

# State of Delaware - Quarterly Financial Reporting

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## FY24 Q1 Cost Analysis

*It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.*

November 2023



**Summary plan information**

- FY24 YTD compared to FY23 YTD:

Summary (total)	FY24			FY23			% Change		
	Medical	Rx	Total <sup>2</sup>	Medical	Rx	Total <sup>2</sup>	Medical	Rx	Total <sup>2</sup>
Gross claims <sup>1</sup>	\$183.5	\$97.5	\$281.0	\$168.5	\$91.2	\$259.8	▲ 8.9%	▲ 6.9%	▲ 8.2%
Total program cost (\$M) <sup>2</sup>	\$196.4	\$57.8	\$255.0	\$181.0	\$49.1	\$230.9	▲ 8.5%	▲ 17.7%	▲ 10.4%
Premium contributions (\$M) <sup>3</sup>	\$199.1	\$47.1	\$246.2	\$180.8	\$45.4	\$226.1			▲ 8.9%
Total cost PEPY	\$10,284.0	\$3,024.0	\$13,344.0	\$9,636.0	\$2,616.0	\$12,288.0	▲ 6.7%	▲ 15.6%	▲ 8.6%
Total cost PMPY	\$5,940.0	\$1,752.0	\$7,716.0	\$5,544.0	\$1,500.0	\$7,068.0	▲ 7.1%	▲ 16.8%	▲ 9.2%
Average employees	76,438			75,140			▲ 1.7%		
Average members	132,227			130,585			▲ 1.3%		
Loss ratio	104%			102%					
Net income (\$M)	(\$8.7)			(\$4.7)					

<sup>1</sup> Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, CVS; excludes capitation.

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

<sup>3</sup> Includes fees for participating non-State groups

- FY24 Actual compared to FY24 Revised Budget (approved by SEBC 10/23/2023):

Summary (total)	FY24 Actual			FY24 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) <sup>1</sup>	\$196.4	\$57.8	\$255.0	\$203.8	\$55.7	\$260.4	▼ 3.6%	▲ 3.8%	▼ 2.1%
Total cost PEPY	\$10,284	\$3,024	\$13,344	\$10,625	\$2,905	\$13,578	▼ 3.2%	▲ 4.1%	▼ 1.7%
Total cost PMPY	\$5,940	\$1,752	\$7,716	\$6,142	\$1,679	\$7,850	▼ 3.3%	▲ 4.3%	▼ 1.7%
Net income (\$M)	(\$8.7)			(\$15.5)					

- Summary Plan Information through September 2023

FY24 Q1	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
<b>Summary (total)</b>						
Total cost (\$M)	\$51.2	\$203.8	\$179.6	\$31.9	\$43.4	\$255.0
Budgeted cost (\$M) <sup>1</sup>	\$50.8	\$195.4	\$179.7	\$25.5	\$41.0	\$246.2
Loss ratio	101%	104%	100%	125%	106%	104%
PEPY	\$16,968	\$12,660	\$17,892	\$19,440	\$5,844	\$13,344
PMPY	\$7,596	\$7,740	\$7,824	\$11,952	\$5,844	\$7,716
# of enrolled employees	12,059	64,379	40,146	6,564	29,729	76,438

<sup>1</sup> 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

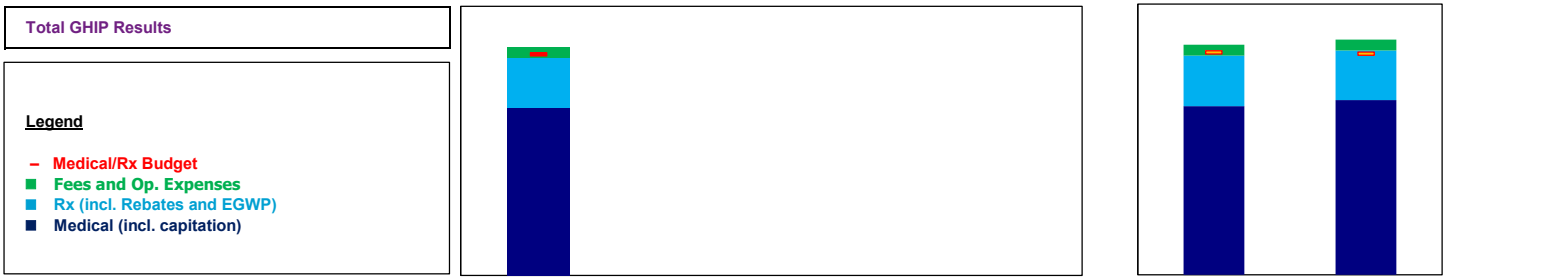
**Plan performance dashboard - key observations for GHIP Active population: October 2022 - September 2023 (compared to October 2021 - September 2022)**

- 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 9.0% preventive adult visits
  - Increase in screening rates, with breast cancer screenings up 3.9% over prior; all reported screening rates at or above benchmark except cervical cancer (-0.9%)
  - Prevalence of all top chronic conditions increased from prior year, led by diabetes (+9.3%) and asthma (+10.1%); chronic condition prevalence all significantly above benchmark
  - 5.3% increase in inpatient admits; 10.7% increase in ER visits
  - 2.4% increase in Rx cost across all prescriptions and 9.2% increase in utilization of all prescriptions
  - Specialty medications now make up 48.3% of pharmacy spend; reduction in cost for specialty drugs offset by 27.6% increase in days supply

**Additional notes**

- Claims and expenses are reported on a paid basis
- FY24 rates reflect 9.40% premium increase effective 7/1/2023 for non-Medicare plans and 5.00% for Medicare plans; based on average FY23 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

**State of Delaware**  
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 FY24 Q1 Plan Cost Analysis



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual	FY24 YTD WTW Budget <sup>7</sup>	Difference vs. Budget
<b>Total Program Cost</b>	<b>\$254,950,654</b>				<b>\$254,950,654</b>	<b>\$260,449,068</b>	<b>▼ 2.1%</b>
- Paid Claims	242,886,025				242,886,025	248,532,968	▼ 2.3%
- <b>Medical (includes capitation<sup>1</sup>)</b>	186,689,281				186,689,281	193,590,013	▼ 3.6%
- <b>Rx (Including Rebates and EGWP)</b>	56,196,744				56,196,744	54,942,956	▲ 2.3%
- Rx Paid Claims	97,534,099				97,534,099	94,475,482	▲ 3.2%
- EGWP <sup>2</sup>	(8,899,350)				(8,899,350)	(5,614,326)	▲ 58.5%
- Direct Subsidy	302,628				302,628	185,951	▲ 62.7%
- CGDP	0				0	0	▼ 100.0%
- Catastrophic Reinsurance	(9,201,977)				(9,201,977)	(5,800,277)	▲ 58.6%
- Rx Rebates <sup>3</sup>	(32,438,006)				(32,438,006)	(33,918,200)	▼ 4.4%
- ASO Fees	11,345,802				11,345,802	10,986,234	▲ 3.3%
- Operational Expenses	718,827				718,827	929,865	▼ 22.7%
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$246,220,900</b>				<b>\$246,220,900</b>	<b>\$244,955,615</b>	<b>▲ 0.5%</b>
- Net Income	(8,729,754)				(8,729,754)	(15,493,453)	
- Total Cost as % of Budget	104%				104%	106%	
<b>Current Year Per Capita</b>							
- Total per employee per year <sup>5</sup>	13,344				13,344	13,578	▼ 1.7%
- Total % change over prior	11.8%				12.1%		
- Medical per employee per year	10,284				10,284	10,625	▼ 3.2%
- Medical % change over prior	6.7%				8.1%		
- Rx per employee per year	3,024				3,024	2,905	▲ 4.1%
- Rx % change over prior	15.6%				27.9%		
- Medical per member per year	5,940				5,940	6,142	▼ 3.3%
- Rx per member per year	1,752				1,752	1,679	▲ 4.3%
- Total per member per year <sup>5</sup>	7,716				7,716	7,850	▼ 1.7%
<b>Prior Year Results</b>	<b>Q1 FY23</b>				<b>FY23</b>		
- Total Program Cost	224,257,289				224,257,289	-	-
- Total Program Cost \$ Change	30,693,365				30,693,365	-	-
- Total per employee per year <sup>5</sup>	11,940				11,904	-	-
- Medical per employee per year	9,636				9,516	-	-
- Rx per employee per year	2,616				2,364	-	-
<b>EE Contributions<sup>6</sup></b>	<b>\$50,201,301</b>				<b>\$50,201,301</b>		
- Net SoD	204,749,353				204,749,353	-	-
- SoD Subsidy %	80%				80%	-	-
<b>Headcount</b>							
- Enrolled Ees	76,438				76,438	76,725	▼ 0.4%
- Enrolled Members	132,227				132,227	132,721	▼ 0.4%
- Member/EE Ratio	1.7				1.7	1.7	

<sup>1</sup> Capitation payments apply to HMO plan only  
<sup>2</sup> 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  
<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021  
<sup>4</sup> Premium contributions include fees for participating non-State groups  
<sup>5</sup> 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  
<sup>6</sup> Participating groups are assumed to be 100% EE funded, and Medicare retirees are assumed to be fully subsidized  
<sup>7</sup> WTW Budget based on revised FY24 Budget approved by SEBC 10/23/2023

*It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.*

State of Delaware  
Health Plan Quarterly Financial Reporting  
FY24 Q1 Plan Cost Analysis

	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Active Employees Only</b>					
<p><b>Legend</b></p> <ul style="list-style-type: none"> <li>- Medical/Rx Budget</li> <li>- Fees and Op. Expenses</li> <li>- Rx (incl. Rebates and EGWP)</li> <li>- Medical (incl. capitation)</li> </ul>					
<b>Total Program Cost</b>	<b>\$179,617,685</b>				<b>\$179,617,685</b>
- Paid Claims	171,348,947				171,348,947
- <b>Medical (includes capitation<sup>1</sup>)</b>	145,370,578				145,370,578
- <b>Rx (Including Rebates and EGWP)</b>	25,978,368				25,978,368
- Rx Paid Claims	40,505,140				40,505,140
- EGWP <sup>2</sup>	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates <sup>3</sup>	(\$14,526,772)				(14,526,772)
- ASO Fees	7,891,203				7,891,203
- Operational Expenses	377,535				377,535
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$179,693,768</b>				<b>\$179,693,768</b>
- Net Income	76,083				76,083
- Total Cost as % of Budget	100%				100%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	17,892				17,892
- Total % change over prior	6.4%				6.4%
- Medical per employee per year	15,156				15,192
- Medical % change over prior	7.4%				7.7%
- Rx per employee per year	2,700				2,676
- Rx % change over prior	2.4%				1.5%
- Medical per member per year	6,624				6,636
- Rx per member per year	1,176				1,164
- Total per member per year <sup>5</sup>	7,824				7,824
<b>Prior Year Results</b>	<b>Q1 FY23</b>				<b>FY23</b>
- Total Program Cost	165,012,312				165,012,312
- Total Program Cost \$ Change	14,605,373				14,605,373
- Total per employee per year <sup>5</sup>	16,812				16,812
- Medical per employee per year	14,112				14,112
- Rx per employee per year	2,636				2,636
<b>EE Contributions<sup>5</sup></b>	<b>\$43,107,149</b>				<b>\$43,107,149</b>
- Net SoD	136,510,536				136,510,536
- SoD Subsidy %	76%				76%
<b>Headcount</b>					
- Enrolled Ees	40,146				40,146
- Enrolled Members	91,824				91,824
- Member/EE Ratio	2.3				2.3

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> 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

<sup>3</sup> Reflects estimated rebates attributable to FY24 prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> 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

<sup>6</sup> Participating groups are assumed to be 100% EE funded due to data reporting limitations

**State of Delaware**  
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**FY24 Q1 Plan Cost Analysis**

	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Non-Medicare Retirees Only</b>					
<p><b>Legend</b></p> <ul style="list-style-type: none"> <li>- Medical/Rx Budget</li> <li>- Fees and Op. Expenses</li> <li>- Rx (incl. Rebates and EGWP)</li> <li>- Medical (incl. capitation)</li> </ul>					
<b>Total Program Cost</b>	<b>\$31,901,896</b>				<b>\$31,901,896</b>
- Paid Claims	30,549,931				30,549,931
- <b>Medical (includes capitation<sup>1</sup>)</b>	25,293,429				25,293,429
- <b>Rx (Including Rebates and EGWP)</b>	5,256,502				5,256,502
- Rx Paid Claims	8,195,871				8,195,871
- EGWP <sup>2</sup>	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates <sup>3</sup>	(\$2,939,369)				(2,939,369)
- ASO Fees	1,290,237				1,290,237
- Operational Expenses	61,728				61,728
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$25,491,948</b>				<b>\$25,491,948</b>
- Net Income	(6,409,949)				(6,409,949)
- Total Cost as % of Budget	125%				125%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	19,440				19,440
- Total % change over prior	11.0%				11.0%
- Medical per employee per year	16,092				15,708
- Medical % change over prior	11.0%				8.3%
- Rx per employee per year	3,312				3,288
- Rx % change over prior	12.0%				11.2%
- Medical per member per year	9,888				9,660
- Rx per member per year	2,040				2,016
- Total per member per year <sup>5</sup>	11,952				11,952
<b>Prior Year Results</b>	<b>Q1 FY23</b>				<b>FY23</b>
- Total Program Cost	29,601,780				29,601,780
- Total Program Cost \$ Change	2,300,117				2,300,117
- Total per employee per year <sup>5</sup>	17,508				17,508
- Medical per employee per year	14,501				14,501
- Rx per employee per year	2,957				2,957
<b>EE Contributions<sup>5</sup></b>	<b>\$6,928,607</b>				<b>\$6,928,607</b>
- Net SoD	24,973,290				24,973,290
- SoD Subsidy %	78%				78%
<b>Headcount</b>					
- Enrolled Ees	6,564				6,564
- Enrolled Members	10,674				10,674
- Member/EE Ratio	1.6				1.6

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> 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

<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> 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

<sup>6</sup> Participating groups are assumed to be 100% EE funded due to data reporting limitations

State of Delaware  
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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Active Employees and Non-Medicare Retirees Only</b>					
<p><b>Legend</b></p> <ul style="list-style-type: none"> <li>- Medical/Rx Budget</li> <li>- Fees and Op. Expenses</li> <li>- Rx (incl. Rebates and EGWP)</li> <li>- Medical (incl. capitation)</li> </ul>					
<b>Total Program Cost</b>	<b>\$211,519,581</b>				<b>\$211,519,581</b>
- Paid Claims	201,898,878				201,898,878
- <b>Medical (includes capitation<sup>1</sup>)</b>	170,664,007				170,664,007
- <b>Rx (Including Rebates and EGWP)</b>	31,234,871				31,234,871
- Rx Paid Claims	48,701,011				48,701,011
- EGWP <sup>2</sup>	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates <sup>3</sup>	(17,466,141)				(17,466,141)
- <b>ASO Fees</b>	9,181,440				9,181,440
- <b>Operational Expenses</b>	439,263				439,263
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$205,185,716</b>				<b>\$205,185,716</b>
- Net Income	(6,333,866)				(6,333,866)
- Total Cost as % of Budget	103%				103%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	18,108				18,108
- Total % change over prior	7.0%				7.0%
- Medical per employee per year	15,288				15,312
- Medical % change over prior	7.8%				8.0%
- Rx per employee per year	2,784				2,760
- Rx % change over prior	3.9%				3.0%
- Medical per member per year	7,020				6,984
- Rx per member per year	1,272				1,260
- Total per member per year <sup>5</sup>	8,256				8,256
<b>Prior Year Results</b>	<b>Q1 FY23</b>				<b>FY23</b>
- Total Program Cost	194,614,091				194,614,091
- Total Program Cost \$ Change	16,905,490				16,905,490
- Total per employee per year <sup>5</sup>	16,920				16,920
- Medical per employee per year	14,178				14,178
- Rx per employee per year	2,679				2,679
<b>EE Contributions<sup>5</sup></b>	<b>\$50,035,756</b>				<b>\$50,035,756</b>
- Net SoD	161,483,825				161,483,825
- SoD Subsidy %	76%				76%
<b>Headcount</b>					
- Enrolled Ees	46,709				46,709
- Enrolled Members	102,498				102,498
- Member/EE Ratio	2.2				2.2

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> 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

<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> 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

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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Medicare Retirees Only</b>					
<p><b>Legend</b></p> <ul style="list-style-type: none"> <li>- Medical/Rx Budget</li> <li>- Fees and Op. Expenses</li> <li>- Rx (incl. Rebates and EGWP)</li> <li>- Medical (incl. capitation)</li> </ul>					
<b>Total Program Cost</b>	<b>\$43,431,072</b>				<b>\$43,431,072</b>
- Paid Claims	40,987,147				40,987,147
- <b>Medical (includes capitation<sup>1</sup>)</b>	16,025,274				16,025,274
- <b>Rx (Including Rebates and EGWP)</b>	24,961,873				24,961,873
- Rx Paid Claims	48,833,088				48,833,088
- EGWP <sup>2</sup>	(8,899,350)				(8,899,350)
- Direct Subsidy	302,628				302,628
- CGDP	0				0
- Catastrophic Reinsurance	(9,201,977)				(9,201,977)
- Rx Rebates <sup>3</sup>	(14,971,865)				(14,971,865)
- ASO Fees	2,164,362				2,164,362
- Operational Expenses	279,564				279,564
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$41,035,184</b>				<b>\$41,035,184</b>
- Net Income	(2,395,888)				(2,395,888)
- Total Cost as % of Budget	106%				106%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	5,844				5,844
- Total % change over prior	43.7%				43.7%
- Medical per employee per year	2,400				2,364
- Medical % change over prior	4.6%				3.0%
- Rx per employee per year	3,396				3,444
- Rx % change over prior	97.3%				100.1%
- Medical per member per year	2,400				2,364
- Rx per member per year	3,396				3,444
- Total per member per year <sup>5</sup>	5,844				5,844
<b>Prior Year Results</b>	<b>Q1 FY23</b>				<b>FY23</b>
- Total Program Cost	29,643,197				29,643,197
- Total Program Cost \$ Change	13,787,875				13,787,875
- Total per employee per year <sup>5</sup>	4,068				4,068
- Medical per employee per year	2,295				2,295
- Rx per employee per year	1,721				1,721
<b>EE Contributions<sup>5</sup></b>	<b>\$165,545</b>				<b>\$165,545</b>
- Net SoD	32,645,969				32,645,969
- SoD Subsidy %	75%				75%
<b>Headcount</b>					
- Enrolled Ees	29,729				29,729
- Enrolled Members	29,729				29,729
- Member/EE Ratio	1.0				1.0

<sup>1</sup> Capitation payments apply to HMO plan only and do not apply to Medicaid

<sup>2</sup> 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

<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective January 2022

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> 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

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

**State of Delaware**  
**FY2024 Financial Analysis of Health/Rx Plans - Paid Basis**  
**Year to Date July 1, 2023 - September 30, 2023**

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
<b>Medical</b>												
Paid Claims	\$7,509,127	\$1,084,369	\$103,960,285	\$16,312,734	\$16,025,274	\$144,891,788	\$22,085,570	\$5,844,017	\$9,068,500	\$1,563,162	\$38,561,249	\$183,453,037
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$2,747,096	\$489,148	\$0	\$0	\$3,236,244	\$3,236,244
<b>Administration</b>	<b>\$659,618</b>	<b>\$53,065</b>	<b>\$4,642,456</b>	<b>\$733,417</b>	<b>\$1,511,703</b>	<b>\$7,600,258</b>	<b>\$1,186,048</b>	<b>\$298,533</b>	<b>\$565,965</b>	<b>\$68,352</b>	<b>\$2,118,897</b>	<b>\$9,719,155</b>
Total Medical Program Cost	\$8,168,746	\$1,137,433	\$108,602,740	\$17,046,151	\$17,536,977	\$152,492,046	\$26,018,714	\$6,631,697	\$9,634,465	\$1,631,514	\$43,916,390	\$196,408,436
Average Number of Employees	3,754	302	26,421	4,174	29,729	64,379	6,750	1,698	3,221	390	12,059	76,438
Program Cost/Employee/Yr.	\$8,705	\$15,065	\$16,442	\$16,337	\$2,360	\$9,475	\$15,419	\$15,619	\$11,963	\$16,748	\$14,567	\$10,284
Change from prior period (pepy)	10.3%	11.7%	4.8%	7.3%	13.6%	6.2%	3.5%	15.5%	22.9%	38.2%	9.4%	8.1%
Average Number of Members	6,857	414	61,700	6,594	29,729	105,294	16,266	2,962	7,001	704	26,933	132,227
Program Cost/Member/Yr.	\$4,765	\$10,999	\$7,041	\$10,340	\$2,360	\$5,793	\$6,398	\$8,955	\$5,505	\$9,270	\$6,522	\$5,940
Change from prior period (pmpy)	9.2%	13.9%	5.5%	6.0%	13.6%	6.4%	5.0%	13.9%	23.5%	36.5%	10.3%	7.1%
<b>Express Scripts, Inc.</b>												
Paid Claims	\$2,172,839	\$271,807	\$29,647,675	\$5,885,516	\$48,833,088	\$86,810,924	\$6,367,564	\$1,781,767	\$2,317,062	\$256,781	\$10,723,175	\$97,534,099
Administration	\$78,278	\$6,297	\$550,926	\$87,035	\$652,659	\$1,375,195	\$140,750	\$35,427	\$67,164	\$8,111	\$251,452	\$1,626,647
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$8,899,350)	(\$8,899,350)	\$0	\$0	\$0	\$0	\$0	(\$8,899,350)
Estimated Rebates <sup>1</sup>	(\$779,267)	(\$97,481)	(\$10,632,848)	(\$2,110,783)	(\$14,971,865)	(\$28,592,244)	(\$2,283,664)	(\$639,013)	(\$830,992)	(\$92,092)	(\$3,845,762)	(\$32,438,006)
Total Rx Program Cost	\$1,471,849	\$180,623	\$19,565,752	\$3,861,769	\$25,614,532	\$50,694,525	\$4,224,649	\$1,178,181	\$1,553,234	\$172,801	\$7,128,865	\$57,823,391
Average Number of Employees	3,754	302	26,421	4,174	29,729	64,379	6,750	1,698	3,221	390	12,059	76,438
Program Cost/Employee/Yr.	\$1,572	\$2,388	\$2,964	\$3,696	\$3,444	\$3,144	\$2,508	\$2,772	\$1,932	\$1,776	\$2,364	\$3,024
Change from prior period (pepy)	6.5%	56.7%	0.4%	-1.9%	44.2%	18.0%	-0.9%	1.3%	10.3%	-30.8%	-0.5%	27.9%
Average Number of Members	6,857	414	61,700	6,594	29,729	105,294	16,266	2,962	7,001	704	26,933	132,227
Program Cost/Member/Yr.	\$864	\$1,752	\$1,272	\$2,340	\$3,444	\$1,920	\$1,044	\$1,596	\$888	\$984	\$1,056	\$1,752
Change from prior period (pmpy)	5.9%	60.4%	1.0%	-3.0%	44.2%	18.5%	1.2%	0.0%	10.4%	-31.7%	0.0%	16.8%
<b>Total Medical and Rx</b>												
Premium	\$13,158,052	\$954,510	\$123,760,862	\$16,487,073	\$41,035,184	\$195,395,681	\$29,647,480	\$6,556,346	\$13,127,374	\$1,494,019	\$50,825,219	\$246,220,900
Program Cost (prior to operational)	\$9,640,595	\$1,318,057	\$128,168,493	\$20,907,919	\$43,151,509	\$203,186,572	\$30,243,364	\$7,809,878	\$11,187,699	\$1,804,314	\$51,045,255	\$254,231,827
<b>Operational Expenses</b>	<b>\$35,303</b>	<b>\$2,840</b>	<b>\$248,464</b>	<b>\$39,252</b>	<b>\$279,564</b>	<b>\$605,423</b>	<b>\$63,477</b>	<b>\$15,977</b>	<b>\$30,290</b>	<b>\$3,658</b>	<b>\$113,403</b>	<b>\$718,827</b>
Total Program Cost	\$9,675,897	\$1,320,897	\$128,416,957	\$20,947,172	\$43,431,072	\$203,791,995	\$30,306,841	\$7,825,856	\$11,217,990	\$1,807,972	\$51,158,659	\$254,950,654
Net Income	\$3,482,155	(\$366,386)	(\$4,656,095)	(\$4,460,099)	(\$2,395,888)	(\$8,396,314)	(\$659,361)	(\$1,269,509)	\$1,909,385	(\$313,954)	(\$333,440)	(\$8,729,754)
<b>Total Cost as % of Budget</b>	<b>73.5%</b>	<b>138.4%</b>	<b>103.8%</b>	<b>127.1%</b>	<b>105.8%</b>	<b>104.3%</b>	<b>102.2%</b>	<b>119.4%</b>	<b>85.5%</b>	<b>121.0%</b>	<b>100.7%</b>	<b>103.5%</b>
Average Number of Employees	3,754	302	26,421	4,174	29,729	64,379	6,750	1,698	3,221	390	12,059	76,438
Program Cost/Employee/Yr.	\$10,308	\$17,496	\$19,440	\$20,076	\$5,844	\$12,660	\$17,964	\$18,432	\$13,932	\$18,564	\$16,968	\$13,344
Change from prior period (pepy)	9.7%	16.3%	4.1%	5.6%	29.9%	9.0%	2.8%	13.0%	20.8%	26.1%	7.9%	12.1%
Average Number of Members	6,857	414	61,700	6,594	29,729	105,294	16,266	2,962	7,001	704	26,933	132,227
Program Cost/Member/Yr.	\$5,640	\$12,768	\$8,328	\$12,708	\$5,844	\$7,740	\$7,452	\$10,572	\$6,408	\$10,272	\$7,596	\$7,716
Change from prior period (pmpy)	8.5%	18.5%	4.8%	4.2%	29.9%	9.1%	4.2%	11.5%	21.4%	24.4%	8.8%	9.2%
<b>Prior Period Program Cost</b>												
<b>Per Employee Per Year (FY23)</b>												
Medical	\$7,889	\$13,486	\$15,682	\$15,219	\$2,078	\$8,918	\$14,898	\$13,529	\$9,738	\$12,122	\$13,320	\$9,516
Rx	\$1,476	\$1,524	\$2,952	\$3,768	\$2,388	\$2,664	\$2,532	\$2,736	\$1,752	\$2,568	\$2,376	\$2,364
Total <sup>2</sup>	\$9,396	\$15,048	\$18,672	\$19,020	\$4,500	\$11,616	\$17,472	\$16,308	\$11,532	\$14,724	\$15,732	\$11,904
<b>Per Member Per Year (FY23)</b>												
Medical	\$4,364	\$9,657	\$6,671	\$9,756	\$2,078	\$5,447	\$6,094	\$7,863	\$4,458	\$6,792	\$5,913	\$5,544
Rx	\$816	\$1,092	\$1,260	\$2,412	\$2,388	\$1,620	\$1,032	\$1,596	\$804	\$1,440	\$1,056	\$1,500
Total <sup>2</sup>	\$5,196	\$10,776	\$7,944	\$12,192	\$4,500	\$7,092	\$7,152	\$9,480	\$5,280	\$8,256	\$6,984	\$7,068

<sup>1</sup> Reflects estimated rebates attributable to FY24, based on WTW analysis of expected rebates under new CVS Health contract

<sup>2</sup> Includes Medical, Rx, and Operational Expenses



## State of Delaware

### Health Plan Quarterly Financial Reporting

#### FY24 Q1 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY24 YTD Reporting Reconciliation	WTW FY24 Q1 Financial Report	DHR Sep. 2023 Fund Equity Report
<b>Total Program Cost</b>	<b>\$254,950,654</b>	<b>\$301,882,377</b>
<b>Paid Claims</b>	242,886,025	289,872,040
Medical Claims	186,689,281	191,417,591
Rx Claims <sup>1</sup>	56,196,744	98,454,450
Rx Paid Claims	97,534,099	98,454,450
EGWP	(8,899,350)	5,547,269
<i>Direct Subsidy</i>	302,628	(288,091)
<i>CGDP</i>	0	0
<i>Catastrophic Reinsurance</i>	(9,201,977)	5,835,360
Rx Rebates	(32,438,006)	32,438,006
Total Rx Claim (Offsets)/Revenue <sup>2</sup>	(41,337,355)	37,985,275
<b>Total Fees</b>	12,010,337	12,010,337
ASO Fees	11,345,802	11,345,802
Operational Expenses	664,535	664,535
<b>Premium Contributions/Operating Revenues<sup>3</sup></b>	<b>\$246,220,900</b>	<b>\$281,460,692</b>
Net Income	(8,729,754)	(20,421,685)
Total Cost as % of Budget	104%	107%

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

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

<sup>3</sup>DHR premium contributions represent total operating revenues, including premium contributions, Rx revenues (EGWP and rebates), other revenues totaling \$70,140, and participating group fees totaling \$1,804,525; WTW premium contributions represent FY24 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$241,600,753

## State of Delaware

### Health Plan Quarterly Financial Reporting

#### Assumptions and Caveats

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##### Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY24 represents the time period July 1, 2023 through June 30, 2024 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY24 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 September 2023 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 FY24 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 FY24 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2023 through June 30, 2024; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through June 2024; remaining payments attributable to FY24 estimated based on projected amounts provided by CVS; may differ from actual payments received during FY24 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY23 Financial Reporting.

**It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.**

##### Budget/contributions

- 9 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2023. Medicare eligible retiree budget rates reflect rates effective January 1, 2023 for FY24 Q1 and Q2, and rates effective January 1, 2024 for FY24 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 FY24.
- 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.

**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 ( <i>HRA</i> ), or other similar medical payment products to pay routine health care expenses directly. GHIP currently offers a CDHP with <i>HRA</i> .
Coverage Gap Discount Program	CGDP	One of the funding components of an <i>EGWP</i> . 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

#### Glossary of Important Health Care Terms

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#### Terms directly tied to cost tracking

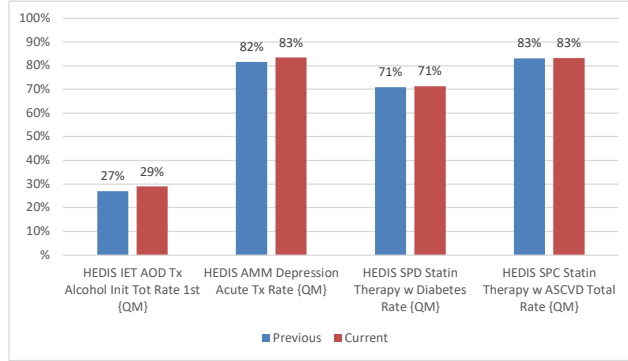
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. 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, 2023 to June 30, 2024.

**Medical and Prescription Drug Dashboard - GHIP Population**

Previous Period: Oct 2021 - Sep 2022 (Paid)

Current Period: Oct 2022 - Sep 2023 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5812.9	5588.9	-3.9%	5449.2
Visits per 1000 Well Child	1006.4	837.0	-16.8%	778.3
Visits per 1000 Prevent Adult	436.1	468.3	7.4%	444.3

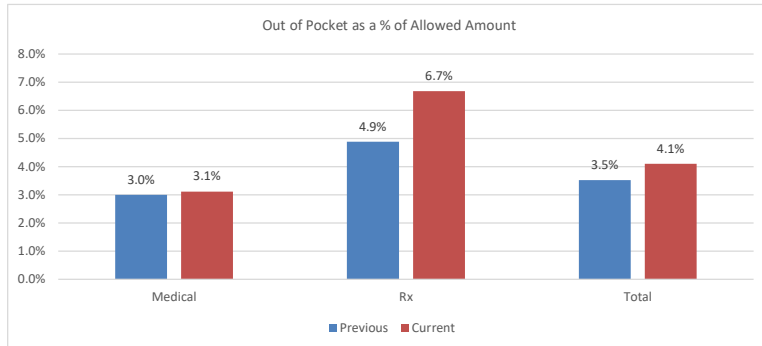
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	74,769.0	75,837.8	1.4%
Average Members	129,842.3	131,060.1	0.9%
Family Size	1.7	1.7	-0.5%
Member Age	43.3	43.5	0.3%
Members % Male	44.6%	44.5%	-0.4%

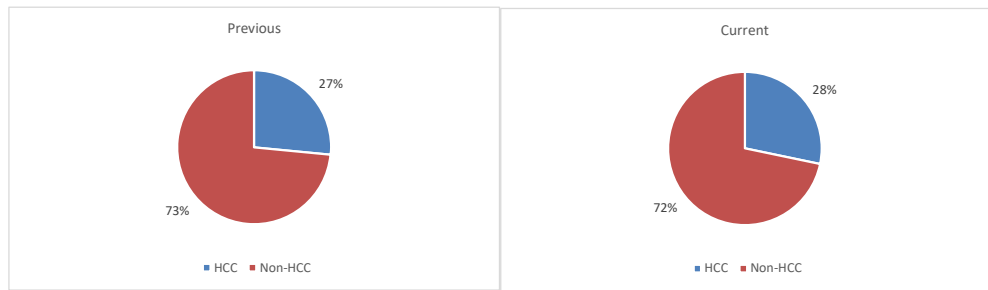
**5. Risk Score**

	Previous	Current
Member Risk Score	242.6	251.3

**7. Cost Sharing**



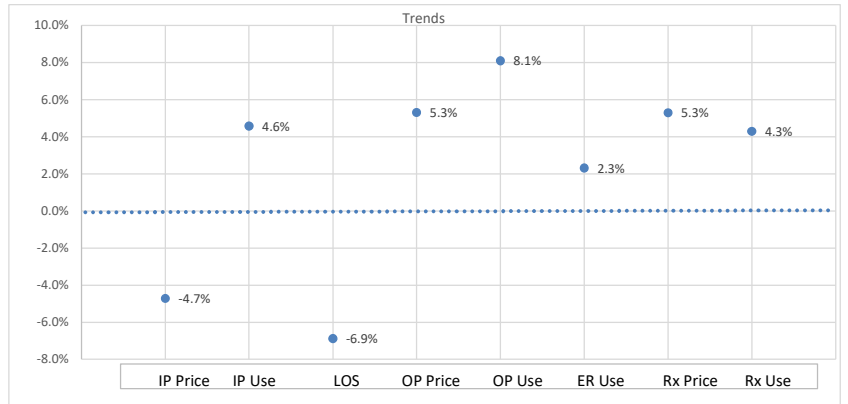
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	1,132	1,254	10.8%
Patients per 1,000	8.7	9.6	9.7%
Payments (in Millions)	\$244 M	\$268 M	9.9%
Payments per Patient	215,474	213,743	-0.8%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$28,075	\$26,750	-4.7%	\$32,585
	Admits per 1000	77.0	80.6	4.6%	51.0
	Days LOS	6.3	5.9	-6.9%	4.9
Outpatient	Allowed per Service	\$140	\$148	5.3%	\$135
	ER Visits per 1000	319.5	345.4	8.1%	216.3
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	2.3%	n/a
	Days Supply PMPY	693	722	4.1%	n/a
Specialty Rx	Allowed per Days Supply	\$133	\$128	-4.0%	n/a
	Days Supply PMPY	9	11	18.9%	n/a
All RX	Allowed per Days Supply	\$4	\$4	5.3%	\$4
	Days Supply PMPY	703	733	4.3%	367

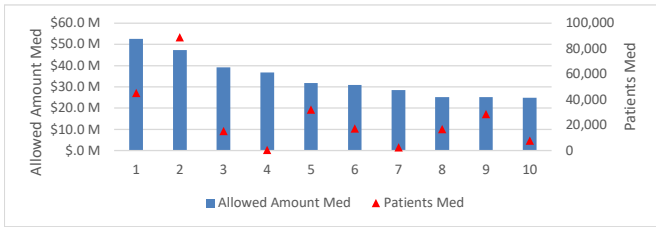


**Medical and Prescription Drug Dashboard - GHIP Population**

Previous Period: Oct 2021 - Sep 2022 (Paid)

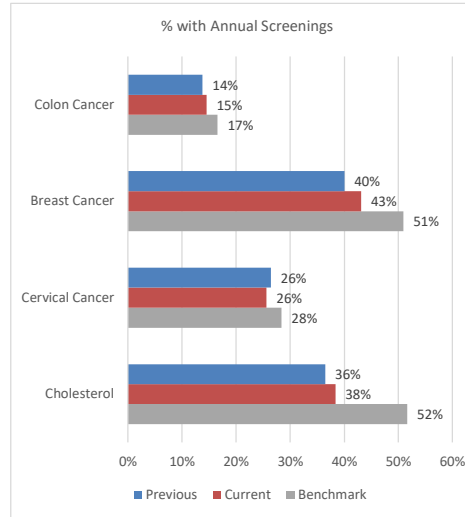
Current Period: Oct 2022 - Sep 2023 (Paid)

**8. Top Medical Conditions (by cost)**

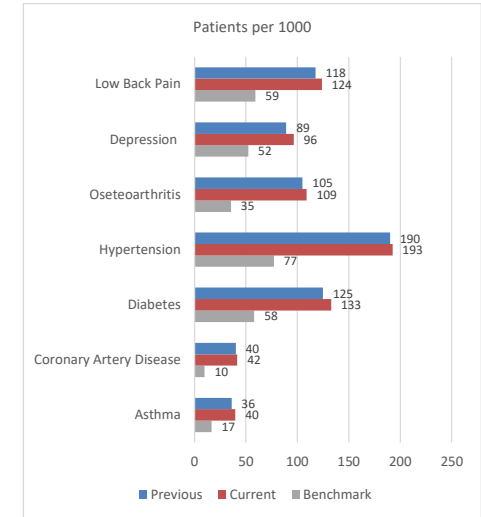


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$52,536,128	45,208	\$1,162
2 Prevent/Admin Hlth Encounters	\$47,311,271	88,951	\$532
3 Osteoarthritis	\$39,254,279	15,468	\$2,538
4 Chemotherapy Encounters	\$36,833,112	698	\$52,770
5 Arthropathies/Joint Disord NEC	\$31,842,634	32,314	\$985
6 Spinal/Back Disord, Low Back	\$30,851,725	17,573	\$1,756
7 Pregnancy without Delivery	\$28,579,507	2,780	\$10,280
8 Respiratory Disord, NEC	\$25,190,752	17,085	\$1,474
9 Infections, NEC	\$25,152,821	28,777	\$874
10 Cardiac Arrhythmias	\$24,915,827	7,830	\$3,182

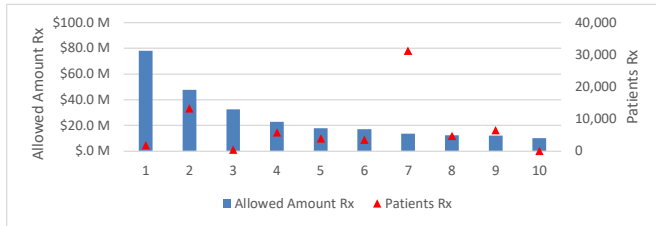
**9. Screening Rates**



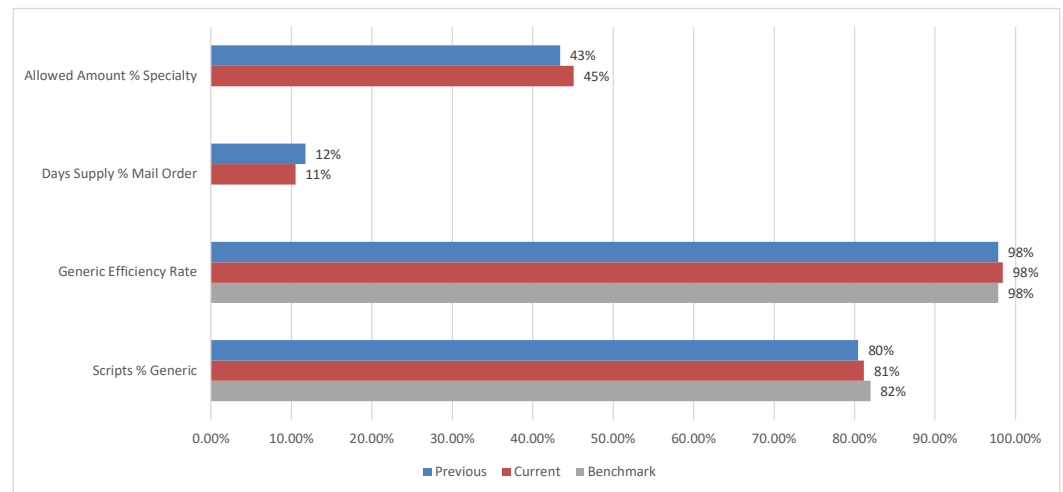
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$78,080,278	1,885	\$41,422
2 Antidiabetic Agents, Misc	\$47,752,201	13,283	\$3,595
3 Molecular Targeted Therapy	\$32,695,743	448	\$72,982
4 Coag/Anticoag, Anticoagulants	\$22,815,151	5,812	\$3,926
5 Antidiabetic Ag, SGLT Inhibitr	\$17,793,631	3,972	\$4,480
6 Antidiabetic Agents, Insulins	\$17,047,361	3,521	\$4,842
7 Adrenals & Comb, NEC	\$13,726,353	31,231	\$440
8 CNS Agents, Misc.	\$12,287,961	4,729	\$2,598
9 Misc Therapeutic Agents, NEC	\$12,038,971	6,572	\$1,832
10 Antineoplastic Agent, Misc.	\$10,066,517	76	\$132,454

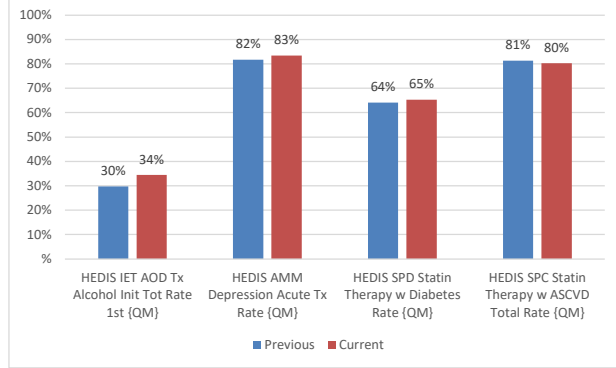


## Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Oct 2021 - Sep 2022 (Paid)

Current Period: Oct 2022 - Sep 2023 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5816.8	5589.9	-3.9%	5384.1	
Visits per 1000 Well Child	1007.5	836.3	-17.0%	785.8	
Visits per 1000 Prevent Adult	497.9	543.5	9.2%	444.3	

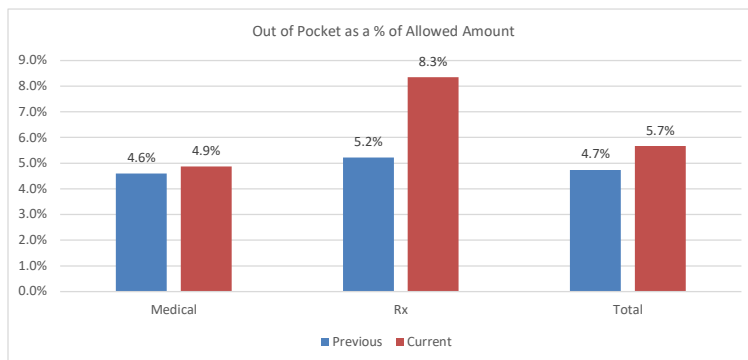
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	39,113.8	39,653.8	1.4%
Average Members	89,966.2	90,618.8	0.7%
Family Size	2.3	2.3	-0.6%
Member Age	32.7	32.7	0.0%
Members % Male	46.1%	46.0%	-0.4%

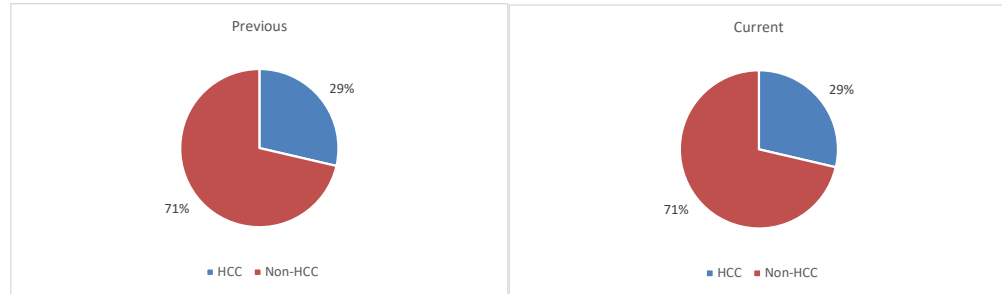
### 5. Risk Score

	Previous	Current
Member Risk Score	143.5	146.6

### 7. Cost Sharing



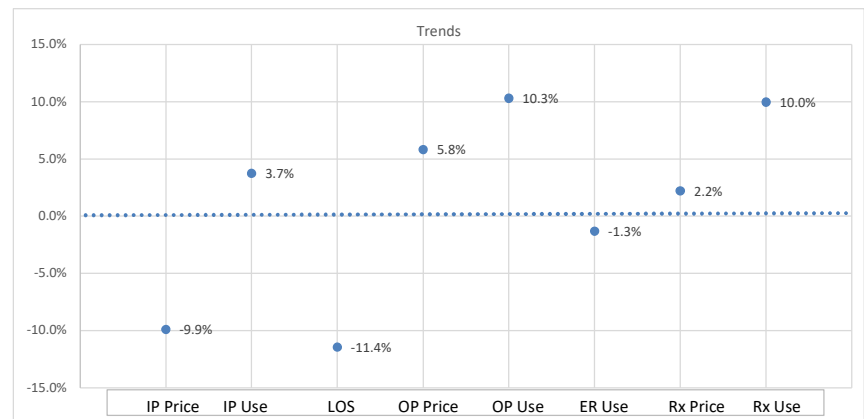
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	940	1,031	9.7%
Patients per 1,000	10.4	11.4	8.9%
Payments (in Millions)	\$194 M	\$209 M	7.7%
Payments per Patient	206,363	202,584	-1.8%

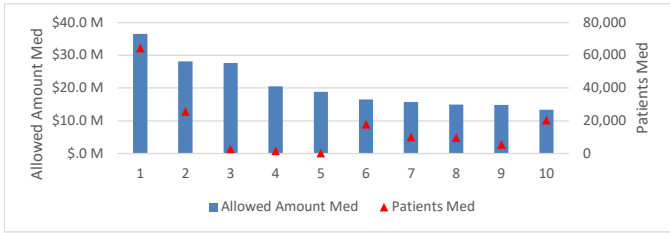
### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$34,205	\$30,825	-9.9%	\$26,300
	Admits per 1000	53.6	55.6	3.7%	50.4
	Days LOS	5.6	5.0	####	4.5
Outpatient	Allowed per Service	\$147	\$156	5.8%	\$135
	ER Visits per 1000	258.1	284.7	10.3%	214.5
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-1.3%	n/a
	Days Supply PMPY	384	421	9.7%	n/a
Specialty Rx	Allowed per Days Supply	\$129	\$120	-7.4%	n/a
	Days Supply PMPY	6	8	26.5%	n/a
All RX	Allowed per Days Supply	\$5	\$5	2.2%	\$4
	Days Supply PMPY	390	429	10.0%	333



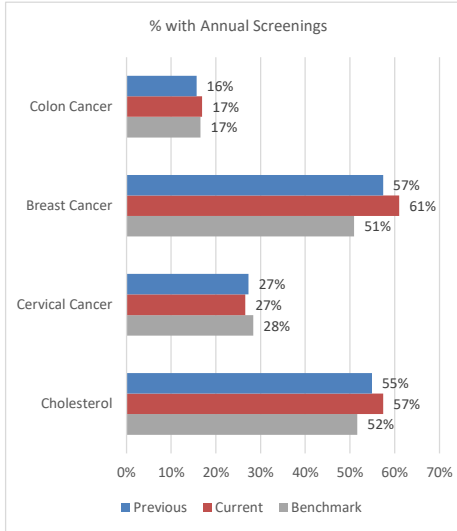
**Medical and Prescription Drug Dashboard - Active Employees**  
**Previous Period: Oct 2021 - Sep 2022 (Paid)**  
**Current Period: Oct 2022 - Sep 2023 (Paid)**

**8. Top Medical Conditions (by cost)**

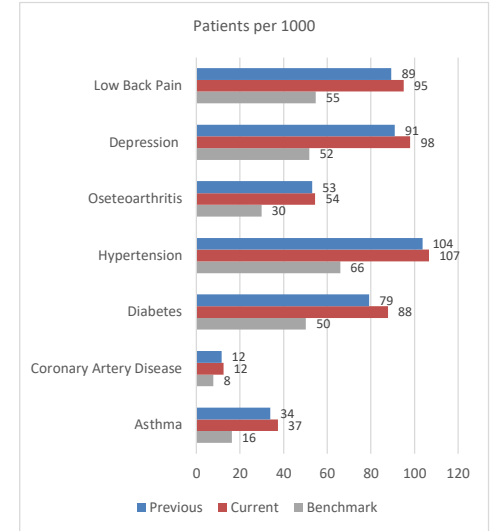


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$36,509,522	64,399	\$567
2 Signs/Symptoms/Oth Cond, NEC	\$28,156,503	25,671	\$1,097
3 Pregnancy without Delivery	\$27,703,732	2,691	\$10,295
4 Newborns, w/wo Complication	\$20,470,698	1,476	\$13,869
5 Chemotherapy Encounters	\$18,818,586	213	\$88,350
6 Arthropathies/Joint Disord NEC	\$16,459,344	17,769	\$926
7 Gastroint Disord, NEC	\$15,642,593	9,914	\$1,578
8 Spinal/Back Disord, Low Back	\$14,947,681	9,563	\$1,563
9 Osteoarthritis	\$14,792,693	5,476	\$2,701
10 Infections, NEC	\$13,357,506	20,352	\$656

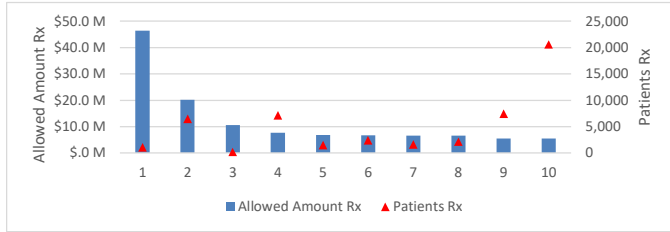
**9. Screening Rates**



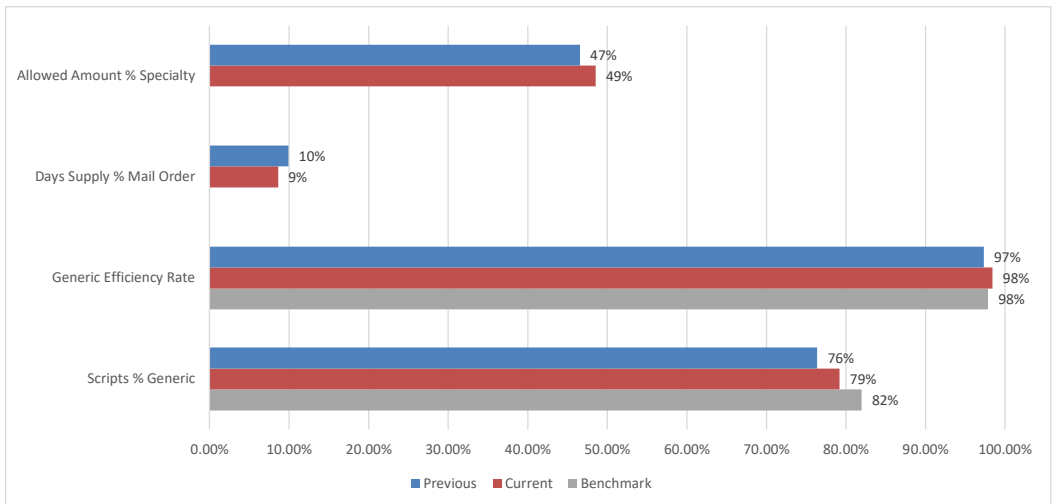
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$46,451,712	1,095	\$42,422
2 Antidiabetic Agents, Misc	\$20,145,719	6,506	\$3,096
3 Molecular Targeted Therapy	\$10,674,055	207	\$51,565
4 Stimulant, Amphetamine Type	\$7,702,670	7,163	\$1,075
5 Antidiabetic Agents, Insulins	\$6,882,737	1,493	\$4,610
6 CNS Agents, Misc.	\$6,670,427	2,417	\$2,760
7 Antidiabetic Ag, SGLT Inhibitr	\$6,598,458	1,619	\$4,076
8 Misc Therapeutic Agents, NEC	\$6,510,401	2,158	\$3,017
9 Antivirals, NEC	\$5,525,486	7,481	\$739
10 Adrenals & Comb, NEC	\$5,466,210	20,586	\$266



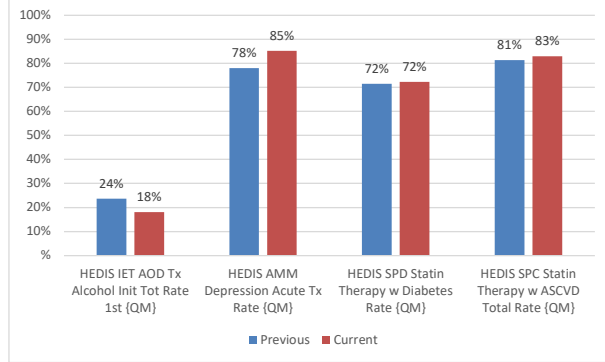


## Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Oct 2021 - Sep 2022 (Paid)

Current Period: Oct 2022 - Sep 2023 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	4207.8	5647.1	34.2%	4916.1
Visits per 1000 Well Child	883.3	806.5	-8.7%	705.4
Visits per 1000 Prevent Adult	525.9	566.4	7.7%	444.3

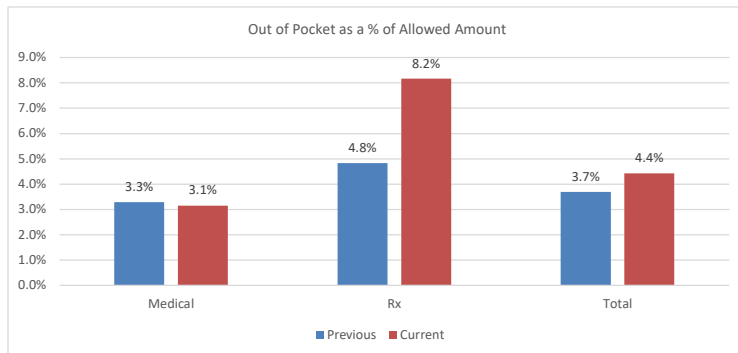
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	6,091.6	5,997.3	-1.5%
Average Members	9,762.5	9,689.4	-0.7%
Family Size	1.6	1.6	0.8%
Member Age	50.1	49.8	-0.5%
Members % Male	42.3%	42.7%	0.9%

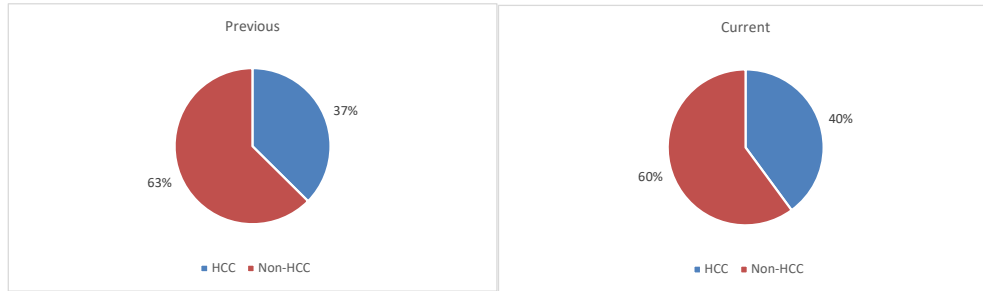
### 5. Risk Score

	Previous	Current
Member Risk Score	242.9	247.4

### 7. Cost Sharing



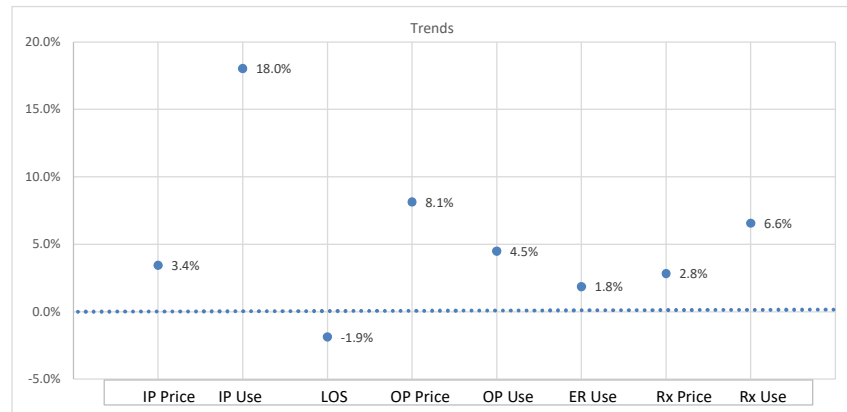
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	254	291	14.6%
Patients per 1,000	26.0	30.0	15.4%
Payments (in Millions)	\$43 M	\$52 M	19.1%
Payments per Patient	170,923	177,669	3.9%

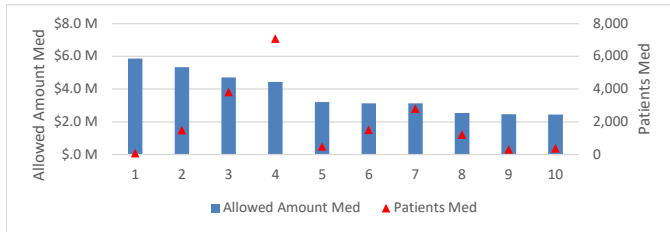
### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$41,472	\$42,898	3.4%	\$38,821
	Admits per 1000	56.7	67.0	18.0%	55.2
	Days LOS	7.1	7.0	-1.9%	5.7
Outpatient	Allowed per Service	\$165	\$178	8.1%	\$135
	ER Visits per 1000	301.3	314.8	4.5%	229.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	1.8%	n/a
	Days Supply PMPY	765	813	6.2%	n/a
Specialty Rx	Allowed per Days Supply	\$146	\$120	-17.4%	n/a
	Days Supply PMPY	11	14	34.6%	n/a
All RX	Allowed per Days Supply	\$4	\$4	2.8%	\$4
	Days Supply PMPY	776	827	6.6%	648



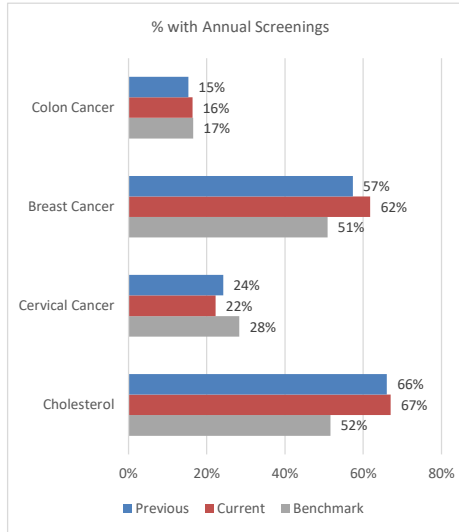
**Medical and Prescription Drug Dashboard - Early Retirees**  
**Previous Period: Oct 2021 - Sep 2022 (Paid)**  
**Current Period: Oct 2022 - Sep 2023 (Paid)**

**8. Top Medical Conditions (by cost)**

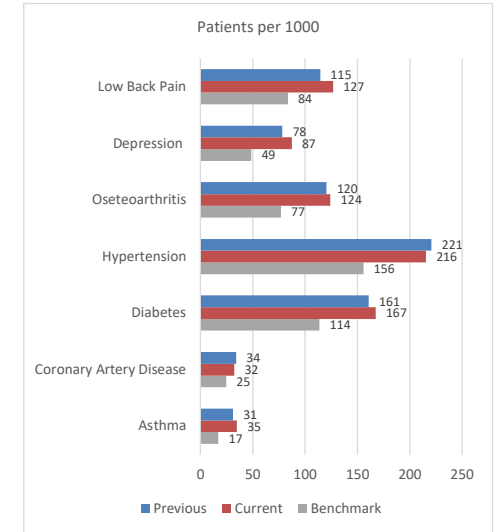


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1	\$5,862,697	73	\$80,311
2	\$5,343,537	1,476	\$3,620
3	\$4,703,056	3,813	\$1,233
4	\$4,433,862	7,079	\$626
5	\$3,211,327	482	\$6,663
6	\$3,125,888	1,506	\$2,076
7	\$3,116,576	2,797	\$1,114
8	\$2,530,223	1,220	\$2,074
9	\$2,455,149	298	\$8,239
10	\$2,448,325	385	\$6,359

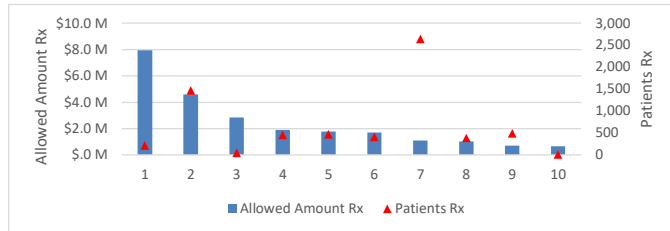
**9. Screening Rates**



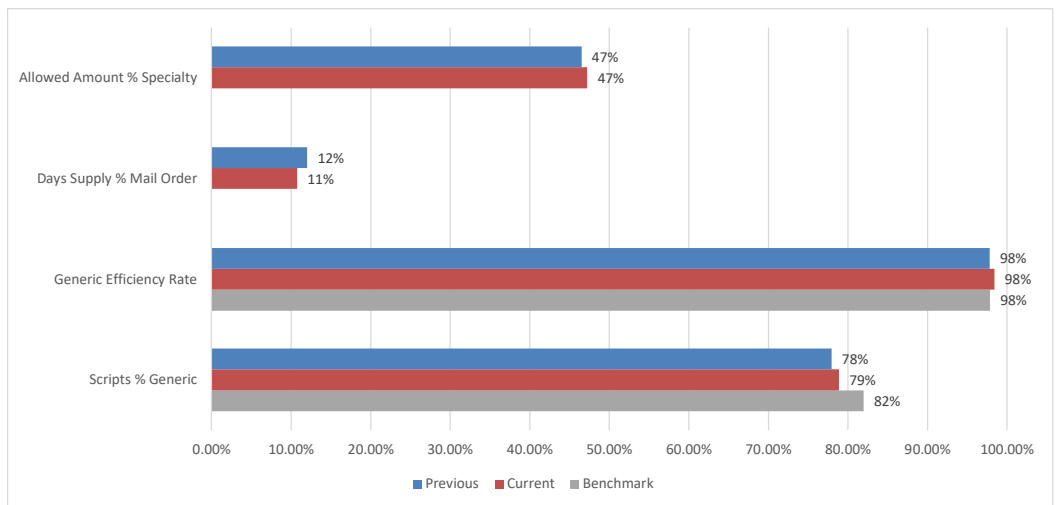
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1	\$7,964,714	220	\$36,203
2	\$4,585,405	1,471	\$3,117
3	\$2,841,262	49	\$57,985
4	\$1,918,953	456	\$4,208
5	\$1,780,182	471	\$3,780
6	\$1,692,470	411	\$4,118
7	\$1,097,044	2,642	\$415
8	\$1,021,926	388	\$2,634
9	\$704,800	493	\$1,430
10	\$674,278	12	\$56,190

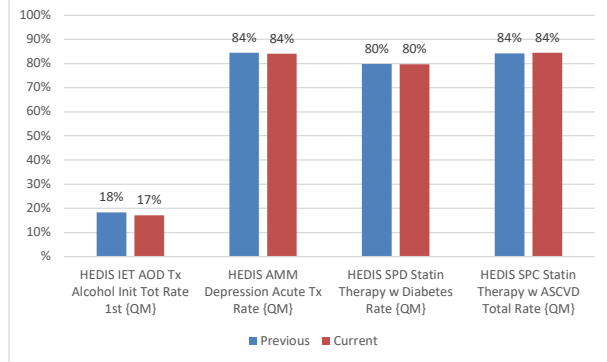


**Medical and Prescription Drug Dashboard - Medicare Retirees**

Previous Period: Oct 2021 - Sep 2022 (Paid)

Current Period: Oct 2022 - Sep 2023 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	275.1	276.8	0.6%	444.3

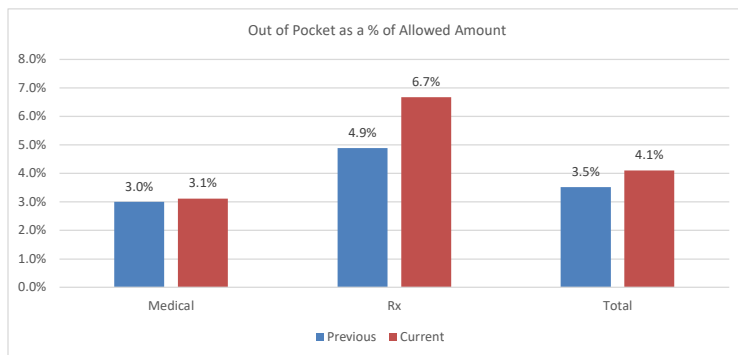
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	26,980.0	27,586.3	2.2%
Average Members	27,271.2	27,891.3	2.3%
Family Size	1.0	1.0	0.0%
Member Age	73.3	73.4	0.2%
Members % Male	41.2%	40.9%	-0.8%

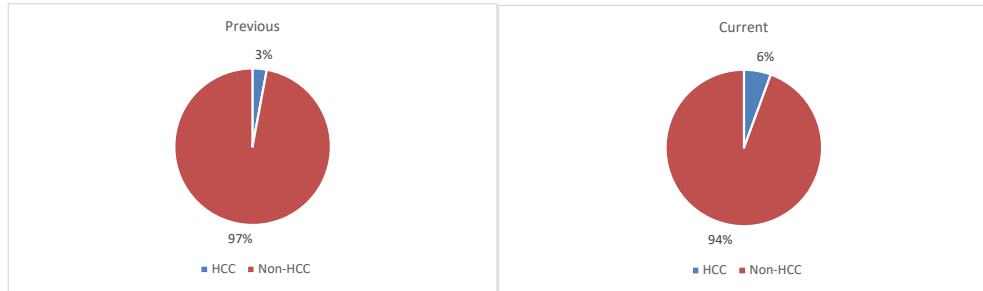
**5. Risk Score**

	Previous	Current
Member Risk Score	541.7	563.0

**7. Cost Sharing**



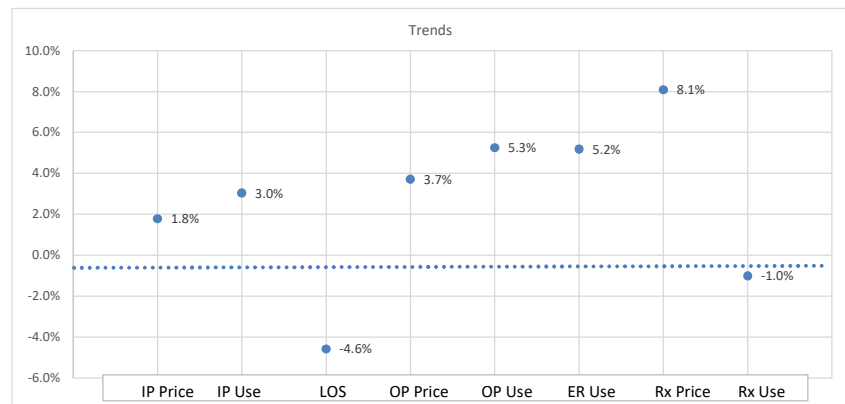
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	40	56	40.0%
Patients per 1,000	1.5	2.0	36.9%
Payments (in Millions)	\$3 M	\$4 M	31.8%
Payments per Patient	78,177	73,599	-5.9%

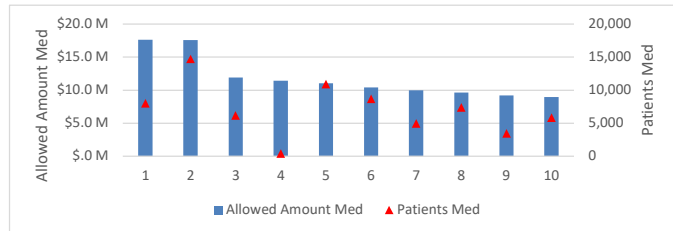
**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$20,177	\$20,538	1.8%	\$19,145
	Admits per 1000	150.4	155.0	3.0%	177.5
	Days LOS	7.0	6.7	-4.6%	5.0
Outpatient	Allowed per Service	\$124	\$128	3.7%	\$104
	ER Visits per 1000	494.0	519.9	5.3%	549.4
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	5.2%	n/a
	Days Supply PMPY	1,634	1,617	-1.1%	n/a
Specialty Rx	Allowed per Days Supply	\$136	\$141	3.7%	n/a
	Days Supply PMPY	19	20	7.4%	n/a
All RX	Allowed per Days Supply	\$4	\$4	8.1%	\$4
	Days Supply PMPY	1,653	1,637	-1.0%	959



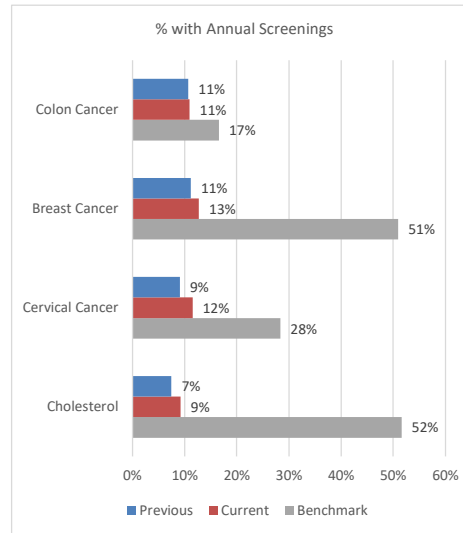
**Medical and Prescription Drug Dashboard - Medicare Retirees**  
**Previous Period: Oct 2021 - Sep 2022 (Paid)**  
**Current Period: Oct 2022 - Sep 2023 (Paid)**

**8. Top Medical Conditions (by cost)**

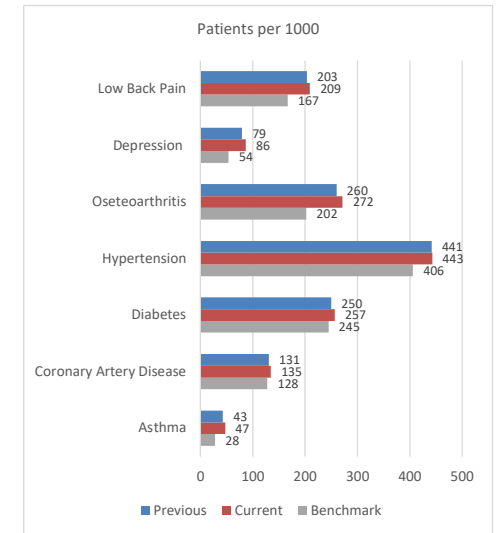


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Osteoarthritis	\$17,617,193	7,973	\$2,210
2 Signs/Symptoms/Oth Cond, NEC	\$17,564,563	14,713	\$1,194
3 Spinal/Back Disord, Low Back	\$11,918,546	6,142	\$1,940
4 Chemotherapy Encounters	\$11,455,627	387	\$29,601
5 Arthropathies/Joint Disord NEC	\$11,032,707	10,930	\$1,009
6 Eye Disorders, Degenerative	\$10,435,132	8,667	\$1,204
7 Cardiac Arrhythmias	\$9,960,832	4,943	\$2,015
8 Respiratory Disord, NEC	\$9,636,813	7,370	\$1,308
9 Cerebrovascular Disease	\$9,192,136	3,444	\$2,669
10 Infections, NEC	\$8,943,699	5,800	\$1,542

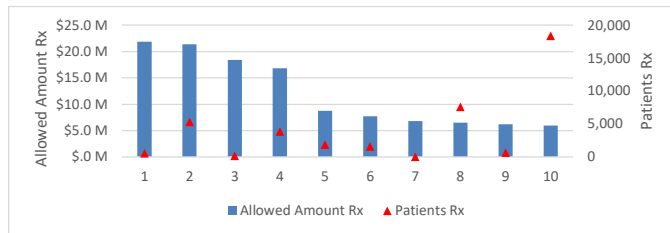
**9. Screening Rates**



**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$21,859,359	565	\$38,689
2 Antidiabetic Agents, Misc	\$21,393,436	5,330	\$4,014
3 Molecular Targeted Therapy	\$18,419,694	190	\$96,946
4 Coag/Anticoag, Anticoagulants	\$16,820,495	3,877	\$4,339
5 Antidiabetic Ag, SGLT Inhibitr	\$8,770,925	1,877	\$4,673
6 Antidiabetic Agents, Insulins	\$7,723,608	1,595	\$4,842
7 Antineoplastic Agent, Misc.	\$6,822,051	49	\$139,226
8 Adrenals & Comb, NEC	\$6,549,469	7,621	\$859
9 Hormone-Modifying Therapy	\$6,191,898	658	\$9,410
10 Antihyperlipidemic Drugs, NEC	\$5,962,145	18,380	\$324

