

State of Delaware - Quarterly Financial Reporting

FY24 Q2 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.

February 2024



State of Delaware

Health Plan Quarterly Financial Reporting

FY24 Q2 Plan Cost Analysis

Summary plan information

- FY24 YTD compared to FY23 YTD:

Summary (total)	FY24			FY23			% Change		
	Medical	Rx	Total ²	Medical	Rx	Total ²	Medical	Rx	Total ²
Gross claims ¹	\$373.1	\$204.9	\$578.0	\$349.3	\$182.7	\$532.0	▲ 6.8%	▲ 12.2%	▲ 8.7%
Total program cost (\$M) ²	\$407.4	\$109.7	\$519.4	\$373.9	\$86.9	\$462.4	▲ 9.0%	▲ 26.2%	▲ 12.3%
Premium contributions (\$M) ³	\$396.9	\$95.9	\$492.9	\$361.4	\$90.7	\$452.1			▲ 9.0%
Total cost PEPY	\$10,644.0	\$2,868.0	\$13,572.0	\$9,948.0	\$2,316.0	\$12,300.0	▲ 7.0%	▲ 23.8%	▲ 10.3%
Total cost PMPY	\$6,156.0	\$1,656.0	\$7,848.0	\$5,724.0	\$1,332.0	\$7,080.0	▲ 7.5%	▲ 24.3%	▲ 10.8%
Average employees	76,547			75,186			▲ 1.8%		
Average members	132,338			130,606			▲ 1.3%		
Loss ratio	105%			102%					
Net income (\$M)	(\$26.6)			(\$10.3)					

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

- 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) ¹	\$407.4	\$109.7	\$519.4	\$397.8	\$97.2	\$496.9	▲ 2.4%	▲ 12.8%	▲ 4.5%
Total cost PEPY	\$10,644	\$2,868	\$13,572	\$10,371	\$2,534	\$12,953	▲ 2.6%	▲ 13.2%	▲ 4.8%
Total cost PMPY	\$6,156	\$1,656	\$7,848	\$5,995	\$1,465	\$7,488	▲ 2.7%	▲ 13.0%	▲ 4.8%
Net income (\$M)	(\$26.6)			(\$2.9)					

- Summary Plan Information through December 2023

FY24 Q2	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$106.1	\$413.3	\$373.7	\$66.1	\$79.6	\$519.4
Budgeted cost (\$M) ¹	\$101.6	\$391.3	\$360.0	\$50.6	\$82.2	\$492.9
Loss ratio	104%	106%	104%	131%	97%	105%
PEPY	\$17,616	\$12,816	\$18,576	\$20,292	\$5,352	\$13,572
PMPY	\$7,896	\$7,836	\$8,124	\$12,492	\$5,352	\$7,848
# of enrolled employees	12,045	64,501	40,244	6,512	29,790	76,547

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

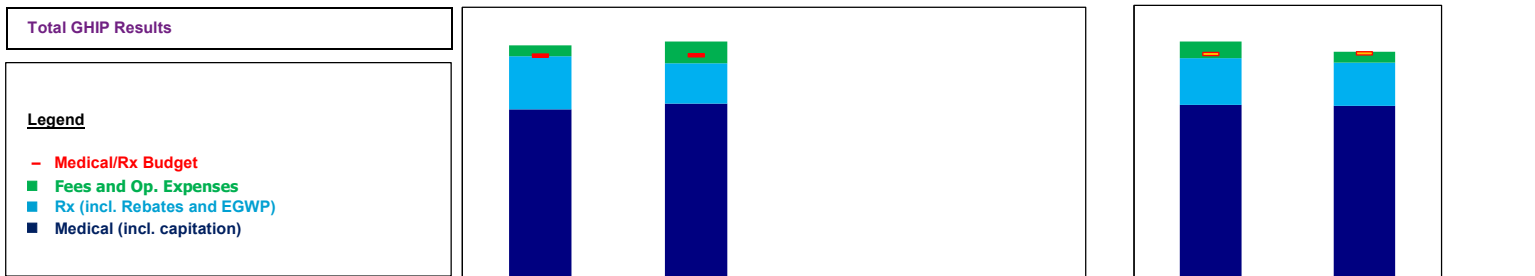
Plan performance dashboard - key observations for GHIP Active population: January 2023 - December 2023 (compared to January 2022 - December 2022)

- 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 7.9% preventive adult visits
 - Increase in screening rates, with breast cancer screenings up 4.1% over prior; all reported screening rates at or above benchmark except cervical cancer (-0.8%)
 - Prevalence of all top chronic conditions increased from prior year, led by diabetes (+10.3%) and asthma (+6.2%); chronic condition prevalence all significantly above benchmark
 - 0.6% increase in inpatient admits; 6.0% increase in ER visits
 - 2.2% increase in Rx cost across all prescriptions and 10.4% increase in utilization of all prescriptions
 - Specialty medications now make up 48.0% of pharmacy spend; reduction in cost for specialty drugs offset by 23.9% 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

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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual	FY24 YTD WTW Budget ⁷	Difference vs. Budget
Total Program Cost	\$257,461,033	\$261,983,016			\$519,444,049	\$496,927,759	▲ 4.5%
- Paid Claims	245,396,404	237,806,505			483,202,909	473,440,751	▲ 2.1%
- Medical (includes capitation¹)	186,689,281	192,842,612			379,531,893	377,751,375	▲ 0.5%
- Rx (Including Rebates and EGWP)	58,707,123	44,963,893			103,671,016	95,689,376	▲ 8.3%
- Rx Paid Claims	97,534,099	107,408,213			204,942,312	192,121,272	▲ 6.7%
- EGWP ²	(6,388,970)	(23,996,261)			(30,385,232)	(27,760,647)	▲ 9.5%
- Direct Subsidy	302,628	469,479			772,107	616,289	▲ 25.3%
- CGDP	0	(17,738,066)			(17,738,066)	(16,761,935)	▲ 5.8%
- Catastrophic Reinsurance	(6,691,598)	(6,727,675)			(13,419,273)	(11,615,001)	▲ 15.5%
- Rx Rebates ³	(32,438,006)	(38,448,058)			(70,886,064)	(68,671,249)	▲ 3.2%
- ASO Fees	11,345,802	22,617,775			33,963,578	21,627,277	▲ 57.0%
- Operational Expenses	718,827	1,558,735			2,277,562	1,859,730	▲ 22.5%
Medical/Rx Premium Contributions⁴	\$246,220,900	\$246,630,881			\$492,851,781	\$494,062,524	▼ 0.2%
- Net Income	(8,729,754)	(15,352,135)			(26,592,268)	(2,865,235)	
- Total Cost as % of Budget	104%	106%			105%	101%	
Current Year Per Capita							
- Total per employee per year ⁵	13,344	13,668			13,572	12,953	▲ 4.8%
- Total % change over prior	11.8%	7.8%			14.0%		
- Medical per employee per year	10,284	11,028			10,644	10,371	▲ 2.6%
- Medical % change over prior	6.7%	7.5%			11.9%		
- Rx per employee per year	3,024	2,556			2,868	2,534	▲ 13.2%
- Rx % change over prior	15.6%	8.1%			21.3%		
- Medical per member per year	5,940	6,384			6,156	5,995	▲ 2.7%
- Rx per member per year	1,752	1,476			1,656	1,465	▲ 13.0%
- Total per member per year ⁶	7,716	7,908			7,848	7,488	▲ 4.8%
Prior Year Results	Q1 FY23	Q2 FY23			FY23		
- Total Program Cost	224,257,289	238,578,300			462,835,588	-	-
- Total Program Cost \$ Change	30,693,365	23,404,716			54,098,081	-	-
- Total per employee per year ⁷	11,940	12,684			11,904	-	-
- Medical per employee per year	9,636	10,260			9,516	-	-
- Rx per employee per year	2,616	2,364			2,364	-	-
EE Contributions⁸	\$50,201,301	\$50,347,433			\$100,548,734		
- Net SoD	204,749,353	211,635,583			418,895,315	-	-
- SoD Subsidy %	80%	81%			81%	-	-
Headcount							
- Enrolled Ees	76,438	76,655			76,547	76,725	▼ 0.2%
- Enrolled Members	132,227	132,448			132,338	132,721	▼ 0.3%
- Member/EE Ratio	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 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

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 FY24 Budget approved by SEBC 10/23/2023

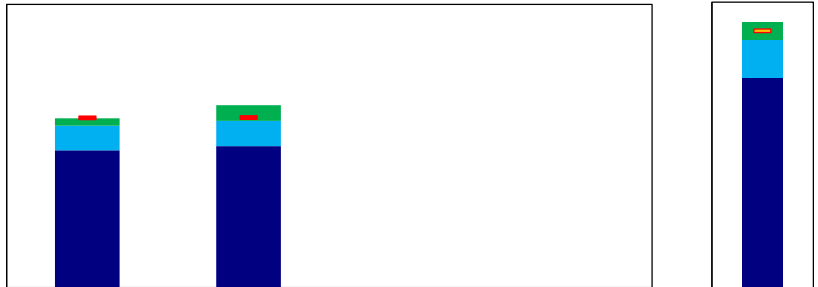
It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with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

State of Delaware
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 FY24 Q2 Plan Cost Analysis

Active Employees Only

Legend

- Medical/Rx Budget
- Fees and Op. Expenses
- Rx (incl. Rebates and EGWP)
- Medical (incl. capitation)



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
Total Program Cost	\$179,617,685	\$194,092,732			\$373,710,417
- Paid Claims	171,348,947	176,633,571			347,982,518
- Medical (includes capitation¹)	145,370,578	149,656,181			295,026,759
- Rx (Including Rebates and EGWP)	25,978,368	26,977,390			52,955,758
- Rx Paid Claims	40,505,140	46,544,225			87,049,364
- EGWP ²	0	0			0
- Direct Subsidy	0	0			0
- CGDP	0	0			0
- Catastrophic Reinsurance	0	0			0
- Rx Rebates ³	(\$14,526,772)	(\$19,566,835)			(34,093,606)
- ASO Fees	7,891,203	16,638,761			24,529,965
- Operational Expenses	377,535	820,399			1,197,934
Medical/Rx Premium Contributions⁴	\$179,693,768	\$180,351,761			\$360,045,528
- Net Income	76,083	(13,740,971)			(13,664,888)
- Total Cost as % of Budget	100%	108%			104%
Current Year Per Capita					
- Total per employee per year ⁵	17,892	19,248			18,576
- Total % change over prior	6.4%	7.7%			7.1%
- Medical per employee per year	15,156	16,188			15,732
- Medical % change over prior	7.4%	7.9%			8.0%
- Rx per employee per year	2,700	2,964			2,784
- Rx % change over prior	2.4%	5.7%			2.4%
- Medical per member per year	6,624	7,092			6,888
- Rx per member per year	1,176	1,296			1,224
- Total per member per year ⁵	7,824	8424			8,124
Prior Year Results	Q1 FY23	Q2 FY23			FY23
- Total Program Cost	165,012,312	175,845,533			340,857,845
- Total Program Cost \$ Change	14,605,373	18,247,199			32,852,572
- Total per employee per year ⁵	16,812	17,880			17,346
- Medical per employee per year	14,112	15,008			14,560
- Rx per employee per year	2,636	2,803			2,720
EE Contributions⁶	\$43,107,149	\$43,274,538			\$86,381,687
- Net SoD	136,510,536	150,818,194			143,664,365
- SoD Subsidy %	76%	0.777041947			77%
Headcount					
- Enrolled Ees	40,146	40,343			40,244
- Enrolled Members	91,824	92,103			91,963
- Member/EE Ratio	2.3	2.3			2.3

¹ Capitation payments apply to HMO plan only

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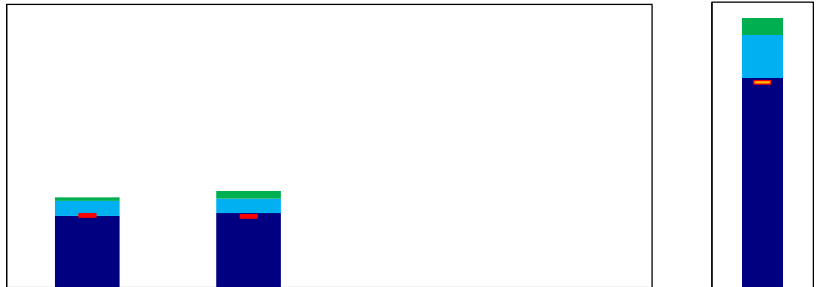
⁶ Participating groups are assumed to be 100% EE funded due to data reporting limitations

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Non-Medicare Retirees Only

Legend

- Medical/Rx Budget
- Fees and Op. Expenses
- Rx (incl. Rebates and EGWP)
- Medical (incl. capitation)



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
Total Program Cost	\$31,901,896	\$34,186,363			\$66,088,259
- Paid Claims	30,549,931	31,390,344			61,940,275
- Medical (includes capitation¹)	25,293,429	26,258,655			51,552,084
- Rx (Including Rebates and EGWP)	5,256,502	5,131,689			10,388,192
- Rx Paid Claims	8,195,871	8,853,729			17,049,600
- EGWP ²	0	0			0
- Direct Subsidy	0	0			0
- CGDP	0	0			0
- Catastrophic Reinsurance	0	0			0
- Rx Rebates ³	(\$2,939,369)	(\$3,722,040)			(6,661,409)
- ASO Fees	1,290,237	2,664,726			3,954,963
- Operational Expenses	61,728	131,293			193,021
Medical/Rx Premium Contributions⁴	\$25,491,948	\$25,073,810			\$50,565,757
- Net Income	(6,409,949)	(9,112,553)			(15,522,502)
- Total Cost as % of Budget	125%	136%			131%
Current Year Per Capita					
- Total per employee per year ⁵	19,440	21,168			20,292
- Total % change over prior	11.0%	10.0%			10.5%
- Medical per employee per year	16,092	17,616			16,128
- Medical % change over prior	11.0%	10.6%			6.0%
- Rx per employee per year	3,312	3,468			3,348
- Rx % change over prior	12.0%	6.7%			7.9%
- Medical per member per year	9,888	10,848			9,924
- Rx per member per year	2,040	2,136			2,052
- Total per member per year ⁵	11,952	13,032			12,492
Prior Year Results	Q1 FY23	Q2 FY23			FY23
- Total Program Cost	29,601,780	31,889,667			61,491,447
- Total Program Cost \$ Change	2,300,117	2,296,696			4,596,812
- Total per employee per year ⁵	17,508	19,236			18,372
- Medical per employee per year	14,501	15,933			15,217
- Rx per employee per year	2,957	3,249			3,103
EE Contributions⁶	\$6,928,607	\$6,906,566			\$13,835,172
- Net SoD	24,973,290	27,279,797			26,126,543
- SoD Subsidy %	78%	0.797973072			79%
Headcount					
- Enrolled Ees	6,564	6,460			6,512
- Enrolled Members	10,674	10,494			10,584
- Member/EE Ratio	1.6	1.6			1.6

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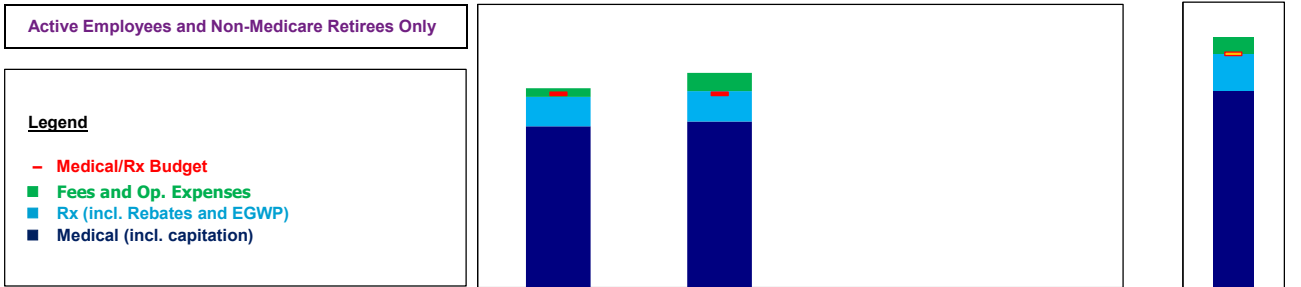
³ Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
Total Program Cost	\$211,519,581	\$228,279,095			\$439,798,676
- Paid Claims	201,898,878	208,023,915			409,922,793
- Medical (includes capitation ¹)	170,664,007	175,914,836			346,578,843
- Rx (Including Rebates and EGWP)	31,234,871	32,109,079			63,343,950
- Rx Paid Claims	48,701,011	55,397,954			104,098,965
- EGWP ²	0	0			0
- Direct Subsidy	0	0			0
- CGDP	0	0			0
- Catastrophic Reinsurance	0	0			0
- Rx Rebates ³	(17,466,141)	(23,288,874)			(40,755,015)
- ASO Fees	9,181,440	19,303,487			28,484,928
- Operational Expenses	439,263	951,692			1,390,955
Medical/Rx Premium Contributions⁴	\$205,185,716	\$205,425,570			\$410,611,286
- Net Income	(6,333,866)	-22,853,524			(29,187,390)
- Total Cost as % of Budget	103%	111%			107%
Current Year Per Capita					
- Total per employee per year ⁵	18,108	19,512			18,816
- Total % change over prior	7.0%	7.9%			7.5%
- Medical per employee per year	15,288	16,392			15,888
- Medical % change over prior	7.8%	8.2%			8.3%
- Rx per employee per year	2,784	3,036			2,868
- Rx % change over prior	3.9%	6.0%			3.5%
- Medical per member per year	7,020	7,608			7,248
- Rx per member per year	1,272	1,392			1,308
- Total per member per year ⁵	8,256	8,904			8,580
Prior Year Results	Q1 FY23	Q2 FY23			FY23
- Total Program Cost	194,614,091	207,735,200			402,349,292
- Total Program Cost \$ Change	16,905,490	20,543,894			37,449,384
- Total per employee per year ⁵	16,920	18,084			17,502
- Medical per employee per year	14,178	15,153			14,665
- Rx per employee per year	2,679	2,863			2,771
EE Contributions⁶	\$50,035,756	\$50,181,103			\$100,216,859
- Net SoD	161,483,825	178,097,991			169,790,908
- SoD Subsidy %	76%	0.780176527			77%
Headcount					
- Enrolled Ees	46,709	46,803			46,756
- Enrolled Members	102,498	102,597			102,547
- Member/EE Ratio	2.2	2.2			2.2

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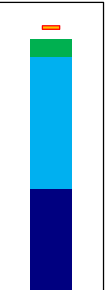
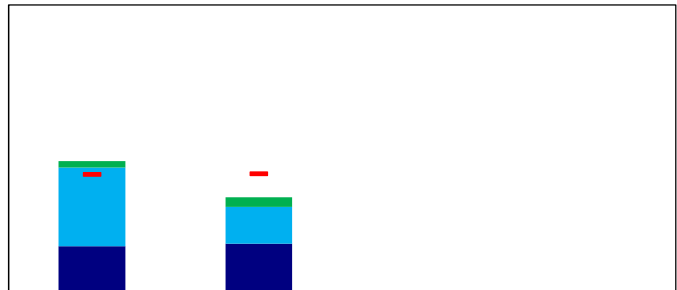
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Medicare Retirees Only

Legend

- Medical/Rx Budget
- Fees and Op. Expenses
- Rx (incl. Rebates and EGWP)
- Medical (incl. capitation)



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
Total Program Cost	\$45,941,452	\$33,703,921			\$79,645,373
- Paid Claims	40,987,147	29,782,590			70,769,737
- Medical (includes capitation¹)	16,025,274	16,927,776			32,953,050
- Rx (Including Rebates and EGWP)	27,472,252	12,854,814			40,327,066
- Rx Paid Claims	48,833,088	52,010,259			100,843,347
- EGWP ²	(6,388,970)	(23,996,261)			(30,385,232)
- Direct Subsidy	302,628	469,479			772,107
- CGDP	0	(17,738,066)			(17,738,066)
- Catastrophic Reinsurance	(6,691,598)	(6,727,675)			(13,419,273)
- Rx Rebates ³	(14,971,865)	(15,159,184)			(30,131,049)
- ASO Fees	2,164,362	3,314,288			5,478,650
- Operational Expenses	279,564	607,043			886,607
Medical/Rx Premium Contributions⁴	\$41,035,184	\$41,205,311			\$82,240,495
- Net Income	(2,395,888)	7,501,390			2,595,122
- Total Cost as % of Budget	106%	82%			97%
Current Year Per Capita					
- Total per employee per year ⁵	5,844	4,512			5,352
- Total % change over prior	43.7%	7.1%			29.3%
- Medical per employee per year	2,400	2,628			2,412
- Medical % change over prior	4.6%	10.6%			3.3%
- Rx per employee per year	3,396	1,800			2,868
- Rx % change over prior	97.3%	1.0%			63.7%
- Medical per member per year	2,400	2,628			2,412
- Rx per member per year	3,396	1,800			2,868
- Total per member per year ⁵	5,844	4,512			5,352
Prior Year Results	Q1 FY23	Q2 FY23			FY23
- Total Program Cost	29,643,197	30,843,099			60,486,296
- Total Program Cost \$ Change	13,787,875	2,860,822			16,648,697
- Total per employee per year ⁵	4,068	4,212			4,140
- Medical per employee per year	2,295	2,377			2,336
- Rx per employee per year	1,721	1,782			1,752
EE Contributions⁶	\$165,545	\$166,330			\$331,875
- Net SoD	32,645,969	33,537,592			33,091,780
- SoD Subsidy %	75%	100%			87%
Headcount					
- Enrolled Ees	29,729	29,852			29,790
- Enrolled Members	29,729	29,852			29,790
- Member/EE Ratio	1.0	1.0			1.0

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 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
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
FY2024 Financial Analysis of Health/Rx Plans - Paid Basis
Year to Date July 1, 2023 - December 31, 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
Medical												
Paid Claims	\$15,893,076	\$1,781,894	\$211,376,624	\$33,033,820	\$32,953,050	\$295,038,464	\$42,746,482	\$12,127,612	\$19,522,982	\$3,637,414	\$78,034,490	\$373,072,953
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$5,487,596	\$971,344	\$0	\$0	\$6,458,940	\$6,458,940
<u>Administration</u>	<u>\$2,044,145</u>	<u>\$161,704</u>	<u>\$14,074,477</u>	<u>\$2,193,813</u>	<u>\$3,029,680</u>	<u>\$21,503,799</u>	<u>\$3,588,934</u>	<u>\$893,021</u>	<u>\$1,716,472</u>	<u>\$206,199</u>	<u>\$6,404,625</u>	<u>\$27,908,424</u>
Total Medical Program Cost	\$17,937,221	\$1,943,598	\$225,451,101	\$35,227,633	\$35,982,710	\$316,542,263	\$51,823,012	\$13,991,977	\$21,239,453	\$3,843,612	\$90,898,054	\$407,440,317
Average Number of Employees	3,820	304	26,451	4,137	29,790	64,501	6,748	1,684	3,226	388	12,045	76,547
Program Cost/Employee/Yr.	\$9,390	\$12,808	\$17,047	\$17,033	\$2,416	\$9,815	\$15,361	\$16,619	\$13,168	\$19,804	\$15,093	\$10,644
Change from prior period (pepy)	11.4%	-17.4%	4.9%	9.0%	10.6%	6.1%	6.5%	11.5%	22.2%	57.6%	11.7%	11.9%
Average Number of Members	6,964	411	61,747	6,529	29,790	105,441	16,243	2,940	7,010	704	26,897	132,338
Program Cost/Member/Yr.	\$5,152	\$9,450	\$7,302	\$10,792	\$2,416	\$6,004	\$6,381	\$9,519	\$6,060	\$10,917	\$6,759	\$6,156
Change from prior period (pmpy)	10.5%	-15.2%	5.6%	8.1%	10.6%	6.3%	8.0%	10.1%	22.8%	54.7%	12.6%	7.5%
Express Scripts, Inc.												
Paid Claims	\$5,043,752	\$515,962	\$63,316,641	\$12,328,653	\$100,843,347	\$182,048,355	\$13,691,426	\$3,657,361	\$4,997,545	\$547,624	\$22,893,957	\$204,942,312
Administration	\$296,876	\$23,450	\$2,040,115	\$317,612	\$2,448,990	\$5,127,043	\$520,133	\$129,289	\$248,813	\$29,876	\$928,111	\$6,055,154
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$30,399,768)	(\$30,399,768)	\$0	\$0	\$0	\$0	\$0	(\$30,399,768)
<u>Estimated Rebates¹</u>	<u>(\$1,986,177)</u>	<u>(\$200,122)</u>	<u>(\$24,787,023)</u>	<u>(\$4,819,428)</u>	<u>(\$30,131,049)</u>	<u>(\$61,923,799)</u>	<u>(\$5,362,560)</u>	<u>(\$1,427,499)</u>	<u>(\$1,957,846)</u>	<u>(\$214,360)</u>	<u>(\$8,962,265)</u>	<u>(\$70,886,064)</u>
Total Rx Program Cost	\$3,354,451	\$339,290	\$40,569,733	\$7,826,837	\$42,761,520	\$94,851,830	\$8,848,999	\$2,359,151	\$3,288,512	\$363,140	\$14,859,803	\$109,711,633
Average Number of Employees	3,820	304	26,451	4,137	29,790	64,501	6,748	1,684	3,226	388	12,045	76,547
Program Cost/Employee/Yr.	\$1,752	\$2,232	\$3,072	\$3,780	\$2,868	\$2,940	\$2,628	\$2,808	\$2,040	\$1,872	\$2,472	\$2,868
Change from prior period (pepy)	20.7%	46.5%	9.4%	7.5%	57.2%	26.9%	5.8%	6.8%	19.7%	-21.6%	7.3%	21.3%
Average Number of Members	6,964	411	61,747	6,529	29,790	105,441	16,243	2,940	7,010	704	26,897	132,338
Program Cost/Member/Yr.	\$960	\$1,644	\$1,320	\$2,400	\$2,868	\$1,800	\$1,092	\$1,608	\$936	\$1,032	\$1,104	\$1,656
Change from prior period (pmpy)	19.4%	50.5%	11.1%	7.0%	57.2%	27.1%	7.1%	5.5%	20.0%	-23.2%	8.2%	24.3%
Total Medical and Rx												
Premium	\$26,745,693	\$1,904,629	\$247,710,423	\$32,669,601	\$82,240,495	\$391,270,842	\$59,268,814	\$13,005,153	\$26,320,598	\$2,986,374	\$101,580,939	\$492,851,781
Program Cost (prior to operational)	\$21,291,672	\$2,282,888	\$266,020,834	\$43,054,470	\$78,744,230	\$411,394,093	\$60,672,012	\$16,351,128	\$24,527,966	\$4,206,752	\$105,757,857	\$517,151,950
<u>Operational Expenses</u>	<u>\$114,428</u>	<u>\$9,043</u>	<u>\$786,901</u>	<u>\$122,562</u>	<u>\$886,607</u>	<u>\$1,919,541</u>	<u>\$200,635</u>	<u>\$49,891</u>	<u>\$95,970</u>	<u>\$11,525</u>	<u>\$358,021</u>	<u>\$2,277,562</u>
Total Program Cost	\$21,406,100	\$2,291,932	\$266,807,735	\$43,177,032	\$79,630,836	\$413,313,635	\$60,872,647	\$16,401,019	\$24,623,935	\$4,218,277	\$106,115,878	\$519,429,512
Net Income	\$5,339,593	(\$387,303)	(\$19,097,311)	(\$10,507,430)	\$2,609,659	(\$22,042,792)	(\$1,603,833)	(\$3,395,866)	\$1,696,663	(\$1,231,903)	(\$4,534,939)	(\$26,577,731)
Total Cost as % of Budget	80.0%	120.3%	107.7%	132.2%	96.8%	105.6%	102.7%	126.1%	93.6%	141.3%	104.5%	105.4%
Average Number of Employees	3,820	304	26,451	4,137	29,790	64,501	6,748	1,684	3,226	388	12,045	76,547
Program Cost/Employee/Yr.	\$11,208	\$15,108	\$20,172	\$20,880	\$5,352	\$12,816	\$18,048	\$19,476	\$15,264	\$21,732	\$17,616	\$13,572
Change from prior period (pepy)	12.9%	-11.5%	5.7%	8.8%	32.3%	10.4%	6.5%	10.9%	22.0%	44.9%	11.0%	14.0%
Average Number of Members	6,964	411	61,747	6,529	29,790	105,441	16,243	2,940	7,010	704	26,897	132,338
Program Cost/Member/Yr.	\$6,144	\$11,148	\$8,640	\$13,224	\$5,352	\$7,836	\$7,500	\$11,160	\$7,020	\$11,976	\$7,896	\$7,848
Change from prior period (pmpy)	12.0%	-9.2%	6.4%	7.9%	32.3%	10.5%	8.1%	9.5%	22.4%	42.2%	12.1%	10.8%
Prior Period Program Cost												
Per Employee Per Year (FY23)												
Medical	\$8,430	\$15,514	\$16,246	\$15,628	\$2,185	\$9,251	\$14,420	\$14,900	\$10,774	\$12,570	\$13,518	\$9,516
Rx	\$1,452	\$1,524	\$2,808	\$3,516	\$1,824	\$2,316	\$2,484	\$2,628	\$1,704	\$2,388	\$2,304	\$2,364
Total ²	\$9,924	\$17,076	\$19,092	\$19,188	\$4,044	\$11,604	\$16,944	\$17,568	\$12,516	\$15,000	\$15,864	\$11,904
Per Member Per Year (FY23)												
Medical	\$4,663	\$11,150	\$6,912	\$9,983	\$2,185	\$5,651	\$5,906	\$8,643	\$4,934	\$7,058	\$6,005	\$5,724
Rx	\$804	\$1,092	\$1,188	\$2,244	\$1,824	\$1,416	\$1,020	\$1,524	\$780	\$1,344	\$1,020	\$1,332
Total ²	\$5,484	\$12,276	\$8,124	\$12,252	\$4,044	\$7,092	\$6,936	\$10,188	\$5,736	\$8,424	\$7,044	\$7,080

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

² Includes Medical, Rx, and Operational Expenses

State of Delaware
FY2024 Financial Analysis of Health/Rx Plans - Paid Basis
Full Projection July 1, 2023 - June 30, 2024

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	\$34,406,383	\$3,857,563	\$ 457,602,108	\$71,513,799	\$71,338,944	\$638,718,797	\$94,764,515	\$26,885,658	\$43,280,424	\$8,063,769	\$172,994,367	\$811,713,164
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$10,975,192	\$1,942,687	\$0	\$0	\$12,917,879	\$12,917,879
Administration	<u>\$2,963,854</u>	<u>\$234,458</u>	<u>\$20,406,917</u>	<u>\$3,180,861</u>	<u>\$4,392,776</u>	<u>\$31,178,867</u>	<u>\$5,203,680</u>	<u>\$1,294,812</u>	<u>\$2,488,753</u>	<u>\$298,972</u>	<u>\$9,286,217</u>	<u>\$40,465,084</u>
Total Medical Program Cost	\$37,370,237	\$4,092,021	\$478,009,025	\$74,694,661	\$75,731,720	\$669,897,664	\$110,943,387	\$30,123,157	\$45,769,177	\$8,362,741	\$195,198,463	\$865,096,127
Average Number of Employees	3,827	304	26,305	4,114	29,761	64,311	7,040	1,757	3,146	379	12,322	76,633
Program Cost/Employee/Yr.	\$9,765	\$13,461	\$18,172	\$18,156	\$2,545	\$10,417	\$15,759	\$17,145	\$14,548	\$22,065	\$15,841	\$11,289
Change from prior period (pepy)	10.0%	-2.2%	12.2%	12.8%	5.5%	11.1%	4.5%	-5.4%	19.9%	45.0%	7.2%	10.0%
Average Number of Members	6,920	409	60,916	6,441	29,761	104,447	16,813	3,043	6,783	682	27,321	131,768
Program Cost/Member/Yr.	\$5,400	\$10,005	\$7,847	\$11,597	\$2,545	\$6,414	\$6,599	\$9,899	\$6,748	\$12,262	\$7,145	\$6,565
Change from prior period (pmpy)	10.1%	0.0%	13.7%	13.2%	5.5%	11.9%	6.5%	-5.3%	21.5%	44.4%	8.7%	11.2%
Express Scripts, Inc.												
Paid Claims	\$10,598,986	\$1,084,246	\$133,054,154	\$25,907,542	\$205,044,754	\$375,689,683	\$28,771,286	\$7,685,611	\$10,501,886	\$1,150,783	\$48,109,566	\$423,799,248
Administration	\$430,447	\$34,001	\$2,958,011	\$460,514	\$3,550,849	\$7,433,821	\$754,153	\$187,459	\$360,760	\$43,317	\$1,345,690	\$8,779,510
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$61,095,156)	(\$61,095,156)	\$0	\$0	\$0	\$0	\$0	(\$61,095,156)
Estimated Rebates ¹	<u>(\$4,256,123)</u>	<u>(\$428,835)</u>	<u>(\$53,115,407)</u>	<u>(\$10,327,416)</u>	<u>(\$60,884,388)</u>	<u>(\$129,012,169)</u>	<u>(\$11,491,277)</u>	<u>(\$3,058,946)</u>	<u>(\$4,195,413)</u>	<u>(\$459,347)</u>	<u>(\$19,204,983)</u>	<u>(\$148,217,152)</u>
Total Rx Program Cost	\$6,773,310	\$689,412	\$82,896,758	\$16,040,640	\$86,616,058	\$193,016,178	\$18,034,162	\$4,814,124	\$6,667,233	\$734,753	\$30,250,272	\$223,266,451
Average Number of Employees	3,827	304	26,305	4,114	29,244	63,794	7,040	1,757	3,146	379	12,322	76,116
Program Cost/Employee/Yr.	\$1,770	\$2,268	\$3,151	\$3,899	\$2,962	\$3,026	\$2,562	\$2,740	\$2,119	\$1,939	\$2,455	\$2,933
Change from prior period (pepy)	18.0%	22.7%	6.3%	5.5%	33.4%	17.3%	-3.0%	-2.0%	15.4%	-10.7%	0.3%	14.8%
Average Number of Members	6,920	409	60,916	6,441	29,761	104,447	16,813	3,043	6,783	682	27,321	131,768
Program Cost/Member/Yr.	\$979	\$1,686	\$1,361	\$2,490	\$2,910	\$1,848	\$1,073	\$1,582	\$983	\$1,077	\$1,107	\$1,694
Change from prior period (pmpy)	18.2%	25.4%	8.0%	5.9%	31.1%	17.6%	-0.7%	-1.6%	17.0%	-11.1%	1.4%	14.8%
Total Medical and Rx												
Premium	\$53,868,218	\$3,836,093	\$498,910,947	\$65,799,499	\$165,639,713	788,054,471	\$118,427,721	\$25,986,189	\$52,592,388	\$5,967,210	202,973,508	\$991,027,978
Program Cost (prior to operational)	\$44,143,547	\$4,781,433	\$560,905,783	\$90,735,301	\$162,347,778	862,913,842	\$128,977,549	\$34,937,281	\$52,436,411	\$9,097,495	\$225,448,735	\$1,088,362,578
Operational Expenses	<u>\$197,812</u>	<u>\$11,684</u>	<u>\$1,753,960</u>	<u>\$185,451</u>	<u>\$846,209</u>	<u>\$2,995,116</u>	<u>\$461,393</u>	<u>\$83,508</u>	<u>\$199,114</u>	<u>\$20,002</u>	<u>\$764,017</u>	<u>\$3,759,134</u>
Total Program Cost	\$44,341,359	\$4,793,117	\$562,659,743	\$90,920,752	\$163,193,987	\$865,908,958	\$129,438,942	\$35,020,789	\$52,635,525	\$9,117,497	\$226,212,752	\$1,092,121,712
Net Income	\$9,526,859	(\$957,024)	(\$63,748,796)	(\$25,121,253)	\$2,445,726	(\$77,854,488)	(\$11,011,221)	(\$9,034,600)	(\$43,137)	(\$3,150,286)	(\$23,239,244)	(\$101,093,733)
Total Cost as % of Budget	82.3%	124.9%	112.8%	138.2%	98.5%	109.9%	109.3%	134.8%	100.1%	152.8%	111.4%	110.2%
Average Number of Employees	3,827	304	26,305	4,114	29,761	64,311	7,040	1,757	3,146	379	12,322	76,633
Program Cost/Employee/Yr.	\$11,586	\$15,767	\$21,390	\$22,100	\$5,484	\$13,465	\$18,386	\$19,932	\$16,731	\$24,057	\$18,358	\$14,251
Change from prior period (pepy)	11.1%	0.8%	11.3%	11.4%	17.2%	12.1%	3.5%	-4.9%	19.4%	38.0%	6.2%	10.8%
Average Number of Members	6,920	409	60,916	6,441	29,761	104,447	16,813	3,043	6,783	682	27,321	131,768
Program Cost/Member/Yr.	\$6,408	\$11,719	\$9,237	\$14,116	\$5,484	\$8,290	\$7,699	\$11,509	\$7,760	\$13,369	\$8,280	\$8,288
Change from prior period (pmpy)	11.2%	3.0%	12.9%	11.8%	17.2%	13.1%	5.5%	-4.9%	20.9%	37.4%	7.8%	11.9%
Prior Period Program Cost (FY23)												
Per Employee Per Year												
Medical	\$8,874	\$13,759	\$16,203	\$16,094	\$2,411	\$9,379	\$15,082	\$18,114	\$12,130	\$15,214	\$14,781	\$10,260
Rx	<u>\$1,500</u>	<u>\$1,848</u>	<u>\$2,964</u>	<u>\$3,696</u>	<u>\$2,220</u>	<u>\$2,580</u>	<u>\$2,640</u>	<u>\$2,796</u>	<u>\$1,836</u>	<u>\$2,172</u>	<u>\$2,448</u>	<u>\$2,556</u>
Total ²	\$10,428	\$15,648	\$19,212	\$19,836	\$4,680	\$12,012	\$17,772	\$20,952	\$14,016	\$17,436	\$17,280	\$12,864
Per Member Per Year (FY23)												
Medical	\$4,904	\$10,003	\$6,904	\$10,245	\$2,411	\$5,730	\$6,196	\$10,453	\$5,554	\$8,494	\$6,571	\$5,904
Rx	<u>\$828</u>	<u>\$1,344</u>	<u>\$1,260</u>	<u>\$2,352</u>	<u>\$2,220</u>	<u>\$1,572</u>	<u>\$1,080</u>	<u>\$1,608</u>	<u>\$840</u>	<u>\$1,212</u>	<u>\$1,092</u>	<u>\$1,476</u>
Total ²	\$5,760	\$11,376	\$8,184	\$12,624	\$4,680	\$7,332	\$7,296	\$12,096	\$6,420	\$9,732	\$7,680	\$7,404

¹ Additional CVS contract savings independently projected by WTW

² Includes Medical, Rx, and Operational Expenses

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 Q2 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY24 YTD Reporting Reconciliation	WTW FY24 Q2 Financial Report	DHR Dec. 2023 Fund Equity Report
Total Program Cost	\$519,444,049	\$621,433,764
Paid Claims	584,474,205	597,202,962
Medical Claims	379,531,893	392,029,669
Rx Claims ¹	103,671,016	205,173,292
Rx Paid Claims	204,942,312	205,173,292
EGWP	(30,385,232)	(28,687,292)
<i>Direct Subsidy</i>	772,107	757,571
<i>CGDP</i>	(17,738,066)	(17,738,066)
<i>Catastrophic Reinsurance</i>	(13,419,273)	(11,706,797)
Rx Rebates	(70,886,064)	(70,886,064)
Total Rx Claim (Offsets)/Revenue ²	(101,271,296)	(99,573,356)
Total Fees	24,230,803	24,230,803
ASO Fees	22,617,775	22,617,775
Operational Expenses	1,613,027	1,613,027
Premium Contributions/Operating Revenues³	\$492,851,781	\$590,624,519
Net Income	(26,592,268)	(30,809,245)
Total Cost as % of Budget	105%	105%

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 \$121,114, and participating group fees totaling \$3,651,876; WTW premium contributions represent FY24 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$487,278,173

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 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 December 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.

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 Glossary of Important Health Care Terms

Terms directly tied to cost tracking

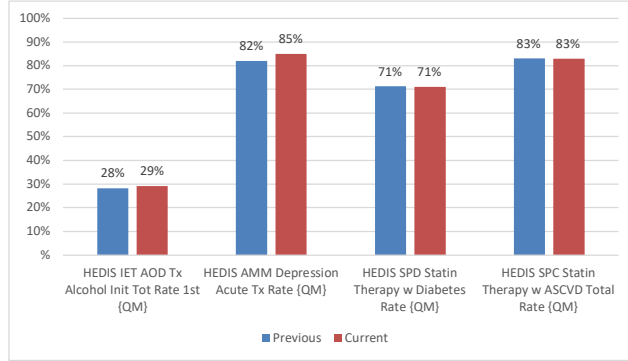
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. 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, 2023 to December 31, 2023.

Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Jan 2022 - Dec 2022 (Paid)

Current Period: Jan 2023 - Dec 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5818.2	5740.0	-1.3%	5449.2
Visits per 1000 Well Child	993.5	851.2	-14.3%	778.3
Visits per 1000 Prevent Adult	443.2	473.0	6.7%	444.3

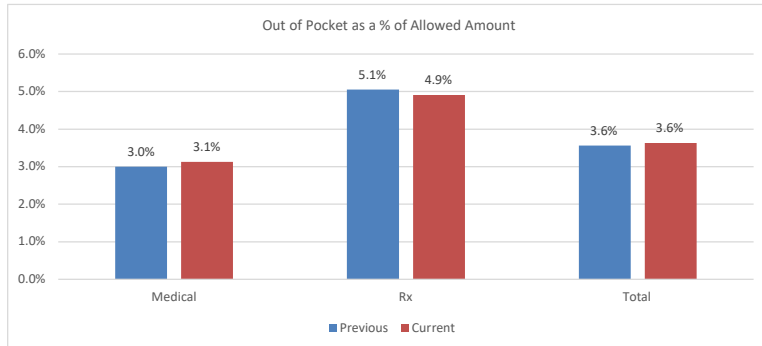
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	74,970.0	76,191.1	1.6%
Average Members	130,036.9	131,506.8	1.1%
Family Size	1.7	1.7	-0.5%
Member Age	43.4	43.5	0.3%
Members % Male	44.6%	44.4%	-0.4%

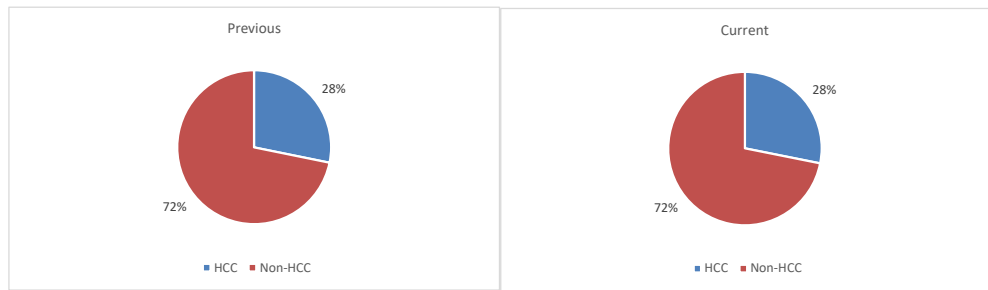
5. Risk Score

	Previous	Current
Member Risk Score	242.6	251.8

7. Cost Sharing



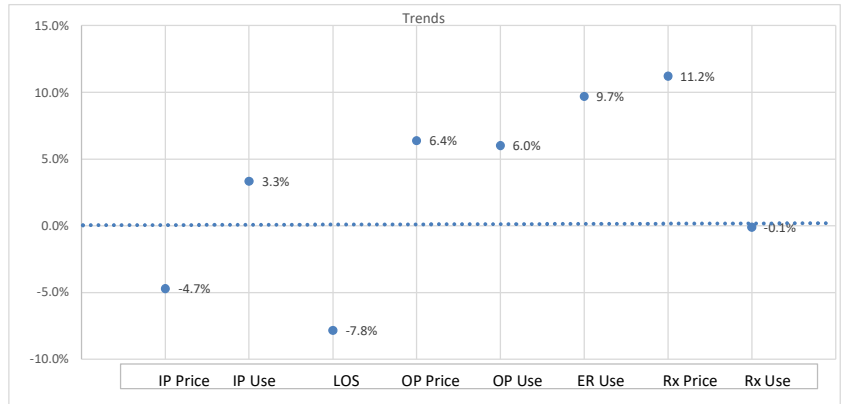
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,204	1,252	4.0%
Patients per 1,000	9.3	9.5	2.8%
Payments (in Millions)	\$257 M	\$273 M	6.3%
Payments per Patient	213,631	218,365	2.2%

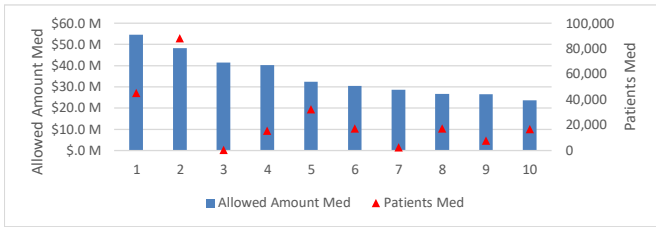
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$28,328	\$26,996	-4.7%	\$32,518
	Admits per 1000	78.2	80.8	3.3%	50.9
	Days LOS	6.3	5.8	-7.8%	4.9
Outpatient	Allowed per Service	\$141	\$150	6.4%	\$135
	ER Visits per 1000	327.9	347.6	6.0%	216.3
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	9.7%	n/a
	Days Supply PMPY	727	725	-0.3%	n/a
Specialty Rx	Allowed per Days Supply	\$127	\$123	-2.9%	n/a
	Days Supply PMPY	10	12	16.8%	n/a
All RX	Allowed per Days Supply	\$4	\$5	11.2%	\$4
	Days Supply PMPY	737	737	-0.1%	366



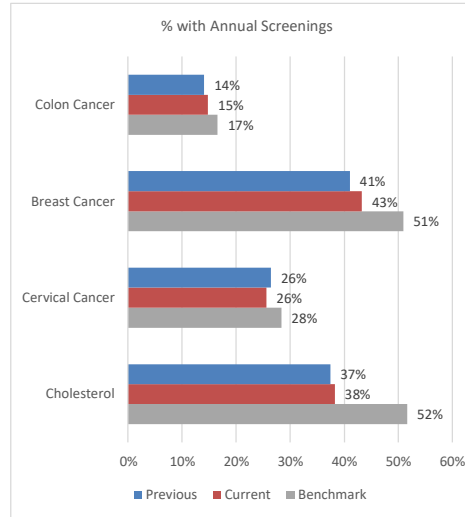
Medical and Prescription Drug Dashboard - GHIP Population
Previous Period: Jan 2022 - Dec 2022 (Paid)
Current Period: Jan 2023 - Dec 2023 (Paid)

8. Top Medical Conditions (by cost)

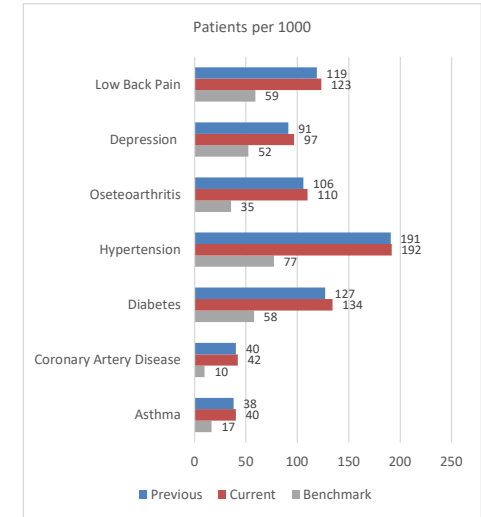


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$54,575,351	45,291	\$1,205
2 Prevent/Admin Hlth Encounters	\$48,283,436	88,155	\$548
3 Chemotherapy Encounters	\$41,462,649	731	\$56,720
4 Osteoarthritis	\$40,223,219	15,683	\$2,565
5 Arthropathies/Joint Disord NEC	\$32,461,392	32,664	\$994
6 Spinal/Back Disord, Low Back	\$30,383,867	17,593	\$1,727
7 Pregnancy without Delivery	\$28,640,543	2,814	\$10,178
8 Respiratory Disord, NEC	\$26,783,520	17,489	\$1,531
9 Cardiac Arrhythmias	\$26,524,795	7,993	\$3,319
10 Gastroint Disord, NEC	\$23,658,871	16,894	\$1,400

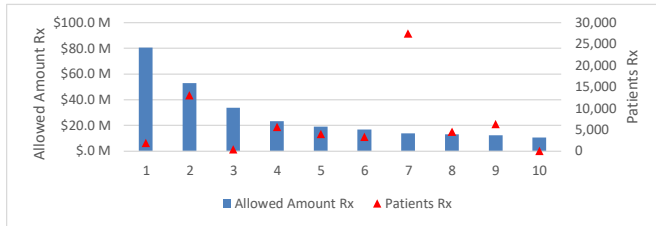
9. Screening Rates



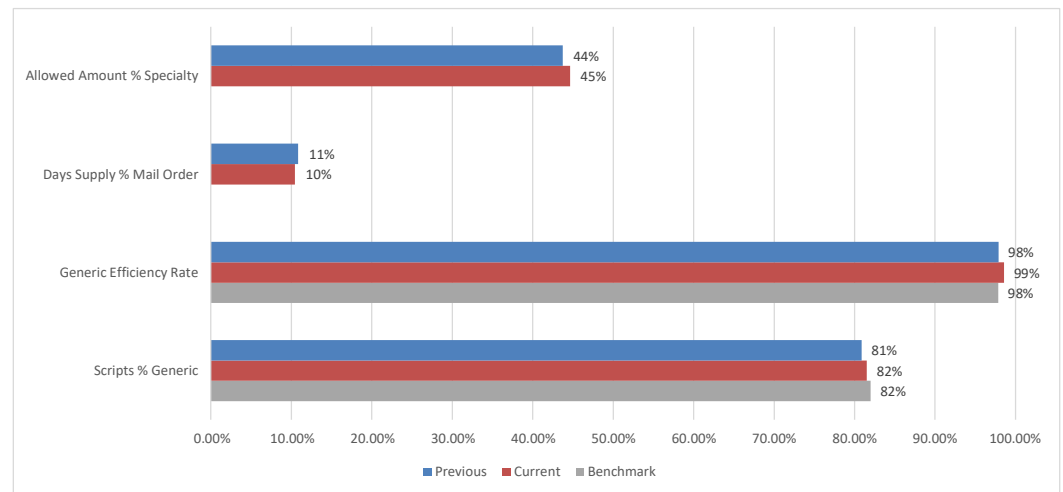
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$80,611,039	1,909	\$42,227
2 Antidiabetic Agents, Misc	\$52,975,301	13,104	\$4,043
3 Molecular Targeted Therapy	\$33,892,827	420	\$80,697
4 Coag/Anticoag, Anticoagulants	\$23,394,398	5,675	\$4,122
5 Antidiabetic Ag, SGLT Inhibitr	\$19,070,164	4,020	\$4,744
6 Antidiabetic Agents, Insulins	\$16,846,733	3,351	\$5,027
7 Adrenals & Comb, NEC	\$13,993,491	27,459	\$510
8 CNS Agents, Misc.	\$13,047,966	4,517	\$2,889
9 Misc Therapeutic Agents, NEC	\$12,235,230	6,333	\$1,932
10 Antineoplastic Agent, Misc.	\$10,493,754	88	\$119,247

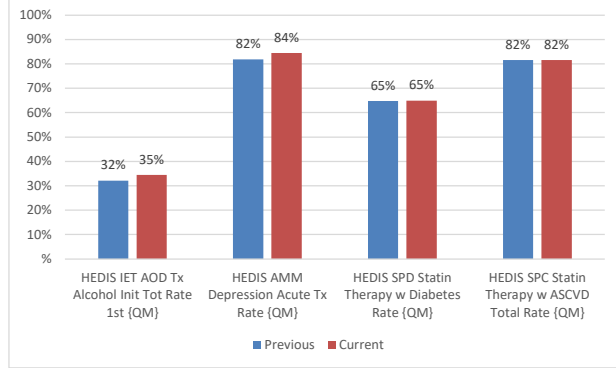


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jan 2022 - Dec 2022 (Paid)

Current Period: Jan 2023 - Dec 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5824.1	5745.7	-1.3%	5384.1	Green
Visits per 1000 Well Child	994.8	850.7	-14.5%	785.8	Green
Visits per 1000 Prevent Adult	506.9	547.0	7.9%	444.3	Green

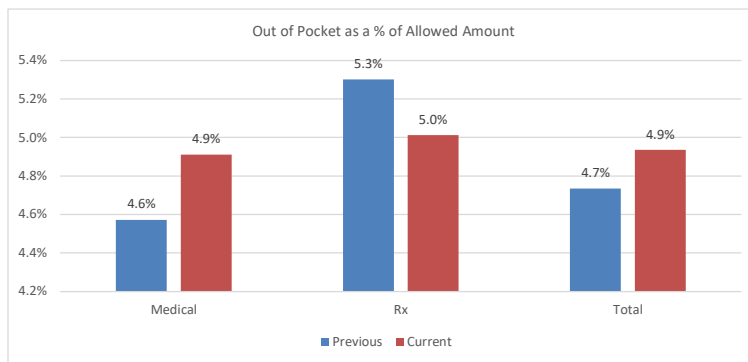
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	39,169.5	39,910.1	1.9%
Average Members	89,997.8	90,987.7	1.1%
Family Size	2.3	2.3	-0.8%
Member Age	32.7	32.7	0.1%
Members % Male	46.0%	45.9%	-0.3%

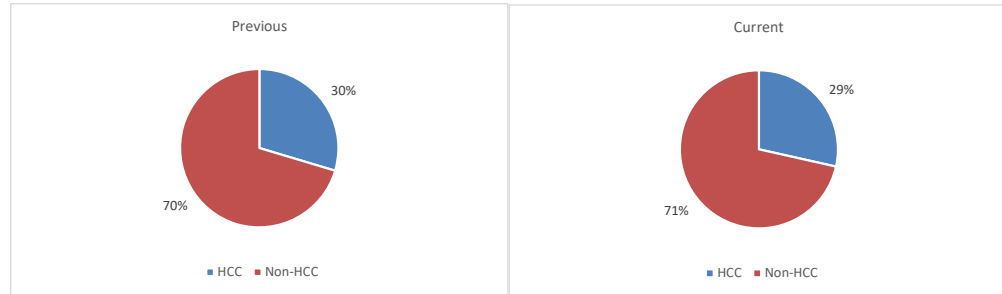
5. Risk Score

	Previous	Current
Member Risk Score	143.5	147.0

7. Cost Sharing



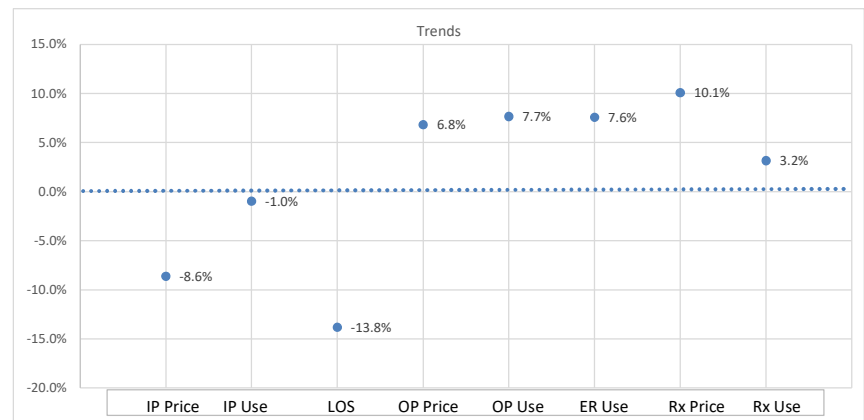
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,003	1,023	2.0%
Patients per 1,000	11.1	11.2	0.9%
Payments (in Millions)	\$208 M	\$214 M	2.6%
Payments per Patient	207,498	208,786	0.6%

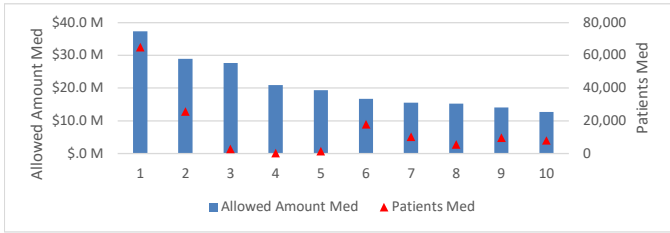
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$34,680	\$31,695	-8.6%	\$26,424
	Admits per 1000	55.1	54.6	-1.0%	50.2
	Days LOS	5.7	4.9	####	4.6
Outpatient	Allowed per Service	\$149	\$159	6.8%	\$135
	ER Visits per 1000	264.8	285.1	7.7%	214.6
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	7.6%	n/a
	Days Supply PMPY	412	424	2.8%	n/a
Specialty Rx	Allowed per Days Supply	\$120	\$113	-5.9%	n/a
	Days Supply PMPY	7	9	24.3%	n/a
All RX	Allowed per Days Supply	\$4	\$5	10.1%	\$4
	Days Supply PMPY	419	432	3.2%	333



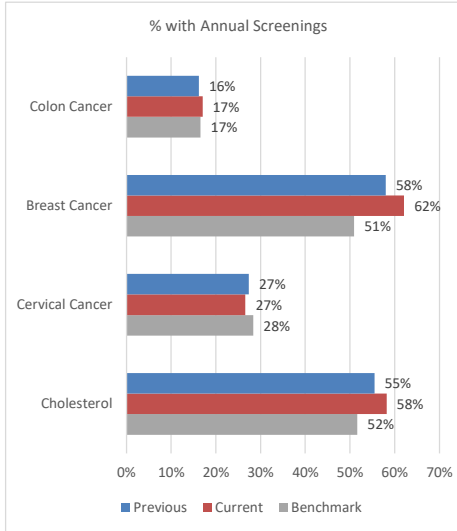
Medical and Prescription Drug Dashboard - Active Employees
Previous Period: Jan 2022 - Dec 2022 (Paid)
Current Period: Jan 2023 - Dec 2023 (Paid)

8. Top Medical Conditions (by cost)

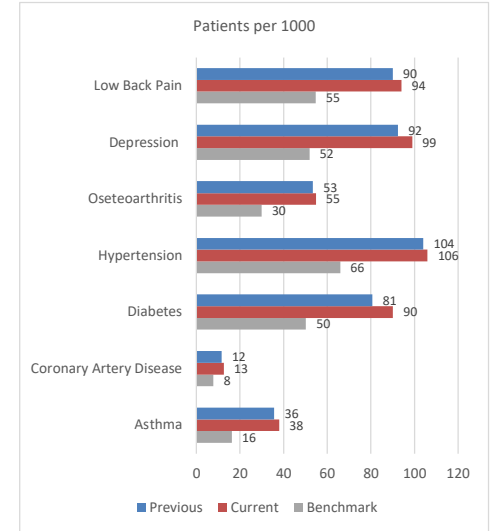


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$37,331,293	64,920	\$575
2 Signs/Symptoms/Oth Cond, NEC	\$28,969,931	25,722	\$1,126
3 Pregnancy without Delivery	\$27,692,988	2,722	\$10,174
4 Chemotherapy Encounters	\$20,951,122	217	\$96,549
5 Newborns, w/wo Complication	\$19,311,048	1,435	\$13,457
6 Arthropathies/Joint Disord NEC	\$16,715,300	17,813	\$938
7 Gastroint Disord, NEC	\$15,547,114	10,181	\$1,527
8 Osteoarthritis	\$15,225,911	5,560	\$2,738
9 Spinal/Back Disord, Low Back	\$14,029,610	9,523	\$1,473
10 Respiratory Disord, NEC	\$12,637,128	7,956	\$1,588

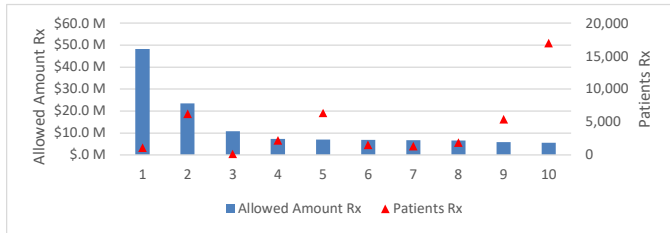
9. Screening Rates



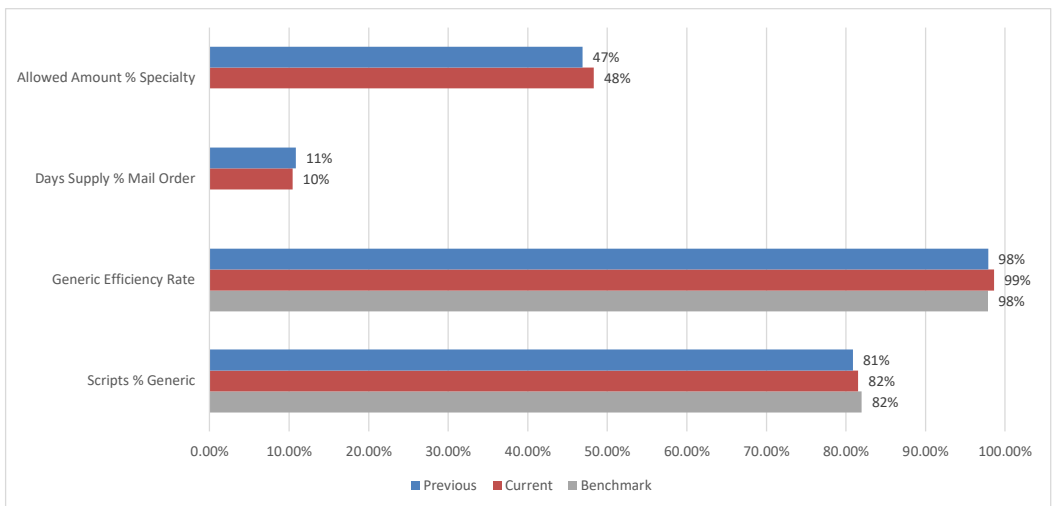
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$48,235,616	1,099	\$43,890
2 Antidiabetic Agents, Misc	\$23,526,388	6,250	\$3,764
3 Molecular Targeted Therapy	\$10,835,949	175	\$61,920
4 CNS Agents, Misc.	\$7,373,717	2,214	\$3,330
5 Stimulant, Amphetamine Type	\$7,122,503	6,388	\$1,115
6 Antidiabetic Ag, SGLT Inhibitr	\$6,936,805	1,549	\$4,478
7 Antidiabetic Agents, Insulins	\$6,752,546	1,338	\$5,047
8 Misc Therapeutic Agents, NEC	\$6,647,379	1,916	\$3,469
9 Antivirals, NEC	\$5,874,294	5,417	\$1,084
10 Adrenals & Comb, NEC	\$5,527,245	17,003	\$325

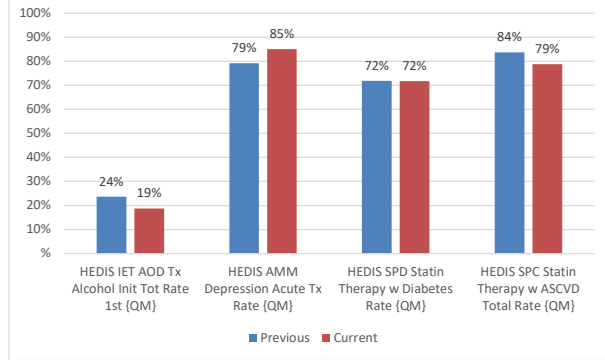


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jan 2022 - Dec 2022 (Paid)

Current Period: Jan 2023 - Dec 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	4721.3	4250.0	-10.0%	4916.1
Visits per 1000 Well Child	844.8	836.6	-1.0%	705.4
Visits per 1000 Prevent Adult	528.8	571.6	8.1%	444.3

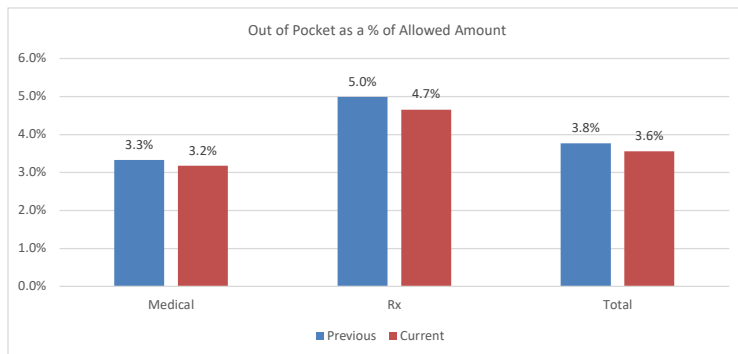
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	6,091.1	5,956.0	-2.2%
Average Members	9,774.3	9,629.1	-1.5%
Family Size	1.6	1.6	0.7%
Member Age	50.0	49.8	-0.4%
Members % Male	42.3%	42.6%	0.7%

5. Risk Score

	Previous	Current
Member Risk Score	242.9	247.8

7. Cost Sharing



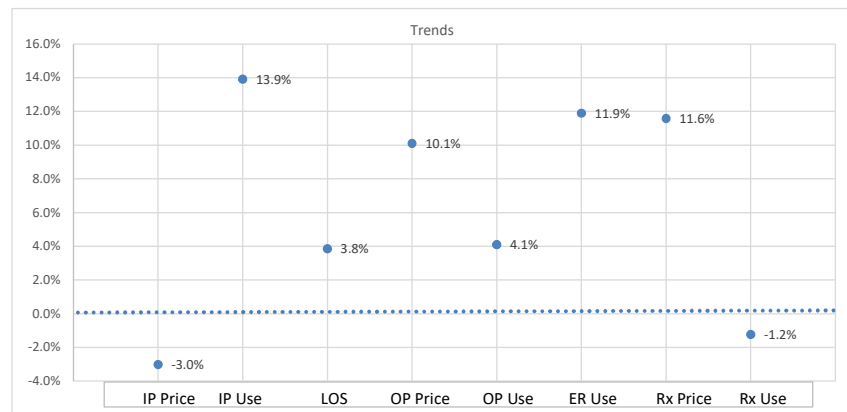
2. High Cost Claimants



	Previous	Current	Trend
Patients	258	290	12.4%
Patients per 1,000	26.4	30.1	14.1%
Payments (in Millions)	\$44 M	\$51 M	16.8%
Payments per Patient	170,923	177,561	3.9%

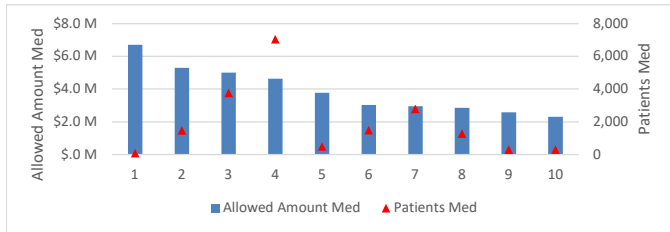
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$42,540	\$41,253	-3.0%	\$37,173
	Admits per 1000	57.8	65.8	13.9%	55.2
	Days LOS	6.9	7.1	3.8%	5.7
Outpatient	Allowed per Service	\$165	\$182	10.1%	\$135
	ER Visits per 1000	305.8	318.3	4.1%	229.2
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	11.9%	n/a
	Days Supply PMPY	823	810	-1.6%	n/a
Specialty Rx	Allowed per Days Supply	\$125	\$112	-10.5%	n/a
	Days Supply PMPY	13	16	23.2%	n/a
All RX	Allowed per Days Supply	\$4	\$5	11.6%	\$4
	Days Supply PMPY	836	825	-1.2%	648



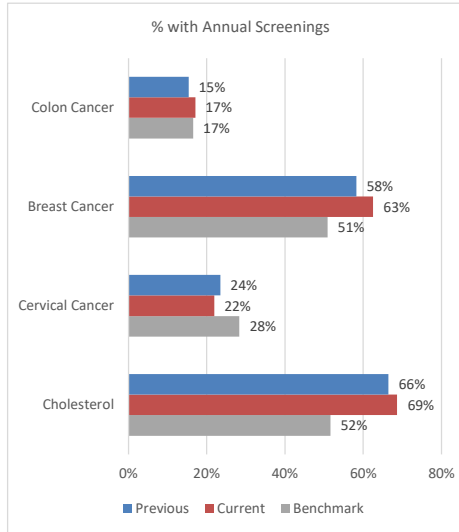
Medical and Prescription Drug Dashboard - Early Retirees
Previous Period: Jan 2022 - Dec 2022 (Paid)
Current Period: Jan 2023 - Dec 2023 (Paid)

8. Top Medical Conditions (by cost)

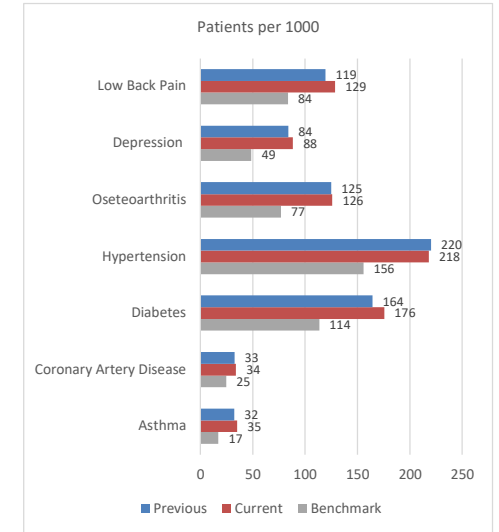


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1	\$6,705,411	76	\$88,229
2	\$5,304,189	1,467	\$3,616
3	\$5,001,938	3,757	\$1,331
4	\$4,633,159	7,040	\$658
5	\$3,758,722	477	\$7,880
6	\$3,029,143	1,497	\$2,023
7	\$2,945,532	2,789	\$1,056
8	\$2,851,245	1,266	\$2,252
9	\$2,577,961	295	\$8,739
10	\$2,296,792	294	\$7,812

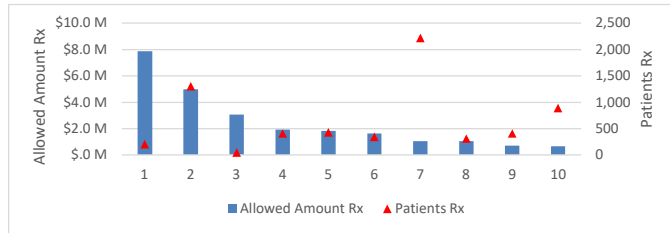
9. Screening Rates



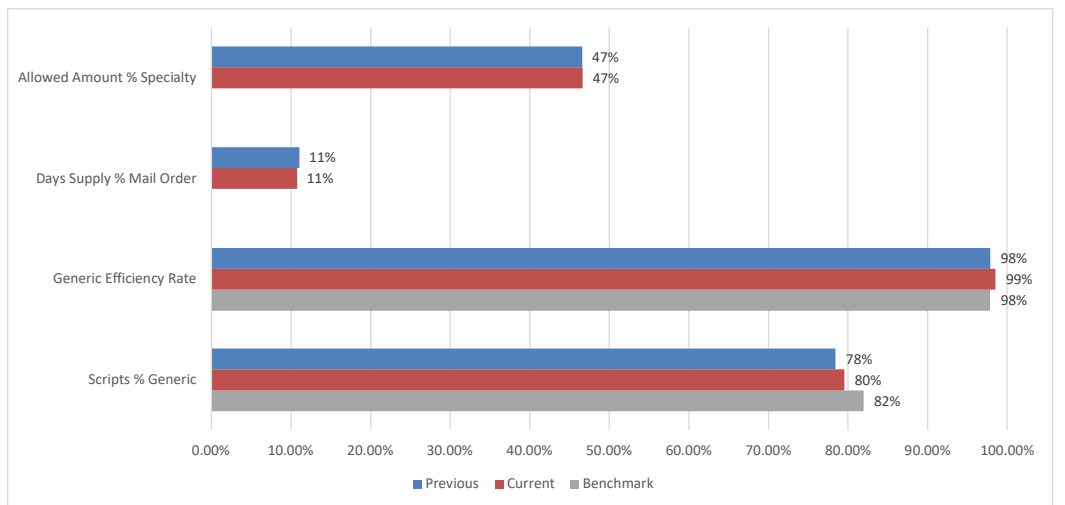
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1	\$7,866,687	204	\$38,562
2	\$4,988,591	1,302	\$3,831
3	\$3,069,280	47	\$65,304
4	\$1,923,096	407	\$4,725
5	\$1,844,364	428	\$4,309
6	\$1,632,444	345	\$4,732
7	\$1,062,920	2,219	\$479
8	\$1,057,644	311	\$3,401
9	\$696,943	409	\$1,704
10	\$661,844	892	\$742

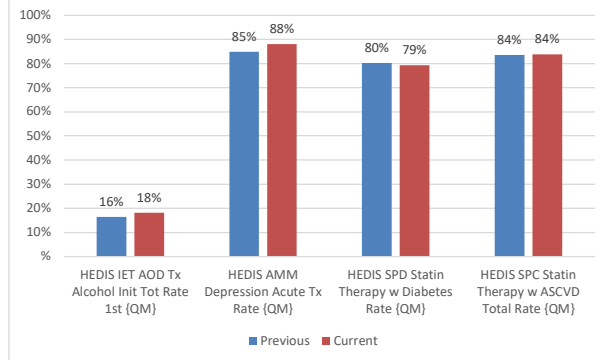


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jan 2022 - Dec 2022 (Paid)

Current Period: Jan 2023 - Dec 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	279.7	285.2	2.0%	444.3

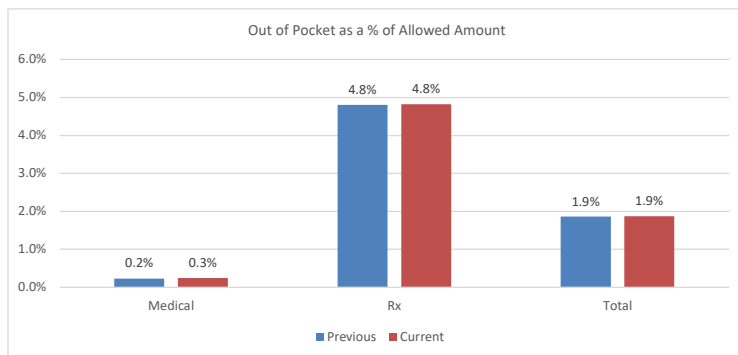
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	27,122.3	27,718.8	2.2%
Average Members	27,415.1	28,029.0	2.2%
Family Size	1.0	1.0	0.0%
Member Age	73.3	73.5	0.2%
Members % Male	41.1%	40.9%	-0.5%

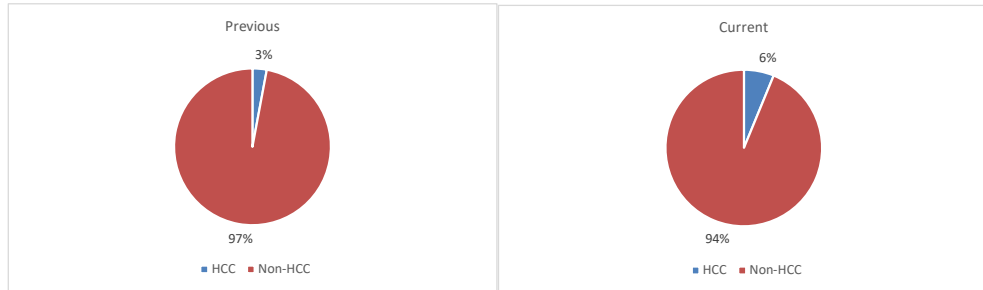
5. Risk Score

	Previous	Current
Member Risk Score	541.7	563.9

7. Cost Sharing



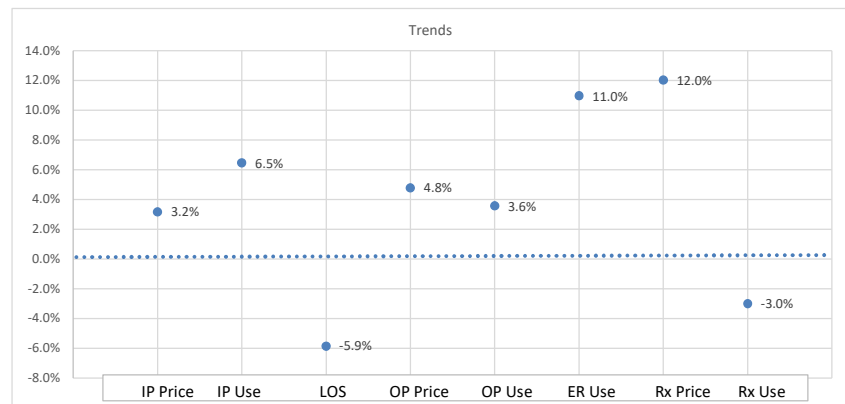
2. High Cost Claimants



	Previous	Current	Trend
Patients	35	60	71.4%
Patients per 1,000	1.3	2.1	67.7%
Payments (in Millions)	\$2 M	\$5 M	122.0%
Payments per Patient	61,914	80,185	29.5%

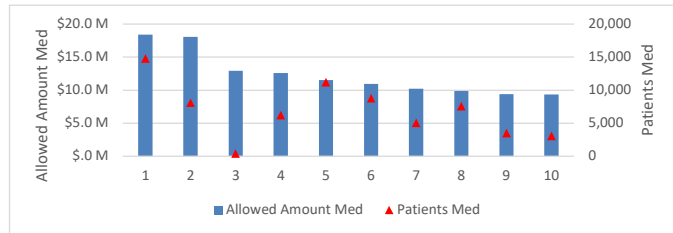
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$19,968	\$20,601	3.2%	\$19,034
	Admits per 1000	149.3	159.0	6.5%	177.9
	Days LOS	6.9	6.5	-5.9%	5.0
Outpatient	Allowed per Service	\$125	\$130	4.8%	\$104
	ER Visits per 1000	506.6	524.6	3.6%	550.7
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	11.0%	n/a
	Days Supply PMPY	1,674	1,622	-3.1%	n/a
Specialty Rx	Allowed per Days Supply	\$137	\$142	3.5%	n/a
	Days Supply PMPY	19	21	6.6%	n/a
All RX	Allowed per Days Supply	\$4	\$4	12.0%	\$4
	Days Supply PMPY	1,694	1,643	-3.0%	959



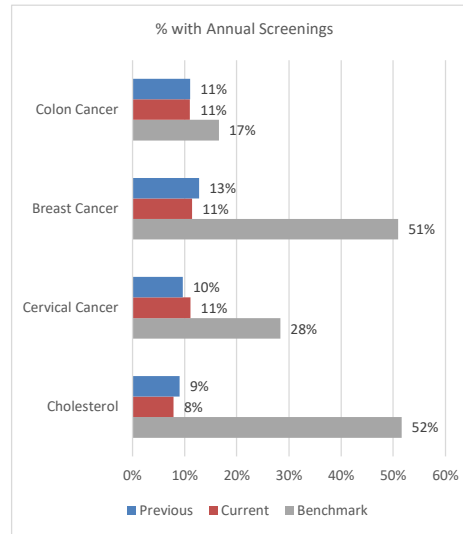
Medical and Prescription Drug Dashboard - Medicare Retirees
Previous Period: Jan 2022 - Dec 2022 (Paid)
Current Period: Jan 2023 - Dec 2023 (Paid)

8. Top Medical Conditions (by cost)

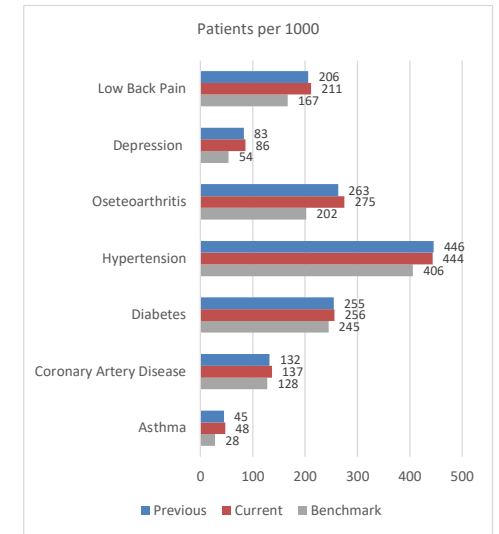


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$18,418,519	14,774	\$1,247
2 Osteoarthritis	\$18,044,829	8,075	\$2,235
3 Chemotherapy Encounters	\$12,895,935	417	\$30,926
4 Spinal/Back Disord, Low Back	\$12,582,275	6,208	\$2,027
5 Arthropathies/Joint Disord NEC	\$11,519,920	11,214	\$1,027
6 Eye Disorders, Degenerative	\$10,920,472	8,746	\$1,249
7 Cardiac Arrhythmias	\$10,196,041	5,052	\$2,018
8 Respiratory Disord, NEC	\$9,900,742	7,553	\$1,311
9 Cerebrovascular Disease	\$9,375,733	3,491	\$2,686
10 Renal Function Failure	\$9,347,042	3,052	\$3,063

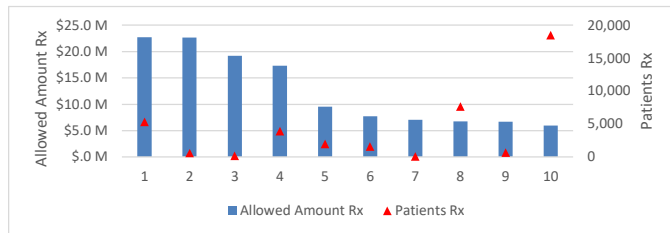
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$22,734,038	5,361	\$4,241
2 Immunosuppressants, NEC	\$22,671,421	592	\$38,296
3 Molecular Targeted Therapy	\$19,211,532	193	\$99,542
4 Coag/Anticoag, Anticoagulants	\$17,274,811	3,934	\$4,391
5 Antidiabetic Ag, SGLT Inhibitr	\$9,563,022	1,977	\$4,837
6 Antidiabetic Agents, Insulins	\$7,738,415	1,581	\$4,895
7 Antineoplastic Agent, Misc.	\$7,072,479	57	\$124,079
8 Adrenals & Comb, NEC	\$6,758,114	7,690	\$879
9 Hormone-Modifying Therapy	\$6,723,643	691	\$9,730
10 Antihyperlipidemic Drugs, NEC	\$5,972,745	18,501	\$323

