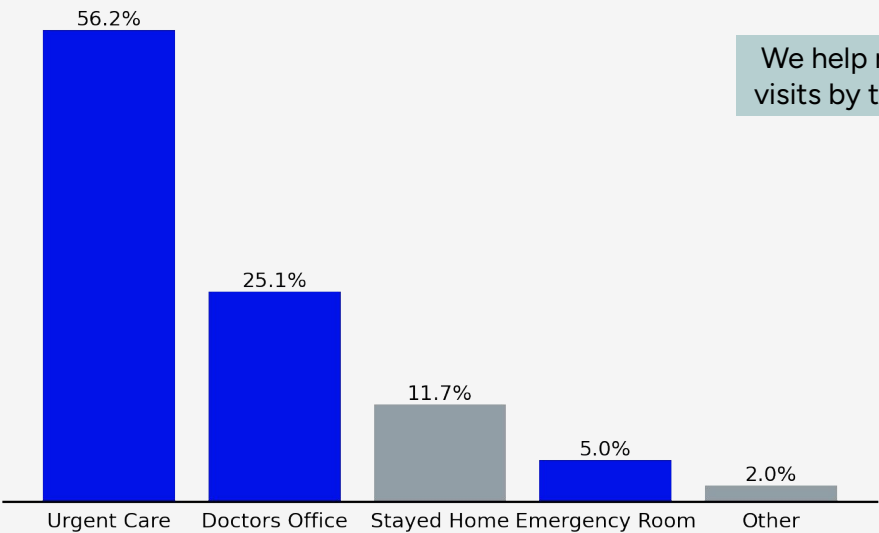
Supporting your population



Member access, demographics, and experience

Without Included Health, where would you have gone?

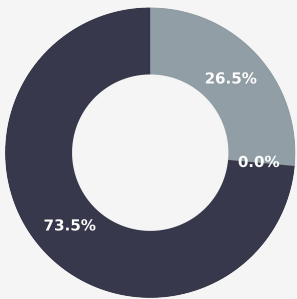
Percent Response Year to Date



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

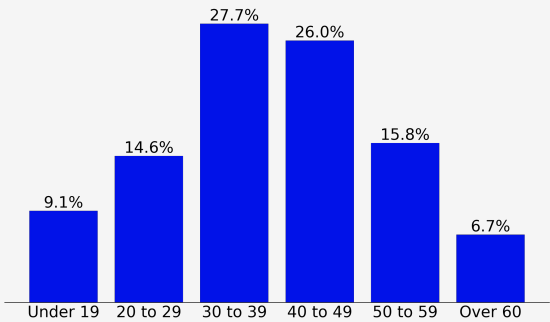
Visits by Reported Gender Year to Date

Female Male Other



Visits by Age Year to Date

Percent Distribution



Member Experience Metrics	December	Year to Date
Average Member Rating	4.9 / 5 (N = 232)	4.9 / 5 (N = 2,227)
Median Wait Time for On-Demand Medical Appointments	11.1 min	4.0 min
Median Days to Scheduled Appointment (BH)	18.0 days	10.0 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)	385
Cold	373
Cough	290
Sore throat	206
Anxiety	201
Other injury	187
Eye issue	164
Nasal congestion	152
Earache	119
Prescription refill	107

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits Year to Date
Other upper respiratory infect..	985
Anxiety disorders	960
Mood disorders	498
Urinary tract infections	367
Adjustment disorders	298
Administrative/social admission	240
Viral infection	174
Attention-deficit conduct and ..	172
Inflammation; infection of eye..	170
Bacterial infection; unspecifi..	154

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

468 Prescriptions This Month	78.8% of Medical and Psychiatry visits resulted in a prescription order Year to Date	8 Lab Orders This Month	3.3% of Medical visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count (YTD)
benzonatate 200 mg capsule	277
amoxicillin 875 mg-potassium c	249
nitrofurantoin monohydrate/mac	230
albuterol sulfate hfa 90 mcg/a	222
prednisone 20 mg tablet	194
fluticasone propionate 50 mcg/	177
azelastine 137 mcg (0.1 %) nas	162
ondansetron 4 mg disintegratin	127
fluconazole 150 mg tablet	114
doxycycline hyclate 100 mg cap	92

Top Labs	Count (YTD)
urinalysis complete, reflex culture	46
cmp, serum or plasma	21
culture, urine	18
urinalysis, complete	14
cbc w/ auto diff	13
rpr (rapid plasma reagin), serum	12
unlisted lab	10
lipid panel, serum	10
hba1c (hemoglobin a1c), blood	10
tsh + free t4, serum	9



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.
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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.

12.11

12. Vendor Reports for the period ending December 31, 2025.

(Information/Discussion)

12.1 Q2 UMR – Obesity and Diabetes Care Management

12.2 Q2 Sierra Healthcare Options and UnitedHealthcare Plus Network –
PPO Network

12.3 Q2 UnitedHealthcare Basic Life Insurance

12.4 Q2 WTW’s Individual Marketplace (VIA Benefits) Enrollment and
Performance Report

12.5 Q2 CDHP Performance Review

12.6 Q2 LD PPO Performance Review

12.7 Q2 EPO Performance Review

12.8 Q2 HPN Performance Review

12.9 Q2 Dental Performance Review

12.10 Q2 Doctor on Demand Engagement Report

12.11 Q2 Real Appeal Performance Report



Real Appeal

State of Nevada

Data through December 2025

Dashboard Report



1,900

Enrollment

Members enrolled since program inception*



85%

At-Risk

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



1,038

Engagement

Members attending one or more coaching sessions



83

Currently Engaged

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

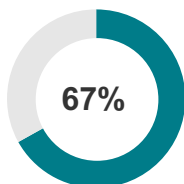


**Member
Satisfaction
Rating
4.84**

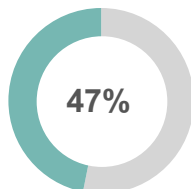
*Data since program inception, unless an alternative date range has been specified on the cover page.

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



745
**Members Reporting
Weight Loss**
6,958
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



1,900

Enrollment

Members enrolled since program inception*



85%

At-Risk

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



1,038

Engagement

Members attending one or more coaching sessions



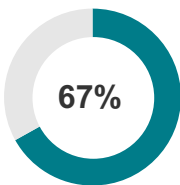
83

Currently Engaged

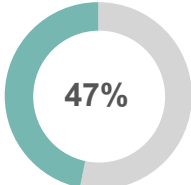
Members actively engaged due to logging activity within the last six weeks

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



745

Members Reporting
Weight Loss

6,958

Total Pounds Lost

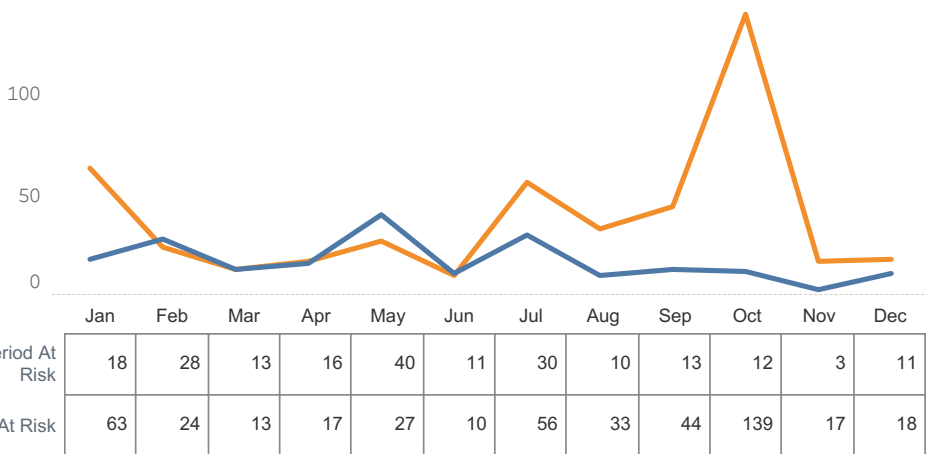
5%+ Loss: Real Appeal Expectations **33%**

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

Enrollment Summary



1,900

Enrollment

Members enrolled since program inception*



1,617

At-Risk

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



37

Re-Enrolled

Members who completed the programs and enrolled for another period



83

Currently Engaged

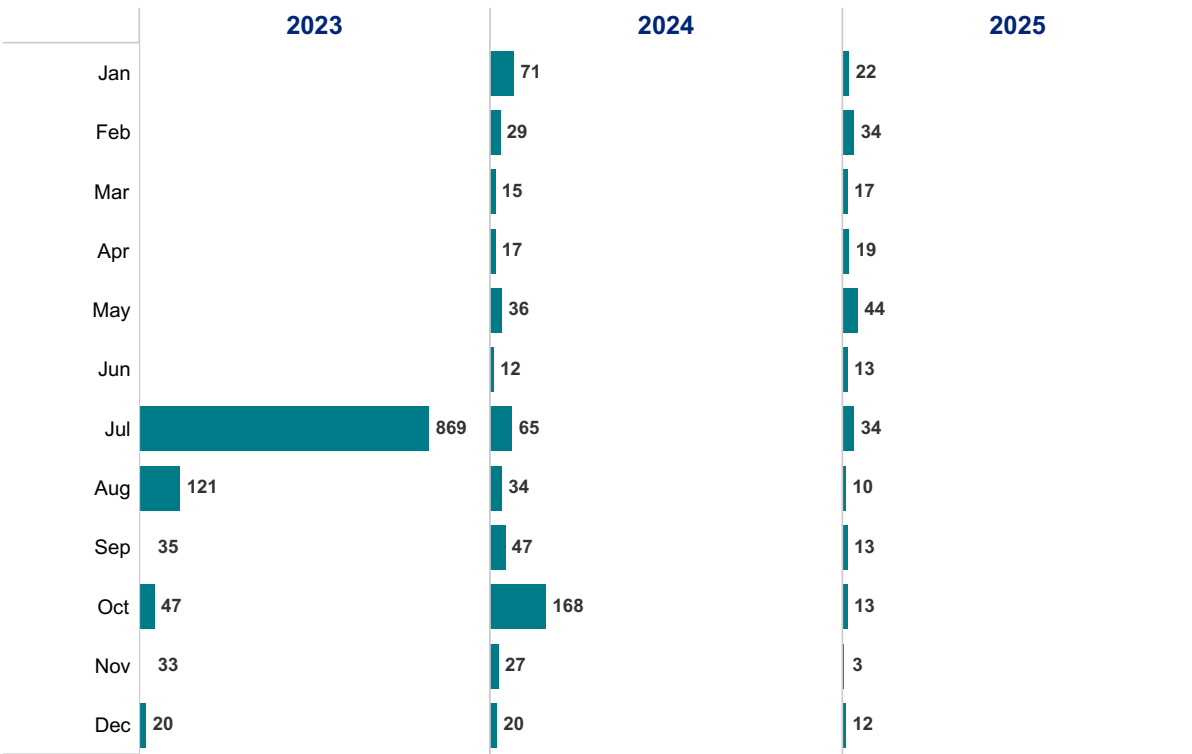
Members actively engaged due to logging activity within the last six weeks

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

Enrollments by Year

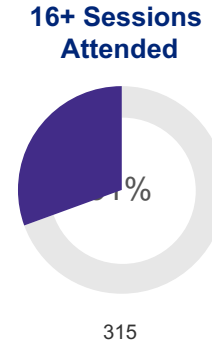
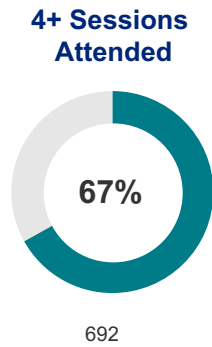
Grand Total	2023	2024	2025
1,900	1,125	541	234

Enrollments by Month



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	4	0	0%	0	0%	0	0%	0	0%
4 - 8 Weeks	3	1	33%	0	0%	0	0%	0	0%
9 - 15 Weeks	11	7	64%	4	36%	0	0%	0	0%
16 - 25 Weeks	30	21	70%	12	40%	4	13%	0	0%
26 - 52 Weeks	990	663	67%	467	47%	311	31%	146	15%
Grand Total	1,038	692	67%	483	47%	315	30%	146	14%

At-Risk Outcomes



745
Members with
Weight Loss



6,958
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	1,038	1,020	684	479
3%+ Loss	33%	33%	44%	50%
5%+ Loss	19%	19%	26%	30%
Total Weight Loss	4,463	4,420	3,952	2,626
Avg. Start lbs.	214.8	214.7	213.7	213.4
Avg. lbs. Loss	4.3	4.3	5.8	5.5
Avg. % lbs. Loss	2.0%	2.0%	2.7%	2.6%

At-Risk 5%+ Weight Loss

2025 19%

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	217.9	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.

Optum

Real
Appeal

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Enrollee Characteristics & Outcomes

BMI

** 23 24.9	25 29.9	> 30
131 7%	563 30%	1,206 63%

Medical Need

At Risk	Not At Risk

Gender

Female	Male

Plan Member Type

Employee	Spouse/Other
1,812 95%	88 5%

Age Range

18 29	30 39	40 49	50 64	65 69	70+
109 6%	435 23%	529 28%	707 37%	88 5%	32 2%

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

Attendance & Weight Loss

		% 4+	5%+ Loss
>=30	Female	66.1%	18.5%
	Male	61.7%	16.7%
25-29.9	Female	66.9%	18.1%
	Male	54.7%	20.3%
** 23-24.9	Female	55.4%	13.8%
	Male	42.9%	0.0%

Book of Business Attendance & Weight Loss

		% 4+	5%+
>=30	Female	73.4%	21.1%
	Male	68.2%	22.7%
25-29.9	Female	66.5%	17.6%
	Male	57.1%	16.2%
18.5-24.9	Female	47.9%	13.9%
	Male	37.7%	9.5%

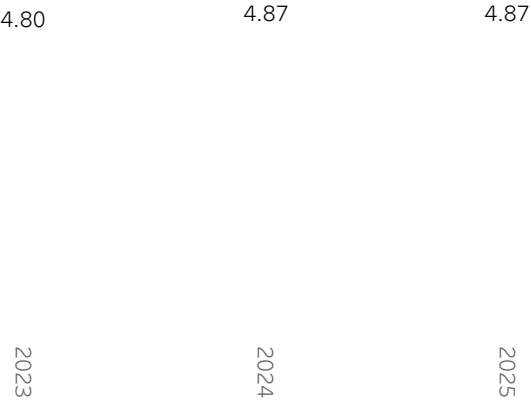
Member Satisfaction



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 **5,347**

Registration & Enrollment

Relationship

	Relationship	Grand Total	2023	2024	2025
Registered	Employee	1,874	1,099	549	226
	Spouse/Other	93	67	9	17
Disqualified	Employee	62	37	17	8
	Spouse/Other	5	4	0	1
Enrolled	Employee	1,812	1,062	532	218
	Spouse/Other	88	63	9	16
At-Risk	Employee	1,541	897	454	190
	Spouse/Other	76	54	7	15
Not At-Risk	Employee	271	165	78	28
	Spouse/Other	12	9	2	1
Re-Enrolled	Employee	37	0	19	18
	Spouse/Other	0	0	0	0

Month

	Total	January	February	March	April	May	June	July	August	September	October	November	December
Registered	243	22	35	17	19	45	14	39	10	13	13	4	12
Disqualified	9	0	1	0	0	1	1	5	0	0	0	1	0
Enrolled	234	22	34	17	19	44	13	34	10	13	13	3	12
At-Risk	205	18	28	13	16	40	11	30	10	13	12	3	11
Not At-Risk	29	4	6	4	3	4	2	4	0	0	1	0	1
Re-Enrolled	18	0	3	0	2	4	1	3	2	1	1	0	1

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.