

State of Delaware - Quarterly Financial Reporting

FY25 Q1 Cost Analysis

November 2024



State of Delaware
Health Plan Quarterly Financial Reporting
FY25 Q1 Plan Cost Analysis

Summary plan information

- FY25 YTD compared to FY24 YTD:

Summary (total)	FY25			FY24			% Change		
	Medical	Rx	Total ²	Medical	Rx	Total ²	Medical	Rx	Total ²
Gross claims ¹	\$205	\$123	\$328	\$183.5	\$97.5	\$281.0	▲ 11.7%	▲ 26.3%	▲ 16.7%
Total program cost (\$M) ²	\$219	\$74	\$294	\$196.4	\$57.8	\$255.0	▲ 11.4%	▲ 28.2%	▲ 15.3%
Premium contributions (\$M) ³	\$249	\$60	\$309	\$197.2	\$49.0	\$246.2	▲ 26.0%	▲ 22.5%	▲ 25.3%
Total cost PEPY	\$11,136	\$3,720	\$14,964	\$10,284	\$3,024	\$13,344	▲ 8.3%	▲ 23.0%	▲ 12.1%
Total cost PMPY	\$6,372	\$2,160	\$8,556	\$5,940	\$1,752	\$7,716	▲ 7.3%	▲ 23.3%	▲ 10.9%
Average employees	78,590			76,438			▲ 2.8%		
Average members	137,380			132,227			▲ 3.9%		
Loss ratio	95%			104%					
Net income (\$M)	\$14.6			(\$8.7)					

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

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

³ Includes fees for participating non-State groups

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

Summary (total)	FY25 Actual			FY25 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) ¹	\$218.8	\$74.1	\$294.0	\$221.5	\$85.7	\$307.9	▼ 1.2%	▼ 13.5%	▼ 4.5%
Total cost PEPY	\$11,136	\$3,720	\$14,964	\$11,434	\$4,422	\$15,892	▼ 2.6%	▼ 15.9%	▼ 5.8%
Total cost PMPY	\$6,372	\$2,160	\$8,556	\$6,610	\$2,556	\$9,187	▼ 3.6%	▼ 15.5%	▼ 6.9%
Net income (\$M)	\$14.6			(\$6.2)					

- Summary Plan Information through September 2024

FY25 Q1	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$59.4	\$234.6	\$210.5	\$33.8	\$49.6	\$294.0
Budgeted cost (\$M) ¹	\$66.5	\$242.1	\$235.2	\$31.8	\$41.7	\$308.6
Loss ratio	89%	97%	89%	106%	119%	95%
PEPY	\$19,008	\$13,944	\$19,512	\$20,940	\$6,576	\$14,736
PMPY	\$8,604	\$8,544	\$8,688	\$13,140	\$6,576	\$8,556
# of enrolled employees	12,503	67,292	43,158	6,456	30,182	79,795

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

Additional notes

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

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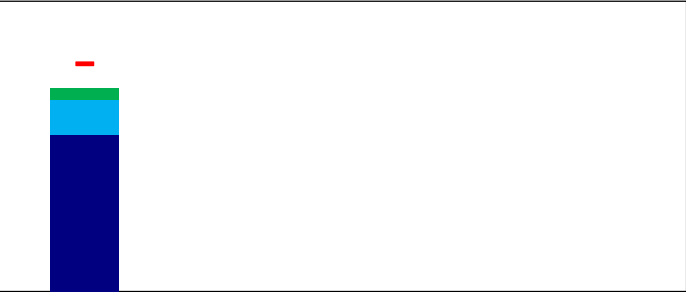



	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual	FY25 YTD WTW Budget ⁷	Difference vs. Budget
Total Program Cost	\$293,966,265				\$293,966,265	\$307,871,000	▼ 4.5%
- Paid Claims	275,974,407				275,974,407	295,284,000	▼ 6.5%
- Medical (includes capitation¹)	204,826,220				204,826,220	210,458,000	▼ 2.7%
- Rx (Including Rebates and EGWP)	71,148,187				71,148,187	84,826,000	▼ 16.1%
- Rx Paid Claims	123,198,322				123,198,322	120,641,000	▲ 2.1%
- EGWP ²	(9,347,922)				(9,347,922)	(8,209,000)	▲ 13.9%
- Direct Subsidy	(1,712,699)				(1,712,699)	(1,801,000)	▼ 4.9%
- CGDP	0				0	0	▼ 100.0%
- Catastrophic Reinsurance	(7,635,223)				(7,635,223)	(6,408,000)	▲ 19.2%
- Rx Rebates ³	(42,702,213)				(42,702,213)	(27,606,000)	▲ 54.7%
- ASO Fees	16,944,868				16,944,868	11,902,000	▲ 42.4%
- Operational Expenses	1,046,989				1,046,989	685,000	▲ 52.8%
Medical/Rx Premium Contributions⁴	\$308,578,118				\$308,578,118	\$301,682,000	▲ 2.3%
- Net Income	14,611,853				14,611,853	(6,189,000)	
- Total Cost as % of Budget	95%				95%	102%	
Current Year Per Capita							
- Total per employee per year ⁵	14,964				14,964	15,892	▼ 5.8%
- Total % change over prior	12.1%				12.1%		
- Medical per employee per year	11,136				11,136	11,434	▼ 2.6%
- Medical % change over prior	8.3%				8.3%		
- Rx per employee per year	3,720				3,720	4,422	▼ 15.9%
- Rx % change over prior	23.0%				23.0%		
- Medical per member per year	6,468				6,372	6,610	▼ 3.6%
- Rx per member per year	2,160				2,160	2,556	▼ 15.5%
- Total per member per year ⁵	8,700				8,556	9,187	▼ 6.9%
Prior Year Results	Q1 FY24				FY24		
- Total Program Cost	242,886,025				242,886,025	-	-
- Total Program Cost \$ Change	51,080,240				51,080,240	-	-
- Total per employee per year ⁵	13,344				13,344	-	-
- Medical per employee per year	10,284				10,284	-	-
- Rx per employee per year	3,024				3,024	-	-
EE Contributions⁶	\$64,977,852				\$64,977,852		
- Net SoD	228,988,413				228,988,413	-	-
- SoD Subsidy %	78%				78%	-	-
Headcount							
- Enrolled Ees	78,590				78,590	77,491	▲ 1.4%
- Enrolled Members	135,187				137,380	134,048	▲ 2.5%
- Member/EE Ratio	1.7				1.7	1.7	

¹ Capitation payments apply to HMO plan only
² Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health
³ Reflects estimated rebates attributable to FY25; prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021
⁴ Premium contributions include fees for participating non-State groups
⁵ Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits
⁶ Participating groups are assumed to be 100% EE funded, and Medicare retirees are assumed to be fully subsidized
⁷ WTW Budget based on revised FY25 Budget approved by SEBC 08/23/2024

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.

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	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Active Employees Only					
Legend	<ul style="list-style-type: none"> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation) 				
Total Program Cost	\$210,542,620				\$210,542,620
- Paid Claims	197,965,217				197,965,217
- Medical (includes capitation¹)	161,615,953				161,615,953
- Rx (Including Rebates and EGWP)	36,349,264				36,349,264
- Rx Paid Claims	58,061,046				58,061,046
- EGWP ²	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates ³	(\$21,711,781)				(21,711,781)
- ASO Fees	12,018,504				12,018,504
- Operational Expenses	558,899				558,899
Medical/Rx Premium Contributions⁴	\$235,153,919				\$235,153,919
- Net Income	24,611,299				24,611,299
- Total Cost as % of Budget	90%				90%
Current Year Per Capita					
- Total per employee per year ⁵	20,076				19,512
- Total % change over prior	12.2%				9.1%
- Medical per employee per year	16,356				15,960
- Medical % change over prior	7.9%				5.3%
- Rx per employee per year	3,672				3,504
- Rx % change over prior	36.0%				29.8%
- Medical per member per year	7,248				7,104
- Rx per member per year	1,620				1,560
- Total per member per year ⁵	8,892				8,688
Prior Year Results	Q1 FY24				FY24
- Total Program Cost	179,617,685				179,617,685
- Total Program Cost \$ Change	30,924,935				30,924,935
- Total per employee per year ⁵	17,892				17,892
- Medical per employee per year	15,156				15,156
- Rx per employee per year	2,700				2,700
EE Contributions⁵	\$55,576,840				\$55,576,840
- Net SoD	154,965,780				154,965,780
- SoD Subsidy %	74%				74%
Headcount					
- Enrolled Ees	41,952				43,158
- Enrolled Members	94,714				96,907
- Member/EE Ratio	2.3				2.3

¹ Capitation payments apply to HMO plan only

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

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

⁴ Premium contributions include fees for participating non-State groups

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

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

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FY25 Q1 Plan Cost Analysis

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Non-Medicare Retirees Only					
Legend					
- Medical/Rx Budget					
- Fees and Op. Expenses					
- Rx (incl. Rebates and EGWP)					
- Medical (incl. capitation)					
Total Program Cost	\$33,803,080				\$33,803,080
- Paid Claims	31,867,842				31,867,842
- Medical (includes capitation¹)	25,735,307				25,735,307
- Rx (Including Rebates and EGWP)	6,132,535				6,132,535
- Rx Paid Claims	9,815,653				9,815,653
- EGWP ²	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates ³	(\$3,683,118)				(3,683,118)
- ASO Fees	1,849,243				1,849,243
- Operational Expenses	85,996				85,996
Medical/Rx Premium Contributions⁴	\$31,760,638				\$31,760,638
- Net Income	(2,042,442)				(2,042,442)
- Total Cost as % of Budget	106%				106%
Current Year Per Capita					
- Total per employee per year ⁵	20,940				20,940
- Total % change over prior	7.7%				7.7%
- Medical per employee per year	16,884				16,260
- Medical % change over prior	4.9%				1.0%
- Rx per employee per year	4,008				3,936
- Rx % change over prior	21.0%				18.8%
- Medical per member per year	10,596				10,200
- Rx per member per year	2,508				2,472
- Total per member per year ⁵	13,140				13,140
Prior Year Results	Q1 FY24				FY24
- Total Program Cost	179,617,685				179,617,685
- Total Program Cost \$ Change	-145,814,605				-145,814,605
- Total per employee per year ⁵	19,440				19,440
- Medical per employee per year	16,092				16,092
- Rx per employee per year	3,312				3,312
EE Contributions⁵	\$9,226,237				\$9,226,237
- Net SoD	24,576,843				24,576,843
- SoD Subsidy %	73%				73%
Headcount					
- Enrolled Ees	6,456				6,456
- Enrolled Members	10,292				10,292
- Member/EE Ratio	1.6				1.6

¹ Capitation payments apply to HMO plan only

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

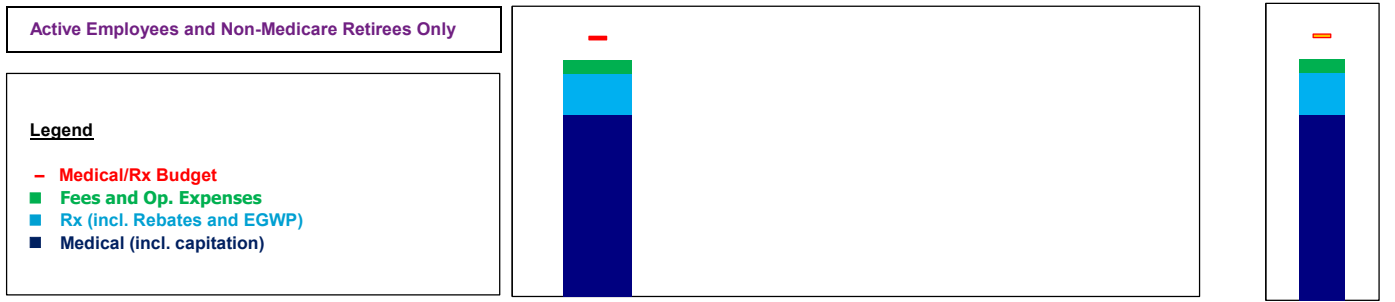
³ Reflects estimated rebates attributable to FY25; prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

⁴ Premium contributions include fees for participating non-State groups

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

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

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	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Total Program Cost	\$244,345,700				\$244,345,700
- Paid Claims	229,833,059				229,833,059
- Medical (includes capitation¹)	187,351,260				187,351,260
- Rx (Including Rebates and EGWP)	42,481,799				42,481,799
- Rx Paid Claims	67,876,699				67,876,699
- EGWP ²	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates ³	(25,394,899)				(25,394,899)
- ASO Fees	13,867,746				13,867,746
- Operational Expenses	644,894				644,894
Medical/Rx Premium Contributions⁴	\$266,914,557				\$266,914,557
- Net Income	22,568,857				22,568,857
- Total Cost as % of Budget	92%				92%
Current Year Per Capita					
- Total per employee per year ⁵	20,196				19,704
- Total % change over prior	11.5%				8.8%
- Medical per employee per year	16,428				16,092
- Medical % change over prior	7.5%				5.3%
- Rx per employee per year	3,708				3,552
- Rx % change over prior	33.2%				27.6%
- Medical per member per year	7,668				7,452
- Rx per member per year	1,716				1,644
- Total per member per year ⁵	9,312				9,120
Prior Year Results	Q1 FY24				FY24
- Total Program Cost	211,519,581				211,519,581
- Total Program Cost \$ Change	32,826,119				32,826,119
- Total per employee per year ⁵	18,108				18,108
- Medical per employee per year	15,288				15,288
- Rx per employee per year	2,784				2,784
EE Contributions⁵	\$64,803,076				\$64,803,076
- Net SoD	179,542,623				179,542,623
- SoD Subsidy %	73%				73%
Headcount					
- Enrolled Ees	48,408				49,613
- Enrolled Members	105,005				107,198
- Member/EE Ratio	2.2				2.2

¹ Capitation payments apply to HMO plan only

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

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

⁴ Premium contributions include fees for participating non-State groups

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

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

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	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Medicare Retirees Only					
<p>Legend</p> <ul style="list-style-type: none"> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation) 					
Total Program Cost	\$49,620,565				\$49,620,565
- Paid Claims	46,141,348				46,141,348
- Medical (includes capitation¹)	17,474,960				17,474,960
- Rx (Including Rebates and EGWP)	28,666,388				28,666,388
- Rx Paid Claims	55,321,623				55,321,623
- EGWP ²	(9,347,922)				(9,347,922)
- Direct Subsidy	(1,712,699)				(1,712,699)
- CGDP	0				0
- Catastrophic Reinsurance	(7,635,223)				(7,635,223)
- Rx Rebates ³	(17,307,313)				(17,307,313)
- ASO Fees	3,077,122				3,077,122
- Operational Expenses	402,095				402,095
Medical/Rx Premium Contributions⁴	\$41,663,561				\$41,663,561
- Net Income	(7,957,004)				(7,957,004)
- Total Cost as % of Budget	119%				119%
Current Year Per Capita					
- Total per employee per year ⁵	6,576				6,576
- Total % change over prior	12.5%				12.5%
- Medical per employee per year	2,652				2,544
- Medical % change over prior	10.5%				6.0%
- Rx per employee per year	3,876				3,984
- Rx % change over prior	14.1%				17.3%
- Medical per member per year	2,652				2,544
- Rx per member per year	3,876				3,984
- Total per member per year ⁵	6,576				6,576
Prior Year Results	Q1 FY24				FY24
- Total Program Cost	43,431,072				43,431,072
- Total Program Cost \$ Change	6,189,492				6,189,492
- Total per employee per year ⁵	5,844				5,844
- Medical per employee per year	2,400				2,400
- Rx per employee per year	3,396				3,396
EE Contributions⁵	\$174,776				\$174,776
- Net SoD	32,645,969				32,645,969
- SoD Subsidy %	66%				66%
Headcount					
- Enrolled Ees	30,182				30,182
- Enrolled Members	30,182				30,182
- Member/EE Ratio	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 FY25; prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective January 2022

⁴ Premium contributions include fees for participating non-State groups

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

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

State of Delaware
FY2025 Financial Analysis of Health/Rx Plans - Paid Basis
Year to Date July 1, 2024 - June 30, 2025

Vendor	Highmark						Aetna					Total
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna Non Medicare Retirees	Total Aetna	Total
Medical												
Paid Claims	\$9,434,545	\$1,055,890	\$114,109,798	\$16,499,289	\$17,474,960	\$158,574,482	\$23,024,302	\$7,320,910	\$12,075,955	\$352,126	\$42,773,293	\$201,347,775
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$2,971,353	\$507,092	\$0	\$0	\$3,478,445	\$3,478,445
<u>Administration</u>	<u>\$1,131,964</u>	<u>\$78,250</u>	<u>\$6,836,608</u>	<u>\$1,045,611</u>	<u>\$1,695,021</u>	<u>\$10,787,454</u>	<u>\$1,733,906</u>	<u>\$412,521</u>	<u>\$921,272</u>	<u>\$98,256</u>	<u>\$3,165,954</u>	<u>\$13,953,408</u>
Total Medical Program Cost	\$10,566,510	\$1,134,140	\$120,946,406	\$17,544,899	\$19,169,981	\$169,361,936	\$27,729,561	\$8,240,523	\$12,997,226	\$450,382	\$49,417,692	\$218,779,628
Average Number of Employees	5,675	309	26,997	4,129	30,182	67,292	6,847	1,629	3,638	388	12,503	79,795
Program Cost/Employee/Yr.	\$7,448	\$14,666	\$17,920	\$16,998	\$2,541	\$10,067	\$16,199	\$20,230	\$14,291	\$4,639	\$15,810	\$10,968
Change from prior period (pepy)	-14.4%	-2.7%	9.0%	4.0%	7.7%	6.3%	5.1%	29.5%	19.5%	-72.3%	8.5%	6.7%
Average Number of Members	10,333	430	62,315	6,489	30,182	109,750	16,335	2,840	7,924	532	27,631	137,380
Program Cost/Member/Yr.	\$4,090	\$10,542	\$7,764	\$10,815	\$2,541	\$6,173	\$6,790	\$11,606	\$6,561	\$3,386	\$7,154	\$6,372
Change from prior period (pmpy)	-14.2%	-4.2%	10.3%	4.6%	7.7%	6.6%	6.1%	29.6%	19.2%	-63.5%	9.7%	10.2%
Express Scripts, Inc.												
Paid Claims	\$3,509,332	\$301,408	\$42,107,259	\$6,873,335	\$55,321,623	\$108,112,957	\$8,771,062	\$2,310,214	\$3,673,393	\$330,696	\$15,085,365	\$123,198,322
Administration	\$148,611	\$10,273	\$897,554	\$137,274	\$1,382,101	\$2,575,813	\$227,638	\$54,158	\$120,950	\$12,900	\$415,647	\$2,991,460
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$9,347,922)	(\$9,347,922)	\$0	\$0	\$0	\$0	\$0	(\$9,347,922)
Estimated Rebates ¹	(\$1,170,199)	(\$100,506)	(\$15,855,592)	(\$2,588,171)	(\$17,307,313)	(\$37,021,781)	(\$3,302,765)	(\$869,917)	(\$1,383,225)	(\$124,524)	(\$5,680,431)	(\$42,702,213)
Total Rx Program Cost	\$2,487,744	\$211,176	\$27,149,220	\$4,422,438	\$30,048,489	\$64,319,067	\$5,695,935	\$1,494,455	\$2,411,119	\$219,071	\$9,820,580	\$74,139,648
Average Number of Employees	5,675	309	26,997	4,129	30,182	67,292	6,847	1,629	3,638	388	12,503	79,795
Program Cost/Employee/Yr.	\$1,752	\$2,736	\$4,020	\$4,284	\$3,984	\$3,828	\$3,324	\$3,672	\$2,652	\$2,256	\$3,144	\$3,720
Change from prior period (pepy)	11.5%	14.6%	35.6%	15.9%	15.7%	21.8%	32.5%	32.5%	37.3%	27.0%	33.0%	23.0%
Average Number of Members	10,333	430	62,315	6,489	30,182	109,750	16,335	2,840	7,924	532	27,631	137,380
Program Cost/Member/Yr.	\$960	\$1,968	\$1,740	\$2,724	\$3,984	\$2,340	\$1,392	\$2,100	\$1,212	\$1,644	\$1,416	\$2,160
Change from prior period (pmpy)	11.1%	12.3%	36.8%	16.4%	15.7%	21.9%	33.3%	31.6%	36.5%	67.1%	34.1%	48.8%
Total Medical and Rx												
Premium	\$19,678,861	\$1,234,856	\$158,825,396	\$20,685,530	\$41,663,561	\$242,088,205	\$37,896,617	\$7,987,881	\$18,753,044	\$1,852,370	\$66,489,913	\$308,578,118
Program Cost (prior to operational)	\$13,054,254	\$1,345,315	\$148,095,626	\$21,967,338	\$49,218,470	\$233,681,003	\$33,425,496	\$9,734,979	\$15,408,345	\$669,453	\$59,238,273	\$292,919,275
<u>Operational Expenses</u>	<u>\$59,551</u>	<u>\$4,117</u>	<u>\$359,663</u>	<u>\$55,008</u>	<u>\$402,095</u>	<u>\$880,433</u>	<u>\$91,218</u>	<u>\$21,702</u>	<u>\$48,467</u>	<u>\$5,169</u>	<u>\$166,556</u>	<u>\$1,046,989</u>
Total Program Cost	\$13,113,805	\$1,349,432	\$148,455,289	\$22,022,346	\$49,620,565	\$234,561,436	\$33,516,714	\$9,756,681	\$15,456,812	\$674,622	\$59,404,828	\$293,966,265
Net Income	\$6,565,056	(\$114,576)	\$10,370,107	(\$1,336,816)	(\$7,957,004)	\$7,526,768	\$4,379,903	(\$1,768,800)	\$3,296,233	\$1,177,748	\$7,085,085	\$14,611,853
Total Cost as % of Budget	66.6%	109.3%	93.5%	106.5%	119.1%	96.9%	88.4%	122.1%	82.4%	36.4%	89.3%	95.3%
Average Number of Employees	5,675	309	26,997	4,129	30,182	67,292	6,847	1,629	3,638	388	12,503	79,795
Program Cost/Employee/Yr.	\$9,240	\$17,448	\$21,996	\$21,336	\$6,576	\$13,944	\$19,584	\$23,952	\$16,992	\$6,948	\$19,008	\$14,736
Change from prior period (pepy)	-10.4%	-0.3%	13.1%	6.3%	12.5%	10.1%	9.0%	29.9%	22.0%	-62.6%	12.0%	10.4%
Average Number of Members	10,333	430	62,315	6,489	30,182	109,750	16,335	2,840	7,924	532	27,631	137,380
Program Cost/Member/Yr.	\$5,076	\$12,540	\$9,528	\$13,572	\$6,576	\$8,544	\$8,208	\$13,740	\$7,800	\$5,076	\$8,604	\$8,556
Change from prior period (pmpy)	-10.0%	-1.8%	14.4%	6.8%	12.5%	10.4%	10.1%	30.0%	21.7%	-50.6%	13.3%	17.9%
Prior Period Program Cost												
Per Employee Per Year (FY24)												
Medical	\$8,705	\$15,065	\$16,442	\$16,337	\$2,360	\$9,475	\$15,419	\$15,619	\$11,963	\$16,748	\$14,567	\$10,284
Rx	\$1,572	\$2,388	\$2,964	\$3,696	\$3,444	\$3,144	\$2,508	\$2,772	\$1,932	\$1,776	\$2,364	\$3,024
Total ²	\$10,308	\$17,496	\$19,440	\$20,076	\$5,844	\$12,660	\$17,964	\$18,432	\$13,932	\$18,564	\$16,968	\$13,344
Per Member Per Year (FY24)												
Medical	\$4,765	\$10,999	\$7,041	\$10,340	\$2,360	\$5,793	\$6,398	\$8,955	\$5,505	\$9,270	\$6,522	\$5,784
Rx	\$864	\$1,752	\$1,272	\$2,340	\$3,444	\$1,920	\$1,044	\$1,596	\$888	\$984	\$1,056	\$1,452
Total ²	\$5,640	\$12,768	\$8,328	\$12,708	\$5,844	\$7,740	\$7,452	\$10,572	\$6,408	\$10,272	\$7,596	\$7,260

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

² Includes Medical, Rx, and Operational Expenses

State of Delaware
FY2025 Financial Analysis of Health/Rx Plans - Paid Basis
Full Projection July 1, 2024 - June 30, 2025

Vendor	Highmark						Aetna					Total
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
Medical												
Paid Claims	\$41,210,837	\$4,612,210	\$498,440,572	\$72,070,190	\$76,331,999	\$692,665,807	\$105,609,134	\$33,579,953	\$55,390,653	\$1,615,153	\$196,194,892	\$888,860,699
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$2,971,353	\$507,092	\$0	\$0	\$3,478,445	\$3,478,445
Administration	\$3,370,133	\$232,969	\$20,354,247	\$3,113,038	\$5,046,491	\$32,116,877	\$5,162,260	\$1,228,176	\$2,742,851	\$292,531	\$9,425,817	\$41,542,695
Total Medical Program Cost	\$44,580,970	\$4,845,178	\$518,794,818	\$75,183,228	\$81,378,490	\$724,782,684	\$113,742,747	\$35,315,221	\$58,133,504	\$1,907,683	\$209,099,154	\$933,881,839
Average Number of Employees	4,073	222	26,683	4,081	29,905	64,964	6,848	1,630	3,289	351	12,118	77,082
Program Cost/Employee/Yr.	\$10,945	\$21,825	\$19,443	\$18,423	\$2,721	\$11,157	\$16,610	\$21,666	\$17,675	\$5,435	\$17,255	\$12,115
Change from prior period (pepy)	13.2%	65.0%	14.8%	7.9%	3.8%	12.6%	7.9%	33.7%	28.9%	-65.2%	14.6%	13.1%
Average Number of Members	7,366	307	61,176	6,371	29,905	105,125	16,228	2,821	7,115	478	26,642	131,767
Program Cost/Member/Yr.	\$6,052	\$15,782	\$8,480	\$11,801	\$2,721	\$6,894	\$7,009	\$12,519	\$8,171	\$3,991	\$7,848	\$7,087
Change from prior period (pmpy)	33.2%	50.4%	19.2%	12.5%	11.4%	17.5%	7.8%	16.9%	45.8%	-56.5%	15.0%	16.8%
Express Scripts, Inc.												
Paid Claims	\$15,057,250	\$1,293,231	\$180,666,747	\$29,490,952	\$157,043,865	\$383,552,045	\$37,633,399	\$9,912,277	\$15,761,179	\$1,418,894	\$64,725,749	\$448,277,794
Administration	\$442,453	\$30,586	\$2,672,236	\$408,700	\$4,114,850	\$7,668,824	\$677,734	\$161,243	\$360,099	\$38,405	\$1,237,482	\$8,906,305
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$80,509,468)	(\$80,509,468)	\$0	\$0	\$0	\$0	\$0	(\$80,509,468)
Estimated Rebates¹	(\$5,167,282)	(\$443,805)	(\$70,014,002)	(\$11,428,664)	(\$72,296,000)	(\$159,349,753)	(\$14,584,116)	(\$3,841,316)	(\$6,107,949)	(\$549,866)	(\$25,083,247)	(\$184,433,000)
Total Rx Program Cost	\$10,332,421	\$880,011	\$113,324,981	\$18,470,987	\$8,353,248	\$151,361,649	\$23,727,017	\$6,232,203	\$10,013,329	\$907,434	\$40,879,983	\$192,241,632
Average Number of Employees	4,073	222	26,683	4,081	28,935	63,994	6,848	1,630	3,289	351	12,118	76,112
Program Cost/Employee/Yr.	\$2,537	\$3,964	\$4,247	\$4,526	\$289	\$2,365	\$3,465	\$3,823	\$3,044	\$2,585	\$3,373	\$2,526
Change from prior period (pepy)	21.0%	66.5%	36.9%	23.3%	-89.3%	-18.3%	38.6%	43.2%	47.3%	38.6%	41.0%	-10.2%
Average Number of Members	7,366	307	61,176	6,371	29,905	105,125	16,228	2,821	7,115	478	26,642	131,767
Program Cost/Member/Yr.	\$1,403	\$2,866	\$1,852	\$2,899	\$279	\$1,440	\$1,462	\$2,209	\$1,407	\$1,898	\$1,534	\$1,459
Change from prior period (pmpy)	74.2%	146.4%	48.4%	24.4%	-89.4%	-14.3%	36.7%	38.5%	74.3%	48.8%	43.5%	-6.0%
Total Medical and Rx												
Premium	\$76,860,423	\$4,823,022	\$620,329,969	\$80,792,206	\$162,726,844	\$945,532,463	\$143,544,131	\$30,256,354	\$71,032,447	\$7,016,376	\$251,849,307	\$1,197,381,771
Program Cost (prior to operational)	\$54,913,391	\$5,725,190	\$632,119,800	\$93,654,215	\$89,731,738	\$76,144,333	\$137,469,764	\$41,547,424	\$68,146,833	\$2,815,117	\$249,979,138	\$1,126,123,471
Operational Expenses	\$304,448	\$12,679	\$1,836,026	\$191,199	\$889,271	\$3,233,623	\$481,279	\$83,677	\$233,470	\$15,675	\$814,101	\$4,047,723
Total Program Cost	\$55,217,839	\$5,737,869	\$633,955,826	\$93,845,414	\$90,621,009	\$879,377,956	\$137,951,043	\$41,631,101	\$68,380,303	\$2,830,792	\$250,793,239	\$1,130,171,193
Net Income	\$21,642,585	(\$914,847)	(\$13,625,857)	(\$13,053,208)	\$72,105,835	\$66,154,508	\$5,593,088	(\$11,374,747)	\$2,652,144	\$4,185,584	\$1,056,068	\$67,210,577
Total Cost as % of Budget	71.8%	119.0%	102.2%	116.2%	55.7%	93.0%	96.1%	137.6%	96.3%	40.3%	99.6%	94.4%
Average Number of Employees	4,073	222	26,683	4,081	29,905	64,964	6,848	1,630	3,289	351	12,118	77,082
Program Cost/Employee/Yr.	\$13,557	\$25,846	\$23,759	\$22,996	\$3,030	\$13,536	\$20,145	\$25,541	\$20,791	\$8,065	\$20,696	\$14,662
Change from prior period (pepy)	251.2%	8905.7%	-10.3%	467.1%	-89.9%	-79.0%	183.9%	1372.1%	556.9%	2056.4%	67.3%	-81.0%
Average Number of Members	7,366	307	61,176	6,371	29,905	105,125	16,228	2,821	7,115	478	26,642	131,766
Program Cost/Member/Yr.	\$7,496	\$18,690	\$10,363	\$14,730	\$3,030	\$8,365	\$8,501	\$14,758	\$9,611	\$5,922	\$9,413	\$8,577
Change from prior period (pmpy)	39.5%	60.0%	23.6%	14.7%	-40.6%	10.5%	11.9%	19.7%	49.3%	-43.5%	18.9%	12.2%
Prior Period Program Cost (FY24)												
Per Employee Per Year												
Medical	\$9,668	\$13,225	\$16,941	\$17,077	\$2,621	\$9,907	\$15,390	\$16,206	\$13,711	\$15,633	\$15,058	\$10,716
Rx	\$2,096	\$2,380	\$3,102	\$3,672	\$2,708	\$2,894	\$2,499	\$2,670	\$2,066	\$1,865	\$2,393	\$2,813
Total ²	\$3,860	\$287	\$26,482	\$4,055	\$29,915	\$64,599	\$7,096	\$1,735	\$3,165	\$374	\$12,370	\$76,969
Per Member Per Year (FY24)												
Medical	\$4,544	\$10,493	\$7,112	\$10,491	\$2,443	\$5,865	\$6,505	\$10,707	\$5,604	\$9,181	\$6,822	\$6,067
Rx	\$805	\$1,163	\$1,248	\$2,331	\$2,637	\$1,681	\$1,070	\$1,595	\$807	\$1,276	\$1,069	\$1,552
Total ²	\$5,374	\$11,681	\$8,385	\$12,847	\$5,105	\$7,571	\$7,599	\$12,327	\$6,436	\$10,481	\$7,916	\$7,644

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

FY25 Q1 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY25 YTD Reporting Reconciliation	Carrier FY25 Q1 Financial Report	DHR September. 2024 Fund Equity Report
Total Program Cost	\$293,966,265	\$454,623,878
Paid Claims	328,024,541	436,632,021
Medical Claims	204,826,220	278,477,036
Rx Claims ¹	71,148,187	158,154,985
Rx Paid Claims	123,198,322	158,154,985
EGWP	(9,347,922)	(27,642,213)
<i>Direct Subsidy</i>	(1,712,699)	(2,182,024)
<i>CGDP</i>	0	(17,153,608)
<i>Catastrophic Reinsurance</i>	(7,635,223)	(8,306,582)
Rx Rebates	(42,702,213)	(25,712,862)
Total Rx Claim (Offsets)/Revenue ²	(52,050,134)	(53,355,075)
Total Fees	17,991,858	17,991,858
ASO Fees	16,944,868	16,944,868
Operational Expenses	1,046,989	1,046,989
Premium Contributions/Operating Revenues³	\$308,578,118	\$442,391,464
Net Income	14,611,853	(12,232,415)
Total Cost as % of Budget	95%	103%

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 -\$12,828,380 and participating group fees totaling \$2,770,875; WTW premium contributions represent FY25 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$399,093,894

State of Delaware

Health Plan Quarterly Financial Reporting

Assumptions and Caveats

Claim basis and timing

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

Enrollment

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

Benefit costs/fees

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

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

State of Delaware

Health Plan Quarterly Financial Reporting

Glossary of Important Health Care Terms

Terms directly tied to cost tracking

Terminology	Acronym	Definition
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

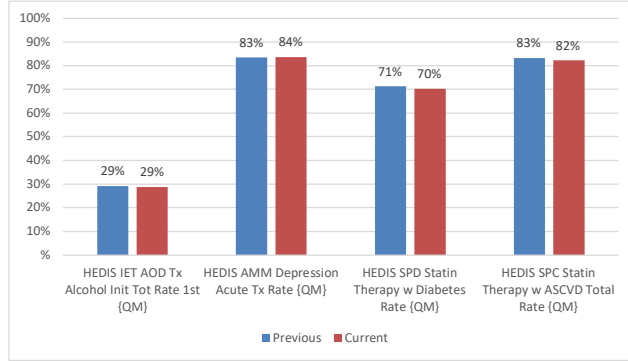
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. 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 March 31, 2024.

Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Oct 2022 - Sep 2023 (Paid)

Current Period: Oct 2023 - Sep 2024 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5548.6	5568.5	0.4%	5451.5
Visits per 1000 Well Child	835.6	826.0	-1.1%	885.7
Visits per 1000 Prevent Adult	469.6	499.9	6.5%	456.1

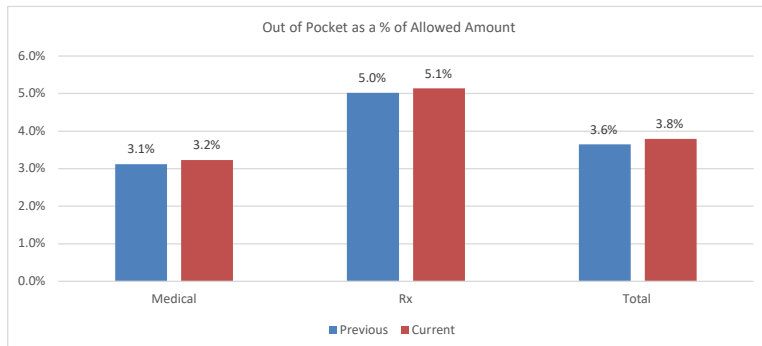
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	75,837.8	77,747.0	2.5%
Average Members	131,060.1	133,750.0	2.1%
Family Size	1.7	1.7	-0.5%
Member Age	43.5	43.5	0.0%
Members % Male	44.5%	44.3%	-0.3%

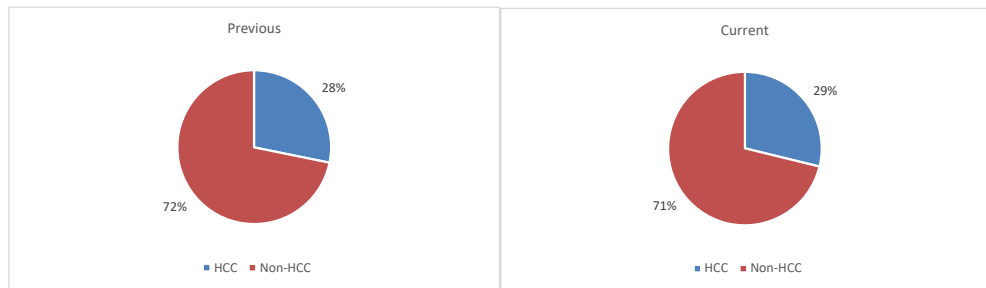
5. Risk Score

	Previous	Current
Member Risk Score	252.3	258.0

7. Cost Sharing



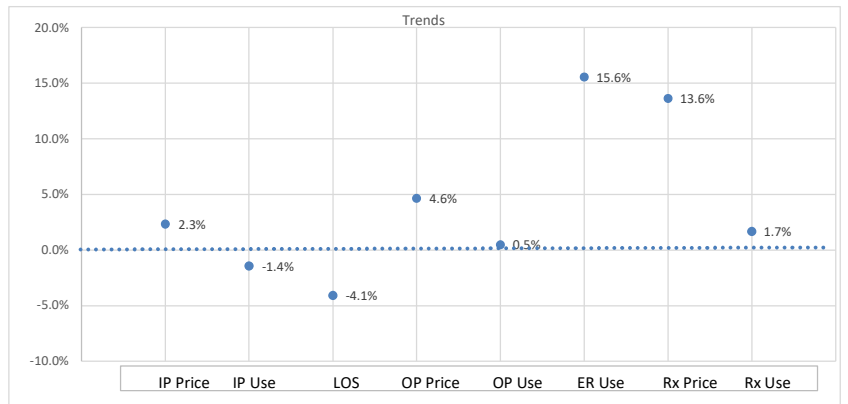
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,254	1,326	5.7%
Patients per 1,000	9.6	9.9	3.6%
Payments (in Millions)	\$268 M	\$300 M	12.0%
Payments per Patient	213,767	226,499	6.0%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$26,867	\$27,497	2.3%	\$33,486
	Admits per 1000	80.5	79.3	-1.4%	48.0
	Days LOS	5.9	5.7	-4.1%	4.9
Outpatient	Allowed per Service	\$148	\$154	4.6%	\$140
	ER Visits per 1000	345.4	347.1	0.5%	226.2
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	15.6%	n/a
	Days Supply PMPY	722	733	1.5%	n/a
Specialty Rx	Allowed per Days Supply	\$131	\$134	2.7%	n/a
	Days Supply PMPY	11	12	10.3%	n/a
All RX	Allowed per Days Supply	\$4	\$5	13.6%	\$5
	Days Supply PMPY	733	745	1.7%	372

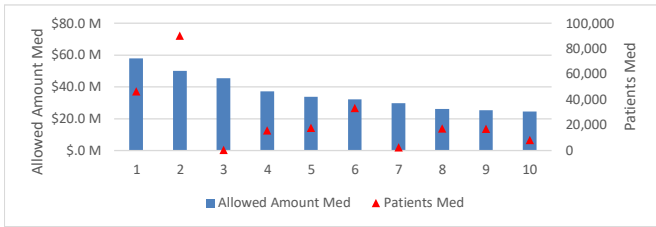


Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Oct 2022 - Sep 2023 (Paid)

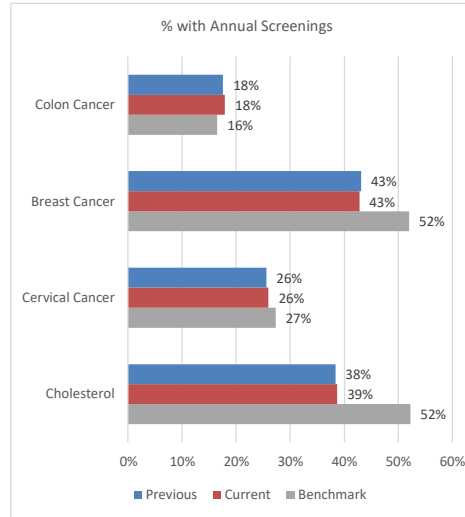
Current Period: Oct 2023 - Sep 2024 (Paid)

8. Top Medical Conditions (by cost)

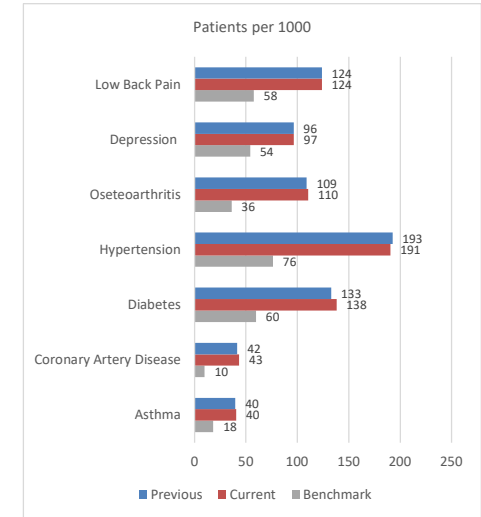


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$57,862,184	46,585	\$1,242
2 Prevent/Admin Hlth Encounters	\$50,097,366	90,439	\$554
3 Chemotherapy Encounters	\$45,499,082	747	\$60,909
4 Osteoarthritis	\$37,182,770	16,031	\$2,319
5 Spinal/Back Disord, Low Back	\$33,844,831	17,985	\$1,882
6 Arthropathies/Joint Disord NEC	\$32,159,670	33,556	\$958
7 Pregnancy without Delivery	\$29,718,607	2,697	\$11,019
8 Respiratory Disord, NEC	\$26,246,601	17,425	\$1,506
9 Gastroint Disord, NEC	\$25,380,663	17,145	\$1,480
10 Cardiac Arrhythmias	\$24,558,990	8,342	\$2,944

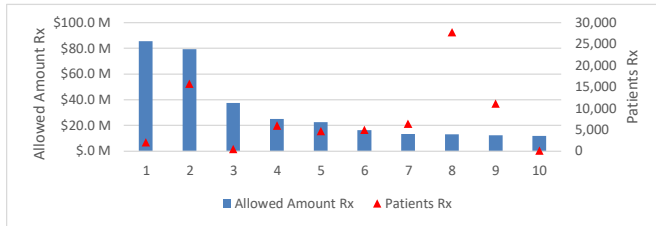
9. Screening Rates



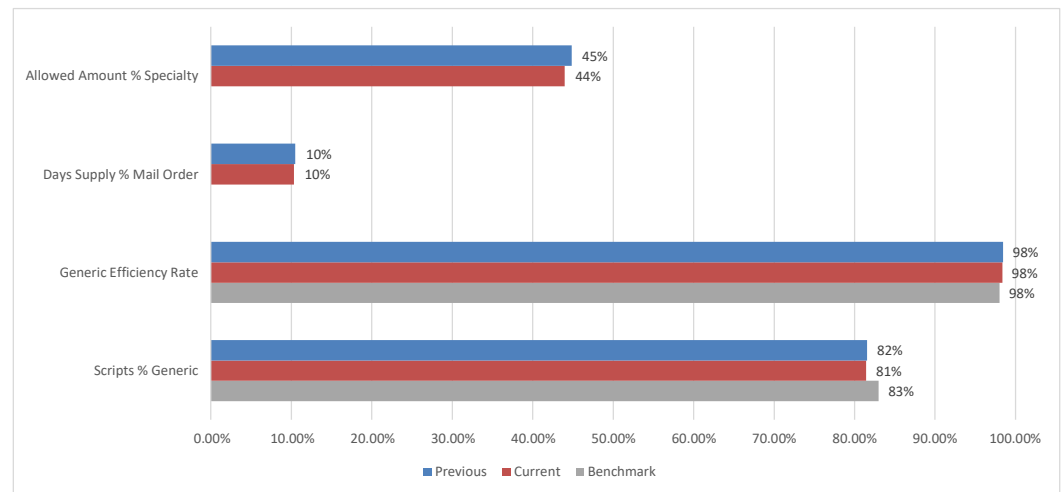
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$85,614,161	2,113	\$40,518
2 Antidiabetic Agents, Misc	\$79,201,911	15,731	\$5,035
3 Molecular Targeted Therapy	\$37,456,974	464	\$80,726
4 Coag/Anticoag, Anticoagulants	\$25,052,921	5,978	\$4,191
5 Antidiabetic Ag, SGLT Inhibitr	\$22,534,382	4,659	\$4,837
6 CNS Agents, Misc.	\$16,298,863	4,970	\$3,279
7 Misc Therapeutic Agents, NEC	\$13,448,374	6,410	\$2,098
8 Adrenals & Comb, NEC	\$13,071,476	27,776	\$471
9 Antivirals, NEC	\$12,313,333	11,121	\$1,107
10 Antineoplastic Agent, Misc.	\$11,838,191	95	\$124,613

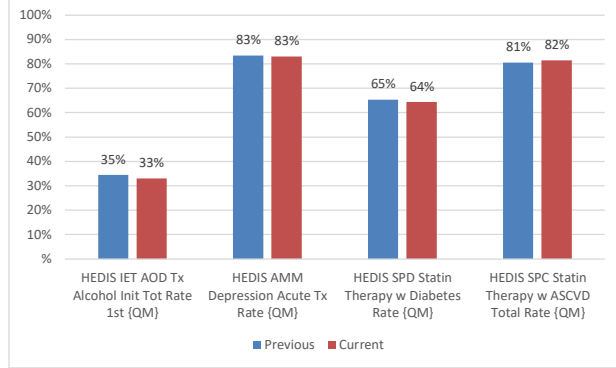


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Oct 2022 - Sep 2023 (Paid)

Current Period: Oct 2023 - Sep 2024 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5550.7	5569.1	0.3%	5384.1	
Visits per 1000 Well Child	835.3	826.2	-1.1%	785.8	
Visits per 1000 Prevent Adult	544.2	567.2	4.2%	456.1	

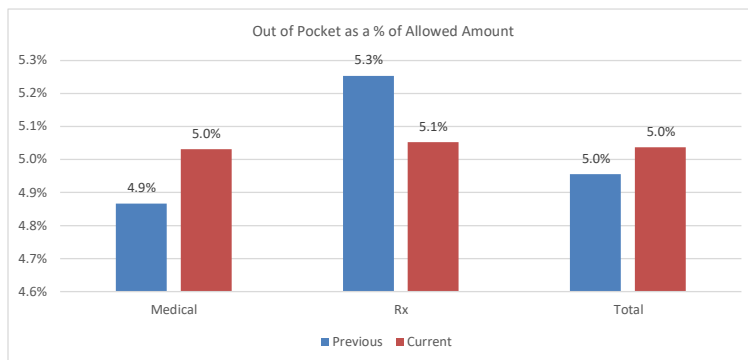
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	39,653.8	41,200.2	3.9%
Average Members	90,618.8	93,043.9	2.7%
Family Size	2.3	2.3	-1.2%
Member Age	32.7	32.7	0.1%
Members % Male	46.0%	45.8%	-0.5%

5. Risk Score

	Previous	Current
Member Risk Score	147.4	149.9

7. Cost Sharing



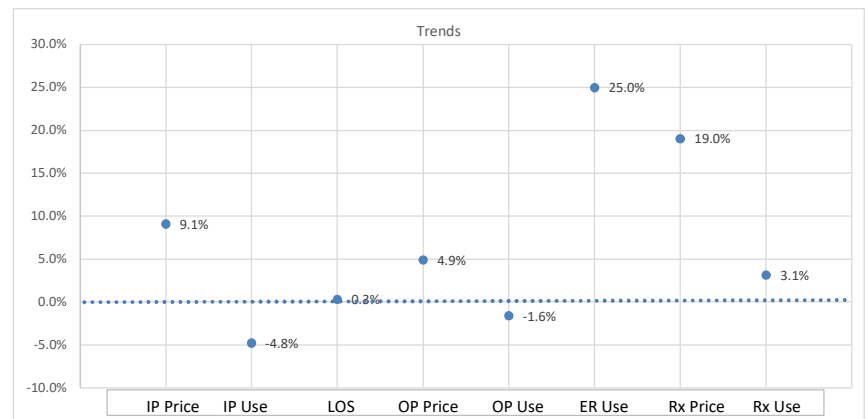
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,031	1,127	9.3%
Patients per 1,000	11.4	12.1	6.5%
Payments (in Millions)	\$209 M	\$243 M	16.4%
Payments per Patient	202,603	215,809	6.5%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$30,979	\$33,797	9.1%	\$28,219
	Admits per 1000	55.6	52.9	-4.8%	47.3
	Days LOS	5.0	5.0	0.3%	4.7
Outpatient	Allowed per Service	\$156	\$164	4.9%	\$140
	ER Visits per 1000	284.7	280.2	-1.6%	225.3
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	25.0%	n/a
	Days Supply PMPY	421	434	3.0%	n/a
Specialty Rx	Allowed per Days Supply	\$124	\$127	2.9%	n/a
	Days Supply PMPY	8	9	13.1%	n/a
All RX	Allowed per Days Supply	\$5	\$6	19.0%	\$5
	Days Supply PMPY	429	442	3.1%	339

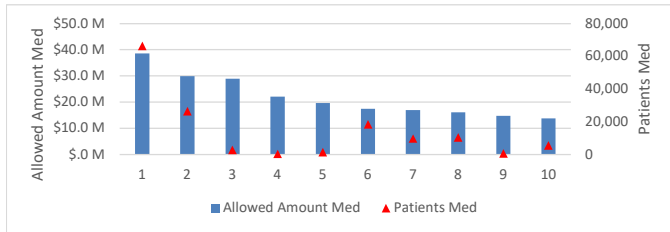


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Oct 2022 - Sep 2023 (Paid)

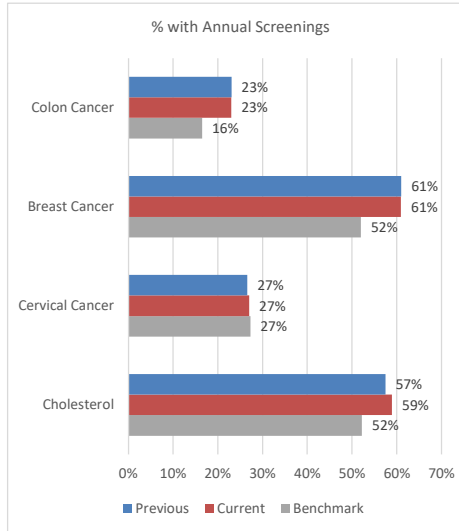
Current Period: Oct 2023 - Sep 2024 (Paid)

8. Top Medical Conditions (by cost)

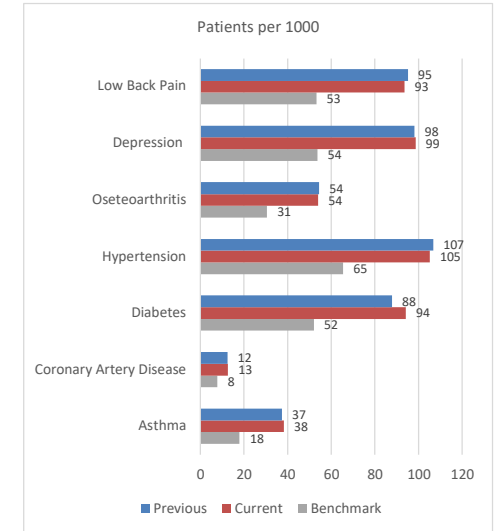


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$38,621,163	66,252	\$583
2 Signs/Symptoms/Oth Cond, NEC	\$29,937,918	26,509	\$1,129
3 Pregnancy without Delivery	\$28,895,316	2,611	\$11,067
4 Chemotherapy Encounters	\$22,099,994	233	\$94,850
5 Newborns, w/wo Complication	\$19,674,042	1,381	\$14,246
6 Arthropathies/Joint Disord NEC	\$17,436,843	18,326	\$951
7 Spinal/Back Disord, Low Back	\$16,984,130	9,676	\$1,755
8 Gastroint Disord, NEC	\$16,048,348	10,292	\$1,559
9 Cancer - Breast	\$14,762,860	649	\$22,747
10 Osteoarthritis	\$13,688,408	5,584	\$2,451

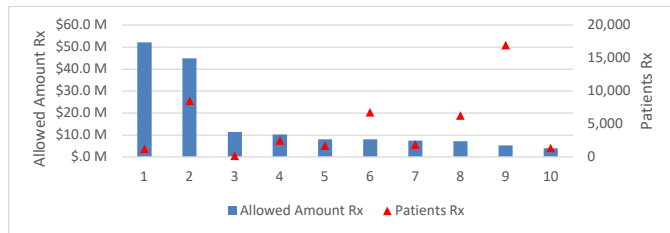
9. Screening Rates



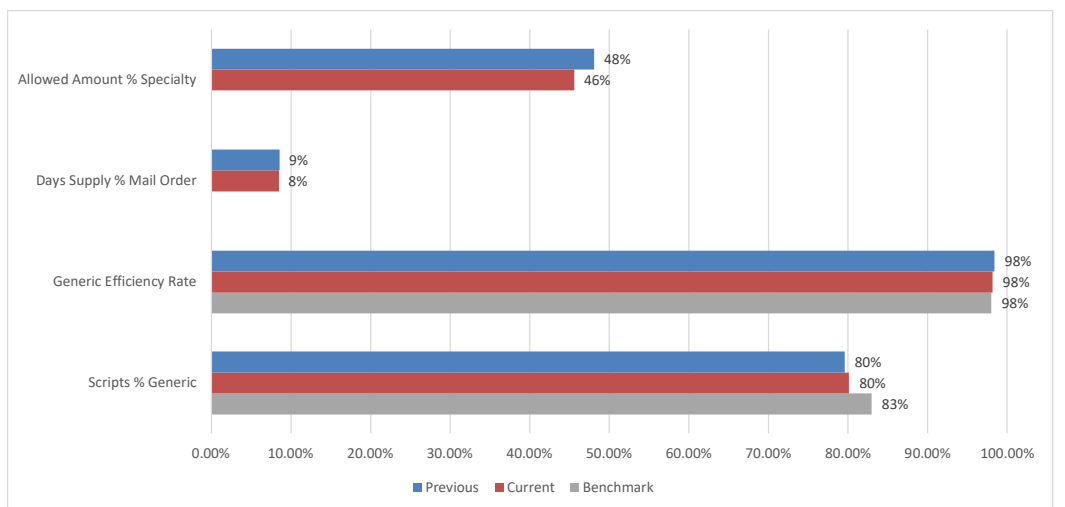
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$52,243,509	1,248	\$41,862
2 Antidiabetic Agents, Misc	\$44,961,269	8,529	\$5,272
3 Molecular Targeted Therapy	\$11,529,085	191	\$60,362
4 CNS Agents, Misc.	\$10,262,610	2,529	\$4,058
5 Antidiabetic Ag, SGLT Inhibitr	\$8,098,590	1,739	\$4,657
6 Antivirals, NEC	\$8,026,726	6,785	\$1,183
7 Misc Therapeutic Agents, NEC	\$7,438,845	1,877	\$3,963
8 Stimulant, Amphetamine Type	\$7,219,910	6,309	\$1,144
9 Adrenals & Comb, NEC	\$5,235,167	17,008	\$308
10 Antidiabetic Agents, Insulins	\$3,975,201	1,375	\$2,891

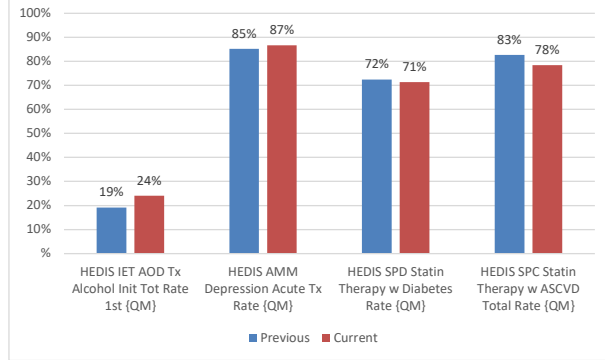


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Oct 2022 - Sep 2023 (Paid)

Current Period: Oct 2023 - Sep 2024 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5411.8	5236.4	-3.2%	4916.1
Visits per 1000 Well Child	782.1	732.8	-6.3%	705.4
Visits per 1000 Prevent Adult	567.0	593.5	4.7%	456.1

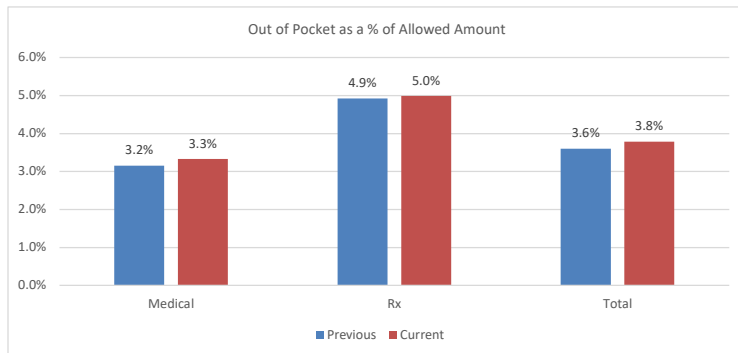
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	5,997.3	5,863.2	-2.2%
Average Members	9,689.4	9,467.6	-2.3%
Family Size	1.6	1.6	-0.1%
Member Age	49.8	49.9	0.2%
Members % Male	42.7%	42.5%	-0.4%

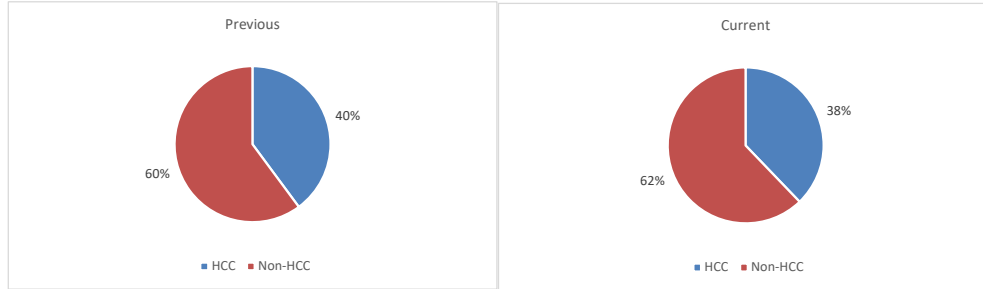
5. Risk Score

	Previous	Current
Member Risk Score	248.4	251.4

7. Cost Sharing



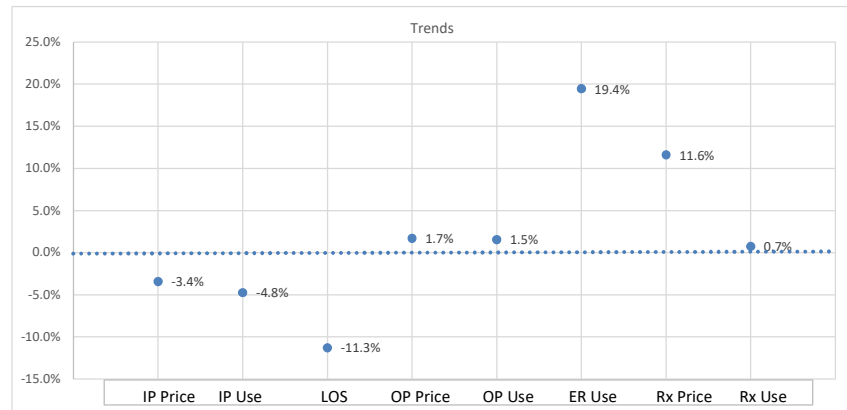
2. High Cost Claimants



	Previous	Current	Trend
Patients	291	271	-6.9%
Patients per 1,000	30.0	28.6	-4.7%
Payments (in Millions)	\$52 M	\$50 M	-4.1%
Payments per Patient	177,700	182,903	2.9%

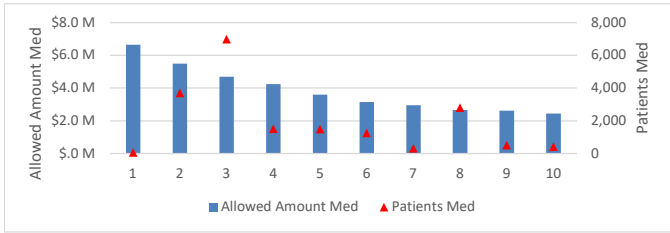
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$43,232	\$41,749	-3.4%	\$36,812
	Admits per 1000	67.0	63.8	-4.8%	51.0
	Days LOS	7.2	6.3	-11.3%	5.7
Outpatient	Allowed per Service	\$178	\$181	1.7%	\$140
	ER Visits per 1000	314.9	319.7	1.5%	234.5
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	19.4%	n/a
	Days Supply PMPY	813	818	0.7%	n/a
Specialty Rx	Allowed per Days Supply	\$125	\$123	-2.0%	n/a
	Days Supply PMPY	14	14	5.7%	n/a
All RX	Allowed per Days Supply	\$4	\$5	11.6%	\$5
	Days Supply PMPY	826	832	0.7%	659



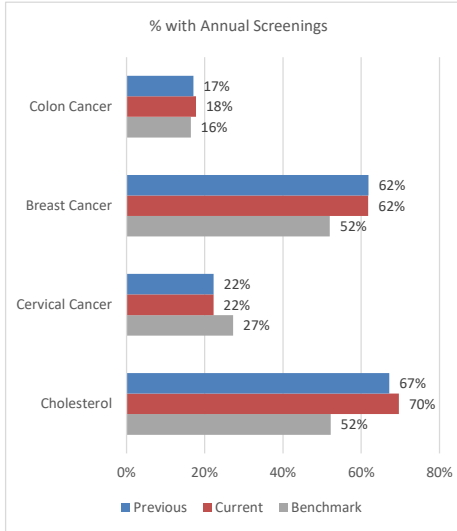
Medical and Prescription Drug Dashboard - Early Retirees
Previous Period: Oct 2022 - Sep 2023 (Paid)
Current Period: Oct 2023 - Sep 2024 (Paid)

8. Top Medical Conditions (by cost)

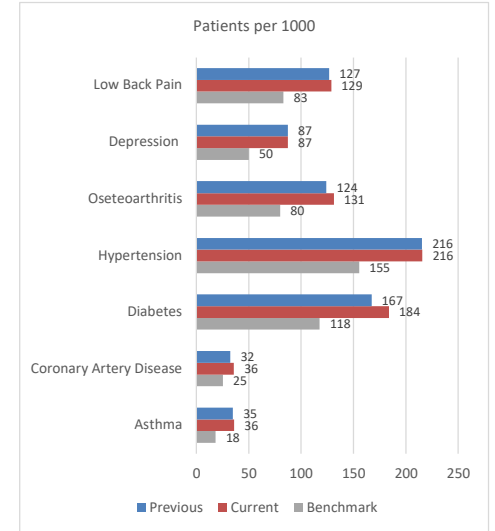


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$6,650,509	66	\$100,765
2 Signs/Symptoms/Oth Cond, NEC	\$5,487,241	3,697	\$1,484
3 Prevent/Admin Hlth Encounters	\$4,692,145	6,982	\$672
4 Osteoarthritis	\$4,232,735	1,506	\$2,811
5 Spinal/Back Disord, Low Back	\$3,579,329	1,479	\$2,420
6 Respiratory Disord, NEC	\$3,144,117	1,260	\$2,495
7 Cerebrovascular Disease	\$2,940,616	310	\$9,486
8 Arthropathies/Joint Disord NEC	\$2,656,516	2,801	\$948
9 Cardiac Arrhythmias	\$2,620,082	498	\$5,261
10 Coronary Artery Disease	\$2,436,730	411	\$5,929

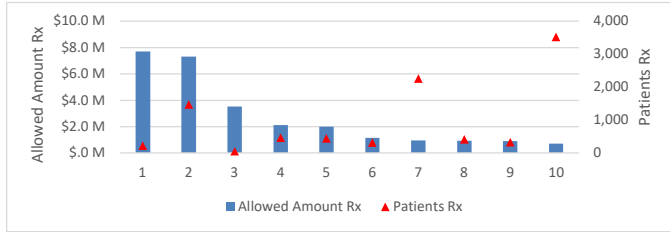
9. Screening Rates



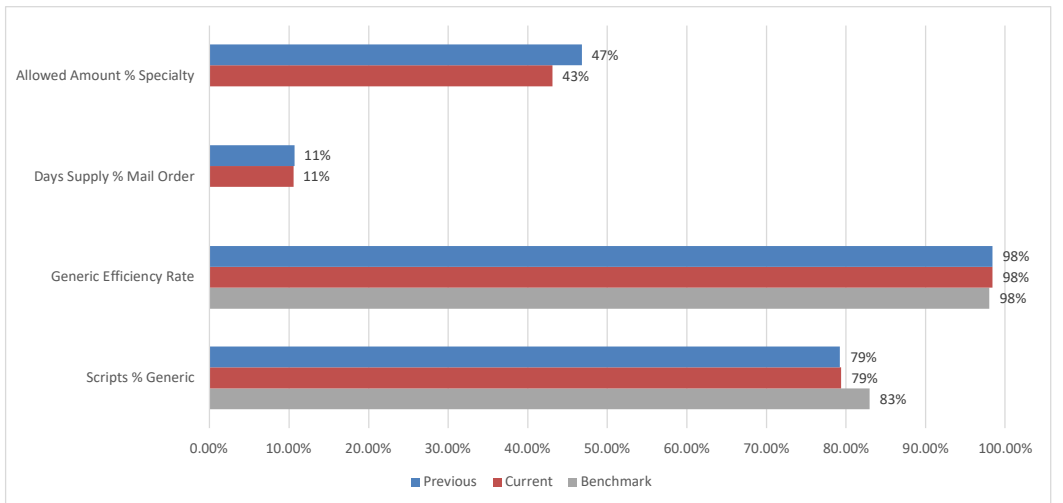
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$7,687,471	219	\$35,103
2 Antidiabetic Agents, Misc	\$7,314,174	1,475	\$4,959
3 Molecular Targeted Therapy	\$3,525,230	49	\$71,943
4 Antidiabetic Ag, SGLT Inhibitr	\$2,112,360	461	\$4,582
5 CNS Agents, Misc.	\$1,986,320	443	\$4,484
6 Coag/Anticoag, Anticoagulants	\$1,156,828	319	\$3,626
7 Adrenals & Comb, NEC	\$964,414	2,255	\$428
8 Misc Therapeutic Agents, NEC	\$919,333	413	\$2,226
9 Antidiabetic Agents, Insulins	\$905,559	322	\$2,812
10 Antihyperlipidemic Drugs, NEC	\$723,022	3,523	\$205

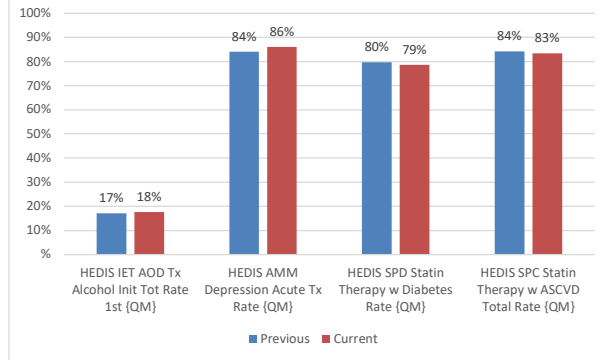


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Oct 2022 - Sep 2023 (Paid)

Current Period: Oct 2023 - Sep 2024 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	279.5	327.7	17.2%	456.1

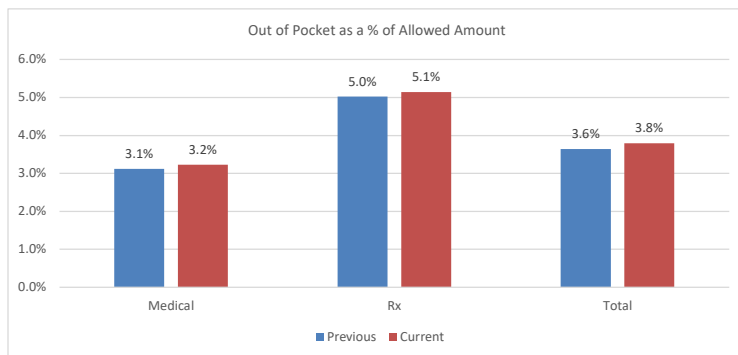
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	27,586.3	28,055.3	1.7%
Average Members	27,891.3	28,364.4	1.7%
Family Size	1.0	1.0	0.0%
Member Age	73.4	73.7	0.3%
Members % Male	40.9%	40.9%	0.0%

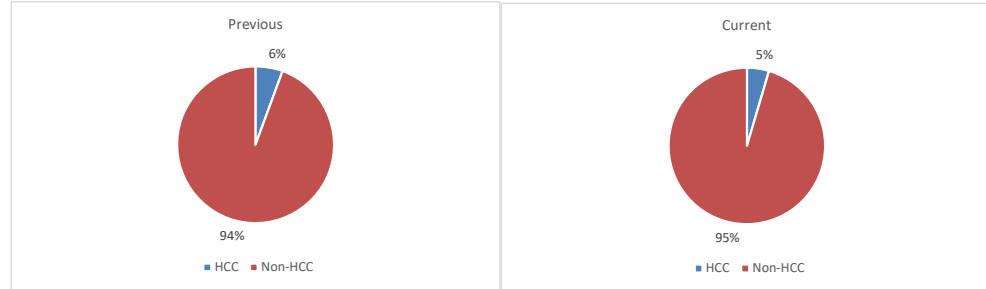
5. Risk Score

	Previous	Current
Member Risk Score	565.0	581.0

7. Cost Sharing



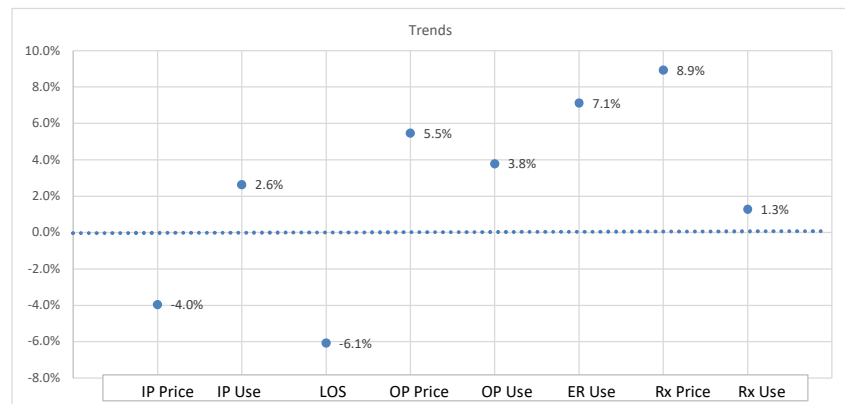
2. High Cost Claimants



	Previous	Current	Trend
Patients	56	50	-10.7%
Patients per 1,000	2.0	1.8	-12.2%
Payments (in Millions)	\$4 M	\$4 M	-12.7%
Payments per Patient	73,612	71,993	-2.2%

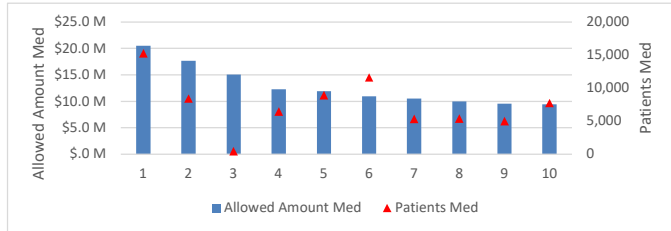
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$20,596	\$19,780	-4.0%	\$20,355
	Admits per 1000	154.9	159.0	2.6%	169.8
	Days LOS	6.8	6.3	-6.1%	5.1
Outpatient	Allowed per Service	\$128	\$135	5.5%	\$114
	ER Visits per 1000	519.9	539.6	3.8%	572.0
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	7.1%	n/a
	Days Supply PMPY	1,616	1,636	1.2%	n/a
Specialty Rx	Allowed per Days Supply	\$141	\$147	4.4%	n/a
	Days Supply PMPY	20	22	8.3%	n/a
All RX	Allowed per Days Supply	\$4	\$5	8.9%	\$5
	Days Supply PMPY	1,637	1,658	1.3%	978



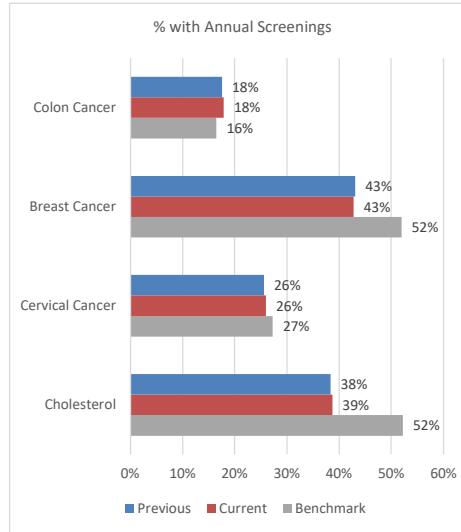
Medical and Prescription Drug Dashboard - Medicare Retirees
Previous Period: Oct 2022 - Sep 2023 (Paid)
Current Period: Oct 2023 - Sep 2024 (Paid)

8. Top Medical Conditions (by cost)

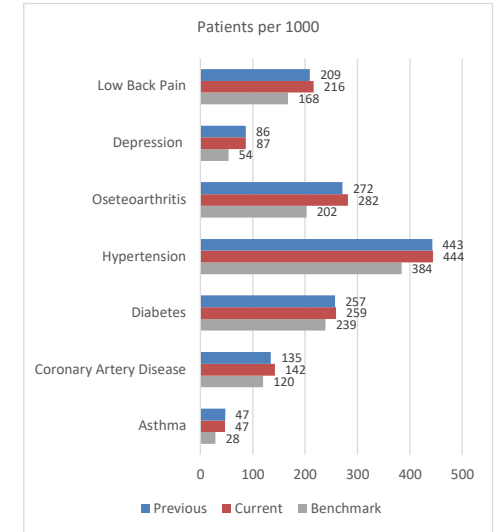


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$20,496,520	15,254	\$1,344
2 Osteoarthritis	\$17,659,034	8,405	\$2,101
3 Chemotherapy Encounters	\$15,096,837	428	\$35,273
4 Spinal/Back Disord, Low Back	\$12,240,569	6,452	\$1,897
5 Eye Disorders, Degenerative	\$11,956,197	8,898	\$1,344
6 Arthropathies/Joint Disord NEC	\$10,921,464	11,591	\$942
7 Cardiac Arrhythmias	\$10,537,506	5,339	\$1,974
8 Infections, NEC	\$9,958,223	5,353	\$1,860
9 Neurological Disorders, NEC	\$9,542,490	4,980	\$1,916
10 Respiratory Disord, NEC	\$9,403,936	7,717	\$1,219

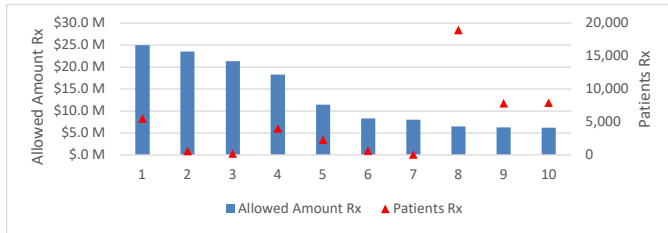
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$24,980,312	5,529	\$4,518
2 Immunosuppressants, NEC	\$23,527,175	629	\$37,404
3 Molecular Targeted Therapy	\$21,367,851	216	\$98,925
4 Coag/Anticoag, Anticoagulants	\$18,326,701	4,054	\$4,521
5 Antidiabetic Ag, SGLT Inhibitr	\$11,434,831	2,351	\$4,864
6 Hormone-Modifying Therapy	\$8,307,270	684	\$12,145
7 Antineoplastic Agent, Misc.	\$8,043,246	64	\$125,676
8 Antihyperlipidemic Drugs, NEC	\$6,517,952	18,998	\$343
9 Cardiac Drugs, NEC	\$6,323,480	7,854	\$805
10 Adrenals & Comb, NEC	\$6,217,154	7,925	\$784

