

State of Delaware - Quarterly Financial Reporting

FY25 Q4 Cost Analysis

August 2025



State of Delaware
Health Plan Quarterly Financial Reporting
FY25 Q4 Plan Cost Analysis

Summary plan information

- FY25 YTD compared to FY24 YTD:

Summary (total)	FY25			FY24			% Change		
	Medical	Rx	Total ²	Medical	Rx	Total ²	Medical	Rx	Total ²
Gross claims ¹	\$859.4	\$507.8	\$1,367.2	\$790.8	\$422.3	\$1,213.1	▲ 8.7%	▲ 20.3%	▲ 12.7%
Total program cost (\$M) ²	\$904.1	\$224.0	\$1,132.6	\$827.8	\$214.5	\$1,046.4	▲ 9.2%	▲ 4.4%	▲ 8.2%
Premium contributions (\$M) ³	\$999.0	\$240.7	\$1,239.7	\$801.6	\$193.3	\$994.8	▲ 24.6%	▲ 24.5%	▲ 24.6%
Total cost PEY	\$11,436.0	\$2,844.0	\$14,328.0	\$10,764.0	\$2,760.0	\$13,584.0	▲ 6.2%	▲ 3.0%	▲ 5.5%
Total cost PMPY	\$6,648.0	\$1,656.0	\$8,328.0	\$6,204.0	\$1,596.0	\$7,836.0	▲ 7.2%	▲ 3.8%	▲ 6.3%
Average employees	79,070			76,935			▲ 2.8%		
Average members	135,958			133,435			▲ 1.9%		
Loss ratio	91%			105%					
Net income (\$M)	\$107.1			(\$51.6)					

¹ Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, CVS; includes capitation:

² Total program cost includes gross claims, pharmacy rebate and EGWP payment offsets, ASO fees, and office operational expenses

³ Includes fees for participating non-State groups

- FY25 Actual compared to FY25 Revised Budget (approved by SEBC 8/23/2024):

Summary (total)	FY25 Actual			FY25 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) ¹	\$904.1	\$224.0	\$1,132.6	\$919.2	\$260.5	\$1,183.8	▼ 1.6%	▼ 14.0%	▼ 4.3%
Total cost PEY	\$11,436	\$2,844	\$14,328	\$11,862	\$3,361	\$15,277	▼ 3.6%	▼ 15.4%	▼ 6.2%
Total cost PMPY	\$6,648	\$1,656	\$8,328	\$6,857	\$1,943	\$8,831	▼ 3.0%	▼ 14.8%	▼ 5.7%
Net income (\$M)	\$107.1			\$83.3					

- Summary Plan Information through June 2025

FY25 Q4	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$233.4	\$899.2	\$859.2	\$143.3	\$130.1	\$1,132.6
Budgeted cost (\$M) ¹	\$265.9	\$973.7	\$947.3	\$124.8	\$167.6	\$1,239.7
Loss ratio	88%	92%	91%	115%	78%	91%
PEPY	\$18,612	\$13,512	\$20,268	\$22,560	\$4,320	\$14,328
PMPY	\$8,400	\$8,316	\$9,012	\$13,944	\$4,320	\$8,328
# of enrolled employees	12,536	66,533	42,364	6,348	30,357	79,070

¹ Budgeted cost (premiums) are the product of monthly budget rates and quarterly average tiered contract counts provided by the medical vendors; budget rates are calculated based on pooled experience across all vendors, plans and statuses; loss ratios should therefore be evaluated in aggregate

Plan performance dashboard - key observations for GHIP Active population: June 2023 - June 2024 (compared to July 2022 - June 2023)

- The COVID-19 pandemic has had a significant impact on GHIP utilization and claims. Utilization of medical care continues to return to and/or exceed pre-pandemic levels varying by service category. The Merative plan performance dashboards highlight the following program trends:
- Increases in well care and preventive visits: increase of 4.8% preventive adult visits
- Fluctuation in screening rates, with cervical cancer screenings down over prior and breast cancer, colon cancer and cholesterol screening rates are above the prior period. All reported screening rates at or above benchmark except cervical cancer (-0.8%)
- Prevalence of top chronic conditions fluctuated from prior year, for example, diabetes (+1.8%) and asthma (-6.9%); chronic condition prevalence all significantly above benchmark
- 6.2% decrease in inpatient admits; 3.1% decrease in ER visits
- 0.8% increase in Rx cost across all prescriptions and 15.5% increase in utilization of all prescriptions
- Specialty medications now make up 45.2% of pharmacy spend; reduction in cost for specialty drugs offset by 9.1% increase in days supply

Additional notes

- Claims and expenses are reported on a paid basis
- FY25 rates reflect 27.00% premium increase effective 7/1/2024 for non-Medicare plans and 27.00% for Medicare plans; based on average FY24 enrollment with assumed 1% enrollment growth
- Paid claims and enrollment data based on reports from Aetna, Highmark, CVS; costs include operating expenses
- Expenses are broken down into two categories:
 - ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), Merative data analytics, EAP, and WTW consulting fees
 - Office Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- Rx rebates and EGWP payments are shown based on the period to which offsets are attributable, rather than actual payment received in a given period
- No adjustments made to cost tracking for large claims as the State does not have stop loss insurance
- HRA dollars are assumed to be included in the reported claims
- Participating groups (such as University of DE) are included in the cost tracking, but are assumed to be 100% employee paid; as a result, reported net cost and cost share percentages may be skewed; participating group fees are included in premium contributions

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Total GHIP Results								
Legend								
- Medical/Rx Budget								
■ Fees and Op. Expenses								
■ Rx (incl. Rebates and EGWP)								
■ Medical (incl. capitation)								
	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual	FY25 YTD WTW Budget	Difference vs. Budget	
Total Program Cost	\$293,966,265	\$260,909,150	\$275,585,574	\$302,543,965	\$1,133,004,954	\$1,183,825,000	▼ 4.3%	
- Paid Claims	275,974,407	252,324,528	263,032,236	283,550,268	1,074,881,439	1,132,945,000	▼ 5.1%	
- Medical (includes capitation ¹)	204,826,220	206,185,876	221,623,297	226,787,298	859,422,690	875,775,000	▼ 1.9%	
- Rx (Including Rebates and EGWP)	71,148,187	46,138,652	41,408,940	56,762,970	215,458,749	257,170,000	▼ 16.2%	
- Rx Paid Claims	123,198,322	127,655,013	124,858,343	132,109,655	507,821,333	515,395,000	▼ 1.5%	
- EGWP ²	(9,347,922)	(26,654,283)	(24,968,444)	(18,125,216)	(79,095,864)	(73,792,000)	▲ 7.2%	
- Direct Subsidy	(1,712,699)	(1,437,241)	(9,591,456)	(9,451,939)	(22,193,335)	(24,743,000)	▼ 10.3%	
- CGDP	0	(18,092,372)	(11,014,494)	(949,239)	(30,056,105)	(30,700,000)	▼ 2.1%	
- Catastrophic Reinsurance	(7,635,223)	(7,124,670)	(4,362,493)	(7,724,038)	(26,846,424)	(18,349,000)	▲ 46.3%	
- Rx Rebates ³	(\$42,702,213)	(\$54,862,078)	(\$58,480,959)	(\$57,221,470)	(\$213,266,720)	(184,433,000)	▲ 15.6%	
- ASO Fees	16,944,868	7,698,658	11,665,557	17,368,287	53,677,369	46,710,000	▲ 14.9%	
- Operational Expenses	1,046,989	885,964	887,781	1,625,411	4,446,145	4,170,000	▲ 6.6%	
Medical/Rx Premium Contributions ⁴	\$308,578,118	\$309,684,151	\$311,130,913	\$310,272,898	\$1,239,666,080	\$1,267,137,000	▼ 2.2%	
- Net Income	14,611,853	48,775,002	35,545,339	7,728,932	106,661,126	83,312,000	▲ 27.3%	
- Total Cost as % of Budget	95%	84%	89%	98%	91%	93%	▲ 2%	
Current Year Per Capita								
- Total per employee per year ⁵	14,964	13,188	13,908	15,264	14,328	15,277	▼ 6.2%	
- Total % change over prior	12.1%	1.1%	10.8%	0.0%	5.7%			
- Medical per employee per year	11,136	10,740	11,676	12,168	11,436	11,862	▼ 3.6%	
- Medical % change over prior	8.3%	1.8%	15.7%	0.5%	6.3%			
- Rx per employee per year	3,720	2,388	2,196	3,024	2,844	3,361	▼ 15.4%	
- Rx % change over prior	23.0%	-2.5%	-8.0%	-3.1%	3.6%			
- Medical per member per year	6,468	6,420	6,792	7,080	6,648	6,857	▼ 3.0%	
- Rx per member per year	2,160	1,404	1,272	1,752	1,656	1,943	▼ 14.8%	
- Total per member per year ⁶	8,700	7,884	8,100	8,880	8,328	8,831	▼ 5.7%	
Prior Year Results	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	FY24			
- Total Program Cost	242,886,025	249,972,679	240,508,473	297,528,759	1,030,895,936	-	-	
- Total Program Cost \$ Change	51,080,240	10,936,471	35,077,101	5,015,206	102,109,018	-	-	
- Total per employee per year ⁷	13,344	13,044	12,552	15,264	13,551	-	-	
- Medical per employee per year	10,284	10,548	10,092	12,108	10,758	-	-	
- Rx per employee per year	3,024	2,448	2,388	3,120	2,745	-	-	
EE Contributions ⁶	\$64,977,852	\$64,956,402	\$47,040,494	\$47,004,514	\$223,979,262	-	-	
- Net SoD	228,988,413	195,952,748	228,545,080	255,539,451	909,025,692	-	-	
- SoD Subsidy %	78%	75%	83%	84%	80%	-	-	
Headcount								
- Enrolled Ees	78,590	79,133	79,243	79,313	79,070	77,491	▲ 2.0%	
- Enrolled Members	135,187	132,328	136,170	136,197	135,958	134,048	▲ 1.4%	
- Member/EE Ratio	1.7	1.7	1.7	1.7	1.7	1.7		

¹ Capitation payments apply to HMO plan only

² Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health

³ Reflects estimated rebates attributable to FY25; prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

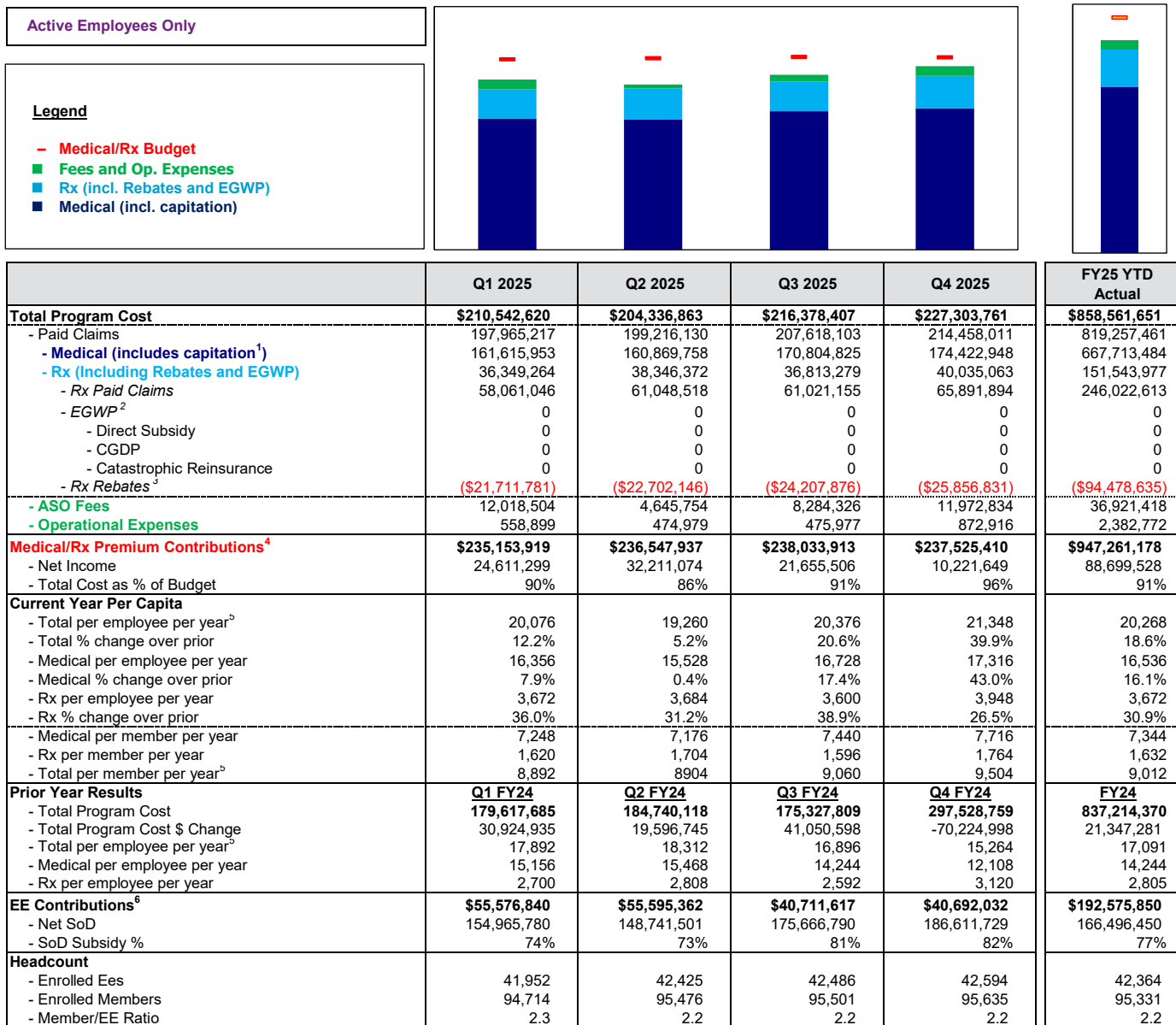
⁴ Premium contributions include fees for participating non-State groups

⁵ Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

⁶ Participating groups are assumed to be 100% EE funded, and Medicare retirees are assumed to be fully subsidized

⁷ WTW Budget based on revised FY25 Budget approved by SEBC 08/23/2024

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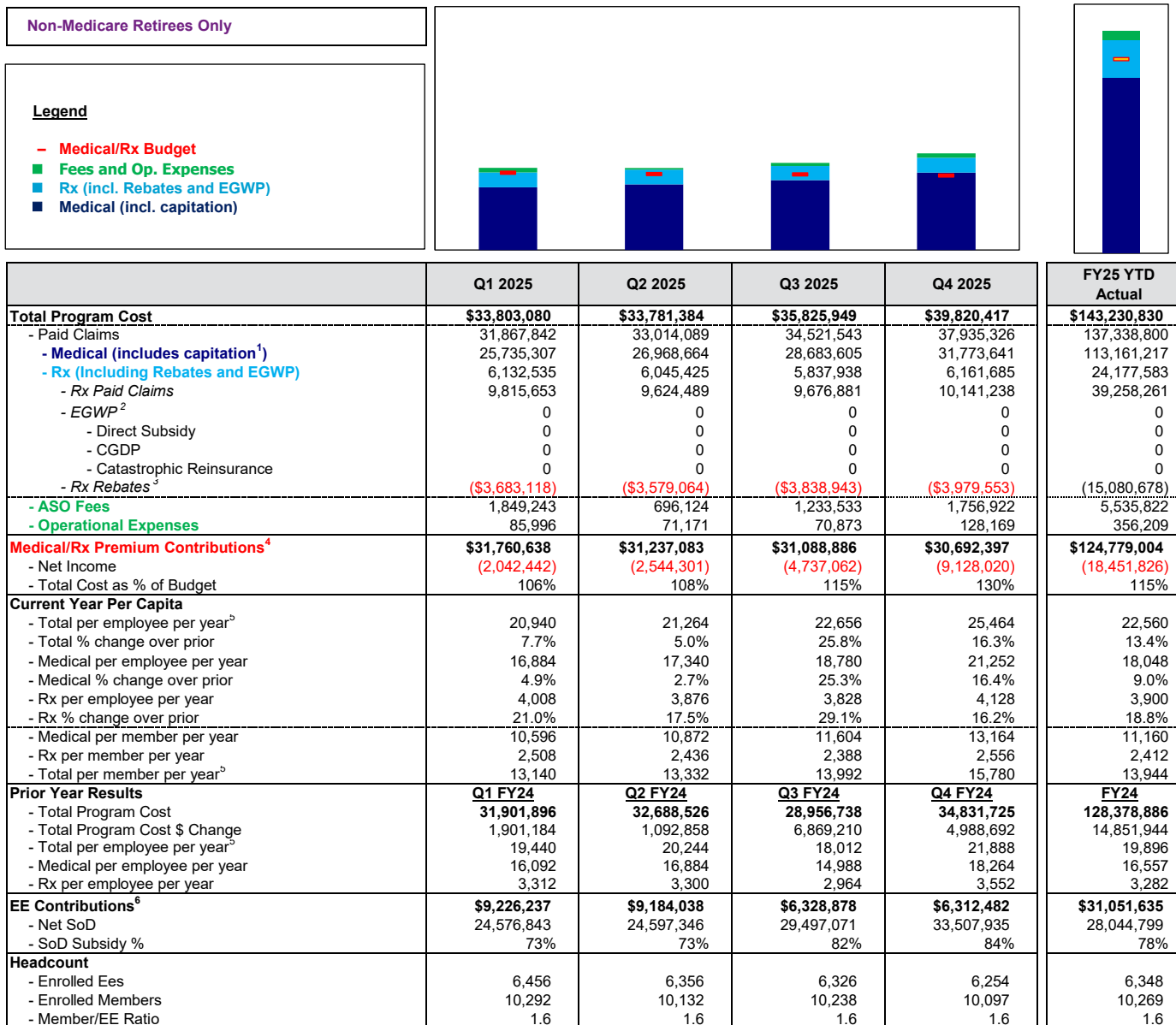
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⁶ Participating groups are assumed to be 100% EE funded due to data reporting limitations

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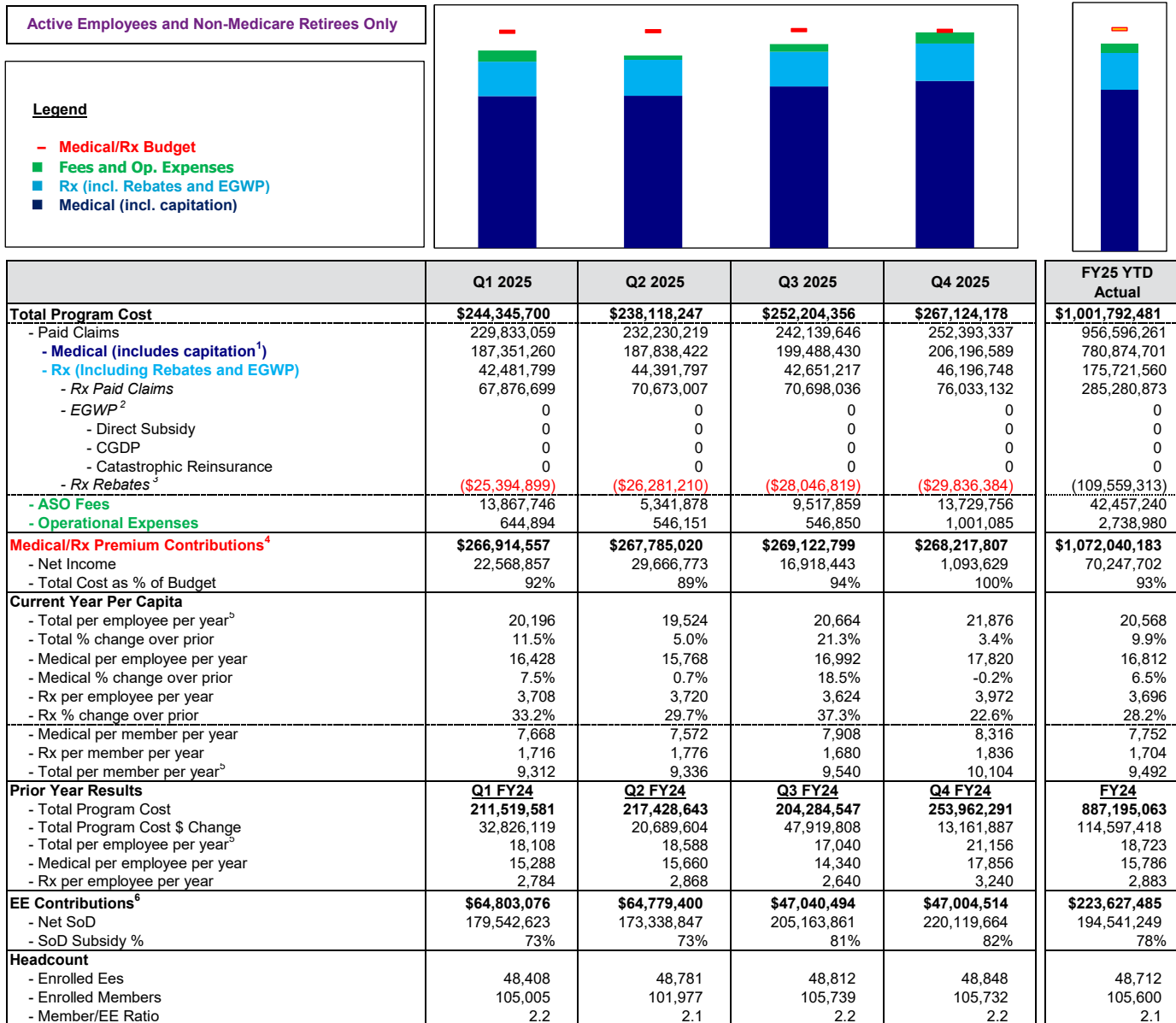
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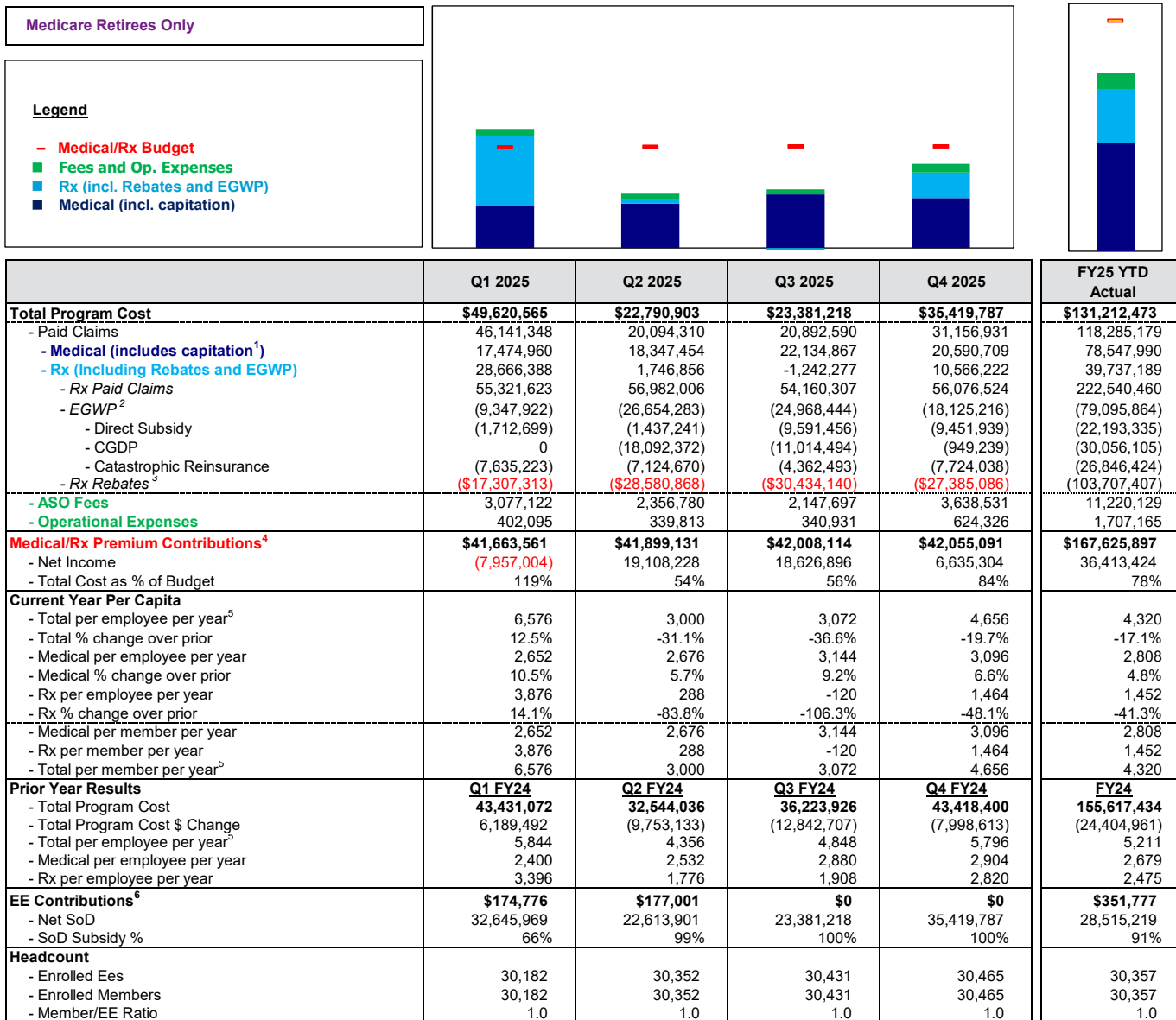
³ Reflects estimated rebates attributable to FY25; prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

⁴ Premium contributions include fees for participating non-State groups

⁵ Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

⁶ Participating groups are assumed to be 100% EE funded due to data reporting limitations

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¹ Capitation payments apply to HMO plan only and do not apply to Medicaid

² Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health

³ Reflects estimated rebates attributable to FY25; prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective January 2022

⁴ Premium contributions include fees for participating non-State groups

⁵ Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

⁶ Participating groups are assumed to be 100% EE funded due to data reporting limitations;

State of Delaware FY2025 Financial Analysis of Health/Rx Plans - Paid Basis Year to Date July 1, 2024 - June 31, 2025												
Vendor	Highmark						Aetna					Total
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
Medical												
Paid Claims	\$46,619,814	\$4,483,163	\$470,725,232	\$77,928,517	\$78,547,990	\$678,304,715	\$95,029,733	\$24,699,896	\$46,859,905	\$4,653,521	\$171,243,056	\$849,547,771
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$8,478,800	\$1,396,119	\$0	\$0	\$9,874,919	\$9,874,919
<u>Administration</u>	<u>\$3,660,857</u>	<u>\$238,358</u>	<u>\$21,084,138</u>	<u>\$3,162,881</u>	<u>\$6,818,872</u>	<u>\$34,965,106</u>	<u>\$5,346,955</u>	<u>\$1,239,418</u>	<u>\$2,871,083</u>	<u>\$300,978</u>	<u>\$9,758,434</u>	<u>\$44,723,540</u>
Total Medical Program Cost	\$50,280,671	\$4,721,522	\$491,809,369	\$81,091,397	\$85,366,862	\$713,269,821	\$108,855,487	\$27,335,434	\$49,730,988	\$4,954,499	\$190,876,408	\$904,146,230
Average Number of Employees	4,706	306	27,102	4,062	30,357	66,533	6,867	1,593	3,689	387	12,536	79,070
Program Cost/Employee/Yr.	\$10,685	\$15,417	\$18,147	\$19,963	\$2,812	\$10,721	\$15,851	\$17,157	\$13,480	\$12,819	\$15,226	\$11,436
Change from prior period (pepy)	10.5%	16.6%	7.1%	16.9%	7.3%	8.2%	3.0%	5.9%	-1.7%	-18.0%	1.1%	6.7%
Average Number of Members	8,573	424	62,427	6,405	30,357	108,186	16,329	2,753	8,002	687	27,771	135,958
Program Cost/Member/Yr.	\$5,865	\$11,140	\$7,878	\$12,661	\$2,812	\$6,593	\$6,666	\$9,929	\$6,215	\$7,208	\$6,873	\$6,648
Change from prior period (pmpy)	9.8%	13.5%	8.3%	16.8%	7.3%	8.8%	3.7%	7.3%	-1.6%	-21.5%	1.5%	7.2%
Express Scripts, Inc.												
Paid Claims	\$14,836,797	\$1,284,900	\$175,837,452	\$27,289,108	\$222,540,460	\$441,788,718	\$38,218,670	\$9,282,078	\$17,129,693	\$1,402,174	\$66,032,616	\$507,821,333
Administration	\$438,785	\$28,652	\$2,532,621	\$380,287	\$4,401,257	\$7,781,602	\$642,265	\$149,079	\$344,714	\$36,168	\$1,172,227	\$8,953,829
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$80,188,463)	(\$80,188,463)	\$0	\$0	\$0	\$0	\$0	(\$80,188,463)
<u>Estimated Rebates¹</u>	<u>(\$4,947,382)</u>	<u>(\$428,455)</u>	<u>(\$67,616,929)</u>	<u>(\$10,491,216)</u>	<u>(\$103,707,407)</u>	<u>(\$187,191,389)</u>	<u>(\$14,707,400)</u>	<u>(\$3,569,147)</u>	<u>(\$6,599,147)</u>	<u>(\$539,512)</u>	<u>(\$25,415,207)</u>	<u>(\$212,606,596)</u>
Total Rx Program Cost	\$10,328,200	\$885,097	\$110,753,144	\$17,178,179	\$43,045,847	\$182,190,468	\$24,153,535	\$5,862,010	\$10,875,260	\$898,830	\$41,789,636	\$223,980,104
Average Number of Employees	4,706	306	27,102	4,062	30,357	66,533	6,867	1,593	3,689	387	12,536	79,070
Program Cost/Employee/Yr.	\$2,196	\$2,892	\$4,092	\$4,224	\$1,416	\$2,736	\$3,516	\$3,684	\$2,952	\$2,328	\$3,336	\$2,832
Change from prior period (pepy)	9.6%	26.8%	32.2%	15.4%	-45.9%	-3.8%	34.4%	31.8%	47.3%	28.5%	36.3%	2.2%
Average Number of Members	8,573	424	62,427	6,405	30,357	108,186	16,329	2,753	8,002	687	27,771	135,958
Program Cost/Member/Yr.	\$1,200	\$2,088	\$1,776	\$2,688	\$1,416	\$1,680	\$1,476	\$2,124	\$1,356	\$1,308	\$1,500	\$1,644
Change from prior period (pmpy)	8.7%	89.1%	60.9%	143.5%	28.3%	52.2%	33.7%	92.4%	22.8%	18.5%	35.9%	48.9%
Total Medical and Rx												
Premium	\$83,375,898	\$4,882,609	\$636,420,496	\$81,438,176	\$167,625,897	\$973,743,076	\$151,579,629	\$31,088,814	\$75,885,155	\$7,369,405	\$265,923,004	\$1,239,666,080
Program Cost (prior to operational)	\$60,608,871	\$5,606,619	\$602,562,513	\$98,269,577	\$128,412,709	\$895,460,290	\$133,009,023	\$33,197,444	\$60,606,248	\$5,853,330	\$232,666,044	\$1,128,126,334
<u>Operational Expenses</u>	<u>\$265,629</u>	<u>\$17,192</u>	<u>\$1,523,352</u>	<u>\$228,010</u>	<u>\$1,707,165</u>	<u>\$3,741,347</u>	<u>\$386,202</u>	<u>\$89,291</u>	<u>\$207,588</u>	<u>\$21,717</u>	<u>\$704,798</u>	<u>\$4,446,145</u>
Total Program Cost	\$60,874,501	\$5,623,811	\$604,085,865	\$98,497,586	\$130,119,874	\$899,201,637	\$133,395,225	\$33,286,735	\$60,813,836	\$5,875,046	\$233,370,842	\$1,132,572,479
Net Income	\$22,501,398	(\$741,202)	\$32,334,631	(\$17,059,411)	\$37,506,023	\$74,541,439	\$18,184,404	(\$2,197,921)	\$15,071,319	\$1,494,359	\$32,552,162	\$107,093,600
Total Cost as % of Budget	73.0%	115.2%	94.9%	120.9%	77.6%	92.3%	88.0%	107.1%	80.1%	79.7%	87.8%	91.4%
Average Number of Employees	4,706	306	27,102	4,062	30,357	66,533	6,867	1,593	3,689	387	12,536	79,070
Program Cost/Employee/Yr.	\$12,936	\$18,360	\$22,284	\$24,252	\$4,284	\$13,512	\$19,428	\$20,892	\$16,488	\$15,204	\$18,612	\$14,328
Change from prior period (pepy)	10.3%	18.1%	10.9%	16.7%	-19.0%	5.5%	7.6%	9.6%	4.6%	-13.1%	6.0%	5.8%
Average Number of Members	8,573	424	62,427	6,405	30,357	108,186	16,329	2,753	8,002	687	27,771	135,958
Program Cost/Member/Yr.	\$7,104	\$13,272	\$9,672	\$15,384	\$4,284	\$8,316	\$8,172	\$12,096	\$7,596	\$8,544	\$8,400	\$8,328
Change from prior period (pmpy)	9.6%	15.0%	12.3%	16.5%	-19.0%	6.3%	8.4%	11.1%	4.6%	-16.9%	6.4%	6.3%
Prior Period Program Cost												
Per Employee Per Year (FY24)												
Medical	\$9,668	\$13,225	\$16,941	\$17,077	\$2,621	\$9,907	\$15,390	\$16,206	\$13,711	\$15,633	\$15,058	\$10,716
Rx	\$2,004	\$2,280	\$3,096	\$3,660	\$2,616	\$2,844	\$2,616	\$2,796	\$2,004	\$1,812	\$2,448	\$2,772
Total ²	\$11,724	\$15,552	\$20,088	\$20,784	\$5,292	\$12,804	\$18,060	\$19,056	\$15,768	\$17,496	\$17,556	\$13,548
Per Member Per Year (FY24)												
Medical	\$5,342	\$9,811	\$7,272	\$10,841	\$2,621	\$6,060	\$6,428	\$9,255	\$6,314	\$9,188	\$6,771	\$6,204
Rx	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104
Total ²	\$6,480	\$11,544	\$8,616	\$13,200	\$5,292	\$7,824	\$7,536	\$10,884	\$7,260	\$10,284	\$7,896	\$7,836

¹ Reflects estimated rebates attributable to FY25, based on WTW analysis of expected rebates under new CVS Health contract

² Includes Medical, Rx, and Operational Expenses

State of Delaware FY2025 Financial Analysis of Health/Rx Plans - Paid Basis Full Projection July 1, 2024 - June 30, 2025												
Vendor	Highmark						Aetna					Total
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
Medical												
Paid Claims	\$47,606,850	\$4,578,081	\$480,691,443	\$79,578,422	\$80,211,011	\$692,665,807	\$105,326,858	\$27,376,300	\$51,937,498	\$5,157,762	\$189,798,418	\$882,464,225
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$8,478,800	\$1,396,119	\$0	\$0	\$9,874,919	\$9,874,919
<u>Administration</u>	<u>\$3,470,073</u>	<u>\$225,936</u>	<u>\$19,985,349</u>	<u>\$2,998,049</u>	<u>\$6,463,510</u>	<u>\$33,142,917</u>	<u>\$5,068,301</u>	<u>\$1,174,827</u>	<u>\$2,721,458</u>	<u>\$285,293</u>	<u>\$9,249,878</u>	<u>\$42,392,795</u>
Total Medical Program Cost	\$51,076,924	\$4,804,017	\$500,676,791	\$82,576,471	\$86,674,521	\$725,808,724	\$118,873,958	\$29,947,246	\$54,658,956	\$5,443,055	\$208,923,215	\$934,731,939
Average Number of Employees	4,033	262	26,754	4,010	29,905	64,964	6,881	1,597	3,295	345	12,118	77,082
Program Cost/Employee/Yr.	\$12,665	\$18,336	\$18,714	\$20,593	\$2,898	\$11,172	\$17,276	\$18,752	\$16,588	\$15,777	\$17,241	\$12,126
Change from prior period (pepy)	22.1%	29.3%	6.9%	16.7%	8.1%	9.5%	14.1%	17.5%	14.0%	-4.9%	13.8%	10.2%
Average Number of Members	7,298	361	61,218	6,280	29,905	105,062	16,254	2,741	7,099	610	26,704	131,766
Program Cost/Member/Yr.	\$6,999	\$13,308	\$8,179	\$13,149	\$2,898	\$6,908	\$7,314	\$10,926	\$7,700	\$8,923	\$7,824	\$7,094
Change from prior period (pmpy)	31.0%	35.6%	12.5%	21.3%	10.6%	14.0%	13.8%	18.0%	21.9%	-2.9%	15.5%	14.3%
Express Scripts, Inc.												
Paid Claims	\$15,146,402	\$1,311,713	\$179,506,714	\$27,858,559	\$157,043,865	\$380,867,253	\$39,016,193	\$9,475,771	\$17,487,144	\$1,431,434	\$67,410,541	\$448,277,794
Administration	\$415,918	\$27,159	\$2,400,634	\$360,469	\$4,171,888	\$7,376,068	\$608,794	\$141,310	\$326,750	\$34,283	\$1,111,137	\$8,487,205
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$80,507,100)	(\$80,507,100)	\$0	\$0	\$0	\$0	\$0	(\$80,507,100)
<u>Estimated Rebates¹</u>	<u>(\$5,094,479)</u>	<u>(\$441,193)</u>	<u>(\$69,627,329)</u>	<u>(\$10,803,143)</u>	<u>(\$72,296,000)</u>	<u>(\$158,262,143)</u>	<u>(\$15,144,683)</u>	<u>(\$3,675,266)</u>	<u>(\$6,795,354)</u>	<u>(\$555,553)</u>	<u>(\$26,170,857)</u>	<u>(\$184,433,000)</u>
Total Rx Program Cost	\$10,467,841	\$897,678	\$112,280,020	\$17,415,885	\$8,412,653	\$149,474,077	\$24,480,303	\$5,941,815	\$11,018,539	\$910,164	\$42,350,822	\$191,824,899
Average Number of Employees	4,033	262	26,754	4,010	28,935	63,994	6,881	1,597	3,295	345	12,118	76,112
Program Cost/Employee/Yr.	\$2,596	\$3,426	\$4,197	\$4,343	\$291	\$2,336	\$3,558	\$3,721	\$3,344	\$2,638	\$3,495	\$2,520
Change from prior period (pepy)	29.5%	50.3%	35.6%	18.7%	-88.9%	-17.9%	36.0%	33.1%	66.9%	45.6%	42.8%	-9.1%
Average Number of Members	7,298	361	61,218	6,280	29,905	105,062	16,254	2,741	7,099	610	26,704	131,766
Program Cost/Member/Yr.	\$1,434	\$2,487	\$1,834	\$2,773	\$281	\$1,423	\$1,506	\$2,168	\$1,552	\$1,492	\$1,586	\$1,456
Change from prior period (pmpy)	29.9%	47.0%	37.7%	19.1%	-89.2%	-18.2%	37.9%	35.8%	68.0%	39.7%	43.7%	-9.5%
Total Medical and Rx												
Premium	\$84,303,907	\$4,936,954	\$643,504,124	\$82,344,617	\$169,491,644	984,581,246	\$148,525,187	\$30,462,352	\$74,356,013	\$7,220,906	260,564,458	\$1,245,145,704
Program Cost (prior to operational)	\$61,544,765	\$5,701,695	\$612,956,811	\$99,992,356	\$95,087,174	875,282,802	\$143,354,261	\$35,889,060	\$65,677,495	\$6,353,219	\$251,274,037	\$1,126,556,838
<u>Operational Expenses</u>	<u>\$255,245</u>	<u>\$12,618</u>	<u>\$1,858,580</u>	<u>\$190,680</u>	<u>\$903,795</u>	<u>\$3,220,918</u>	<u>\$486,156</u>	<u>\$81,962</u>	<u>\$238,223</u>	<u>\$20,463</u>	<u>\$826,804</u>	<u>\$4,047,723</u>
Total Program Cost	\$61,800,010	\$5,714,313	\$614,815,391	\$100,183,036	\$95,990,969	\$878,503,720	\$143,840,417	\$35,971,022	\$65,915,718	\$6,373,682	\$252,100,841	\$1,130,604,561
Net Income	\$22,503,897	(\$777,359)	\$28,688,732	(\$17,838,419)	\$73,500,675	\$106,077,526	\$4,684,770	(\$5,508,671)	\$8,440,295	\$847,224	\$8,463,618	\$114,541,143
Total Cost as % of Budget	73.3%	115.7%	95.5%	121.7%	56.6%	89.2%	96.8%	118.1%	88.6%	88.3%	96.8%	90.8%
Average Number of Employees	4,033	262	26,754	4,010	29,905	64,964	6,881	1,597	3,295	345	12,118	77,082
Program Cost/Employee/Yr.	\$15,324	\$21,810	\$22,980	\$24,983	\$3,210	\$13,523	\$20,904	\$22,524	\$20,005	\$18,474	\$20,804	\$14,668
Change from prior period (pepy)	30.7%	40.2%	14.4%	20.2%	-39.3%	5.6%	15.7%	18.2%	26.9%	5.6%	18.5%	8.3%
Average Number of Members	7,298	361	61,218	6,280	29,905	105,062	16,254	2,741	7,099	610	26,704	131,766
Program Cost/Member/Yr.	\$8,468	\$15,829	\$10,043	\$15,953	\$3,210	\$8,362	\$8,850	\$13,123	\$9,285	\$10,449	\$9,441	\$8,580
Change from prior period (pmpy)	30.7%	37.1%	16.6%	20.9%	-39.3%	6.9%	17.4%	20.6%	27.9%	1.6%	19.6%	9.5%
Prior Period Program Cost (FY24)												
Per Employee Per Year												
Medical	\$10,376	\$14,179	\$17,500	\$17,642	\$2,681	\$10,206	\$15,137	\$15,953	\$14,550	\$16,597	\$15,146	\$11,000
<u>Rx</u>	<u>\$2,004</u>	<u>\$2,280</u>	<u>\$3,096</u>	<u>\$3,660</u>	<u>\$2,616</u>	<u>\$2,844</u>	<u>\$2,616</u>	<u>\$2,796</u>	<u>\$2,004</u>	<u>\$1,812</u>	<u>\$2,448</u>	<u>\$2,772</u>
Total ²	\$11,724	\$15,552	\$20,088	\$20,784	\$5,292	\$12,804	\$18,060	\$19,056	\$15,768	\$17,496	\$17,556	\$13,548
Per Member Per Year (FY24)												
Medical	\$5,342	\$9,811	\$7,272	\$10,841	\$2,621	\$6,060	\$6,428	\$9,255	\$6,314	\$9,188	\$6,771	\$6,204
<u>Rx</u>	<u>\$1,104</u>	<u>\$1,692</u>	<u>\$1,332</u>	<u>\$2,328</u>	<u>\$2,616</u>	<u>\$1,740</u>	<u>\$1,092</u>	<u>\$1,596</u>	<u>\$924</u>	<u>\$1,068</u>	<u>\$1,104</u>	<u>\$1,608</u>
Total ²	\$6,480	\$11,544	\$8,616	\$13,200	\$5,292	\$7,824	\$7,536	\$10,884	\$7,260	\$10,284	\$7,896	\$7,836

¹ Additional CVS contract savings independently projected by WTW

² Includes Medical, Rx, and Operational Expenses

State of Delaware**Health Plan Quarterly Financial Reporting****FY25 Q4 Reporting Reconciliation (WTW vs DHR Fund Equity Report)**

FY25 YTD Reporting Reconciliation	Carrier FY25 Q4 Financial Report	DHR Actual. 2025 Fund Equity Report
Total Program Cost	\$1,133,004,954	\$1,445,794,335
Paid Claims	1,367,244,024	1,387,670,821
Medical Claims	859,422,690	884,137,478
Rx Claims ¹	215,458,749	242,178,390
Rx Paid Claims	507,821,333	503,533,343
EGWP	(79,095,864)	(87,269,571)
<i>Direct Subsidy</i>	(22,193,335)	(22,193,335)
<i>CGDP</i>	(30,056,105)	(47,209,713)
<i>Catastrophic Reinsurance</i>	(26,846,424)	(17,866,523)
Rx Rebates	(213,266,720)	(174,085,382)
Total Rx Claim (Offsets)/Revenue ²	(292,362,584)	(261,354,953)
Total Fees	58,123,514	58,123,514
ASO Fees	53,677,369	53,677,369
Operational Expenses	4,446,145	4,446,145
Premium Contributions/Operating Revenues³	\$1,239,666,080	\$1,542,104,967
Net Income	106,661,126	96,310,631
Total Cost as % of Budget	91%	94%

¹WTW Rx claims shown net of EGWP revenue and Rx rebates; DHR Rx claims reflect gross claim dollars excluding additional revenue (EGWP and rebates)

²WTW reflects EGWP revenue and Rx rebates as offsets to Rx claims; DHR reflects these items as additions to operating revenues

³DHR premium contributions represent total operating revenues, including premium contributions, Rx revenues (EGWP and rebates), other revenues totaling -\$1,166,226 and participating group fees totaling \$6,743,376; WTW premium contributions represent FY25 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$928,094,778

State of Delaware
Health Plan Quarterly Financial Reporting
Glossary of Important Health Care Terms

Terms directly tied to cost tracking

Terminology	Acronym	Definition
Administrative Services Only	ASO	When an organization funds its own employee benefit plan, such as a health insurance program, and it hires an outside firm to perform specific administrative services. Also referred to as "self-funded". Currently, the GHIP has ASO contracts with Aetna, Highmark and Express Scripts.
Capitation	n/a	Fixed payment amount (per member) to a physician or group of physicians for a defined set of services for a defined set of members. Fixed or "capitated" payment per member provides physician with an incentive for meeting quality and cost efficiency outcomes, since the physician is responsible for any costs incurred above the capitated amount. May be risk adjusted based on the demographics of the member population or changes in the member population. Often used for <i>bundled payments</i> or other <i>value-based payments</i> .
Consumer Driven Health Plan	CDHP	Allows members to use health savings accounts (HSA), health reimbursement accounts (HRA), or other similar medical payment products to pay routine health care expenses directly. GHIP currently offers a CDHP with HRA.
Coverage Gap Discount Program	CGDP	One of the funding components of an EGWP. Manufacturers provide discounts on covered Part D brand prescription drugs to Medicare beneficiaries while in the coverage gap.
Employee	EE	A person employed for wages or salary.
Employer Group Waiver Plans	EGWP	A Center for Medicare Service (CMS) approved program for both employers and unions. An employer may contract directly with CMS or go through an approved TPA, such as CVS, to establish the plan. They are usually Self Funded, are integrated with Medicare Part D, and sometimes include a fully insured "wrapper" around the plan to cover non-Medicare Part D prescription drugs. GHIP currently contracts with CVS as the TPA and includes a "wrapper," which is referred to as an enhanced benefit.
Fiscal Year	FY	A year as reckoned for taxing or accounting purposes. GHIP fiscal year runs from July 1st through June 30th.
Health Maintenance Organization	HMO	A form of health insurance combining a range of coverages in a group basis. A group of doctors and other medical professionals offer care through the HMO for a flat monthly rate. However, only visits to professionals within the HMO network are covered by the policy. All visits, prescriptions and other care must be cleared by the HMO in order to be covered. A primary physician within the HMO handles referrals.
Health Reimbursement Account	HRA	Employer-funded account that reimburses employees for out-of-pocket medical expenses. Employees can choose how to use their HRA funds to pay for medical expenses, but the employer can determine what expenses are reimbursable by the HRA (e.g., employers often designate prescription drug expenses as ineligible for reimbursement by an HRA). Funds are owned by the employer and are tax-deductible to the employee. GHIP only offers HRA to employees and non-Medicare eligible retirees who enroll in the CDH Gold plan.
High Cost Claimant	HCC	An insured who incurs claims over a catastrophic claim limit during the plan year. For purposes of cost tracking, this threshold is \$100K.
Per Employee Per Month	PEPM	A monthly cost basis measured on an employee/contract/subscriber level
Per Employee Per Year	PEPY	A yearly cost basis measured on an employee/contract/subscriber level
Per Member Per Month	PMPM	A monthly cost basis measured on a member level
Per Member Per Year	PMPY	A yearly cost basis measured on a member level
Patient-Centered Outcomes Research Trust Fund Fee	PCORI	The Patient-Centered Outcomes Research Trust Fund fee is a fee on plan sponsors of self-insured health plans that helps to fund the Patient-Centered Outcomes Research Institute (PCORI). The institute will assist, through research, patients, clinicians, purchasers and policy-makers, in making informed health decisions by advancing the quality and relevance of evidence-based medicine. The institute will compile and distribute comparative clinical effectiveness research findings. This fee is part of the Affordable Care Act legislation.

State of Delaware

Health Plan Quarterly Financial Reporting

Assumptions and Caveats

Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY25 represents the time period July 1, 2024 through June 30, 2025 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY25 financial results span two plan years for the Medicare eligible population.

Enrollment

- 3 Medical and Rx enrollment based on quarterly tiered enrollment data from Highmark and Aetna; Medicare enrollment provided separately for retirees enrolled in medical (Highmark) and Rx (CVS).

Benefit costs/fees

- 4 Medical quarterly paid claims from Highmark and Aetna; Rx quarterly paid claims from CVS; EGWP subsidies and Rx rebates (Active, non-Medicare eligible retiree, and Medicare eligible retiree) from DHR
- 5 Administration fees and operational expenses from DHR-provided June 2024 Fund Equity Report; total quarterly fees are assigned to each plan on a contract count basis.
 - a. ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), IBM Watson data analytics, EAP and WTW consulting fees.
 - b. Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- 6 Pharmacy drug rebates are shown based on the period to which rebates are attributable; prior quarters to be updated with actual FY25 rebates when received; estimated rebates reflect projected improvements in Rx rebates based on result of PBM award to CVS Health; active/non-Medicare eligible retiree rebates assigned to each plan on a contract count basis; may differ from actual payments received during FY25 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2024 through June 30, 2024; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through September 2024; remaining payments attributable to FY25 estimated based on projected amounts provided by CVS; may differ from actual payments received during FY25 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY24 Financial Reporting.

Budget/contributions

- 9 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2024. Medicare eligible retiree budget rates reflect rates effective January 1, 2024 for FY25 Q1 and Q2, and rates effective January 1, 2025 for FY25 Q3 and Q4. Budget rates include FY24 risk fees for Participating groups **(excludes \$2.70 PEPM charge)**.
- 10 Premiums and employee contributions are the product of monthly budget rate/contribution and quarterly average tiered contract counts provided by the medical vendors; assumes 1% enrollment growth during FY25.
- 11 Highmark quarterly reports do not provide enrollment data split by retirement date. Medicfill contributions are estimated based on reporting provided by DHR
- 12 Participating groups are assumed to be 100% employee paid in order to estimate the healthcare program's net cost to the State; actual employee contributions vary and are difficult to capture since each group pays premiums at different times; participating group fees are included in premium contributions.
- 13 While COBRA enrollment and claims are reflected in the expenses, all medical/Rx participants are assumed to pay active contributions since COBRA participants make up less than 0.1% of the total population.
- 14 HRA funding for CDH plans are included in the paid claims reported in this document.

State of Delaware

Health Plan Quarterly Financial Reporting

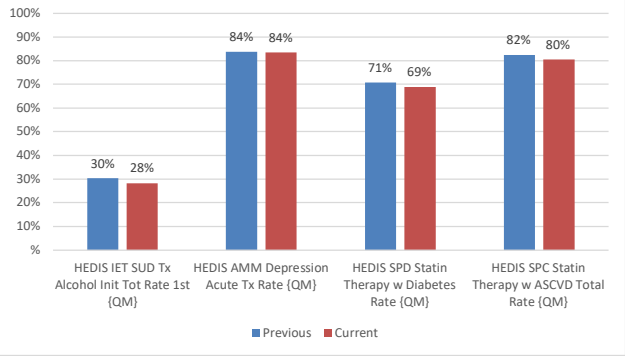
Glossary of Important Health Care Terms

Terms directly tied to cost tracking

Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. GHIP only offers this type of plan to Port of Wilmington employees.
Preferred Provider Organization	PPO	A health care organization composed of physicians, hospitals, or other providers which provides health care services at a reduced fee. A PPO is similar to an HMO, but care is paid for as it is received instead of in advance in the form of a scheduled fee. PPOs may also offer more flexibility by allowing for visits to out-of-network professionals at a greater expense to the policy holder. Visits within the network require only the payment of a small fee. There is often a deductible for out-of-network expenses and a higher co-payment.
Transitional Reinsurance Fee	TRF	Fee collected by the transitional reinsurance program to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury for the 2014, 2015, and 2016 benefit years. This fee is part of the Affordable Care Act legislation, and ends after the 2016 benefit year.
Year to Date	YTD	A period, starting from the beginning of the current year (either the calendar year or fiscal year) and continuing up to the present day. For this financial reporting document, YTD refers to the time period of July 1, 2024 to March 31, 2025.

Medical and Prescription Drug Dashboard - GHIP Population
Previous Period: Jul 2023 - Jun 2024 (Paid)
Current Period: Jul 2024 - Jun 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5510.1	5741.2	4.2%	5365.5
Visits per 1000 Well Child	838.0	872.0	4.1%	793.8
Visits per 1000 Prevent Adult	484.3	530.4	9.5%	479.7

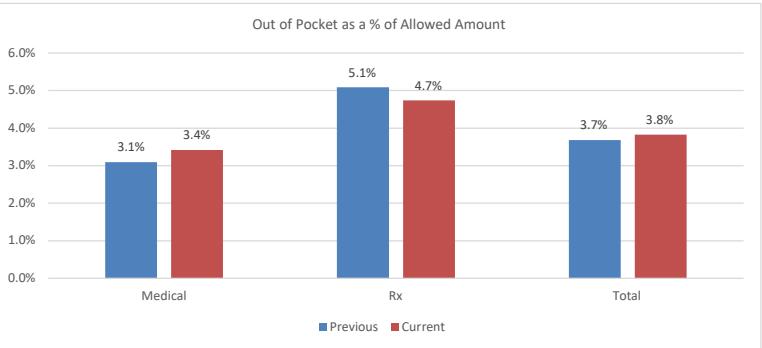
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	77,214.9	79,023.0	2.3%
Average Members	132,981.9	135,407.8	1.8%
Family Size	1.7	1.7	-0.5%
Member Age	43.5	43.5	0.1%
Members % Male	44.3%	44.2%	-0.3%

5. Risk Score

	Previous	Current
Member Risk Score	210.5	214.4

7. Cost Sharing



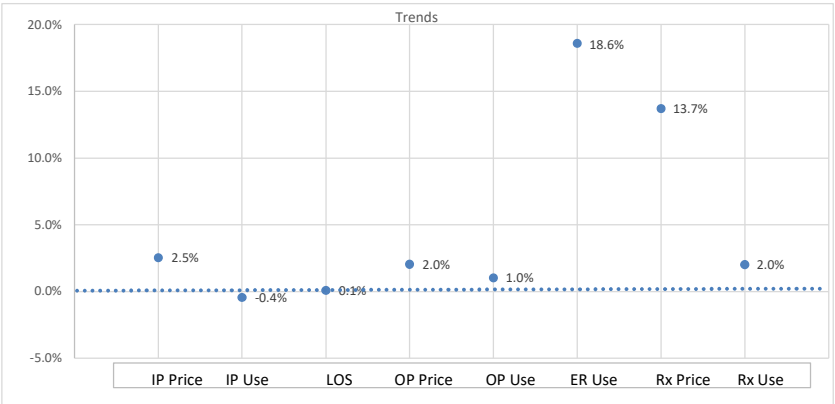
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,301	1,490	14.5%
Patients per 1,000	9.8	11.0	12.5%
Payments (in Millions)	\$289 M	\$332 M	15.0%
Payments per Patient	222,121	222,964	0.4%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,609	\$28,308	2.5%	\$35,980
	Admits per 1000	79.3	78.9	-0.4%	47.5
	Days LOS	5.8	5.8	0.1%	4.9
Outpatient	Allowed per Service	\$153	\$157	2.0%	\$148
	ER Visits per 1000	345.1	348.6	1.0%	231.4
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	18.6%	n/a
	Days Supply PMPY	726	740	1.8%	n/a
Specialty Rx	Allowed per Days Supply	\$135	\$132	-2.2%	n/a
	Days Supply PMPY	12	13	12.6%	n/a
All RX	Allowed per Days Supply	\$5	\$5	13.7%	\$5
	Days Supply PMPY	738	753	2.0%	377

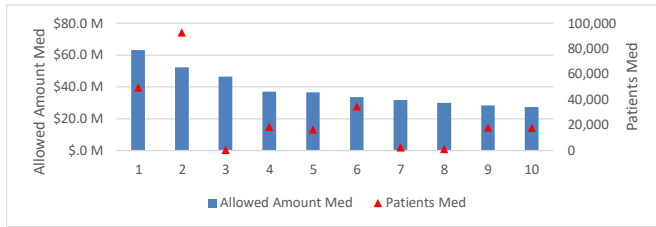


Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Jul 2023 - Jun 2024 (Paid)

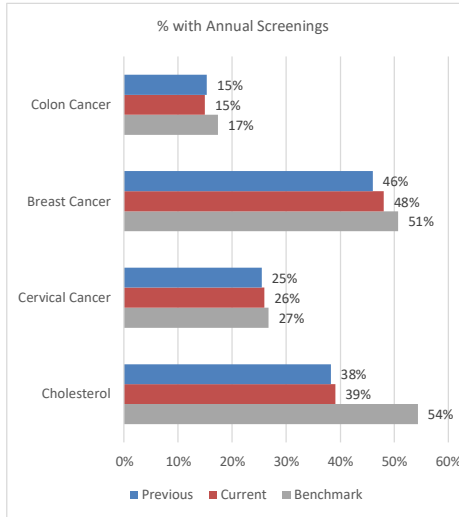
Current Period: Jul 2024 - Jun 2025 (Paid)

8. Top Medical Conditions (by cost)

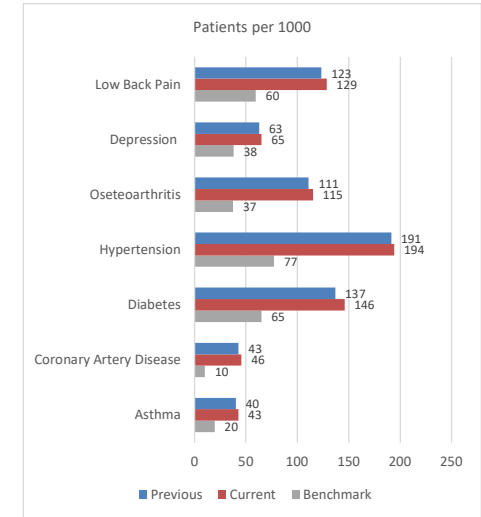


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NE	\$63,040,065	49,562	\$1,272
2 Prevent/Admin Hlth Encounters	\$52,425,178	92,672	\$566
3 Chemotherapy Encounters	\$46,342,382	758	\$61,138
4 Spinal/Back Disord, Low Back	\$37,085,683	18,576	\$1,996
5 Osteoarthritis	\$36,616,926	16,638	\$2,201
6 Arthropathies/Joint Disord NEC	\$33,607,583	34,844	\$965
7 Pregnancy without Delivery	\$31,750,601	2,786	\$11,396
8 Newborns, w/wo Complication	\$29,913,471	1,513	\$19,771
9 Respiratory Disord, NEC	\$28,302,355	18,376	\$1,540
10 Gastroint Disord, NEC	\$27,468,192	18,001	\$1,526

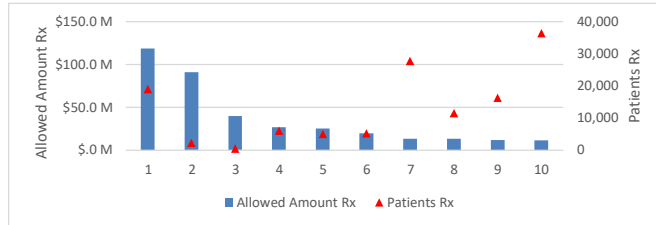
9. Screening Rates



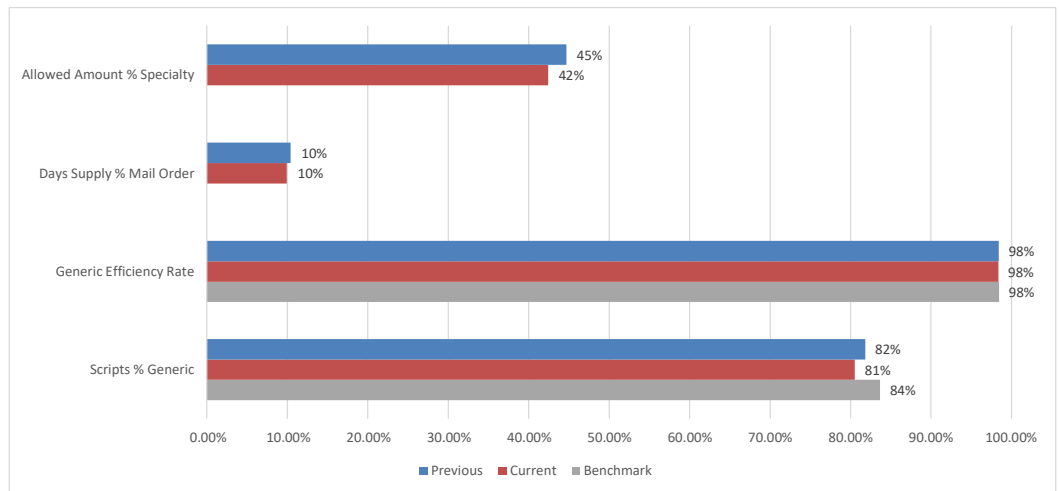
10. Chronic Condition Prevalence



11. Prescription Drug Metrics

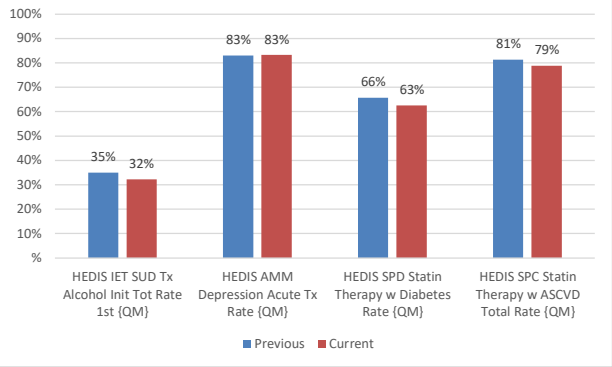


Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$118,573,746	19,045	\$6,226
2 Immunosuppressants, NEC	\$90,958,142	2,242	\$40,570
3 Molecular Targeted Therapy	\$39,780,931	498	\$79,881
4 Coag/Anticoag, Anticoagulants	\$26,654,831	6,033	\$4,418
5 Antidiabetic Ag, SGLT Inhibitr	\$25,296,314	5,013	\$5,046
6 CNS Agents, Misc.	\$19,524,717	5,293	\$3,689
7 Adrenals & Comb, NEC	\$13,450,147	27,754	\$485
8 Antivirals, NEC	\$13,357,190	11,487	\$1,163
9 Cardiac Drugs, NEC	\$11,597,436	16,248	\$714
10 Antihyperlipidemic Drugs, NEC	\$11,435,342	36,437	\$314



Medical and Prescription Drug Dashboard - Active Employees
Previous Period: Jul 2023 - Jun 2024 (Paid)
Current Period: Jul 2024 - Jun 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5507.5	5736.4	4.2%	5384.1	
Visits per 1000 Well Child	836.6	870.4	4.0%	785.8	
Visits per 1000 Prevent Adult	552.2	604.9	9.6%	479.7	

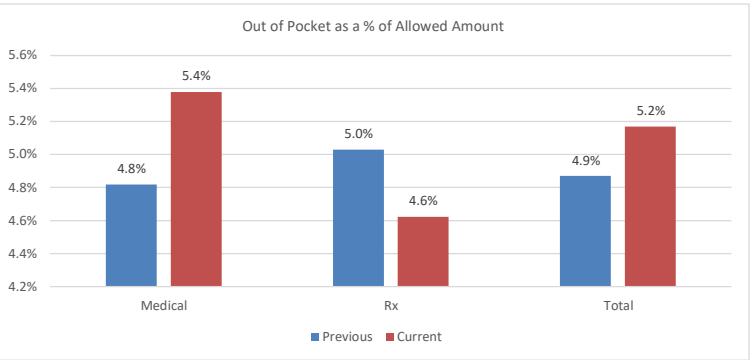
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	40,754.1	42,179.5	3.5%
Average Members	92,334.2	94,484.6	2.3%
Family Size	2.3	2.2	-1.1%
Member Age	32.7	32.8	0.1%
Members % Male	45.8%	45.6%	-0.3%

5. Risk Score

	Previous	Current
Member Risk Score	118.5	118.1

7. Cost Sharing



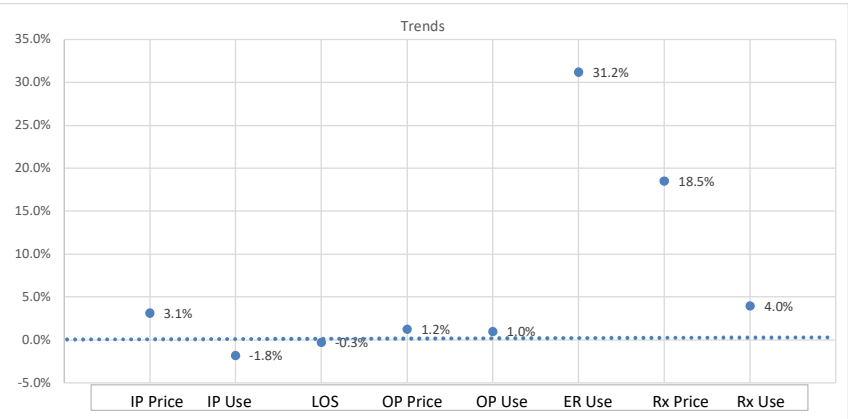
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,100	1,244	13.1%
Patients per 1,000	11.9	13.2	10.5%
Payments (in Millions)	\$233 M	\$265 M	13.6%
Payments per Patient	211,691	212,634	0.4%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$33,882	\$34,945	3.1%	\$29,683
	Admits per 1000	52.7	51.7	-1.8%	46.8
	Days LOS	5.1	5.1	-0.3%	4.8
Outpatient	Allowed per Service	\$163	\$165	1.2%	\$148
	ER Visits per 1000	276.5	279.3	1.0%	230.3
Non-Specialty Rx	Allowed per Days Supply	\$3	\$4	31.2%	n/a
	Days Supply PMPY	427	443	3.8%	n/a
Specialty Rx	Allowed per Days Supply	\$128	\$122	-4.7%	n/a
	Days Supply PMPY	8	10	14.1%	n/a
All RX	Allowed per Days Supply	\$5	\$6	18.5%	\$5
	Days Supply PMPY	435	452	4.0%	345

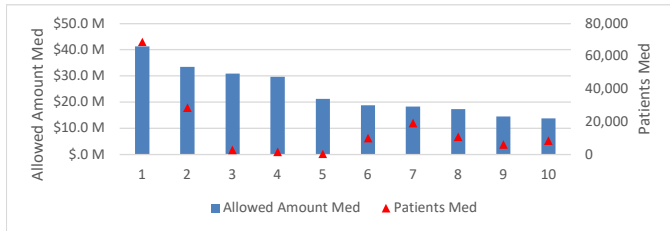


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jul 2023 - Jun 2024 (Paid)

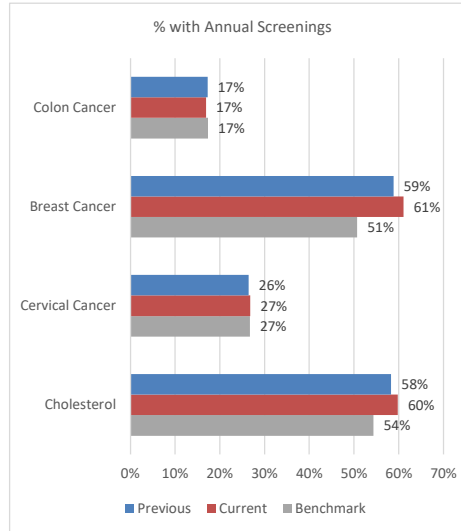
Current Period: Jul 2024 - Jun 2025 (Paid)

8. Top Medical Conditions (by cost)

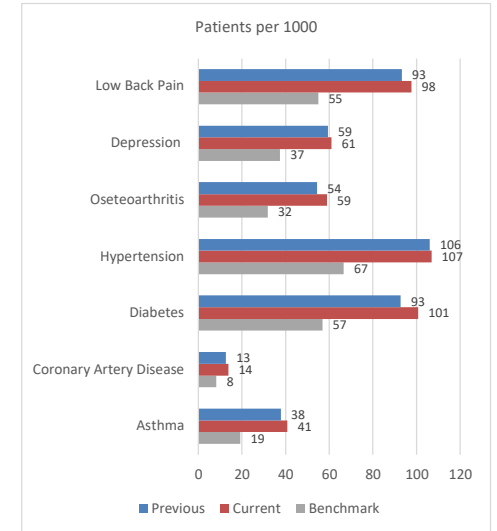


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$41,239,944	68,796	\$599
2 Signs/Symptoms/Oth Cond, NEC	\$33,481,884	28,546	\$1,173
3 Pregnancy without Delivery	\$30,925,173	2,695	\$11,475
4 Newborns, w/wo Complication	\$29,662,165	1,485	\$19,975
5 Chemotherapy Encounters	\$21,210,358	227	\$93,438
6 Spinal/Back Disord, Low Back	\$18,729,419	10,039	\$1,866
7 Arthropathies/Joint Disord NEC	\$18,314,593	19,258	\$951
8 Gastroint Disord, NEC	\$17,299,027	10,844	\$1,595
9 Osteoarthritis	\$14,525,586	6,054	\$2,399
10 Respiratory Disord, NEC	\$13,747,340	8,414	\$1,634

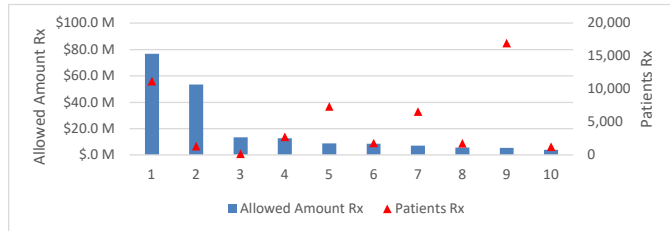
9. Screening Rates



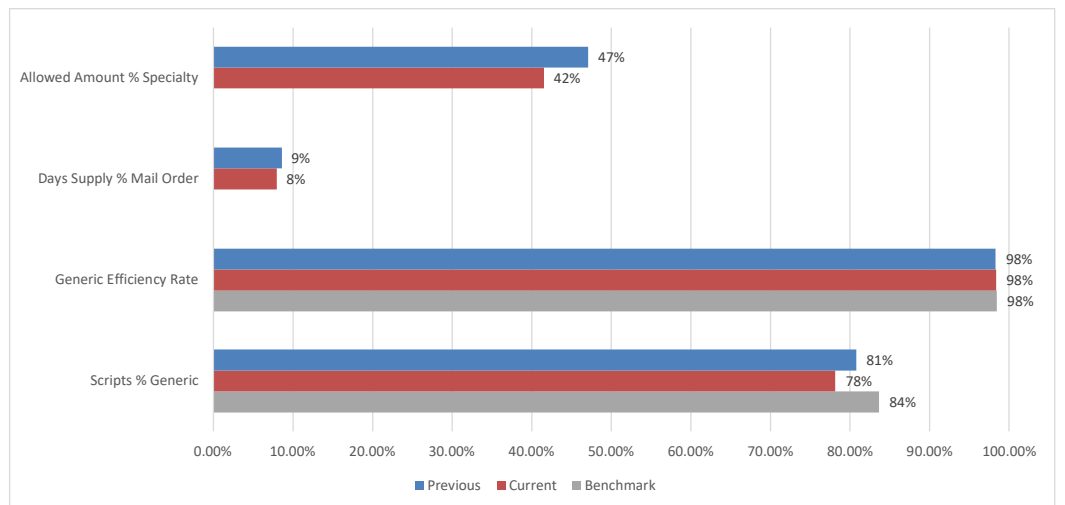
10. Chronic Condition Prevalence



11. Prescription Drug Metrics

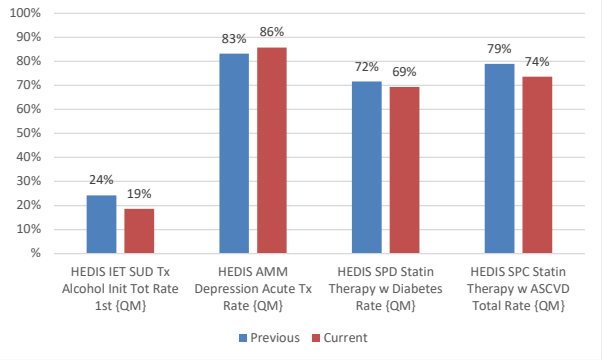


Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$76,845,806	11,215	\$6,852
2 Immunosuppressants, NEC	\$53,473,566	1,344	\$39,787
3 Molecular Targeted Therapy	\$13,444,270	208	\$64,636
4 CNS Agents, Misc.	\$12,593,448	2,760	\$4,563
5 Antivirals, NEC	\$8,764,473	7,368	\$1,190
6 Antidiabetic Ag, SGLT Inhibitr	\$8,608,141	1,799	\$4,785
7 Stimulant, Amphetamine Type	\$6,972,683	6,604	\$1,056
8 Misc Therapeutic Agents, NEC	\$5,591,995	1,772	\$3,156
9 Adrenals & Comb, NEC	\$5,446,838	16,988	\$321
10 Coag/Anticoag, Anticoagulants	\$4,061,270	1,252	\$3,244



Medical and Prescription Drug Dashboard - Early Retirees
Previous Period: Jul 2023 - Jun 2024 (Paid)
Current Period: Jul 2024 - Jun 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5333.3	5915.5	10.9%	4916.1
Visits per 1000 Well Child	896.4	934.1	4.2%	705.4
Visits per 1000 Prevent Adult	578.8	621.8	7.4%	479.7

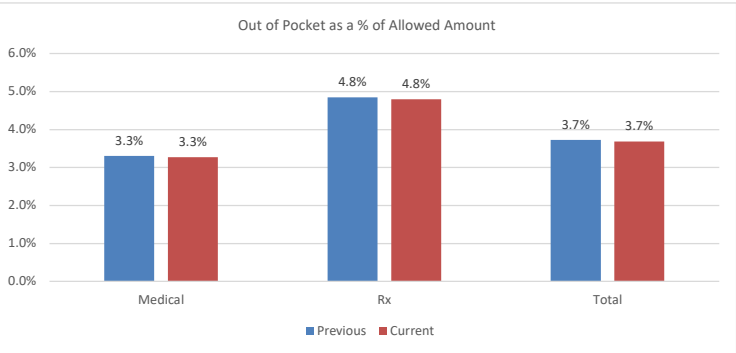
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	5,890.8	5,788.8	-1.7%
Average Members	9,517.8	9,332.6	-1.9%
Family Size	1.6	1.6	-0.2%
Member Age	49.9	50.0	0.2%
Members % Male	42.6%	42.4%	-0.5%

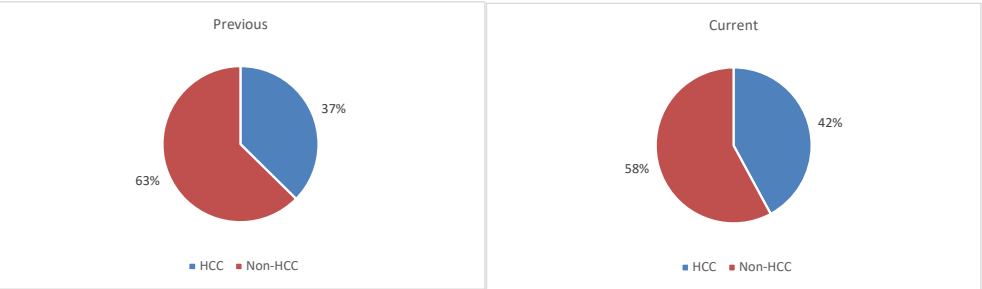
5. Risk Score

	Previous	Current
Member Risk Score	205.6	207.2

7. Cost Sharing



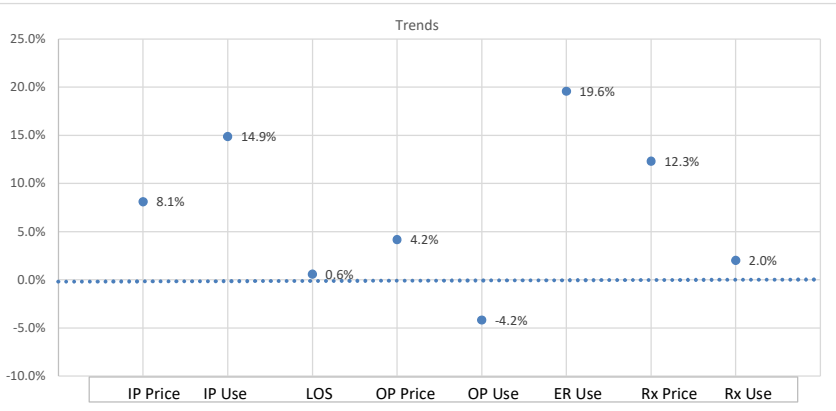
2. High Cost Claimants



	Previous	Current	Trend
Patients	264	302	14.4%
Patients per 1,000	27.7	32.4	16.7%
Payments (in Millions)	\$47 M	\$61 M	28.5%
Payments per Patient	179,874	202,075	12.3%

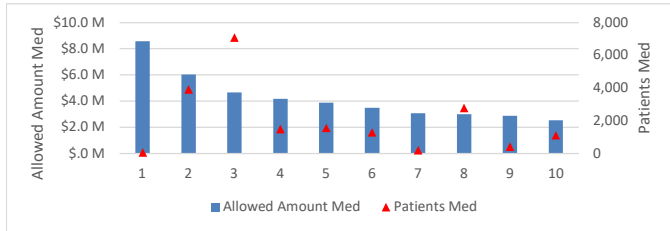
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$42,247	\$45,671	8.1%	\$41,249
	Admits per 1000	60.7	69.8	14.9%	51.2
	Days LOS	6.7	6.8	0.6%	6.0
Outpatient	Allowed per Service	\$180	\$187	4.2%	\$148
	ER Visits per 1000	314.0	300.9	-4.2%	242.0
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	19.6%	n/a
	Days Supply PMPY	810	826	1.9%	n/a
Specialty Rx	Allowed per Days Supply	\$126	\$122	-2.7%	n/a
	Days Supply PMPY	14	15	8.6%	n/a
All RX	Allowed per Days Supply	\$5	\$5	12.3%	\$5
	Days Supply PMPY	825	841	2.0%	667



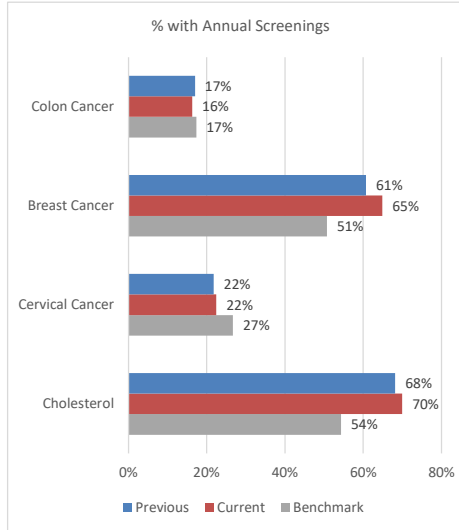
Medical and Prescription Drug Dashboard - Early Retirees
Previous Period: Jul 2023 - Jun 2024 (Paid)
Current Period: Jul 2024 - Jun 2025 (Paid)

8. Top Medical Conditions (by cost)

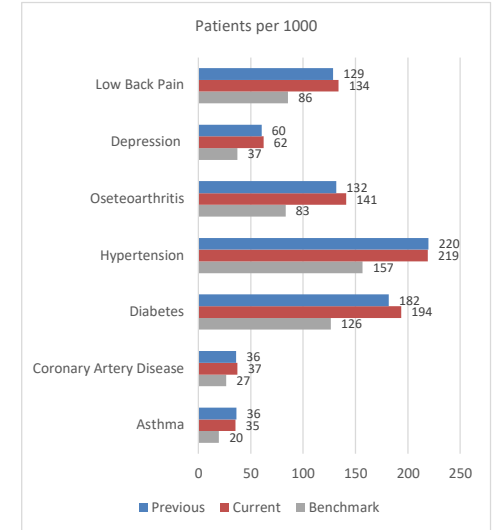


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$8,568,839	71	\$120,688
2 Signs/Symptoms/Oth Cond, NEC	\$6,027,624	3,912	\$1,541
3 Prevent/Admin Hlth Encounters	\$4,652,141	7,075	\$658
4 Spinal/Back Disord, Low Back	\$4,183,777	1,480	\$2,827
5 Osteoarthritis	\$3,890,041	1,558	\$2,497
6 Respiratory Disord, NEC	\$3,489,367	1,275	\$2,737
7 Cancer - Breast	\$3,070,304	203	\$15,125
8 Arthropathies/Joint Disord NEC	\$2,992,183	2,785	\$1,074
9 Coronary Artery Disease	\$2,862,503	412	\$6,948
10 Infections, NEC	\$2,524,561	1,107	\$2,281

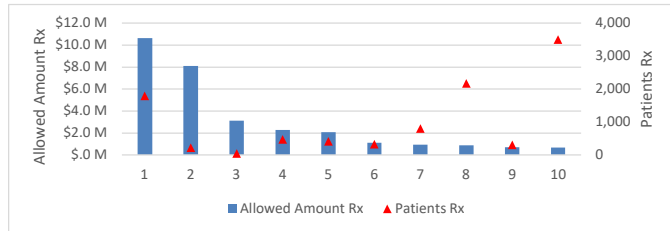
9. Screening Rates



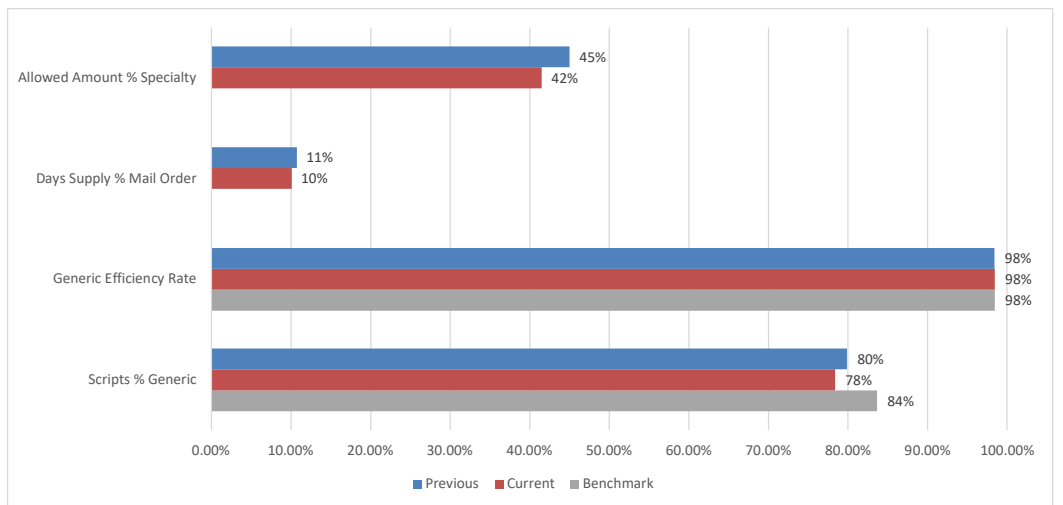
10. Chronic Condition Prevalence



11. Prescription Drug Metrics

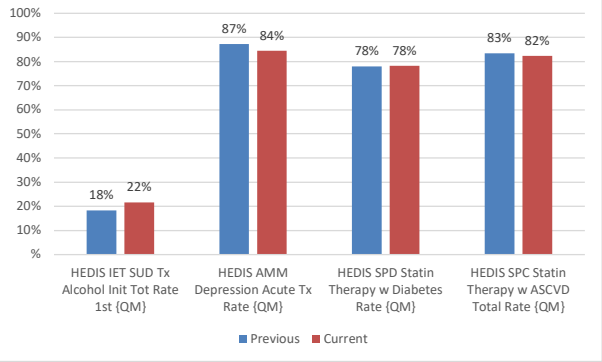


Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$10,650,675	1,794	\$5,937
2 Immunosuppressants, NEC	\$8,105,000	226	\$35,863
3 Molecular Targeted Therapy	\$3,115,191	47	\$66,281
4 Antidiabetic Ag, SGLT Inhibitr	\$2,273,554	474	\$4,797
5 CNS Agents, Misc.	\$2,070,317	417	\$4,965
6 Coag/Anticoag, Anticoagulants	\$1,112,556	325	\$3,423
7 Antivirals, NEC	\$931,165	803	\$1,160
8 Adrenals & Comb, NEC	\$896,234	2,170	\$413
9 Psychother, Tranq/Antipsychotic	\$714,932	305	\$2,344
10 Antihyperlipidemic Drugs, NEC	\$676,522	3,498	\$193



Medical and Prescription Drug Dashboard - Medicare Retirees
Previous Period: Jul 2023 - Jun 2024 (Paid)
Current Period: Jul 2024 - Jun 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	311.3	343.0	10.2%	479.7

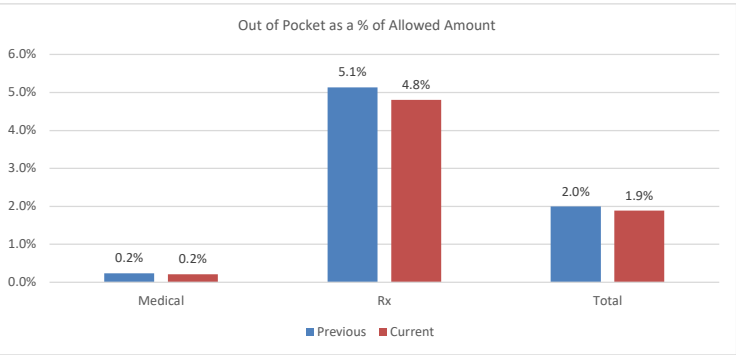
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	27,948.5	28,399.9	1.6%
Average Members	28,260.6	28,698.9	1.6%
Family Size	1.0	1.0	-0.1%
Member Age	73.6	73.9	0.4%
Members % Male	40.9%	40.7%	-0.4%

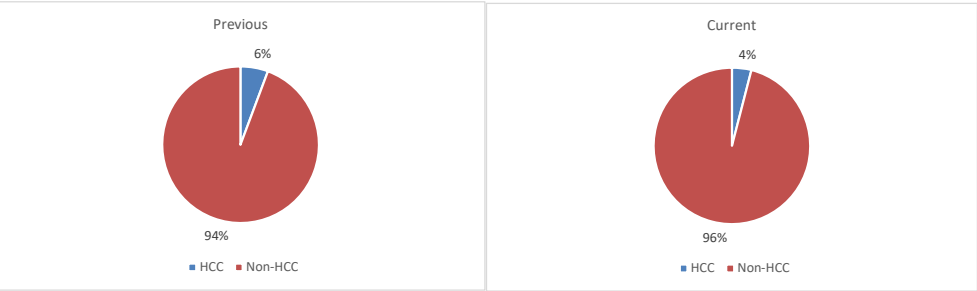
5. Risk Score

	Previous	Current
Member Risk Score	484.3	506.4

7. Cost Sharing



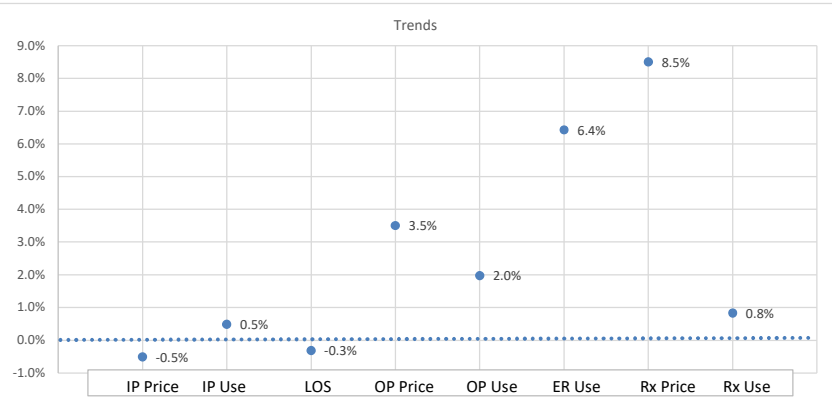
2. High Cost Claimants



	Previous	Current	Trend
Patients	49	45	-8.2%
Patients per 1,000	1.7	1.6	-9.6%
Payments (in Millions)	\$4 M	\$3 M	-25.2%
Payments per Patient	90,498	73,668	-18.6%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$20,077	\$19,976	-0.5%	\$23,075
	Admits per 1000	159.4	160.2	0.5%	178.5
	Days LOS	6.4	6.4	-0.3%	5.1
Outpatient	Allowed per Service	\$133	\$138	3.5%	\$134
	ER Visits per 1000	543.2	553.9	2.0%	574.9
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	6.4%	n/a
	Days Supply PMPY	1,627	1,639	0.7%	n/a
Specialty Rx	Allowed per Days Supply	\$146	\$147	1.2%	n/a
	Days Supply PMPY	21	24	11.1%	n/a
All RX	Allowed per Days Supply	\$4	\$5	8.5%	\$5
	Days Supply PMPY	1,649	1,663	0.8%	1,445

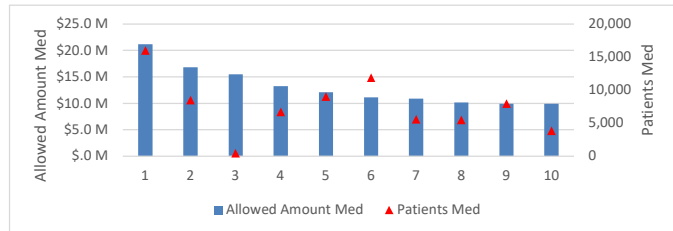


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jul 2023 - Jun 2024 (Paid)

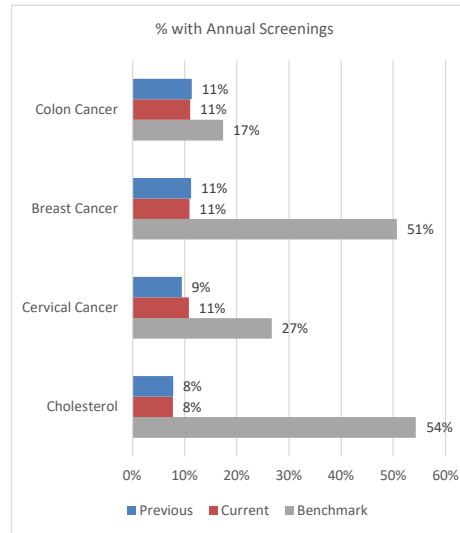
Current Period: Jul 2024 - Jun 2025 (Paid)

8. Top Medical Conditions (by cost)

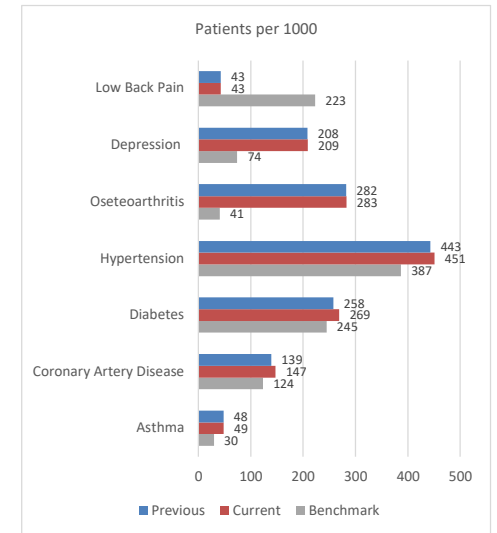


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$21,227,637	15,974	\$1,329
2 Osteoarthritis	\$16,844,638	8,476	\$1,987
3 Chemotherapy Encounters	\$15,452,520	435	\$35,523
4 Spinal/Back Disord, Low Back	\$13,236,773	6,676	\$1,983
5 Eye Disorders, Degenerative	\$12,099,131	9,027	\$1,340
6 Arthropathies/Joint Disord NEC	\$11,114,245	11,895	\$934
7 Cardiac Arrhythmias	\$10,883,196	5,572	\$1,953
8 Infections, NEC	\$10,164,948	5,479	\$1,855
9 Respiratory Disord, NEC	\$9,918,719	7,939	\$1,249
10 Cerebrovascular Disease	\$9,902,985	3,810	\$2,599

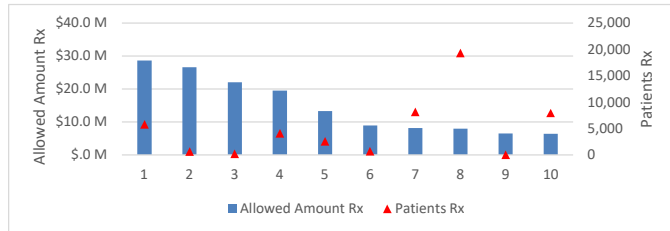
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$28,668,522	5,797	\$4,945
2 Immunosuppressants, NEC	\$26,668,444	647	\$41,219
3 Molecular Targeted Therapy	\$22,045,225	237	\$93,018
4 Coag/Anticoag, Anticoagulants	\$19,547,731	4,130	\$4,733
5 Antidiabetic Ag, SGLT Inhibitr	\$13,339,037	2,602	\$5,126
6 Hormone-Modifying Therapy	\$8,959,587	717	\$12,496
7 Cardiac Drugs, NEC	\$8,235,373	8,181	\$1,007
8 Antihyperlipidemic Drugs, NEC	\$7,978,744	19,339	\$413
9 Antineoplastic Agent, Misc.	\$6,557,810	61	\$107,505
10 Adrenals & Comb, NEC	\$6,429,211	7,974	\$806

