



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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



Stacie Weeks
Director

Nik Proper
Interim Executive Officer

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program

Date and Time of Meeting: July 31, 2025 9:00 a.m.

Video Conferencing: **This meeting will 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/DwNzksnPvA>**

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/84226471819>

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: 842 2647 1819 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. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three-minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. The total time allotted to public comment may be limited to one hour at the discretion of the chairperson. As noted above, members of the public may make public comment by using the call-in number provided above. Persons unable to attend the meeting in person or by telephone and persons whose comments may extend past the three-minute time limit may submit their public comment in writing by uploading your document to the [Public Comment Upload Form](#) located under [Contact Us](#) on the PEBP website, <https://pebp.nv.gov>, no later than two business days prior to the meeting. **If you need ADA accommodation, please let us know by 4:00 pm two days before the board meeting so that we may make appropriate arrangements.** Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

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

4. Applicant interviews for position of the Executive Officer of PEBP. (For Information)

4.1 Applicants to be interviewed: (approximately 1 hour per interview)

- Theresa Carsten
- Holly Luna

5. Discussion and possible action regarding recommendation to the Director of the Nevada Health Authority and the Governor regarding the appointment of the Executive Officer of the Public Employees' Benefits Program, pursuant to NRS 287.0424(1). (Joy Grimmer, Board Chair) **(For Possible Action)**

6. Consent Agenda. (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.1 Approval of Action Minutes from the May 22, 2025 PEBP Board Meeting.

6.2 Receipt of quarterly staff reports for the periods ending March 31, 2025 and June 30, 2025:

6.2.1 Q4 Budget Report

6.2.2 Q3 Utilization Report

- 6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:
 - 6.3.1 Q3 UMR – Obesity Care Management
 - 6.3.2 Q3 UMR – Diabetes Care Management
 - 6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management
 - 6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
 - 6.3.5 Q3 Express Scripts – Summary Report
 - 6.3.6 Q3 Express Scripts – Utilization Report
 - 6.3.7 Q3 UnitedHealthcare – Basic Life Insurance
- 6.4 Approval of PEPB's revised Language Access Plan
- 6.5 Receipt of 2025 Legislative Session Recap
- 7. Executive Officer Report. (Nik Proper, Interim Executive Officer) (Information/Discussion)
- 8. Discussion and possible action on recommended Plan Design and Master Plan Document changes for Plan Year 2026 (July 1, 2025 – June 30, 2026) and Plan Year 27 (July 1, 2026 – June 30, 2027). (Leslie Bittleston, Quality Control Officer) **(For Possible Action)**
- 9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of January 1, 2025 – March 31, 2025. (Joni Amato, CTI) **(For Possible Action)**
- 10. Discussion and possible action on Pharmacy Benefit Manager Market Check. (Richard Ward, Segal) **(For Possible Action)**
- 11. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitation. (Michelle Weyland, Chief Financial Officer) **(For Possible Action)**
 - 11.1 Contract Overview
 - 11.2 New Contracts
 - 11.3 Contract Amendments
 - 11.4 Status of Current Solicitations
- 12. Election of Board Chair.¹ Eligible candidates are Joy Grimmer, Janell Woodward, Laura Rich, Jim Wells, Jennifer McClendon, Jim Barnes. (Joy Grimmer, Board Chair) **(For Possible Action)**

¹ The Chair was previously appointed by the Governor. Effective July 1, 2025, "the Board shall elect one of its members to serve as the Chair," while the Governor will designate one member to serve as Vice Chair. SB 494 §68.5, 83d Sess. (Nev. 2025) (amending NRS 287.0415). The statute provides that the Chair is to be elected "[a]t the beginning of each calendar year." The current election is intended to allow a Board member to act as Chair until an election can be held at the first Board meeting in 2026, in compliance with NRS 287.0415(2).

13. Public Comment.

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

14. Adjournment.

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

1.

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2.

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3.

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- Holly Luna

THERESA CARSTEN

DEPUTY ADMINISTRATOR, NEVADA MEDICAID

CONTACT



Carson City, Nevada, USA



EDUCATION

Bachelor of Arts, Psychology
With Distinction
July 2000-August 2002
University of Nevada, Reno

HOBBIES

Quilting
Travel
Attending Concerts
Holiday Baking with
Family

PROFILE

I am a native Nevadan, born and raised in the Reno/Sparks area. I worked for a local non-profit for seven years writing grants, and operating services funded by the United States Department of Agriculture, Food and Nutrition Services agency. I began my career with the Department of Health and Human Services in 2012. My expertise in the Department includes grants writing and management, benefit coverage policy, quality assurance and access to care, fiscal management, and contract compliance. During my career I have learned to read, interpret, and apply federal regulations, as well as Nevada Revised Statutes. As a previous member of the PEBP Board I am familiar with board requirements and processes.

PROFESSIONAL EXPERIENCE

DHCFP – Deputy Administrator

February 2023–Current

I serve as the Deputy Administrator over the Medical, Dental, and Behavioral Health Benefit Coverage teams, Quality, Access, and Availability teams, and the Managed Care and Dental Benefits Administrator teams within Nevada Medicaid. As a Deputy my main duties are managing personnel initiatives for forty-eight team members, monitoring the budget and contract authority for eleven contracts, ensuring contract compliance with state laws and federal regulations over several program areas, and securing benefit coverage for Nevada beneficiaries through the CMS state plan and waiver application processes.

DHCFP – Chief of Managed Care and Quality Assurance

December 2017–February 2023

The function of this position was to oversee contract compliance with multiple awarded Managed Care Entities, Pre-Ambulatory Health Plans, and External Quality Review Organization contracts. Additionally, ensure federal quality rules were achieved, and finally oversee the compliance work completed for our 1915(c) waivers and our 1915(i) state plan authorities. I held project management oversight over a team of eleven staff to ensure all unit duties were completed in compliance with state laws and federal regulations.

DPBH- Health Program Manager

December 2015–December 2017

As the Health Program Manager of the Rural Community Health Nursing program operated under the Community Health Services Agency, I was responsible for grant writing, implementation efforts of grant activities, budget monitoring, as well as supervising three staff to ensure community health nurses received necessary supplies to provide family planning, immunizations, and public health preparedness services in the rural and frontier counties of Nevada.

DHCFP- Social Services Program Specialist III

June 2014-December 2015

During this period, I was the Supervisor and Contract Manager over our Managed Care contracts, External Quality Review Organization Contract, and I monitored staff who performed contract monitor duties over our Primary Care Case Management vendor.

DHCFP-Social Services Program Specialist II

October 2012-June 2014

I began my career in Medicaid writing benefit coverage for outpatient mental health services, later I was also assigned the responsibility of working with our QIO-like fiscal agent to place and discharge youth that needed residential psychiatric treatment in out of state facilities.

Inter-Tribal Council of Nevada – Program Director

November 2010-July 2012

Women, Infants, and Children Program

As the director, I was responsible for operating clinic services at multiple remote tribal locations to ensure Nevada's Native American population had access to necessary food and nutrition services to ensure positive population health outcomes were achieved for families in our service areas. For the tribes to receive continued funding for services to occur on tribal lands we were funded to operate one urban clinic in Sparks, Nevada serving WIC eligibles in the Reno/Sparks area. I supervised a staff of 8 to ensure access to WIC services to Nevadans at our urban and tribal awarded locations.

Inter-Tribal Council of Nevada – Vendor Coordinator

April 2007-November 2010

As the vendor coordinator of this grant funded program, I ensured all contracted grocery stores in the state of Nevada were compliant with the distribution of the prescribed food packages provided to each client. In coordination with Nevada, WIC Program Vendor Coordinator, we implemented a nationwide food package change at the same time we moved Nevada's WIC clients from paper checks to an Electronic Benefits System.

Inter-Tribal Council of Nevada – Certified Nutrition Assistant

October 2005-April 2007

As a certified nutrition assistant in the WIC program, I met with clients that were eligible for services, provided evaluation and assessment services, and provided prescribed food packages to meet their nutrition goals. Also, as a certified lactation consultant I provided education and support to new mothers.

SKILLS

1. Over seven years of experience with procuring, contracting, and oversight of multiple insurance vendors that provide health care to over 700K Medicaid members, inclusive of network management, resolving claims and appeals issues, and resolving benefit design and related rate issues.
2. Nine years' experience working with contracted actuaries to use predictive modeling strategies to use risk adjustment and other related data to determine risk mitigation strategies for annual rate setting processes in Medicaid. A similar process to how PEBP works with actuaries to determine annual premiums and employer contributions.
3. Eight years advocating for members and providers through educating elected officials on federal requirements, member needs, and provider concerns. Experience providing clarifying testimony pertaining to the Medicaid coverage and reimbursement policies during public meetings, meetings with legislative members, as well as Nevada's Interim Finance Committee and Board of Examiners.
4. Fifteen years expertise overseeing program budgets for federal grant awards and State issued vendor contracts. Experience interpreting contract language, advising on clarifying amendments, and taking action against non-compliant vendors with penalties and sanctions to ensure fiduciary responsibilities to the taxpayers of Nevada were met.
5. Demonstrates the ability to lead cross-departmental collaborations to streamline project development processes.

REFERENCES

1. Stacie Weeks, Director
Nevada Health Authority
[REDACTED]
Carson City, Nevada 89701
[REDACTED]
[REDACTED]
2. Sandie Ruybalid, Chief Enterprise IT Officer
Nevada Health Authority
[REDACTED]
Carson City, Nevada 89706
[REDACTED]
[REDACTED]
3. Cody Phinney, Retired
Former Administrator
Division of Public and Behavioral Health
Department of Human Services
[REDACTED]



Theresa Carsten

Deputy Administrator,
Nevada Medicaid

CONTACT

[Redacted]
[Redacted]

30 JUNE 2025

Agency HR Services
ATTN: Eva Perez
[Redacted]
[Redacted]
Carson City, Nevada 89703

EVA PEREZ,

I'm reaching out to share my interest in the Public Employees Benefit Program Executive Officer position that was recently posted. I currently serve as the Deputy Administrator for Nevada Medicaid and have 20 years of experience performing duties such as personnel management, financial management, benefit analysis and design, providing data driven decisions, managing vendor relationships, cultivating positive relationships with stakeholders, and providing guidance to plan members and providers on coverage rules and processes.

I am highly organized and detail-oriented and have exemplary communication skills. I demonstrate strong analytical skills, and I have multiple years of experience implementing programs to comply with state laws and government regulations.

I am confident that I can be an asset to the Nevada Public Employees Benefit Program and make a positive contribution in this role. I am eager to have an opportunity to discuss my experience in further detail, and I look forward to hearing from you soon.

Please find attached my resume, which includes my three professional references, as well as the responses to the application questions.

Sincerely,

Theresa Carsten

1. Describe your professional experience working with a diverse stakeholder group and insurance. Specifically, include your experience with any health care providers, insurance carriers, third-party administrator vendors, a board of directors, active employee program members retired program members, or other individuals who receive insurance or benefits, and federal partners, state legislative bodies and other elected officials, including the Attorney General Office.

I have worked within the Nevada Department of Health and Human Services for nearly thirteen years, eleven of those years have been in roles serving Medicaid with a focus on 5 managed care plans, one providing dental services and 4 responsible for medical and behavioral health benefit coverage. During my career, I have worked extensively with a wide range of stakeholders in the healthcare and insurance field, managing operational responsibilities that required consistent communication, collaboration, and problem-solving across diverse groups.

I have worked with healthcare providers and managed care entities in countless projects involving network adequacy and management, carrier vendor oversight, claims resolution, and benefit design coordination. This includes negotiating carrier service contracts and rate setting with actuaries, resolving escalated provider issues, and ensuring state and federal regulatory compliance on both sides.

I have experience with PEBP as a state employee and a member of the PEBP board. During my time on the board, we have discussed benefit strategies, cost-containment opportunities, and plan performance metrics. This required comprehending complex actuarial and financial data to discuss plan operations and voting on actions which aligned with the board's fiduciary responsibilities and organizational values, while meeting the needs of the PEBP members served.

I have experience collaborating with federal partners like the Centers for Medicare & Medicaid Services (CMS) on federal regulatory compliance and data reporting requirements. On the state level, I've worked with state legislative bodies and elected officials to support policy initiatives and provide testimony and data on insurance-related impacts. I have also coordinated closely with the State Attorney General's Office on matters involving benefit litigation, provider and member fraud, rate setting, and contract negotiations and reviews.

This experience has equipped me with a vast understanding of the health insurance climate in Nevada and a deep appreciation for the nuances of serving a statewide diverse and vulnerable population. During my tenure, I have been dedicated to advocating for member access, health equity, state and federal compliance, and state fiscal responsibility in all areas I oversee and lead.

2. Describe your communication style with each of the following:

- a. **Direct Supervisor, Executive Management Team Members, and Other Professional Staff:**

My communication approach for this level of staff is to remain **clear, direct, priority and data-driven, and solutions focused**. My intention is to provide clarity, accountability, and focus on topics that will help the team achieve our goals in alignment with the mission.

- b. **A Board of Directors (if relevant in your current role):**

My current role does not consist of reporting to a board for decision making or oversight, however, when communicating as a member of the PEBP board, I believe it important to be **formal, transparent, and focused on the information available in order to drive decisions and outcomes that align with the mission of PEBP**. I have asked questions and communicated information that would be key for board members to consider prior to making an informed decision. I would use the same communication style when reporting to or presenting to a Board of Directors.

- c. **Elected Officials:**

I have extensive experience with communicating with elected officials on health coverage issues including explaining complex regulatory requirements and various impacts of legislative proposals and changes. My communication with elected officials is **respectful, nonpartisan, and aligned with public interest and policy relevance**. I focus on clear, brief messaging that highlights impact, legal or regulatory considerations, and aligns with shared priorities. I am professional while being accessible and responsive, especially when I am required to explain complex issues or while needing to advocate for support.

- d. **Other Member Constituencies or Stakeholders:**

Throughout my career, open and transparent communication has been central to my work in health care. While communicating with community members, providers, vendors, advocacy groups, partner organizations, and members, I always seek to remain **inclusive, honest, solution-oriented, and empathetic, with a focus**

on rapport building. I believe it is important to regularly engage stakeholders in a meaningful way, respond to concerns in a timely manner, and ensure that information is transparent and easy to understand.

3. Describe your contract, budgetary and financial management experience for health insurance or self-insured benefit programs in a public setting.

As a Deputy of Medicaid, overseeing managed care, I have a deep understanding of the issues affecting contract management and budget responsibility. Currently the multiple carrier contracts I am responsible for overseeing are worth over \$12 billion, altogether, in state and federal funds and affect over 800,000 covered lives in Nevada. The Medicaid managed care entities are paid approximately \$2.5 billion in state funds per state fiscal year, while our external quality review organization has a smaller budget of approximately \$2 million dollars per state fiscal year. Additional budgetary/fiscal duties, aside from budget development and carrier contract management, I have experience with drafting amendments, presenting funding requests to the Interim Finance Committee, consulting with actuaries to develop annual managed care rates, and developing and revising coverage policies in relationship to budget constraints and benefit changes. My main duties as a deputy related to contract management have been leading vendor procurement, negotiation, and selection in addition to ensuring contract compliance and oversight of carrier vendors, as well as risk mitigation and management efforts.

4. Describe the approach you would take in working with the Director and PEBP Board to set benefit plan design priorities and ensure member needs are met.

As of July 1, 2025, PEBP will operate under the new Nevada Health Authority, and I think it is imperative to have a critical understanding of the Nevada Health Authority Director's vision for PEBP, and how that may impact the status of PEBP's current goals and objectives in a manner that ensures the Board's participation and influence in setting actionable goals for improving coverage under PEBP.

Once the transition efforts have been settled, my goal would be to ensure communications with the PEBP board would remain consistent in frequency with updates that are relevant and understandable to the Board and stakeholders to ensure full engagement of all parties in goal setting.

It appears, outside of legislative session, the board meets approximately every other month, where the Executive Officer presents information to the board. If more frequent meetings need to be scheduled to discuss benefit plan design priorities, then I would request that the chair schedule special board meetings as needed.

As for meeting with the Director, I would actively engage as a member of the NVHA leadership team and meet regularly with the Director to ensure transparency and accountability. My job would be to balance the needs of the Board, members, and NVHA, while ensuring transparency for all parties, in a manner that moves PEBP forward.

5. Please include a description of your management and leadership style, along with recent successes and why they were successes and how they are relevant to the role you are applying for with the Nevada Health Authority.

I would describe my leadership style as situational, but vision focused, meaning it is heavily dependent on the team needs and the situation at hand, yet the vision of the agency remains paramount. Teams are diverse; one individual may not respond as favorable to a specific style of management and leadership than another. It is important to meet people where they are and understand what drives and motivates them and help align their strengths with the agency's mission and work. A leader that is not willing to analyze and adjust how they lead and communicate will miss opportunities to grow staff and create stronger united teams. However, it is also important to note that agency demands may dictate a more direct and swift approach under certain circumstances. Of the different management styles, I lean primarily towards a **democratic, coaching, and goal-oriented focus while requiring accountability and integrity in the work.**

One of Medicaid's most recent successes was collaborating with a vendor to develop a request for proposal for statewide managed care coverage. I worked with staff early to determine the expectations of each member's role on the team and the level of participation required of each subject matter expert. Afterwards, I would engage when necessary to prompt staff to inquire more about specific areas and seek to empower them to discuss the options amongst themselves and then provide administration with vetted recommendations. This allowed staff to critically think on their own and as a group to find solutions to problems that were new to them and to the agency, while also allowing them the support that administration would make final decisions based on their thorough analyses.

I believe experiences like this demonstrate an adaptable leadership style, specific to the individual and situation at hand. Assessing employee strengths to identify training needs and support will grow employee competence and assist with developing long-term capabilities for the agency. Having staff that are trained, confident, and committed will not only serve the agency better, but will also serve the members seeking PEBP services, which I believe is one of the goals of the Nevada Health Authority.

6. Describe your philosophy on the development of staff and the successes you have had with this approach.

"A sign of a good leader is not how many followers you have, but how many leaders you create." -Mahatma Gandhi

I believe it is important to learn where your staff's current skill sets are and understand where they want to go. Do they have individual goals and objectives for themselves? Are staff empowered to voice and execute their own ideas? Do staff feel supported enough to ask for clarity and support? It is important to support staff so they can excel, while allowing opportunity for new growth, professionally.

One of my greatest joys has been watching staff grow and take on new roles. One employee who was an Administrative Assistant was able to professionally be promoted over time to a Social Services Chief III in Medicaid in a 15-year time span. As an AA this employee confided in me that she would never be a supervisor because she would never want to "be in charge of people." Years later, I asked her to apply for a supervisory position in Medicaid, and she asked, "How many people do I have to supervise?" Luckily, she did take the supervisory position as it supervised one person, we raised her confidence, leadership skills, and eventually the team she supervised. Now, she serves as Chief over a team of 18 employees, and although I know one hundred percent this achievement is a result of her hard work and dedication, I am extremely proud to have had a role in guiding, supporting, and promoting her success all these years.

Also, sometimes developing staff means telling them they won't grow where they are currently planted. I had a brilliant staff member working for me in a supervisory role. She was expanding her knowledge in contracts, and she had strong leadership skills. However, during one legislative session she expressed frustration with the legislative process and some requirements that were placed on our division. I had an honest conversation with her about her skillset and her growth trajectory in the division. I asked her about her goals and if our visions matched, and she conveyed that she was disheartened by the bureaucratic processes. We talked about how continually working in state government may not bring her fulfillment. I assured her that her work was excellent, and she had a place on my team, but I encouraged her to question whether she could continue to work in government when she was so frustrated with it. A week later, she notified me that she told her husband about our discussion, and her dream was to go to school for nutrition. So, she quit, but she has graduated, and she has a business in health and fitness. Her courage to follow her passion turned into a huge success for her, and although it was an initial loss for Medicaid it would have been worse to have an unsatisfied employee who was not reaching her potential. So, I consider these types of scenarios a success as well.

I have been extremely blessed to not just successfully lead employees or agencies, but to lead individuals. Our agencies are successful because of the people that serve them, and it is my privilege to serve the staff, the agency, and the people of Nevada. And I would be honored to be able to do the same for PEBP.

7. Describe your vision for the role as Executive Director of PEBP and how your experience and qualifications would support the mission of PEBP as part of the Nevada Health Authority.

I am excited to see PEBP might be able to increase its buying power and value in coverage under the Nevada Health Authority in a way that brings PEBP members quality benefits at a more affordable price. We have all seen year after year, regardless of utilization trend, the costs of healthcare and pharmaceuticals increase. With a self-insured plan that has historically had to reduce benefits and/or increase premiums to address inflation, I am interested in learning from a regulatory and contractual perspective how the "purchasing power" under the Nevada Health Authority will positively impact our employees and retirees.

Additionally, I am eager to look at the options of contractually strengthening network requirements in our contracts and accountability for third-party payers to ensure members retain access to providers they have had in the areas they live and work.

HOLLY LUNA

Details



Core Competencies

Staff Development & Team Building

Strategic Planning

Budget & Financial Management

Procurement & Contracting

Data-Driven Policy Analysis

Certification

Certified Manager, AAAE

Profile

Dynamic leader with extensive experience in finance and public agency management, driving impactful outcomes across diverse sectors. Expertise in strategic planning, budget management, and regulatory compliance and fosters strong partnerships with governing boards and key stakeholders. Proven ability to lead large-scale programs, implement sophisticated ERP systems, and negotiate complex contracts. Committed to transparency and integrity, consistently delivering results through data-driven approaches and effective team collaboration. Acknowledged for a service-oriented mindset and a strategic vision that aligns organizational goals with operational excellence.

Employment History

Project Controls Director at Reno-Tahoe Airport Authority, Reno

AUGUST 2024 – PRESENT

- Oversaw programmatic controls and performance reporting for \$1B airport construction program.
- Designed Executive Summary, dynamic dashboards, KPIs, and compliance protocols for stakeholder engagement and budget monitoring.
- Spearheaded cross-departmental collaboration to evaluate funding sources and ensure adherence to federal grant compliance.
- Chaired Business Intelligence Committee, establishing agency-wide data management standards to drive strategic decision-making through prioritized data requests and innovative reporting solutions.

Director of Contracts & Procurement at Reno-Tahoe Airport Authority, Reno

DECEMBER 2017 – JULY 2024

- Directed agency-wide ERP implementation, enhancing operational efficiency.
- Developed comprehensive training and policy manuals for enterprise-wide application.
- Facilitated complex solicitations and vendor contracts.
- Ensured adherence to statutory requirements and regulatory compliance frameworks.
- Oversaw procurement processes for federally funded and complex construction projects.
- Fostered partnerships with key stakeholders to align organizational goals with strategic initiatives.

Chief Financial Officer at Douglas County School District, Minden

JULY 2006 – FEBRUARY 2017

- Managed 5 departments, overseeing 110+ employees, and optimized cross-departmental collaboration.
- Forecasted \$80M+ annual budget and executed a comprehensive 10-year Facilities Master Plan.
- Chaired self-funded health insurance and workers' compensation programs while balancing first-class employee benefits with fiscal sustainability.
- Achieved over \$500K in annual energy savings through successful DOE project implementation and Better Buildings Challenge.
- Acted as District's fiscal representative, monitoring Legislative Counsel Bureau requests and timely reporting during bi-annual legislative sessions.

Education

MBA, Business Administration, San Jose State University
BS, Finance & Accounting, University of Montana

July 4, 2025

Agency HR Services
Attention: Eva Perez

Carson City, NV 89703

Re: Letter of Interest – Executive Officer, Public Employees’ Benefits Program (PEBP)

Dear Ms. Perez and Members of Selection Committee,

Please accept this letter of interest in support of my application for the Executive Officer position at the Public Employees’ Benefits Program (PEBP). With extensive cross-sector experience in public benefit administration, government finance, stakeholder engagement, and private-sector fiscal management, I bring a well-rounded background aligned with the goals and responsibilities of this position.

1. Stakeholder and Insurance Experience:

As CFO of Douglas County School District, I had direct oversight of actuarially sound, self-funded health insurance and workers' compensation programs. I collaborated with third-party administrators, health insurance carriers, actuaries, and consultants to optimize plan design and ensure long-term sustainability. I regularly collaborated with collective bargaining groups and provided strategic updates and key insights to the Board of Trustees, supporting informed decision-making on critical policy and operational matters.

2. Communication Style:

My communication style is strategic, clear, and stakeholder-aware:

- With leadership teams and peers, I value transparency and data-informed discussions to drive outcomes.
- When reporting to governing boards, I present detailed, policy and mission-aligned analysis and financial summaries.
- When engaging with legislators and state agencies, I provide timely responses that are concise and regulatory compliant.
- When engaging with plan participants and key stakeholders, I emphasize clarity, responsiveness, and a service-oriented approach rooted in accessibility and accuracy.

3. Contract, Budgetary and Financial Management:

I have developed, implemented, and managed public-sector budgets with a strong focus on fiscal responsibility and long-term sustainability. This includes administering multi-year Capital Improvement Plans and overseeing comprehensive financial forecasting to ensure sound fiscal stewardship. At the Airport Authority, I served in a leadership capacity for contracts and procurement, managing federally compliant solicitations and agency-wide contract oversight. I was responsible for developing and maintaining contract templates, procurement guidelines, and compliance documentation aligned with Nevada Revised Statutes and federal regulations, including stringent grant requirements.

4. Approach to Plan Design and Member Needs:

I would take a balanced and data-driven approach to plan design. I believe participant feedback, cost trend analysis, and actuarial modeling must inform benefit decisions. My process would prioritize both financial sustainability and member access to care. I would partner closely with the PEBP Board and the Director of the Nevada Health Authority to ensure plan adjustments align with state budgets, statutory responsibilities, actuarial recommendations, and member health outcomes.

5. Leadership Style and Recent Successes:

I lead with a collaborative, mission-driven approach and focus on trust, accountability, and long-term impact. I foster a culture of professional growth and continuous improvement, ensuring staff are empowered and equipped for success. As Director of Contracts & Procurement at the Airport Authority, my team achieved a 100% participation rate in the agency's annual organizational culture assessment survey. As a team, we demonstrated year-over-year improvement across all measured indices—including mission alignment, consistency, involvement, and adaptability. Additionally, our department received one of the highest departmental scores each year, and yet still reflected incremental improvement. This outcome reflects my leadership approach: providing strategic guidance and support while empowering individuals to lead within their areas of responsibility. This success is particularly relevant to the PEBP role, as it underscores my ability to cultivate a high-performing, engaged, and resilient team culture that supports agency-wide goals through collaborative, results-oriented management style.

6. Staff Development Philosophy:

I am committed to cultivating a high-trust, autonomous work environment where employees feel ownership and are supported with tools, guidance, and training. I invest in professional growth, cross-training and mentoring to build resilient teams capable of taking initiative and adapting to change. Throughout my leadership roles, I have successfully recruited, developed, and retained high-performing teams by fostering transparency, recognition, and purpose.

7. Vision for PEBP Executive Officer Role:

My vision is to lead PEBP with clarity, fiscal responsibility, and commitment to the mission of providing high-quality benefits to Nevada's public employees and retirees. I would prioritize operational transparency, participant engagement, regulatory compliance, and plan performance. I am confident my background in benefit administration, legislative relations, public agency finance, and stakeholder alignment would add value to the Nevada Health Authority and PEBP Board.

Thank you for your time and consideration. As requested, I have included my resume along with three professional references meeting the stated requirements. I look forward to the opportunity to support PEBP's continued success and to serve the State of Nevada.

Sincerely,

Holly Luna



Encl. (3)

Professional References

Randall O. Carlton

Chief Finance and Administration Officer

Reno-Tahoe Airport Authority

[REDACTED]

[REDACTED]

Former supervisor during my tenure as Director of Contracts and Procurement

Christopher Cobb, P.E.

Director of Facilities & Maintenance

Reno-Tahoe Airport Authority

[REDACTED]

[REDACTED]

Peer; collaborated frequently with him and his departments during my position as Director of Contracts and Procurement

Jill N. Atkinson [letter of recommendation attached]

Chief Human Resources Officer

State of Nevada, Attorney General's Office

[REDACTED]

[REDACTED]

Former colleague; collaborated frequently with her during my position as Director of Contracts

Letter of Recommendation

July 4, 2025

Public Employees' Benefits Program
Agency HR Services
Attention: Eva Perez
[REDACTED]
Carson City, NV 89703

Dear Members of the Selection Committee,

I am pleased to offer my strongest recommendation of Holly Luna for the Executive Officer role with the Public Employees' Benefits Program (PEBP).

Holly holds a Master of Business Administration and brings a rare blend of financial leadership, operational strategy, and public sector expertise—rooted in decades of meaningful service in Nevada. Her executive experience includes serving as Chief Financial Officer for the Douglas County School District, where she oversaw complex public budgeting, strategic planning, and employee benefits, including administration of a self-funded health insurance program—competencies that align directly with the responsibilities of the Executive Officer.

In my role as Senior Human Resources Business Partner at the Reno-Tahoe Airport Authority, I worked alongside Holly for many years. She joined as Director of Purchasing and immediately distinguished herself with deep knowledge of Nevada's public procurement laws and exceptional skill in contract negotiation and administration—competencies essential to PEBP's operational success and compliance obligations.

Recognizing her leadership capacity, Holly was selected to lead our enterprise resource planning (ERP) system implementation. She applied disciplined project management, built cross-functional alignment, and translated complex financial and operational requirements into clear, actionable business processes. Her success in aligning diverse stakeholders, meeting project milestones, and delivering high-quality outcomes reflects her ability to lead through change.

Holly leads with integrity, strategic foresight, and a clear communication style that fosters transparency and trust. She consistently delivers concise, credible briefings to executives and boards, supports sound decision-making, and represents organizational interests with clarity and professionalism. She is equally committed to people leadership—developing talent, empowering teams, and fostering a culture of accountability and collaboration.

Holly is uniquely prepared to lead PEBP through a period of transition and opportunity. Her deep experience in fiscal oversight, self-funded health plan administration, risk and contract management, and her ability to navigate complex public environments make her a standout candidate. She understands Nevada's public sector, values public service, and brings a people-centered, results-driven approach to everything she does.

I recommend Holly without reservation. Please feel free to contact me if I can provide further insight.

Sincerely,



Jill N. Atkinson, Chief Human Resources Officer
[REDACTED]

5.

5. Discussion and possible action regarding recommendation to the Director of the Nevada Health Authority and the Governor regarding the appointment of the Executive Officer of the Public Employees' Benefits Program, pursuant to NRS 287.0424(1).
(Joy Grimmer, Board Chair) **(For Possible Action)**

6.

6. Consent Agenda. (Joy Grimmer, Board Chair) (All items for possible action)

- 6.1 Approval of Action Minutes from the May 22, 2025 PEBP Board Meeting.
- 6.2 Receipt of quarterly staff reports for the period ending March 31, 2025 and June 30, 2025:
 - 6.2.1 Q4 Budget Report
 - 6.2.2 Q3 Utilization Report
- 6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:
 - 6.3.1 Q3 UMR – Obesity Care Management
 - 6.3.2 Q3 UMR – Diabetes Care Management
 - 6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management
 - 6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
 - 6.3.5 Q3 Express Scripts – Summary Report
 - 6.3.6 Q3 Express Scripts – Utilization Report
 - 6.3.7 Q3 UnitedHealthcare – Basic Life Insurance
- 6.4 Approval of PEBP's revised Language Access Plan
- 6.5 Receipt of 2025 Legislative Session Recap

6.1

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.1 Approval of Action Minutes from the May 22, 2025 PEBP Board Meeting.

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

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

May 22, 2025

MEMBERS PRESENT

Ms. Joy Grimmer, Board Chair

VIA TELECONFERENCE:

Ms. Michelle Kelley, Vice Chair

Dr. Jennifer McClendon, Member

Ms. Janell Woodward, Member

MEMBERS PRESENT

Mr. Jim Barnes, Member

IN PERSON:

Ms. Theresa Carsten, Member

Ms. Laura Rich, Member

MEMBERS EXCUSED:

Ms. Betsy Strasburg, Member

FOR THE BOARD:

Ms. Radhika Kunnel, Deputy Attorney General

FOR STAFF:

Ms. Celestena Glover, Executive Officer

Mr. Nik Proper, Operations Officer

Ms. Michelle Weyland, Chief Financial Officer

Ms. Brandee Mooneyhan, Lead Insurance Counsel

Ms. Leslie Bittleston, Quality Control Officer

Ms. Jessica Crane, Executive Assistant

OTHER PRESENTERS:

Joni Amato, Claim Technologies Incorporated

1. Open Meeting; Roll Call.

- Board Chair Grimmer opened the meeting at 9:01 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. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

4.1 Approval of Action Minutes from the March 7, 2025, March 20, 2025 and April 7, 2025 PEBP Board Meetings.

4.2 Receipt of quarterly staff reports for the period ending March 31, 2025:

4.2.1 Q3 Budget Report

4.2.2 Contract Status Report

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

4.3.1 Q3 UMR Budget Report

4.3.2 Q3 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.3.3 Q3 Amplifon Performance Report

4.3.4 Q3 Doctor on Demand Engagement Report

BOARD ACTION ON ITEM 4

MOTION: Motion to approve the consent agenda item except for item 4.2.1.

BY: Member Jennifer McClendon

SECOND: Vice Chair Michelle Kelley

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 4.2.1

MOTION: Motion to approve agenda item 4.2.1.

BY: Vice Chair Michelle Kelley

SECOND: Member Jennifer McClendon

VOTE: Unanimous; the motion carried

5. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)
6. Discussion and possible action regarding the appointment of Nik Proper as Interim Executive Officer of PEBP upon the retirement of Celestena Glover. (Joy Grimmer, Board Chair)
(For Possible Action)

BOARD ACTION ON ITEM 6

MOTION: Motion to appointment Nik Proper as Interim Executive Officer.

BY: Member Laura Rich

SECOND: Member Theresa Carsten

VOTE: Unanimous; the motion carried

7. Discussion and possible action on recommended changes and updates to the Master Plan Documents for Plan Year 2026 (July 1, 2025 – June 30, 2026). (Leslie Bittleston, Quality Control Officer) **(For Possible Action)**

BOARD ACTION ON ITEM 7

MOTION: Motion to approve PEBP staff's proposed changes as presented and allow for any technical adjustments before documents go live.

BY: Vice Chair Michelle Kelley

SECOND: Member Laura Rich

VOTE: Unanimous; the motion carried

8. Discussion and acceptance of Claim Technologies Incorporated audit finding for the State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of October 1, 2024 – December 31, 2024. (Joni Amato, Claim Technologies Incorporated)
(For Possible Action)

BOARD ACTION ON ITEM 8

MOTION: Motion to approve CTI audit results as presented.

BY: Member Laura Rich

SECOND: Member Theresa Carsten

VOTE: Unanimous; the motion carried

9. Discussion and possible action regarding 2025 Legislative Bills that may impact the Public Employees' Benefits Program. (Celestena Glover, Executive Officer) **(For Possible Action)**

BOARD ACTION ON ITEM 9

MOTION: No motion.

10. Public Comment.

- Kent Ervin – NV Faculty Alliance
- Doug Unger – NV Faculty Alliance

11. Adjournment

- Board Chair Grimmer adjourned the meeting at 10:18 a.m.

6.2

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.1 Approval of Action Minutes from the May 22, 2025 PEBP Board Meetings.

6.2 Receipt of quarterly staff reports for the period ending March 31, 2025 and June 30, 2025.

6.2.1

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.2 Receipt of quarterly staff reports for the period ending March 31, 2025 and June 30, 2025:

6.2.1 Q4 Budget Report



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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Carson City, Nevada 89706

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Stacie Weeks
Director



Nik Proper
Interim Executive Officer

AGENDA ITEM

☒ Action Item

☐ Information Only

Date: July 31, 2025

Item Number: 6.2.1

Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of June 30, 2025, to include:

1. Budget Status
2. Budget Totals
3. Claims Summary

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of June 30, 2025, with comparisons to the same period in Fiscal Year 2024. 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 \$475.1 million as of June 30, 2025, compared to \$430.9 million as of June 30, 2024, or an increase of 10.3%. Total expenses for the period have increased by \$37.7 million or 8.4% for the same period.

The budget status report shows Realized Funding Available (cash) at \$85.1 million. This compares to \$102.9 million for the same period last year. The table below reflects the actual revenues and expenditures for the period.

Current Budget Projections

Operational Budget 1338

	FISCAL YEAR 2025			FISCAL YEAR 2024		
	Actual as of 6/30/2025	Work Program	Percent	Actual as of 6/30/2024	Fiscal Year 2024 Close	Percent
Beginning Cash	106,429,030	106,429,030	100%	120,714,437	120,714,437	100%
Premium Income	422,615,878	433,139,318	98%	385,744,943	400,716,314	96%
All Other Income	52,510,225	39,183,809	134%	45,154,295	34,220,617	132%
Total Income	475,126,103	472,323,127	101%	430,899,238	434,936,931	99%
Personnel Services	3,283,859	3,320,415	99%	2,575,473	2,722,805	95%
Operating - Other than Personnel	2,826,903	3,095,546	91%	2,624,327	2,825,959	93%
Insurance Program Expenses	490,176,005	514,958,353	95%	443,359,400	455,467,372	97%
All Other Expenses	202,258	214,039	94%	170,181	172,381	99%
Total Expenses	496,489,025	521,588,353	95%	448,729,382	461,188,517	97%
Change in Cash	(21,362,922)	(49,265,226)		(17,830,144)	(26,251,586)	
REALIZED FUNDING AVAILABLE	85,066,108	57,163,804	149%	102,884,293	94,373,969	109%
Incurred But Not Reported Liability	(33,509,499)	(33,509,499)		(52,874,000)	(52,874,000)	
Catastrophic Reserve	(30,845,956)	(30,845,956)		(38,212,000)	(38,212,000)	
HRA Reserve	(9,094,280)	(9,094,280)		(20,600,889)	(20,600,889)	
NET REALIZED FUNDING AVAILABLE	11,616,373	(16,285,931)		(8,802,596)	(17,312,920)	

The following table represents projections for FY 2025. The projection reflects total income to be less than budgeted by 0.1% (\$578.3 million vs \$578.8 million), total expenditures are projected to be more than budgeted by 1.3% (\$512.0 million vs \$505.3 million); and total reserves are projected to be less than budgeted by 9.8% (\$66.2 million vs \$73.4 million).

State Subsidies are projected to be less than the budgeted amount by \$0.1 million (0.3%), Non-State Subsidies are projected to be less than budgeted by \$0.6 million (3.0%), and Premium Income is projected to be less than budgeted by \$6.0 million (7.3%). The overall change in budgeted revenue is due in part to a change in the mix of plans and tiers. The mix of participants is as follows:

- 5.15% more state actives,
- 10.59% less state non-Medicare retirees,
- 55.56% more non-state actives,
- 18.24% less non-state, non-Medicare retirees
- 3.47% less state Medicare retirees, and
- 8.00% less non-state Medicare retirees

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 6/30/25	Projected	Difference	
Carryforward	94,373,969	94,373,969	94,373,969	0	0.0%
State Subsidies	330,044,762	329,073,052	329,073,052	(971,710)	-0.3%
Non-State Subsidies	20,452,623	19,836,291	19,836,291	(616,332)	-3.0%
Premium	82,641,933	76,612,317	76,612,317	(6,029,616)	-7.3%
COVID Funds	0	0	0	0	18.2%
Appropriations	12,055,061	12,055,061	12,055,061	0	-0.1%
All Other	39,183,809	44,220,939	46,311,521	7,127,712	18.2%
Total	578,752,157	576,171,629	578,262,211	(489,946)	-0.1%
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 6/30/25	Projected	Difference	
Operating	6,630,000	6,313,020	6,595,167	34,849	0.5%
State Insurance Costs	444,141,837	443,702,923	458,376,436	(14,946,329)	-3.4%
Non-State Insurance Costs	7,721,212	6,330,257	6,850,923	870,289	11.3%
Medicare Retiree Insurance Costs	46,809,373	40,142,825	40,195,215	6,614,158	14.1%
Total Insurance Costs	498,672,422	490,176,005	505,422,575	(6,750,153)	-1.4%
Total Expenses	505,302,422	496,489,025	512,017,742	(6,715,304)	-1.3%
Restricted Reserves	73,449,735	73,449,735	73,449,735	0	0.0%
Differential Cash Available	0	6,232,869	(7,205,267)	7,205,267	
Total Reserves	73,449,735	79,682,604	66,244,468	7,205,267	9.8%
Total of Expenses and Reserves	578,752,157	576,171,629	578,262,211	489,963	0.1%

Expenses for Fiscal Year 2025 are projected to be \$6.7 million (1.3%) more than budgeted when changes to reserves are excluded. Operating expenses are projected to be more than budgeted by \$0.03 million (0.5%). Employee and Retiree insurances costs are projected to be more than budgeted by \$6.8 million (1.4%) when taken in total (see table above for specific information).

Recommendations

None.

6.2.2

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.2 Receipt of quarterly staff reports for the period ending March 31, 2025 and June 30, 2025:

6.2.1 Q4 Budget Report

6.2.2 Q3 Utilization Report



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: July 31, 2025

Item Number: 6.2.2

Title: Self-Funded CDHP, LDPPPO, and EPO Plan Utilization Report for the period ending March 31, 2025

This report addresses medical, dental, and prescription drug utilization for PY 2025 period ending March 31, 2025. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. LDPPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix D for Q3 Plan Year 2025 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q3 of Plan Year 2025 compared to Q3 of Plan Year 2024 is summarized below.

- Population:
 - 3.3% decrease for primary participants
 - 4.9% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 0.4% decrease for primary participants
 - 1.3% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 93 High-Cost Claimants accounting for 29.3% of the total plan paid for Q3 of Plan Year 2025
 - 6.0% decrease in High-Cost Claimants per 1,000 members
 - 6.8% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Health Status & Health Services (\$9.4 million)
 - Circulatory System (\$7.2 million)
 - Musculoskeletal System (\$6.9 million)
- Emergency Room:
 - ER visits per 1,000 members increased by 2.3%
 - Total paid per ER visit increased by 6.9%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 6.5%
 - Average paid per Urgent Care visit increased 15.9% (increase from \$40 to \$46)
- Network Utilization:
 - 97.5% of claims are from In-Network providers
 - Q3 of Plan Year 2025 In-Network utilization increased 0.3% over PY 2024
 - Q3 of Plan Year 2025 In-Network discounts increased 0.4% over PY 2024
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 1.6%
 - Total Gross Claims Costs increased 5.0% (\$1.6 million)
 - Average Total Cost per Claim increased 6.7%
 - From \$127.97 to \$136.54
 - Member:
 - Total Member Cost increased 6.8%
 - Average Participant Share per Claim increased 8.5
 - Net Member PMPM increased 12.4%
 - From \$33.54 to \$37.71

- Plan
 - Total Plan Cost increased 4.5%
 - Average Plan Share per Claim increased 6.2%
 - Net Plan PMPM increased 10.0%
 - From \$116.00 to \$127.65
 - Net Plan PMPM factoring rebates increased 8.3%
 - From \$75.20 to \$81.41

LOW-DEDUCTIBLE PPO PLAN (LDPPPO)

The Low-Deductible PPO Plan (LDPPPO) experience for Q3 of Plan Year 2025 compare to Q3 of Plan Year 2024 is summarized below.

- Population:
 - 24.6% increase for primary participants
 - 23.2% increase for primary participants plus dependents (members)
- Medical Cost:
 - 13.8% increase for primary participants
 - 15.2% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 89 High-Cost Claimants accounting for 25.1% of the total plan paid for Q2 of Plan Year 2025
 - 33.8 increase in High-Cost Claimants per 1,000 members
 - 3.2% decrease in average cost of High-Cost Claimant paid.
- Top three highest cost clinical classifications include:
 - Health Status & Services (\$9.6 million)
 - Musculoskeletal System (\$7.7 million)
 - Neoplasms (Cancer) (\$7.2 million)
- Emergency Room:
 - ER visits per 1,000 members increased 8.9%
 - Average paid per ER visit increased 7.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 5.5%
 - Average paid per Urgent Care visit increased 7.1% (increased from \$101 to \$108)
- Network Utilization:
 - 98.0% of claims are from In-Network providers
 - Q3 of Plan Year 2025 In-Network utilization increased 0.3% over PY 2024
 - Q3 of Plan Year 2025 In-Network discounts increased 1.0% from 65.2% to 66.2%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 28.7%
 - Total Gross Claims Costs increased 33.9% (\$10.2 million)
 - Average Total Cost per Claim increased 4.0%
 - From \$147.28 to \$153.17
 - Member:

- Total Member Cost increased 30.5%
- Average Participant Share per Claim increased 1.3%
- Net Member PMPM increased 5.8%
 - From \$27.21 to \$28.79
- Plan
 - Total Plan Cost increased 34.5%
 - Average Plan Share per Claim increased 4.5%
 - Net Plan PMPM increased 9.1%
 - From \$151.11 to \$164.88
 - Net Plan PMPM factoring rebates increased 39.9%
 - From \$100.17 to \$140.11

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2025 compared to Q2 of Plan Year 2024 is summarized below.

- Population:
 - 9.3% decrease for primary participants
 - 9.7% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 21.9% increase for primary participants
 - 22.5% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 43 High-Cost Claimants accounting for 36.8% of the total plan paid for Q3 Plan Year 2025
 - 8.2% decrease in High-Cost Claimants per 1,000 members
 - 37.5% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (Cancer) (\$4.3 million)
 - Musculoskeletal (\$3.9 million)
 - Circulatory System (\$3.8 million)
- Emergency Room:
 - ER visits per 1,000 members increased 4.6%
 - Average paid per ER visit increased 4.6%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased 6.1%
 - Average paid per Urgent Care visit increased 6.1%
- Network Utilization:
 - 96.7% of claims are from In-Network providers
 - In-Network utilization increased 0.4%
 - In-Network discounts decreased 1.5% from 56.2% to 54.07%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 4.4%
 - Total Gross Claims Costs increased 1.3% (\$0.5 million)

- Average Total Cost per Claim increased 6.0%
 - From \$160.86 to \$170.51
- Member:
 - Total Member Cost increased 42.6%
 - Average Participant Share per Claim increased 7.3%
 - Net Member PMPM increased 13.6%
 - From \$44.06 to \$50.04
- Plan
 - Total Plan Cost increased 4.8%
 - Average Plan Share per Claim increased 9.6%
 - Net Plan PMPM increased 16.0%
 - From 241.25 to \$279.85
 - Net Plan PMPM factoring rebates decreased 54.5%
 - From \$157.46 to \$237.66

DENTAL PLAN

The Dental Plan experience for Q3 of Plan Year 2025 is summarized below.

- Dental Cost:
 - Total of \$21,499,699 paid for Dental claims.
 - Preventative claims account for 24.2% (\$5.2 million)
 - Basic claims account for 35.3% (\$7.6 million)
 - Major claims account for 18.1% (\$3.9 million)
 - Diagnostic claims account for 22.3% (\$4.8 million)

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low-Deductible PPO Plan (LDPPPO) and the PEBP Premier Plan (EPO) throughout the third quarter of Plan Year 2025. The CDHP total paid plan costs decreased 31.0% over the same time as Plan Year 2024. The LDPPPO total plan paid costs increased 1.5% over Q3 of Plan Year 2024. The EPO total plan paid costs decreased 10.9% over Q3 of Plan Year 2024. The change in the plan paid year over year is based on the per employee per year costs (PEPY). For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

Index of Tables

UMR Inc. – CDHP Utilization Review for PEBP July 1, 2024 – March 31, 2025

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Public Employees' Benefits Program

Quarterly Plan Performance Review

HDHP Plan • 2025-3Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2025 Plan Year (Current)

2025-3Q. 1st three Quarters: Claims Paid 7/1/2024 - 3/31/2025

➤ 2024 Plan Year

2024-3Q. 1st three Quarters: Claims Paid 7/1/2023 - 3/31/2024

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

➤ 2023 Plan Year

2023-3Q. 1st three Quarters: Claims Paid 7/1/2022 - 3/31/2023

2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

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: 5,024 groups with approximately 7.8 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 3/31/2025

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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: -0.4%
- High-Cost Claimants Paid PMPM trend: -12.4%; Non HCCs trend: +8.4%
- Top Paid Diagnostic Chapters: Health Status & Services (+12.7% Paid PMPM), Circulatory System (-2.6%), Musculoskeletal (+8.7%)



Membership & Demographics

- Total membership is 4.9% lower than prior period
- Employees decreased 3.3%, while Dependents were down 7.4%
- 87.6% of members had < \$2,500 medical paid, with 24.9% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$25,698, which is 21.2% lower than 2024-3Q
- Paid per ER Visit was \$2,371, which is 6.9% higher than 2024-3Q



Network Utilization & Savings

- 97.5% of all Medical spend dollars were to In Network providers
- The average In Network discount was 68.9%, which is somewhat (+0.4 pts) above the 2024 average discount of 68.5%

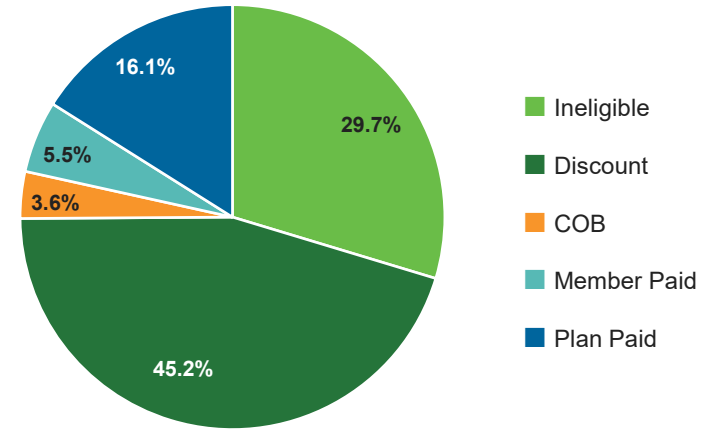
Medical Total Savings Summary



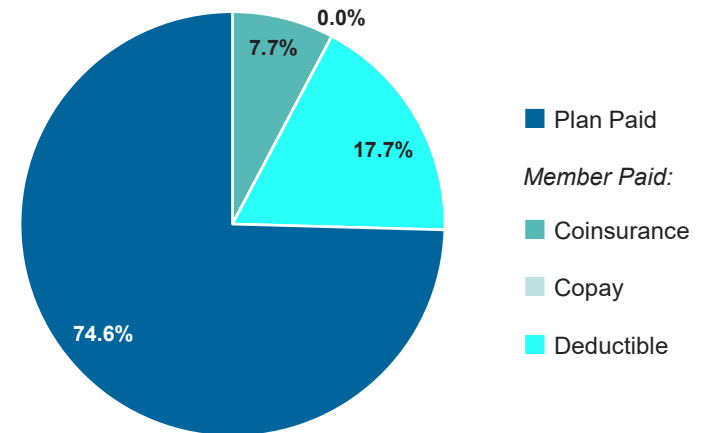
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-3Q Total Dollars	2025-3Q PMPM*	2024 PMPM*	Trend
Medical Billed	\$404,587,498	\$1,947	\$1,916	1.6%
(-) Ineligible	\$119,962,064	\$577	\$590	-2.1%
Medical Covered	\$284,625,434	\$1,370	\$1,326	3.3%
(-) Discount	\$182,880,242	\$880	\$870	1.2%
Medical Allowed	\$101,745,192	\$490	\$456	7.3%
(-) COB	\$14,423,287	\$69	\$27	155.7%
(-) Coinsurance	\$6,743,788	\$32	\$32	1.0%
(-) Copay	\$1,157	\$0	\$0	-84.9%
(-) Deductible	\$15,405,980	\$74	\$63	17.1%
Total Member Paid	\$22,150,925	\$107	\$95	11.7%
Total Plan Paid	\$64,942,432	\$313	\$324	-3.4%

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	2024-3Q (7/1/2023 - 3/31/2024)						2025-3Q (7/1/2024 - 3/31/2025)						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	\$2,124,068	\$2,044	-\$1,723	-\$2	\$2,122,345	\$2,042	\$2,086,478	\$2,016	\$8,504	\$8	\$2,094,982	\$2,024	-1.3%	-0.9%
1	\$289,830	\$247	\$68,662	\$59	\$358,491	\$306	\$142,966	\$156	\$217	\$0	\$143,183	\$157	-60.1%	-48.7%
2 - 4	\$558,427	\$116	\$120,263	\$25	\$678,690	\$141	\$762,966	\$180	\$47,030	\$11	\$809,996	\$191	19.3%	35.2%
5 - 9	\$1,118,422	\$111	\$256,651	\$25	\$1,375,073	\$137	\$1,159,400	\$124	\$339,865	\$36	\$1,499,264	\$161	9.0%	17.8%
10 - 14	\$1,433,217	\$115	\$409,889	\$33	\$1,843,106	\$147	\$1,050,118	\$88	\$210,927	\$18	\$1,261,045	\$105	-31.6%	-28.4%
15 - 19	\$3,347,444	\$227	\$380,092	\$26	\$3,727,536	\$253	\$2,442,554	\$175	\$393,429	\$28	\$2,835,983	\$204	-23.9%	-19.5%
20 - 24	\$2,748,292	\$157	\$1,101,703	\$63	\$3,849,994	\$220	\$2,245,893	\$130	\$1,210,610	\$70	\$3,456,503	\$200	-10.2%	-8.9%
25 - 29	\$1,991,848	\$170	\$368,686	\$31	\$2,360,533	\$201	\$1,600,049	\$134	\$592,699	\$50	\$2,192,748	\$184	-7.1%	-8.5%
30 - 34	\$3,343,662	\$231	\$683,414	\$47	\$4,027,076	\$278	\$3,884,159	\$278	\$824,988	\$59	\$4,709,147	\$337	16.9%	21.1%
35 - 39	\$3,729,675	\$233	\$1,089,796	\$68	\$4,819,472	\$301	\$3,952,763	\$262	\$1,158,900	\$77	\$5,111,663	\$339	6.1%	12.6%
40 - 44	\$3,530,452	\$202	\$1,527,844	\$87	\$5,058,296	\$289	\$3,153,492	\$187	\$1,393,098	\$83	\$4,546,590	\$270	-10.1%	-6.8%
45 - 49	\$4,354,602	\$267	\$1,936,226	\$119	\$6,290,828	\$386	\$4,438,650	\$286	\$2,626,059	\$169	\$7,064,709	\$456	12.3%	18.0%
50 - 54	\$6,546,891	\$352	\$3,266,740	\$176	\$9,813,631	\$527	\$5,783,580	\$330	\$3,329,241	\$190	\$9,112,821	\$520	-7.1%	-1.4%
55 - 59	\$8,484,140	\$421	\$2,931,526	\$145	\$11,415,666	\$566	\$9,221,609	\$487	\$3,616,879	\$191	\$12,838,488	\$678	12.5%	19.8%
60 - 64	\$13,474,179	\$547	\$5,645,055	\$229	\$19,119,235	\$776	\$13,347,609	\$592	\$5,199,220	\$231	\$18,546,829	\$822	-3.0%	6.0%
65+	\$10,295,438	\$601	\$5,273,595	\$308	\$15,569,033	\$908	\$9,670,144	\$578	\$5,152,942	\$308	\$14,823,087	\$886	-4.8%	-2.5%
Total	\$67,370,586	\$308	\$25,058,419	\$115	\$92,429,005	\$423	\$64,942,432	\$313	\$26,104,606	\$126	\$91,047,038	\$438	-1.5%	3.6%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2025-3Q	Variance
Average Enrollment							
Employees	7,240	103.9%	14,764	-3.3%	14,282		
Spouses	1,440	93.3%	2,783	-8.2%	2,554		
Children	3,457	94.4%	6,721	-7.0%	6,251		
Tot. Members	12,137	99.9%	24,268	-4.9%	23,086		
Avg. Family Size	1.7	-1.9%	1.6	-1.7%	1.6	1.9	-15.7%
Financial Summary							
Allowed	\$47,081,248	103.7%	\$95,888,981	6.1%	\$101,745,192		
Plan Paid	\$32,781,275	105.5%	\$67,370,586	-3.6%	\$64,942,432		
Member Paid (OOP)	\$8,701,008	157.1%	\$22,374,528	-1.0%	\$22,150,925		
Paid PEPY	\$6,037	0.8%	\$6,084	-0.4%	\$6,063	\$10,189	-40.5%
Paid PMPY	\$3,601	2.8%	\$3,701	1.3%	\$3,751	\$5,311	-29.4%
Paid PEPM	\$503	0.8%	\$507	-0.4%	\$505	\$849	-40.5%
Paid PMPM	\$300	2.8%	\$308	1.3%	\$313	\$443	-29.4%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	69	50.7%	104	-10.6%	93		
HCCs per 1000	5.7	-24.6%	4.3	-6.0%	4.0	4.8	-15.3%
Paid per HCC	\$242,832	-9.6%	\$219,549	-6.8%	\$204,554	\$220,999	-7.4%
HCC Paid % of Tot	51.1%	-17.2 pts	33.9%	-4.6 pts	29.3%	27.4%	1.8 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$1,270	-2.0%	\$1,244	-18.9%	\$1,009	\$1,347	-25.1%
Outpatient	\$1,075	-1.9%	\$1,055	18.8%	\$1,253	\$1,560	-19.7%
Physician	\$1,218	11.3%	\$1,355	4.8%	\$1,420	\$2,294	-38.1%
Ancillary	\$39	24.2%	\$48	44.4%	\$69	\$111	-37.5%

- With \$48.7M paid, the State Active population is 75.0% of total 2025-3Q med spend
- On a Paid PMPM basis, State Actives are down 2.4% compared to prior year
- Total HDHP Plan Paid PMPM trend is +1.3%

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

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

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

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

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

Financial Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Average Enrollment										
Employees	5,879	103.7%	11,974	-1.9%	11,751	1	158.3%	3	25.8%	4
Spouses	1,103	91.7%	2,115	-7.4%	1,958	0	75.0%	1	-14.3%	1
Children	3,169	94.3%	6,156	-6.5%	5,754	2	62.5%	3	-69.2%	1
Tot. Members	10,151	99.4%	20,246	-3.9%	19,464	4	100.0%	7	-17.2%	6
Avg. Family Size	1.7	-2.1%	1.7	-2.0%	1.7	2.7	-22.6%	2.1	-34.2%	1.4
Financial Summary										
Allowed	\$32,589,042	115.0%	\$70,053,341	-2.0%	\$68,660,881	\$24,375	171.9%	\$66,271	-51.2%	\$32,332
Plan Paid	\$24,221,946	114.1%	\$51,863,937	-6.1%	\$48,680,071	\$19,915	155.6%	\$50,894	-53.9%	\$23,450
Member Paid (OOP)	\$6,598,308	155.3%	\$16,846,025	0.9%	\$16,992,318	\$4,543	238.4%	\$15,377	-42.2%	\$8,882
Paid PEPY	\$5,494	5.1%	\$5,775	-4.4%	\$5,523	\$19,915	-1.1%	\$19,701	-63.4%	\$7,215
Paid PMPY	\$3,182	7.4%	\$3,416	-2.4%	\$3,335	\$7,468	27.8%	\$9,543	-44.4%	\$5,309
Paid PEPM	\$458	5.1%	\$481	-4.4%	\$460	\$1,660	-1.1%	\$1,642	-63.4%	\$601
Paid PMPM	\$265	7.4%	\$285	-2.4%	\$278	\$622	27.8%	\$795	-44.4%	\$442
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	45	66.7%	75	-16.0%	63	0	-	0	-	0
HCCs per 1000	4.4	-16.4%	3.7	-12.6%	3.2	0.0	-	0.0	-	0.0
Paid per HCC	\$267,093	-11.2%	\$237,156	-8.6%	\$216,728	\$0	-	\$0	-	\$0
HCC Paid % of Tot	49.6%	-15.3 pts	34.3%	-6.2 pts	28.0%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,164	0.9%	\$1,175	-21.9%	\$918	\$0	-	\$0	-	\$0
Outpatient	\$969	-1.8%	\$952	16.5%	\$1,109	\$4,271	62.9%	\$6,958	-44.1%	\$3,893
Physician	\$1,016	22.8%	\$1,247	1.7%	\$1,268	\$3,197	-19.3%	\$2,581	-45.1%	\$1,417
Ancillary	\$32	33.0%	\$42	-4.8%	\$40	\$0	-	\$4	-100.0%	\$0

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Average Enrollment										
Employees	1,200	105.2%	2,464	-9.2%	2,236	160	102.2%	323	-10.1%	290
Spouses	317	99.0%	630	-10.4%	565	19	88.6%	37	-20.0%	29
Children	280	96.1%	548	-11.8%	484	7	108.3%	14	-13.6%	12
Tot. Members	1,797	102.7%	3,642	-9.8%	3,285	186	101.0%	373	-11.2%	331
Avg. Family Size	1.5	-1.2%	1.5	-0.6%	1.5	1.2	-0.6%	1.2	-1.2%	1.1
Financial Summary										
Allowed	\$12,093,185	86.3%	\$22,524,084	20.9%	\$27,228,563	\$2,374,645	36.7%	\$3,245,285	79.4%	\$5,823,415
Plan Paid	\$7,564,509	80.5%	\$13,655,849	5.8%	\$14,452,400	\$974,905	84.6%	\$1,799,906	-0.7%	\$1,786,510
Member Paid (OOP)	\$1,806,639	164.0%	\$4,769,871	-5.9%	\$4,489,383	\$291,517	155.0%	\$743,255	-11.2%	\$660,343
Paid PEPY	\$8,402	-12.0%	\$7,391	16.6%	\$8,616	\$8,147	-8.7%	\$7,440	10.4%	\$8,211
Paid PMPY	\$5,613	-10.9%	\$4,999	17.3%	\$5,866	\$7,001	-8.1%	\$6,432	11.7%	\$7,187
Paid PEPM	\$700	-12.0%	\$616	16.6%	\$718	\$679	-8.7%	\$620	10.4%	\$684
Paid PMPM	\$468	-10.9%	\$417	17.3%	\$489	\$583	-8.1%	\$536	11.7%	\$599
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	19	36.8%	26	-3.8%	25	3	0.0%	3	66.7%	5
HCCs per 1000	10.6	-32.5%	7.1	6.6%	7.6	16.2	-50.2%	8.0	87.6%	15.1
Paid per HCC	\$199,702	-14.6%	\$170,464	11.9%	\$190,749	\$234,179	-28.0%	\$168,611	-28.7%	\$120,195
HCC Paid % of Tot	50.2%	-17.7 pts	32.5%	0.5 pts	33.0%	72.1%	-44.0 pts	28.1%	5.5 pts	33.6%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,644	-15.1%	\$1,397	-11.4%	\$1,238	\$3,437	3.6%	\$3,559	15.2%	\$4,098
Outpatient	\$1,582	-0.1%	\$1,581	33.3%	\$2,107	\$1,891	-26.1%	\$1,398	-13.5%	\$1,209
Physician	\$2,319	-16.0%	\$1,948	17.0%	\$2,279	\$1,544	-11.2%	\$1,370	33.0%	\$1,822
Ancillary	\$67	8.7%	\$73	230.1%	\$242	\$129	-18.7%	\$105	-45.8%	\$57

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023	⇒	2024	⇒	2025-3Q	2025-3Q	Variance
Average Enrollment							
Employees	9,493	55.7%	14,777	-3.3%	14,282		
Spouses	1,871	47.8%	2,766	-7.7%	2,554		
Children	4,502	48.6%	6,691	-6.6%	6,251		
Tot. Members	15,866	52.7%	24,234	-4.7%	23,086		
Avg. Family Size	1.7	-1.9%	1.6	-1.4%	1.6	1.9	-15.7%
Financial Summary							
Allowed	\$83,371,707	59.2%	\$132,731,482	-23.3%	\$101,745,192		
Plan Paid	\$58,676,006	60.4%	\$94,099,719	-31.0%	\$64,942,432		
Member Paid (OOP)	\$14,477,474	91.8%	\$27,764,440	-20.2%	\$22,150,925		
Paid PEPY	\$6,181	3.0%	\$6,368	-4.8%	\$6,063	\$10,189	-40.5%
Paid PMPY	\$3,698	5.0%	\$3,883	-3.4%	\$3,751	\$5,311	-29.4%
Paid PEPM	\$515	3.0%	\$531	-4.8%	\$505	\$849	-40.5%
Paid PMPM	\$308	5.0%	\$324	-3.4%	\$313	\$443	-29.4%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	108	37.0%	148	-37.2%	93		
HCCs per 1000	6.8	-10.3%	6.1	-34.0%	4.0	4.8	-15.3%
Paid per HCC	\$244,463	-5.8%	\$230,303	-11.2%	\$204,554	\$220,999	-7.4%
HCC Paid % of Tot	45.0%	-8.8 pts	36.2%	-6.9 pts	29.3%	27.4%	1.8 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$1,222	2.2%	\$1,249	-19.3%	\$1,009	\$1,347	-25.1%
Outpatient	\$1,104	3.0%	\$1,137	10.2%	\$1,253	\$1,560	-19.7%
Physician	\$1,324	8.8%	\$1,440	-1.4%	\$1,420	\$2,294	-38.1%
Ancillary	\$48	17.1%	\$57	22.2%	\$69	\$111	-37.5%

- Total plan paid amount for the first three quarters of 2023 was 71.6% of the full year
- Annualizing 2024 paid dollars using the same ratio would result in a total paid of \$90.7 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				
	2023	⇒	2024	⇒	2025-3Q	2023	⇒	2024	⇒	2025-3Q
Average Enrollment										
Employees	7,721	55.6%	12,013	-2.2%	11,751	2	104.8%	4	20.9%	4
Spouses	1,435	46.8%	2,107	-7.1%	1,958	1	0.0%	1	14.3%	1
Children	4,127	48.6%	6,130	-6.1%	5,754	2	3.6%	2	-63.2%	1
Tot. Members	13,282	52.5%	20,250	-3.9%	19,464	5	41.1%	7	-10.5%	6
Avg. Family Size	1.7	-2.0%	1.7	-1.7%	1.7	2.7	-31.1%	1.8	-26.0%	1.4
Financial Summary										
Allowed	\$57,438,757	68.3%	\$96,646,156	-29.0%	\$68,660,881	\$32,996	149.0%	\$82,160	-60.6%	\$32,332
Plan Paid	\$43,692,354	66.7%	\$72,836,689	-33.2%	\$48,680,071	\$27,171	144.5%	\$66,431	-64.7%	\$23,450
Member Paid (OOP)	\$11,028,917	91.0%	\$21,061,579	-19.3%	\$16,992,318	\$5,958	164.0%	\$15,729	-43.5%	\$8,882
Paid PEPY	\$5,659	7.1%	\$6,063	-8.9%	\$5,523	\$15,527	19.4%	\$18,539	-61.1%	\$7,215
Paid PMPY	\$3,290	9.3%	\$3,597	-7.3%	\$3,335	\$5,822	73.3%	\$10,091	-47.4%	\$5,309
Paid PEPM	\$472	7.1%	\$505	-8.9%	\$460	\$1,294	19.4%	\$1,545	-61.1%	\$601
Paid PMPM	\$274	9.3%	\$300	-7.3%	\$278	\$485	73.3%	\$841	-47.4%	\$442
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	79	39.2%	110	-42.7%	63	0	-	0	-	0
HCCs per 1000	5.9	-8.7%	5.4	-40.4%	3.2	0.0	-	0.0	-	0.0
Paid per HCC	\$245,944	-0.3%	\$245,319	-11.7%	\$216,728	\$0	-	\$0	-	\$0
HCC Paid % of Tot	44.5%	-7.4 pts	37.0%	-9.0 pts	28.0%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,116	6.2%	\$1,184	-22.5%	\$918	\$0	-	\$0	-	\$0
Outpatient	\$990	4.3%	\$1,032	7.4%	\$1,109	\$2,915	98.2%	\$5,778	-32.6%	\$3,893
Physician	\$1,143	16.2%	\$1,329	-4.6%	\$1,268	\$2,871	50.1%	\$4,310	-67.1%	\$1,417
Ancillary	\$41	26.7%	\$51	-21.8%	\$40	\$36	-92.0%	\$3	-100.0%	\$0

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023	⇒	2024	⇒	2025-3Q	2023	⇒	2024	⇒	2025-3Q
Average Enrollment										
Employees	1,563	56.3%	2,443	-8.4%	2,236	207	53.7%	318	-8.8%	290
Spouses	411	51.6%	623	-9.3%	565	25	44.9%	36	-17.9%	29
Children	365	49.3%	544	-11.2%	484	9	55.2%	14	-11.7%	12
Tot. Members	2,339	54.4%	3,610	-9.0%	3,285	240	52.9%	367	-9.8%	331
Avg. Family Size	1.5	-1.2%	1.5	-0.6%	1.5	1.2	-0.6%	1.2	-1.1%	1.1
Financial Summary										
Allowed	\$20,856,574	49.4%	\$31,168,930	-12.6%	\$27,228,563	\$5,043,380	-4.1%	\$4,834,236	20.5%	\$5,823,415
Plan Paid	\$12,973,449	47.1%	\$19,082,580	-24.3%	\$14,452,400	\$1,983,032	6.6%	\$2,114,018	-15.5%	\$1,786,510
Member Paid (OOP)	\$2,995,293	93.2%	\$5,786,040	-22.4%	\$4,489,383	\$447,307	101.4%	\$901,093	-26.7%	\$660,343
Paid PEPY	\$8,300	-5.9%	\$7,812	10.3%	\$8,616	\$9,588	-30.7%	\$6,648	23.5%	\$8,211
Paid PMPY	\$5,547	-4.7%	\$5,286	11.0%	\$5,866	\$8,254	-30.3%	\$5,755	24.9%	\$7,187
Paid PEPM	\$692	-5.9%	\$651	10.3%	\$718	\$799	-30.7%	\$554	23.5%	\$684
Paid PMPM	\$462	-4.7%	\$440	11.0%	\$489	\$688	-30.3%	\$480	24.9%	\$599
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	24	54.2%	37	-32.4%	25	3	0.0%	3	66.7%	5
HCCs per 1000	10.3	-0.1%	10.2	-25.8%	7.6	12.5	-34.6%	8.2	84.7%	15.1
Paid per HCC	\$226,331	-22.5%	\$175,418	8.7%	\$190,749	\$406,605	-56.8%	\$175,672	-31.6%	\$120,195
HCC Paid % of Tot	41.9%	-7.9 pts	34.0%	-1.0 pts	33.0%	61.5%	-36.6 pts	24.9%	8.7 pts	33.6%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,476	-2.1%	\$1,445	-14.3%	\$1,238	\$4,651	-37.0%	\$2,932	39.8%	\$4,098
Outpatient	\$1,673	1.9%	\$1,705	23.6%	\$2,107	\$1,821	-32.6%	\$1,227	-1.4%	\$1,209
Physician	\$2,326	-11.5%	\$2,058	10.7%	\$2,279	\$1,539	-5.1%	\$1,460	24.8%	\$1,822
Ancillary	\$72	7.5%	\$77	212.6%	\$242	\$244	-44.1%	\$136	-58.2%	\$57

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2024-3Q (7/1/2023 - 3/31/2024)				2025-3Q (7/1/2024 - 3/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$17,833,980	\$2,706,557	\$1,109,191	\$21,649,728	\$13,396,753	\$2,010,662	\$1,039,604	\$16,447,019	-24.0%
Outpatient	\$14,448,052	\$3,728,692	\$590,584	\$18,767,328	\$16,182,747	\$4,384,925	\$806,981	\$21,374,652	13.9%
Physician	\$18,940,362	\$3,976,659	\$1,344,251	\$24,261,272	\$18,513,213	\$4,694,503	\$920,583	\$24,128,300	-0.5%
Ancillary	\$641,542	\$140,979	\$58,937	\$841,458	\$587,358	\$124,519	\$470,624	\$1,182,501	40.5%
Total	\$51,863,937	\$10,552,886	\$3,102,963	\$65,519,786	\$48,680,071	\$11,214,609	\$3,237,791	\$63,132,472	-3.6%
PMPM	\$284.64	\$424.16	\$392.64	\$304.75	\$277.90	\$511.60	\$423.43	\$308.36	1.2%
Non-State Members									
Inpatient	\$0	\$75,635	\$920,238	\$995,873	\$0	\$141,870	\$876,937	\$1,018,807	2.3%
Outpatient	\$37,108	\$198,978	\$192,174	\$428,260	\$17,192	\$172,840	\$127,706	\$317,738	-25.8%
Physician	\$13,767	\$148,782	\$234,688	\$397,236	\$6,257	\$138,373	\$314,615	\$459,246	15.6%
Ancillary	\$19	\$5,192	\$24,220	\$29,431	\$0	\$7,911	\$6,258	\$14,170	-51.9%
Total	\$50,894	\$428,586	\$1,371,320	\$1,850,800	\$23,450	\$460,994	\$1,325,516	\$1,809,960	-2.2%
PMPM	\$795.22	\$509.38	\$544.91	\$540.85	\$442.45	\$775.66	\$554.92	\$596.17	10.2%
All Members									
Inpatient	\$17,833,980	\$2,782,191	\$2,029,429	\$22,645,601	\$13,396,753	\$2,152,532	\$1,916,541	\$17,465,825	-22.9%
Outpatient	\$14,485,161	\$3,927,669	\$782,758	\$19,195,588	\$16,199,939	\$4,557,765	\$934,686	\$21,692,390	13.0%
Physician	\$18,954,129	\$4,125,441	\$1,578,939	\$24,658,508	\$18,519,471	\$4,832,876	\$1,235,199	\$24,587,546	-0.3%
Ancillary	\$641,561	\$146,171	\$83,157	\$870,889	\$587,358	\$132,430	\$476,882	\$1,196,670	37.4%
Total	\$51,914,831	\$10,981,473	\$4,474,282	\$67,370,586	\$48,703,521	\$11,675,603	\$4,563,307	\$64,942,432	-3.6%
PMPM	\$284.82	\$426.95	\$429.42	\$308.45	\$277.95	\$518.57	\$454.73	\$312.56	1.3%

Medical Cost Distribution

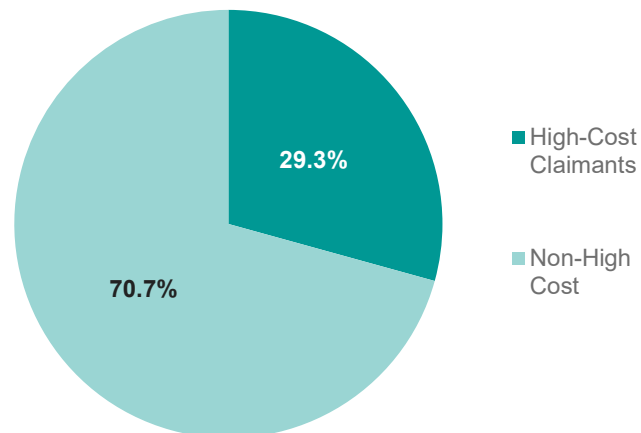
Distribution by Member Cost



Member Total Paid Range	2024-3Q (7/1/2023 - 3/31/2024)						2025-3Q (7/1/2024 - 3/31/2025)					
	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	6,903	24.5%	\$0	0.0%	\$0	0.0%	6,730	24.9%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	5,686	20.2%	-\$442,600	-0.7%	\$2,048,914	9.2%	5,458	20.2%	-\$499,817	-0.8%	\$2,038,368	9.2%
> \$0 - \$2,500	12,418	44.1%	\$6,940,798	10.3%	\$9,264,864	41.4%	11,465	42.5%	\$6,400,022	9.9%	\$8,846,053	39.9%
> \$2,500 - \$5,000	1,204	4.3%	\$4,247,737	6.3%	\$2,925,089	13.1%	1,312	4.9%	\$4,638,005	7.1%	\$3,026,372	13.7%
> \$5,000 - \$10,000	888	3.2%	\$6,224,194	9.2%	\$2,835,719	12.7%	885	3.3%	\$6,199,219	9.5%	\$2,905,508	13.1%
> \$10,000 - \$25,000	615	2.2%	\$9,632,527	14.3%	\$2,805,215	12.5%	650	2.4%	\$10,056,752	15.5%	\$2,859,781	12.9%
> \$25,000 - \$50,000	220	0.8%	\$7,424,392	11.0%	\$1,096,787	4.9%	250	0.9%	\$8,679,399	13.4%	\$1,198,045	5.4%
> \$50,000 - \$100,000	150	0.5%	\$10,510,398	15.6%	\$803,081	3.6%	150	0.6%	\$10,445,299	16.1%	\$801,109	3.6%
> \$100,000	104	0.4%	\$22,833,139	33.9%	\$594,860	2.7%	93	0.3%	\$19,023,552	29.3%	\$475,689	2.1%
Total	28,188	100.0%	\$67,370,586	100.0%	\$22,374,528	100.0%	26,993	100.0%	\$64,942,432	100.0%	\$22,150,925	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	Health Status & Health Services	86	\$3,480,302	18.3%
2	Neoplasms	45	\$3,213,330	16.9%
3	Circulatory System	64	\$2,996,829	15.8%
4	Injury, Poisoning & External Causes	37	\$2,249,425	11.8%
5	Perinatal Originating Conditions	6	\$1,315,399	6.9%
6	Infectious & Parasitic Diseases	32	\$1,247,775	6.6%
7	Genitourinary System	35	\$747,176	3.9%
8	Musculoskeletal System	40	\$730,015	3.8%
9	Digestive System	44	\$617,821	3.2%
10	Endocrine, Nutritional & Metabolic	48	\$599,715	3.2%
...	All Others		\$1,825,766	9.6%
=	Total	93	\$19,023,552	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2025-3Q	Variance
Inpatient Admissions							
# of Admits	753	4.2%	785	-13.0%	683		
# of Admit Days	4,959	15.4%	5,722	-41.3%	3,359		
Paid per Admit	\$33,909	-3.8%	\$32,607	-21.2%	\$25,698	\$29,692	-13.5%
Paid per Admit Day	\$5,149	-13.1%	\$4,473	16.8%	\$5,225	\$5,810	-10.1%
Admits per 1000	82.7	-47.9%	43.1	-8.5%	39.4	47.5	-17.0%
Average LOS	6.6	10.7%	7.3	-32.5%	4.9	5.1	-3.8%
Emergency Room Visits							
# of ER Visits	3,041	15.5%	3,511	-2.6%	3,418		
~ % resulting in Admit	13.6%	0.6 pts	14.2%	-1.7 pts	12.5%	10.5%	2.1 pts
ER Visits per Patient	1.4	2.8%	1.4	-0.2%	1.4		
ER Visits per 1000	334.1	-42.3%	192.9	2.3%	197.4	222.9	-11.4%
Paid per ER Visit	\$2,051	8.1%	\$2,218	6.9%	\$2,371	\$2,289	3.6%
Urgent Care Visits							
# of UC Visits	5,462	4.0%	5,681	1.3%	5,756		
UC Visits per Patient	1.4	4.0%	1.4	1.0%	1.5		-
UC Visits per 1000	600.0	-48.0%	312.1	6.5%	332.4	277.2	19.9%
Paid per UC Visit	\$40	0.7%	\$40	15.9%	\$46	\$114	-59.5%
Office Visits							
Off Visits per Patient	3.5	10.4%	3.8	4.5%	4.0		
Paid per Office Visit	\$37	11.4%	\$41	8.3%	\$45	\$93	-52.1%
Office Visits Paid PMPY	\$249	-40.2%	\$149	12.1%	\$167	\$355	-52.8%
Services							
Radiology Svcs per 1000	6,559.8	-44.5%	3,643.2	6.2%	3,868.1	3,557.8	8.7%
Radiology Paid PMPY	\$406	-38.4%	\$250	12.7%	\$282		
Lab Services per 1000	17,851.9	-47.0%	9,464.6	6.8%	10,111.6	9,360.2	8.0%
Labs Paid PMPY	\$263	-40.1%	\$157	16.7%	\$184		

- Inpatient Admission rate per 1000 decreased 8.5%, and amount paid per Admission is significantly (-21.2%) lower than prior period
- ER utilization increased 2.3%, and amount paid per ER visit is 6.9% higher than prior period

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

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

Utilization Summary – YTD Trend

Active Members



Measure	State Active					Non-State Active				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Inpatient Admissions										
# of Admits	561	4.6%	587	-10.4%	526	0	-	0	-	0
# of Admit Days	3,647	18.9%	4,337	-40.1%	2,599	0	-	0	-	0
Paid per Admit	\$34,477	-1.8%	\$33,848	-19.9%	\$27,108	\$0	-	\$0	-	\$0
Paid per Admit Day	\$5,303	-13.6%	\$4,581	19.8%	\$5,486	\$0	-	\$0	-	\$0
Admits per 1000	73.7	-47.5%	38.7	-6.8%	36.0	0.0	-	0.0	-	0.0
Average LOS	6.5	13.7%	7.4	-33.1%	4.9	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	2,415	15.5%	2,790	0.8%	2,813	3	33.3%	4	-75.0%	1
~ % resulting in Admit	12.2%	0.6 pts	12.8%	-1.7 pts	11.1%	0.0%	0.0 pts	0.0%	0.0 pts	0.0%
ER Visits per Patient	1.3	3.4%	1.4	0.3%	1.4	1.5	33.3%	2.0	-50.0%	1.0
ER Visits per 1000	317.2	-42.1%	183.7	4.9%	192.7	1,125.0	-33.3%	750.0	-69.8%	226.4
Paid per ER Visit	\$2,101	11.9%	\$2,350	2.1%	\$2,399	\$4,159	24.1%	\$5,162	254.0%	\$18,276
Urgent Care Visits										
# of UC Visits	4,837	2.7%	4,968	1.8%	5,058	2	0.0%	2	-50.0%	1
UC Visits per Patient	1.4	3.7%	1.4	1.5%	1.5	1.0	0.0%	1.0	0.0%	1.0
UC Visits per 1000	635.3	-48.5%	327.2	5.9%	346.5	750.0	-50.0%	375.0	-39.6%	226.4
Paid per UC Visit	\$40	1.3%	\$40	14.2%	\$46	\$0	-	\$130	-4.6%	\$124
Office Visits										
Off Visits per Patient	3.3	10.0%	3.6	4.6%	3.8	3.6	-22.2%	2.8	-46.4%	1.5
Paid per Office Visit	\$37	12.5%	\$42	7.2%	\$45	\$42	188.3%	\$122	-52.3%	\$58
Office Visits Paid PMPY	\$227	-39.2%	\$138	10.5%	\$153	\$285	12.1%	\$319	-75.3%	\$79
Services										
Radiology Svcs per 1000	5,617.6	-43.4%	3,176.9	5.8%	3,361.5	4,500.0	-16.7%	3,750.0	-69.8%	1,132.1
Radiology Paid PMPY	\$351	-34.7%	\$229	-0.1%	\$229	\$615	266.8%	\$2,255	-42.5%	\$1,296
Lab Services per 1000	16,673.6	-47.1%	8,813.2	6.6%	9,396.7	11,625.0	-62.9%	4,312.5	-47.5%	2,264.2
Labs Paid PMPY	\$249	-40.8%	\$147	16.9%	\$172	\$619	-67.0%	\$204	104.3%	\$417

Utilization Summary – YTD Trend

Retired Members



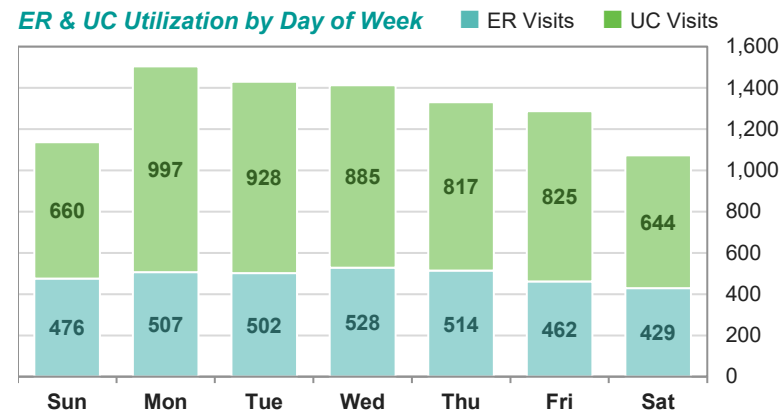
Measure	State Retirees					Non-State Retirees				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Inpatient Admissions										
# of Admits	151	5.3%	159	-23.3%	122	41	-4.9%	39	-10.3%	35
# of Admit Days	863	31.6%	1,136	-48.2%	589	449	-44.5%	249	-31.3%	171
Paid per Admit	\$29,556	0.7%	\$29,762	-19.4%	\$23,993	\$42,167	-39.5%	\$25,518	-59.1%	\$10,442
Paid per Admit Day	\$5,171	-19.5%	\$4,166	19.3%	\$4,970	\$3,850	3.8%	\$3,997	-46.5%	\$2,137
Admits per 1000	112.0	-48.1%	58.2	-14.9%	49.5	294.4	-52.7%	139.4	1.0%	140.8
Average LOS	5.7	25.0%	7.1	-32.4%	4.8	11.0	-41.7%	6.4	-23.5%	4.9
Emergency Room Visits										
# of ER Visits	536	9.3%	586	-15.7%	494	87	50.6%	131	-16.0%	110
~ % resulting in Admit	19.0%	-1.1 pts	17.9%	1.3 pts	19.2%	20.7%	7.6 pts	28.2%	-8.2 pts	20.0%
ER Visits per Patient	1.5	-6.1%	1.4	1.0%	1.4	1.5	36.9%	2.0	-7.6%	1.8
ER Visits per 1000	397.7	-46.1%	214.5	-6.5%	200.5	624.8	-25.1%	468.1	-5.5%	442.5
Paid per ER Visit	\$1,886	1.7%	\$1,918	32.3%	\$2,537	\$1,623	-60.1%	\$647	16.6%	\$755
Urgent Care Visits										
# of UC Visits	557	15.1%	641	-1.6%	631	66	6.1%	70	-5.7%	66
UC Visits per Patient	1.3	6.5%	1.4	-1.1%	1.4	1.7	-1.3%	1.6	-13.7%	1.4
UC Visits per 1000	413.3	-43.2%	234.6	9.1%	256.1	474.0	-47.2%	250.1	6.1%	265.5
Paid per UC Visit	\$40	-2.7%	\$39	28.1%	\$50	\$35	-24.1%	\$27	41.7%	\$38
Office Visits										
Off Visits per Patient	4.1	11.3%	4.5	5.1%	4.8	5.9	22.5%	7.2	4.8%	7.5
Paid per Office Visit	\$39	8.8%	\$43	10.1%	\$47	\$24	-3.3%	\$23	27.4%	\$30
Office Visits Paid PMPY	\$361	-43.2%	\$205	18.9%	\$244	\$390	-47.9%	\$203	33.1%	\$270
Services										
Radiology Svcs per 1000	10,363.5	-47.7%	5,415.4	13.9%	6,167.0	21,299.8	-45.4%	11,639.1	-6.5%	10,877.6
Radiology Paid PMPY	\$699	-48.3%	\$361	62.8%	\$588	\$558	-57.3%	\$238	27.8%	\$304
Lab Services per 1000	22,374.9	-48.1%	11,609.0	14.0%	13,235.3	38,614.0	-37.9%	23,971.4	-11.3%	21,268.5
Labs Paid PMPY	\$347	-38.7%	\$213	16.9%	\$248	\$203	-21.3%	\$159	24.6%	\$199

On Demand Care Summary

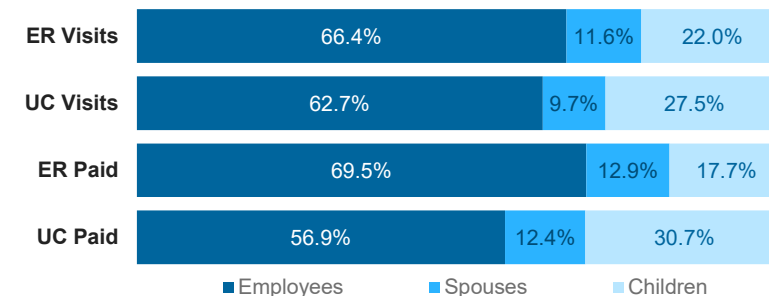
Emergency Room & Urgent Care



Measure	2024-3Q	2025-3Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	3,511	3,418	-2.6%		
# of Patients	2,507	2,445	-2.5%		
Total Plan Paid	\$7,786,408	\$8,102,841	4.1%		
Total Mem Paid	\$3,996,906	\$4,088,472	2.3%		
Visits per 1000	192.9	197.4	2.3%	222.9	-11.4%
Paid per Visit	\$2,218	\$2,371	6.9%	\$2,289	3.6%
Paid PMPM	\$36	\$39	9.4%	\$43	-8.3%
% ER Patients w/ Office Visit*	91.0%	91.5%	0.5 pts		
% Potentially Avoidable**	15.1%	17.1%	2.0 pts	82.0%	-65.0 pts
Urgent Care					
# of Visits	5,681	5,756	1.3%		
# of Patients	3,932	3,945	0.3%		
Total Plan Paid	\$226,866	\$266,325	17.4%		
Total Mem Paid	\$764,038	\$777,007	1.7%		
Visits per 1000	312.1	332.4	6.5%	277.2	19.9%
Paid per Visit	\$40	\$46	15.9%	\$114	-59.5%
Paid PMPM	\$1	\$1	23.4%	\$3	-51.4%



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	2,270	3,611	5,881	\$5,628,146	\$151,622	\$5,779,768
Spouse	395	560	955	\$1,044,265	\$32,997	\$1,077,262
Child	753	1,585	2,338	\$1,430,429	\$81,707	\$1,512,136
Total	3,418	5,756	9,174	\$8,102,841	\$266,325	\$8,369,166

* 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.

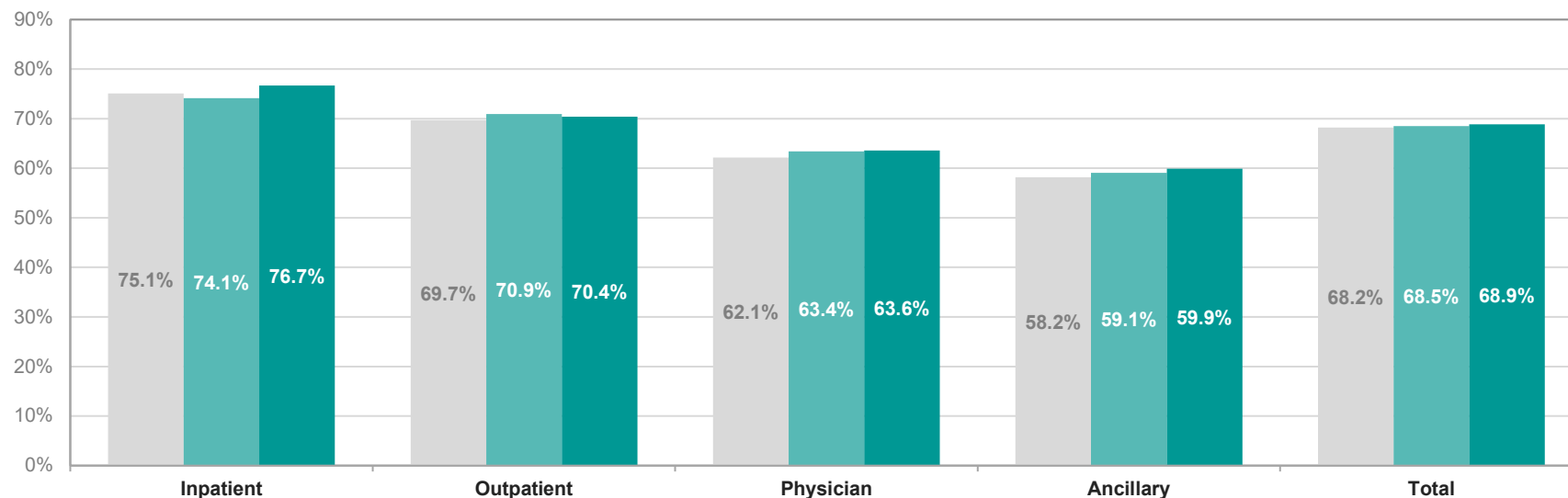
Network Summary

Discount Percentage & Network Utilization

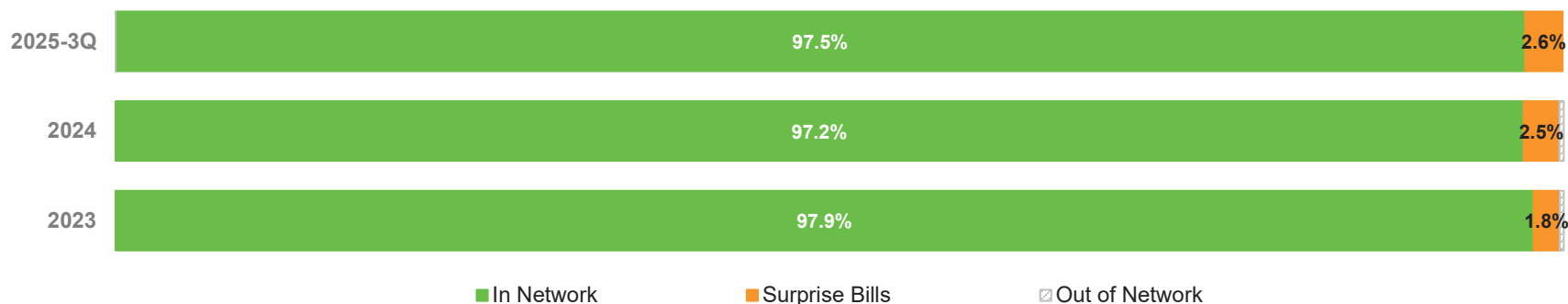


Discount Percentage* by Claim Type

Plan Year: 2023 2024 2025-3Q



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	2024 (Full Year)		2025-3Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	14,301	\$11,677,955	11,917	\$9,403,369	\$6,976,301	\$1,169,226	\$1,257,841	\$3,538,730	\$5,864,639
Circulatory System	4,299	\$10,388,505	3,651	\$7,230,396	\$5,312,711	\$1,098,680	\$819,006	\$4,331,678	\$2,898,718
Musculoskeletal System	6,363	\$8,891,851	5,326	\$6,904,778	\$5,242,616	\$1,203,374	\$458,788	\$2,760,929	\$4,143,849
Neoplasms	3,094	\$9,469,226	2,610	\$6,171,759	\$4,675,035	\$1,368,028	\$128,696	\$3,039,657	\$3,132,102
Injury, Poisoning & External Causes	3,089	\$6,988,732	2,288	\$5,898,745	\$4,353,945	\$426,816	\$1,117,985	\$3,777,942	\$2,120,803
Digestive System	2,673	\$7,363,331	2,335	\$4,049,077	\$3,097,033	\$667,284	\$284,760	\$2,248,482	\$1,800,595
Symptoms, Signs & Findings, NEC	8,898	\$4,971,465	7,425	\$3,624,336	\$2,592,570	\$516,236	\$515,530	\$1,398,089	\$2,226,247
Genitourinary System	4,239	\$4,643,464	3,544	\$3,257,520	\$2,571,098	\$426,148	\$260,274	\$1,342,624	\$1,914,896
Nervous System	2,989	\$4,637,075	2,586	\$2,793,572	\$1,788,378	\$521,263	\$483,932	\$780,995	\$2,012,578
Endocrine, Nutritional & Metabolic	6,419	\$3,708,461	5,559	\$2,560,222	\$2,117,873	\$308,373	\$133,976	\$1,227,919	\$1,332,302
Mental, Behavioral & Neurodevelopmental	3,269	\$4,218,922	2,881	\$2,522,137	\$871,047	\$231,491	\$1,419,600	\$1,255,904	\$1,266,234
Infectious & Parasitic Diseases	1,853	\$2,544,375	1,329	\$2,194,380	\$1,795,472	\$251,534	\$147,373	\$1,337,727	\$856,652
Respiratory System	5,447	\$3,963,399	4,340	\$2,146,092	\$1,217,696	\$363,996	\$564,400	\$978,155	\$1,167,938
Perinatal Originating Conditions	213	\$2,826,203	149	\$1,744,028	\$153	\$0	\$1,743,875	\$1,320,058	\$423,970
Pregnancy, Childbirth & the Puerperium	418	\$2,643,975	343	\$1,651,530	\$1,179,651	\$324,190	\$147,690	\$4,968	\$1,646,562
Skin & Subcutaneous Tissue	4,799	\$1,211,542	4,003	\$910,170	\$752,038	\$94,414	\$63,718	\$416,966	\$493,204
Eye and Adnexa	4,994	\$1,059,135	3,300	\$565,092	\$455,125	\$79,320	\$30,647	\$242,770	\$322,322
Blood & Immune Disorders	932	\$1,640,703	757	\$483,755	\$406,025	\$43,878	\$33,853	\$168,221	\$315,534
Congenital Malformations & Abnormalities	260	\$676,174	206	\$435,058	\$113,185	\$20,649	\$301,225	\$165,164	\$269,895
Ear and Mastoid Process	1,692	\$574,395	1,270	\$396,414	\$277,345	\$57,673	\$61,395	\$238,291	\$158,123
External Causes of Morbidity	6	\$832	0	\$0	\$0	\$0	\$0	\$0	\$0
Total	22,265	\$94,099,719	19,641	\$64,942,432	\$45,795,296	\$9,172,572	\$9,974,563	\$30,575,269	\$34,367,163

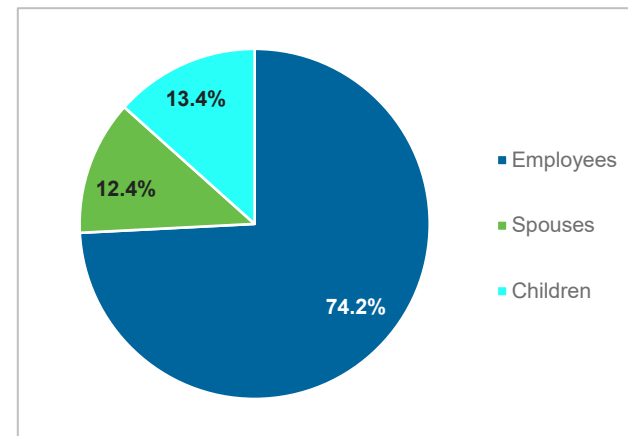
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

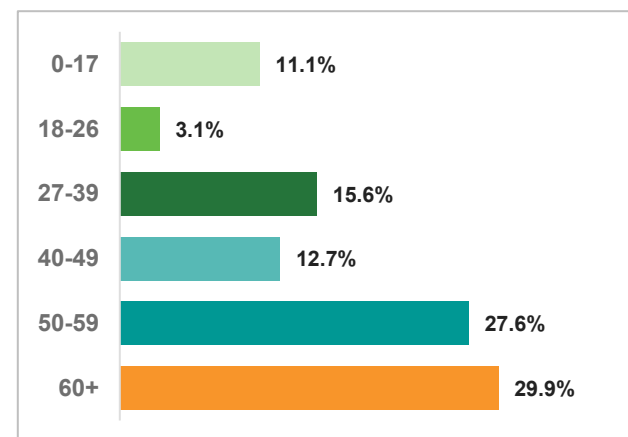


#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	62	470	\$3,844,539	40.9%
2	Neoplasm-related encounters	3,416	5,893	\$1,695,636	18.0%
3	Medical examination/evaluation	8,124	13,264	\$1,445,141	15.4%
4	Exposure, enc, screen or contact w infectious dz	3,637	5,043	\$865,383	9.2%
5	Contraceptive & procreative management	558	912	\$370,211	3.9%
6	Other aftercare encounter	443	847	\$286,728	3.0%
7	Implant, device or graft related encounter	353	902	\$234,561	2.5%
8	Family history of disease	109	170	\$97,353	1.0%
9	Other specified status	666	1,241	\$89,209	0.9%
10	Organ transplant status	37	179	\$76,471	0.8%
11	Encount for obs & exam for conds ruled out	1,306	1,620	\$67,478	0.7%
12	Personal history of other disease	377	561	\$64,214	0.7%
13	Genetic susceptibility to disease	11	21	\$62,042	0.7%
14	Other specified encounters & counseling	272	819	\$55,692	0.6%
15	Encounter for prophylactic or oth procedures	39	42	\$36,308	0.4%
16	Personal history of malignant neoplasm	105	147	\$32,965	0.4%
17	Enc for prophylactic measures (ex immuniz)	52	93	\$20,874	0.2%
18	Acquired absence of limb or organ	37	62	\$16,206	0.2%
19	Lifestyle/life management factors	51	109	\$15,971	0.2%
20	Encounter for mental health conditions	1,062	1,283	\$7,469	0.1%
...	All Others	148	201	\$18,918	0.2%
=	Total	11,917	35,375	\$9,403,369	100.0%

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range

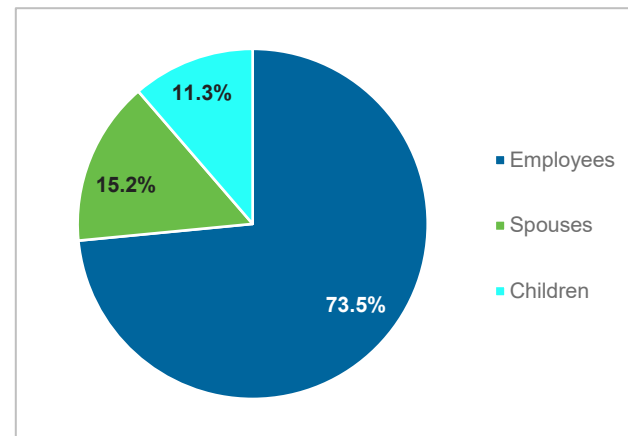


Circulatory System

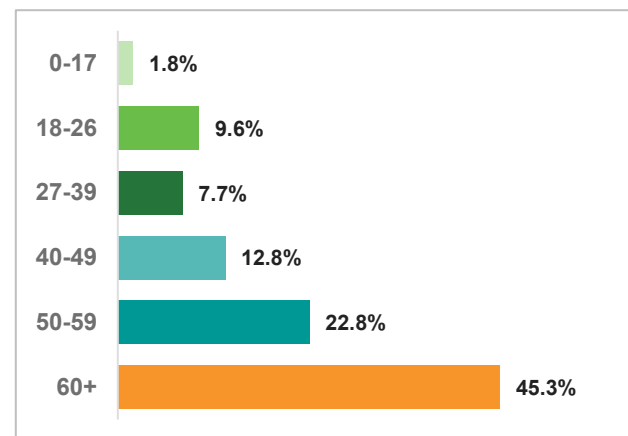
Breakout by Diagnostic Grouping & Demographics

#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Coronary atherosclerosis & oth heart disease	553	1,355	\$1,555,607	21.5%
2	Cardiac dysrhythmias	506	1,739	\$1,326,938	18.4%
3	Nonspecific chest pain	893	1,961	\$815,681	11.3%
4	Cerebrovascular disease	165	532	\$727,628	10.1%
5	Other circulatory	162	305	\$693,919	9.6%
6	Hypertension	2,171	4,600	\$599,139	8.3%
7	Myocardial infarction	39	175	\$530,778	7.3%
8	Vascular disease	260	669	\$403,979	5.6%
9	Heart failure	124	403	\$218,799	3.0%
10	Acute pulmonary embolism, DVT	88	317	\$215,954	3.0%
11	Nonrheumatic & unspecified valve disorders	190	337	\$115,152	1.6%
12	Myocarditis & cardiomyopathy	39	85	\$26,823	0.4%
=	Total	3,651	14,134	\$7,230,396	100.0%

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



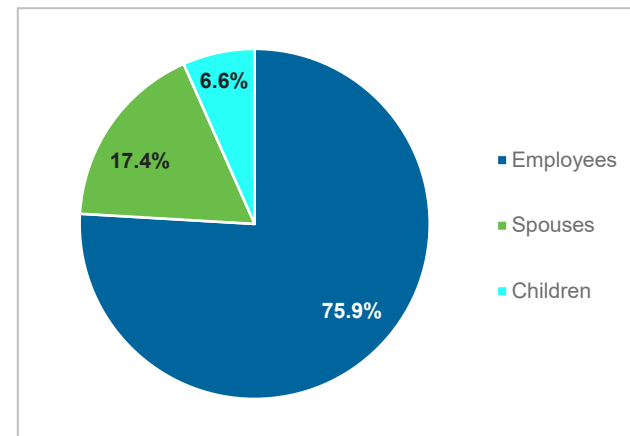
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

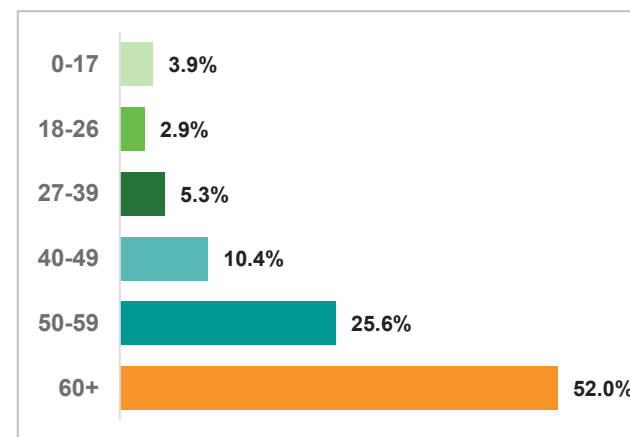


#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	1,497	6,783	\$2,278,615	33.0%
2	Osteoarthritis & osteoporosis	906	2,643	\$1,969,786	28.5%
3	Other musculoskeletal pain	2,850	10,365	\$734,185	10.6%
4	Tendon, tissue, muscle disorders	1,172	3,459	\$541,412	7.8%
5	Scoliosis & oth deformities	479	994	\$478,548	6.9%
6	Joint disorders & fractures	379	845	\$273,116	4.0%
7	Low back pain	760	2,652	\$224,204	3.2%
8	Other MSK	106	309	\$185,479	2.7%
9	Rheumatoid arthritis & related disease	130	494	\$139,349	2.0%
10	Lupus	93	328	\$35,082	0.5%
11	Biomechanical lesions	462	2,191	\$32,387	0.5%
12	Gout & crystal arthropathies	110	212	\$12,615	0.2%
=	Total	5,326	33,706	\$6,904,778	100.0%

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-3Q		2025-3Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Neurodevelopmental disorders	440	\$812,021	502	\$1,242,281	449	\$901,070	\$0	\$44,311	\$856,616	\$143
Depressive disorders	850	\$890,095	1,005	\$728,698	820	\$417,790	\$93,501	\$31,798	\$289,716	\$2,776
Alcohol-related disorders	109	\$462,127	124	\$806,533	105	\$371,204	\$228,652	\$85,494	\$56,254	\$803
Anxiety & related Disorders	1,099	\$265,201	1,199	\$362,534	1,057	\$241,197	\$9,232	\$44,360	\$186,388	\$1,217
Trauma & stressor disorders	617	\$182,525	760	\$288,426	688	\$232,961	\$3,500	\$25,330	\$204,131	\$0
Bipolar & related Disorders	133	\$160,245	172	\$99,260	147	\$102,207	\$64,316	\$560	\$36,114	\$1,217
Other mental health	250	\$144,033	258	\$121,588	255	\$54,440	\$4,161	\$5,326	\$40,512	\$4,440
Suicidal ideation, attempt or self-harm	50	\$204,626	51	\$205,797	33	\$53,391	\$0	\$48,665	\$4,726	\$0
Schizophrenia spectrum disorders	45	\$164,022	48	\$121,142	35	\$41,828	\$14,658	\$15,527	\$11,608	\$35
Obsessive compulsive disorders	57	\$38,034	54	\$72,146	54	\$32,178	\$0	\$0	\$32,178	\$0
Opioid disorders	32	\$43,726	35	\$37,710	30	\$28,308	\$10,594	\$6,654	\$11,060	\$0
Other substance use	74	\$7,875	106	\$12,377	85	\$14,763	\$8,882	\$0	\$4,215	\$1,666
Eating disorders	24	\$110,628	30	\$83,704	16	\$12,782	\$0	\$0	\$12,782	\$0
Cannabis-related disorders	25	\$7,995	24	\$15,571	25	\$11,861	\$0	\$7,731	\$4,129	\$0
Stimulant disorders	8	\$29,616	7	\$21,155	12	\$6,158	\$0	\$3,760	\$2,399	\$0
Total	2,916	\$3,522,768	3,269	\$4,218,922	2,881	\$2,522,137	\$437,496	\$319,515	\$1,752,829	\$12,297

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	50	2.1	28.2%	32	1.4	39.1%	\$6,567	160.0	540.0
Asthma	619	26.3	-7.2%	247	10.5	-0.8%	\$6,407	66.2	284.3
Atrial Fibrillation	220	9.3	-2.7%	157	6.7	-1.3%	\$48,481	340.9	718.2
Blood Disorders	895	38.0	-3.0%	397	16.8	-6.6%	\$18,306	179.9	343.0
CAD	391	16.6	-6.0%	210	8.9	-1.4%	\$19,232	138.1	294.1
COPD	121	5.1	15.2%	72	3.1	9.1%	\$19,078	322.3	677.7
Cancer	1,799	76.3	-0.2%	918	39.0	-1.0%	\$15,174	98.4	178.4
Chronic Pain	135	5.7	-7.5%	68	2.9	-4.2%	\$53,292	681.5	822.2
CHF	91	3.9	21.3%	50	2.1	31.6%	\$46,229	549.5	956.0
Demyelinating Diseases	62	2.6	-16.2%	37	1.6	-35.1%	\$20,128	112.9	354.8
Depression	927	39.3	-3.1%	616	26.1	0.3%	\$8,384	97.1	326.9
Diabetes	1,501	63.7	-1.0%	1,023	43.4	-2.8%	\$10,304	82.6	232.5
ESRD	120	5.1	22.4%	87	3.7	6.1%	\$62,330	1,025.0	1,483.3
Eating Disorders	23	1.0	-11.5%	16	0.7	33.3%	\$29,816	391.3	1,000.0
HIV/AIDS	37	1.6	-9.8%	30	1.3	-6.3%	\$15,500	54.1	351.4
Hyperlipidemia	811	34.4	-3.3%	280	11.9	-7.0%	\$4,006	16.0	67.8
Hypertension	2,441	103.6	-1.2%	1,179	50.0	2.9%	\$7,916	72.9	223.3
Immune Disorders	46	2.0	-34.3%	24	1.0	-14.3%	\$29,369	130.4	543.5
IBD	50	2.1	-19.4%	12	0.5	0.0%	\$2,870	20.0	140.0
Liver Disease	6	0.3	-14.3%	6	0.3	20.0%	\$136,088	2,500.0	3,166.7
Morbid Obesity	261	11.1	28.6%	122	5.2	37.1%	\$6,875	107.3	233.7
Osteoarthritis	877	37.2	-1.9%	382	16.2	-5.0%	\$9,950	55.9	158.5
Peripheral Vascular Disease	130	5.5	-0.8%	33	1.4	-15.4%	\$16,105	115.4	238.5
Rheumatoid Arthritis	130	5.5	8.3%	93	3.9	2.2%	\$11,234	53.8	246.2

- Most prevalent chronic condition is Hypertension, with 2,441 members
- Hypertension is also the condition with the most moderate/high risk members (1,179)
- Members with mod/high risk Cancer have the highest combined cost: 918 members totaling \$13.9M

Date Range: Service Dates 1/1/2024 - 12/31/2024, Paid through 3/31/2025

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: \$5,564
- Admits per 1000: 41.7
- ER Visits per 1000: 189.0

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	2023			2024			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	163.0	875	5,367.9	139.2	828	5,947.8	10.8%	5,328.7	11.6%
Well Child Visit	3 - 6 years	839.8	614	731.1	743.6	558	750.4	2.6%	791.5	-5.2%
Adults w/ Well Visit	Adults 18+	21,160	7,636	36.1%	19,513	7,172	36.8%	0.7 pts	43.6%	-6.9 pts
Screenings	Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	6,629	2,737	41.3%	6,028	2,641	43.8%	2.5 pts	51.1%	-7.3 pts
Cervical Cancer	Females 21 - 64	9,630	2,438	25.3%	8,713	2,109	24.2%	-1.1 pts	25.5%	-1.3 pts
Prostate Cancer	Males 50 - 70	4,056	1,555	38.3%	3,741	1,573	42.0%	3.7 pts	45.1%	-3.0 pts
Colorectal Cancer	Members 45 - 75	10,954	1,601	14.6%	10,047	1,586	15.8%	1.2 pts	18.2%	-2.4 pts
Cholesterol	Female 45+ Male 35+	13,111	6,155	46.9%	12,131	5,865	48.3%	1.4 pts	51.1%	-2.8 pts
Condition-specific	Screening									
Asthma	Office Visit for Asthma	667	535	80.2%	619	498	80.5%	0.2 pts		
COPD	Spirometry Test	105	14	13.3%	121	23	19.0%	5.7 pts		
Type 2 Diabetes	A1c Test	1,425	1,199	84.1%	1,426	1,221	85.6%	1.5 pts	87.0%	-1.3 pts
	Eye Exam	1,425	368	25.8%	1,426	358	25.1%	-0.7 pts	26.5%	-1.4 pts
	Lipid Panel	1,425	1,063	74.6%	1,426	1,090	76.4%	1.8 pts	75.2%	1.2 pts
	Urine Protein Test	1,425	873	61.3%	1,426	895	62.8%	1.5 pts	66.5%	-3.7 pts
	Any Diabetes Screen	1,425	1,319	92.6%	1,426	1,323	92.8%	0.2 pts	94.3%	-1.5 pts
Hyperlipidemia	Lipid Profile	839	471	56.1%	811	404	49.8%	-6.3 pts		
Hypertension	Creatinine Test	2,470	475	19.2%	2,441	475	19.5%	0.2 pts		
	Lipid Profile	2,470	657	26.6%	2,441	575	23.6%	-3.0 pts		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 1/1/2024 - 12/31/2024, Paid through 3/31/2025

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

**Public Employees' Benefits Program - RX Costs
PY 2025 - Through Quarter Ending March 31, 2025**

Express Scripts

1Q-3Q FY2025 CDHP		1Q-3Q FY2024 CDHP	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Memberships)	22,979	24,197	(1,218)	-5.0%
Utilizing Member Count (Patients)	15,443	16,420	(977)	-6.0%
Percent Utilizing (Utilization)	67.2%	67.9%	(0.01)	-1.0%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	250,469	254,470	(4,001)	-1.6%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.17	0.04	3.4%
Total Claims for Generic (Generic Rx)	219,813	222,058	(2,245.00)	-1.0%
Total Claims for Brand (Brand Rx)	30,656	32,412	(1,756.00)	-5.4%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	406	921	(515.00)	-55.9%
Total Non-Specialty Claims	247,382	251,565	(4,183.00)	-1.7%
Total Specialty Claims	3,087	2,905	182.00	6.3%
Generic % of Total Claims (GFR)	87.8%	87.3%	0.00	0.6%
Generic Effective Rate (GCR)	99.8%	99.6%	0.00	0.2%
Mail Order Claims	63,722	69,807	(6,085.00)	-8.7%
Mail Penetration Rate*	28.9%	31.2%	(0.02)	-2.3%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$34,199,222	\$32,565,038	\$1,634,184.00	5.0%
Total Generic Gross Cost	\$3,473,600	\$3,324,684	\$148,916.00	4.5%
Total Brand Gross Cost	\$30,725,623	\$29,240,354	\$1,485,269.00	5.1%
Total MSB Gross Cost	\$255,410	\$402,567	(\$147,157.00)	-36.6%
Total Ingredient Cost	\$33,103,575	\$31,451,608	\$1,651,967.00	5.3%
Total Dispensing Fee	\$1,078,970	\$1,091,671	(\$12,701.00)	-1.2%
Total Other (e.g. tax)	\$16,677	\$21,758	(\$5,081.00)	-23.4%
Avg Total Cost per Claim (Gross Cost/Rx)	\$136.54	\$127.97	\$8.57	6.7%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$15.80	\$15.36	\$0.44	2.9%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$1,002.27	\$902.15	\$100.12	11.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$629.09	\$437.10	\$191.99	43.9%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$7,799,751	\$7,303,881	\$495,870.00	6.8%
Total Copay	\$6,153,430	\$5,894,999	\$258,431.00	4.4%
Total Deductible	\$1,646,321	\$1,408,882	\$237,439.00	16.9%
Avg Copay per Claim (Copay/Rx)	\$24.57	\$23.17	\$1.40	6.1%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$31.14	\$28.70	\$2.44	8.5%
Avg Copay for Generic (Copay/Generic Rx)	\$7.10	\$6.79	\$0.31	4.6%
Avg Copay for Brand (Copay/Brand Rx)	\$203.53	\$178.81	\$24.72	13.8%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$288.39	\$115.32	\$173.07	150.1%
Net PMPM (Participant Cost PMPM)	\$37.71	\$33.54	\$4.18	12.4%
Copay % of Total Prescription Cost (Member Cost Share %)	22.8%	22.4%	0.4%	1.7%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$26,399,471	\$25,261,156	\$1,138,315.00	4.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$10,949,479	\$10,589,174	\$360,305.00	3.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$15,449,992	\$14,671,982	\$778,010.00	5.3%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$105.40	\$99.27	\$6.13	6.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$8.70	\$8.18	\$0.52	6.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$798.74	\$723.34	\$75.40	10.4%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$329.70	\$321.77	\$7.93	2.5%
Net PMPM (Plan Cost PMPM)	\$127.65	\$116.00	\$11.65	10.0%
PMPM without Specialty (Non-Specialty PMPM)	\$52.94	\$42.09	\$10.85	25.8%
PMPM for Specialty Only (Specialty PMPM)	\$74.71	\$67.37	\$7.34	10.9%
Specialty % of Plan Cost	58.5%	58.1%	\$0.00	0.7%
Rebates Received (Q1-Q2 FY2024 actual)	\$4,532,198	\$8,885,059	(\$4,352,861.95)	-49.0%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$105.74	\$75.20	\$30.54	40.6%
PMPM without Specialty (Non-Specialty PMPM)	\$26.85	\$29.36	(\$2.51)	-8.5%
PMPM for Specialty Only (Specialty PMPM)	\$50.73	\$45.03	\$5.70	12.7%

Appendix B

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Public Employees' Benefits Program

Quarterly Plan Performance Review

Low Ded Plan • 2025-3Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2025 Plan Year (Current)

2025-3Q. 1st three Quarters: Claims Paid 7/1/2024 - 3/31/2025

➤ 2024 Plan Year

2024-3Q. 1st three Quarters: Claims Paid 7/1/2023 - 3/31/2024

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

➤ 2023 Plan Year

2023-3Q. 1st three Quarters: Claims Paid 7/1/2022 - 3/31/2023

2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

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: 5,024 groups with approximately 7.8 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 3/31/2025

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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: +13.8%
- High-Cost Claimants Paid PMPM trend: +29.4%; Non HCCs trend: +11.1%
- Top Paid Diagnostic Chapters: Health Status & Services (+7.7% Paid PMPM), Musculoskeletal (+2.7%), Neoplasms (Cancer) (+38.1%)



Membership & Demographics

- Total membership is 23.2% higher than prior period
- Employees increased 24.6%, while Dependents were up 21.7%
- 80.7% of members had < \$2,500 medical paid, with 18.6% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$28,857, which is 10.2% higher than 2024-3Q
- Paid per ER Visit was \$3,148, which is 7.0% higher than 2024-3Q



Network Utilization & Savings

- 98.0% of all Medical spend dollars were to In Network providers
- The average In Network discount was 66.2%, which is 1.0 pts above the 2024 average discount of 65.2%

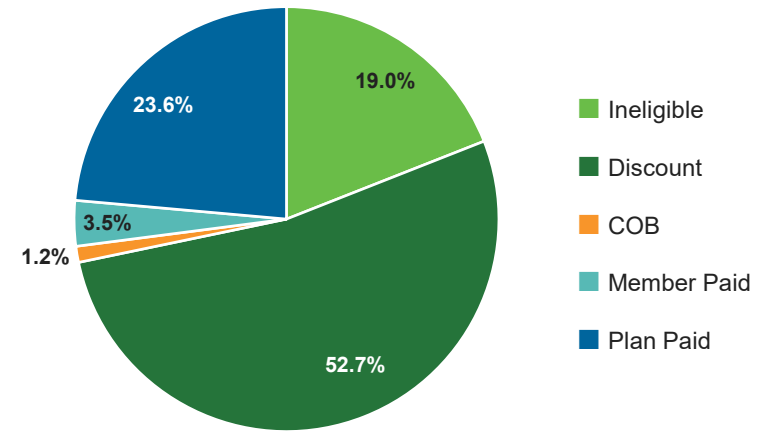
Medical Total Savings Summary



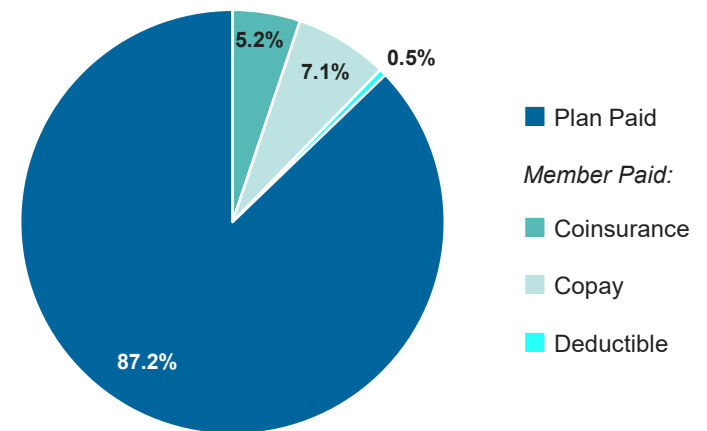
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-3Q Total Dollars	2025-3Q PMPM*	2024 PMPM*	Trend
Medical Billed	\$360,485,203	\$1,721	\$1,519	13.3%
(-) Ineligible	\$68,562,483	\$327	\$303	8.2%
Medical Covered	\$291,922,720	\$1,393	\$1,216	14.6%
(-) Discount	\$189,943,294	\$907	\$780	16.2%
Medical Allowed	\$101,979,426	\$487	\$436	11.7%
(-) COB	\$4,401,949	\$21	\$11	93.4%
(-) Coinsurance	\$5,034,479	\$24	\$23	5.6%
(-) Copay	\$6,926,563	\$33	\$32	3.7%
(-) Deductible	\$517,387	\$2	\$2	10.0%
Total Member Paid	\$12,478,429	\$60	\$57	4.7%
Total Plan Paid	\$85,000,092	\$406	\$363	11.8%

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	2024-3Q (7/1/2023 - 3/31/2024)						2025-3Q (7/1/2024 - 3/31/2025)						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	\$5,876,341	\$3,440	\$16,340	\$10	\$5,892,681	\$3,449	\$4,734,658	\$2,225	\$24,955	\$12	\$4,759,613	\$2,237	-19.2%	-35.1%
1	\$376,945	\$215	\$4,311	\$2	\$381,256	\$218	\$685,151	\$303	\$12,177	\$5	\$697,328	\$309	82.9%	41.9%
2 - 4	\$800,556	\$132	\$29,277	\$5	\$829,833	\$137	\$1,472,906	\$196	\$77,102	\$10	\$1,550,008	\$206	86.8%	50.3%
5 - 9	\$1,463,048	\$129	\$390,382	\$34	\$1,853,430	\$163	\$1,788,652	\$127	\$745,968	\$53	\$2,534,620	\$180	36.8%	10.1%
10 - 14	\$1,686,962	\$137	\$328,699	\$27	\$2,015,661	\$164	\$2,325,304	\$157	\$301,524	\$20	\$2,626,827	\$177	30.3%	8.2%
15 - 19	\$2,306,328	\$160	\$560,362	\$39	\$2,866,691	\$199	\$3,792,327	\$219	\$1,007,338	\$58	\$4,799,665	\$277	67.4%	39.4%
20 - 24	\$2,916,480	\$215	\$809,280	\$60	\$3,725,760	\$275	\$3,286,309	\$197	\$1,248,733	\$75	\$4,535,041	\$271	21.7%	-1.2%
25 - 29	\$3,173,289	\$278	\$1,290,025	\$113	\$4,463,314	\$391	\$4,534,178	\$313	\$1,824,049	\$126	\$6,358,227	\$440	42.5%	12.3%
30 - 34	\$3,819,481	\$286	\$2,620,947	\$196	\$6,440,428	\$482	\$6,009,079	\$362	\$2,587,072	\$156	\$8,596,150	\$518	33.5%	7.5%
35 - 39	\$4,526,499	\$310	\$1,950,447	\$133	\$6,476,946	\$443	\$7,113,326	\$387	\$2,993,817	\$163	\$10,107,143	\$549	56.0%	24.0%
40 - 44	\$4,931,672	\$337	\$2,261,154	\$155	\$7,192,827	\$492	\$7,703,221	\$430	\$3,276,586	\$183	\$10,979,807	\$612	52.6%	24.6%
45 - 49	\$4,288,864	\$338	\$2,563,655	\$202	\$6,852,518	\$541	\$6,471,992	\$409	\$3,763,702	\$238	\$10,235,695	\$647	49.4%	19.7%
50 - 54	\$5,766,264	\$405	\$3,713,143	\$261	\$9,479,407	\$666	\$8,066,246	\$475	\$4,592,489	\$270	\$12,658,736	\$746	33.5%	11.9%
55 - 59	\$7,109,481	\$563	\$3,419,108	\$271	\$10,528,588	\$834	\$9,993,962	\$645	\$4,810,655	\$310	\$14,804,618	\$955	40.6%	14.6%
60 - 64	\$7,402,014	\$678	\$3,616,809	\$331	\$11,018,823	\$1,009	\$11,183,994	\$834	\$4,608,808	\$344	\$15,792,802	\$1,177	43.3%	16.7%
65+	\$3,456,142	\$791	\$1,372,339	\$314	\$4,828,481	\$1,104	\$5,838,789	\$1,064	\$2,222,077	\$405	\$8,060,867	\$1,469	66.9%	33.0%
Total	\$59,900,366	\$352	\$24,946,278	\$147	\$84,846,643	\$499	\$85,000,092	\$406	\$34,097,054	\$163	\$119,097,146	\$569	40.4%	13.9%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2025-3Q	Variance
Average Enrollment							
Employees	3,309	195.9%	9,793	24.6%	12,206		
Spouses	831	190.5%	2,413	19.0%	2,871		
Children	2,308	189.8%	6,687	22.6%	8,201		
Tot. Members	6,448	193.0%	18,893	23.2%	23,278		
Avg. Family Size	1.9	-1.0%	1.9	-1.2%	1.9	1.9	-0.6%
Financial Summary							
Allowed	\$23,623,100	206.0%	\$72,284,182	41.1%	\$101,979,426		
Plan Paid	\$19,464,274	207.7%	\$59,900,366	41.9%	\$85,000,092		
Member Paid (OOP)	\$2,901,533	233.5%	\$9,677,852	28.9%	\$12,478,429		
Paid PEPY	\$7,843	4.0%	\$8,156	13.8%	\$9,285	\$10,189	-8.9%
Paid PMPY	\$4,025	5.0%	\$4,227	15.2%	\$4,869	\$5,311	-8.3%
Paid PEPM	\$654	4.0%	\$680	13.8%	\$774	\$849	-8.9%
Paid PMPM	\$335	5.0%	\$352	15.2%	\$406	\$443	-8.3%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	28	92.9%	54	64.8%	89		
HCCs per 1000	4.3	-34.2%	2.9	33.8%	3.8	4.8	-19.6%
Paid per HCC	\$216,495	14.2%	\$247,264	-3.2%	\$239,246	\$220,999	8.3%
HCC Paid % of Tot	31.1%	-8.9 pts	22.3%	2.8 pts	25.1%	27.4%	-2.4 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$818	-2.4%	\$798	30.8%	\$1,044	\$1,347	-22.5%
Outpatient	\$1,213	-0.3%	\$1,210	14.7%	\$1,388	\$1,560	-11.0%
Physician	\$1,918	11.5%	\$2,139	10.2%	\$2,356	\$2,294	2.7%
Ancillary	\$76	5.9%	\$81	0.7%	\$81	\$111	-26.6%

- With \$75.8M paid, the State Active population is 89.2% of total 2025-3Q med spend
- On a Paid PMPM basis, State Actives are up 16.4% compared to prior year
- Total Low Ded Plan Paid PMPM trend is +15.2%

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				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Average Enrollment										
Employees	3,007	197.6%	8,948	25.8%	11,258	0	175.0%	1	100.0%	2
Spouses	735	191.8%	2,146	19.8%	2,571	0	175.0%	1	18.2%	1
Children	2,196	190.4%	6,379	23.3%	7,863	0	-	0	-	0
Tot. Members	5,938	194.2%	17,472	24.2%	21,692	1	175.0%	2	59.1%	4
Avg. Family Size	2.0	-1.1%	2.0	-1.3%	1.9	2.0	0.0%	2.0	-20.5%	1.6
Financial Summary										
Allowed	\$20,295,452	210.2%	\$62,963,171	44.3%	\$90,860,894	\$5,042	338.2%	\$22,095	-11.9%	\$19,467
Plan Paid	\$16,718,626	213.9%	\$52,478,635	44.5%	\$75,832,194	\$3,800	363.8%	\$17,625	-13.3%	\$15,281
Member Paid (OOP)	\$2,576,040	236.3%	\$8,663,675	30.3%	\$11,289,715	\$1,242	259.9%	\$4,471	-6.4%	\$4,187
Paid PEPY	\$7,414	5.5%	\$7,820	14.9%	\$8,981	\$11,400	68.7%	\$19,227	-56.6%	\$8,335
Paid PMPY	\$3,754	6.7%	\$4,005	16.4%	\$4,661	\$5,700	68.7%	\$9,613	-45.5%	\$5,239
Paid PEPM	\$618	5.5%	\$652	14.9%	\$748	\$950	68.7%	\$1,602	-56.6%	\$695
Paid PMPM	\$313	6.7%	\$334	16.4%	\$388	\$475	68.7%	\$801	-45.5%	\$437
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	22	90.9%	42	90.5%	80	0	-	0	-	0
HCCs per 1000	3.7	-35.1%	2.4	53.4%	3.7	0.0	-	0.0	-	0.0
Paid per HCC	\$224,049	16.0%	\$259,860	-9.4%	\$235,305	\$0	-	\$0	-	\$0
HCC Paid % of Tot	29.5%	-8.7 pts	20.8%	4.0 pts	24.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$755	0.1%	\$756	32.6%	\$1,002	\$0	-	\$0	-	\$0
Outpatient	\$1,132	0.7%	\$1,139	14.0%	\$1,298	\$0	-	\$0	-	\$1,481
Physician	\$1,807	12.4%	\$2,031	12.2%	\$2,279	\$5,700	68.7%	\$9,613	-60.9%	\$3,758
Ancillary	\$61	29.7%	\$78	3.6%	\$81	\$0	-	\$0	-	\$0

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Average Enrollment										
Employees	290	180.8%	815	13.1%	921	12	151.4%	29	-14.8%	25
Spouses	90	183.8%	254	13.5%	288	6	121.6%	13	-15.0%	11
Children	112	175.4%	307	9.5%	336	0	-	1	0.0%	1
Tot. Members	491	180.1%	1,376	12.3%	1,546	17	147.4%	43	-14.5%	37
Avg. Family Size	1.7	-0.2%	1.7	-0.6%	1.7	1.5	-1.6%	1.5	0.3%	1.5
Financial Summary										
Allowed	\$3,215,645	175.2%	\$8,848,072	21.3%	\$10,730,712	\$106,961	321.5%	\$450,844	-18.3%	\$368,353
Plan Paid	\$2,662,606	172.4%	\$7,252,325	23.4%	\$8,947,747	\$79,242	91.5%	\$151,781	35.0%	\$204,871
Member Paid (OOP)	\$306,318	204.0%	\$931,112	22.5%	\$1,141,002	\$17,933	338.3%	\$78,594	-44.6%	\$43,526
Paid PEPY	\$12,239	-3.0%	\$11,871	9.1%	\$12,953	\$9,056	-23.8%	\$6,899	58.4%	\$10,926
Paid PMPY	\$7,228	-2.8%	\$7,028	9.8%	\$7,718	\$6,096	-22.6%	\$4,719	57.9%	\$7,450
Paid PEPM	\$1,020	-3.0%	\$989	9.1%	\$1,079	\$755	-23.8%	\$575	58.4%	\$911
Paid PMPM	\$602	-2.8%	\$586	9.8%	\$643	\$508	-22.6%	\$393	57.9%	\$621
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	5	160.0%	13	-30.8%	9	0	-	0	-	0
HCCs per 1000	10.2	-7.2%	9.4	-38.4%	5.8	0.0	-	0.0	-	0.0
Paid per HCC	\$194,417	-3.8%	\$187,080	46.5%	\$274,138	\$0	-	\$0	-	\$0
HCC Paid % of Tot	36.5%	-3.0 pts	33.5%	-6.0 pts	27.6%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,592	-16.4%	\$1,331	23.9%	\$1,649	\$483	99.3%	\$963	-100.0%	\$0
Outpatient	\$2,202	-4.7%	\$2,098	22.8%	\$2,576	\$1,223	25.6%	\$1,537	162.9%	\$4,041
Physician	\$3,167	10.2%	\$3,491	-2.2%	\$3,415	\$4,358	-50.5%	\$2,157	51.1%	\$3,259
Ancillary	\$267	-59.4%	\$109	-28.5%	\$78	\$31	96.3%	\$61	143.9%	\$149

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023	⇒	2024	⇒	2025-3Q	2025-3Q	Variance
Average Enrollment							
Employees	4,427	125.9%	10,000	22.1%	12,206		
Spouses	1,103	121.8%	2,446	17.4%	2,871		
Children	3,063	121.7%	6,788	20.8%	8,201		
Tot. Members	8,592	123.9%	19,234	21.0%	23,278		
Avg. Family Size	1.9	-0.9%	1.9	-0.8%	1.9	1.9	-0.6%
Financial Summary							
Allowed	\$43,148,635	133.1%	\$100,584,108	1.4%	\$101,979,426		
Plan Paid	\$36,139,486	131.7%	\$83,741,413	1.5%	\$85,000,092		
Member Paid (OOP)	\$5,176,879	153.5%	\$13,125,142	-4.9%	\$12,478,429		
Paid PEPY	\$8,164	2.6%	\$8,374	10.9%	\$9,285	\$10,189	-8.9%
Paid PMPY	\$4,206	3.5%	\$4,354	11.8%	\$4,869	\$5,311	-8.3%
Paid PEPM	\$680	2.6%	\$698	10.9%	\$774	\$849	-8.9%
Paid PMPM	\$351	3.5%	\$363	11.8%	\$406	\$443	-8.3%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	48	83.3%	88	1.1%	89		
HCCs per 1000	5.6	-18.1%	4.6	-16.4%	3.8	4.8	-19.6%
Paid per HCC	\$234,319	-2.3%	\$228,980	4.5%	\$239,246	\$220,999	8.3%
HCC Paid % of Tot	31.1%	-7.1 pts	24.1%	1.0 pts	25.1%	27.4%	-2.4 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$895	-6.6%	\$836	24.9%	\$1,044	\$1,347	-22.5%
Outpatient	\$1,268	0.4%	\$1,274	9.0%	\$1,388	\$1,560	-11.0%
Physician	\$1,946	11.0%	\$2,159	9.1%	\$2,356	\$2,294	2.7%
Ancillary	\$98	-12.3%	\$86	-5.3%	\$81	\$111	-26.6%

- Total plan paid amount for the first three quarters of 2023 was 71.5% of the full year
- Annualizing 2024 paid dollars using the same ratio would result in a total paid of \$119 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				
	2023	⇒	2024	⇒	2025-3Q	2023	⇒	2024	⇒	2025-3Q
Average Enrollment										
Employees	4,026	127.2%	9,150	23.0%	11,258	1	114.3%	1	95.6%	2
Spouses	977	122.8%	2,176	18.1%	2,571	1	114.3%	1	15.6%	1
Children	2,915	122.2%	6,478	21.4%	7,863	0	-	0	-	0
Tot. Members	7,918	124.8%	17,804	21.8%	21,692	1	114.3%	3	55.6%	4
Avg. Family Size	2.0	-1.1%	1.9	-1.0%	1.9	2.0	0.0%	2.0	-20.5%	1.6
Financial Summary										
Allowed	\$37,049,338	136.2%	\$87,492,756	3.8%	\$90,860,894	\$11,149	196.5%	\$33,055	-41.1%	\$19,467
Plan Paid	\$31,024,324	135.7%	\$73,120,641	3.7%	\$75,832,194	\$8,569	209.1%	\$26,488	-42.3%	\$15,281
Member Paid (OOP)	\$4,618,119	155.4%	\$11,795,191	-4.3%	\$11,289,715	\$2,580	154.5%	\$6,566	-36.2%	\$4,187
Paid PEPY	\$7,705	3.7%	\$7,992	12.4%	\$8,981	\$14,690	44.3%	\$21,191	-60.7%	\$8,335
Paid PMPY	\$3,918	4.8%	\$4,107	13.5%	\$4,661	\$7,345	44.3%	\$10,595	-50.6%	\$5,239
Paid PEPM	\$642	3.7%	\$666	12.4%	\$748	\$1,224	44.3%	\$1,766	-60.7%	\$695
Paid PMPM	\$327	4.8%	\$342	13.5%	\$388	\$612	44.3%	\$883	-50.6%	\$437
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	37	89.2%	70	14.3%	80	0	-	0	-	0
HCCs per 1000	4.7	-15.9%	3.9	-6.2%	3.7	0.0	-	0.0	-	0.0
Paid per HCC	\$238,408	-3.3%	\$230,519	2.1%	\$235,305	\$0	-	\$0	-	\$0
HCC Paid % of Tot	28.4%	-6.4 pts	22.1%	2.8 pts	24.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$828	-4.0%	\$794	26.2%	\$1,002	\$0	-	\$0	-	\$0
Outpatient	\$1,179	1.7%	\$1,199	8.3%	\$1,298	\$0	-	\$527	181.2%	\$1,481
Physician	\$1,824	11.3%	\$2,029	12.3%	\$2,279	\$7,345	36.4%	\$10,017	-62.5%	\$3,758
Ancillary	\$88	-4.6%	\$84	-3.1%	\$81	\$0	-	\$52	-100.0%	\$0

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023	⇒	2024	⇒	2025-3Q	2023	⇒	2024	⇒	2025-3Q
Average Enrollment										
Employees	384	113.6%	821	12.2%	921	15	84.3%	28	-12.0%	25
Spouses	118	117.6%	256	12.5%	288	8	63.3%	12	-12.9%	11
Children	147	109.6%	309	8.9%	336	0	500.0%	1	0.0%	1
Tot. Members	650	113.4%	1,386	11.5%	1,546	23	80.5%	42	-12.0%	37
Avg. Family Size	1.7	-0.1%	1.7	-0.6%	1.7	1.5	-2.1%	1.5	0.0%	1.5
Financial Summary										
Allowed	\$5,657,007	119.6%	\$12,423,242	-13.6%	\$10,730,712	\$431,141	47.3%	\$635,055	-42.0%	\$368,353
Plan Paid	\$4,768,632	116.6%	\$10,327,679	-13.4%	\$8,947,747	\$337,961	-21.1%	\$266,605	-23.2%	\$204,871
Member Paid (OOP)	\$517,704	137.7%	\$1,230,503	-7.3%	\$1,141,002	\$38,476	141.4%	\$92,881	-53.1%	\$43,526
Paid PEPY	\$12,405	1.4%	\$12,577	3.0%	\$12,953	\$21,922	-57.2%	\$9,382	16.5%	\$10,926
Paid PMPY	\$7,342	1.5%	\$7,450	3.6%	\$7,718	\$14,641	-56.3%	\$6,399	16.4%	\$7,450
Paid PEPM	\$1,034	1.4%	\$1,048	3.0%	\$1,079	\$1,827	-57.2%	\$782	16.5%	\$911
Paid PMPM	\$612	1.5%	\$621	3.6%	\$643	\$1,220	-56.3%	\$533	16.4%	\$621
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	10	80.0%	18	-50.0%	9	1	0.0%	1	-100.0%	0
HCCs per 1000	15.4	-15.7%	13.0	-55.2%	5.8	43.3	-44.6%	24.0	-100.0%	0.0
Paid per HCC	\$215,577	0.5%	\$216,572	26.6%	\$274,138	\$178,686	-38.7%	\$109,572	-100.0%	\$0
HCC Paid % of Tot	45.2%	-7.5 pts	37.7%	-10.2 pts	27.6%	52.9%	-11.8 pts	41.1%	-41.1 pts	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$1,679	-21.8%	\$1,314	25.5%	\$1,649	\$1,922	32.3%	\$2,544	-100.0%	\$0
Outpatient	\$2,087	6.5%	\$2,224	15.8%	\$2,576	\$8,811	-84.4%	\$1,379	193.1%	\$4,041
Physician	\$3,356	13.4%	\$3,805	-10.2%	\$3,415	\$3,857	-39.4%	\$2,338	39.4%	\$3,259
Ancillary	\$219	-50.9%	\$108	-27.9%	\$78	\$50	174.4%	\$138	8.1%	\$149

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2024-3Q (7/1/2023 - 3/31/2024)				2025-3Q (7/1/2024 - 3/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$9,902,423	\$1,358,728	\$14,722	\$11,275,873	\$16,307,298	\$1,832,672	\$79,332	\$18,219,301	61.6%
Outpatient	\$14,927,606	\$2,042,107	\$122,579	\$17,092,291	\$21,124,702	\$2,892,919	\$93,511	\$24,111,132	41.1%
Physician	\$26,619,950	\$3,424,776	\$177,440	\$30,222,166	\$37,076,913	\$3,761,428	\$197,931	\$41,036,271	35.8%
Ancillary	\$1,028,656	\$102,780	\$9,193	\$1,140,629	\$1,323,282	\$85,775	\$4,180	\$1,413,237	23.9%
Total	\$52,478,635	\$6,928,391	\$323,933	\$59,730,960	\$75,832,194	\$8,572,793	\$374,953	\$84,779,941	41.9%
PMPM	\$333.73	\$611.71	\$306.56	\$352.12	\$388.44	\$680.24	\$286.46	\$405.38	15.1%
Non-State Members									
Inpatient	\$0	\$0	\$30,985	\$30,985	\$0	\$0	\$0	\$0	-100.0%
Outpatient	\$0	\$2,226	\$47,214	\$49,440	\$4,321	\$12,308	\$98,819	\$115,448	133.5%
Physician	\$17,625	\$16,584	\$52,803	\$87,012	\$10,960	\$49,254	\$40,382	\$100,596	15.6%
Ancillary	\$0	\$795	\$1,174	\$1,970	\$0	\$329	\$3,779	\$4,108	108.5%
Total	\$17,625	\$19,605	\$132,176	\$169,406	\$15,281	\$61,891	\$142,980	\$220,151	30.0%
PMPM	\$801.12	\$197.90	\$460.65	\$415.21	\$436.59	\$966.77	\$537.56	\$603.15	45.3%
All Members									
Inpatient	\$9,902,423	\$1,358,728	\$45,707	\$11,306,858	\$16,307,298	\$1,832,672	\$79,332	\$18,219,301	61.1%
Outpatient	\$14,927,606	\$2,044,333	\$169,792	\$17,141,731	\$21,129,023	\$2,905,227	\$192,330	\$24,226,580	41.3%
Physician	\$26,637,575	\$3,441,360	\$230,243	\$30,309,177	\$37,087,873	\$3,810,682	\$238,313	\$41,136,867	35.7%
Ancillary	\$1,028,656	\$103,576	\$10,368	\$1,142,599	\$1,323,282	\$86,103	\$7,959	\$1,417,344	24.0%
Total	\$52,496,260	\$6,947,996	\$456,110	\$59,900,366	\$75,847,475	\$8,634,684	\$517,933	\$85,000,092	41.9%
PMPM	\$333.80	\$608.13	\$339.46	\$352.27	\$388.44	\$681.69	\$328.87	\$405.73	15.2%

Medical Cost Distribution

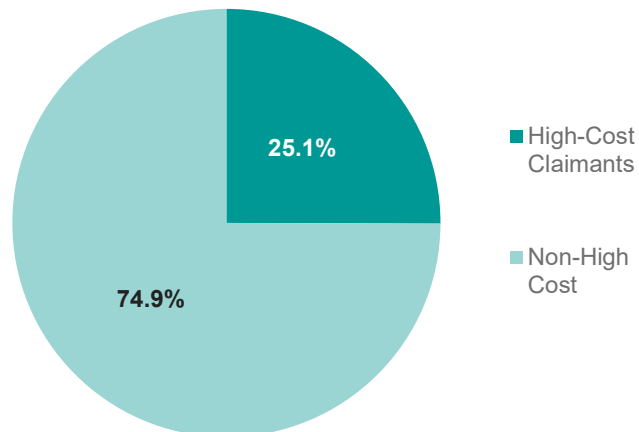
Distribution by Member Cost



Member Total Paid Range	2024-3Q (7/1/2023 - 3/31/2024)						2025-3Q (7/1/2024 - 3/31/2025)					
	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	4,721	21.4%	\$0	0.0%	\$0	0.0%	4,979	18.6%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	488	2.2%	-\$123,519	-0.2%	\$16,463	0.2%	831	3.1%	-\$234,233	-0.3%	\$27,080	0.2%
> \$0 - \$2,500	13,028	58.9%	\$8,816,037	14.7%	\$3,052,485	31.5%	15,787	59.0%	\$10,958,933	12.9%	\$3,801,068	30.5%
> \$2,500 - \$5,000	1,740	7.9%	\$6,093,797	10.2%	\$1,757,215	18.2%	2,359	8.8%	\$8,302,021	9.8%	\$2,339,753	18.8%
> \$5,000 - \$10,000	1,055	4.8%	\$7,354,020	12.3%	\$1,626,447	16.8%	1,359	5.1%	\$9,453,474	11.1%	\$2,092,264	16.8%
> \$10,000 - \$25,000	711	3.2%	\$10,930,190	18.2%	\$1,815,845	18.8%	908	3.4%	\$14,134,954	16.6%	\$2,341,849	18.8%
> \$25,000 - \$50,000	224	1.0%	\$7,604,557	12.7%	\$813,681	8.4%	309	1.2%	\$10,697,894	12.6%	\$1,002,616	8.0%
> \$50,000 - \$100,000	82	0.4%	\$5,873,036	9.8%	\$366,120	3.8%	151	0.6%	\$10,394,145	12.2%	\$525,216	4.2%
> \$100,000	54	0.2%	\$13,352,249	22.3%	\$229,595	2.4%	89	0.3%	\$21,292,905	25.1%	\$348,584	2.8%
Total	22,103	100.0%	\$59,900,366	100.0%	\$9,677,852	100.0%	26,772	100.0%	\$85,000,092	100.0%	\$12,478,429	100.0%

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Neoplasms	41	\$3,723,136	17.5%
2	Injury, Poisoning & External Causes	30	\$2,700,489	12.7%
3	Perinatal Originating Conditions	13	\$2,665,822	12.5%
4	Health Status & Health Services	82	\$2,246,628	10.6%
5	Circulatory System	48	\$2,037,146	9.6%
6	Endocrine, Nutritional & Metabolic	47	\$1,524,083	7.2%
7	Nervous System	38	\$1,323,749	6.2%
8	Musculoskeletal System	47	\$775,149	3.6%
9	Blood & Immune Disorders	26	\$719,584	3.4%
10	Respiratory System	37	\$677,072	3.2%
...	All Others		\$2,900,046	13.6%
=	Total	89	\$21,292,905	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2025-3Q	Variance
Inpatient Admissions							
# of Admits	357	52.9%	546	32.6%	724		
# of Admit Days	1,604	60.8%	2,580	25.6%	3,240		
Paid per Admit	\$25,679	2.0%	\$26,192	10.2%	\$28,857	\$29,692	-2.8%
Paid per Admit Day	\$5,715	-3.0%	\$5,543	16.3%	\$6,448	\$5,810	11.0%
Admits per 1000	73.8	-47.8%	38.5	7.6%	41.5	47.5	-12.7%
Average LOS	4.5	5.2%	4.7	-5.3%	4.5	5.1	-12.4%
Emergency Room Visits							
# of ER Visits	1,473	72.8%	2,546	34.2%	3,417		
~ % resulting in Admit	12.3%	-1.8 pts	10.4%	0.6 pts	11.1%	10.5%	0.6 pts
ER Visits per Patient	1.3	3.8%	1.3	2.0%	1.4		
ER Visits per 1000	304.6	-41.0%	179.7	8.9%	195.7	222.9	-12.2%
Paid per ER Visit	\$2,885	2.0%	\$2,943	7.0%	\$3,148	\$2,289	37.6%
Urgent Care Visits							
# of UC Visits	3,823	41.2%	5,397	29.9%	7,013		
UC Visits per Patient	1.4	0.9%	1.4	0.6%	1.4		-
UC Visits per 1000	790.6	-51.8%	380.9	5.5%	401.7	277.2	44.9%
Paid per UC Visit	\$90	11.8%	\$101	7.1%	\$108	\$114	-5.2%
Office Visits							
Off Visits per Patient	3.6	13.1%	4.1	2.9%	4.2		
Paid per Office Visit	\$79	8.4%	\$85	5.1%	\$90	\$93	-3.7%
Office Visits Paid PMPY	\$612	-40.1%	\$367	8.5%	\$398	\$355	12.2%
Services							
Radiology Svcs per 1000	6,356.1	-45.1%	3,489.6	9.1%	3,807.6	3,557.8	7.0%
Radiology Paid PMPY	\$622	-44.9%	\$343	14.5%	\$392		
Lab Services per 1000	18,640.0	-48.3%	9,632.1	11.0%	10,690.9	9,360.2	14.2%
Labs Paid PMPY	\$403	-42.7%	\$231	16.6%	\$269		

- Inpatient Admission rate per 1000 increased 7.6%, and amount paid per Admission is 10.2% higher than prior period
- ER utilization increased 8.9%, and amount paid per ER visit is 7.0% 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				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Inpatient Admissions										
# of Admits	327	52.0%	497	38.0%	686	0	-	0	-	0
# of Admit Days	1,490	55.3%	2,314	31.3%	3,038	0	-	0	-	0
Paid per Admit	\$24,565	5.0%	\$25,804	10.5%	\$28,506	\$0	-	\$0	-	\$0
Paid per Admit Day	\$5,391	2.8%	\$5,542	16.1%	\$6,437	\$0	-	\$0	-	\$0
Admits per 1000	73.4	-48.3%	37.9	11.2%	42.2	0.0	-	0.0	-	0.0
Average LOS	4.6	2.2%	4.7	-4.9%	4.4	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	1,350	72.7%	2,332	36.7%	3,189	0	-	0	-	2
~ % resulting in Admit	12.0%	-1.8 pts	10.2%	0.7 pts	11.0%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.3	2.2%	1.3	2.6%	1.4	0.0	-	0.0	-	2.0
ER Visits per 1000	303.1	-41.3%	178.0	10.1%	196.0	0.0	-	0.0	-	685.7
Paid per ER Visit	\$2,904	2.3%	\$2,970	3.5%	\$3,073	\$0	-	\$0	-	\$1,852
Urgent Care Visits										
# of UC Visits	3,616	41.1%	5,102	30.6%	6,664	2	0.0%	2	-100.0%	0
UC Visits per Patient	1.4	0.6%	1.4	0.3%	1.4	2.0	-50.0%	1.0	-100.0%	0.0
UC Visits per 1000	811.9	-52.0%	389.3	5.2%	409.6	3,000.0	-63.6%	1,090.9	-100.0%	0.0
Paid per UC Visit	\$91	11.7%	\$101	7.1%	\$109	\$141	20.5%	\$170	-100.0%	\$0
Office Visits										
Off Visits per Patient	3.5	13.5%	4.0	3.3%	4.2	8.5	5.9%	9.0	-38.9%	5.5
Paid per Office Visit	\$78	8.3%	\$84	5.8%	\$89	\$100	40.2%	\$140	13.5%	\$159
Office Visits Paid PMPY	\$585	-39.8%	\$352	9.5%	\$386	\$2,556	-46.0%	\$1,379	-56.4%	\$601
Services										
Radiology Svcs per 1000	5,957.2	-45.8%	3,230.8	11.1%	3,589.9	36,000.0	-90.9%	3,272.7	36.2%	4,457.1
Radiology Paid PMPY	\$583	-45.5%	\$317	13.8%	\$361	\$3,195	-34.1%	\$2,107	2.3%	\$2,155
Lab Services per 1000	17,938.3	-47.7%	9,380.3	11.8%	10,485.2	67,500.0	-62.8%	25,090.9	-35.8%	16,114.3
Labs Paid PMPY	\$391	-42.5%	\$225	16.6%	\$262	\$295	-34.3%	\$193	-25.6%	\$144

Utilization Summary – YTD Trend

Retired Members



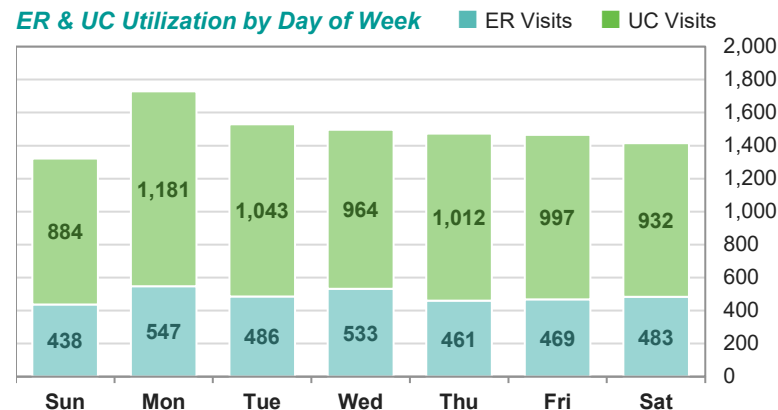
Measure	State Retirees					Non-State Retirees				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Inpatient Admissions										
# of Admits	29	65.5%	48	-20.8%	38	1	0.0%	1	-100.0%	0
# of Admit Days	111	129.7%	255	-20.8%	202	3	266.7%	11	-100.0%	0
Paid per Admit	\$37,215	-21.6%	\$29,172	20.6%	\$35,196	\$55,310	37.3%	\$75,918	-100.0%	\$0
Paid per Admit Day	\$9,723	-43.5%	\$5,491	20.6%	\$6,621	\$18,437	-62.6%	\$6,902	-100.0%	\$0
Admits per 1000	78.7	-40.9%	46.5	-29.5%	32.8	76.9	-59.6%	31.1	-100.0%	0.0
Average LOS	3.8	38.8%	5.3	0.1%	5.3	3.0	266.7%	11.0	-100.0%	0.0
Emergency Room Visits										
# of ER Visits	120	71.7%	206	8.3%	223	3	166.7%	8	-62.5%	3
~ % resulting in Admit	15.8%	-2.7 pts	13.1%	-0.1 pts	13.0%	0.0%	0.0 pts	0.0%	0.0 pts	0.0%
ER Visits per Patient	1.2	23.5%	1.5	-6.0%	1.4	1.0	14.3%	1.1	31.3%	1.5
ER Visits per 1000	325.8	-38.7%	199.6	-3.6%	192.4	230.8	7.8%	248.7	-56.1%	109.1
Paid per ER Visit	\$2,709	-5.6%	\$2,556	66.0%	\$4,242	\$1,243	304.8%	\$5,029	-44.2%	\$2,805
Urgent Care Visits										
# of UC Visits	199	42.7%	284	19.0%	338	6	50.0%	9	22.2%	11
UC Visits per Patient	1.3	4.1%	1.4	6.2%	1.5	2.0	-25.0%	1.5	-18.5%	1.2
UC Visits per 1000	540.2	-49.1%	275.2	5.9%	291.6	461.5	-39.4%	279.8	43.0%	400.0
Paid per UC Visit	\$86	13.5%	\$97	6.9%	\$104	\$36	62.6%	\$58	-5.6%	\$55
Office Visits										
Off Visits per Patient	4.4	12.1%	5.0	0.0%	5.0	4.9	23.6%	6.0	26.8%	7.6
Paid per Office Visit	\$87	9.9%	\$96	-0.5%	\$95	\$59	-4.0%	\$57	38.2%	\$79
Office Visits Paid PMPY	\$925	-41.0%	\$546	2.3%	\$558	\$865	-48.3%	\$447	75.7%	\$785
Services										
Radiology Svcs per 1000	10,033.3	-35.3%	6,487.0	3.6%	6,717.9	37,307.7	-65.8%	12,777.2	-22.9%	9,854.5
Radiology Paid PMPY	\$1,053	-37.3%	\$660	24.0%	\$818	\$1,852	-82.4%	\$326	67.6%	\$546
Lab Services per 1000	26,644.3	-53.0%	12,514.7	7.3%	13,428.9	29,692.3	-36.4%	18,870.5	-13.3%	16,363.6
Labs Paid PMPY	\$534	-42.5%	\$307	19.9%	\$368	\$696	-77.8%	\$155	-11.9%	\$136

On Demand Care Summary

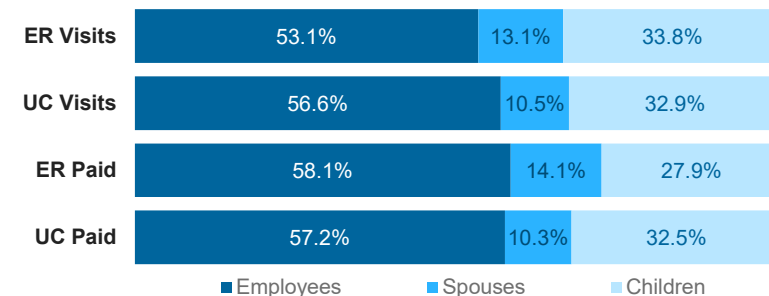
Emergency Room & Urgent Care



Measure	2024-3Q	2025-3Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	2,546	3,417	34.2%		
# of Patients	1,904	2,505	31.6%		
Total Plan Paid	\$7,493,643	\$10,757,848	43.6%		
Total Mem Paid	\$1,630,362	\$2,126,468	30.4%		
Visits per 1000	179.7	195.7	8.9%	222.9	-12.2%
Paid per Visit	\$2,943	\$3,148	7.0%	\$2,289	37.6%
Paid PMPM	\$44	\$51	16.5%	\$43	20.8%
% ER Patients w/ Office Visit*	91.9%	92.2%	0.3 pts		
% Potentially Avoidable**	14.6%	15.9%	1.3 pts	82.0%	-66.1 pts
Urgent Care					
# of Visits	5,397	7,013	29.9%		
# of Patients	3,783	4,888	29.2%		
Total Plan Paid	\$545,684	\$759,282	39.1%		
Total Mem Paid	\$396,940	\$510,134	28.5%		
Visits per 1000	380.9	401.7	5.5%	277.2	44.9%
Paid per Visit	\$101	\$108	7.1%	\$114	-5.2%
Paid PMPM	\$3	\$4	12.9%	\$3	37.3%



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	1,814	3,966	5,780	\$6,247,850	\$434,349	\$6,682,199
Spouse	448	738	1,186	\$1,512,617	\$78,016	\$1,590,633
Child	1,155	2,309	3,464	\$2,997,381	\$246,917	\$3,244,298
Total	3,417	7,013	10,430	\$10,757,848	\$759,282	\$11,517,130

* 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.

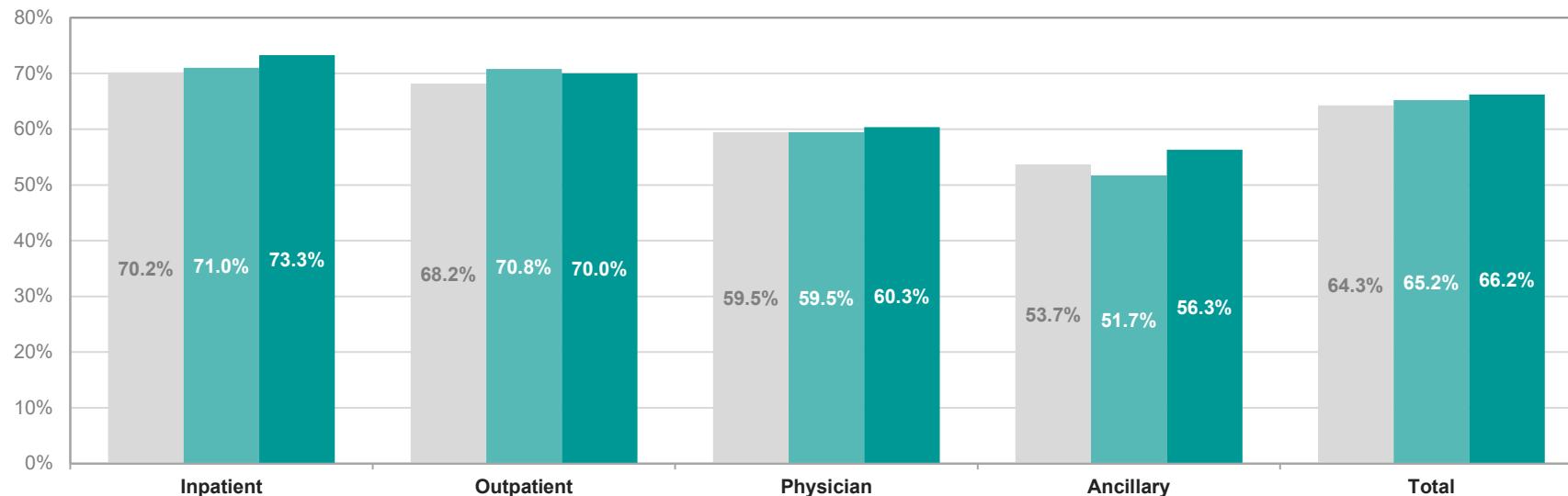
Network Summary

Discount Percentage & Network Utilization

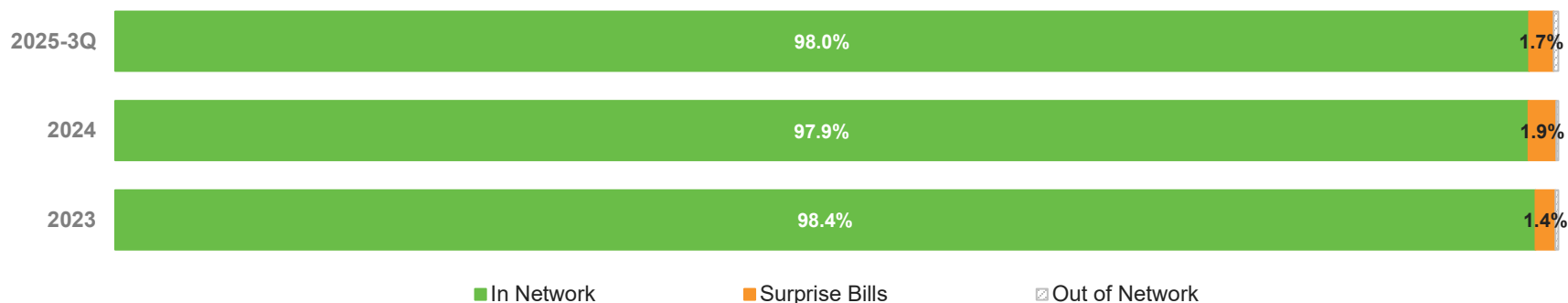


Discount Percentage* by Claim Type

Plan Year: 2023 2024 2025-3Q



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	2024 (Full Year)		2025-3Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	12,860	\$9,799,414	13,661	\$9,578,991	\$6,004,425	\$1,452,080	\$2,122,485	\$3,347,422	\$6,231,569
Musculoskeletal System	5,252	\$8,247,149	5,350	\$7,689,369	\$5,333,347	\$1,512,871	\$843,150	\$3,260,907	\$4,428,462
Neoplasms	2,400	\$5,750,257	2,431	\$7,207,782	\$5,784,402	\$1,213,042	\$210,339	\$2,185,755	\$5,022,027
Circulatory System	2,897	\$6,856,254	3,073	\$6,952,481	\$4,769,414	\$1,945,515	\$237,552	\$4,485,493	\$2,466,988
Injury, Poisoning & External Causes	2,586	\$5,001,111	2,645	\$6,647,043	\$4,265,580	\$723,800	\$1,657,663	\$3,032,077	\$3,614,966
Mental, Behavioral & Neurodevelopmental	4,161	\$6,596,135	4,688	\$6,327,743	\$2,882,982	\$584,255	\$2,860,506	\$2,413,428	\$3,914,315
Symptoms, Signs & Findings, NEC	8,003	\$5,392,767	8,563	\$5,463,221	\$3,344,824	\$932,027	\$1,186,371	\$1,775,852	\$3,687,369
Digestive System	2,577	\$4,958,096	2,680	\$5,097,371	\$3,562,814	\$878,654	\$655,902	\$1,953,165	\$3,144,205
Endocrine, Nutritional & Metabolic	5,290	\$3,869,576	5,766	\$4,480,881	\$3,669,790	\$559,933	\$251,157	\$1,748,120	\$2,732,761
Genitourinary System	3,804	\$4,801,920	4,109	\$4,199,297	\$3,110,341	\$673,091	\$415,865	\$1,137,599	\$3,061,698
Nervous System	2,751	\$5,952,179	2,831	\$4,186,731	\$3,211,233	\$565,759	\$409,739	\$1,398,816	\$2,787,915
Respiratory System	5,652	\$3,772,490	5,531	\$4,184,868	\$1,908,699	\$786,222	\$1,489,947	\$2,051,431	\$2,133,436
Pregnancy, Childbirth & the Puerperium	476	\$3,930,375	551	\$3,953,531	\$2,681,028	\$836,196	\$436,308	\$7,423	\$3,946,108
Perinatal Originating Conditions	226	\$3,322,086	238	\$3,376,071	\$1,311	\$0	\$3,374,760	\$2,422,532	\$953,539
Infectious & Parasitic Diseases	1,650	\$1,677,923	1,572	\$1,288,750	\$679,616	\$283,529	\$325,605	\$756,626	\$532,124
Blood & Immune Disorders	718	\$416,460	802	\$1,169,942	\$946,589	\$129,441	\$93,913	\$847,933	\$322,009
Eye and Adnexa	4,615	\$1,199,451	4,029	\$1,042,449	\$649,764	\$161,347	\$231,339	\$458,466	\$583,983
Skin & Subcutaneous Tissue	3,978	\$941,344	4,108	\$909,015	\$473,064	\$154,125	\$281,826	\$373,183	\$535,833
Ear and Mastoid Process	1,597	\$644,319	1,555	\$787,138	\$335,757	\$52,162	\$399,219	\$278,109	\$509,029
Congenital Malformations & Abnormalities	311	\$611,052	346	\$435,165	\$78,032	\$13,377	\$343,755	\$200,253	\$234,911
External Causes of Morbidity	6	\$1,053	8	\$22,254	\$21,183	\$532	\$540	\$510	\$21,744
Total	18,957	\$83,741,413	21,408	\$85,000,092	\$53,714,195	\$13,457,958	\$17,827,940	\$34,135,099	\$50,864,993

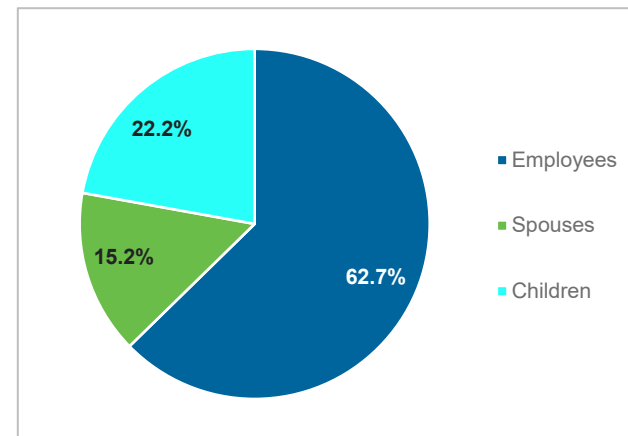
Health Status & Health Services

Breakout by Diagnostic Grouping & Demographics

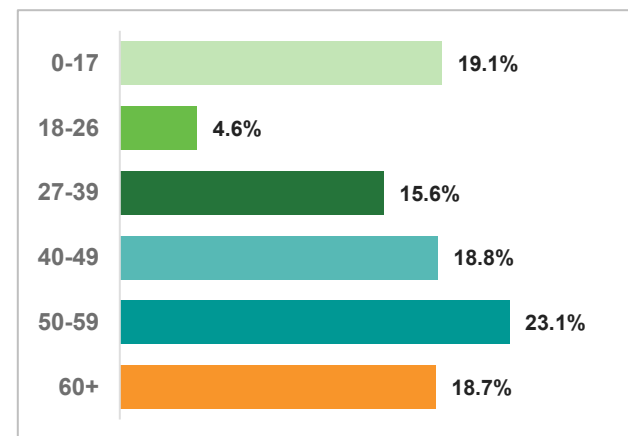


#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	50	279	\$2,657,383	27.7%
2	Medical examination/evaluation	9,630	16,016	\$2,076,439	21.7%
3	Neoplasm-related encounters	3,410	5,978	\$1,610,819	16.8%
4	Exposure, enc, screen or contact w infectious dz	4,891	6,952	\$1,316,593	13.7%
5	Contraceptive & procreative management	774	1,396	\$515,677	5.4%
6	Other aftercare encounter	438	829	\$253,658	2.6%
7	Implant, device or graft related encounter	339	918	\$172,746	1.8%
8	Encount for obs & exam for conds ruled out	1,643	2,073	\$164,495	1.7%
9	Family history of disease	149	203	\$163,899	1.7%
10	Personal history of other disease	408	547	\$126,223	1.3%
11	Other specified status	726	1,266	\$114,511	1.2%
12	Other specified encounters & counseling	358	1,178	\$91,486	1.0%
13	Organ transplant status	28	96	\$62,133	0.6%
14	Encounter for prophylactic or oth procedures	49	53	\$47,271	0.5%
15	Personal history of malignant neoplasm	83	122	\$44,984	0.5%
16	Acquired absence of limb or organ	29	58	\$42,514	0.4%
17	Enc for prophylactic measures (ex immuniz)	101	143	\$42,234	0.4%
18	Genetic susceptibility to disease	9	15	\$23,141	0.2%
19	Encounter for administrative purposes	41	49	\$15,492	0.2%
20	Lifestyle/life management factors	62	117	\$12,128	0.1%
...	All Others	1,215	1,522	\$25,167	0.3%
=	Total	13,661	39,924	\$9,578,991	100.0%

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



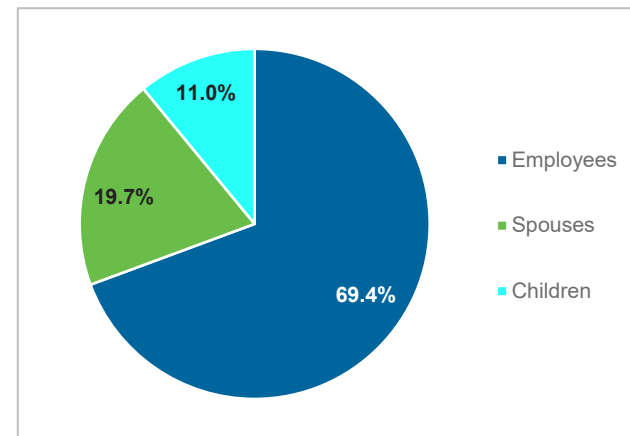
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

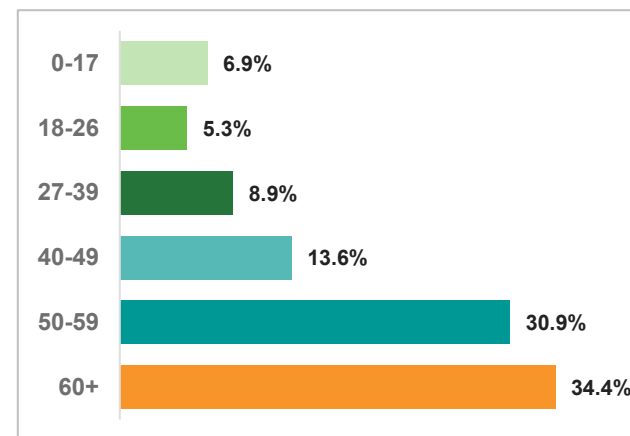


#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	1,511	5,937	\$1,926,814	25.1%
2	Osteoarthritis & osteoporosis	639	1,728	\$1,520,184	19.8%
3	Other musculoskeletal pain	2,977	9,030	\$1,279,720	16.6%
4	Tendon, tissue, muscle disorders	1,146	2,912	\$797,176	10.4%
5	Scoliosis & oth deformities	468	938	\$718,780	9.3%
6	Other MSK	103	381	\$504,557	6.6%
7	Joint disorders & fractures	400	888	\$347,439	4.5%
8	Low back pain	731	2,208	\$271,811	3.5%
9	Rheumatoid arthritis & related disease	142	568	\$217,802	2.8%
10	Lupus	110	384	\$60,174	0.8%
11	Biomechanical lesions	431	1,811	\$23,017	0.3%
12	Gout & crystal arthropathies	100	157	\$21,895	0.3%
=	Total	5,350	28,278	\$7,689,369	100.0%

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range

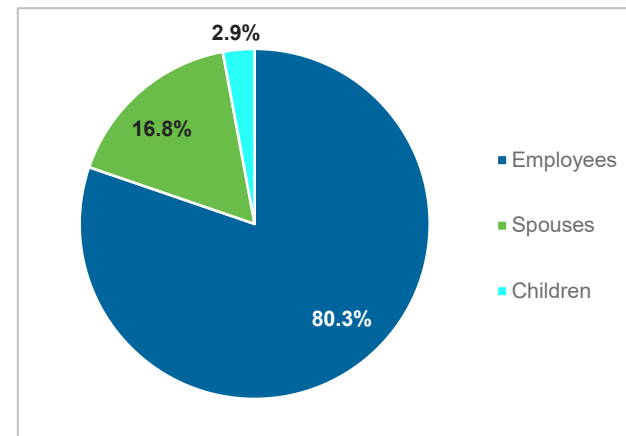


Neoplasms (Cancer)

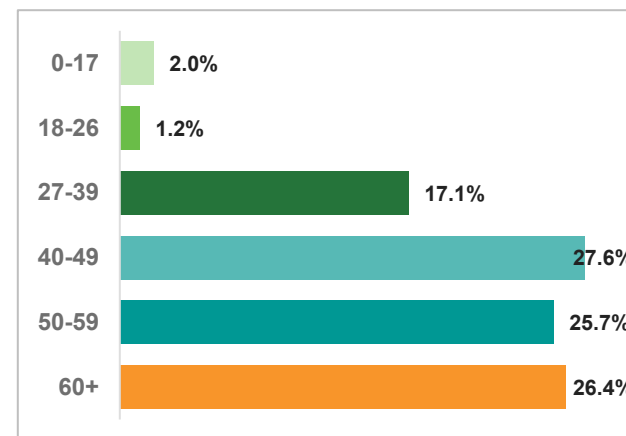
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Breast cancer	135	1,486	\$1,694,731	23.5%
2	Benign neoplasms	1,682	2,559	\$1,136,527	15.8%
3	Secondary malignancies	35	158	\$594,204	8.2%
4	Lymphoma	33	287	\$526,751	7.3%
5	Skin cancer	174	494	\$433,007	6.0%
6	Other cancer	42	298	\$383,623	5.3%
7	Colorectal cancer	31	316	\$319,717	4.4%
8	Other gastrointestinal cancers	17	289	\$275,970	3.8%
9	Prostate cancer	49	400	\$259,412	3.6%
10	Brain cancer	9	117	\$237,383	3.3%
11	Thyroid cancer	57	249	\$235,211	3.3%
12	Leukemia	15	252	\$201,748	2.8%
13	Neoplasms of unspec nature	846	1,215	\$199,269	2.8%
14	Respiratory cancers	12	211	\$174,952	2.4%
15	Multiple myeloma	3	33	\$168,662	2.3%
16	Head & neck cancers	13	116	\$101,907	1.4%
17	Cervical cancer	16	54	\$65,499	0.9%
18	Endometrial cancer	15	52	\$58,039	0.8%
19	Pancreatic cancer	6	73	\$47,850	0.7%
20	Other urinary system cancer	6	47	\$36,516	0.5%
...	All Others	35	96	\$56,803	0.8%
=	Total	2,431	9,438	\$7,207,782	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 \$4,268,201 – see Health Status for more details

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-3Q		2025-3Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	809	\$816,779	1,312	\$1,765,217	1,380	\$1,597,913	\$284,444	\$32,619	\$1,278,513	\$2,337
Neurodevelopmental disorders	475	\$333,190	839	\$967,358	955	\$1,397,239	\$0	\$3,909	\$1,393,207	\$124
Anxiety & related Disorders	1,022	\$497,830	1,659	\$914,955	1,854	\$974,072	\$0	\$25,599	\$946,039	\$2,434
Trauma & stressor disorders	656	\$443,281	1,151	\$777,003	1,236	\$827,650	\$0	\$10,339	\$817,162	\$149
Alcohol-related disorders	68	\$264,765	100	\$479,637	106	\$412,963	\$277,668	\$37,241	\$98,054	\$0
Other mental health	222	\$81,092	359	\$444,148	384	\$287,888	\$10,209	\$139,737	\$137,350	\$592
Bipolar & related Disorders	142	\$184,393	220	\$270,639	252	\$179,069	\$18,103	\$10,665	\$150,302	\$0
Suicidal ideation, attempt or self-harm	40	\$168,577	61	\$408,763	46	\$162,895	\$14,569	\$126,974	\$21,352	\$0
Eating disorders	38	\$115,900	53	\$266,949	56	\$138,084	\$0	\$0	\$138,084	\$0
Obsessive compulsive disorders	35	\$95,327	82	\$67,055	94	\$137,482	\$0	\$0	\$137,482	\$0
Schizophrenia spectrum disorders	23	\$59,238	29	\$162,208	32	\$133,216	\$83,065	\$16,531	\$33,620	\$0
Cannabis-related disorders	12	\$2,064	19	\$5,535	22	\$41,342	\$3,360	\$27,000	\$10,982	\$0
Opioid disorders	20	\$18,095	23	\$40,867	25	\$24,328	\$4,073	\$5,491	\$14,764	\$0
Other substance use	44	\$8,435	96	\$10,587	65	\$9,301	\$0	\$691	\$8,610	\$0
Stimulant disorders	7	\$6,429	11	\$15,213	5	\$4,302	\$0	\$0	\$4,302	\$0
Total	2,630	\$3,095,394	4,161	\$6,596,135	4,688	\$6,327,743	\$695,491	\$436,795	\$5,189,821	\$5,635

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	63	2.9	75.0%	38	1.8	81.0%	\$4,579	63.5	111.1
Asthma	755	35.2	27.3%	317	14.8	37.8%	\$4,704	47.7	215.9
Atrial Fibrillation	147	6.8	27.8%	106	4.9	53.6%	\$41,716	381.0	605.4
Blood Disorders	869	40.5	42.5%	385	17.9	46.9%	\$15,881	151.9	329.1
CAD	229	10.7	40.5%	112	5.2	36.6%	\$23,421	296.9	414.8
COPD	56	2.6	75.0%	28	1.3	64.7%	\$33,869	642.9	678.6
Cancer	1,408	65.6	32.6%	639	29.8	39.8%	\$13,142	57.5	145.6
Chronic Pain	136	6.3	12.4%	54	2.5	31.7%	\$24,103	264.7	426.5
CHF	53	2.5	60.6%	32	1.5	45.5%	\$60,187	698.1	886.8
Demyelinating Diseases	61	2.8	10.9%	47	2.2	23.7%	\$27,011	82.0	295.1
Depression	1,507	70.2	36.4%	1,108	51.6	41.3%	\$8,472	75.6	230.9
Diabetes	1,373	63.9	36.9%	941	43.8	39.0%	\$7,090	69.9	215.6
ESRD	60	2.8	62.2%	40	1.9	60.0%	\$55,932	950.0	1,500.0
Eating Disorders	57	2.7	50.0%	40	1.9	21.2%	\$12,086	35.1	193.0
HIV/AIDS	35	1.6	16.7%	23	1.1	-4.2%	\$3,367	57.1	114.3
Hyperlipidemia	732	34.1	32.4%	254	11.8	57.8%	\$2,657	13.7	66.9
Hypertension	1,824	84.9	33.6%	868	40.4	36.3%	\$6,450	70.2	214.4
Immune Disorders	68	3.2	9.7%	26	1.2	4.0%	\$5,917	14.7	176.5
IBD	90	4.2	18.4%	28	1.3	7.7%	\$2,826	11.1	77.8
Liver Disease	5	0.2	400.0%	4	0.2	300.0%	\$120,843	1,800.0	2,600.0
Morbid Obesity	343	16.0	71.5%	173	8.1	88.0%	\$7,114	64.1	125.4
Osteoarthritis	642	29.9	24.7%	278	12.9	31.8%	\$8,234	38.9	98.1
Peripheral Vascular Disease	85	4.0	77.1%	21	1.0	110.0%	\$5,951	70.6	247.1
Rheumatoid Arthritis	137	6.4	29.2%	97	4.5	22.8%	\$8,817	58.4	233.6

- Most prevalent chronic condition is Hypertension, with 1,824 members
- Depression is the condition with the most moderate/high risk members (1,108)
- Members with mod/high risk Depression also have the highest combined cost, totaling \$9.39M

Date Range: Service Dates 1/1/2024 - 12/31/2024, Paid through 3/31/2025

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:** \$5,594
- **Admits per 1000:** 42.5
- **ER Visits per 1000:** 191.7

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	2023			2024			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	209.1	1,124	5,376.5	271.0	1,504	5,549.5	3.2%	5,328.7	4.1%
Well Child Visit	3 - 6 years	861.1	694	805.9	1,064.4	880	826.8	2.6%	791.5	4.5%
Adults w/ Well Visit	Adults 18+	12,559	5,432	43.3%	16,206	7,168	44.2%	1.0 pts	43.6%	0.6 pts
Screenings	Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	3,896	1,795	46.1%	4,943	2,389	48.3%	2.3 pts	51.1%	-2.8 pts
Cervical Cancer	Females 21 - 64	6,671	1,999	30.0%	8,550	2,570	30.1%	0.1 pts	25.5%	4.6 pts
Prostate Cancer	Males 50 - 70	1,696	737	43.5%	2,206	1,015	46.0%	2.6 pts	45.1%	1.0 pts
Colorectal Cancer	Members 45 - 75	5,345	925	17.3%	6,866	1,283	18.7%	1.4 pts	18.2%	0.5 pts
Cholesterol	Female 45+ Male 35+	6,574	3,768	57.3%	8,458	5,019	59.3%	2.0 pts	51.1%	8.2 pts
Condition-specific	Screening									
Asthma	Office Visit for Asthma	593	470	79.3%	755	620	82.1%	2.9 pts		
COPD	Spirometry Test	32	4	12.5%	56	11	19.6%	7.1 pts		
Type 2 Diabetes	A1c Test	922	821	89.0%	1,256	1,164	92.7%	3.6 pts	87.0%	5.7 pts
	Eye Exam	922	203	22.0%	1,256	245	19.5%	-2.5 pts	26.5%	-7.0 pts
	Lipid Panel	922	730	79.2%	1,256	1,048	83.4%	4.3 pts	75.2%	8.2 pts
	Urine Protein Test	922	607	65.8%	1,256	878	69.9%	4.1 pts	66.5%	3.4 pts
	Any Diabetes Screen	922	862	93.5%	1,256	1,212	96.5%	3.0 pts	94.3%	2.2 pts
Hyperlipidemia	Lipid Profile	553	287	51.9%	732	373	51.0%	-0.9 pts		
Hypertension	Creatinine Test	1,365	272	19.9%	1,824	348	19.1%	-0.8 pts		
	Lipid Profile	1,365	401	29.4%	1,824	466	25.5%	-3.8 pts		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 1/1/2024 - 12/31/2024, Paid through 3/31/2025

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

**Public Employees' Benefits Program - RX Costs
PY 2025 - Through Quarter Ending March 31, 2025**

Express Scripts

1Q-3Q FY2025 LDPPO		1Q-3Q FY2024 LDPPO	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Memberships)	23,237	18,852	4,385	23.3%
Utilizing Member Count (Patients)	17,164	14,049	3,115	22.2%
Percent Utilizing (Utilization)	73.9%	74.5%	(0)	-0.9%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	264,439	205,430	59,009	28.7%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.21	0.05	4.1%
Total Claims for Generic (Generic Rx)	226,965	175,530	51,435.00	29.3%
Total Claims for Brand (Brand Rx)	37,474	29,900	7,574.00	25.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	774	1,110	(336.00)	-30.3%
Total Non-Specialty Claims	261,090	202,881	58,209.00	28.7%
Total Specialty Claims	3,349	2,549	800.00	31.4%
Generic % of Total Claims (GFR)	85.8%	85.4%	0.00	0.4%
Generic Effective Rate (GCR)	99.7%	99.4%	0.00	0.3%
Mail Order Claims	68,953	59,172	9,781.00	16.5%
Mail Penetration Rate*	29.9%	33.0%	(0.03)	-3.1%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$40,504,080	\$30,255,099	10,248,981.00	33.9%
Total Generic Gross Cost	\$4,392,414	\$3,452,025	940,389.00	27.2%
Total Brand Gross Cost	\$361,116,966	\$26,803,074	334,313,892.00	1247.3%
Total MSB Gross Cost	\$340,814	\$519,461	(178,647.00)	-34.4%
Total Ingredient Cost	\$39,375,871	\$29,361,766	10,014,105.00	34.1%
Total Dispensing Fee	\$1,105,901	\$869,084	236,817.00	27.2%
Total Other (e.g. tax)	\$22,308	\$24,249	-\$1,941	-8.0%
Avg Total Cost per Claim (Gross Cost/Rx)	\$153.17	\$147.28	\$5.89	4.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.35	\$19.67	(0.32)	-1.6%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$963.65	\$896.42	67.23	7.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$440.33	\$467.98	(27.65)	-5.9%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$6,021,861	\$4,615,853	\$1,406,008.00	30.5%
Total Copay	\$6,021,861	\$4,615,853	\$1,406,008.00	30.5%
Total Deductible	\$0	\$0	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$22.77	\$22.47	\$0.30	1.3%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$22.77	\$22.47	\$0.30	1.3%
Avg Copay for Generic (Copay/Generic Rx)	\$6.87	\$6.72	\$0.15	2.2%
Avg Copay for Brand (Copay/Brand Rx)	\$119.11	\$114.90	\$4.21	3.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$35.35	\$36.36	(\$1.01)	-2.8%
Net PMPM (Participant Cost PMPM)	\$28.79	\$27.21	\$1.59	5.8%
Copay % of Total Prescription Cost (Member Cost Share %)	14.9%	15.3%	-0.4%	-2.6%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$34,482,219	\$25,639,246	\$8,842,973.00	34.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$19,164,412	\$13,460,060	\$5,704,352.00	42.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$15,317,807	\$12,179,186	\$3,138,621.00	25.8%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$130.40	\$124.81	\$5.59	4.5%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$12.49	\$12.94	(\$0.45)	-3.5%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$844.54	\$781.52	\$63.02	8.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$404.98	\$431.62	(\$26.64)	-6.2%
Net PMPM (Plan Cost PMPM)	\$164.88	\$151.11	\$13.77	9.1%
PMPM without Specialty (Non-Specialty PMPM)	\$91.64	\$79.33	\$12.31	15.5%
PMPM for Specialty Only (Specialty PMPM)	\$73.24	\$71.78	\$1.46	2.0%
Rebates Received (Q1-Q2 FY2024 actual)	\$5,180,270	\$8,643,702	(\$3,463,431.79)	-40.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$140.11	\$100.17	\$39.94	39.9%
PMPM without Specialty (Non-Specialty PMPM)	\$53.52	\$53.22	\$0.30	0.6%
PMPM for Specialty Only (Specialty PMPM)	\$49.53	\$45.97	\$3.56	7.7%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP

July 1, 2024 – March 31, 2025

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PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

EPO Plan • 2025-3Q



A UnitedHealthcare Company

Report Criteria & Contents



Experience Periods*

➤ 2025 Plan Year (Current)

2025-3Q. 1st three Quarters: Claims Paid 7/1/2024 - 3/31/2025

➤ 2024 Plan Year

2024-3Q. 1st three Quarters: Claims Paid 7/1/2023 - 3/31/2024

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

➤ 2023 Plan Year

2023-3Q. 1st three Quarters: Claims Paid 7/1/2022 - 3/31/2023

2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

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: 5,024 groups with approximately 7.8 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 3/31/2025

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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: +21.9%
- High-Cost Claimants Paid PMPM trend: +48.9%; Non HCCs trend: +11.1%
- Top Paid Diagnostic Chapters: Neoplasms (Cancer) (+35.7% Paid PMPM), Musculoskeletal (+23.9%), Circulatory System (+25.1%)



Membership & Demographics

- Total membership is 9.7% lower than prior period
- Employees decreased 9.3%, while Dependents were down 10.2%
- 71.8% of members had < \$2,500 medical paid, with 11.5% having no claims paid at all during the reporting period



Utilization Key Indicators

- Paid per IP Admit was \$37,553, which is 5.5% higher than 2024-3Q
- Paid per ER Visit was \$3,210, which is 4.6% higher than 2024-3Q



Network Utilization & Savings

- 96.7% of all Medical spend dollars were to In Network providers
- The average In Network discount was 54.7%, which is 1.5 pts below the 2024 average discount of 56.2%

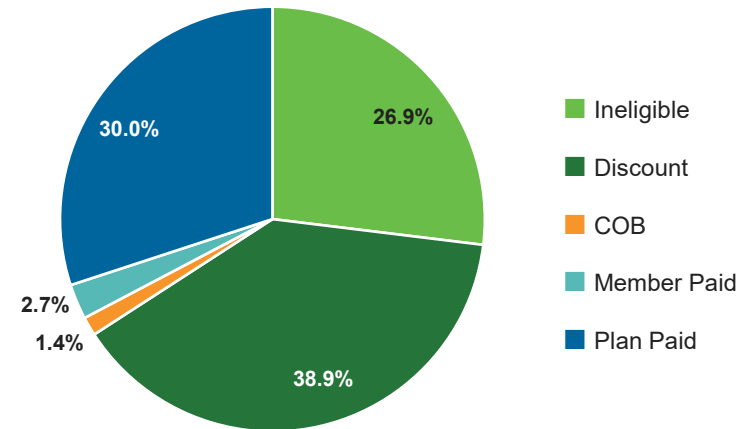
Medical Total Savings Summary



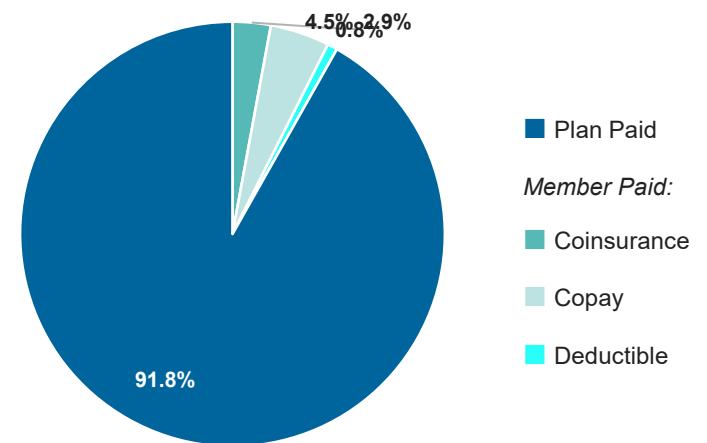
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-3Q Total Dollars	2025-3Q PMPM*	2024 PMPM*	Trend
Medical Billed	\$115,027,349	\$2,456	\$2,127	15.5%
(-) Ineligible	\$30,961,182	\$661	\$504	31.3%
Medical Covered	\$84,066,167	\$1,795	\$1,623	10.6%
(-) Discount	\$44,730,183	\$955	\$890	7.3%
Medical Allowed	\$39,335,984	\$840	\$733	14.6%
(-) COB	\$1,649,262	\$35	\$24	43.8%
(-) Coinsurance	\$1,091,013	\$23	\$21	12.3%
(-) Copay	\$1,700,847	\$36	\$34	7.1%
(-) Deductible	\$284,840	\$6	\$6	-4.6%
Total Member Paid	\$3,076,700	\$66	\$61	7.6%
Total Plan Paid	\$34,515,222	\$737	\$643	14.5%

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	2024-3Q (7/1/2023 - 3/31/2024)						2025-3Q (7/1/2024 - 3/31/2025)						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	\$1,182,739	\$2,784	\$3,840	\$9	\$1,186,579	\$2,793	\$3,428,909	\$11,731	\$1,400	\$5	\$3,430,309	\$11,735	189.1%	320.1%
1	\$198,877	\$439	\$2,307	\$5	\$201,184	\$444	\$237,262	\$681	\$2,868	\$8	\$240,131	\$689	19.4%	55.3%
2 - 4	\$414,373	\$251	\$9,006	\$5	\$423,379	\$256	\$145,553	\$115	\$8,093	\$6	\$153,646	\$121	-63.7%	-52.6%
5 - 9	\$322,541	\$113	\$39,706	\$14	\$362,247	\$126	\$485,995	\$172	\$43,595	\$15	\$529,590	\$188	46.2%	48.4%
10 - 14	\$1,017,990	\$266	\$112,660	\$29	\$1,130,650	\$296	\$685,552	\$201	\$131,262	\$39	\$816,815	\$240	-27.8%	-18.8%
15 - 19	\$1,246,256	\$284	\$540,199	\$123	\$1,786,455	\$407	\$1,390,650	\$353	\$505,497	\$128	\$1,896,147	\$481	6.1%	18.1%
20 - 24	\$852,888	\$198	\$170,480	\$40	\$1,023,367	\$237	\$1,055,255	\$266	\$396,403	\$100	\$1,451,658	\$366	41.9%	54.0%
25 - 29	\$615,699	\$383	\$285,476	\$177	\$901,174	\$560	\$436,507	\$322	\$222,633	\$164	\$659,140	\$486	-26.9%	-13.2%
30 - 34	\$1,104,361	\$525	\$1,086,041	\$517	\$2,190,402	\$1,042	\$927,652	\$508	\$500,091	\$274	\$1,427,743	\$781	-34.8%	-25.0%
35 - 39	\$1,818,286	\$559	\$524,275	\$161	\$2,342,562	\$720	\$1,393,214	\$519	\$361,384	\$135	\$1,754,598	\$653	-25.1%	-9.3%
40 - 44	\$1,646,067	\$461	\$1,138,150	\$318	\$2,784,217	\$779	\$1,633,240	\$502	\$1,536,549	\$472	\$3,169,789	\$974	13.8%	25.0%
45 - 49	\$2,414,407	\$619	\$1,496,458	\$384	\$3,910,865	\$1,002	\$4,218,503	\$1,268	\$1,045,342	\$314	\$5,263,845	\$1,583	34.6%	57.9%
50 - 54	\$3,313,080	\$653	\$1,239,507	\$244	\$4,552,588	\$898	\$2,964,371	\$661	\$1,339,368	\$299	\$4,303,739	\$960	-5.5%	7.0%
55 - 59	\$4,816,250	\$919	\$2,160,040	\$412	\$6,976,290	\$1,331	\$4,647,035	\$898	\$2,388,320	\$461	\$7,035,355	\$1,359	0.8%	2.1%
60 - 64	\$7,185,057	\$1,185	\$2,830,844	\$467	\$10,015,901	\$1,652	\$6,080,839	\$1,114	\$2,742,837	\$503	\$8,823,676	\$1,617	-11.9%	-2.1%
65+	\$3,047,375	\$967	\$1,341,882	\$426	\$4,389,258	\$1,393	\$4,784,684	\$1,479	\$1,882,123	\$582	\$6,666,808	\$2,061	51.9%	48.0%
Total	\$31,196,246	\$601	\$12,980,871	\$250	\$44,177,117	\$851	\$34,515,222	\$737	\$13,107,766	\$280	\$47,622,989	\$1,017	7.8%	19.4%

Financial Summary – YTD Trend

Total Plan & Norm



Measure	Total Plan					UMR Norm	
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2025-3Q	Variance
Average Enrollment							
Employees	1,519	104.7%	3,110	-9.3%	2,821		
Spouses	301	100.9%	604	-10.1%	543		
Children	1,016	101.8%	2,050	-10.3%	1,840		
Tot. Members	2,836	103.2%	5,764	-9.7%	5,204		
Avg. Family Size	1.9	-0.7%	1.9	-0.5%	1.8	1.9	-3.8%
Financial Summary							
Allowed	\$19,178,838	86.5%	\$35,774,174	10.0%	\$39,335,984		
Plan Paid	\$17,163,101	81.8%	\$31,196,246	10.6%	\$34,515,222		
Member Paid (OOP)	\$1,374,218	135.2%	\$3,231,548	-4.8%	\$3,076,700		
Paid PEPY	\$15,062	-11.2%	\$13,376	21.9%	\$16,311	\$10,189	60.1%
Paid PMPY	\$8,069	-10.6%	\$7,216	22.5%	\$8,843	\$5,311	66.5%
Paid PEPM	\$1,255	-11.2%	\$1,115	21.9%	\$1,359	\$849	60.1%
Paid PMPM	\$672	-10.6%	\$601	22.5%	\$737	\$443	66.5%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	37	18.9%	44	-2.3%	43		
HCCs per 1000	13.0	-41.5%	7.6	8.2%	8.3	4.8	73.7%
Paid per HCC	\$225,851	-5.0%	\$214,618	37.5%	\$295,158	\$220,999	33.6%
HCC Paid % of Tot	48.7%	-18.4 pts	30.3%	6.5 pts	36.8%	27.4%	9.3 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$2,866	-35.6%	\$1,844	60.3%	\$2,957	\$1,347	119.6%
Outpatient	\$2,394	-7.8%	\$2,207	14.7%	\$2,531	\$1,560	62.3%
Physician	\$2,721	12.9%	\$3,071	5.7%	\$3,244	\$2,294	41.4%
Ancillary	\$89	5.9%	\$94	16.7%	\$110	\$111	-0.4%

- With \$29.3M paid, the State Active population is 84.9% of total 2025-3Q med spend
- On a Paid PMPM basis, State Actives are up 22.9% compared to prior year
- Total EPO Plan Paid PMPM trend is +22.5%

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				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Average Enrollment										
Employees	1,267	102.7%	2,569	-10.3%	2,306	1	100.0%	2	0.0%	2
Spouses	259	98.7%	514	-10.4%	461	0	-	0	-	0
Children	948	101.4%	1,909	-10.6%	1,707	0	-	0	-	0
Tot. Members	2,474	101.8%	4,993	-10.4%	4,473	1	100.0%	2	0.0%	2
Avg. Family Size	2.0	-0.5%	1.9	-0.2%	1.9	1.0	0.0%	1.0	0.0%	1.0
Financial Summary										
Allowed	\$15,744,079	87.0%	\$29,437,875	9.5%	\$32,239,924	\$2,038	61.8%	\$3,298	65.8%	\$5,468
Plan Paid	\$14,342,307	85.5%	\$26,606,500	10.1%	\$29,286,836	\$1,619	60.1%	\$2,591	63.0%	\$4,224
Member Paid (OOP)	\$1,125,071	136.6%	\$2,662,053	-5.8%	\$2,507,012	\$420	68.4%	\$707	76.1%	\$1,244
Paid PEPY	\$15,087	-8.5%	\$13,807	22.7%	\$16,935	\$2,428	-20.0%	\$1,943	63.0%	\$3,168
Paid PMPY	\$7,728	-8.1%	\$7,105	22.9%	\$8,729	\$2,428	-20.0%	\$1,943	63.0%	\$3,168
Paid PEPM	\$1,257	-8.5%	\$1,151	22.7%	\$1,411	\$202	-20.0%	\$162	63.0%	\$264
Paid PMPM	\$644	-8.1%	\$592	22.9%	\$727	\$202	-20.0%	\$162	63.0%	\$264
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	29	31.0%	38	-10.5%	34	0	-	0	-	0
HCCs per 1000	11.7	-35.1%	7.6	-0.1%	7.6	0.0	-	0.0	-	0.0
Paid per HCC	\$229,036	-4.7%	\$218,375	47.3%	\$321,651	\$0	-	\$0	-	\$0
HCC Paid % of Tot	46.3%	-15.1 pts	31.2%	6.2 pts	37.3%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$2,713	-29.9%	\$1,902	62.9%	\$3,099	\$0	-	\$0	-	\$0
Outpatient	\$2,246	-6.1%	\$2,109	12.5%	\$2,372	\$0	-	\$0	-	\$0
Physician	\$2,692	11.7%	\$3,007	4.9%	\$3,154	\$1,938	0.3%	\$1,943	40.6%	\$2,732
Ancillary	\$78	12.1%	\$87	18.8%	\$104	\$490	-100.0%	\$0	-	\$436

Financial Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Average Enrollment										
Employees	225	116.9%	488	-3.7%	470	26	95.3%	51	-13.3%	44
Spouses	36	121.9%	80	-7.4%	74	6	69.8%	10	-21.1%	8
Children	62	109.4%	129	-3.4%	125	6	90.9%	12	-27.6%	8
Tot. Members	323	116.1%	697	-4.1%	669	38	90.7%	73	-16.7%	61
Avg. Family Size	1.4	-0.4%	1.4	-0.4%	1.4	1.5	-2.4%	1.4	-3.9%	1.4
Financial Summary										
Allowed	\$3,274,698	80.5%	\$5,909,687	14.1%	\$6,741,799	\$158,022	167.9%	\$423,315	-17.6%	\$348,793
Plan Paid	\$2,751,453	59.6%	\$4,390,219	14.7%	\$5,036,904	\$67,722	190.8%	\$196,936	-4.9%	\$187,259
Member Paid (OOP)	\$220,084	132.3%	\$511,213	2.8%	\$525,504	\$28,644	101.0%	\$57,575	-25.4%	\$42,940
Paid PEPY	\$16,319	-26.4%	\$12,003	19.1%	\$14,299	\$3,458	48.9%	\$5,149	9.7%	\$5,646
Paid PMPY	\$11,372	-26.1%	\$8,399	19.6%	\$10,044	\$2,369	52.5%	\$3,613	14.1%	\$4,123
Paid PEPM	\$1,360	-26.4%	\$1,000	19.1%	\$1,192	\$288	48.9%	\$429	9.7%	\$470
Paid PMPM	\$948	-26.1%	\$700	19.6%	\$837	\$197	52.5%	\$301	14.1%	\$344
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	8	-25.0%	6	50.0%	9	0	-	0	-	0
HCCs per 1000	24.8	-65.3%	8.6	56.4%	13.5	0.0	-	0.0	-	0.0
Paid per HCC	\$214,303	-15.5%	\$181,053	5.3%	\$190,600	\$0	-	\$0	-	\$0
HCC Paid % of Tot	62.3%	-37.6 pts	24.7%	9.3 pts	34.1%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$4,382	-64.3%	\$1,563	41.5%	\$2,212	\$0	-	\$592	25.6%	\$744
Outpatient	\$3,724	-20.2%	\$2,970	24.0%	\$3,683	\$799	109.2%	\$1,672	0.1%	\$1,674
Physician	\$3,091	20.5%	\$3,724	6.9%	\$3,983	\$1,472	-18.3%	\$1,202	44.4%	\$1,736
Ancillary	\$175	-19.1%	\$142	17.9%	\$167	\$98	49.9%	\$147	-120.6%	-\$30

Financial Summary – Full Year Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023	⇒	2024	⇒	2025-3Q	2025-3Q	Variance
Average Enrollment							
Employees	1,979	56.1%	3,089	-8.7%	2,821		
Spouses	387	55.4%	602	-9.7%	543		
Children	1,324	53.9%	2,037	-9.7%	1,840		
Tot. Members	3,689	55.2%	5,727	-9.1%	5,204		
Avg. Family Size	1.9	-0.6%	1.9	-0.5%	1.8	1.9	-3.8%
Financial Summary							
Allowed	\$32,587,787	54.6%	\$50,382,246	-21.9%	\$39,335,984		
Plan Paid	\$29,263,359	51.1%	\$44,213,123	-21.9%	\$34,515,222		
Member Paid (OOP)	\$2,398,546	74.9%	\$4,194,135	-26.6%	\$3,076,700		
Paid PEPY	\$14,790	-3.2%	\$14,315	13.9%	\$16,311	\$10,189	60.1%
Paid PMPY	\$7,932	-2.7%	\$7,720	14.5%	\$8,843	\$5,311	66.5%
Paid PEPM	\$1,232	-3.2%	\$1,193	13.9%	\$1,359	\$849	60.1%
Paid PMPM	\$661	-2.7%	\$643	14.5%	\$737	\$443	66.5%
High-Cost Claimants (Med Paid \$100,000+)							
# of HCCs	50	24.0%	62	-30.6%	43		
HCCs per 1000	13.6	-20.1%	10.8	-23.7%	8.3	4.8	73.7%
Paid per HCC	\$256,471	4.8%	\$268,731	9.8%	\$295,158	\$220,999	33.6%
HCC Paid % of Tot	43.8%	-6.1 pts	37.7%	-0.9 pts	36.8%	27.4%	9.3 pts
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	\$2,490	-7.2%	\$2,312	27.9%	\$2,957	\$1,347	119.6%
Outpatient	\$2,416	-9.9%	\$2,177	16.3%	\$2,531	\$1,560	62.3%
Physician	\$2,939	6.6%	\$3,134	3.5%	\$3,244	\$2,294	41.4%
Ancillary	\$87	12.7%	\$98	12.6%	\$110	\$111	-0.4%

- Total plan paid amount for the first three quarters of 2023 was 70.6% of the full year
- Annualizing 2024 paid dollars using the same ratio would result in a total paid of \$48.9 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				
	2023	⇒	2024	⇒	2025-3Q	2023	⇒	2024	⇒	2025-3Q
Average Enrollment										
Employees	1,650	54.6%	2,551	-9.6%	2,306	1	83.3%	2	-3.0%	2
Spouses	333	53.7%	512	-9.9%	461	0	-	0	-	0
Children	1,235	53.4%	1,896	-10.0%	1,707	0	-	0	-	0
Tot. Members	3,219	54.1%	4,959	-9.8%	4,473	1	83.3%	2	-3.0%	2
Avg. Family Size	2.0	-0.3%	1.9	-0.2%	1.9	1.0	0.0%	1.0	0.0%	1.0
Financial Summary										
Allowed	\$26,589,146	57.6%	\$41,912,359	-23.1%	\$32,239,924	\$2,487	81.7%	\$4,517	21.0%	\$5,468
Plan Paid	\$24,282,117	57.3%	\$38,203,284	-23.3%	\$29,286,836	\$1,989	78.3%	\$3,547	19.1%	\$4,224
Member Paid (OOP)	\$1,965,486	76.1%	\$3,460,814	-27.6%	\$2,507,012	\$497	95.1%	\$970	28.3%	\$1,244
Paid PEPY	\$14,713	1.8%	\$14,974	13.1%	\$16,935	\$1,989	-2.7%	\$1,935	63.7%	\$3,168
Paid PMPY	\$7,544	2.1%	\$7,704	13.3%	\$8,729	\$1,989	-2.7%	\$1,935	63.7%	\$3,168
Paid PEPM	\$1,226	1.8%	\$1,248	13.1%	\$1,411	\$166	-2.7%	\$161	63.7%	\$264
Paid PMPM	\$629	2.1%	\$642	13.3%	\$727	\$166	-2.7%	\$161	63.7%	\$264
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	39	38.5%	54	-37.0%	34	0	-	0	-	0
HCCs per 1000	12.1	-10.1%	10.9	-30.2%	7.6	0.0	-	0.0	-	0.0
Paid per HCC	\$260,607	6.8%	\$278,222	15.6%	\$321,651	\$0	-	\$0	-	\$0
HCC Paid % of Tot	41.9%	-2.5 pts	39.3%	-2.0 pts	37.3%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$2,398	3.2%	\$2,476	25.2%	\$3,099	\$0	-	\$0	-	\$0
Outpatient	\$2,242	-7.6%	\$2,071	14.6%	\$2,372	\$0	-	\$0	-	\$0
Physician	\$2,825	8.6%	\$3,067	2.9%	\$3,154	\$1,510	19.4%	\$1,804	51.5%	\$2,732
Ancillary	\$79	16.1%	\$92	13.1%	\$104	\$479	-72.6%	\$131	231.5%	\$436

Financial Summary – Full Year Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023	⇒	2024	⇒	2025-3Q	2023	⇒	2024	⇒	2025-3Q
Average Enrollment										
Employees	294	65.3%	486	-3.3%	470	33	49.3%	50	-11.1%	44
Spouses	47	70.5%	80	-7.2%	74	7	36.0%	10	-19.1%	8
Children	80	61.1%	130	-3.8%	125	8	46.8%	12	-26.6%	8
Tot. Members	421	65.1%	695	-3.8%	669	48	46.9%	71	-14.7%	61
Avg. Family Size	1.4	-0.1%	1.4	-0.6%	1.4	1.5	-1.6%	1.4	-4.0%	1.4
Financial Summary										
Allowed	\$5,716,111	36.2%	\$7,783,435	-13.4%	\$6,741,799	\$280,043	143.5%	\$681,934	-48.9%	\$348,793
Plan Paid	\$4,870,619	16.0%	\$5,652,251	-10.9%	\$5,036,904	\$108,635	225.9%	\$354,041	-47.1%	\$187,259
Member Paid (OOP)	\$389,776	68.2%	\$655,475	-19.8%	\$525,504	\$42,787	79.7%	\$76,876	-44.1%	\$42,940
Paid PEPY	\$16,573	-29.8%	\$11,637	22.9%	\$14,299	\$3,259	118.4%	\$7,116	-20.7%	\$5,646
Paid PMPY	\$11,561	-29.7%	\$8,129	23.6%	\$10,044	\$2,248	121.9%	\$4,986	-17.3%	\$4,123
Paid PEPM	\$1,381	-29.8%	\$970	22.9%	\$1,192	\$272	118.4%	\$593	-20.7%	\$470
Paid PMPM	\$963	-29.7%	\$677	23.6%	\$837	\$187	121.9%	\$416	-17.3%	\$344
High-Cost Claimants (Med Paid \$100,000+)										
# of HCCs	12	-41.7%	7	28.6%	9	0	-	1	-100.0%	0
HCCs per 1000	28.5	-64.7%	10.1	33.7%	13.5	0.0	-	14.1	-100.0%	0.0
Paid per HCC	\$221,656	-9.1%	\$201,561	-5.4%	\$190,600	\$0	-	\$132,680	-100.0%	\$0
HCC Paid % of Tot	54.6%	-29.6 pts	25.0%	9.1 pts	34.1%	0.0%	-	37.5%	-37.5 pts	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	\$3,480	-63.1%	\$1,283	72.4%	\$2,212	\$0	-	\$1,007	-26.2%	\$744
Outpatient	\$3,940	-26.5%	\$2,898	27.1%	\$3,683	\$788	227.1%	\$2,576	-35.0%	\$1,674
Physician	\$3,992	-4.5%	\$3,812	4.5%	\$3,983	\$1,390	-11.7%	\$1,228	41.4%	\$1,736
Ancillary	\$149	-9.4%	\$135	23.4%	\$167	\$70	150.5%	\$175	-117.3%	-\$30

Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status



Claim Type	2024-3Q (7/1/2023 - 3/31/2024)				2025-3Q (7/1/2024 - 3/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Inpatient	\$7,123,312	\$702,518	\$114,455	\$7,940,286	\$10,398,426	\$850,944	\$258,401	\$11,507,771	44.9%
Outpatient	\$7,897,166	\$1,445,141	\$107,464	\$9,449,771	\$7,958,109	\$1,719,024	\$127,660	\$9,804,793	3.8%
Physician	\$11,259,642	\$1,792,835	\$153,734	\$13,206,211	\$10,582,976	\$1,794,527	\$202,595	\$12,580,098	-4.7%
Ancillary	\$326,381	\$59,336	\$14,736	\$400,452	\$347,325	\$66,756	\$16,997	\$431,078	7.6%
Total	\$26,606,500	\$3,999,830	\$390,389	\$30,996,719	\$29,286,836	\$4,431,252	\$605,652	\$34,323,740	10.7%
PMPM	\$592.11	\$763.15	\$378.45	\$605.31	\$727.45	\$885.22	\$598.59	\$741.70	22.5%
Non-State Members									
Inpatient	\$0	\$0	\$32,261	\$32,261	\$0	\$27,438	\$6,337	\$33,775	4.7%
Outpatient	\$0	\$5,174	\$85,944	\$91,118	\$0	\$0	\$76,010	\$76,010	-16.6%
Physician	\$2,591	\$12,041	\$53,493	\$68,125	\$3,643	\$11,110	\$67,743	\$82,495	21.1%
Ancillary	\$0	\$0	\$8,023	\$8,023	\$581	\$0	-\$1,378	-\$797	-109.9%
Total	\$2,591	\$17,214	\$179,721	\$199,527	\$4,224	\$38,547	\$148,711	\$191,482	-4.0%
PMPM	\$161.94	\$204.75	\$315.34	\$297.80	\$263.99	\$856.60	\$297.42	\$341.32	14.6%
All Members									
Inpatient	\$7,123,312	\$702,518	\$146,717	\$7,972,547	\$10,398,426	\$878,381	\$264,738	\$11,541,545	44.8%
Outpatient	\$7,897,166	\$1,450,314	\$193,408	\$9,540,888	\$7,958,109	\$1,719,024	\$203,670	\$9,880,803	3.6%
Physician	\$11,262,233	\$1,804,875	\$207,227	\$13,274,335	\$10,586,619	\$1,805,637	\$270,337	\$12,662,594	-4.6%
Ancillary	\$326,381	\$59,336	\$22,759	\$408,475	\$347,906	\$66,756	\$15,619	\$430,281	5.3%
Total	\$26,609,092	\$4,017,044	\$570,111	\$31,196,246	\$29,291,060	\$4,469,799	\$754,363	\$34,515,222	10.6%
PMPM	\$591.96	\$754.33	\$355.99	\$601.34	\$727.27	\$884.96	\$498.99	\$736.91	22.5%

Medical Cost Distribution

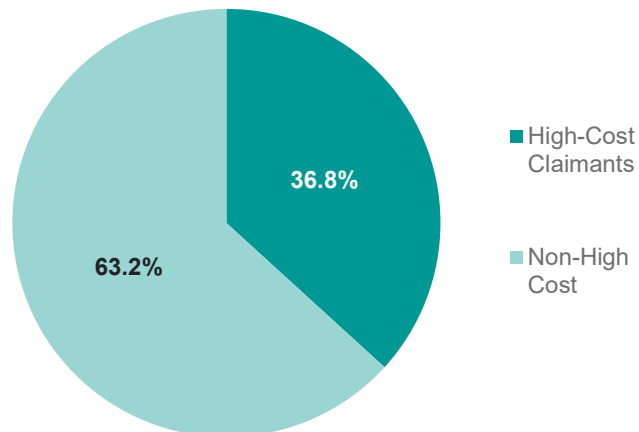
Distribution by Member Cost



Member Total Paid Range	2024-3Q (7/1/2023 - 3/31/2024)						2025-3Q (7/1/2024 - 3/31/2025)					
	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	721	11.2%	\$0	0.0%	\$0	0.0%	671	11.5%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	173	2.7%	-\$37,619	-0.1%	-\$1,328	0.0%	186	3.2%	-\$98,350	-0.3%	\$3,207	0.1%
> \$0 - \$2,500	3,870	59.9%	\$2,937,780	9.4%	\$819,565	25.4%	3,323	57.1%	\$2,588,717	7.5%	\$734,115	23.9%
> \$2,500 - \$5,000	713	11.0%	\$2,518,574	8.1%	\$568,865	17.6%	647	11.1%	\$2,284,584	6.6%	\$522,043	17.0%
> \$5,000 - \$10,000	469	7.3%	\$3,242,394	10.4%	\$619,884	19.2%	441	7.6%	\$3,043,545	8.8%	\$564,339	18.3%
> \$10,000 - \$25,000	298	4.6%	\$4,694,096	15.0%	\$548,842	17.0%	310	5.3%	\$4,937,433	14.3%	\$590,874	19.2%
> \$25,000 - \$50,000	120	1.9%	\$4,225,142	13.5%	\$303,767	9.4%	142	2.4%	\$4,915,249	14.2%	\$341,387	11.1%
> \$50,000 - \$100,000	58	0.9%	\$4,172,687	13.4%	\$197,667	6.1%	61	1.0%	\$4,152,252	12.0%	\$175,936	5.7%
> \$100,000	44	0.7%	\$9,443,191	30.3%	\$174,284	5.4%	43	0.7%	\$12,691,792	36.8%	\$144,800	4.7%
Total	6,466	100.0%	\$31,196,246	100.0%	\$3,231,548	100.0%	5,824	100.0%	\$34,515,222	100.0%	\$3,076,700	100.0%

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

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Perinatal Originating Conditions	3	\$3,096,833	24.4%
2	Neoplasms	20	\$2,723,272	21.5%
3	Circulatory System	30	\$1,944,512	15.3%
4	Injury, Poisoning & External Causes	23	\$1,315,865	10.4%
5	Digestive System	17	\$910,372	7.2%
6	Infectious & Parasitic Diseases	9	\$432,526	3.4%
7	Musculoskeletal System	22	\$422,935	3.3%
8	Health Status & Health Services	36	\$376,245	3.0%
9	Blood & Immune Disorders	13	\$276,558	2.2%
10	Endocrine, Nutritional & Metabolic	25	\$246,159	1.9%
...	All Others		\$946,516	7.5%
=	Total	43	\$12,691,792	100.0%

Utilization Summary – YTD Trend

Plan Totals & Norm



Measure	Total Plan					UMR Norm	
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2025-3Q	Variance
Inpatient Admissions							
# of Admits	283	-7.8%	261	-11.1%	232		
# of Admit Days	1,387	-1.1%	1,372	5.4%	1,446		
Paid per Admit	\$54,540	-34.7%	\$35,588	5.5%	\$37,553	\$29,692	26.5%
Paid per Admit Day	\$11,128	-39.2%	\$6,770	-11.0%	\$6,025	\$5,810	3.7%
Admits per 1000	133.0	-54.6%	60.4	-1.5%	59.4	47.5	25.1%
Average LOS	4.9	7.3%	5.3	18.6%	6.2	5.1	21.9%
Emergency Room Visits							
# of ER Visits	887	12.6%	999	-5.6%	943		
~ % resulting in Admit	13.5%	1.5 pts	15.0%	-0.1 pts	15.0%	10.5%	4.5 pts
ER Visits per Patient	1.3	8.5%	1.5	-5.9%	1.4		
ER Visits per 1000	417.0	-44.6%	231.1	4.6%	241.6	222.9	8.4%
Paid per ER Visit	\$2,633	16.5%	\$3,069	4.6%	\$3,210	\$2,289	40.3%
Urgent Care Visits							
# of UC Visits	2,008	3.2%	2,073	-4.2%	1,986		
UC Visits per Patient	1.5	3.5%	1.5	-0.1%	1.5		-
UC Visits per 1000	944.0	-49.2%	479.5	6.1%	508.8	277.2	83.6%
Paid per UC Visit	\$109	15.4%	\$126	6.1%	\$133	\$114	16.8%
Office Visits							
Off Visits per Patient	4.0	16.0%	4.7	3.5%	4.8		
Paid per Office Visit	\$106	6.5%	\$112	3.4%	\$116	\$93	24.8%
Office Visits Paid PMPY	\$1,013	-41.0%	\$598	6.1%	\$635	\$355	79.0%
Services							
Radiology Svcs per 1000	6,578.7	-49.8%	3,303.8	17.0%	3,864.6	3,557.8	8.6%
Radiology Paid PMPY	\$860	-37.4%	\$538	14.8%	\$618		
Lab Services per 1000	19,201.0	-43.9%	10,762.5	3.7%	11,166.1	9,360.2	19.3%
Labs Paid PMPY	\$404	-43.7%	\$227	25.6%	\$285		

- Inpatient Admission rate per 1000 decreased 1.5%, but amount paid per Admission is 5.5% higher than prior period
- ER utilization increased 4.6%, and amount paid per ER visit is 4.6% 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				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Inpatient Admissions										
# of Admits	234	-5.1%	222	-18.0%	182	0	-	0	-	0
# of Admit Days	1,087	7.6%	1,170	-3.0%	1,135	0	-	0	-	0
Paid per Admit	\$58,060	-36.6%	\$36,809	9.2%	\$40,181	\$0	-	\$0	-	\$0
Paid per Admit Day	\$12,499	-44.1%	\$6,984	-7.7%	\$6,443	\$0	-	\$0	-	\$0
Admits per 1000	126.1	-53.0%	59.3	-8.5%	54.2	0.0	-	0.0	-	0.0
Average LOS	4.6	13.5%	5.3	18.3%	6.2	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	751	14.8%	862	-9.6%	779	0	-	0	-	1
~ % resulting in Admit	12.5%	1.3 pts	13.8%	-2.0 pts	11.8%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.3	8.5%	1.4	-5.5%	1.4	0.0	-	0.0	-	1.0
ER Visits per 1000	404.7	-43.1%	230.2	0.9%	232.2	0.0	-	0.0	-	750.0
Paid per ER Visit	\$2,667	16.9%	\$3,117	5.2%	\$3,278	\$0	-	\$0	-	\$369
Urgent Care Visits										
# of UC Visits	1,798	3.4%	1,859	-6.1%	1,745	0	-	0	-	0
UC Visits per Patient	1.5	3.2%	1.6	-0.3%	1.6	0.0	-	0.0	-	0.0
UC Visits per 1000	968.8	-48.8%	496.4	4.8%	520.1	0.0	-	0.0	-	0.0
Paid per UC Visit	\$111	15.9%	\$128	5.7%	\$136	\$0	-	\$0	-	\$0
Office Visits										
Off Visits per Patient	3.9	15.0%	4.5	2.8%	4.6	9.0	-11.1%	8.0	-12.5%	7.0
Paid per Office Visit	\$108	7.6%	\$116	4.4%	\$121	\$114	22.4%	\$140	8.8%	\$152
Office Visits Paid PMPY	\$988	-40.6%	\$588	5.9%	\$622	\$1,540	-45.6%	\$838	-4.8%	\$798
Services										
Radiology Svcs per 1000	5,945.6	-47.3%	3,132.8	14.3%	3,579.5	6,000.0	-50.0%	3,000.0	0.0%	3,000.0
Radiology Paid PMPY	\$838	-37.4%	\$524	14.5%	\$600	\$521	-53.6%	\$241	17.0%	\$282
Lab Services per 1000	18,489.8	-44.0%	10,350.4	3.5%	10,712.5	58,500.0	-73.1%	15,750.0	-4.8%	15,000.0
Labs Paid PMPY	\$391	-41.9%	\$227	24.2%	\$282	\$505	-27.3%	\$367	28.8%	\$473

Utilization Summary – YTD Trend

Retired Members



Measure	State Retirees					Non-State Retirees				
	2023-3Q	⇒	2024-3Q	⇒	2025-3Q	2023-3Q	⇒	2024-3Q	⇒	2025-3Q
Inpatient Admissions										
# of Admits	47	-27.7%	34	41.2%	48	2	150.0%	5	-60.0%	2
# of Admit Days	293	-35.8%	188	61.2%	303	7	100.0%	14	-42.9%	8
Paid per Admit	\$38,958	-26.8%	\$28,508	-0.5%	\$28,376	\$8,833	234.1%	\$29,509	-36.7%	\$18,676
Paid per Admit Day	\$6,249	-17.5%	\$5,156	-12.8%	\$4,495	\$2,524	317.6%	\$10,539	-55.7%	\$4,669
Admits per 1000	194.3	-66.5%	65.0	47.2%	95.7	70.0	31.1%	91.7	-52.0%	44.0
Average LOS	6.2	-11.3%	5.5	14.2%	6.3	3.5	-20.0%	2.8	42.9%	4.0
Emergency Room Visits										
# of ER Visits	116	11.2%	129	14.7%	148	20	-60.0%	8	87.5%	15
~ % resulting in Admit	21.6%	-0.6 pts	20.9%	10.8 pts	31.8%	5.0%	45.0 pts	50.0%	-36.7 pts	13.3%
ER Visits per Patient	1.4	17.0%	1.7	-11.7%	1.5	1.8	-37.1%	1.1	19.3%	1.4
ER Visits per 1000	479.4	-48.5%	246.8	19.6%	295.1	699.7	-79.0%	146.8	125.0%	330.3
Paid per ER Visit	\$2,661	3.7%	\$2,760	13.0%	\$3,118	\$1,208	136.3%	\$2,856	-73.1%	\$768
Urgent Care Visits										
# of UC Visits	189	2.6%	194	16.0%	225	21	-4.8%	20	-20.0%	16
UC Visits per Patient	1.4	5.0%	1.5	-0.7%	1.5	1.3	8.8%	1.4	24.4%	1.8
UC Visits per 1000	781.2	-52.5%	371.1	20.9%	448.7	734.7	-50.1%	367.0	-4.0%	352.3
Paid per UC Visit	\$99	11.9%	\$111	12.8%	\$125	\$60	-16.2%	\$50	-30.8%	\$35
Office Visits										
Off Visits per Patient	4.8	18.8%	5.7	6.3%	6.1	4.7	23.2%	5.7	0.6%	5.8
Paid per Office Visit	\$99	1.5%	\$100	-0.8%	\$99	\$58	-16.9%	\$48	9.1%	\$52
Office Visits Paid PMPY	\$1,233	-43.1%	\$701	6.1%	\$744	\$753	-57.7%	\$319	12.8%	\$359
Services										
Radiology Svcs per 1000	11,213.2	-59.9%	4,497.6	29.6%	5,830.9	8,466.5	-57.3%	3,614.7	-10.5%	3,236.7
Radiology Paid PMPY	\$1,069	-36.5%	\$679	11.2%	\$755	\$569	-78.2%	\$124	197.0%	\$368
Lab Services per 1000	24,559.1	-43.9%	13,768.1	6.2%	14,621.0	19,102.0	-47.0%	10,128.4	-36.7%	6,407.3
Labs Paid PMPY	\$506	-53.0%	\$237	34.3%	\$319	\$384	-67.7%	\$124	19.1%	\$148

On Demand Care Summary

Emergency Room & Urgent Care

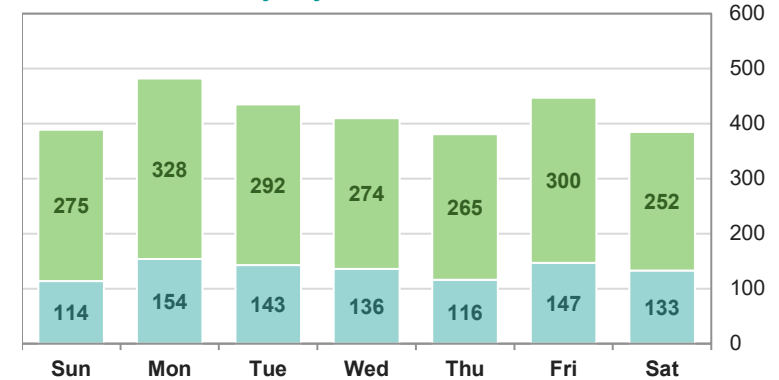


Measure	2024-3Q	2025-3Q	Change	UMR Norm	Variance
Emergency Room					
# of Visits	999	943	-5.6%		
# of Patients	685	687	0.3%		
Total Plan Paid	\$3,065,961	\$3,027,209	-1.3%		
Total Mem Paid	\$483,246	\$451,005	-6.7%		
Visits per 1000	231.1	241.6	4.6%	222.9	8.4%
Paid per Visit	\$3,069	\$3,210	4.6%	\$2,289	40.3%
Paid PMPM	\$59	\$65	9.4%	\$43	52.1%
% ER Patients w/ Office Visit*	95.6%	96.4%	0.7 pts		
% Potentially Avoidable**	12.9%	12.8%	-0.1 pts	82.0%	-69.2 pts
Urgent Care					
# of Visits	2,073	1,986	-4.2%		
# of Patients	1,340	1,285	-4.1%		
Total Plan Paid	\$260,741	\$265,125	1.7%		
Total Mem Paid	\$96,168	\$90,053	-6.4%		
Visits per 1000	479.5	508.8	6.1%	277.2	83.6%
Paid per Visit	\$126	\$133	6.1%	\$114	16.8%
Paid PMPM	\$5	\$6	12.6%	\$3	114.5%

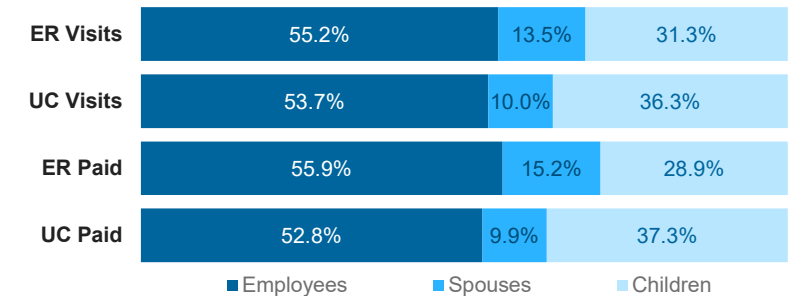
* Office Visit within prior 12 months..

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

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	Total	ER	UC	Total
Employee	521	1,066	1,587	\$1,692,167	\$139,978	\$1,832,145
Spouse	127	199	326	\$459,167	\$26,340	\$485,507
Child	295	721	1,016	\$875,876	\$98,806	\$974,682
Total	943	1,986	2,929	\$3,027,209	\$265,125	\$3,292,334

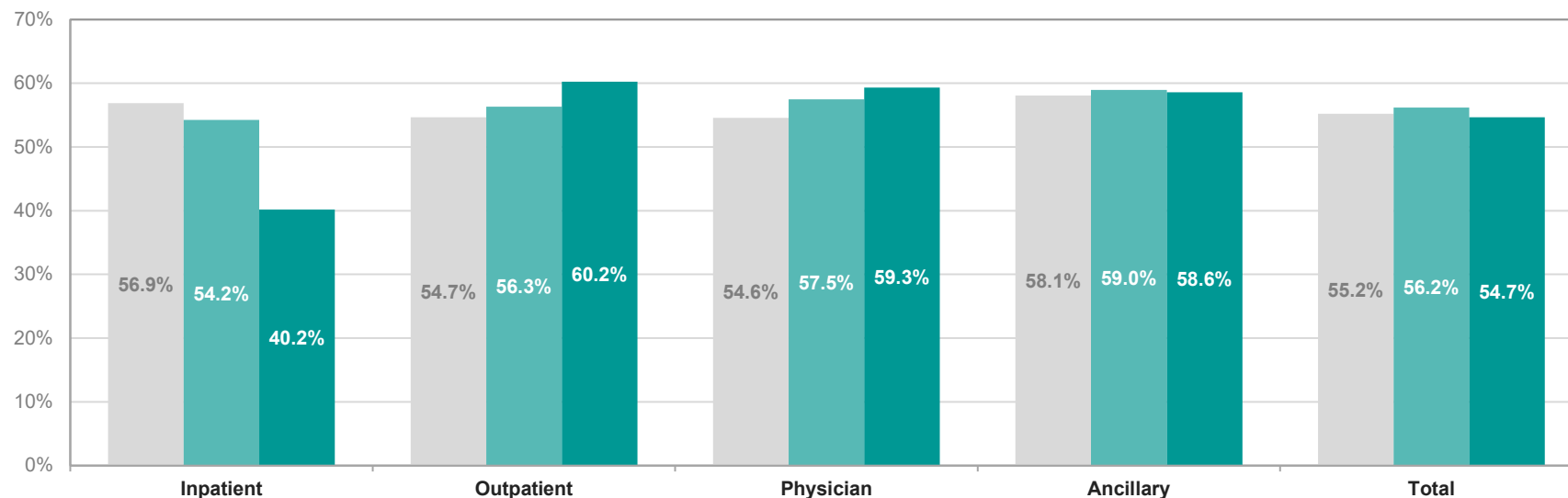
Network Summary

Discount Percentage & Network Utilization

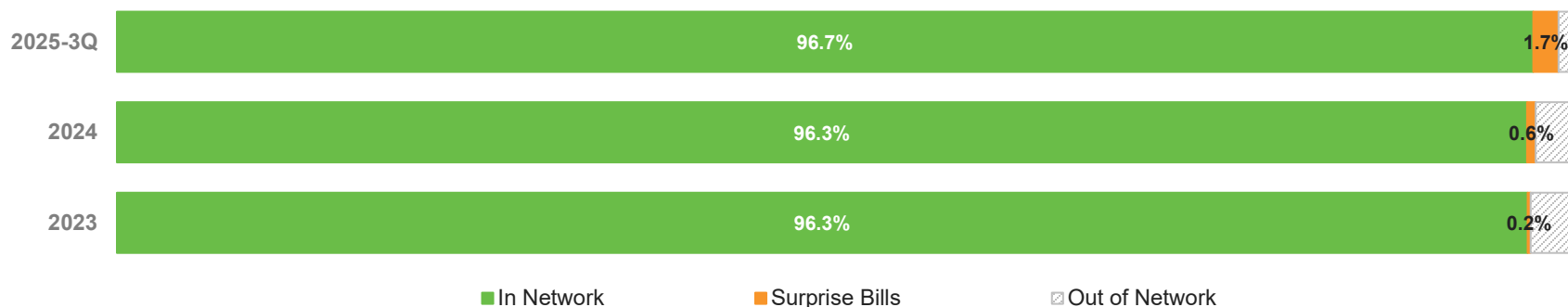


Discount Percentage* by Claim Type

Plan Year: 2023 2024 2025-3Q



Network Utilization*



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

Clinical Classification Summary

Breakout by Diagnostic Chapter



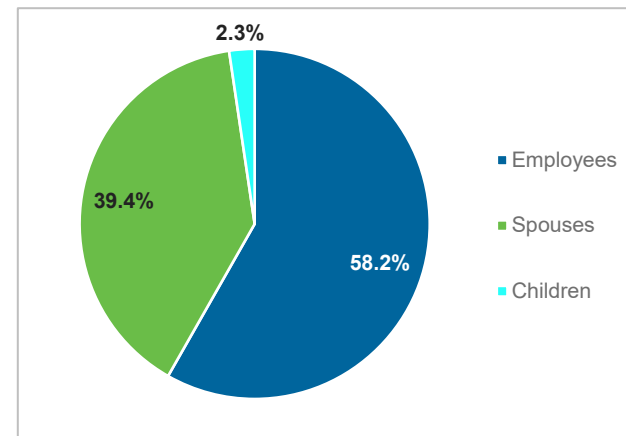
Diagnostic Chapter	2024 (Full Year)		2025-3Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Neoplasms	956	\$4,619,242	809	\$4,271,414	\$2,487,612	\$1,683,872	\$99,930	\$896,379	\$3,375,035
Musculoskeletal System	2,070	\$4,602,332	1,657	\$3,885,003	\$2,958,729	\$731,420	\$194,854	\$1,433,956	\$2,451,047
Circulatory System	1,084	\$4,487,845	885	\$3,826,415	\$3,074,984	\$669,812	\$81,620	\$1,616,849	\$2,209,567
Perinatal Originating Conditions	76	\$1,990,280	49	\$3,305,983	\$633	\$115	\$3,305,235	\$505,964	\$2,800,019
Digestive System	848	\$2,625,472	663	\$2,616,795	\$2,110,547	\$241,425	\$264,823	\$835,665	\$1,781,130
Injury, Poisoning & External Causes	987	\$3,319,950	767	\$2,609,005	\$1,685,332	\$371,819	\$551,853	\$902,895	\$1,706,110
Health Status & Health Services	4,187	\$4,675,804	3,265	\$2,267,826	\$1,400,893	\$373,574	\$493,359	\$983,476	\$1,284,350
Mental, Behavioral & Neurodevelopmental	1,352	\$2,322,608	1,158	\$1,665,146	\$720,624	\$252,238	\$692,283	\$569,407	\$1,095,739
Symptoms, Signs & Findings, NEC	2,600	\$2,268,545	2,062	\$1,658,317	\$1,056,523	\$273,661	\$328,134	\$564,843	\$1,093,474
Genitourinary System	1,208	\$2,173,973	921	\$1,586,881	\$1,282,234	\$130,263	\$174,383	\$466,150	\$1,120,730
Respiratory System	1,820	\$1,973,123	1,369	\$1,323,922	\$743,449	\$166,559	\$413,914	\$558,725	\$765,197
Nervous System	1,174	\$1,812,222	931	\$1,213,821	\$813,990	\$230,680	\$169,151	\$507,362	\$706,459
Endocrine, Nutritional & Metabolic	1,892	\$2,071,739	1,492	\$1,128,293	\$899,380	\$126,256	\$102,658	\$561,130	\$567,164
Pregnancy, Childbirth & the Puerperium	117	\$1,094,523	92	\$781,375	\$511,758	\$141,139	\$128,478	\$125	\$781,250
Infectious & Parasitic Diseases	519	\$1,452,642	411	\$663,732	\$576,528	\$43,259	\$43,945	\$149,076	\$514,656
Blood & Immune Disorders	252	\$886,310	168	\$421,985	\$279,688	\$15,655	\$126,641	\$264,808	\$157,177
Ear and Mastoid Process	573	\$333,384	401	\$396,416	\$242,398	\$48,213	\$105,805	\$134,006	\$262,409
Eye and Adnexa	1,733	\$533,279	1,215	\$331,375	\$236,333	\$37,866	\$57,175	\$143,775	\$187,600
Skin & Subcutaneous Tissue	1,429	\$854,655	1,134	\$313,595	\$230,908	\$37,396	\$45,291	\$113,946	\$199,649
Congenital Malformations & Abnormalities	93	\$115,196	80	\$247,798	\$67,102	\$4,577	\$176,120	\$134,311	\$113,487
External Causes of Morbidity	1	\$0	1	\$124	\$0	\$0	\$124	\$0	\$124
Total	5,860	\$44,213,123	5,049	\$34,515,222	\$21,379,648	\$5,579,800	\$7,555,775	\$11,342,847	\$23,172,376

Neoplasms (Cancer)

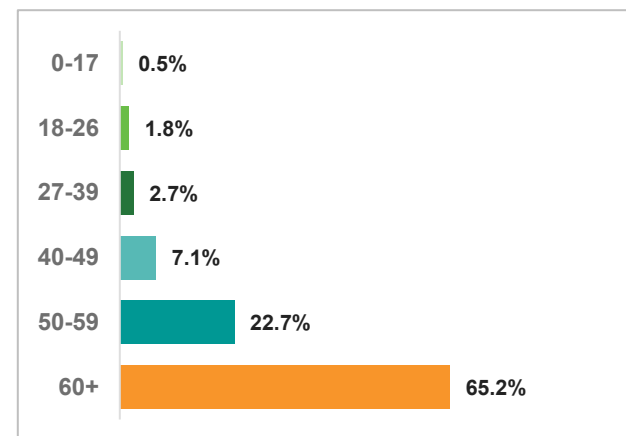
Breakout by Diagnostic Grouping & Demographics

#	Neoplasms (Cancer) Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Other gastrointestinal cancers	7	49	\$1,303,729	30.5%
2	Breast cancer	46	413	\$785,647	18.4%
3	Benign neoplasms	536	847	\$455,037	10.7%
4	Lymphoma	17	198	\$253,025	5.9%
5	Respiratory cancers	6	70	\$233,616	5.5%
6	Kidney Cancer	7	38	\$206,115	4.8%
7	Ovarian cancer	5	35	\$136,490	3.2%
8	Leukemia	9	69	\$117,909	2.8%
9	Pancreatic cancer	3	59	\$117,898	2.8%
10	Prostate cancer	25	236	\$105,858	2.5%
11	Skin cancer	85	212	\$103,519	2.4%
12	Other cancer	15	42	\$91,608	2.1%
13	Colorectal cancer	7	64	\$79,492	1.9%
14	Neoplasms of unspec nature	318	413	\$72,344	1.7%
15	Head & neck cancers	4	42	\$72,315	1.7%
16	Endometrial cancer	8	42	\$65,363	1.5%
17	Secondary malignancies	16	80	\$51,099	1.2%
18	Oral cancer	2	8	\$14,638	0.3%
19	Brain cancer	5	15	\$1,804	0.0%
20	Thyroid cancer	7	11	\$1,729	0.0%
...	All Others	7	10	\$2,178	0.1%
=	Total	809	3,153	\$4,271,414	100.0%

Neoplasms (Cancer) Paid by Relationship



Neoplasms (Cancer) Paid by Age Range



Note: there are additional cancer-related costs for encounters and therapy, totaling \$1,032,992 – these costs are categorized under Health Status

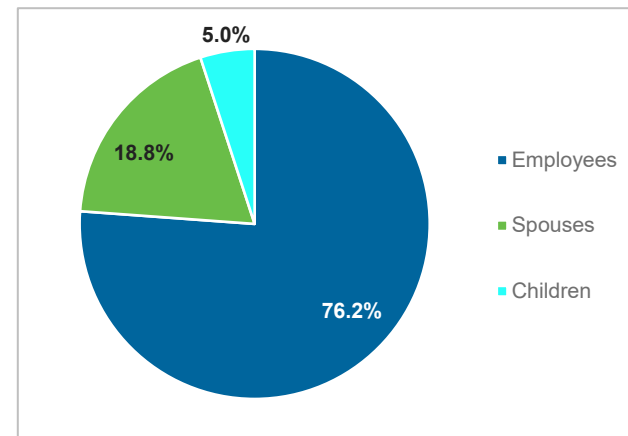
Musculoskeletal System

Breakout by Diagnostic Grouping & Demographics

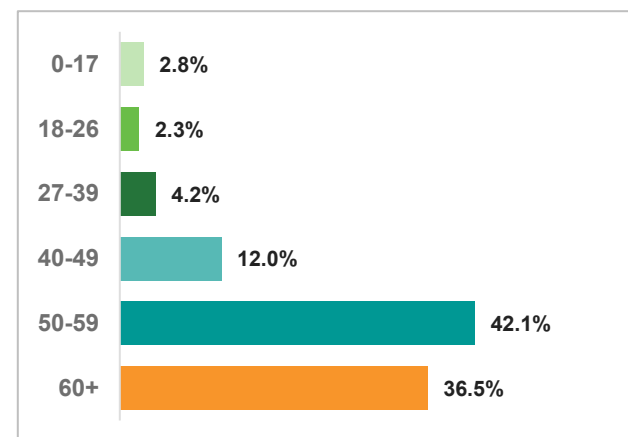


#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	495	2,284	\$1,356,694	34.9%
2	Osteoarthritis & osteoporosis	277	714	\$749,554	19.3%
3	Tendon, tissue, muscle disorders	395	1,051	\$584,864	15.1%
4	Other musculoskeletal pain	995	3,166	\$413,857	10.7%
5	Scoliosis & oth deformities	138	326	\$184,034	4.7%
6	Joint disorders & fractures	118	271	\$151,805	3.9%
7	Rheumatoid arthritis & related disease	55	191	\$142,080	3.7%
8	Other MSK	38	126	\$124,396	3.2%
9	Lupus	37	124	\$94,475	2.4%
10	Biomechanical lesions	97	397	\$44,109	1.1%
11	Low back pain	233	609	\$31,909	0.8%
12	Gout & crystal arthropathies	34	68	\$7,227	0.2%
=	Total	1,657	9,865	\$3,885,003	100.0%

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range

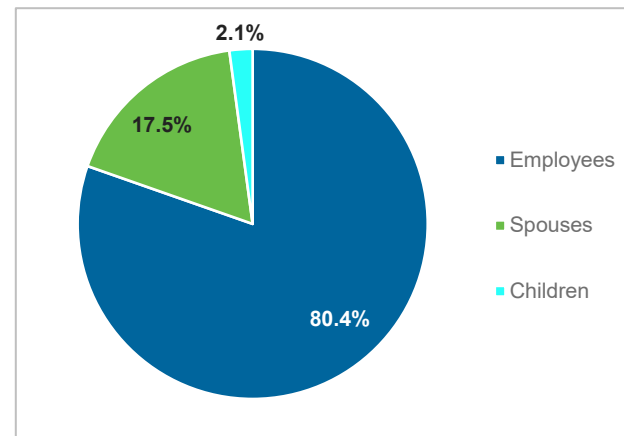


Circulatory System

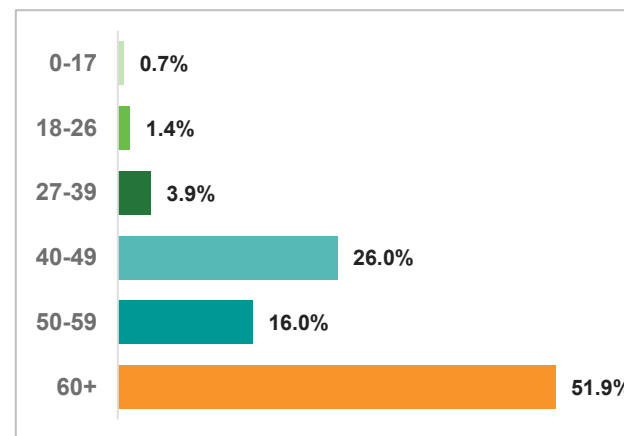
Breakout by Diagnostic Grouping & Demographics

#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Cerebrovascular disease	34	133	\$1,039,346	27.2%
2	Cardiac dysrhythmias	153	528	\$845,782	22.1%
3	Heart failure	39	155	\$374,988	9.8%
4	Coronary atherosclerosis & oth heart disease	118	326	\$374,316	9.8%
5	Myocardial infarction	13	48	\$328,017	8.6%
6	Nonrheumatic & unspecified valve disorders	50	70	\$250,743	6.6%
7	Nonspecific chest pain	188	380	\$216,982	5.7%
8	Hypertension	471	817	\$137,379	3.6%
9	Vascular disease	60	163	\$126,248	3.3%
10	Acute pulmonary embolism, DVT	34	132	\$65,534	1.7%
11	Other circulatory	42	85	\$62,525	1.6%
12	Myocarditis & cardiomyopathy	11	21	\$4,556	0.1%
=	Total	885	3,166	\$3,826,415	100.0%

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-3Q		2025-3Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	394	\$484,494	424	\$531,931	358	\$373,630	\$69,079	\$12,119	\$291,016	\$1,416
Anxiety & related Disorders	521	\$279,609	512	\$337,685	415	\$286,476	\$0	\$12,198	\$274,278	\$0
Trauma & stressor disorders	294	\$210,733	338	\$370,626	288	\$222,343	\$0	\$0	\$222,343	\$0
Neurodevelopmental disorders	225	\$140,318	253	\$292,459	229	\$185,245	\$0	\$0	\$185,245	\$0
Suicidal ideation, attempt or self-harm	21	\$78,998	23	\$42,788	18	\$151,500	\$76,795	\$64,880	\$9,825	\$0
Alcohol-related disorders	29	\$154,326	45	\$307,936	28	\$139,871	\$95,664	\$12,356	\$31,852	\$0
Other mental health	142	\$47,033	141	\$117,944	112	\$81,542	\$0	\$18,470	\$63,072	\$0
Eating disorders	17	\$31,584	15	\$51,171	12	\$66,726	\$0	\$0	\$66,726	\$0
Bipolar & related Disorders	82	\$64,002	79	\$92,390	60	\$65,611	\$20,040	\$0	\$45,571	\$0
Schizophrenia spectrum disorders	14	\$17,003	16	\$33,159	12	\$59,312	\$27,659	\$13,502	\$18,142	\$8
Opioid disorders	15	\$8,462	13	\$38,318	7	\$11,946	\$2,040	\$0	\$9,906	\$0
Obsessive compulsive disorders	20	\$19,073	22	\$60,775	15	\$7,021	\$0	\$0	\$7,021	\$0
Other substance use	38	\$3,558	40	\$10,408	26	\$6,394	\$0	\$2,573	\$3,821	\$0
Stimulant disorders	5	\$31,458	6	\$31,146	1	\$5,296	\$2,656	\$0	\$2,640	\$0
Cannabis-related disorders	10	\$5,823	5	\$3,870	8	\$2,233	\$0	\$199	\$2,034	\$0
Total	1,310	\$1,576,476	1,352	\$2,322,608	1,158	\$1,665,146	\$293,933	\$136,296	\$1,233,493	\$1,425

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	9	1.7	-30.8%	5	0.9	-37.5%	\$4,513	111.1	222.2
Asthma	235	43.2	-7.5%	114	20.9	-1.7%	\$6,705	72.3	276.6
Atrial Fibrillation	70	12.9	25.0%	50	9.2	35.1%	\$43,459	314.3	814.3
Blood Disorders	209	38.4	-18.0%	97	17.8	-15.7%	\$34,074	239.2	397.1
CAD	83	15.2	-7.8%	44	8.1	7.3%	\$19,083	132.5	325.3
COPD	37	6.8	19.4%	22	4.0	0.0%	\$27,074	324.3	594.6
Cancer	573	105.2	10.2%	276	50.7	9.5%	\$18,369	111.7	204.2
Chronic Pain	44	8.1	2.3%	21	3.9	-8.7%	\$95,096	340.9	431.8
CHF	29	5.3	3.6%	19	3.5	-9.5%	\$169,434	517.2	689.7
Demyelinating Diseases	18	3.3	-33.3%	12	2.2	-36.8%	\$24,890	55.6	166.7
Depression	418	76.8	0.5%	298	54.7	4.2%	\$10,706	129.2	323.0
Diabetes	501	92.0	2.2%	371	68.1	-5.1%	\$15,925	97.8	229.5
ESRD	16	2.9	-38.5%	11	2.0	-45.0%	\$283,289	812.5	1,000.0
Eating Disorders	14	2.6	7.7%	10	1.8	0.0%	\$12,579	0.0	142.9
HIV/AIDS	6	1.1	-33.3%	5	0.9	-16.7%	\$3,549	0.0	0.0
Hyperlipidemia	201	36.9	-2.0%	66	12.1	10.0%	\$3,927	29.9	79.6
Hypertension	573	105.2	-5.0%	231	42.4	-16.0%	\$6,180	54.1	185.0
Immune Disorders	24	4.4	-17.2%	11	2.0	0.0%	\$45,372	83.3	125.0
IBD	25	4.6	-7.4%	9	1.7	12.5%	\$3,686	0.0	440.0
Liver Disease	2	0.4	-50.0%	1	0.2	-66.7%	\$745,813	500.0	0.0
Morbid Obesity	102	18.7	-8.1%	60	11.0	5.3%	\$25,890	166.7	196.1
Osteoarthritis	283	52.0	-5.4%	124	22.8	-11.4%	\$11,527	60.1	240.3
Peripheral Vascular Disease	31	5.7	6.9%	10	1.8	25.0%	\$16,284	225.8	290.3
Rheumatoid Arthritis	61	11.2	-6.2%	47	8.6	-9.6%	\$10,313	49.2	245.9

- *Most prevalent chronic conditions are Cancer and Hypertension, both with 573 members*
- *Diabetes is the condition with the most moderate/high risk members (371)*
- *Members with mod/high risk Diabetes also have the highest combined cost, totaling \$5.91M*

Date Range: Service Dates 1/1/2024 - 12/31/2024, Paid through 3/31/2025

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:** \$8,723
- **Admits per 1000:** 58.2
- **ER Visits per 1000:** 235.8

Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends



Preventive Service	Population	2023			2024			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	74.1	415	5,603.5	46.6	263	5,649.6	0.8%	5,328.7	6.0%
Well Child Visit	3 - 6 years	263.7	225	853.1	227.5	191	839.6	-1.6%	791.5	6.1%
Adults w/ Well Visit	Adults 18+	4,675	2,040	43.6%	4,227	1,827	43.2%	-0.4 pts	43.6%	-0.4 pts
Screenings	Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	1,676	814	48.6%	1,525	789	51.7%	3.2 pts	51.1%	0.6 pts
Cervical Cancer	Females 21 - 64	2,281	597	26.2%	2,028	496	24.5%	-1.7 pts	25.5%	-1.0 pts
Prostate Cancer	Males 50 - 70	953	433	45.4%	890	448	50.3%	4.9 pts	45.1%	5.3 pts
Colorectal Cancer	Members 45 - 75	2,677	448	16.7%	2,455	446	18.2%	1.4 pts	18.2%	0.0 pts
Cholesterol	Female 45+ Male 35+	3,017	1,700	56.3%	2,770	1,602	57.8%	1.5 pts	51.1%	6.7 pts
Condition-specific	Screening									
Asthma	Office Visit for Asthma	254	202	79.5%	235	194	82.6%	3.0 pts		
COPD	Spirometry Test	31	7	22.6%	37	4	10.8%	-11.8 pts		
Type 2 Diabetes	A1c Test	439	394	89.7%	459	415	90.4%	0.7 pts	87.0%	3.5 pts
	Eye Exam	439	133	30.3%	459	119	25.9%	-4.4 pts	26.5%	-0.6 pts
	Lipid Panel	439	350	79.7%	459	344	74.9%	-4.8 pts	75.2%	-0.2 pts
	Urine Protein Test	439	323	73.6%	459	296	64.5%	-9.1 pts	66.5%	-2.0 pts
	Any Diabetes Screen	439	424	96.6%	459	438	95.4%	-1.2 pts	94.3%	1.1 pts
Hyperlipidemia	Lipid Profile	205	105	51.2%	201	92	45.8%	-5.4 pts		
Hypertension	Creatinine Test	603	154	25.5%	573	128	22.3%	-3.2 pts		
	Lipid Profile	603	162	26.9%	573	160	27.9%	1.1 pts		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 1/1/2024 - 12/31/2024, Paid through 3/31/2025

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

**Public Employees' Benefits Program - RX Costs
PY 2025 - Through Quarter Ending March 31, 2025**

Express Scripts

1Q-3Q FY2025 EPO		1Q-3Q FY2024 EPO	Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	5,208	5,767	(559)	-9.7%
Utilizing Member Count (Patients)	4,167	4,508	(341)	-7.6%
Percent Utilizing (Utilization)	80.0%	78.2%	0	2.4%
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	90,683	94,902	(4,219)	-4.4%
Claims per Elig Member per Month (Claims PMPM)	1.93	1.83	0.10	5.5%
Total Claims for Generic (Generic Rx)	78,006	81,545	(3,539.00)	-4.3%
Total Claims for Brand (Brand Rx)	12,677	13,357	(680.00)	-5.1%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	323	515	(192.00)	-37.3%
Total Non-Specialty Claims	89,347	93,757	(4,410.00)	-4.7%
Total Specialty Claims	1,336	1,145	191.00	16.7%
Generic % of Total Claims (GFR)	86.0%	85.9%	0.00	0.1%
Generic Effective Rate (GCR)	99.6%	99.4%	0.00	0.2%
Mail Order Claims	25,562	27,959	(2,397.00)	-8.6%
Mail Penetration Rate*	31.2%	32.4%	(0.01)	-1.2%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$15,462,693	\$15,265,936	\$196,757.00	1.3%
Total Generic Gross Cost	\$1,376,304	\$1,434,234	(\$57,930.00)	-4.0%
Total Brand Gross Cost	\$14,086,389	\$13,831,701	\$254,688.00	1.8%
Total MSB Gross Cost	\$336,015	\$300,275	\$35,740.00	11.9%
Total Ingredient Cost	\$15,064,434	\$14,862,685	\$201,749.00	1.4%
Total Dispensing Fee	\$390,847	\$390,394	\$453.00	0.1%
Total Other (e.g. tax)	\$7,412	\$12,856	(\$5,444.00)	-42.3%
Avg Total Cost per Claim (Gross Cost/Rx)	\$170.51	\$160.86	\$9.65	6.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$17.64	\$17.59	\$0.05	0.3%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$1,111.18	\$1,035.54	\$75.64	7.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,040.29	\$583.06	\$457.23	78.4%
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$2,345,509	\$2,287,037	\$58,472.00	2.6%
Total Copay	\$2,342,366	\$2,285,109	\$57,257.00	2.5%
Total Deductible	\$33,143	\$1,929	\$31,214.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$25.83	\$24.08	\$1.75	7.3%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$25.86	\$24.10	\$1.77	7.3%
Avg Copay for Generic (Copay/Generic Rx)	\$6.82	\$6.88	(\$0.06)	-0.9%
Avg Copay for Brand (Copay/Brand Rx)	\$143.04	\$129.21	\$13.83	10.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$69.44	\$69.20	\$0.24	0.3%
Net PMPM (Participant Cost PMPM)	\$50.04	\$44.06	\$5.98	13.6%
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	15.0%	0.2%	1.5%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$13,117,184	\$12,521,847	\$595,337.00	4.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,512,778	\$5,711,902	\$800,876.00	14.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,604,406	\$6,809,944	(\$205,538.00)	-3.0%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$144.65	\$131.95	\$12.70	9.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$10.82	\$11.44	(\$0.62)	-5.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$968.14	\$756.30	\$211.84	28.0%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$970.85	\$522.59	\$448.26	85.8%
Net PMPM (Plan Cost PMPM)	\$279.85	\$241.25	\$38.60	16.0%
PMPM without Specialty (Non-Specialty PMPM)	\$138.95	\$97.67	\$41.28	42.3%
PMPM for Specialty Only (Specialty PMPM)	\$10.90	\$116.45	(\$105.55)	-90.6%
Rebates Received (Q1 FY2024 actual)	\$1,977,602	\$4,349,325	(\$2,371,723.44)	-54.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$237.66	\$157.46	\$80.20	50.9%
PMPM without Specialty (Non-Specialty PMPM)	\$77.03	\$54.31	\$22.72	41.8%
PMPM for Specialty Only (Specialty PMPM)	\$95.93	\$89.06	\$6.87	7.7%

Appendix D

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July 1, 2024 – March 31, 2025

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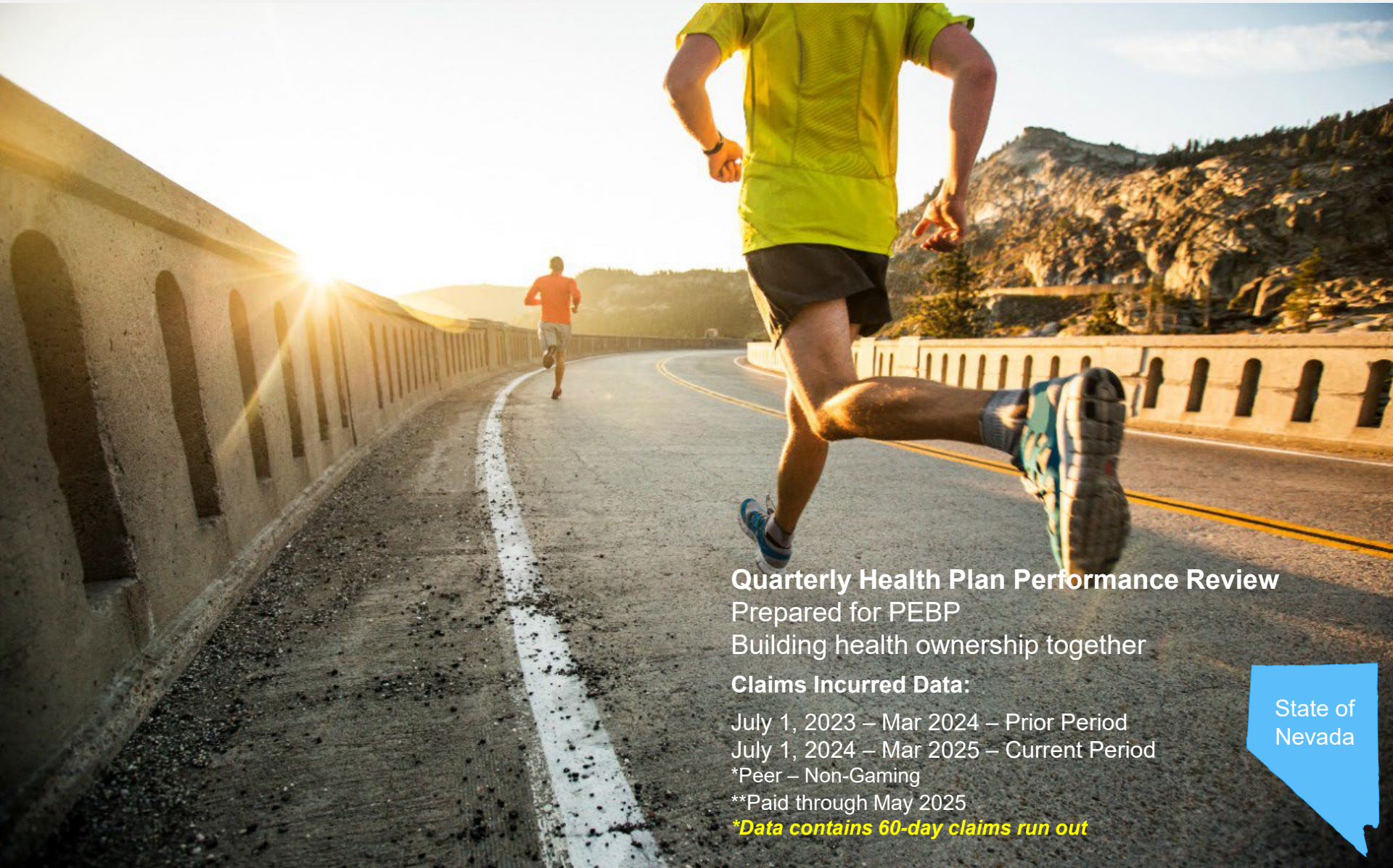
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PRESCRIPTION DRUG COSTS

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Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2023 – Mar 2024 – Prior Period

July 1, 2024 – Mar 2025 – Current Period

*Peer – Non-Gaming

**Paid through May 2025

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

State of
Nevada

Executive Summary
Spend and Utilization

Executive Summary Utilization & Spend



Population

- -.8% decrease for employees
- -1.2% decrease for members

Medical Paid PMPM

- 6.0% increase in overall medical paid PMPM
- 10.4% increase in non-Catastrophic spend on a PMPM basis
- -0.3% decrease in Catastrophic spend on a PMPM basis

High-Cost Claimants

- 51 High-Cost Claimants accounted for 25.0% of medical spend
- -7.3% decrease in HCC from prior period
- Avg. Paid per case decreased -1.6%

Emergency Room

- ER Visits Per 1,000 members increased 2.4%
- Avg. paid per ER Visit increased 18.3%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -1.4%
- Avg. paid per Urgent care visit increased 5.1%

Rx Drivers

- Rx Net Paid PMPM increased 14.3%
- Specialty Spend increased 4.4%
- Specialty Rx driving 14.3% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx PMPM increased 8.9% through Q3 2025

Executive Summary Utilization & Spend



Claims Paid by Age Group															
July - March 2024 Q3							July - March 2025 Q3							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	\$404,836	\$1,164	\$1,201	\$3	\$406,037	\$1,167	\$506,862	\$1,422	\$4,304	\$12	\$511,166	\$1,434	25.9%	250.0%	
01	\$131,630	\$297	\$2,181	\$5	\$133,811	\$302	\$80,032	\$268	\$388	\$1	\$80,420	\$269	-9.9%	-73.6%	
02-04	\$443,359	\$307	\$12,198	\$8	\$455,557	\$315	\$629,572	\$423	\$4,679	\$3	\$634,252	\$427	38.0%	-62.7%	
05-09	\$526,661	\$183	\$60,061	\$21	\$586,722	\$204	\$582,424	\$209	\$25,602	\$9	\$608,026	\$218	14.0%	-56.1%	
10-14	\$651,507	\$163	\$124,657	\$31	\$776,164	\$194	\$657,334	\$167	\$66,264	\$17	\$723,598	\$183	2.1%	-46.2%	
15-19	\$846,697	\$182	\$202,364	\$44	\$1,049,061	\$226	\$898,481	\$196	\$150,402	\$33	\$1,048,883	\$229	7.6%	-24.6%	
20-24	\$849,722	\$198	\$79,144	\$18	\$928,866	\$216	\$885,431	\$202	\$203,929	\$46	\$1,089,360	\$248	2.2%	152.7%	
25-29	\$942,459	\$403	\$153,248	\$66	\$1,095,707	\$469	\$759,901	\$295	\$259,636	\$101	\$1,019,537	\$396	-26.8%	53.8%	
30-34	\$823,830	\$301	\$402,814	\$147	\$1,226,645	\$449	\$1,170,618	\$438	\$396,160	\$148	\$1,566,778	\$586	45.2%	0.5%	
35-39	\$1,166,089	\$329	\$909,584	\$257	\$2,075,672	\$586	\$941,810	\$288	\$709,068	\$217	\$1,650,878	\$505	-12.6%	-15.6%	
40-44	\$1,657,896	\$439	\$482,791	\$128	\$2,140,687	\$567	\$1,300,361	\$340	\$669,552	\$175	\$1,969,913	\$516	-22.4%	37.2%	
45-49	\$1,664,058	\$345	\$1,177,370	\$244	\$2,841,428	\$589	\$2,273,491	\$500	\$1,423,188	\$313	\$3,696,680	\$812	44.8%	28.1%	
50-54	\$1,665,186	\$298	\$1,566,302	\$280	\$3,231,488	\$578	\$2,389,025	\$425	\$2,046,957	\$364	\$4,435,982	\$788	42.5%	29.8%	
55-59	\$2,031,238	\$362	\$2,032,491	\$362	\$4,063,729	\$724	\$2,096,573	\$384	\$2,143,234	\$392	\$4,239,807	\$776	6.0%	8.3%	
60-64	\$2,710,960	\$505	\$1,560,308	\$291	\$4,271,268	\$795	\$2,192,668	\$423	\$1,831,346	\$354	\$4,024,014	\$777	-16.1%	21.7%	
65+	\$2,746,222	\$726	\$1,494,698	\$395	\$4,240,920	\$1,121	\$2,813,864	\$715	\$1,652,161	\$420	\$4,466,025	\$1,135	-1.4%	6.3%	
Total	\$19,262,350	\$346	\$10,261,411	\$185	\$29,523,761	\$531	\$20,178,449	\$367	\$11,586,871	\$211	\$31,765,320	\$578	7.6%	8.9%	

Financial Summary



Financial and Demographic (July 2024 thru March 2025 Q3)												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 3Q22	Thru 3Q23	Thru 3Q24	▲	Thru 3Q22	Thru 3Q23	Thru 3Q24	▲	Thru 3Q22	Thru 3Q23	Thru 3Q24	▲
Avg. # Employees	3,636	3,537	3,508	-0.8%	3,212	3,097	3,105	0.2%	425	440	403	-8.4%
Avg. # Members	6,403	6,180	6,104	-1.2%	5,829	5,578	5,552	-0.5%	574	601	552	-8.2%
Ratio	1.8	1.7	1.7	-0.4%	1.8	1.8	1.8	-0.7%	1.4	1.4	1.4	0.2%
Financial												
Medical Paid	\$20,445,826	\$19,262,350	\$20,178,449	4.8%	\$12,571,555	\$10,880,065	\$12,078,769	11.0%	\$7,874,271	\$8,382,285	\$8,099,680	-3.4%
Member Paid	\$1,467,228	\$1,710,215	\$1,857,962	8.6%	\$1,038,942	\$1,221,995	\$1,299,359	6.3%	\$428,287	\$488,220	\$558,603	14.4%
Net Paid PEPY	\$7,497	\$7,261	\$7,670	5.6%	\$7,564	\$7,009	\$7,664	9.3%	\$6,991	\$9,037	\$7,720	-14.6%
Net Paid PMPY	\$4,257	\$4,156	\$4,407	6.0%	\$4,168	\$3,892	\$4,286	10.1%	\$5,170	\$6,606	\$5,633	-14.7%
Net Paid PEPM	\$625	\$605	\$639	5.6%	\$630	\$584	\$639	9.3%	\$583	\$753	\$643	-14.6%
Net Paid PMPM	\$355	\$346	\$367	6.0%	\$347	\$324	\$357	10.1%	\$431	\$550	\$469	-14.7%
High Cost Claimants												
# of HCC's > \$50k	58	51	51	0.0%	52	37	43	16.2%	6	14	8	-42.9%
Avg. paid per claimant	\$115,967	\$102,237	\$100,640	-1.6%	\$114,413	\$102,563	\$101,077	-1.4%	\$129,433	\$101,374	\$98,292	-3.0%
HCC % of Spend	32.9%	27.0%	25.0%	-7.3%	32.7%	23.2%	24.3%	4.5%	34.8%	47.1%	29.7%	-37.0%
Spend by Location (PMPY)												
Inpatient	\$2,378	\$781	\$781	0.0%	\$754	\$666	\$850	27.7%	\$725	\$1,828	\$959	-47.5%
Outpatient	\$802	\$823	\$728	-11.6%	\$803	\$581	\$780	34.2%	\$786	\$1,081	\$944	-12.6%
Professional	\$1,458	\$1,342	\$1,345	0.2%	\$1,319	\$806	\$999	23.8%	\$1,439	\$1,644	\$1,781	8.3%
Total	\$4,637	\$2,946	\$2,854	-3.1%	\$2,876	\$2,601	\$2,901	11.5%	\$2,949	\$4,552	\$3,684	-19.1%

Paid Claims by Claim Type



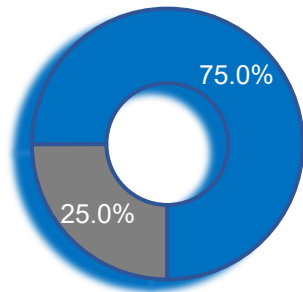
Net Paid Claims - Total									
Total Participants									
	July - March 2024 Q3				July - March 2025 Q3				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$3,706,036	\$309,732	\$1,301,085	\$5,316,854	\$3,900,628	\$185,052	\$1,243,771	\$5,329,451	0.2%
OutPatient	\$12,093,262	\$438,482	\$1,413,752	\$13,945,496	\$13,017,553	\$268,692	\$1,562,753	\$14,848,999	6.5%
Total - Medical	\$15,799,298	\$748,214	\$2,714,837	\$19,262,350	\$16,918,181	\$453,744	\$2,806,524	\$20,178,449	4.8%
Net Paid Claims - Total									
Total Participants									
	July - March 2024 Q3				July - March 2025 Q3				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$312	\$655	\$2,375	\$346	\$339	\$425	\$713	\$367	6.0%

Cost Distribution – Medical Claims > \$50K



July - March 3Q24						Paid Claims	July - March 3Q25					
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid		# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
5	0.1%	\$821,545	4.3%	\$169,046	20.6%	> \$100k	4	0.1%	\$785,074	3.9%	\$785,074	100.0%
14	0.2%	\$1,206,355	6.3%	\$464,590	38.5%	\$50k- \$100k	18	0.3%	\$1,343,512	6.7%	\$598,191	44.5%
60	1.0%	\$2,195,583	11.4%	\$1,449,462	66.0%	\$25k - \$50k	69	1.1%	\$2,571,370	12.7%	\$1,615,948	62.8%
186	3.0%	\$3,873,886	20.1%	\$2,591,487	66.9%	\$10k - \$25k	176	2.9%	\$3,609,585	17.9%	\$2,237,255	62.0%
263	4.3%	\$2,303,912	12.0%	\$1,487,130	64.5%	\$5k - \$10k	365	6.0%	\$3,045,681	15.1%	\$1,856,698	61.0%

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - AHRQ Chapter Conditions - Thru 3Q25

Top 5 AHRQ Category Conditions	# of Patients	Total Paid	% of Med Paid
Neoplasms	8	\$774,714	3.8%
Diseases of the circulatory system	7	\$518,193	2.5%
Factors influencing health status	4	\$452,557	2.2%
Congenital malformations, deformations	2	\$358,598	1.7%
Diseases of the genitourinary system	3	\$323,734	1.6%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	July - March 3Q24	July - March 3Q25	▲	July - March 3Q24	July - March 3Q25	▲	July - March 3Q24	July - March 3Q25	▲
Inpatient									
# of Admits	311	288	-7.5%	251	248	-1.0%	60	39	-34.5%
# of Bedays	1,665	1,798	8.0%	1,164	1,439	23.6%	500	359	-28.2%
Avg. Paid per Admit	\$16,979	\$18,296	7.8%	\$16,529	\$18,153	9.8%	\$18,853	\$19,200	1.8%
Avg. Paid per Day	\$3,172	\$2,928	-7.7%	\$3,560	\$3,133	-12.0%	\$2,269	\$2,109	-7.0%
Admits Per K	67.1	62.9	-6.3%	59.9	59.6	-0.5%	133.5	95.3	-28.6%
Days Per K	359.1	392.8	9.4%	278.3	345.6	24.2%	1,109.0	867.2	-21.8%
ALOS	5.4	6.2	16.7%	4.6	5.8	24.8%	5.5	5.9	7.3%
Admits from ER	162	126	-22.2%	125	106	-15.2%	37	20	-45.9%
Physician Office Visits									
Per Member Per Year	2.3	2.2	-5.7%	2.3	2.1	-6.0%	2.6	2.5	-1.9%
Paid Per Visit	\$148	\$158	6.5%	\$154	\$164	6.4%	\$105	\$111	5.7%
Net Paid PMPM	\$28	\$29	0.4%	\$29	\$29	0.0%	\$22	\$23	3.7%
Emergency Room									
# of Visits	588	595	1.2%	536	544	1.5%	52	51	-1.9%
Visits Per K	126.9	130.0	2.4%	128.1	130.6	2.0%	115.3	123.2	6.9%
Avg Paid Per Visit	\$2,753	\$3,256	18.3%	\$2,792	\$3,262	16.8%	\$2,354	\$3,194	35.7%
Urgent Care									
# of Visits	3,034	2,993	-1.4%	2,720	2,706	-0.5%	314	287	-8.6%
Visits Per K	654.6	653.7	-0.1%	650.1	649.8	-0.1%	696.2	693.4	-0.4%
Avg Paid Per Visit	\$123	\$130	5.1%	\$93	\$91	-2.2%	\$90	\$80	-11.1%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Neurodevelopmental disorders	\$553,061	3.5%	\$26,501	\$734	\$525,826	\$372,890	\$180,171	\$0
Spondylopathies/spondyloarthropathy	\$411,705	2.6%	\$306,284	\$95,356	\$10,065	\$117,060	\$294,646	\$0
Encounter for antineoplastic therapies	\$405,624	2.5%	\$347,601	\$58,024		\$41,136	\$364,488	\$0
Osteoarthritis	\$377,081	2.4%	\$234,618	\$142,463		\$187,774	\$189,307	\$0
Depressive disorders	\$313,065	2.0%	\$134,012	\$21,729	\$157,324	\$123,643	\$189,422	\$0
Abdominal pain and other digestive	\$273,708	1.7%	\$169,586	\$43,105	\$61,017	\$85,567	\$188,141	\$0
Multiple myeloma	\$273,698	1.7%	\$273,698			\$6,416	\$267,282	\$0
Liveborn	\$269,708	1.7%			\$269,708	\$257,725	\$11,983	\$0
Pneumonia	\$265,568	1.7%	\$189,028	\$64,053	\$12,488	\$149,185	\$116,383	\$0
Septicemia	\$243,408	1.5%	\$95,883	\$147,525		\$212,578	\$30,830	\$0
Breast cancer - all other types	\$237,186	1.5%	\$120,313	\$116,873		\$253	\$236,932	\$0
Diabetes mellitus with complication	\$236,198	1.5%	\$192,487	\$22,339	\$21,371	\$121,288	\$114,909	\$0
Nonspecific chest pain	\$235,852	1.5%	\$157,879	\$24,884	\$53,089	\$91,465	\$144,386	\$0
Hearing loss	\$234,687	1.5%	\$157,969	\$29,334	\$47,384	\$55,760	\$178,927	\$0
Cardiac and circulatory congenital anomalies	\$233,189	1.5%	\$232,086	\$38	\$1,066	\$232,674	\$515	\$0
Cardiac dysrhythmias	\$214,090	1.3%	\$139,613	\$72,789	\$1,688	\$119,696	\$94,394	\$0
Medical examination/evaluation	\$207,041	1.3%	\$49,744	\$26,327	\$130,971	\$90,066	\$116,975	\$0
Sleep wake disorders	\$206,042	1.3%	\$169,734	\$21,345	\$14,963	\$77,663	\$128,379	\$0
Neoplasm-related encounters	\$200,027	1.3%	\$173,417	\$26,285	\$325	\$85,234	\$114,793	\$0
Sprains and strains, initial encounter	\$195,625	1.2%	\$142,365	\$32,692	\$20,568	\$79,015	\$116,610	\$0
Biliary tract disease	\$192,525	1.2%	\$138,407	\$4,330	\$49,788	\$83,155	\$109,370	\$0
Other specified and unspecified nutritional	\$186,722	1.2%	\$69,771	\$116,861	\$89	\$69,150	\$117,572	\$0
Anxiety and fear-related disorders	\$181,623	1.1%	\$117,044	\$22,530	\$42,048	\$52,391	\$129,232	\$0
Benign neoplasms	\$181,398	1.1%	\$153,677	\$23,714	\$4,007	\$9,549	\$171,849	\$0
Coronary atherosclerosis and other heart disease	\$180,183	1.1%	\$168,145	\$12,037		\$141,255	\$38,928	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Top 10 Mental Health diagnosis by Spend				
CCSR Category Description	July - March 3Q24		July - March 3Q25	
	Patients	Total Paid	Patients	Total Paid
Neurodevelopmental disorders	190	\$434,041	205	\$553,061
Depressive disorders	306	\$235,309	319	\$313,065
Anxiety and fear-related disorders	364	\$142,201	406	\$181,623
Trauma- and stressor-related disorders	207	\$99,768	232	\$126,420
Alcohol-related disorders	28	\$101,714	22	\$57,896
Bipolar and related disorders	78	\$52,715	73	\$62,086
Suicidal ideation/attempt/intentional self-harm	11	\$28,800	9	\$27,560
Schizophrenia spectrum and other psychotic disorders	15	\$38,137	9	\$6,181
Other specified and unspecified mood disorders	1	\$22,970	1	\$0
Cannabis-related disorders	21	\$11,520	15	\$8,582

**Not Representative of all utilization*

**Data based on medical spend only*

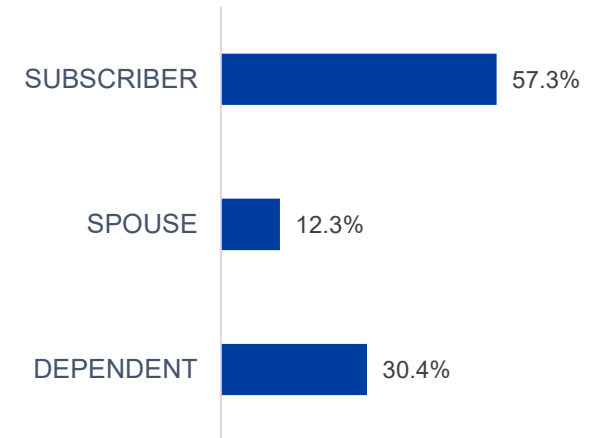
Respiratory Disorders

Top 10 Respiratory Disorders by Spend				
CCSR Category Description	Patients	Claims	Total Paid	% Paid
Pneumonia	30	123	\$265,568	24.5%
Other specified upper respiratory infections	574	777	\$144,625	13.4%
Asthma	197	400	\$141,535	13.1%
Sinusitis	300	414	\$99,901	9.2%
Acute and chronic tonsillitis	56	120	\$92,637	8.6%
Respiratory failure; insufficiency; arrest	25	184	\$90,323	8.3%
Other specified/ un spec upper respiratory disease	277	944	\$77,080	7.1%
Other specified/ un spec lower respiratory disease	49	81	\$46,721	4.3%
Pneumothorax	8	112	\$42,062	3.9%
Acute bronchitis	206	262	\$35,992	3.3%

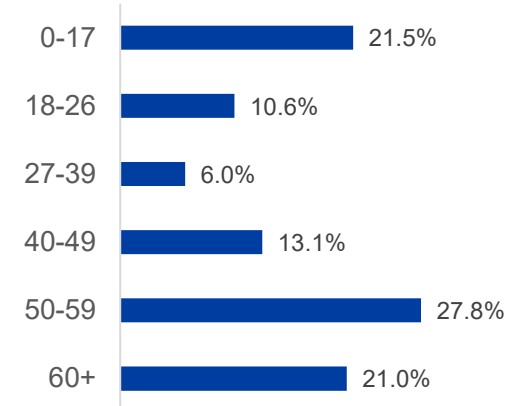
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



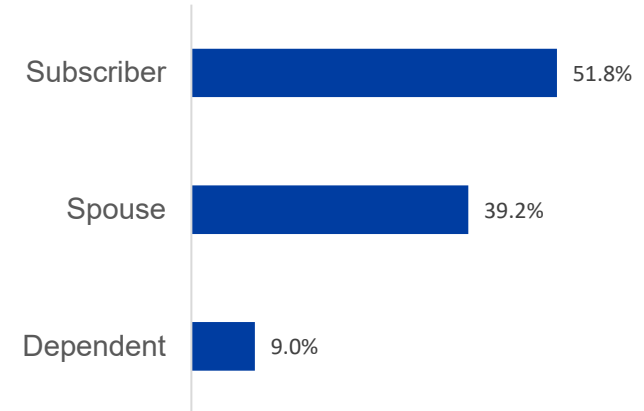
Top 10 Infectious and Parasitic Diseases by Spend

CCSR Description	Patients	Claims	Total Paid	% Paid
Septicemia	15	61	\$243,408	61.5%
COVID-19	118	204	\$72,794	18.4%
Viral infection	149	218	\$55,810	14.1%
HIV infection	25	96	\$9,513	2.4%
Tuberculosis	1	19	\$8,151	2.1%
Bacterial infections	18	25	\$1,689	0.4%
Hepatitis	8	25	\$1,398	0.4%
Sexually transmitted infections	18	28	\$1,343	0.3%
Fungal infections	66	86	\$717	0.2%
Parasitic, other specified/unspecified infections	5	6	\$489	0.1%

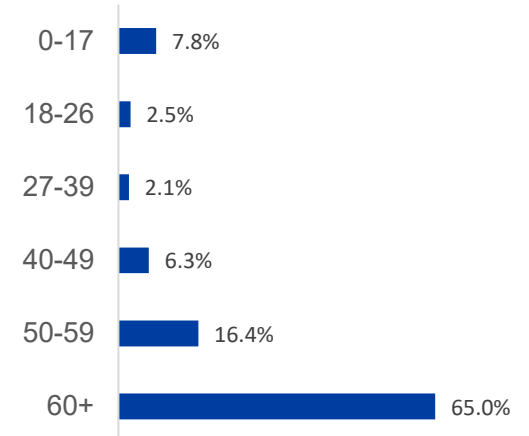
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Pregnancy Related Disorders



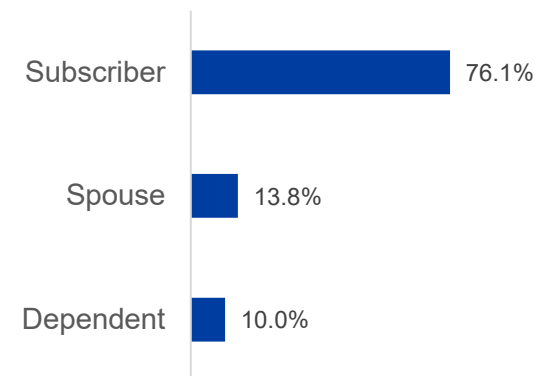
Top 10 Complications of Pregnancy by Spend

AHRQ Description	Patients	Claims	Total Paid	% Paid
Complications specified during childbirth	18	26	\$126,401	17.7%
Other specified complications in pregnancy	42	145	\$85,418	11.9%
Hypertension and hypertensive-related	10	51	\$79,528	11.1%
Previous C-section	6	18	\$77,176	10.8%
Uncomplicated pregnancy, delivery or puerperium	65	266	\$63,252	8.8%
Maternal care related to fetal conditions	23	42	\$40,408	5.7%
Malposition, disproportion or other labor complications	9	22	\$35,790	5.0%
Early or threatened labor	11	21	\$31,574	4.4%
Early, first or unspecified trimester hemorrhage	15	42	\$29,728	4.2%
OB-related trauma to perineum and vulva	3	4	\$24,729	3.5%

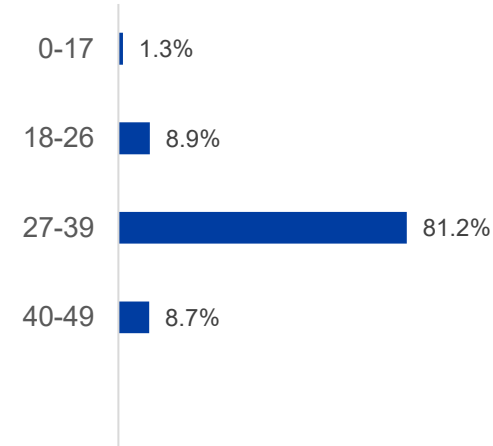
**Not Representative of all utilization*

**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



Emergency Room and Urgent Care



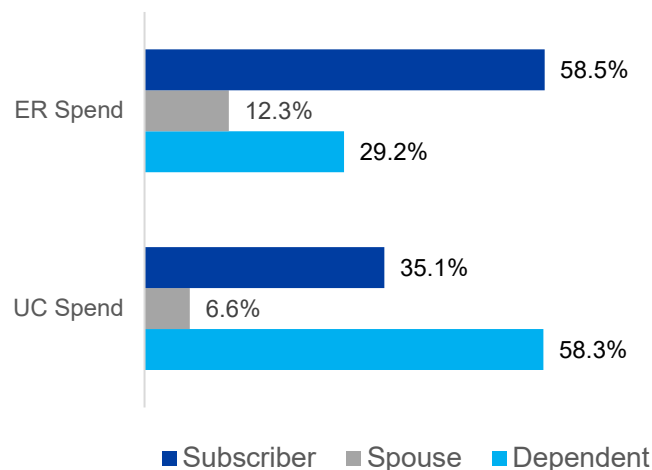
	July - March 3Q24		July - March 3Q25		Peer	
Metric	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	588	3,034	595	2,993		
Visits Per Member	0.10	0.49	0.10	0.49	0.08	0.31
Visits Per K	126.9	654.6	130.0	653.7	91.3	435.2
Avg. Paid Per Visit	\$2,753	\$123	\$3,256	\$130	\$2,721	\$132

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 3Q25				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	331	72.3	855	186.8
Spouse	72	15.7	298	65.1
Dependent	192	41.9	1,840	401.9
Total	595	130.0	2,993	653.7

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



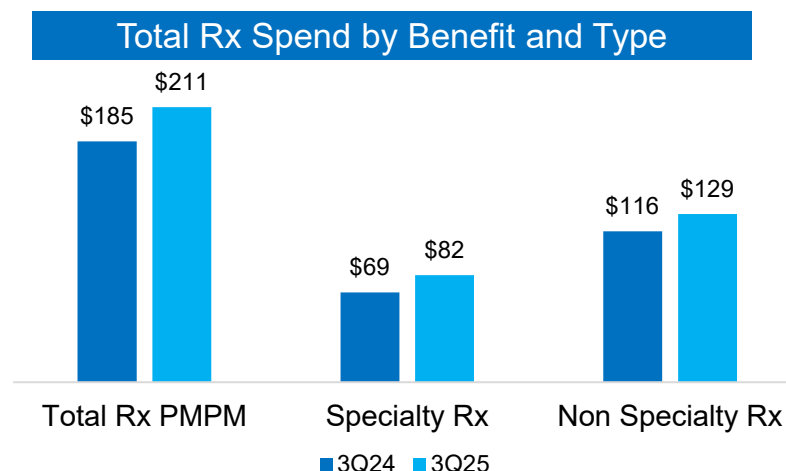
Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	667	10.7%	107.4	\$16.74
Intervertebral Disc Disorders	584	9.4%	94.0	\$5.85
Diabetes with complications	390	6.3%	62.8	\$5.73
Acute Myocardial Infarction	10	0.2%	1.6	\$4.39
Breast Cancer	58	0.9%	9.3	\$3.71
Prostate Cancer	26	0.4%	4.2	\$3.39
Hypertension	576	9.3%	92.7	\$3.21
Chronic Renal Failure	71	1.1%	11.4	\$2.08
Asthma	227	3.7%	36.5	\$1.88
Coronary Atherosclerosis	100	1.6%	16.1	\$1.79
Diabetes without complications	437	7.0%	70.3	\$1.33
COPD	94	1.5%	15.1	\$0.45
Congestive Heart Failure (CHF)	37	0.6%	6.0	\$0.34
Colon Cancer	7	0.1%	1.1	\$0.14
Cervical Cancer	27	0.4%	4.3	\$0.04

**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

	July - March 3Q24	July - March 3Q25	Δ
Enrolled Members	6,180	6,104	-1.2%
Average Prescriptions PMPY	17.3	17.4	1.0%
Formulary Rate	87.9%	88.7%	0.9%
Generic Use Rate	85.2%	85.1%	-0.2%
Generic Substitution Rate	98.3%	98.9%	0.6%
Avg Net Paid per Prescription	\$128	\$145	13.2%
Net Paid PMPM	\$185	\$211	14.3%

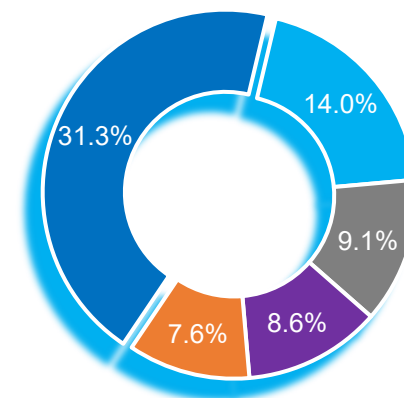


Pharmacy Performance

- Rx spend increased of **14.3%**, (**\$26 PMPM**) from prior period
- Avg. paid per Script increased **13.2%** (**\$17 PMPM**) year over year
- Specialty Rx spend driving **38.9%** of Rx Spend
- Specialty Rx spend increased **4.4%** from prior period
 - Specialty Rx Drivers:
 - Mounjaro** (Antidiabetic) Spend up **83.1%**
 - Ozempic** (Antidiabetic) Spend up **19.9%**
- Tier 1 Rx drove **74.4%** of total claim volume, but only accounts for **5.6%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend

- Antidiabetics
- Dermatologicals
- Analgesics
- Psychotherapeutic / Neurological
- Antivirals



Appendix E

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Dental Plan –Utilization Review for PEBP
July 1, 2024 – March 31, 2025

DENTAL TOTAL SAVINGS SUMMARY 2

DENTAL CLAIMS BREAKOUTS.....3

DENTAL PAID BY MEMBER STATUS.....4



Public Employees' Benefits Program

Quarterly Plan Performance Review

Dental • 2025-3Q

Claims Paid 7/1/2024 - 3/31/2025



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Dental Total Savings Summary

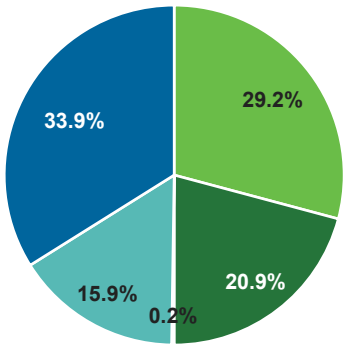
Breakouts & Network Performance



Dental Dollar Chain: Billed to Paid Dollars

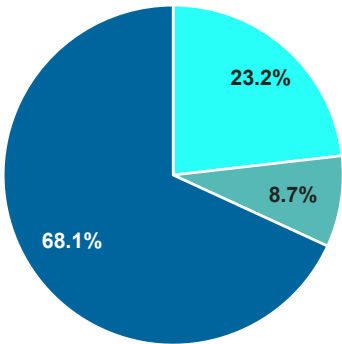
Dollar Amount	Total Dollars	PMPM
Dental Billed	\$63,187,605	\$103.39
(-) Ineligible	\$18,488,920	\$30.25
Dental Covered	\$44,698,684	\$73.13
(-) Discount	\$13,226,228	\$21.64
Dental Allowed	\$31,472,456	\$51.49
(-) COB	\$149,500	\$0.24
(-) Coinsurance	\$7,315,065	\$11.97
(-) Deductible	\$2,739,338	\$4.48
Total Member Paid	\$10,054,403	\$16.45
Total Plan Paid	\$21,499,699	\$35.18

Breakout of Billed Dollars



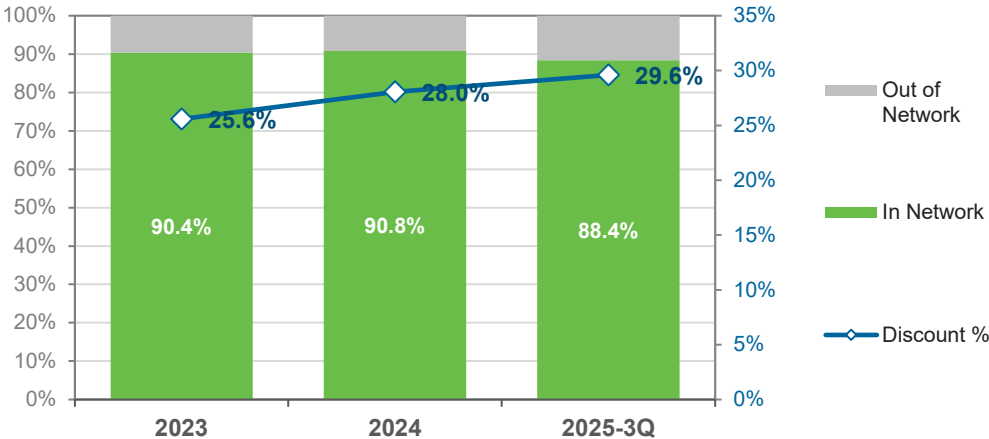
Ineligible
Discount
COB
Member Paid
Plan Paid

Breakout of Paid Dollars



Member Paid
Plan Paid
Coinsurance
Deductible

Dental Network Performance





Dental Claims Breakouts

Age Range, Member Cost, and Dental Category



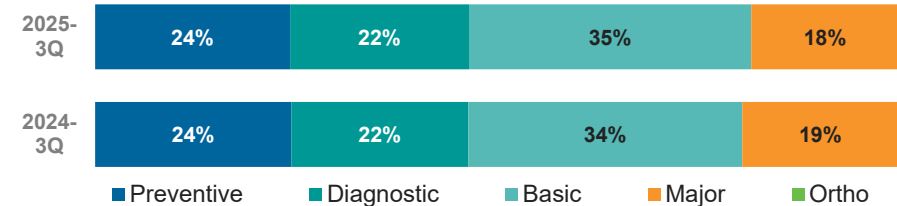
Dental Paid Claims by Age Range

Age	2024-3Q		2025-3Q		Change	
	Total Paid	Paid PMPM	Total Paid	Paid PMPM	Total	PMPM
< 01	\$7,145	\$2.15	\$5,976	\$1.66	-16.4%	-22.8%
01	\$37,638	\$9.85	\$39,831	\$10.40	5.8%	5.5%
02 - 04	\$314,260	\$22.50	\$348,599	\$24.00	10.9%	6.7%
05 - 09	\$917,588	\$33.78	\$981,018	\$33.81	6.9%	0.1%
10 - 14	\$1,009,753	\$30.97	\$1,078,007	\$31.63	6.8%	2.1%
15 - 19	\$1,424,923	\$37.35	\$1,404,531	\$35.32	-1.4%	-5.4%
20 - 24	\$817,844	\$20.64	\$909,632	\$21.50	11.2%	4.1%
25 - 29	\$695,580	\$25.68	\$749,479	\$24.75	7.7%	-3.6%
30 - 34	\$877,873	\$26.86	\$951,473	\$27.11	8.4%	0.9%
35 - 39	\$1,092,491	\$29.19	\$1,224,978	\$31.05	12.1%	6.4%
40 - 44	\$1,227,227	\$31.11	\$1,266,353	\$30.26	3.2%	-2.7%
45 - 49	\$1,245,956	\$33.07	\$1,303,187	\$33.25	4.6%	0.5%
50 - 54	\$1,472,871	\$33.85	\$1,576,652	\$35.34	7.0%	4.4%
55 - 59	\$1,695,041	\$38.83	\$1,687,874	\$37.45	-0.4%	-3.5%
60 - 64	\$1,988,718	\$42.23	\$1,972,648	\$42.26	-0.8%	0.1%
65+	\$5,823,606	\$48.07	\$5,999,459	\$49.25	3.0%	2.5%
Total	\$20,648,514	\$35.09	\$21,499,699	\$35.18	4.1%	0.2%

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	29,165	39.7%	\$0	0.0%	\$0	0.0%
< \$0 - \$0	959	1.3%	-\$4,070	0.0%	\$38,499	0.4%
> \$0 - \$250	18,644	25.4%	\$2,890,357	13.4%	\$994,768	9.9%
> \$250 - \$500	12,682	17.2%	\$4,468,400	20.8%	\$1,215,137	12.1%
> \$500 - \$750	4,021	5.5%	\$2,458,887	11.4%	\$1,141,861	11.4%
> \$750 - \$1000	2,359	3.2%	\$2,036,559	9.5%	\$1,077,784	10.7%
> \$1000	5,696	7.7%	\$9,649,565	44.9%	\$5,586,353	55.6%
Total	73,526	100.0%	\$21,499,699	100.0%	\$10,054,403	100.0%

Paid Breakout by Dental Category



Dental Category	2024-3Q		2025-3Q		Change
	Patients	Total Paid	Patients	Total Paid	Total Paid
Preventive	33,473	\$5,043,418	34,354	\$5,218,364	3.5%
Diagnostic	36,777	\$4,547,977	38,126	\$4,784,973	5.2%
Basic	17,433	\$7,035,539	18,449	\$7,550,480	7.3%
Major	5,901	\$4,021,581	5,742	\$3,945,882	-1.9%
Orthodontia	4	\$0	2	\$0	-
Total Dental	42,420	\$20,648,514	43,956	\$21,499,699	4.1%



Dental Paid by Member Status

Breakout of State vs. Non-State by Member Status



Program	2024-3Q (7/1/2023 - 3/31/2024)				2025-3Q (7/1/2024 - 3/31/2025)				Trend
	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Active	Pre-Medicare Retirees	Medicare Retirees	Total	Total
State Members									
Dental	\$13,698,693	\$1,724,928	\$461,242	\$15,884,863	\$14,485,137	\$1,709,570	\$452,448	\$16,647,155	4.8%
Dental Exchange			\$3,001,648	\$3,001,648			\$3,173,728	\$3,173,728	5.7%
Total	\$13,698,693	\$1,724,928	\$3,462,890	\$18,886,511	\$14,485,137	\$1,709,570	\$3,626,176	\$19,820,883	4.9%
PMPM	\$31.55	\$38.64	\$48.48	\$34.32	\$31.48	\$40.25	\$50.18	\$34.48	0.4%
Non-State Members									
Dental	\$3,204	\$53,262	\$178,239	\$234,705	\$3,635	\$47,057	\$171,384	\$222,076	-5.4%
Dental Exchange			\$1,527,298	\$1,527,298			\$1,456,739	\$1,456,739	-4.6%
Total	\$3,204	\$53,262	\$1,705,537	\$1,762,003	\$3,635	\$47,057	\$1,628,123	\$1,678,815	-4.7%
PMPM	\$30.78	\$36.54	\$46.67	\$46.24	\$32.23	\$46.33	\$46.34	\$46.30	0.1%
All Members									
Dental	\$13,701,897	\$1,778,190	\$639,481	\$16,119,569	\$14,488,772	\$1,756,627	\$623,833	\$16,869,232	4.7%
Dental Exchange			\$4,528,946	\$4,528,946			\$4,630,467	\$4,630,467	2.2%
Total	\$13,701,897	\$1,778,190	\$5,168,427	\$20,648,514	\$14,488,772	\$1,756,627	\$5,254,300	\$21,499,699	4.1%
PMPM	\$31.55	\$38.57	\$47.87	\$35.09	\$31.48	\$40.40	\$48.92	\$35.18	0.2%

6.3

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

- 6.3.1 Q3 UMR – Obesity Care Management
- 6.3.2 Q3 UMR – Diabetes Care Management
- 6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management
- 6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 6.3.5 Q3 Express Scripts – Summary Report
- 6.3.6 Q3 Express Scripts – Utilization Report
- 6.3.7 Q3 UnitedHealthcare – Basic Life Insurance

6.3.1

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

6.3.1 Q3 UMR – Obesity Care Management



Public Employees' Benefits Program

Quarterly Plan Performance Review

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Obesity Care Management

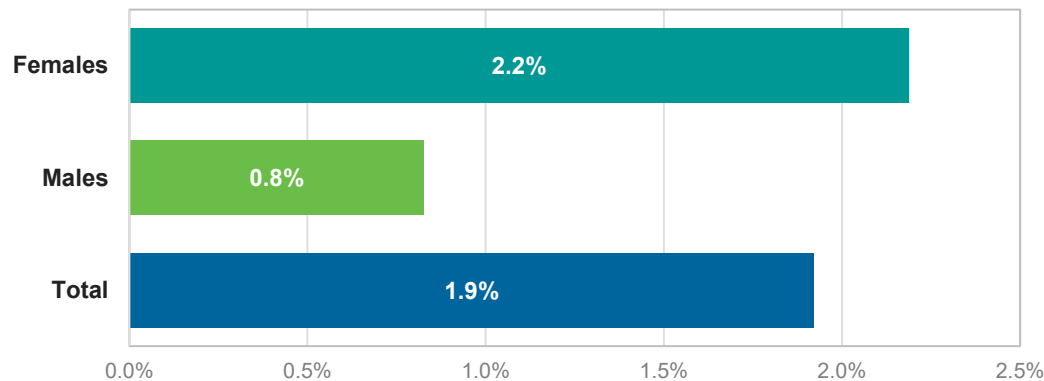
Overview



Weight Management Summary	Females	Males	Total
Members Enrolled in OCM	298	60	358
Average Pounds Lost	4.6	2.1	4.2
Total Pounds Lost	1,362.5	125.0	1,487.5
% Pounds Lost	2.2%	0.8%	1.9%
Average Paid per Member	\$4,583	\$3,133	\$4,340

➤ At \$481.78, Paid PMPM for OCM participants is significantly (-55.2%) lower than non-participants (\$1,074.91)

Average % Pounds Lost



Obesity Care Management participation is for the 2025 Plan Year with activity through 3/31/2025

Claims Date Range (for Avg. Paid per Member): Service Dates 7/1/2024 - 3/31/2025, Paid through 3/31/2025



Obesity Care Management

Financial & Utilization Summary

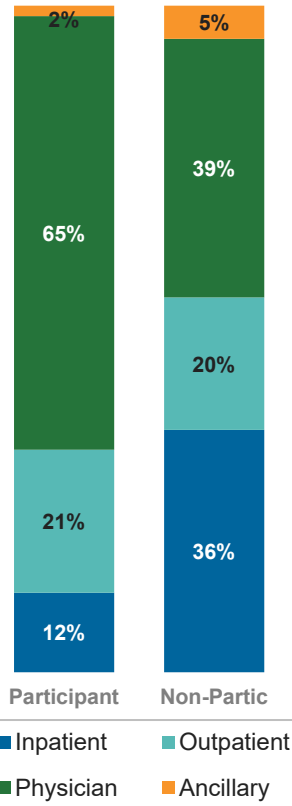


Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	321	519	-38.2%
Tot. Members	358	598	-40.1%
Emp to Total Ratio	1.1	1.2	-3.2%
Financial Summary			
Allowed	\$1,865,567	\$6,686,536	-72.1%
Plan Paid	\$1,553,706	\$5,790,446	-73.2%
Member Paid (OOP)	\$306,234	\$794,077	-61.4%
Paid PEPY*	\$6,448	\$14,862	-56.6%
Paid PMPY*	\$5,781	\$12,899	-55.2%
Paid PEPM	\$537	\$1,239	-56.6%
Paid PMPM	\$482	\$1,075	-55.2%
High-Cost Claimants (Med Paid \$100,000+)			
# of HCCs	2	6	-66.7%
HCCs per 1000	5.6	10.0	-44.3%
Paid per HCC	\$123,279	\$462,343	-73.3%
HCC Paid % of Tot	15.9%	47.9%	-32.0 pts
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	\$690	\$4,687	-85.3%
Outpatient	\$1,239	\$2,569	-51.8%
Physician	\$3,762	\$4,998	-24.7%
Ancillary	\$90	\$644	-86.0%

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	12	42	-71.4%
# of Admit Days	39	339	-88.5%
Paid per Admit	\$17,454	\$50,502	-65.4%
Paid per Admit Day	\$5,370	\$6,257	-14.2%
Admits per 1000	44.7	93.6	-52.3%
Average LOS	3.3	8.1	-59.7%
Emergency Room Visits			
# of ER Visits	45	158	-71.5%
~ % resulting in Admit	8.9%	6.3%	2.6 pts
ER Visits per Patient	1.2	1.5	-20.7%
ER Visits per 1000	167.4	352.0	-52.4%
Paid per ER Visit	\$2,975	\$3,326	-10.6%
Urgent Care Visits			
# of UC Visits	139	269	-48.3%
UC Visits per Patient	1.5	1.6	-5.8%
UC Visits per 1000	517.2	599.2	-13.7%
Paid per UC Visit	\$97	\$100	-3.3%
Office Visits			
Off Visits per Patient	13.3	6.9	92.6%
Paid per Office Visit	\$118	\$84	40.7%
Office Visits Paid PMPY	\$2,063	\$736	180.5%
Services			
Radiology Svcs per 1000	4,930.3	6,420.0	-23.2%
Radiology Paid PMPY	\$510	\$700	-27.2%
Lab Services per 1000	15,349.1	20,757.0	-26.1%
Labs Paid PMPY	\$352	\$542	-35.1%

Non-participants are defined as members identified with a morbid obesity condition in the prior 12 months (4/1/2024 - 3/31/2025), but who are not enrolled in the Obesity Care Management program

Claims Date Range: Service Dates 7/1/2024 - 3/31/2025, Paid through 3/31/2025

6.3.2

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

6.3.1 Q3 UMR – Obesity Care Management

6.3.2 Q3 UMR – Diabetes Care Management



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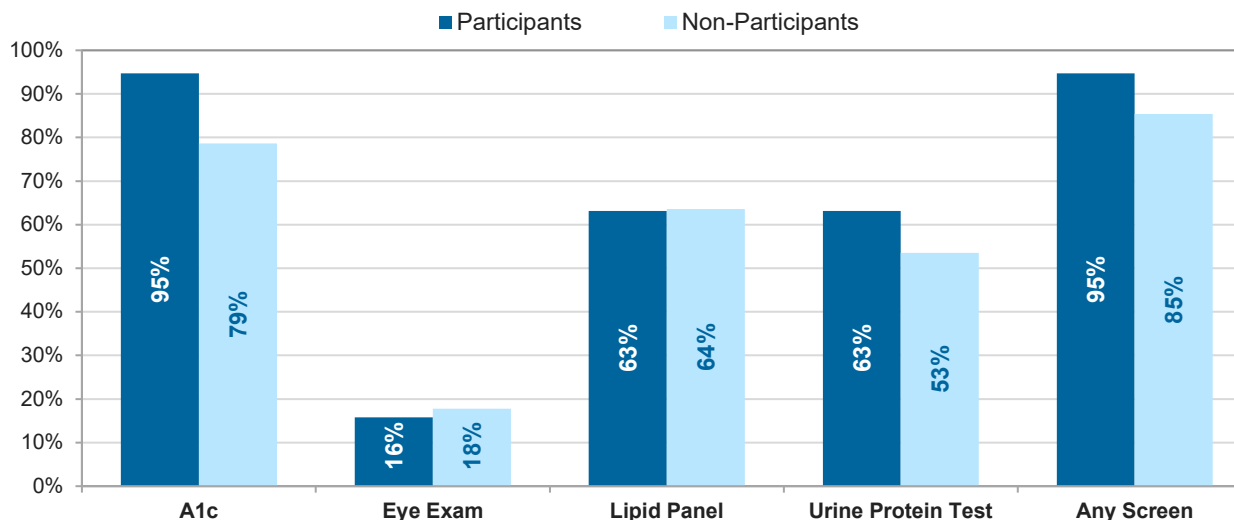
Diabetes Care Management

Screenings Breakout: Participants vs. Non-Participants



Diabetes Screening	Participants			Non-Participants			Participant vs. Non-Variance
	Members	# with Screening	Screening Rate	Members	# with Screening	Screening Rate	
A1c Test	19	18	94.7%	3,292	2,589	78.6%	16.1
Eye Exam	19	3	15.8%	3,292	585	17.8%	-2.0
Lipid Panel	19	12	63.2%	3,292	2,093	63.6%	-0.4
Urine Protein Test	19	12	63.2%	3,292	1,761	53.5%	9.7
Any Diabetes Screen	19	18	94.7%	3,292	2,811	85.4%	9.3

- 84.2% of DCM participants had an office visit for Diabetes, while 63.5% of non-participants had a visit
- 10.5% of DCM participants received all four screenings, while 8.6% of non-participants did



Diabetes Care Management participation is for the 2025 Plan Year with activity through 3/31/2025

Non-participants are defined as members identified with diabetes in the prior 12 months (4/1/2024 - 3/31/2025), but who are not enrolled in the Diabetes Care Management program

Screening Date Range: Service Dates 7/1/2024 - 3/31/2025, Paid through 3/31/2025



Diabetes Care Management

Financial & Utilization Summary

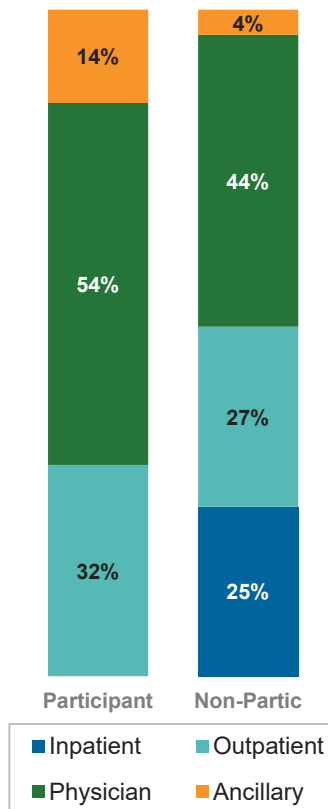


Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	11	2,630	-99.6%
Tot. Members	19	3,292	-99.4%
Emp to Total Ratio	1.7	1.3	38.0%
Financial Summary			
Allowed	\$36,441	\$29,510,427	-99.9%
Plan Paid	\$16,533	\$20,201,624	-99.9%
Member Paid (OOP)	\$19,909	\$3,791,378	-99.5%
Paid PEPY*	\$2,002	\$10,232	-80.4%
Paid PMPY*	\$1,159	\$8,175	-85.8%
Paid PEPM	\$167	\$853	-80.4%
Paid PMPM	\$97	\$681	-85.8%
High-Cost Claimants (Med Paid \$100,000+)			
# of HCCs	0	34	-100.0%
HCCs per 1000	0.0	10.3	-100.0%
Paid per HCC	\$0	\$200,186	-
HCC Paid % of Tot	0.0%	33.7%	-33.7 pts
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	\$0	\$2,079	-100.0%
Outpatient	\$367	\$2,209	-83.4%
Physician	\$629	\$3,576	-82.4%
Ancillary	\$162	\$310	-47.6%

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	0	218	-100.0%
# of Admit Days	0	1,165	-100.0%
Paid per Admit	\$0	\$26,772	-
Paid per Admit Day	\$0	\$5,010	-
Admits per 1000	0.0	88.2	-100.0%
Average LOS	0.0	5.3	-
Emergency Room Visits			
# of ER Visits	2	636	-99.7%
~ % resulting in Admit	0.0%	22.5%	-22.5 pts
ER Visits per Patient	1.0	1.4	-30.7%
ER Visits per 1000	140.2	257.4	-45.5%
Paid per ER Visit	\$1,978	\$2,989	-33.8%
Urgent Care Visits			
# of UC Visits	1	933	-99.9%
UC Visits per Patient	1.0	1.5	-33.2%
UC Visits per 1000	70.1	377.5	-81.4%
Paid per UC Visit	\$0	\$89	-100.0%
Office Visits			
Off Visits per Patient	2.7	5.9	-54.5%
Paid per Office Visit	\$48	\$85	-43.8%
Office Visits Paid PMPY	\$170	\$618	-72.5%
Services			
Radiology Svcs per 1000	1,472.3	6,637.9	-77.8%
Radiology Paid PMPY	\$148	\$569	-73.9%
Lab Services per 1000	12,059.2	18,329.6	-34.2%
Labs Paid PMPY	\$104	\$388	-73.3%

Non-participants are defined as members identified with diabetes in the prior 12 months (4/1/2024 - 3/31/2025), but who are not enrolled in the Diabetes Care Management program

Claims Date Range: Service Dates 7/1/2024 - 3/31/2025, Paid through 3/31/2025

6.3.3

6. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

6.3.1 Q3 UMR – Obesity Care Management

6.3.2 Q3 UMR – Diabetes Care Management

6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management

Executive Summary

Metrics	Jan-25	Feb-25	Mar-25	Average
Enrollment	51,841	52,221	52,289	52,117

Inpatient All - LTACH, AIR, SNF, and OOA					
Month	Jan-25	Feb-25	Mar-25	Total	Average
Total Discharges	149	159	175	483	161
Total Discharges LOS	838	683	836	2,357	786
Average LOS	5.6	4.3	4.8	4.9	4.9

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

Inpatient Hospital Acute Only					
Month	Jan-25	Feb-25	Mar-25	Total	Average
Total Discharges	101	120	128	349	116
Total Discharges LOS	456	454	508	1,418	473
Average LOS	4.5	3.8	4.0	4.1	4.1

Beddays by Facility Type					
Metrics	Beddays				
Facility Type	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	458	463	512	1,433	478
Hospital Rehabilitation	11	3	24	38	13
Skilled Nursing	60	9	0	69	35
Out of Area	312	311	304	927	309

Metrics	Beddays per K			
Facility Type	Jan-25	Feb-25	Mar-25	Total
Hospital	106.0	106.4	117.5	110.0
Hospital Rehabilitation	2.5	0.7	5.5	2.9
Skilled Nursing	13.9	2.1	0.0	5.3
Out of Area	72.2	71.5	69.8	71.1

Admits by Facility Type					
Metrics	Admits				
Facility Type	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	118	114	129	361	120
Hospital Rehabilitation	1	1	1	3	1
Skilled Nursing	1	1	0	2	1
Out of Area	46	36	49	131	44

Metrics	Admits per K			
Facility Type	Jan-25	Feb-25	Mar-25	Total
Hospital	27.3	26.2	29.6	27.7
Hospital Rehabilitation	0.2	0.2	0.2	0.2

Executive Summary

Metrics	Admits per K			
	Jan-25	Feb-25	Mar-25	Total
Skilled Nursing	0.2	0.2	0.0	0.2
Out of Area	10.6	8.3	11.2	10.1

Metrics	Readmits by Facility Type				
	Readmits				
Facility Type	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	9	10	3	22	7
Hospital Rehabilitation	0	0	0	0	0
Skilled Nursing	0	0	0	0	0
All Other	7	2	4	13	4

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Jan-25	Feb-25	Mar-25	Total
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	5.8	2.2	4.8	4.1
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	4.8	5.0	1.6	3.1
	HENDERSON HOSPITAL	15.0	1.8	2.0	3.5
	LAS VEGAS VAMC	0.0	4.0	0.0	4.0
	MOUNTAIN VIEW HOSPITAL	3.7	3.7	4.7	3.8
	NORTH VISTA HOSPITAL	1.0	1.0	0.0	1.0
	RENOWN REGIONAL MEDICAL CENTER	3.9	4.9	3.7	4.1
	SOUTHERN HILLS HOSPITAL	13.0	5.3	2.8	5.6
	SPRING VALLEY HOSPITAL	2.6	10.0	3.5	4.1
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	3.5	1.0	2.0	2.2
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	4.2	2.4	4.3	3.9
	SUMMERLIN HOSPITAL MEDICAL CTR	5.4	3.7	2.8	3.9
	SUNRISE HOSPITAL	3.8	2.3	4.6	3.3
	UNIVERSITY MEDICAL CENTER SO NV	6.7	2.5	14.7	8.6
	VALLEY HOSPITAL MEDICAL CTR	4.5	4.0	4.0	4.3
	Total	4.5	3.8	4.0	4.1
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0.0	3.0	0.0	3.0
	PAM SPECIALTY HOSPITAL OF LAS VEGAS	0.0	0.0	24.0	17.5
	Total	0.0	1.5	24.0	12.7
Skilled Nursing	SANDSTONE SPRING VALLEY LLC	0.0	0.0	0.0	60.0
	WELBROOK CENTENNIAL HILLS	0.0	9.0	0.0	9.0
	Total	0.0	9.0	0.0	34.5
Out of Area	Out of Area	6.5	6.0	6.8	6.4
	Total	6.5	6.0	6.8	6.4

Executive Summary

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	75	43	106	224	75
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	19	20	14	53	18
	HENDERSON HOSPITAL	15	9	4	28	9
	LAS VEGAS VAMC	0	4	0	4	4
	MOUNTAIN VIEW HOSPITAL	26	33	14	73	24
	NORTH VISTA HOSPITAL	1	1	0	2	1
	RENOWN REGIONAL MEDICAL CENTER	140	211	180	531	177
	SOUTHERN HILLS HOSPITAL	27	16	14	57	19
	SPRING VALLEY HOSPITAL	23	30	21	74	25
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	7	2	2	11	4
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	38	12	51	101	34
	SUMMERLIN HOSPITAL MEDICAL CTR	43	50	22	115	38
	SUNRISE HOSPITAL	15	23	36	74	25
	UNIVERSITY MEDICAL CENTER SO NV	20	5	44	69	23
	VALLEY HOSPITAL MEDICAL CTR	9	4	4	17	6
	Total	458	463	512	1,433	0
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0	3	0	3	3
	PAM SPECIALTY HOSPITAL OF LAS VEGAS	11	0	24	35	18
	Total	11	3	24	38	0
Skilled Nursing	SANDSTONE SPRING VALLEY LLC	60	0	0	60	60
	WELBROOK CENTENNIAL HILLS	0	9	0	9	9
	Total	60	9	0	69	0
Out of Area	Out of Area	312	311	304	927	309
	Total	312	311	304	927	0

Facility Type	Admits by Facility					
	Metrics	Admits				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	21	14	25	60	20
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	5	5	7	17	6
	HENDERSON HOSPITAL	3	3	2	8	3
	LAS VEGAS VAMC	0	1	0	1	1
	MOUNTAIN VIEW HOSPITAL	7	8	4	19	6
	NORTH VISTA HOSPITAL	1	1	0	2	1
	RENOWN REGIONAL MEDICAL CENTER	38	47	48	133	44
	SOUTHERN HILLS HOSPITAL	4	3	4	11	4

Executive Summary

Facility Type	Admits by Facility					
	Metrics	Admits				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	SPRING VALLEY HOSPITAL	9	5	4	18	6
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	3	1	1	5	2
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	8	5	13	26	9
	SUMMERLIN HOSPITAL MEDICAL CTR	10	10	8	28	9
	SUNRISE HOSPITAL	4	9	8	21	7
	UNIVERSITY MEDICAL CENTER SO NV	3	1	4	8	3
	VALLEY HOSPITAL MEDICAL CTR	2	1	1	4	1
	Total	118	114	129	361	0
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0	1	0	1	1
	PAM SPECIALTY HOSPITAL OF LAS VEGAS	1	0	1	2	1
	Total	1	1	1	3	0
Skilled Nursing	SANDSTONE SPRING VALLEY LLC	1	0	0	1	1
	WELBROOK CENTENNIAL HILLS	0	1	0	1	1
	Total	1	1	0	2	0
Out of Area	Out of Area	46	36	49	131	44
	Total	46	36	49	131	0

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	0	0	0	0
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	2	1	0	3	1
	HENDERSON HOSPITAL	0	0	0	0	0
	LAS VEGAS VAMC	0	0	0	0	0
	MOUNTAIN VIEW HOSPITAL	1	3	0	4	1
	NORTH VISTA HOSPITAL	0	0	0	0	0
	RENOWN REGIONAL MEDICAL CENTER	4	5	3	12	4
	SOUTHERN HILLS HOSPITAL	0	0	0	0	0
	SPRING VALLEY HOSPITAL	0	0	0	0	0
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	0	0	0
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0	0	0	0	0
	SUMMERLIN HOSPITAL MEDICAL CTR	2	1	0	3	1
	SUNRISE HOSPITAL	0	0	0	0	0
	UNIVERSITY MEDICAL CENTER SO NV	0	0	0	0	0
	VALLEY HOSPITAL MEDICAL CTR	0	0	0	0	0
	Total	9	10	3	22	0

Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Out of Area	Out of Area	7	2	4	13	4
	Total	7	2	4	13	0

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	40.0%	20.0%	0.0%	17.6%	17.6%
	HENDERSON HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	LAS VEGAS VAMC	0.0%	0.0%	0.0%	0.0%	0.0%
	MOUNTAIN VIEW HOSPITAL	14.3%	37.5%	0.0%	21.1%	21.1%
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	RENOWN REGIONAL MEDICAL CENTER	10.5%	10.6%	6.3%	9.0%	9.0%
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	SPRING VALLEY HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0.0%	0.0%	0.0%	0.0%	0.0%
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0.0%	0.0%	0.0%	0.0%	0.0%
	SUMMERLIN HOSPITAL MEDICAL CTR	20.0%	10.0%	0.0%	10.7%	10.7%
	SUNRISE HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	UNIVERSITY MEDICAL CENTER SO NV	0.0%	0.0%	0.0%	0.0%	0.0%
	VALLEY HOSPITAL MEDICAL CTR	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	7.6%	8.8%	2.3%	6.1%	0.0%
Out of Area	Out of Area	15.2%	5.6%	8.2%	9.9%	9.9%
	Total	15.2%	5.6%	8.2%	9.9%	0.0%

Utilization Summary

Outpatient Case Management					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
New Cases	234	211	285	730	243
Accepted	162	137	195	494	165
Acceptance Rate	69.2%	64.9%	68.4%	67.7%	67.7%
Average Duration (closed only)	6.1	6.3	4.5	5.5	5.5

Inpatient Case Management					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Open End of Month	38	24	33	95	32
Cases opened in the month	166	152	179	497	166
Cases closed in the month	149	159	175	483	161
Denied Days	0	4	3	7	2
Average LOS	5.6	4.3	4.8	4.9	4.9
NICU Open at End of Month	1	1	1	3	1
NICU Cases opened in the month	3	3	7	13	4
NICU Cases closed in the month	3	4	8	15	5
NICU Average Legth of Stay	18.0	10.8	7.3	10.3	10.3

Authorizations					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Total services reviewed	3,799	4,333	4,207	12,339	4,113
Services Approved	3,703	4,204	4,096	12,003	4,001
Approval Rate	97.5%	97.0%	97.4%	97.3%	97.3%
Services Denied	96	129	111	336	112
Denied Charges	\$64,675	\$104,092	\$108,979	\$277,746	\$92,582
Denial Rate	3%	3%	3%	3%	3%

Denial Reason					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Denial Reason	Denied	Denied	Denied	Denied	Denied
Not medically necessary	96	129	111	336	112

Utilization Summary

Turn Around Time					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
2 or fewer days	575	798	818	2,191	730
2 or fewer Pct	38.2%	48.0%	49.6%	45.5%	45.5%
5 or fewer days	1,023	1,157	1,155	3,335	1,112
5 or fewer Pct	68.0%	69.6%	70.1%	69.3%	69.3%
15 or fewer Days	1,479	1,634	1,609	4,722	1,574
15 or fewer Pct	98.3%	98.3%	97.6%	98.1%	98.1%
Over 15 days	25	28	39	92	31
Over 15 days Pct	1.7%	1.7%	2.4%	1.9%	1.9%

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

Stat					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Stat Request	964	1,200	1,141	3,305	1,102

Appeals					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Appeals 1st Level	4	4	2	10.00	3.33
Appeals 2nd Level	0	0	0	0.00	0.00
Appeals 3rd Level	0	0	0	0.00	0.00
Appeals Overturned	0	0	0	0.00	0.00
Appeals Upheld	4	1	3	8.00	2.67

Utilization Summary

Retro Reviews					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Retros	2	13	9	24	8

Telephone Advise Nurse					
Metrics					
Outcome description	Jan-25	Feb-25	Mar-25	YTD	Average
Call 911	2	3	1	6	2
ER	8	11	7	26	9
Information or Advice Only	1	4	3	8	3
Other	18	12	20	50	17
PCP	16	8	8	32	11
Poison Center	0	1	1	2	1
Self-Care/Home Care	4	5	4	13	4
Urgent Care	16	15	9	40	13

Bedday Summary

Acute only

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

Month	Jan-25	Feb-25	Mar-25	YTD
Membership	51,841	52,221	52,289	52,117
Beddays per K	153.2	178.3	170.5	167.4
Admits per K	37.0	34.5	40.2	37.2
Average LOS	4.5	4.4	4.3	4.4
Readmits per K	3.7	2.8	1.6	2.7
Readmit Rate	10.0%	8.0%	4.0%	7.2%

SHO

Month	Jan-25	Feb-25	Mar-25	YTD
Beddays per K	194.9	178.0	181.1	184.7
Admits per K	39.3	36.2	40.8	38.7
Average LOS	5.1	4.5	4.3	4.6
Readmits per K	3.2	2.5	1.3	2.3
Readmit Rate	8.3%	6.9%	3.2%	6.1%

SHL PPO

Month	Jan-25	Feb-25	Mar-25	YTD
Beddays per K	155.6	142.9	139.1	145.9
Admits per K	39.1	42.0	36.9	39.4
Average LOS	4.7	4.0	5.9	4.9
Reamits per K	4.2	5.4	4.3	4.6
Readmit Rate	10.8%	12.9%	11.6%	11.8%

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

Executive Summary (Behavioral Health)

Metrics	Jan-25	Feb-25	Mar-25	Average
Enrollment	51,841	52,221	52,289	52,117

Inpatient All - Acute, RTC, and OOA

Month	Jan-25	Feb-25	Mar-25	Total	Average
Total Discharges	25	27	37	89	30
Total Discharges LOS	310	210	182	702	234
Average LOS	12.4	7.8	4.9	7.9	7.9

Beddays by Facility Type

Metrics	Beddays				
Facility Type	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	80	57	88	225	75
RTC	3	63	4	70	23
Out of Area	227	90	137	454	151

Beddays per K

Metrics	Beddays per K			
Facility Type	Jan-25	Feb-25	Mar-25	Total
Hospital	18.5	13.1	20.2	17.3
RTC	0.7	14.5	0.9	5.4
Out of Area	52.5	20.7	31.4	34.8

Admits by Facility Type

Metrics	Admits				
Facility Type	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	16	13	22	51	17
RTC	1	3	2	6	2
Out of Area	16	7	13	36	12

Admits per K

Metrics	Admits per K			
Facility Type	Jan-25	Feb-25	Mar-25	Total
Hospital	3.7	3.0	5.0	3.9
RTC	0.2	0.7	0.5	0.5
Out of Area	3.7	1.6	3.0	2.8

Readmits by Facility Type

Metrics	Readmits				
Facility Type	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	4	2	2	8	3
RTC	0	0	0	0	0
Out of Area	4	0	0	4	1

Executive Summary (Behavioral Health)

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Jan-25	Feb-25	Mar-25	Total
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	4.0	2.0	2.0	3.0
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0	0.0	6.0	6.0
	DESERT HOPE CENTER	0.0	7.0	2.5	4.0
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	3.0	0.0	3.0	3.8
	DESERT WINDS HOSPITAL	0.0	11.0	5.0	7.0
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	6.0	3.8	7.5	5.2
	SEVEN HILLS HOSPITAL INC	2.5	0.0	2.5	2.5
	SIERRA TUCSON LLC	0.0	3.0	0.0	3.0
	SOUTHERN HILLS HOSPITAL	0.0	3.0	1.0	2.0
	SPRING MOUNTAIN SAHARA	0.0	0.0	4.0	4.0
	SPRING MOUNTAIN TREATMENT CENTER	14.0	0.0	5.0	7.2
	VIRTUE RECOVERY LAS VEGAS LLC	0.0	0.0	3.0	3.0
	Total	5.7	4.8	3.8	4.6
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0	0.0	3.0	3.0
	DESERT HOPE CENTER	0.0	8.0	0.0	8.0
	RECOVERY WAYS	3.0	0.0	0.0	3.0
	SIERRA TUCSON LLC	0.0	0.0	0.0	27.5
	VIRTUE RECOVERY LAS VEGAS LLC	0.0	0.0	1.0	1.0
	Total	3.0	63.0	1.0	11.7
Out of Area	Out of Area	22.7	6.4	9.1	12.0
	Total	22.7	6.4	9.1	12.0

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	8	2	2	12	4
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	6	6	6
	DESERT HOPE CENTER	0	7	5	12	6
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	9	8	21	38	13
	DESERT WINDS HOSPITAL	0	11	10	21	11
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	30	23	16	69	23
	SEVEN HILLS HOSPITAL INC	5	0	5	10	5
	SIERRA TUCSON LLC	0	3	0	3	3
	SOUTHERN HILLS HOSPITAL	0	3	1	4	2
	SPRING MOUNTAIN SAHARA	0	0	4	4	4

Executive Summary (Behavioral Health)

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	SPRING MOUNTAIN TREATMENT CENTER	28	0	15	43	22
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	3	3	3
	Total	80	57	88	225	0
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	3	3	3
	DESERT HOPE CENTER	0	8	0	8	8
	RECOVERY WAYS	3	0	0	3	3
	SIERRA TUCSON LLC	0	55	0	55	55
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	1	1	1
	Total	3	63	4	70	0
	Out of Area	227	90	137	454	151
	Total	227	90	137	454	0
Facility Type BHO	Admits by Facility					
	Metrics	Admits				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	2	1	1	4	1
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	1	1	1
	DESERT HOPE CENTER	0	2	1	3	2
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	2	2	5	9	3
	DESERT WINDS HOSPITAL	0	2	2	4	2
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	7	4	4	15	5
	SEVEN HILLS HOSPITAL INC	2	0	2	4	2
	SIERRA TUCSON LLC	0	1	0	1	1
	SOUTHERN HILLS HOSPITAL	0	1	1	2	1
	SPRING MOUNTAIN SAHARA	0	0	1	1	1
	SPRING MOUNTAIN TREATMENT CENTER	3	0	3	6	2
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	1	1	1
	Total	16	13	22	51	0
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	1	1	1
	DESERT HOPE CENTER	0	1	0	1	1
	RECOVERY WAYS	1	0	0	1	1
	SIERRA TUCSON LLC	0	2	0	2	1
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	1	1	1
	Total	1	3	2	6	0
Out of Area	Out of Area	16	7	13	36	12
	Total	16	7	13	36	0

Executive Summary (Behavioral Health)

Facility Type BHO	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	0	0	0	0
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	0	0	0
	DESERT HOPE CENTER	0	1	0	1	1
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	0	1	2	1
	DESERT WINDS HOSPITAL	0	1	0	1	1
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	0	0	1	0
	SEVEN HILLS HOSPITAL INC	0	0	1	1	1
	SIERRA TUCSON LLC	0	0	0	0	0
	SOUTHERN HILLS HOSPITAL	0	0	0	0	0
	SPRING MOUNTAIN SAHARA	0	0	0	0	0
	SPRING MOUNTAIN TREATMENT CENTER	2	0	0	2	1
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	0	0	0
	Total	4	2	2	8	0
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	0	0	0
	DESERT HOPE CENTER	0	0	0	0	0
	RECOVERY WAYS	0	0	0	0	0
	SIERRA TUCSON LLC	0	0	0	0	0
	VIRTUE RECOVERY LAS VEGAS LLC	0	0	0	0	0
	Total	0	0	0	0	0
Out of Area	Out of Area	4	0	0	4	1
	Total	4	0	0	4	0

Facility Type BHO	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	DESERT HOPE CENTER	0.0%	50.0%	0.0%	33.3%	33.3%
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	50.0%	0.0%	20.0%	22.2%	22.2%
	DESERT WINDS HOSPITAL	0.0%	50.0%	0.0%	25.0%	25.0%
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	14.3%	0.0%	0.0%	6.7%	6.7%
	SEVEN HILLS HOSPITAL INC	0.0%	0.0%	50.0%	25.0%	25.0%
	SIERRA TUCSON LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	0.0%	0.0%
	SPRING MOUNTAIN SAHARA	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	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	Jan-25	Feb-25	Mar-25	Total	Average
Hospital	SPRING MOUNTAIN TREATMENT CENTER	66.7%	0.0%	0.0%	33.3%	33.3%
	VIRTUE RECOVERY LAS VEGAS LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	25.0%	15.4%	9.1%	15.7%	0.0%
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	DESERT HOPE CENTER	0.0%	0.0%	0.0%	0.0%	0.0%
	RECOVERY WAYS	0.0%	0.0%	0.0%	0.0%	0.0%
	SIERRA TUCSON LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	VIRTUE RECOVERY LAS VEGAS LLC	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	0.0%	0.0%	0.0%	0.0%	0.0%
	Out of Area	25.0%	0.0%	0.0%	11.1%	11.1%
Out of Area	Total	25.0%	0.0%	0.0%	11.1%	0.0%

Utilization Summary (Behavioral Health)

Inpatient Case Management

Month	Jan-25	Feb-25	Mar-25	YTD	Average
Open End of Month	12	7	6	25	8
Cases opened in the month	33	23	37	93	31
Cases closed in the month	25	27	37	89	30
Denied Days	6	10	4	20	7
Average LOS	12.4	7.8	4.9	7.9	7.9

Authorizations

Month	Jan-25	Feb-25	Mar-25	YTD	Average
Total services reviewed	40	38	44	122	41
Services Approved	37	35	36	108	36
Approval Rate	92.5%	92.1%	81.8%	88.5%	88.5%
Services Denied	3	3	8	14	5
Denied Charges	\$855	\$466	\$1,205	\$2,526	\$842
Denial Rate	8%	8%	18%	11%	11%

Denial Reason

Month	Jan-25	Feb-25	Mar-25	YTD	Average
Denial Reason	Denied	Denied	Denied	Denied	Denied
Not medically necessary	3	3	3	9	3
In network provider(s)	0	0	5	5	5

Utilization Summary (Behavioral Health)

Stat					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Stat Request	0	0	0	0	0

Appeals					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Appeals 1st Level	4	4	2	10.00	3.33
Appeals 2nd Level	0	0	0	0.00	0.00
Appeals 3rd Level	0	0	0	0.00	0.00
Appeals Overturned	0	0	0	0.00	0.00
Appeals Upheld	4	1	3	8.00	2.67

Utilization Summary (Behavioral Health)

Retro Reviews					
Month	Jan-25	Feb-25	Mar-25	YTD	Average
Retros	0	0	0	0	0

Bedday Summary (Behavioral Health)

Acute only

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

Month	Jan-25	Feb-25	Mar-25	YTD
Membership	51,841	52,221	52,289	52,117
Beddays per K	31.9	18.8	33.3	28.0
Admits per K	5.6	3.7	7.1	5.4
Average LOS	6.6	4.6	4.6	5.2
Readmits per K	1.6	0.5	0.5	0.8
Readmit Rate	29.2%	12.5%	6.5%	15.5%

SHO

Month	Jan-25	Feb-25	Mar-25	YTD
Beddays per K	20.9	13.6	20.2	18.2
Admits per K	3.8	2.8	4.1	3.6
Average LOS	6.1	4.9	4.7	5.2
Readmits per K	0.7	0.2	0.2	0.4
Readmit Rate	19.7%	7.0%	3.7%	10.3%

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

6.3.4

6. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

6.3.1 Q3 UMR – Obesity Care Management

6.3.2 Q3 UMR – Diabetes Care Management

6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management

6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

Network Repricing Quality - UMR		
PEBP PG Target	97%	
Q1 Results	98.90%	
Q2 Results	97.52%	
Q3 Results	97.01%	
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%	99.77%
Q3 Results	99.50%	99.50%
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	0	N/A
Q4 Results		

6.3.5

6. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

6.3.1 Q3 UMR – Obesity Care Management

6.3.2 Q3 UMR – Diabetes Care Management

6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management

6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

6.3.5 Q3 Express Scripts – Summary Report

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Nevada PEBP

Q3 FY2025

Prepared by Client Analytics

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

5/30/2025

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

Hello PEBP Team,

This is the Q3 FY25 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 | | \$77.58 |
| Utilization | \$2.74 | 3.8% |
| Unit Cost | \$3.92 | 5.4% |
| Member Share | (\$1.01) | (1.4%) |
| Total Change in Plan Cost Net PMPM | | \$5.65 |
| Previous Period - Plan Cost Net PMPM | | \$71.93 |

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

- **HIV:** Previous ranked 4th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$200k (17.8%) to current \$1.3m.
 - Plan Cost Net PMPM ↑ \$1.24 (24.0%) to current \$6.40.
 - Patient Count ↑ 19 to current count of 119.
 - Adjusted Rx's ↑ 113 to current count of 821.
- **Notable Drug Changes within Indication:**
 - **Biktarvy:**
 - Previous ranked 1st, currently ranked 1st, by Plan Cost Net.
 - Plan Cost Net ↑ \$101k (29.5%) to current \$444k.
 - Plan Cost Net PMPM ↑ \$.57 (36.4%) to current \$2.15.
 - Patient Count ↑ 4 to current count of 20.
 - Adjusted Rx's ↑ 27 to current count of 143.
 - **Descovy:**
 - Previous ranked 2nd, currently ranked 2nd, by Plan Cost Net.
 - Plan Cost Net ↑ \$77k (26.5%) to current \$367k.
 - Plan Cost Net PMPM ↑ \$.44 (33.2%) to current \$1.77.
 - Patient Count ↑ 9 to current count of 39.
 - Adjusted Rx's ↑ 60 to current count of 256.

- **Apretude:**
 - Previous ranked 7th, currently ranked 5th, by Plan Cost Net.
 - Plan Cost Net ↑ \$34k (71.4%) to current \$81k.
 - Plan Cost Net PMPM ↑ \$.17 (80.5%) to current \$.39.
 - Patient Count ↑ 4 to current count of 8.
 - Adjusted Rxs ↑ 17 to current count of 44.
- **Gout:** Previous ranked 71st, currently ranked 10th, by Plan Cost Net.
 - Plan Cost Net ↑ \$354k (8697.6%) to current \$359k.
 - Plan Cost Net PMPM ↑ \$1.71 (9163.9%) to current \$1.73
 - Patient Count ↓ 20 to current count of 309.
 - Adjusted Rxs ↓ 48 to current count of 2,014.
- **Notable Drug Changes within Indication:**
 - **Krystexxa:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$353k.
 - Plan Cost Net PMPM: New, current \$1.71.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 8.
 - **Other drug changes in this indication were not notable.**
- **Blood Cell Deficiency:** Previous ranked 59th, currently ranked 13th, by Plan Cost Net.
 - Plan Cost Net ↑ \$261k (2172.0%) to current \$273k.
 - Plan Cost Net PMPM ↑ \$1.26 (2292.4%) to current \$1.32.
 - Patient Count ↑ 3 to current count of 6.
 - Adjusted Rxs ↑ 1 to current count of 18.
- **Notable Drug Changes within Indication:**
 - **Promacta:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$249k.
 - Plan Cost Net PMPM: New, current \$1.20.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 8.
 - **Doptelet:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$18k.
 - Plan Cost Net PMPM: New, current \$.09.
 - Patient Count: New, current count of 1.

- Adjusted Rxs: New, current count of 3.
- Other drug changes in this indication were not notable.

Peer Comparison:

- Peer: ESI CDH Program
- PEBP CDHP is outperforming the peer.
- Peer experienced Plan Cost Net PMPM of \$92.87 compared to CDHP PEBP of \$77.58.
- Peer experienced Trend of 17.8%, compared to CDHP PEBP Trend of 7.9%

EPO Overall Trend Summaries:

| EPO Overall Trend | | % Change |
|--|----------------|-----------------|
| Current Period - Plan Cost Net PMPM | | \$172.96 |
| Utilization | \$8.55 | 5.6% |
| Unit Cost | \$11.38 | 7.4% |
| Member Share | (\$0.28) | (0.2%) |
| Total Change in Plan Cost Net PMPM | \$19.65 | 12.8% |

Previous Period - Plan Cost Net PMPM **\$153.30**

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

- **Cancer:** Previous ranked 4th, currently ranked 3rd, by Plan Cost Net.
 - Plan Cost Net ↑ \$250k (37.6%) to current \$915k.
 - Plan Cost Net PMPM ↑ \$6.71 (52.4%) to current \$19.53.
 - Patient Count ↓ 13 to current count of 62.
 - Adjusted Rxs ↓ 63 to current count of 406.
- **Notable Drug Changes within Indication:**
 - **Venclexta:**
 - Previous ranked 4th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$112k (155.4%) to current \$184k.
 - Plan Cost Net PMPM ↑ \$2.53 (182.8%) to current \$3.92.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 6 to current count of 13.
 - **Lenvima:**
 - New, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net: New, current \$119k.

- Plan Cost Net PMPM: New, current \$2.54.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 5.
- **Koselugo:**
 - Previous ranked 5th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$69k (160.0%) to current \$113k.
 - Plan Cost Net PMPM ↑ \$1.57 (187.9%) to current \$2.41.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↑ 3 to current count of 5.
- **Seizures:** Previous ranked 6th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$165k (60.9%) to current \$436k.
 - Plan Cost Net PMPM ↑ \$4.08 (78.2%) to current \$9.29.
 - Patient Count ↓ 42 to current count of 208.
 - Adjusted Rxs ↓ 164 to current count of 1,662.
- **Notable Drug Changes within Indication:**
 - **Fintepla:**
 - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$166k (99.2%) to current \$333k.
 - Plan Cost Net PMPM ↑ \$3.89 (120.6%) to current \$3.22.
 - Patient Count: Remains at 2.
 - Adjusted Rxs ↑ 8 to current count of 18.
 - **Other drug changes in this indication were not notable.**
- **Gout:** Previous ranked 43rd, currently ranked 14th by Plan Cost Net.
 - Plan Cost Net ↑ \$163k (1299.1%) to current \$175k.
 - Plan Cost Net PMPM ↑ \$3.49 (1449.3%) to current \$3.73.
 - Patient Count: Remains at 118.
 - Adjusted Rxs ↓ 99 to current count of 730.
- **Notable Drug Changes within Indication:**
 - **Krystexxa:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$167k.
 - Plan Cost Net PMPM: New, current \$3.56.
 - Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 4.
 - **Other drug changes in this indication were not notable.**

- **Endocrine Disorders:** Previous ranked 2nd, currently ranked 12th by Plan Cost Net.
 - Plan Cost Net ↓ \$870k (-80.7%) to current \$208k.
 - Plan Cost Net PMPM ↓ \$16.34 (-78.7%) to current \$4.43.
 - Patient Count ↑ 4 to current count of 31.
 - Adjusted Rxs ↑ 10 to current count of 176.
- **Notable Drug Changes within Indication:**
 - **Korlym:**
 - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$926k (-92.0%) to current \$80k.
 - Plan Cost Net PMPM ↓ \$17.67 (-91.2%) to current \$1.71.
 - Patient Count: Remains at 2.
 - Adjusted Rxs ↓ 15 to current count of 2.
 - **Supprelin LA:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$49k.
 - Plan Cost Net PMPM: New, current \$1.04.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 12.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP EPO plan)
- The peer is outperforming PEBP EPO in Plan Cost Net PMPM, however peer has a higher trend.
- Peer experienced Plan Cost Net PMPM of \$127.25 compared to PEBP EPO of \$172.96
- Peer experienced Trend of 22.3%, compared to PEBP EPO of 12.8%

PPO Overall Trend Summaries:

| PPO Overall Trend | | % Change |
|---|---------------|-----------------|
| Current Period - Plan Cost Net PMPM | | \$103.05 |
| Utilization | \$4.44 | 4.7% |
| Unit Cost | \$3.74 | 4.0% |
| Member Share | \$0.85 | 0.9% |
| Total Change in Plan Cost Net PMPM | \$9.03 | 9.6% |
| Previous Period - Plan Cost Net PMPM | | \$94.01 |

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 ↑ \$555k (22.7%) to current \$3m.
 - Plan Cost Net PMPM ↓ \$.07 (-0.5%) to current \$14.36.
 - Patient Count ↑ 82 to current count of 332.
 - Adjusted Rxs ↑ 510 to current count of 2,403.
- **Notable Drug Changes within Indication:**
 - **Rinvoq:**
 - Previous ranked 5th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$212k (94.5%) to current \$436k.
 - Plan Cost Net PMPM ↑ \$.76 (57.8%) to current \$2.09.
 - Patient Count ↑ 7 to current count of 19.
 - Adjusted Rxs ↑ 52 to current count of 134.
 - **Skyrizi Pen:**
 - Previous ranked 4th, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$105k (46.2%) to current \$333k.
 - Plan Cost Net PMPM ↑ \$.25 (18.6%) to current \$1.59.
 - Patient Count ↑ 2 to current count of 13.
 - Adjusted Rxs ↑ 32 to current count of 108.
 - **Adalimumab-RYVK(CF) Autoinject (Biosimilar Drug)**
 - New, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net: New, current \$139k.
 - Plan Cost Net PMPM: New, current \$.66.
 - Patient Count: New, current count of 26.
 - Adjusted Rxs: New, current count of 140.
- **Diabetes:** Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$863k (43.7%) to current \$2.8m.
 - Plan Cost Net PMPM ↑ \$1.93 (16.6%) to current \$13.57.
 - Patient Count ↑ 463 to current count of 1,875.
 - Adjusted Rxs ↑ 5,612 to current count of 22,851.
- **Notable Drug Changes within Indication:**
 - **Mounjaro:**
 - Previous ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$516k (118.9%) to current \$951k.
 - Plan Cost Net PMPM ↑ \$1.99 (77.6%) to current \$4.55.
 - Patient Count ↑ 190 to current count of 387.
 - Adjusted Rxs ↑ 1,599 to current count of 2,810.

- **Ozempic:**
 - Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$198k (34.8%) to current \$768k.
 - Plan Cost Net PMPM ↑ \$.31 (9.4%) to current \$3.67.
 - Patient Count ↑ 98 to current count of 385.
 - Adjusted Rxs ↑ 771 to current count of 2,504.
- **Trulicity:**
 - Previous ranked 3rd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$90k (-39.7%) to current \$137k.
 - Plan Cost Net PMPM ↓ \$.68 (-51.0%) to current \$.66.
 - Patient Count ↓ 35 to current count of 66.
 - Adjusted Rxs ↓ 269 to current count of 439.
- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$405k (30.0%) to current \$1.8m.
 - Plan Cost Net PMPM ↑ \$.43 (5.4%) to current \$8.40.
 - Patient Count ↑ 41 to current count of 200.
 - Adjusted Rxs ↑ 275 to current count of 1,238.
- **Notable Drug Changes within Indication:**
 - **Idhifa:**
 - New, currently 2nd ranked by Plan Cost Net.
 - Plan Cost Net: New, current \$220k.
 - Plan Cost Net PMPM: New, current \$1.05.
 - Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 7.
 - **Lynparza:**
 - Previous ranked 18th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$102k (911.5%) to current \$113k.
 - Plan Cost Net PMPM ↑ \$.47 (720.6%) to current \$.54.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↑ 13 to current count of 15.
 - **Venclexta:**
 - Previous ranked 15th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$89k (596.7%) to current \$104k.
 - Plan Cost Net PMPM ↑ \$.41 (465.2%) to current \$.50.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 13 to current count of 14.

- **HIV:** Previous ranked 5th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$513k (53.4%) to current \$1.5m.
 - Plan Cost Net PMPM ↑ \$1.39 (24.5%) to current \$7.05.
 - Patient Count ↑ 52 to current count of 130.
 - Adjusted Rxs ↑ 291 to current count of 781.
- **Notable Drug Changes within Indication:**
 - **Biktarvy:**
 - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$144k (35.0%) to current \$557k.
 - Plan Cost Net PMPM ↑ \$.23 (9.5%) to current \$2.66.
 - Patient Count ↑ 8 to current count of 26.
 - Adjusted Rxs ↑ 36 to current count of 159.
 - **Descovy:**
 - Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$217k (122.6%) to current \$394k.
 - Plan Cost Net PMPM ↑ \$.84 (80.6%) to current \$1.89.
 - Patient Count ↑ 29 to current count of 49.
 - Adjusted Rxs ↑ 138 to current count of 249.
 - **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.
- Peer experienced Plan Cost Net PMPM of \$127.25 compared to PEBP PPO of \$103.05
- Peer experienced Trend of 22.3%, compared to PEBP EPO of 9.6%

| Total Overall Trend | | % Change |
|--------------------------------------|--------|-------------|
| Current Period - Plan Cost Net PMPM | | \$98.75 |
| Utilization | \$3.27 | 3.6% |
| Unit Cost | \$4.98 | 5.5% |
| Member Share | \$0.42 | 0.5% |
| Total Change in Plan Cost Net PMPM | | \$8.68 9.6% |
| Previous Period - Plan Cost Net PMPM | | \$90.08 |

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 21.3% in Specialty patients. This resulted in an 18.2% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 16.3%. This produced a negative Unit Cost Trend of (-6.4%) on Specialty drugs and reduced NonSpecialty Unit Cost Trend to 9.7%, combined is 5.5%.

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 | Q3 FY25 | Q3 FY24 | Change |
| Average Members per Month | 51,421 | 48,814 | 5.3% |
| Number of Unique patients | 36,713 | 35,002 | 4.9% |
| Members Utilizing the Benefit | 71.4% | 71.7% | -0.3 |
| Gross Cost/Adjusted Rx | \$148.89 | \$140.50 | 6.0% |
| Plan Spend | \$73,998,874 | \$63,900,184 | 15.8% |
| Rebates (estimated) | \$28,297,287 | \$24,327,855 | 16.3% |
| Plan Cost Net | \$45,701,587 | \$39,572,328 | 15.5% |
| Plan Cost Net PMPM | \$159.90 | \$145.45 | 9.9% |
| Non-Specialty Plan Cost Net PMPM | \$79.14 | \$68.97 | 14.8% |
| Specialty Plan Cost Net PMPM | \$80.75 | \$76.48 | 5.6% |
| Generic Fill Rate | 86.7% | 86.4% | 0.3 |
| 90 Day Utilization | 59.5% | 60.4% | -0.9 |
| Retail - Maintenance 90 Utilization | 29.9% | 28.4% | 1.5 |
| Home Delivery Utilization | 29.7% | 32.0% | -2.3 |
| Member Cost Net % | 17.9% | 18.2% | -0.3 |

END OF REPORT

6.3.6

6. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

6.3.1 Q3 UMR – Obesity Care Management

6.3.2 Q3 UMR – Diabetes Care Management

6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management

6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

6.3.5 Q3 Express Scripts – Summary Report

6.3.6 Q3 Express Scripts – Utilization Report

Nevada PEBP FY25 Q3 Report

7/1/2024 – 3/31/2025

Report Includes:

- CDHP Comparison Data from Q3 FY25 to Q3 FY24
- EPO Comparison Data from Q3 FY25 to Q3 FY24
- PPO Comparison Data from Q3 FY25 to Q3 FY24
- CDHP, EPO, PPO Breakout Data from Q3 FY25
- Summary Comparison Data from FY25
- Key Metric Breakout Data from FY25

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

PREPARED BY CLIENT ANALYTICS

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

5/30/2025

Express Scripts

By **EVERNORTH**
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Membership Summary | FY 2025 | FY 2024 | Change |
|-----------------------------------|---------|---------|--------|
| Member Count (Membership) | 51,421 | 48,814 | 5.3% |
| Utilizing Member Count (Patients) | 36,713 | 35,002 | 4.9% |
| Percent Utilizing (Utilization) | 71.4% | 71.7% | -0.3 |

| Claim Summary | FY 2025 | FY 2024 | Change |
|---|--------------|--------------|------------|
| Net Claims (Total Adjusted Rx's) | 605,591 | 556,069 | 8.9% |
| Claims per Elig Member per Month (Claims PMPM) | 1.31 | 1.27 | 3.4% |
| Total Claims for Generic (Generic ARx) | 524,784 | 480,306 | 9.3% |
| Total Claims for Brand (Brand ARx) | 80,807 | 75,763 | 6.7% |
| Total Claims for Multisource Brand Claims (MSB ARx) | 1,503 | 2,548 | -41.0% |
| Total Non-Specialty Claims | 597,819 | 549,468 | 8.8% |
| Total Specialty Claims | 7,772 | 6,601 | 17.7% |
| Generic % of Total Claims (GFR) | 86.7% | 86.4% | 0.3 |
| Generic Effective Rate (GCR) | 99.7% | 99.5% | 0.2 |
| Mail Order Claims | 158,237 | 156,934 | 0.8% |
| Mail Penetration Rate* | 29.7% | 32.0% | -2.4 |

| Claims Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|--------------|
| Total Prescription Cost (Total Gross Cost) | \$90,165,995 | \$78,129,504 | 15.4% |
| Total Generic Gross Cost | \$9,242,318 | \$8,217,117 | 12.5% |
| Total Brand Gross Cost | \$80,923,677 | \$69,912,386 | 15.8% |
| Total MSB Gross Cost | \$932,239 | \$1,222,647 | -23.8% |
| Total Ingredient Cost | \$87,543,881 | \$75,717,837 | 15.6% |
| Total Dispensing Fee | \$2,575,717 | \$2,352,803 | 9.5% |
| Total Other (e.g. tax) | \$46,397 | \$58,864 | -21.2% |
| Avg Total Cost per Claim (Gross Cost/ARx) | \$148.89 | \$140.50 | 6.0% |
| Avg Total Cost for Generic (Generic Gross Cost/Generic ARx) | \$17.61 | \$17.11 | 2.9% |
| Avg Total Cost for Brand (Brand Gross Cost/Brand ARx) | \$1,001.44 | \$922.78 | 8.5% |
| Avg Total Cost for MSB (MSB Gross Cost/MSB ARx) | \$620.25 | \$479.85 | 29.3% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Member Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|--------------|
| Total Member Cost Share | \$16,167,121 | \$14,229,320 | 13.6% |
| Generic Cost Share | \$3,650,909 | \$3,255,993 | 12.1% |
| Brand Cost Share | \$12,516,212 | \$10,973,327 | 14.1% |
| MSB Cost Share | \$171,339 | \$182,556 | -6.1% |
| Total Copay | \$14,517,657 | \$12,817,242 | 13.3% |
| Total Deductible | \$1,649,464 | \$1,412,077 | 16.8% |
| Avg Copay per Claim (Member Cost Share/ARx) | \$26.70 | \$25.59 | 4.3% |
| Avg Copay for Generic (Generic Member Cost Share/Generic ARx) | \$6.96 | \$6.78 | 2.6% |
| Avg Copay for Brand (Brand Member Cost Share/Brand ARx) | \$154.89 | \$144.84 | 6.9% |
| Avg Copay for MSB (MSB Member Cost Share/MSB ARx) | \$114.00 | \$71.65 | 59.1% |
| Copay % of Total Prescription Cost (Member Cost Share %) | 17.9% | 18.2% | -0.3 |
| Plan Cost Summary | FY 2025 | FY 2024 | Change |
| Total Plan Cost (Plan Cost) | \$73,998,874 | \$63,900,184 | 15.8% |
| Generic Plan Cost | \$5,591,408 | \$4,961,125 | 12.7% |
| Brand Plan Cost | \$68,407,466 | \$58,939,059 | 16.1% |
| MSB Plan Cost | \$760,900 | \$1,040,090 | -26.8% |
| Total Non-Specialty Cost (Non-Specialty Plan Cost) | \$36,626,669 | \$30,300,412 | 20.9% |
| Total Specialty Drug Cost (Specialty Plan Cost) | \$37,372,205 | \$33,599,772 | 11.2% |
| Avg Plan Cost per Claim (Plan Cost/ARx) | \$122.19 | \$114.91 | 6.3% |
| Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx) | \$10.65 | \$10.33 | 3.2% |
| Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx) | \$846.55 | \$777.94 | 8.8% |
| Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx) | \$506.25 | \$408.20 | 24.0% |
| Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx) | \$61.27 | \$55.14 | 11.1% |
| Avg Specialty Plan Cost per Claim (Plan Cost/ARx) | \$4,808.57 | \$5,090.10 | -5.5% |
| Plan Cost PMPM | \$159.90 | \$145.45 | 9.9% |
| Non-Specialty Plan Cost PMPM | \$79.14 | \$68.97 | 14.8% |
| Specialty Plan Cost PMPM | \$80.75 | \$76.48 | 5.6% |
| Specialty % of Plan Cost | 50.5% | 52.6% | -2.1 |
| Net Plan Cost PMPM (factoring Rebates) | \$98.75 | \$90.08 | 9.6% |
| Non-Specialty Plan Cost PMPM | \$43.99 | \$38.62 | 13.9% |
| Specialty Plan Cost PMPM | \$54.76 | \$51.46 | 6.4% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Membership Summary | FY 2025 | FY 2024 | Change |
|-----------------------------------|---------|---------|--------|
| Member Count (Membership) | 22,979 | 24,197 | -5.0% |
| Utilizing Member Count (Patients) | 15,443 | 16,459 | -6.2% |
| Percent Utilizing (Utilization) | 67.2% | 68.0% | -0.8 |

| Claim Summary | FY 2025 | FY 2024 | Change |
|---|--------------|--------------|------------|
| Net Claims (Total Adjusted Rx's) | 250,469 | 255,297 | -1.9% |
| Claims per Elig Member per Month (Claims PMPM) | 1.21 | 1.17 | 3.3% |
| Total Claims for Generic (Generic ARx) | 219,813 | 222,850 | -1.4% |
| Total Claims for Brand (Brand ARx) | 30,656 | 32,447 | -5.5% |
| Total Claims for Multisource Brand Claims (MSB ARx) | 406 | 923 | -56.0% |
| Total Non-Specialty Claims | 247,382 | 252,392 | -2.0% |
| Total Specialty Claims | 3,087 | 2,905 | 6.3% |
| Generic % of Total Claims (GFR) | 87.8% | 87.3% | 0.5 |
| Generic Effective Rate (GCR) | 99.8% | 99.6% | 0.2 |
| Mail Order Claims | 63,722 | 69,807 | -8.7% |
| Mail Penetration Rate* | 28.9% | 31.1% | -2.2 |

| Claims Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|-------------|
| Total Prescription Cost (Total Gross Cost) | \$34,199,222 | \$32,580,710 | 5.0% |
| Total Generic Gross Cost | \$3,473,600 | \$3,329,008 | 4.3% |
| Total Brand Gross Cost | \$30,725,623 | \$29,251,702 | 5.0% |
| Total MSB Gross Cost | \$255,410 | \$402,910 | -36.6% |
| Total Ingredient Cost | \$33,103,575 | \$31,466,373 | 5.2% |
| Total Dispensing Fee | \$1,078,970 | \$1,092,583 | -1.2% |
| Total Other (e.g. tax) | \$16,677 | \$21,754 | -23.3% |
| Avg Total Cost per Claim (Gross Cost/ARx) | \$136.54 | \$127.62 | 7.0% |
| Avg Total Cost for Generic (Generic Gross Cost/Generic ARx) | \$15.80 | \$14.94 | 5.8% |
| Avg Total Cost for Brand (Brand Gross Cost/Brand ARx) | \$1,002.27 | \$901.52 | 11.2% |
| Avg Total Cost for MSB (MSB Gross Cost/MSB ARx) | \$629.09 | \$436.52 | 44.1% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Member Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|--------------|
| Total Member Cost Share | \$7,799,751 | \$7,316,771 | 6.6% |
| Generic Cost Share | \$1,560,251 | \$1,512,444 | 3.2% |
| Brand Cost Share | \$6,239,500 | \$5,804,327 | 7.5% |
| MSB Cost Share | \$121,552 | \$106,557 | 14.1% |
| Total Copay | \$6,153,430 | \$5,906,623 | 4.2% |
| Total Deductible | \$1,646,321 | \$1,410,148 | 16.7% |
| Avg Copay per Claim (Member Cost Share/ARx) | \$31.14 | \$28.66 | 8.7% |
| Avg Copay for Generic (Generic Member Cost Share/Generic ARx) | \$7.10 | \$6.79 | 4.6% |
| Avg Copay for Brand (Brand Member Cost Share/Brand ARx) | \$203.53 | \$178.89 | 13.8% |
| Avg Copay for MSB (MSB Member Cost Share/MSB ARx) | \$299.39 | \$115.45 | 159.3% |
| Copay % of Total Prescription Cost (Member Cost Share %) | 22.8% | 22.5% | 0.3 |
| Plan Cost Summary | FY 2025 | FY 2024 | Change |
| Total Plan Cost (Plan Cost) | \$26,399,471 | \$25,263,939 | 4.5% |
| Generic Plan Cost | \$1,913,348 | \$1,816,564 | 5.3% |
| Brand Plan Cost | \$24,486,123 | \$23,447,375 | 4.4% |
| MSB Plan Cost | \$133,858 | \$296,353 | -54.8% |
| Total Non-Specialty Cost (Non-Specialty Plan Cost) | \$10,949,479 | \$10,591,607 | 3.4% |
| Total Specialty Drug Cost (Specialty Plan Cost) | \$15,449,992 | \$14,672,332 | 5.3% |
| Avg Plan Cost per Claim (Plan Cost/ARx) | \$105.40 | \$98.96 | 6.5% |
| Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx) | \$8.70 | \$8.15 | 6.8% |
| Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx) | \$798.74 | \$722.64 | 10.5% |
| Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx) | \$329.70 | \$321.08 | 2.7% |
| Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx) | \$44.26 | \$41.96 | 5.5% |
| Avg Specialty Plan Cost per Claim (Plan Cost/ARx) | \$5,004.86 | \$5,050.72 | -0.9% |
| Plan Cost PMPM | \$127.65 | \$116.01 | 10.0% |
| Non-Specialty Plan Cost PMPM | \$52.94 | \$48.64 | 8.9% |
| Specialty Plan Cost PMPM | \$74.71 | \$67.37 | 10.9% |
| Specialty % of Plan Cost | 58.5% | 58.1% | 0.4 |
| Net Plan Cost PMPM (factoring Rebates) | \$77.58 | \$71.93 | 7.9% |
| Non-Specialty Plan Cost PMPM | \$26.85 | \$25.67 | 4.6% |
| Specialty Plan Cost PMPM | \$50.73 | \$46.26 | 9.7% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Membership Summary | FY 2025 | FY 2024 | Change |
|-----------------------------------|---------|---------|--------|
| Member Count (Membership) | 5,208 | 5,767 | -9.7% |
| Utilizing Member Count (Patients) | 4,167 | 4,510 | -7.6% |
| Percent Utilizing (Utilization) | 80.0% | 78.2% | 1.8 |

| Claim Summary | FY 2025 | FY 2024 | Change |
|---|--------------|--------------|------------|
| Net Claims (Total Adjusted Rx's) | 90,683 | 94,987 | -4.5% |
| Claims per Elig Member per Month (Claims PMPM) | 1.93 | 1.83 | 5.7% |
| Total Claims for Generic (Generic ARx) | 78,006 | 81,625 | -4.4% |
| Total Claims for Brand (Brand ARx) | 12,677 | 13,362 | -5.1% |
| Total Claims for Multisource Brand Claims (MSB ARx) | 323 | 515 | -37.3% |
| Total Non-Specialty Claims | 89,347 | 93,842 | -4.8% |
| Total Specialty Claims | 1,336 | 1,145 | 16.7% |
| Generic % of Total Claims (GFR) | 86.0% | 85.9% | 0.1 |
| Generic Effective Rate (GCR) | 99.6% | 99.4% | 0.2 |
| Mail Order Claims | 25,562 | 27,959 | -8.6% |
| Mail Penetration Rate* | 31.2% | 32.4% | -1.3 |

| Claims Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|-------------|
| Total Prescription Cost (Total Gross Cost) | \$15,462,693 | \$15,265,237 | 1.3% |
| Total Generic Gross Cost | \$1,376,304 | \$1,434,685 | -4.1% |
| Total Brand Gross Cost | \$14,086,389 | \$13,830,551 | 1.8% |
| Total MSB Gross Cost | \$336,015 | \$300,275 | 11.9% |
| Total Ingredient Cost | \$15,064,434 | \$14,861,963 | 1.4% |
| Total Dispensing Fee | \$390,847 | \$390,417 | 0.1% |
| Total Other (e.g. tax) | \$7,412 | \$12,856 | -42.3% |
| Avg Total Cost per Claim (Gross Cost/ARx) | \$170.51 | \$160.71 | 6.1% |
| Avg Total Cost for Generic (Generic Gross Cost/Generic ARx) | \$17.64 | \$17.58 | 0.4% |
| Avg Total Cost for Brand (Brand Gross Cost/Brand ARx) | \$1,111.18 | \$1,035.07 | 7.4% |
| Avg Total Cost for MSB (MSB Gross Cost/MSB ARx) | \$1,040.29 | \$583.06 | 78.4% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Member Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|--------------|
| Total Member Cost Share | \$2,345,509 | \$2,285,407 | 2.6% |
| Generic Cost Share | \$532,249 | \$561,453 | -5.2% |
| Brand Cost Share | \$1,813,260 | \$1,723,954 | 5.2% |
| MSB Cost Share | \$22,430 | \$35,639 | -37.1% |
| Total Copay | \$2,342,366 | \$2,283,478 | 2.6% |
| Total Deductible | \$3,143 | \$1,929 | 63.0% |
| Avg Copay per Claim (Member Cost Share/ARx) | \$25.86 | \$24.06 | 7.5% |
| Avg Copay for Generic (Generic Member Cost Share/Generic ARx) | \$6.82 | \$6.88 | -0.8% |
| Avg Copay for Brand (Brand Member Cost Share/Brand ARx) | \$143.04 | \$129.02 | 10.9% |
| Avg Copay for MSB (MSB Member Cost Share/MSB ARx) | \$69.44 | \$69.20 | 0.3% |
| Copay % of Total Prescription Cost (Member Cost Share %) | 15.2% | 15.0% | 0.2 |
| Plan Cost Summary | FY 2025 | FY 2024 | Change |
| Total Plan Cost (Plan Cost) | \$13,117,184 | \$12,979,829 | 1.1% |
| Generic Plan Cost | \$844,055 | \$873,233 | -3.3% |
| Brand Plan Cost | \$12,273,130 | \$12,106,597 | 1.4% |
| MSB Plan Cost | \$313,585 | \$264,637 | 18.5% |
| Total Non-Specialty Cost (Non-Specialty Plan Cost) | \$6,512,778 | \$6,234,864 | 4.5% |
| Total Specialty Drug Cost (Specialty Plan Cost) | \$6,604,406 | \$6,744,966 | -2.1% |
| Avg Plan Cost per Claim (Plan Cost/ARx) | \$144.65 | \$136.65 | 5.9% |
| Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx) | \$10.82 | \$10.70 | 1.1% |
| Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx) | \$968.14 | \$906.05 | 6.9% |
| Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx) | \$970.85 | \$513.86 | 88.9% |
| Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx) | \$72.89 | \$66.44 | 9.7% |
| Avg Specialty Plan Cost per Claim (Plan Cost/ARx) | \$4,943.42 | \$5,890.80 | -16.1% |
| Plan Cost PMPM | \$279.85 | \$250.08 | 11.9% |
| Non-Specialty Plan Cost PMPM | \$138.95 | \$120.13 | 15.7% |
| Specialty Plan Cost PMPM | \$140.90 | \$129.95 | 8.4% |
| Specialty % of Plan Cost | 50.3% | 52.0% | -1.6 |
| Net Plan Cost PMPM (factoring Rebates) | \$172.96 | \$153.30 | 12.8% |
| Non-Specialty Plan Cost PMPM | \$77.03 | \$67.09 | 14.8% |
| Specialty Plan Cost PMPM | \$95.93 | \$86.21 | 11.3% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Membership Summary | FY 2025 | FY 2024 | Change |
|-----------------------------------|---------|---------|--------|
| Member Count (Membership) | 23,237 | 18,852 | 23.3% |
| Utilizing Member Count (Patients) | 17,164 | 14,095 | 21.8% |
| Percent Utilizing (Utilization) | 73.9% | 74.8% | -0.9 |

| Claim Summary | FY 2025 | FY 2024 | Change |
|---|--------------|--------------|------------|
| Net Claims (Total Adjusted Rx's) | 264,439 | 205,785 | 28.5% |
| Claims per Elig Member per Month (Claims PMPM) | 1.26 | 1.21 | 4.3% |
| Total Claims for Generic (Generic ARx) | 226,965 | 175,831 | 29.1% |
| Total Claims for Brand (Brand ARx) | 37,474 | 29,954 | 25.1% |
| Total Claims for Multisource Brand Claims (MSB ARx) | 774 | 1,110 | -30.3% |
| Total Non-Specialty Claims | 261,090 | 203,234 | 28.5% |
| Total Specialty Claims | 3,349 | 2,551 | 31.3% |
| Generic % of Total Claims (GFR) | 85.8% | 85.4% | 0.4 |
| Generic Effective Rate (GCR) | 99.7% | 99.4% | 0.3 |
| Mail Order Claims | 68,953 | 59,168 | 16.5% |
| Mail Penetration Rate* | 29.9% | 33.0% | -3.1 |

| Claims Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|--------------|
| Total Prescription Cost (Total Gross Cost) | \$40,504,080 | \$30,283,557 | 33.7% |
| Total Generic Gross Cost | \$4,392,414 | \$3,453,424 | 27.2% |
| Total Brand Gross Cost | \$36,111,666 | \$26,830,133 | 34.6% |
| Total MSB Gross Cost | \$340,814 | \$519,461 | -34.4% |
| Total Ingredient Cost | \$39,375,871 | \$29,389,501 | 34.0% |
| Total Dispensing Fee | \$1,105,901 | \$869,803 | 27.1% |
| Total Other (e.g. tax) | \$22,308 | \$24,253 | -8.0% |
| Avg Total Cost per Claim (Gross Cost/ARx) | \$153.17 | \$147.16 | 4.1% |
| Avg Total Cost for Generic (Generic Gross Cost/Generic ARx) | \$19.35 | \$19.64 | -1.5% |
| Avg Total Cost for Brand (Brand Gross Cost/Brand ARx) | \$963.65 | \$895.71 | 7.6% |
| Avg Total Cost for MSB (MSB Gross Cost/MSB ARx) | \$440.33 | \$467.98 | -5.9% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

By EVERNORTH
Confidential Information

| Member Cost Summary | FY 2025 | FY 2024 | Change |
|---|---------------------|---------------------|--------------|
| Total Member Cost Share | \$6,021,861 | \$4,627,141 | 30.1% |
| Generic Cost Share | \$1,558,409 | \$1,182,096 | 31.8% |
| Brand Cost Share | \$4,463,452 | \$3,445,046 | 29.6% |
| MSB Cost Share | \$27,358 | \$40,361 | -32.2% |
| Total Copay | \$6,021,861 | \$4,627,141 | 30.1% |
| Total Deductible | \$0 | \$0 | NA |
| Avg Copay per Claim (Member Cost Share/ARx) | \$22.77 | \$22.49 | 1.3% |
| Avg Copay for Generic (Generic Member Cost Share/Generic ARx) | \$6.87 | \$6.72 | 2.1% |
| Avg Copay for Brand (Brand Member Cost Share/Brand ARx) | \$119.11 | \$115.01 | 3.6% |
| Avg Copay for MSB (MSB Member Cost Share/MSB ARx) | \$35.35 | \$36.36 | -2.8% |
| Copay % of Total Prescription Cost (Member Cost Share %) | 14.9% | 15.3% | -0.4 |
| Plan Cost Summary | FY 2025 | FY 2024 | Change |
| Total Plan Cost (Plan Cost) | \$34,482,219 | \$25,656,416 | 34.4% |
| Generic Plan Cost | \$2,834,006 | \$2,271,328 | 24.8% |
| Brand Plan Cost | \$31,648,213 | \$23,385,088 | 35.3% |
| MSB Plan Cost | \$313,457 | \$479,100 | -34.6% |
| Total Non-Specialty Cost (Non-Specialty Plan Cost) | \$19,164,412 | \$13,473,941 | 42.2% |
| Total Specialty Drug Cost (Specialty Plan Cost) | \$15,317,807 | \$12,182,474 | 25.7% |
| Avg Plan Cost per Claim (Plan Cost/ARx) | \$130.40 | \$124.68 | 4.6% |
| Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx) | \$12.49 | \$12.92 | -3.3% |
| Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx) | \$844.54 | \$780.70 | 8.2% |
| Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx) | \$404.98 | \$431.62 | -6.2% |
| Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx) | \$73.40 | \$66.30 | 10.7% |
| Avg Specialty Plan Cost per Claim (Plan Cost/ARx) | \$4,573.85 | \$4,775.57 | -4.2% |
| Plan Cost PMPM | \$164.88 | \$151.22 | 9.0% |
| Non-Specialty Plan Cost PMPM | \$91.64 | \$79.41 | 15.4% |
| Specialty Plan Cost PMPM | \$73.24 | \$71.80 | 2.0% |
| Specialty % of Plan Cost | 44.4% | 47.5% | -3.1 |
| Net Plan Cost PMPM (factoring Rebates) | \$103.05 | \$94.01 | 9.6% |
| Non-Specialty Plan Cost PMPM | \$53.52 | \$46.52 | 15.1% |
| Specialty Plan Cost PMPM | \$49.53 | \$47.50 | 4.3% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q3 FY25

| Membership Summary | Total | EPO | CDHP | PPO |
|-----------------------------------|--------|-------|--------|--------|
| Member Count (Membership) | 51,421 | 5,208 | 22,979 | 23,237 |
| Utilizing Member Count (Patients) | 36,713 | 4,167 | 15,443 | 17,164 |
| Percent Utilizing (Utilization) | 71.4% | 80.0% | 67.2% | 73.9% |

| Claim Summary | Total | EPO | CDHP | PPO |
|--|--------------|--------------|--------------|--------------|
| Net Claims (Total Rx's) | 605,591 | 90,683 | 250,469 | 264,439 |
| Claims per Elig Member per Month (Claims PMPM) | 1.31 | 1.93 | 1.21 | 1.26 |
| Total Claims for Generic (Generic Rx) | 524,784 | 78,006 | 219,813 | 226,965 |
| Total Claims for Brand (Brand Rx) | 80,807 | 12,677 | 30,656 | 37,474 |
| Total Claims for Multisource Brand Claims (MSB Rx) | 1,503 | 323 | 406 | 774 |
| Total Non-Specialty Claims | 597,819 | 89,347 | 247,382 | 261,090 |
| Total Specialty Claims | 7,772 | 1,336 | 3,087 | 3,349 |
| Generic % of Total Claims (GFR) | 86.7% | 86.0% | 87.8% | 85.8% |
| Generic Effective Rate (GCR) | 99.7% | 99.6% | 99.8% | 99.7% |
| Mail Order Claims | 158,237 | 25,562 | 63,722 | 68,953 |
| Mail Penetration Rate* | 29.7% | 31.2% | 28.9% | 29.9% |

| Claims Cost Summary | Total | EPO | CDHP | PPO |
|--|---------------------|---------------------|---------------------|---------------------|
| Total Prescription Cost (Total Gross Cost) | \$90,165,995 | \$15,462,693 | \$34,199,222 | \$40,504,080 |
| Total Generic Gross Cost | \$9,242,318 | \$1,376,304 | \$3,473,600 | \$4,392,414 |
| Total Brand Gross Cost | \$80,923,677 | \$14,086,389 | \$30,725,623 | \$36,111,666 |
| Total MSB Gross Cost | \$932,239 | \$336,015 | \$255,410 | \$340,814 |
| Total Ingredient Cost | \$87,543,881 | \$15,064,434 | \$33,103,575 | \$39,375,871 |
| Total Dispensing Fee | \$1,469,817 | \$390,847 | \$1,078,970 | \$1,105,901 |
| Total Other (e.g. tax) | \$46,397 | \$7,412 | \$16,677 | \$22,308 |
| Avg Total Cost per Claim (Gross Cost/Rx) | \$148.89 | \$170.51 | \$136.54 | \$153.17 |
| Avg Total Cost for Generic (Generic Gross Cost/Generic Rx) | \$17.61 | \$17.64 | \$15.80 | \$19.35 |
| Avg Total Cost for Brand (Brand Gross Cost/Brand Rx) | \$1,001.44 | \$1,111.18 | \$1,002.27 | \$963.65 |
| Avg Total Cost for MSB (MSB Gross Cost/MSB Rx) | \$620.25 | \$1,040.29 | \$629.09 | \$440.33 |

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q3 FY25

Express Scripts

By EVERNORTH
Confidential Information

| Member Cost Summary | Total | EPO | CDHP | PPO |
|---|---------------------|--------------------|--------------------|--------------------|
| Total Member Cost Share | \$16,167,121 | \$2,345,509 | \$7,799,751 | \$6,021,861 |
| Generic Cost Share | \$3,650,909 | \$532,249 | \$1,560,251 | \$1,558,409 |
| Brand Cost Share | \$12,516,212 | \$1,813,260 | \$6,239,500 | \$4,463,452 |
| MSB Cost Share | \$171,339 | \$22,430 | \$121,552 | \$27,358 |
| Total Copay | \$14,517,657 | \$2,342,366 | \$6,153,430 | \$6,021,861 |
| Total Deductible | \$1,649,464 | \$3,143 | \$1,646,321 | \$0 |
| Avg Copay per Claim (Member Cost Share/Rx) | \$26.70 | \$25.86 | \$31.14 | \$22.77 |
| Avg Copay for Generic (Generic Member Cost Share/Generic Rx) | \$6.96 | \$6.82 | \$7.10 | \$6.87 |
| Avg Copay for Brand (Brand Member Cost Share/Brand Rx) | \$154.89 | \$143.04 | \$203.53 | \$119.11 |
| Avg Copay for MSB (MSB Member Cost Share/MSB Rx) | \$114.00 | \$69.44 | \$299.39 | \$35.35 |
| Copay % of Total Prescription Cost (Member Cost Share %) | 17.9% | 15.2% | 22.8% | 14.9% |

| Plan Cost Summary | Total | EPO | CDHP | PPO |
|--|---------------------|---------------------|---------------------|---------------------|
| Total Plan Cost (Plan Cost) | \$73,998,874 | \$13,117,184 | \$26,399,471 | \$34,482,219 |
| Generic Plan Cost | \$5,591,408 | \$844,055 | \$1,913,348 | \$2,834,006 |
| Brand Plan Cost | \$68,407,466 | \$12,273,130 | \$24,486,123 | \$31,648,213 |
| MSB Plan Cost | \$760,900 | \$313,585 | \$133,858 | \$313,457 |
| Total Non-Specialty Cost (Non-Specialty Plan Cost) | \$36,626,669 | \$6,512,778 | \$10,949,479 | \$19,164,412 |
| Total Specialty Drug Cost (Specialty Plan Cost) | \$37,372,205 | \$6,604,406 | \$15,449,992 | \$15,317,807 |
| Avg Plan Cost per Claim (Plan Cost/Rx) | \$122.19 | \$144.65 | \$105.40 | \$130.40 |
| Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx) | \$10.65 | \$10.82 | \$8.70 | \$12.49 |
| Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx) | \$846.55 | \$968.14 | \$798.74 | \$844.54 |
| Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx) | \$506.25 | \$970.85 | \$329.70 | \$404.98 |
| Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx) | \$61.27 | \$72.89 | \$44.26 | \$73.40 |
| Avg Specialty Plan Cost per Claim (Plan Cost/Rx) | \$4,808.57 | \$4,943.42 | \$5,004.86 | \$4,573.85 |
| Plan Cost PMPM | \$159.90 | \$279.85 | \$127.65 | \$164.88 |
| Non-Specialty Plan Cost PMPM | \$79.14 | \$138.95 | \$52.94 | \$91.64 |
| Specialty Plan Cost PMPM | \$80.75 | \$140.90 | \$74.71 | \$73.24 |
| Specialty % of Plan Cost | 50.5% | 50.3% | 58.5% | 44.4% |
| Net Plan Cost PMPM (factoring Rebates) | \$98.75 | \$172.96 | \$77.58 | \$103.05 |
| Non-Specialty Net Plan Cost PMPM | \$43.99 | \$77.03 | \$26.85 | \$53.52 |
| Specialty Net Plan Cost PMPM | \$54.76 | \$95.93 | \$50.73 | \$49.53 |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q3 FY25

| State of Nevada PEBP | | | | |
|--------------------------------|---------------|---------------|---------------|---------------|
| FY2025 Q3 | | | | |
| Description | Grand Total | EPO | CDHP | PPO |
| Avg Members per Month | 51,421 | 5,208 | 22,979 | 23,237 |
| Pct Members Utilizing Benefit | 71.4% | 80.0% | 67.2% | 73.9% |
| Total Plan Cost | \$ 73,998,874 | \$ 13,117,184 | \$ 26,399,471 | \$ 34,482,219 |
| Total Days | 15,842,962 | 2,434,417 | 6,558,528 | 6,850,017 |
| Total Adjusted Rxs | 605,591 | 90,683 | 250,469 | 264,439 |
| Plan Cost PMPM | \$ 159.90 | \$ 279.85 | \$ 127.65 | \$ 164.88 |
| Plan Cost Net PMPM | \$ 98.75 | \$ 172.96 | \$ 77.58 | \$ 103.05 |
| Plan Cost/Day | \$ 4.67 | \$ 5.39 | \$ 4.03 | \$ 5.03 |
| Plan Cost per Adjusted Rx | \$ 122.19 | \$ 144.65 | \$ 105.40 | \$ 130.40 |
| Nbr Rxs PMPM | 1.31 | 1.93 | 1.21 | 1.26 |
| Generic Fill Rate | 86.7% | 86.0% | 87.8% | 85.8% |
| Home Delivery Utilization | 29.7% | 31.2% | 28.9% | 29.9% |
| Member Cost % | 17.9% | 15.2% | 22.8% | 14.9% |
| Specialty Percent of Plan Cost | 50.5% | 50.3% | 58.5% | 44.4% |
| Specialty Plan Cost PMPM | \$ 80.75 | \$ 140.90 | \$ 74.71 | \$ 73.24 |
| Formulary Compliance Rate | 99.6% | 99.4% | 99.8% | 99.4% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q3 FY25

| State of Nevada PEBP | | | | | |
|--------------------------------|---------------|---------------|----------------|-------------------|--------------------|
| FY2025 Q3 - Grand Total | | | | | |
| Description | Grand Total | State Actives | State Retirees | Non-State Actives | Non-State Retirees |
| Avg Members per Month | 51,421 | 45,466 | 5,515 | 11 | 431 |
| Pct Members Utilizing Benefit | 71.4% | 69.9% | 85.5% | 81.8% | 93.7% |
| Total Plan Cost | \$ 73,998,874 | \$ 58,378,779 | \$ 14,436,839 | \$ 41,549 | \$ 1,141,708 |
| Total Days | 15,842,962 | 12,154,996 | 3,248,757 | 5,276 | 433,933 |
| Total Adjusted Rxs | 605,591 | 470,974 | 118,702 | 196 | 15,719 |
| Plan Cost PMPM | \$ 159.90 | \$ 142.67 | \$ 290.86 | \$ 419.68 | \$ 294.33 |
| Plan Cost Net PMPM | \$ 98.75 | \$ 87.90 | \$ 183.55 | \$ 269.49 | \$ 153.85 |
| Plan Cost/Day | \$ 4.67 | \$ 4.80 | \$ 4.44 | \$ 7.88 | \$ 2.63 |
| Plan Cost per Adjusted Rx | \$ 122.19 | \$ 123.95 | \$ 121.62 | \$ 211.98 | \$ 72.63 |
| Nbr Rxs PMPM | 1.31 | 1.15 | 2.39 | 1.98 | 4.05 |
| Generic Fill Rate | 86.7% | 86.4% | 87.4% | 83.7% | 88.0% |
| Home Delivery Utilization | 29.7% | 27.5% | 36.7% | 86.1% | 36.2% |
| Member Cost % | 17.9% | 17.9% | 18.1% | 22.1% | 18.9% |
| Specialty Percent of Plan Cost | 50.5% | 49.7% | 55.8% | 54.7% | 26.9% |
| Specialty Plan Cost PMPM | \$ 80.75 | \$ 70.85 | \$ 162.22 | \$ 229.70 | \$ 79.28 |
| Formulary Compliance Rate | 99.6% | 99.5% | 99.7% | 100.0% | 99.6% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ Q3 FY25

| State of Nevada PEBP | | | | | |
|--------------------------------|---------------|---------------|----------------|-------------------|--------------------|
| FY2025 Q3 - EPO | | | | | |
| Description | EPO | State Actives | State Retirees | Non-State Actives | Non-State Retirees |
| Avg Members per Month | 5,208 | 4,475 | 670 | 2 | 61 |
| Pct Members Utilizing Benefit | 80.0% | 78.9% | 90.7% | 50.0% | 85.2% |
| Total Plan Cost | \$ 13,117,184 | \$ 9,632,965 | \$ 3,365,020 | \$ 13,594 | \$ 105,605 |
| Total Days | 2,434,417 | 1,860,720 | 524,618 | 2,235 | 46,844 |
| Total Adjusted Rxs | 90,683 | 69,857 | 19,068 | 78 | 1,680 |
| Plan Cost PMPM | \$ 279.85 | \$ 239.18 | \$ 558.05 | \$ 755.23 | \$ 192.36 |
| Plan Cost Net PMPM | \$ 172.96 | \$ 141.74 | \$ 385.85 | \$ 263.44 | \$ 121.69 |
| Plan Cost/Day | \$ 5.39 | \$ 5.18 | \$ 6.41 | \$ 6.08 | \$ 2.25 |
| Plan Cost per Adjusted Rx | \$ 144.65 | \$ 137.90 | \$ 176.47 | \$ 174.28 | \$ 62.86 |
| Nbr Rxs PMPM | 1.93 | 1.73 | 3.16 | 4.33 | 4.05 |
| Generic Fill Rate | 86.0% | 86.0% | 85.8% | 73.1% | 90.6% |
| Home Delivery Utilization | 31.2% | 30.0% | 34.2% | 99.9% | 38.5% |
| Member Cost % | 15.2% | 15.3% | 14.9% | 5.5% | 11.5% |
| Specialty Percent of Plan Cost | 50.3% | 48.3% | 57.3% | 0.0% | 18.1% |
| Specialty Plan Cost PMPM | \$ 140.90 | \$ 115.60 | \$ 319.99 | \$ - | \$ 34.87 |
| Formulary Compliance Rate | 99.4% | 99.4% | 99.5% | 100.0% | 99.2% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q3 FY25

| State of Nevada PEBP | | | | | |
|--------------------------------|---------------|---------------|----------------|-------------------|--------------------|
| FY2025 Q3 - CDHP | | | | | |
| Description | CDHP | State Actives | State Retirees | Non-State Actives | Non-State Retirees |
| Avg Members per Month | 22,979 | 19,343 | 3,296 | 13 | 334 |
| Pct Members Utilizing Benefit | 67.2% | 64.5% | 82.8% | 30.8% | 93.7% |
| Total Plan Cost | \$ 26,399,471 | \$ 18,210,661 | \$ 7,354,850 | \$ 55 | \$ 833,905 |
| Total Days | 6,558,528 | 4,403,098 | 1,810,863 | 255 | 344,312 |
| Total Adjusted Rxs | 250,469 | 171,905 | 66,062 | 12 | 12,490 |
| Plan Cost PMPM | \$ 127.65 | \$ 104.61 | \$ 247.94 | \$ 1.06 | \$ 277.41 |
| Plan Cost Net PMPM | \$ 77.58 | \$ 62.53 | \$ 159.92 | \$ 1.06 | \$ 137.84 |
| Plan Cost/Day | \$ 4.03 | \$ 4.14 | \$ 4.06 | \$ 0.22 | \$ 2.42 |
| Plan Cost per Adjusted Rx | \$ 105.40 | \$ 105.93 | \$ 111.33 | \$ - | \$ 66.77 |
| Nbr Rxs PMPM | 1.21 | 0.99 | 2.23 | 0.10 | 4.16 |
| Generic Fill Rate | 87.8% | 87.4% | 88.7% | 100.0% | 87.5% |
| Home Delivery Utilization | 28.9% | 25.3% | 36.3% | 0.0% | 36.1% |
| Member Cost % | 22.8% | 23.7% | 20.7% | 84.5% | 21.9% |
| Specialty Percent of Plan Cost | 58.5% | 57.7% | 64.0% | 0.0% | 27.9% |
| Specialty Plan Cost PMPM | \$ 74.71 | \$ 60.35 | \$ 158.80 | \$ - | \$ 77.35 |
| Formulary Compliance Rate | 99.8% | 99.8% | 99.8% | 100.0% | 99.7% |

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q3 FY25

| State of Nevada PEBP | | | | | |
|--------------------------------|---------------|---------------|----------------|-------------------|--------------------|
| FY2025 Q2 - PPO | | | | | |
| Description | PPO | State Actives | State Retirees | Non-State Actives | Non-State Retirees |
| Avg Members per Month | 23,237 | 21,648 | 1,549 | 4 | 37 |
| Pct Members Utilizing Benefit | 73.9% | 73.1% | 89.1% | 100.0% | 105.4% |
| Total Plan Cost | \$ 34,482,219 | \$ 30,535,153 | \$ 3,716,969 | \$ 27,899 | \$ 202,198 |
| Total Days | 6,850,017 | 5,891,178 | 913,276 | 2,786 | 42,777 |
| Total Adjusted Rxs | 264,439 | 229,212 | 33,572 | 106 | 1,549 |
| Plan Cost PMPM | \$ 164.88 | \$ 156.73 | \$ 266.62 | \$ 871.85 | \$ 607.20 |
| Plan Cost Net PMPM | \$ 103.05 | \$ 99.43 | \$ 146.35 | \$ 683.82 | \$ 347.16 |
| Plan Cost/Day | \$ 5.03 | \$ 5.18 | \$ 4.07 | \$ 10.01 | \$ 4.73 |
| Plan Cost per Adjusted Rx | \$ 130.40 | \$ 133.22 | \$ 110.72 | \$ 263.20 | \$ 130.53 |
| Nbr Rxs PMPM | 1.26 | 1.18 | 2.41 | 2.94 | 4.65 |
| Generic Fill Rate | 85.8% | 85.8% | 85.9% | 89.6% | 89.2% |
| Home Delivery Utilization | 29.9% | 28.4% | 39.0% | 83.0% | 34.9% |
| Member Cost % | 14.9% | 14.8% | 15.6% | 27.8% | 8.2% |
| Specialty Percent of Plan Cost | 44.4% | 45.3% | 38.0% | 81.5% | 27.6% |
| Specialty Plan Cost PMPM | \$ 73.24 | \$ 70.97 | \$ 101.25 | \$ 710.64 | \$ 167.80 |
| Formulary Compliance Rate | 99.4% | 99.4% | 99.5% | 100.0% | 99.9% |

6.3.7

6. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.3 Receipt of quarterly vendor reports for the period ending March 31, 2025:

- 6.3.1 Q3 UMR – Obesity Care Management
- 6.3.2 Q3 UMR – Diabetes Care Management
- 6.3.3 Q3 Sierra Healthcare Options – Utilization and Large Case Management
- 6.3.4 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 6.3.5 Q3 Express Scripts – Summary Report
- 6.3.6 Q3 Express Scripts – Utilization Report
- 6.3.7 Q3 UnitedHealthcare – Basic Life Insurance**

370074 State of Nevada Public Employees' Benefits Program

Life Performance Guarantees 2025 Q3 – 01/01/2025 – 03/31/2025)

| 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 decision. | 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 | ASA 24 Seconds
Service lever 85.40% | Yes |
| | Abandonment Rate | Less than 5% of calls will be abandoned | Call Center Statistics | .3% of quarterly Basic Life Insurance Premium | 1.18% | Yes |
| | | | | | | |
| | | | | | | |

6.4

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

**6.4 Approval of PEBP's revised Language
Access Plan**



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

3427 Goni Road, Suite 109
Carson City, Nevada 89706

NVHA.NV.GOV
PEBP.NV.GOV



Stacie Weeks
Director



Nik Proper
Interim Executive Officer

Language Access Plan

Section 1: Purpose and Authority

Nevada Revised Statutes (NRS) 232.0081 requires the Nevada Public Employees' Benefits Program (PEBP) have a Language Access Plan (LAP) to ensure that members with Limited English Proficiency (LEP) have access to oral and written communication in their preferred language at a literacy level and format they can understand, and the degree to which PEBP meets those needs.

Section 2: Definitions

- A. **Language Access Coordinator:** PEBP staff that have been delegated the responsibility of developing, implementing, and carrying out the requirements of the LAP.
- B. **Language Access Plan (LAP):** The document that outlines how PEBP shall provide services to LEP.
- C. **Language Services:** Oral language services and translation services.
- D. **Oral Language Services:** Services to convey verbal information to persons with limited English proficiency. The term:
 - a. Includes, without limitation, staff interpreters, dual-role interpreters, other multilingual employees, telephone interpreter programs, audiovisual interpretation services and non-governmental interpreters.
 - b. Does not include family members, friends and other acquaintances of persons with limited English proficiency who have no formal training in interpreting.
- E. **Person with Limited English Proficiency (LEP):** A person who reads, writes or speaks a language other than English and who cannot readily understand or communicate in the English language in written or spoken form, as applicable, based on the manner in which information is being communicated.
- F. **Translation Services:** Services used to provide written information to persons with limited English proficiency. The term does not include translation tools that are accessed using the Internet.

Section 3: General Policy

PEBP recognizes its obligation to provide to members with LEP meaningful and timely access to its services, including its online member portal, communication with PEBP staff and member-facing vendors, new hire education, plan documents, and notices.

PEBP currently provides a notice of non-discrimination that includes information about how to access PEBP's services in numerous languages, including Spanish, Tagalog, Chinese, Korean, Vietnamese, Amharic, Thai, Japanese, Arabic, Russian, French, Persian, Samoan, and German: <https://pebp.nv.gov/Plans/mandatory-notices/>. Upon request for translation, including for captions or sign language, PEBP contacts a contracted vendor identified on the Department of Administration's Purchasing Division Statewide Contracts for Translation and Interpretation services to fulfill such requests. There have been no such requests in the last ten years.

Language Access Coordination

Quality Control Unit
3427 Goni Road, Suite 109
Carson City, NV 89706
775-684-7000

Language Access Coordinator

Quality Control Officer
3427 Goni Road, Suite 109
Carson City, NV 89706
775-684-7000

Procedures

The Member Services Unit (MSU) shall accept requests for language services in the following manner.

1. Provide the member the Non-Discrimination Notice containing information in numerous languages besides English and determine the members' preferred language.
2. Note the member's preferred language in the member's account.
3. Notify the Quality Control (QC) Unit so that appropriate interpretation and/or translation services may be arranged.
4. All requests shall be logged as a quality control case.
5. The size of the document shall dictate the course of action. Small documents (5 pages or less) shall be translated in-house through current staff resources or Microsoft Translator. Staff shall obtain the services of a State Purchasing vendor for documents 6 pages or more through the current purchase order processes.
6. QC shall inform the member that the request has been received and provide an estimate time for completion.
7. QC shall notify the Office of New Americans (ONA) of all requests for language access services and provide any requested information.

Complaint Process

PEBP allows members to submit several types of requests online that are routed directly to QC such as member services issues, complaints, and appeals. A reason code has been added to all request types: “Language Translation Request”. QC shall follow the same procedures as outlined on page 2.

Section 4: Profile of PEBPs Members & Others

PEBP is a Nevada state entity established pursuant to NRS 287 that administers a health insurance program offering medical, prescription drug, dental, and basic life insurance benefits to eligible members. Eligible members primarily include officers, employees, and retirees of the State of Nevada and other certain non-state local governmental agencies and the dependents of such individuals. Because PEBP members are generally state and local government employees, members are typically English proficient.

In addition to PEBP members, there are “others” that PEBP directly works with. PEBP contracts with vendors, oversees a Board, works with advocates, and interacts with participating public agency staff. As with members, these “others” are typically English proficient.

Collection of Member Demographic Information

PEBP does not collect information related to the race/ethnicity, preferred or primary language, language proficiency, literacy, or refugee status of its members. If PEBP were to seek such information about its members, it would request pertinent and available demographic information from the Division of Human Resources Management and other agency partners, such as the Nevada System of Higher Education. If PEBP were to begin collecting such information directly from its members, it would require revision of numerous forms and system enhancements through the appropriate vendor to populate, store, and report such data.

Section 5: Language Access Services

Vital Documents

PEBP has identified vital documents required for members to use its services and those required by state and federal law. Those documents are:

1. Enrollment and Eligibility Master Plan Document
2. Consumer Driven Health Plan Master Plan Document
3. Low-Deductible Plan Master Plan Document
4. Exclusive Provider Organization Plan Master Plan Document
5. Dental and Basic Life Insurance Master Plan Document
6. Health Reimbursement Arrangement Summary Plan Description
7. Flexible Spending Accounts Master Plan Document
8. Carrum Health: Centers of Excellence Wrap Plan Document

9. Health and Welfare Wrap Plan Document
10. Section 125: Health and Welfare Benefits Plan Document
11. Notices to members
12. Forms for members to participate in PEBP

These vital documents are revised annually.

Bilingual Staff

While PEBP does have some bilingual staff, none qualify as certified translators.

Staff Training Policies and Procedures

PEBP ensures that its staff are familiar with its language access plan. Internally, the LAP is located with all PEBP policies which must be reviewed upon hire or revision.

Community Outreach and Engagement

In addition to the language access resources set forth in its non-discrimination notice, as described above, PEBP has notified agency representatives, who deal directly with PEBP members, of its language access services. The following are ongoing:

1. The PEBP Board meets every other month.
2. PEBP staff sends quarterly newsletters to members.
3. PEBP staff education resources for agency representatives.

Oral Language Services

The preferred method to serve LEP members is by having multilingual staff who can communicate with members orally. In the absence of these staff resources, staff are authorized to:

1. Utilize translation applications, such as Microsoft Translator, to triage the initial interaction and proceed to the next step.
2. Seek professional interpretation and translation services from an appropriate vendor, with the assistance of the Quality Control Unit.

Written Language Services

According to PEBP's stated policy on the determination of "vital" documents, the following procedures shall be followed to access qualified written language services. This applies both to written information intended for broad distribution as well as written communication between PEBP and members.

1. Identify the LEP members preferred language by utilizing the non-discrimination notice as a template for assistance.

2. Inform the members that the documents shall be provided in their preferred written language.
3. Utilize online translation applications, such as Microsoft Translator, to triage the initial interaction and proceed to the next step.
4. QC will seek appropriate professional interpretation and translation services from an appropriate vendor, on an expedited basis, if necessary.
5. Once any translation is completed, PEBP staff will call the PEBP member and arrange delivery of the document by mail or email.

Section 6: Evaluation and Quality Assurance

The responsibility for monitoring and evaluating the language access plan lies with the Quality Control Unit and is subject to approval by the PEBP Board.

PEBP's Quality Control Unit shall track all access requests from members and vendors. In the past ten years, there have been no requests for translation services; therefore, PEBP does not currently analyze performance measures based on translation services.

The qualifications of those providing oral language or written translation services are documented in the Department of Administration's Purchasing Division Statewide Contracts for Translation and Interpretation. Any dissatisfaction with such services shall be relayed to the Purchasing Division.

This language access plan shall be reviewed every two years or sooner when deemed necessary.

Section 7: Budgetary Implications

Combined, these documents contain more than 335,000 words (refer to Vital Documents on pages 3-4). The estimated costs to translate these documents, by language, utilizing the State's contracted translations vendors is noted below. Two contracts were used for this Plan.

| Vendor Number | Spanish | Chinese (Mandarin & Cantonese), Arabic, Russian, Farsi, Vietnamese, Swahili, Somali, Korean, French, Portuguese, German, Italian | Bosnian-Serbo Croatian, Bulgarian, Czech, Danish, Dutch, Finnish, Flemish, Greek, Hungarian, Norwegian, Polish, Romanian, Slovak, Slovenian, Swedish, Turkish, Ukrainian | All other languages (includes Tagalog) |
|-------------------|-------------|--|--|--|
| 99SWC- NV22-11680 | \$0.15/word | \$0.18/ word | \$0.25 / word | \$0.28 / word |

| | | | | |
|-----------------------|-------------|---------------|---------------|---------------|
| Cost | \$50,250 | \$60,300 | \$83,750 | \$93,800 |
| 99SWE- NV22-
11960 | \$0.14/word | \$0.17 / word | \$0.18 / word | \$0.19 / word |
| Cost | \$46,900 | \$56,950 | \$60,300 | \$63,650 |

The top three languages spoken in Nevada after English are Spanish, Tagalog, and Chinese¹. To translate some or all the vital documents into those languages would cost PEBP up to **\$288,100 per year** (using the highest estimate). Expedited translations are noted to have significantly higher costs per word.

As no members have requested translation of the vital documents in the past ten years, it appears that members with limited English proficiency constitute less than 5% of PEBP's eligible population. Accordingly, these documents have not been preemptively translated. In the event PEBP requires translation of these documents, the cost would be included in PEBPs annual budget.

For PEBP to track members who are indigenous, a refugee, or with LEP, the enrollment and eligibility system will require a system enhancement. According to the vendor, this would cost approximately **\$35,000** (\$15,000 for the identification of LEP and \$20,000 for the identification of indigenous or refugee).

Additionally, PEBP may request an enhancement to the enrollment and eligibility system to display the online member portal in other languages. The vendor indicates that translation to Spanish only will cost approximately **\$300,000**.

Date: July 2025

Next Review: July 2027

¹ <https://www.guinncenter.org/articles/the-2020-census-in-nevada-snapshot-7>

6.5

6. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

6.5 Receipt of 2025 Legislative Session Recap

| Bill | Short Description | Effective Date | Implementation Plan |
|-------------------------------|---|----------------|--|
| <u>AB 52</u> | In making various changes to processing of health insurance claims, bill amended <u>NRS 287.04335</u> to remove requirement that PEBP comply with <u>NRS 689B.255</u> and <u>NRS 695G.230</u> | 1/1/26 | Proposed amendments to MPDs presented for Board approval prior to 1/1/26 |
| <u>AB 93</u> | Expands definition of “police officer” and thus those to whom survivor benefits pursuant to <u>NRS 287.0477</u> are available | 7/1/26 | No changes to PEBP’s documents/processes are necessary to comply with expanded definition |
| <u>AB 176</u> | Revises provisions relating to contraception/family planning | 1/1/26 | PEBP already complies with provisions; no changes to documents/processes are necessary |
| <u>AB 202</u> | Requires appeals process/external review for dental-only plans | 10/1/25 | Does not require changes to PEBP’s procedures |
| <u>AB 360</u> | Revises provisions regarding testing pregnant women for syphilis | 1/1/26 | PEBP already provides coverage for syphilis screening for pregnant members; no changes to PEBP’s documents/ processes are necessary to comply with this additional method of testing |
| <u>AB 428</u> | Provides for coverage for preservation of fertility for insureds diagnoses with breast or ovarian cancer | 7/1/27 | Proposed amendments to MPDs presented for Board approval prior to 7/1/27 |
| <u>AB 448</u> | Provides restrictions governing providers of vision insurance | 1/1/26 | PEBP does not engage in practices prohibited by bill, and thus no changes are required |
| <u>SB 189</u> | Provides for regulation of the practice of genetic counseling | 1/1/26 | Proposed amendments to MPDs presented to Board for approval prior to 1/1/26 |
| <u>SB 246</u> | Revises provisions relating to gynecologic/obstetric services | 1/1/26 | All PEBP plans already consistent with provisions; no changes are necessary |

| | | | |
|-------------------------------|--|---------|--|
| <u>SB 257</u> | Expanded coverage for treatment of autism | 7/1/26 | Proposed amendments to MPDs presented to Board for approval prior to 7/1/26 |
| <u>SB268</u> | Related to coverage of services provided by dental hygienists | 10/1/25 | No changes to Plan required |
| <u>SB 344</u> | Provides for coverage of noninvasive prenatal screening | 7/1/26 | Proposed amendments to MPDs presented to Board for approval prior to 7/1/26 |
| <u>SB 494</u> | Created the Nevada Health Authority (NVHA) and placed PEBP within it | 7/1/25 | PEBP is already part of new NVHA and is working with NVHA leadership to transition and incorporate changes |

7.

7. Executive Officer Report. (Nik Proper, Interim Executive Officer) (Information/Discussion)



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

3427 Goni Road, Suite 109
Carson City, Nevada 89706

NVHA.NV.GOV
PEBP.NV.GOV



Stacie Weeks
Director



Nik Proper
Interim Executive Officer

AGENDA ITEM

☐

Action Item

☒

Information Only

Date: July 31, 2025

Item Number: 7

Title: Interim Executive Officer Report

SUMMARY

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

REPORT

NEVADA HEALTH AUTHORITY (NVHA) TRANSITION

PEBP is working closely with NVHA leadership for this transition. This included transitioning from using Agency HR services to Nevada Health Authority HR, along with creating new e-mail domains, and new agency numbers. Townhall meetings for both PEBP staff, and for all agency staff, were conducted in late June and early July with leadership explaining the new organization structure and intent. On July 23rd and 24th, there was a Nevada Health Authority leadership summit conducted.

CORE.NV

PEBP along with our vendors have been working closely with OPM staff in developing the payroll file interfaces for the October go-live. The files have been created, and we are in the testing phase currently.

8.

8. Discussion and possible action on recommended Plan Design and Master Plan Document changes for Plan Year 26 (July 1, 2025 – June 30, 2026) and Plan Year 27 (July 1, 2026 – June 30, 2027). (Leslie Bittleston, Quality Control Officer) (**For Possible Action**)



NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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 Carson City, Nevada 89706

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Stacie Weeks
 Director



Nik Proper
 Interim Executive Officer

Joe Lombardo
 Governor

AGENDA ITEM

☒ Action Item

☐ Information Only

Date: July 31, 2025

Item Number: 8

Title: Plan Year 2026 and 2027 Changes for Approval

Plan Design Changes: The following are changes to plan design; for board approval.

I. The following changes will be effective July 1, 2025.

Clarification: Behavioral interventions and eating disorders.

| # | Change Type | Proposed Change | Justification | Document/s |
|---|------------------------|--|-------------------------|--|
| 1 | Nutritional Counseling | Remove visit limits for Nutritional Counseling for cardiovascular disease prevention and clarify "behavioral interventions". | UMR Staff Clarification | Master Plan Documents for the EPO, CDHP, and the LDPPO |

~~Healthy Diet and Physical Activity Counseling for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions~~

~~Healthy Diet/Physical Activity Counseling and Obesity Screening/Counseling for adults aged 18 years and older are covered under the Wellness/Preventive Care Benefit when the Participant or covered dependent is referred by a primary care practitioner; for those who are obese; and have additional cardiovascular disease (CVD) risk factors. This wellness/preventive benefit is limited to twelve (12) Healthy Diet/Physical Activity Counseling or Obesity Screening/Counseling sessions according to recommendations from the USPSTF. Additional visits are subject to a specialist visit copay, deductible, or coinsurance where applicable.~~

Behavioral Interventions

Participants and covered dependents who have a body mass index of 30 or higher, cardiovascular disease (CVD) risk factors, or prediabetes may be referred for behavioral interventions by their primary care physician, consistent with recommendations of the US Preventive Services Task Force (USPSTF).

| # | Change Type | Proposed Change | Justification | Document/s |
|---|------------------|----------------------------------|-------------------------|--|
| <p><i>Such behavioral interventions are covered under the Wellness/Preventive Care Benefit provided by an in-network provider.</i></p> <p>This change is completed.</p> | | | | |
| 2 | Eating Disorders | Under Behavioral Health Services | UMR Staff Clarification | Master Plan Documents for the EPO, CDHP, and the LDPPO |
| <p>A behavioral health condition/illness is any illness that is defined within the mental disorders section of the current edition of the International Classification of Diseases (ICD) manual or is identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), including <i>an eating disorder or</i> a psychological and/or physiological dependence on or addiction to alcohol or psychiatric drugs or medications regardless of any underlying physical or organic cause.</p> <p>Medically necessary behavioral health services provided by a doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, <i>licensed dietician</i>, or other qualified mental health care professional are covered according to the limits provided in the <i>Schedule of Benefits</i> sections.</p> <p>This change is completed.</p> | | | | |

II. The following changes will be effective January 1, 2026.

Enhancement: Genetic Counseling

| # | Change Type | Proposed Change | Justification | Document/s |
|---|--------------------|-----------------|---------------|--|
| 1 | Genetic Counseling | | SB 189 (2025) | Master Plan Documents for the EPO, CDHP, and the LDPPO |
| <p><i>Genetic counseling provides guidance and information relating to genetic disorders. Genetic counseling must be provided by a licensed health care provider who specializes in genetic counseling.</i></p> | | | | |

III. The following changes will be effective July 1, 2026.

Mandatory Changes: Out-of-pocket maximums and HSA contribution (CDHP).

| # | Change Type | Proposed Change | Justification | Document/s |
|--|--|---|----------------------------|-----------------------------------|
| 1 | CDHP Deductible and out of pocket maximums | Raise the CDHP deductible and out of pocket maximums based on Calendar Year 2026 IRS rates. | Mandatory IRS Requirements | Master Plan Document for the CDHP |
| <ul style="list-style-type: none"> • \$1,700 deductible for individual (\$50 increase) - In Network • \$3,400 deductible for family (\$100 increase) – In Network <p><i>No changes to out-of-pocket maximums for in-network. No changes to out of network.</i></p> | | | | |

| # | Change Type | Proposed Change | Justification | Document/s |
|--|------------------------|--|----------------------------|-----------------------------------|
| 2 | HSA Contribution Limit | Raise the HSA Contribution limit. Based on the 2026 HSA and EBHRA Contribution limits. | Mandatory IRS Requirements | Master Plan Document for the CDHP |
| <ul style="list-style-type: none"> • \$4,400 maximum contribution for individual (\$100 increase) • \$8,750 maximum contribution for those with a family (\$200 increase) <p>Those aged 55 + may make an additional \$1,000 contribution</p> | | | | |

Enhancements: Speech therapy, wigs for alopecia, and treatment of Autism.

| # | Change Type | Proposed Change | Justification | Document/s |
|--|---------------------|--|---------------------------|--|
| 1 | Speech Therapy | Remove visit limits for Nutritional Counseling for cardiovascular disease prevention and clarify “behavioral interventions”. | Alignment with the ACA | Master Plan Documents for the EPO, CDHP, and the LDPPO |
| <ol style="list-style-type: none"> 1. Raise the age from 19 to 26. 2. Include stuttering and stammering. | | | | |
| 2 | Wigs | Include alopecia | PEBP Staff Recommendation | Master Plan Documents for the EPO, CDHP, and the LDPPO |
| Patients undergoing chemotherapy, or who have been diagnosed with alopecia , may be eligible for 1 wig, any type, synthetic or not, per Plan Year, up to \$350 (excluding sales tax). | | | | |
| 3 | Treatment of Autism | Revise the definition of “autism spectrum disorder”. | SB 257 (2025) | Master Plan Documents for the EPO, CDHP, and the LDPPO |
| <p>Autism spectrum disorder is categorized as a developmental disability and is generally diagnosed prior to age 3. This development disorder may impair social interaction/development and communication or include restrictive and repetitive patterns of behavior. Any diagnosis of an autism spectrum disorder by a provider acting within the scope of their practice or rendered in accordance with the standard set forth in NRS 427A.827 is sufficient to for the purposes of treatment.</p> <p>Treatment is individualized. Treatments include, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing assessment • Medication • Behavioral Therapy (Social skills training, applied behavioral analysis, and early intervention) • Speech & Language Therapy • Physical Therapy • Diet <p>These treatments shall be available until age 22.</p> | | | | |

Clarification: Behavioral health visits & provider qualifications for the OCDM Program.

| # | Change Type | Proposed Change | Justification | Document/s |
|--|--------------------------|---|--|--|
| 1 | Behavioral Health Visits | Clarify visits equal therapy sessions for copay purposes. | UMR 3 rd Quarter Audit Observation | Master Plan Documents for the EPO and the LDPPO. |
| <p>~~Mental health office visit \$30 Copay per Visit~~</p> <p><i>Mental health therapy session \$30 Copay per session or therapy type</i></p> <p><i>More than one mental health therapy session/ therapy type may be scheduled in a single day; treated as separate sessions/ therapy types for copay and billing even if the provider is the same.</i></p> | | | | |
| 2 | Provider qualification | Obesity Care Disease Management (OCDM) Program | PEBP Recommendation to obtain additional providers | Master Plan Documents for the EPO and the LDPPO. |
| <ul style="list-style-type: none"> • An In-Network <i>health care professional who has received specialized training and certification in the diagnosis, treatment, and management of obesity.</i> ~~provider who specializes in weight loss services;~~ • ~~An In-Network provider who is certified by the American Board of Bariatric Medicine (ABBM);~~ • ~~An In-Network provider who is in training to become certified by the American Board of Bariatric Medicine (ABBM); or~~ • ~~If no provider as described above is available within 50 miles of a participant's residence, then any In-Network provider.~~ <p><i>Providers may include physicians, nurses, nurse practitioners, physician assistants, registered dietitians, and other types of health care professionals. Certifications are excepted from the American Board of Obesity Medicine or other equivalent organizations specializing in obesity management (diagnosis, treatment, and management of obesity).</i></p> | | | | |

Recommendation from PEBP Staff:

- Approve PEBP Staff's proposed changes, as presented.
- Allow for technical adjustment as necessary.

9.

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of January 1, 2025 – March 31, 2025. (Joni Amato, Claim Technologies Incorporated)
(For Possible Action)

Comprehensive Claim Administration Audit

QUARTERLY FINDINGS REPORT

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

**Audit Period: January 1, 2025 – March 31, 2025
Audit Number 1.FY25.Q3**

Presented to

State of Nevada Public Employees' Benefits Program

July 31, 2025



**CLAIM TECHNOLOGIES
INCORPORATED**

Proprietary and Confidential

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EXECUTIVE SUMMARY

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

Scope

CTI performed an audit for the period of January 1, 2025 through March 31, 2025 (quarter 3 (Q3) for Fiscal Year (FY) 2025). The population of claims and amount paid during the audit period reported by UMR:

| Medical and Dental | |
|---|--------------|
| Total Paid Amount | \$71,830,199 |
| Total Number of Claims Paid/Denied/Adjusted | 237,647 |

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

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

Auditor's Opinion

Based on these findings, and in our opinion:

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

Random Sample Audit Performance Guarantee Summary

Based on CTI's Random Sample Audit results, UMR did not meet all the claims processing measurements for PEBP in Q3 FY2025 and a penalty is owed. Reported administrative fees for the quarter totaled \$1,396,366.68.

| Quarterly Metric | Guarantee | Met/Not Met | Penalty | Calculated Penalty |
|-----------------------|----------------|-----------------|---------|--------------------|
| Financial Accuracy | 99.4% | Met – 99.56% | NA | \$0.00 |
| Overall Accuracy | 98.0% | Met – 99.0% | NA | \$0.00 |
| Claim Turnaround Time | 92% in 14 Days | Met – 93.1% | NA | \$0.00 |
| | 99% in 30 Days | Not Met – 97.5% | 1% | \$13,963.67 |
| Total Penalty | | | 2.5% | \$13,963.67 |

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

| Measure | Guarantee | FY 2024 | FY 2025 | | |
|-----------------------|----------------|-----------|-----------|-----------|-----------|
| | | Quarter 4 | Quarter 1 | Quarter 2 | Quarter 3 |
| Financial Accuracy | 99.4% | 96.41% | 98.68% | 99.99% | 99.56% |
| Overall Accuracy | 98.0% | 97.5% | 98.0% | 99.0% | 99.0% |
| Claim Turnaround Time | 92% in 14 Days | 93.3% | 94.2% | 95.6% | 93.1% |
| | 99% in 30 Days | 99.5% | 99.0% | 99.3% | 97.5% |

AUDIT OBJECTIVES

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

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

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

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

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

QUARTERLY PERFORMANCE GUARANTEE VALIDATION

As part of CTI's quarterly audit of PEBP, we reviewed the Performance Guarantees included in its contract with UMR. The results for Q3 FY2025 follow.

| | Metric | Service Objective | Actual | Met/ Not Met |
|--|--|--|--------|--------------|
| CLAIMS ADMINISTRATION – SERVICES AND PERFORMANCE GUARANTEES | | | | |
| 1.4 | Claim Adjustment Processing Time: measured from the time a prior claim submission requiring an adjustment is identified through the date the claim adjustment is processed by service facility personnel. | 95.00%
7 Calendar/
5 Business Days | 97.3% | Met |
| 1.5 | Telephone Service Factor: Defined as the percentage of the Client telephone inquiries answered by facility Customer Service Representatives (CSRs) within 30 seconds. Measured from the time the caller completes the prompts of the automated telephone system to the time the caller reaches a CSR. | 85.00%
Calls answered
within 30
seconds | 90.8% | Met |
| 1.6 | Call Abandonment Rate: total number of participant and provider calls abandoned, divided by the total number of calls received by the facility's customer service telephone system. | 3.00% | 0.8% | Met |
| 1.7 | First Call Resolution Rate: the percentage of telephone inquiries completely resolved within a 'window period' of time. A call is considered 'resolved' when the same participant or a family member under the same subscriber ID has not contacted the administrator's customer service facility again regarding the same issue within 60 calendar days of the initial call. | 95.00% | 98.0% | Met |
| 1.8 | Open Inquiry Closure: addresses the time taken in hours and/or days by CSRs at the administrator's service facility to close open inquiries placed by participants of PEBP to the facility. | 90.00%
48 Hours | 99.3% | Met |
| | | 98.00%
5 Business Days | 99.8% | Met |
| 1.9 | CSR Audit, or Quality Scores: determined by the process used to evaluate the effectiveness and accuracy of participant telephone call handling at the administrator's customer service facility. | 97.00% | 98.4% | Met |
| 1.10 | CSR Callback Performance: measured from the CSR commitment data in hours and/or days to the time the actual callback was placed to the participant. | 90.00%
Within 24 Hours | 100% | Met |
| 1.11 | Participant Email Response Performance: measured from the time an email is received by the administrator's response team to the time in hours or days to the time the actual email response is sent to the participant. | 90.00%
Within 8 Hours | 100% | Met |
| | | 95.00%
Within 24 Hours | 100% | Met |
| 1.13 | Account Management – Plan will guarantee that the services provided by the TPA's team during the guarantee period will be satisfactory to PEBP. Areas of satisfaction will include: | | | |
| | Knowledge/Capabilities – Account representative demonstrates competence in getting issues and problems resolved. | Agree | 5 | Met |
| | Responsiveness – All calls returned within at most 24 hours; along with an alternate person identified who can assist with service issues when account representative is unavailable. | | | |
| | Ability to meet deadlines – Supplying all requested materials accurately and in a timely manner, along with all necessary documentation (i.e., enrollment kits, rate confirmations, plan performance work plans, group contracts, ZIP code file, etc.). | | | |
| | Professionalism – Demonstrates objectivity and empathy with customer problems. | | | |
| | Flexibility – Ability to meet client-specific needs. | | | |

| Metric | | Service Objective | Actual | Met/ Not Met |
|---|---|---------------------------|-----------------------|--------------|
| | Participation in periodic meetings – Attendance at all required client meetings or conference calls. | | | |
| | Guarantee measured with staff responses to internal questionnaire. A scale from 1 to 5 will be used to measure performance, where 1 means 'very dissatisfied' and 5 means 'very satisfied'; and 2 through 4 are defined, respectively. | | | |
| | Periodic program reports will be provided and presented with recommended actions. Standard program reports, within 30 days to quarter-end. Year-end activity report, within 45 days of program year end. | | | |
| | Open Enrollment Support: Accurate materials will be provided at least 60 days prior to the open enrollment period starting on April 1 each year. Representative will be available, if requested, for up to 5 employee benefit fairs. | | | |
| | Service Objective (out of a score of 5 on internal questionnaire): | 350 | | |
| 1.14 | Eligibility Processing: Confirm daily and weekly eligibility and enrollment within specified business days of the receipt of the eligibility information, given that information is complete and accurate. | 98.00%
2 Business Days | 100% | Met |
| 1.15 | Data Reporting: Offeror will provide PEBP with 100% of the applicable reports (within 10 business days for standard reports and within 10 business days of Plan year-end for Annual Reports and Regulatory documents). | 100%
10 Business Days | 100% | Met |
| 1.17 | ID Card Production and Distribution | 100%
10 Business Days | 100% | Met |
| 1.18 | Disclosure of Subcontractors: Offeror will provide the identity of the subcontractors who have access to PEBP member PHI. Provide identity of subcontractors who have access to PHI within 30 calendar days of the subcontractors' gaining access. | 100%
30 Calendar Days | No new subcontractors | Met |
| 1.19 | PHI: Offeror will store PEBP member PHI data on designated servers. Must remove PEBP member PHI within 3 business days after offeror knows or should have known using commercially reasonable efforts that such PHI is not store on a designated server. | 100%
30 Business Days | No changes | Met |
| NETWORK ADMINISTRATION – SERVICES AND PERFORMANCE GUARANTEES | | | | |
| 2.1 | EDI Claims Re-Pricing Turnaround Time: At least 97% of medical claims covered under the PEBP Medical PPO Network must be electronically re-priced within business 3 days and 99% within business 5 days. | 97.00%
3 Business Days | 99.5% | Met |
| | | 99.00%
5 Business Days | 99.5% | Met |
| 2.2 | EDI Claims Re-Pricing Accuracy: At least 97% of claims re-priced by the PPO Network must be accurate and must not cause a claim adjustment by PEBP's TPA. | 97.00% | 97.01% | Met |
| 2.3 | Data Reporting – Standard Reports (Quarterly reporting to include Service Performance Standards, Guarantee, Method of Measurement, Actual Performance Results, and Pass/Fail indicator.) Standard reports must be delivered within business 10 days of end of reporting period or event as determined by PEBP. | 100%
10 Business Days | 100% | Met |
| 2.4 | Subcontractor Disclosure: 100% of all subcontractors used by vendor are disclosed prior to any work done on behalf of PEBP. Business Associate Agreements completed by all subcontractors. | 100% | No new subcontractors | Met |
| 2.5 | Provider Directory: Best efforts to resolve 100% of complaints within 10 business days. Provider Directory issue resolution log maintained by Vendor and periodically reviewed with PEBP. | 100%
10 Business Days | No complaints filed | Met |
| 2.6 | Website: A website hosting a reasonably accurate and updated Provider directory must be available and accessible on all major browsers 99% of time. | 99.00% | 99.94% | Met |

| Metric | | Service Objective | Actual | Met/ Not Met |
|---|---|--------------------------|------------|--------------|
| UTILIZATION MANAGEMENT/CASE MANAGEMENT – SERVICES AND PERFORMANCE GUARANTEES | | | | |
| 3.1 | Data Reporting – Standard Reports (Quarterly reporting to include Service Performance Standards, Guarantee, Method of Measurement, Actual Performance Results, and Pass/Fail indicator.) Standard reports must be delivered within calendar 10 days of end of reporting period or event as determined by PEBP. | 100%
10 Calendar Days | 100% | Met |
| 3.2 | Notification of potential high expense cases. High expense case is defined as a single claim or treatment plan expected to exceed \$100,000.00. Designated PEBP staff will be notified within 5 business days of the UM/CM vendors initial notification of the requested Service. | 100%
5 Business Days | 100% | Met |
| 3.12 | Disclosure of Subcontractors: All subcontractors who have access to PHI or PII data and physical locations where PEBP PHI or PII data is maintained and/or stored must be identified in this contract. Any changes to those subcontractors or physical locations where PEBP data is stored must be communicated to PEBP at least 60 days prior to implementation of services by the subcontractor. Implementation will not be in effect until PEBP has provided written authorization. | 100%
60 Calendar Days | 100% | Met |
| 3.13 | Unauthorized Transfer of PEBP Data: All PEBP PHI or PII data will be stored, processed, and maintained solely on currently designated servers and storage devices identified in this contract. Any changes to those designated systems during the life of this agreement shall be reported to PEBP at least 60 calendar days prior to the changes being implemented. Implementation will not be in effect until PEBP has provided written authorization. | 100%
60 Calendar Days | No changes | Met |

100% ELECTRONIC SCREENING WITH TARGETED SAMPLE ANALYSIS

Objective

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

Scope

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

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

Methodology

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

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

- **Audit of Administrator Response and Documentation** – We reviewed the responses and redacted the responses to eliminate personal health information. Based on the responses and further analysis of the findings, we removed false positives identified from the potential amounts at risk.

Findings

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

Categories for Process Improvement

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

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

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

| ESAS Findings Detail Report | | | | |
|------------------------------|-----------------------|--|---|--|
| QID | (Under)/
Over Paid | UMR Response | CTI Conclusion | Manual
or System |
| Duplicate Payments | | | | |
| 45 | \$193.05 | Agree. | Procedural deficiency and overpayment remain. UMR paid a duplicate charge. | ☒ M ☐ S |
| Timely Filing | | | | |
| 8 | \$378.50 | Agree. The claim was processed past timely filing in error. | Procedural deficiency and overpayment remain. The claim was filed after the timely filing period. | ☒ M ☐ S |
| Plan Exclusions | | | | |
| Experimental/Investigational | | | | |
| 39 | \$376.95 | Agree. There is no authorization on file. | Procedural deficiencies and overpayments remain. Experimental services require prior authorization to be eligible for coverage. | ☒ M ☐ S |
| 40 | \$3,306.43 | | | ☒ M ☐ S |
| Dental Paid Under Medical | | | | |
| 35 | \$132.00 | Agree. D6999 is an unlisted dental code, and our dental policy reflects it is not covered and should be denied for supporting documentation and/or additional information. | Procedural deficiency and overpayment remain. This prosthodontic dental procedure should have been paid under the dental plan. No supporting documentation was provided to indicate this claim was the result of accident and covered under the accidental dental charge provision of the plan. The diagnoses on the claim were not accidental dental diagnoses (R68.89 other general symptoms and signs, K08.9 disorder of teeth and supporting structures). | ☒ M ☐ S |

| ESAS Findings Detail Report | | | | |
|--|-----------------------|---|--|--|
| QID | (Under)/
Over Paid | UMR Response | CTI Conclusion | Manual
or System |
| Marriage Counseling | | | | |
| 42 | \$132.95 | Agree. This claim was allowed in error and should have been denied per the plan benefits. | Procedural deficiency and overpayment remain. Marriage counseling is excluded by the plan. | ☒ M ☐ S |
| Incorrect Preferred Provider Discount Applied | | | | |
| 21 | \$16,180.31 | Agree. The claim was processed without pricing in error. | Procedural deficiency and overpayment remain. The provider discount of \$16,289.21 was not applied to the claim. | ☒ M ☐ S |
| 24 | \$297.62 | Agree. The allowable amounts are determined based on the terms outlined in the provider's UHC contract. Claim paid at billed charges in error. | Procedural deficiency and overpayment remain. The provider discount of \$372.02 was not applied to the claim in error. | ☒ M ☐ S |
| 27 | 1,097.01 | Agree. The claim was processed using incorrect pricing due to a processing error. | Procedural deficiency and overpayment remain. The provider discount of \$1,097.01 was not applied to the claim in error. | ☒ M ☐ S |
| Copay Application | | | | |
| Office Visit – Speech Therapy | | | | |
| 9 | \$50.00 | Agree. The \$50.00 copayment for speech therapy should have applied to this claim. This claim was adjusted on 6/10/25 and results in a \$50.00 overpayment. | Procedural deficiency and overpayment remain. The claim was for speech therapy, CPT code 92507; the diagnosis code was F84.0 (autism). Documentation showing the claim was for ABA (applied behavioral analysis) therapy was not provided. | ☒ M ☐ S |

Additional Observations

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

| QID | Observation |
|-----|--|
| 16 | The Low Deductible MPD states copayments are per visit. This sample was for a second mental health visit on the same day as another visit. The sampled claim did not take the \$30.00 copayment because it was applied on the first claim. PEBP plans to consider updating the MPD to further clarify if multiple copayments should be applied when multiple mental health visits for separate services are billed by the provider for a single date of service. |

RANDOM SAMPLE AUDIT

Objectives

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

Scope

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

- Financial Accuracy
- Claims Payment Accuracy
- Overall Accuracy

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

Methodology

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

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

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

Financial Accuracy

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

The total paid in the 200-claim audit sample was \$1,861,131.00. The claims sampled and reviewed revealed \$0 in underpayments and \$170.76 in overpayments. This reflects a weighted Financial Accuracy rate of 99.56% over the stratified sample. This is a decrease in performance from the prior period. Detail is provided in the following table, Random Sample Findings Detail Report.

UMR met the Performance Guarantee for PEBP in Q3 FY2025 of 99.40% for this measure. No penalty is owed.

Claims Payment Accuracy

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

The audit sample revealed 2 incorrectly paid claim and 198 correctly paid claims. This matches performance from the prior period. Detail is provided in the table below, Random Sample Findings Detail Report.

| Total Claims | Incorrectly Paid Claims | | Frequency |
|--------------|-------------------------|-----------------|-----------|
| | Underpaid Claims | Overpaid Claims | |
| 200 | 0 | 2 | 99.00% |

Overall Accuracy

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

Performance equaled the performance from the prior period. UMR met the Performance Guarantee for PEBP in Q3 FY2025 of 98.0% for this measure and no penalty is owed. Detail is provided in the table below, Random Sample Findings Detail Report.

| Correctly Processed Claims | Incorrectly Processed Claims | | Frequency |
|----------------------------|------------------------------|--------|-----------|
| | System | Manual | |
| 198 | 0 | 2 | 99.00% |

| Random Sample Findings Detail Report | | | | |
|---------------------------------------|-----------------|--|--|--|
| Audit No. | Under/Over Paid | UMR Response | CTI Conclusion | Manual or System |
| PPO Discount | | | | |
| 1069 | \$43.56 | <p>Agree. UMR agrees to an incorrect allowable for processing claim. We agree to an overpayment of \$10.90. The calculation should include multiple surgery reduction.</p> <p>28308 – 378 x 120% = allowable \$453.60, discount is \$265.40, not allowed is \$226.80. Allowed is \$226.80 x 80% = \$181.44. coinsurance is \$45.36 – difference of \$0.07</p> <p>28285 – 333.96 x 120% = allowable \$400.75, discount is \$299.25. Allowed is \$400.75 x 80% = \$320.60. coinsurance is \$80.15 – difference of \$10.83.</p> | <p>Procedural error and underpayment remain. An incorrect provider discount was applied. With the pricing detail provided, CTI determined the claim was underpaid by \$130.68.</p> <p>Allowable (\$453.60 * 50%) + \$400.75 = \$627.55 * .8 = \$502.04 (should have paid) - \$545.60 (paid) = \$43.56 overpayment.</p> | ☒ M ☐ S |
| Paid After Timely Filing Limit | | | | |
| 2030 | \$127.20 | <p>Agree. The claim was processed past timely filing. This claim will be adjusted under the direction of PEBP at the end of the audit.</p> | <p>Procedural error and overpayment remain. The claim was received after the timely filing limitation expired. The MPD states on page 20, <i>claims must be submitted within 12 months from the date of service. No Plan benefits will be paid for any claim submitted after this period.</i> The sample date of service</p> | ☒ M ☐ S |

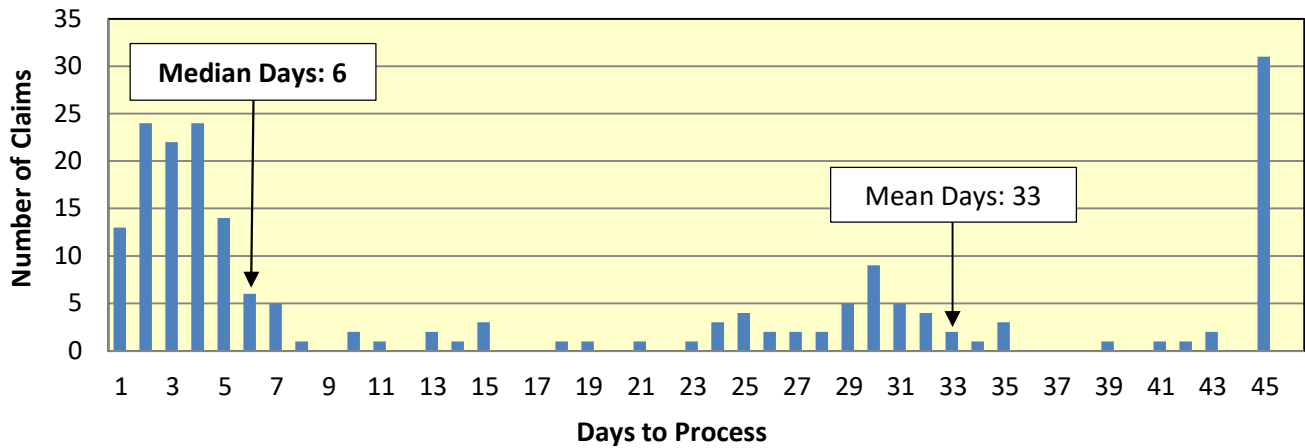
| Random Sample Findings Detail Report | | | | |
|--------------------------------------|-----------------|--------------|---|------------------|
| Audit No. | Under/Over Paid | UMR Response | CTI Conclusion | Manual or System |
| | | | is 12/12/23 and the claim was received on 01/21/25. | |

Claim Turnaround

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

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

Median and Mean Claim Turnaround



UMR did meet the Performance Guarantee for PEBP in Q3 FY2025 of 92% processed within 14 days but did not meet 99% processed within 30 days. This performance did not improve from the prior period. The penalty owed for this Performance Guarantee is 1.0% of the administrative fees of \$1,396,366.68 or \$13,963.67.

Additional Observations

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

| Audit Number | Observation |
|--|---|
| 2001, 2003, 2005, 2010, 2012, 2015, 2019, 2028, 2037, 2042 | Page 14 of the dental MPD states <i>Crown, including crown build up</i> is covered under Major Services payable at 50% instead of Basic Services covered at 80%. After the Q2 FY24 audit, PEBP agreed to use the UMR standard when determining coverage level for a crown build-up (D2950); and D2950 falls under the Basic Services for the UMR standard. This conflicts with the MPD language, PEBP should consider updating the dental MPD for core/crown build ups to align with the plan's intent. |
| 2040 | The sample claim was originally processed with a coinsurance incorrectly. The coinsurance applied for dental procedure code D0120 should have been \$0.00, and it was \$10.80. Prior to the data file being provided to CTI, this claim was adjusted on 3/25/25 to apply the correct benefit. |

CONCLUSION

UMR did not meet the performance metrics for claim turnaround in the third quarter of FY2025. A penalty of \$13,963.67, or 1.0% of the administration fees for the quarter, is owed.

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

APPENDIX – ADMINISTRATOR RESPONSE TO DRAFT REPORT

Your administrator's response to the draft report follows.

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



115 West Wausau Ave
Wausau, WI 54401

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

June 17, 2025

Joni,

Thank you for the opportunity to respond to the recent review of the State of Nevada Public Employees' Benefit Program Q3Y25 audit draft report. The following is our response to the draft report completed by CTI.

ESAS Targeted Sample Analysis

Duplicate Payments

QID 45 – Medical claim 25034706231 is a duplicate to previously processed claim 25025196412. This claim was adjusted on 6-10-2025 and results in a \$193.05 overpayment.

Timely Filing

QID 8 – UMR agrees with this finding. This claim was manually processed past the timely filing limit. This claim was adjusted on 5-11-2025 and results in a \$378.50 overpayment.

Plan Exclusions – Experimental /Investigational

QID 39 – UMR agrees with this finding. Authorization for services is not on file. The Customer First Representative should have denied this claim. This claim was adjusted on 5-6-2025 and results in a \$93.00 overpayment.

QID 40 – UMR agrees with this finding. Authorization for services is not on file. The Customer First Representative should have denied this claim. This claim was adjusted on 5-6-2025 and results in a \$3306.43 overpayment.

Plan Exclusions – Dental paid Under Medical

QID 35 – After further review, UMR agrees with this finding. D6999 is an unlisted dental code, and the dental policy reflects it is not covered and should be denied for supporting documentation and/or additional information. This claim was adjusted on 6-10-2025 and results in a \$132.00 overpayment.

Plan Exclusions – Marriage Counseling

QID 42 – UMR agrees with this finding. Marriage counseling is excluded by the plan and was allowed in error. This claim was adjusted on 6-10-2025 and results in a \$132.95 overpayment.

715-841-7262

www.UMR.com

Julie.Frahm@UMR.com

Incorrect Preferred Provider Discount Applied

QID 21 – UMR agrees with this finding. The provider discount was omitted at the time this claim was processed. This was a CFR processing error. This claim was adjusted on 6-10-2025 and results in a \$16,180.32 overpayment.

QID 24 – UMR agrees with this finding. The provider discount was omitted at the time this claim was processed. This was a CFR processing error. This claim was adjusted on 6-10-2025 and results in a \$297.62 overpayment.

QID 27 – UMR agrees with this finding. An incorrect allowed amount was entered at the time this claim was processed. This was a CFR processing error. This claim was adjusted on 6-10-2025 and results in a \$1097.01 overpayment.

Copay Application –Office Visit – Speech Therapy

QID 9 – After further review, UMR agrees with this finding. The \$50.00 copayment for speech therapy should have applied to this claim. This claim was adjusted on 6-10-2025 and results in a \$50.00 overpayment.

Copay Application – Office Visit - PCP

QID 14 – UMR disagrees with this finding. This is an Obesity Care Management claim and adjudicated per the OCM benefit correctly, applying no cost share.

Copay Application – Office Visit – Behavioral Health

QID 16 – UMR disagrees with this error. This member was seen twice on the same date of service. Per the plan intent, the copay applies once per day. UMR provided support for these two claims showing the copayment did apply to the non-sample claim.

Random Sample Findings**PPO Discount**

Sample 1040 – UMR disagrees with this finding. There was no change in the contracted rate and no additional payment made on 1/30/2025. This claim is processed correctly.

Sample 1046 UMR disagrees with this finding. The initial claim received was adjudicated correctly with the allowed amount of \$16,349.41 due to partial authorization from UM vendor. The claim was reconsidered after the retro authorization was reviewed and approved. The adjustment was completed on 3-21-2025.

Sample 1048 – UMR disagrees with this finding. The initial claim processing is correct allowing the 6 approved days. Date of service 11/8/24 was considered as outpatient and the difference reflects services that were not authorized.

Sample 1069 – UMR agrees with this finding. However, the calculations outlined in the report by UMR include the applicable multiple surgery reductions. The correct underpayment should reflect \$10.83.

Sample 1112 – UMR disagrees with this finding. PEBP does not have access to the UHC Spectra Vision Network. This claim processed correctly.

Paid Ineligible Procedure

Sample 1008 – UMR disagrees with this finding. The EPO Plan does allow maternity services for pregnant participants. This claim was processed correctly per the plan benefits.



Sample 2021 – UMR disagrees with this finding. D9248 with the below logic is allowed per UMRs standard coding. This is a dependent age 6, extraction of a baby tooth with sedation.

D9248 – NON-INTRAVENOUS CONSCIOUS SEDATION

Type of Service Basic
History Required None
COB J

Payment Logic

(A03) Is the patient age 6 or under?

Yes - Allow Guideline Amount for 9248.

Paid After Timely Filing Limit

Sample 2030 – UMR agrees with this finding. This claim was manually processed past the timely filing limit. This claim was adjusted on 6-17-2025 and results in a \$127.20 overpayment versus the \$189.00 noted in the report.

UMR is dedicated to improving the overall experience for the State of Nevada PEBP members and will continue to work diligently on addressing any issues highlighted by this review. Coaching and ongoing training is held with our dedicated processors. We continue to meet with the staff daily to go over quality reports, identifying trending errors, initiating refresher training for skill gaps, and using this data to improve the overall quality of the staff. If you have any questions or concerns regarding our responses, please feel free to contact me at 715-841-7262.

Sincerely,

Julie Frahm
 Sr. UMR External Audit Coordinator



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



**CLAIM TECHNOLOGIES
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10.

10. Discussion and possible action on Pharmacy Benefit Manager Market Check. (Richard Ward, Segal)
(For Possible Action)



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West Region Market Director, Public Sector
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M 619.710.9952
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Suite 1400
Glendale, CA 91203-3338
segalco.com

Memorandum

To: Nik Proper, Interim Executive Officer

From: Richard Ward, FSA, FCA, MAAA

Date: July 22, 2025

Re: State of Nevada PEBP - PBM Market Check for Play Year 2026 - Express Scripts, Inc. - Update

Segal conducted an analysis of the State of Nevada Public Employees' Benefits Program's (PEBP's) Pharmacy Benefit Manager (PBM) pricing contract. PEBP is currently in the fourth year of a four-year contract with their PBM, Express Scripts, Inc. (ESI). PEBP retained Segal to assess the competitiveness of their pricing contract through a PBM market check.

Segal reviewed PEBP's pharmacy claims data and PBM pricing contracts and compared to several other PBM pricing contracts that Segal has negotiated on behalf of other clients. These comparative clients represent other large public sector clients who have renegotiated their contract with their PBM in the past 12 months. We reviewed pricing offers from ESI clients as well as clients with other competitive PBMs.

To preserve the confidentiality of the comparative client pricing contract rates, we have taken the overall average for each pricing component across each comparative client.

After our initial review of PEBP's current pricing contracts, we determined that the pricing set to go into effect for PY2026 is less competitive than what the market can currently offer. We presented our original result to PEBP on December 24, 2024, and communicated to ESI that the market check results were showing that the existing pricing was noncompetitive.

Following review of the subsequent offer from ESI, we presented our analysis of ESI's initial offer on April 25, 2025. At the time, the offer from ESI did not appear to have resulted in improved pricing for PEBP for PY2026. Since then, we have received an updated pricing proposal from ESI for PY2026.

This memo provides an update to the April 25, 2025 letter based on our conversations with PEBP and ESI. This memo also contains a summary of the PEBP current and the most recently proposed pricing terms for PY2026, Segal observations, analysis and recommendations for PEBP to consider.

Summary

The following tables show the estimated costs to PEBP under the current contract terms compared to the average market competitive benchmarks and ESI's proposed PY2026 contract

terms. Segal reviewed PEBP pharmacy claims data from the period May 1, 2024 through April 30, 2025 and projected forward to the next Contract Year of July 1, 2025 through June 30, 2026. Based on our review of the current contracts and the improved pricing offer, we estimate that PEBP could yield pricing improvements as outlined below:

- July 1, 2025 through June 30, 2026 - Estimated pricing improvements of roughly 2.4%, or \$1.5M.

Table 1 below shows the July 1, 2025 through June 30, 2026 estimated costs under the PEBP current contract and those under the proposed contract terms for FY2026. This assumes pricing terms are in force for the entire 2026 Plan Year, and are retroactive to July 1, 2025

Table 1 - July 1, 2025 - June 30, 2026

| | FY2026 Current Contract Terms | FY2026 Proposed Contract Terms | Market Benchmark Average |
|-------------------------------|-------------------------------|--------------------------------|--------------------------|
| Gross Prescription Drug Spend | \$128,172,600 | \$127,900,000 | \$134,031,888 |
| (+) Admin Fees | \$1,632,100 | \$1,632,100 | \$630,328 |
| (-) Member Cost Share | \$21,796,489 | \$21,796,489 | \$21,774,095 |
| (-) Rebates | \$42,896,200 | \$44,161,600 | \$50,850,000 |
| Total Net Cost | \$65,112,011 | \$63,574,011 | \$62,038,121 |
| % Difference from Baseline | | -2.4% | -4.7% |
| \$ Difference from Baseline | | (\$1,538,000) | (\$3,073,890) |

Observations and Next Steps

Table 2 below outlines PEBP's current pricing rates for FY2026, ESI's proposed market check offer and comparable market competitive benchmark contracts. Please note that because PBM pricing contracts are analyzed and underwritten in the aggregate, having individual pricing metrics within the range of the benchmark average does not imply that the entire pricing contract is competitive.

Segal notes that as a part of this market check offer, ESI rebalanced AWP discount guarantees. This rebalancing increased the AWP discount for generic drugs and reduced the AWP discount for brand drugs. Segal has verified that in the aggregate the rebalancing generates an improved aggregate discount to PEBP.

Segal also notes that as part of this market check offer, ESI reduced minimum guarantees on a per brand Rx basis for specialty drugs. In addition, ESI modified its Rebate Credit language to clarify that certain AMP Cap drugs and Humira biosimilars would no longer generate rebate credits during reconciliation as ESI has incorporated changes in list prices into its rebate guarantee offer.

"Drugs impacted by the American Rescue Plan Act in calendar year 2024 and 2025 (known as of the date of the proposal) have been accounted for and will not be part of the Rebate credit. Biosimilars for Humira have been accounted for and will not be part of the Rebate credit."

Our analysis indicates that the increase in non-specialty rebate guarantees and the reduction in specialty drug rebate guarantees results in an overall increase in rebates to PEBP.

Table 1 - July 1, 2025 - June 30, 2026

| PEBP | Current Contract
7/1/2025 - 6/30/2026 | Proposed Contract
7/1/2025 – 6/30/2026 ¹ | Benchmark Range |
|-----------------------------------|--|--|-------------------|
| Retail 30 | | | |
| Brand Discount | 22.65% | 20.00% | 19.15% - 20.10% |
| Generic Discount | 85.75% | 88.70% | 85.40% - 88.10% |
| Dispensing Fee | \$0.35 | \$0.35 | \$0.00 - \$3.00 |
| Retail 90 | | | |
| Brand Discount | 27.72% | 22.50% | 19.40% - 23.85% |
| Generic Discount | 88.30% | 91.50% | 87.65% - 92.20% |
| Dispensing Fee | \$0.00 | \$0.00 | \$0.00 - \$1.98 |
| Mail Order | | | |
| Brand Discount | 21.35% | 21.35% | 19.40% - 26.10% |
| Generic Discount | 95.10% | 95.10% | 87.75% - 93.85% |
| Dispensing Fee | \$18.87 | \$18.87 | \$0.00 – \$0.10 |
| Specialty Retail | | | |
| Brand Discount | 22.65% | 20.00% | 14.90% - 21.30% |
| Generic Discount | 85.75% | 88.70% | 14.90% - 87.45% |
| Dispensing Fee | \$0.35 | \$0.35 | \$0.00 – \$2.62 |
| Specialty Mail Order | | | |
| Brand Discount | 21.60% | 22.00% | 15.40% - 24.10% |
| Generic Discount | 88.00% | 88.00% | 21.10% - 80.10% |
| Dispensing Fee | \$200.00 | \$200.00 | \$0.00 - \$0.10 |
| Rebates (per Brand Script) | | | |
| Retail 30 | \$335.00 | \$380.00 | \$281 - \$480 |
| Retail 90 | \$1,005.00 | \$1,025.00 | \$771 - \$1061 |
| Mail Order | \$1,005.00 | \$1,025.00 | \$684 – \$1,061 |
| Specialty Retail ² | \$3,265.00 | \$2,270.00 | \$2,028 – \$6,874 |
| Specialty Mail Order ² | \$3,265.00 | \$2,270.00 | \$2,028 – \$6,874 |

Based on our review of the improved financial guarantees, we recommend that PEBP approve the renewal pricing amendment with ESI. This amendment would have updated pricing for the July 1, 2025 through June 30, 2026 contract year, with the continued understanding that PEBP can exercise an annual market check review.

Segal can review the draft amendment and pursue further negotiations as needed.

¹ Proposed terms are colored to indicate pricing term improvements (green) and erosion in pricing terms (red) compared to the current contract

² Per 30-day supply

We look forward to discussing these results with you at your convenience. Please feel free to reach out at any time with any questions or concerns you may have.

A handwritten signature in blue ink, appearing to read 'RW', is positioned above the name Richard Ward.

Richard Ward, FSA, FCA, MAAA
Senior Vice President

cc: Michelle Weyland, CFO, PEBP
Shelley Chun, Segal
Amy Cohen, Segal
Tyler Brotz, Segal

11.

- 11. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitation. (Michelle Weyland, Chief Financial Officer) (**For Possible Action**)
 - 11.1 Contract Overview
 - 11.2 New Contracts
 - 11.3 Contract Amendments
 - 11.4 Status of Current Solicitations



NEVADA HEALTH AUTHORITY

PUBLIC EMPLOYEES' BENEFITS PROGRAM

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Carson City, Nevada 89706
NVHA.NV.GOV
PEBP.NV.GOV



Stacie Weeks
Director



Nik Proper
Interim Executive Officer

Joe Lombardo
Governor

AGENDA ITEM

☒ Action Item

☐ Information Only

Date: July 31, 2025
Item: 11
Title: Contract Status Report

Summary

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Status of Current Solicitations

1. Contracts Overview

Below is a listing of the active PEBP contracts as of July 31, 2025

| PEBP Active Contracts Summary | | | | | | | |
|----------------------------------|----------------------------|------------|----------------|------------------|-------------------|----------------------|-------------------|
| Vendor | Service | Contract # | Effective Date | Termination Date | Contract Max | Current Expenditures | Amount Remaining |
| Eide Bailly | Financial Auditor | 27703 | 7/11/2023 | 12/31/2026 | \$ 386,500.00 | \$ 147,500.00 | \$ 239,000.00 |
| Health Plan of Nevada Inc | Southern Nevada HMO | 30493 | 7/1/2025 | 6/30/2030 | \$ 265,400,142.00 | \$ 4,209,895.40 | \$ 261,190,246.60 |
| Diversified Dental Services Inc. | Dental PPO | 23810 | 7/1/2021 | 6/30/2026 | \$ 1,601,613.00 | \$ 1,282,905.93 | \$ 318,707.07 |
| Lifeworks/Telus Health | Benefits Management System | 25935 | 5/10/2022 | 12/31/2026 | \$ 6,145,600.00 | \$ 4,229,217.28 | \$ 1,916,382.72 |
| Express Scripts, Inc. | Pharmacy Benefit Manager | 25582 | 5/10/2022 | 6/30/2026 | \$ 332,109,496.00 | \$ 284,082,898.40 | \$ 48,026,597.60 |
| *Willis Towers Watson (VIA) | *Medicare Exchange | 30613 | 7/1/2025 | 6/30/2030 | \$ 2,023,000.00 | \$ - | \$ 2,023,000.00 |
| HSABank | HSA/HRA Account Manager | 25213 | 7/1/2022 | 6/30/2026 | \$ 764,073.00 | \$ - | \$ 764,073.00 |
| United Healthcare Insurance | Group Basic Life Insurance | 25607 | 7/1/2022 | 6/30/2026 | \$ 21,771,427.00 | \$ 13,952,771.00 | \$ 7,818,656.00 |
| Brown & Brown of Massachusetts | Health Plan Auditor | 24030 | 4/13/2021 | 6/30/2027 | \$ 1,581,662.00 | \$ 765,343.20 | \$ 816,318.80 |
| Segal Company, Inc. | Consulting Services | 25557 | 7/1/2022 | 6/30/2027 | \$ 4,285,410.00 | \$ 2,384,960.00 | \$ 1,900,450.00 |
| Capitol Reporters | Court Reporting | 27029 | 2/1/2023 | 6/30/2025 | \$ 31,932.00 | \$ 16,940.00 | \$ 14,992.00 |
| Carrum Health | Centers of Excellence | 28745 | 2/12/2024 | 6/30/2028 | \$ 4,000,000.00 | \$ 813,540.97 | \$ 3,186,459.03 |
| Carrum Health | Oncology Concierge | 29053 | 5/14/2024 | 6/30/2028 | \$ 1,490,000.00 | \$ 387,472.98 | \$ 1,102,527.02 |
| UMR, Inc. | TPA and Other Services | 25155 | 7/1/2022 | 6/30/2028 | \$ 65,413,106.00 | \$ 9,345,082.04 | \$ 56,068,023.96 |

*As of July 1, 2019 Willis Towers Watson no longer charges PEBP an administrative fee.

Recommendation

No action necessary



NEVADA HEALTH AUTHORITY

PUBLIC EMPLOYEES' BENEFITS PROGRAM

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



Stacie Weeks
Director



Nik Proper
Interim Executive Officer

Joe Lombardo
Governor

2. New Contracts

NONE.

Recommendation

No action necessary

3. Contract Amendment Ratifications

Express Scripts – PY2026 Market Check Letter from Segal; Hinge Health; PY26 authority.

Diversified Dental – Extend current contract for 1 year.

Eide Bailly – Revise fee schedule to move SFY24 audit costs from SFY25 to SFY26.

Recommendation

Approve contract amendments as stated above.

4. Status of Current Solicitations

The chart below provides information on the status of PEBP's in-progress solicitations:

| Service | Anticipated/
Actual RFP
release
date | Anticipated/
Actual NOI | Winning
Vendor | Anticipated
PEBP
Board
Contract
Approval |
|--------------------------------|---|----------------------------|-------------------|--|
| Eligibility &
Enrollment | 01/27/2025 | 05/2025 | 05/2025 | 09/2025 |
| Pharmacy
Benefit
Manager | TBD | TBD | TBD | TBD |
| Dental
Network | 09/2025 | TBD | TBD | TBD |
| Life
Insurance | 09/2025 | TBD | TBD | TBD |
| HSA/HRA | 09/2025 | TBD | TBD | TBD |

12.

12. Election of Board Chair. Eligible candidates are Joy Grimmer, Janell Woodward, Laura Rich, Jim Wells, Jennifer McClendon, Jim Barnes. (Joy Grimmer, Board Chair) **(For Possible Action)**

¹ The Chair was previously appointed by the Governor. Effective July 1, 2025, “the Board shall elect one of its members to serve as the Chair,” while the Governor will designate one member to serve as Vice Chair. SB 494 §68.5, 83d Sess. (Nev. 2025) (amending NRS 287.0415). The statute provides that the Chair is to be elected “[a]t the beginning of each calendar year.” The current election is intended to allow a Board member to act as Chair until an election can be held at the first board meeting in 2026, in compliance with NRS 287.0415(2).

13.

13. Public Comment.

14.

14. Adjournment.