

State of Delaware - Quarterly Financial Reporting

FY25 Q3 Cost Analysis

May 2025



State of Delaware

Health Plan Quarterly Financial Reporting

FY25 Q3 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	\$632.6	\$375.7	\$1,008.3	\$564.9	\$309.2	\$874.1	▲ 12.0%	▲ 21.5%	▲ 15.4%
Total program cost (\$M) ²	\$662.8	\$165.8	\$831.4	\$591.9	\$153.4	\$747.9	▲ 12.0%	▲ 8.1%	▲ 11.2%
Premium contributions (\$M) ³	\$748.5	\$180.5	\$929.0	\$599.4	\$144.4	\$743.8	▲ 24.9%	▲ 25.0%	▲ 24.9%
Total cost PEPY	\$11,184.0	\$2,772.0	\$14,016.0	\$10,308.0	\$2,652.0	\$13,020.0	▲ 8.5%	▲ 4.5%	▲ 7.6%
Total cost PMPY	\$6,468.0	\$1,608.0	\$8,100.0	\$5,928.0	\$1,536.0	\$7,500.0	▲ 9.1%	▲ 4.7%	▲ 8.0%
Average employees	78,988			76,583			▲ 3.1%		
Average members	136,609			133,020			▲ 2.7%		
Loss ratio	89%			101%					
Net income (\$M)	\$97.6			(\$4.2)					

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	\$662.8	\$165.8	\$831.4	\$679.5	\$190.4	\$872.6	▼ 2.5%	▼ 12.9%	▼ 4.7%
Total cost PEPY	\$11,184	\$2,772	\$14,016	\$11,691	\$3,276	\$15,015	▼ 4.3%	▼ 15.4%	▼ 6.7%
Total cost PMPY	\$6,468	\$1,608	\$8,100	\$6,758	\$1,894	\$8,680	▼ 4.3%	▼ 15.1%	▼ 6.7%
Net income (\$M)	\$97.6			\$66.8					

- Summary Plan Information through March 2025

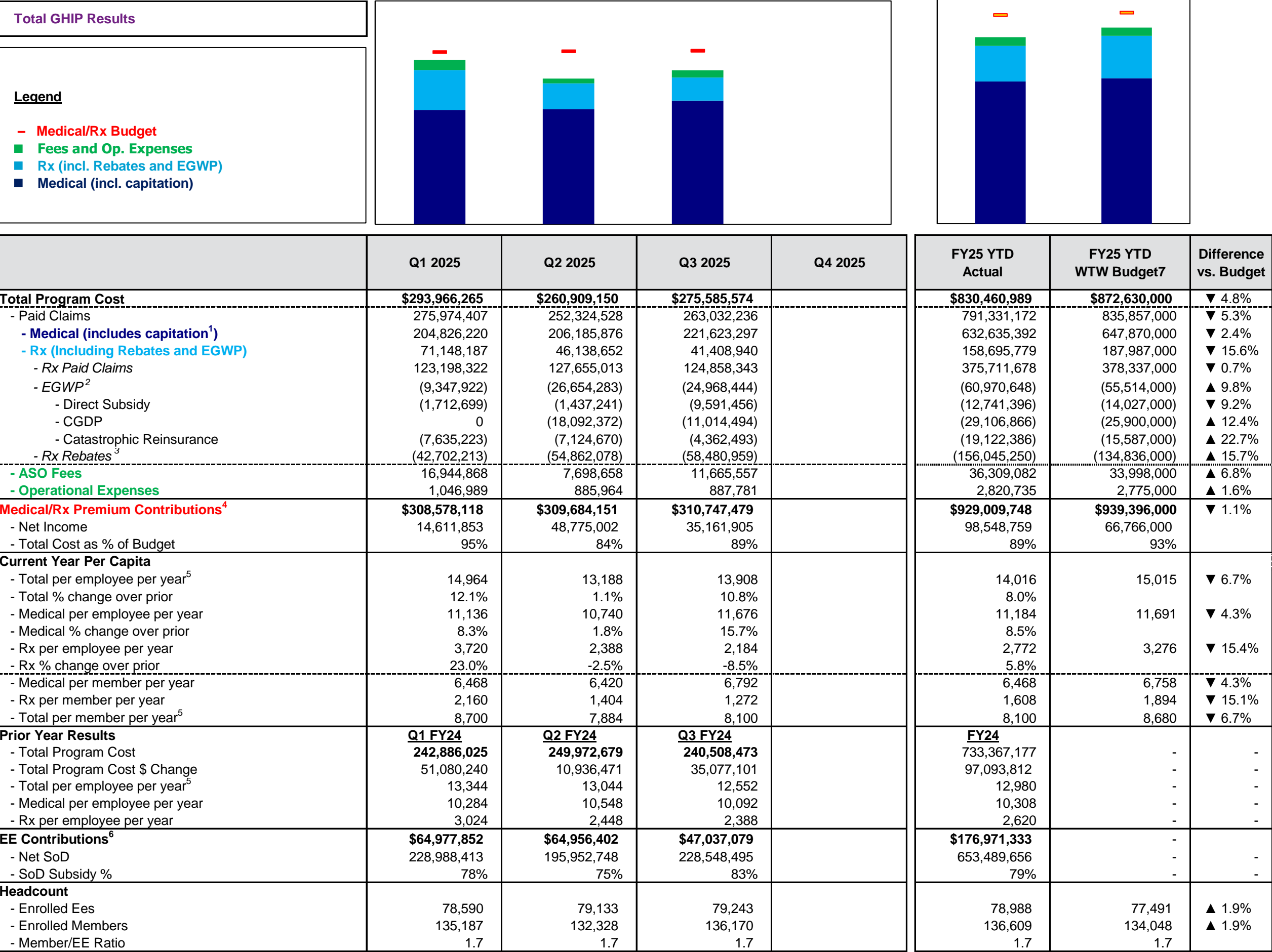
FY25 Q3	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$173.4	\$658.0	\$631.6	\$103.4	\$96.3	\$831.4
Budgeted cost (\$M) ¹	\$199.5	\$729.5	\$709.4	\$94.1	\$125.6	\$929.0
Loss ratio	87%	90%	89%	110%	77%	89%
PEPY	\$18,444	\$13,128	\$19,716	\$21,612	\$4,212	\$13,968
PMPY	\$8,316	\$8,064	\$8,772	\$13,356	\$4,212	\$8,112
# of enrolled employees	12,530	66,860	42,689	6,379	30,321	79,390

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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¹ Capitation payments apply to HMO plan only

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

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

⁴ Premium contributions include fees for participating non-State groups

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

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

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

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Active Employees Only

Legend

Medical/Rx Budget

Fees and Op. Expenses

Rx (incl. Rebates and EGWP)

Medical (incl. capitation)

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Total Program Cost	\$210,542,620	\$204,336,863	\$216,378,407		\$631,257,890
- Paid Claims	197,965,217	199,216,130	207,618,103		604,799,450
- Medical (includes capitation ¹)	161,615,953	160,869,758	170,804,825		493,290,535
- Rx (Including Rebates and EGWP)	36,349,264	38,346,372	36,813,279		111,508,915
- Rx Paid Claims	58,061,046	61,048,518	61,021,155		180,130,719
- EGWP ²	0	0	0		0
- Direct Subsidy	0	0	0		0
- CGDP	0	0	0		0
- Catastrophic Reinsurance	0	0	0		0
- Rx Rebates ³	(\$21,711,781)	(\$22,702,146)	(\$24,207,876)		(68,621,804)
- ASO Fees	12,018,504	4,645,754	8,284,326		24,948,584
- Operational Expenses	558,899	474,979	475,977		1,509,855
Medical/Rx Premium Contributions ⁴	\$235,153,919	\$236,547,937	\$237,650,479		\$709,352,335
- Net Income	24,611,299	32,211,074	21,272,072		78,094,445
- Total Cost as % of Budget	90%	86%	91%		89%
Current Year Per Capita					
- Total per employee per year ⁵	20,076	19,260	20,376		19,716
- Total % change over prior	12.2%	5.2%	20.6%		11.4%
- Medical per employee per year	16,356	15,528	16,728		16,104
- Medical % change over prior	7.9%	0.4%	17.4%		7.7%
- Rx per employee per year	3,672	3,684	3,600		3,564
- Rx % change over prior	36.0%	31.2%	38.9%		32.0%
- Medical per member per year	7,248	7,176	7,440		7,164
- Rx per member per year	1,620	1,704	1,596		1,584
- Total per member per year ⁵	8,892	8904	9,060		8,772
Prior Year Results	Q1 FY24	Q2 FY24	Q3 FY24		FY24
- Total Program Cost	179,617,685	184,740,118	175,327,809		539,685,611
- Total Program Cost \$ Change	30,924,935	19,596,745	41,050,598		91,572,279
- Total per employee per year ⁵	17,892	18,312	16,896		17,700
- Medical per employee per year	15,156	15,468	14,244		14,956
- Rx per employee per year	2,700	2,808	2,592		2,700
EE Contributions ⁶	\$55,576,840	\$55,595,362	\$40,708,201		\$151,880,403
- Net SoD	154,965,780	148,741,501	175,670,206		159,792,495
- SoD Subsidy %	74%	73%	81%		76%
Headcount					
- Enrolled Ees	41,952	42,425	42,486		42,689
- Enrolled Members	94,714	95,476	95,501		95,961
- Member/EE Ratio	2.3	2.2	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

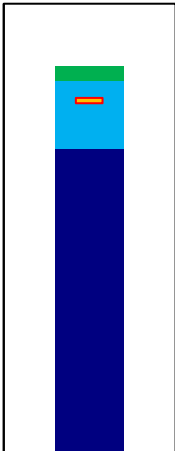




³ Reflects estimated rebates attributable to FY25 prior quarters to be updated with actual FY25 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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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Non-Medicare Retirees Only						
Legend - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation)						
						
						

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Active Employees and Non-Medicare Retirees Only					
Legend — Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation)					
	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Total Program Cost	\$244,345,700	\$238,118,247	\$252,204,356		\$734,668,303
- Paid Claims	229,833,059	232,230,219	242,139,646		704,202,924
- Medical (includes capitation ¹)	187,351,260	187,838,422	199,488,430		574,678,111
- Rx (Including Rebates and EGWP)	42,481,799	44,391,797	42,651,217		129,524,812
- Rx Paid Claims	67,876,699	70,673,007	70,698,036		209,247,741
- EGWP ²	0	0	0		0
- Direct Subsidy	0	0	0		0
- CGDP	0	0	0		0
- Catastrophic Reinsurance	0	0	0		0
- Rx Rebates ³	(25,394,899)	(26,281,210)	(28,046,819)		(79,722,929)
- ASO Fees	13,867,746	5,341,878	9,517,859		28,727,484
- Operational Expenses	644,894	546,151	546,850		1,737,895
Medical/Rx Premium Contributions⁴	\$266,914,557	\$267,785,020	\$268,739,365		\$803,438,942
- Net Income	22,568,857	29,666,773	16,535,009		68,770,639
- Total Cost as % of Budget	92%	89%	94%		91%
Current Year Per Capita					
- Total per employee per year ⁵	20,196	19,524	20,664		19,968
- Total % change over prior	11.5%	5.0%	21.3%		11.5%
- Medical per employee per year	16,428	15,768	16,992		16,308
- Medical % change over prior	7.5%	0.7%	18.5%		8.0%
- Rx per employee per year	3,708	3,720	3,624		3,600
- Rx % change over prior	33.2%	29.7%	37.3%		30.2%
- Medical per member per year	7,668	7,572	7,908		7,536
- Rx per member per year	1,716	1,776	1,680		1,668
- Total per member per year ⁵	9,312	9,336	9,540		9,216
Prior Year Results	Q1 FY24	Q2 FY24	Q3 FY24		FY24
- Total Program Cost	211,519,581	217,428,643	204,284,547		633,232,772
- Total Program Cost \$ Change	32,826,119	20,689,604	47,919,808		101,435,531
- Total per employee per year ⁵	18,108	18,588	17,040		17,912
- Medical per employee per year	15,288	15,660	14,340		15,096
- Rx per employee per year	2,784	2,868	2,640		2,764
EE Contributions⁶	\$64,803,076	\$64,779,400	\$47,037,079		\$176,619,556
- Net SoD	179,542,623	173,338,847	205,167,277		186,016,249
- SoD Subsidy %	73%	73%	81%		76%
Headcount					
- Enrolled Ees	48,408	48,781	48,812		49,069
- Enrolled Members	105,005	101,977	105,739		106,287
- Member/EE Ratio	2.2	2.1	2.2		2.1

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

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<div> <div>Medicare Retirees Only</div> <div> <div>Legend</div> <div> <div>- Medical/Rx Budget</div> <div>Fees and Op. Expenses</div> <div>Rx (incl. Rebates and EGWP)</div> <div>Medical (incl. capitation)</div> </div> </div> </div>					
	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY25 YTD Actual
Total Program Cost	\$49,620,565	\$22,790,903	\$23,381,218		\$95,792,686
- Paid Claims	46,141,348	20,094,310	20,892,590		87,128,248
- Medical (includes capitation ¹)	17,474,960	18,347,454	22,134,867		57,957,281
- Rx (Including Rebates and EGWP)	28,666,388	1,746,856	-1,242,277		29,170,967
- Rx Paid Claims	55,321,623	56,982,006	54,160,307		166,463,937
- EGWP ²	(9,347,922)	(26,654,283)	(24,968,444)		(60,970,648)
- Direct Subsidy	(1,712,699)	(1,437,241)	(9,591,456)		(12,741,396)
- CGDP	0	(18,092,372)	(11,014,494)		(29,106,866)
- Catastrophic Reinsurance	(7,635,223)	(7,124,670)	(4,362,493)		(19,122,386)
- Rx Rebates ³	(17,307,313)	(28,580,868)	(30,434,140)		(76,322,321)
- ASO Fees	3,077,122	2,356,780	2,147,697		7,581,599
- Operational Expenses	402,095	339,813	340,931		1,082,839
Medical/Rx Premium Contributions⁴	\$41,663,561	\$41,899,131	\$42,008,114		\$125,570,806
- Net Income	(7,957,004)	19,108,228	18,626,896		29,778,120
- Total Cost as % of Budget	119%	54%	56%		76%
Current Year Per Capita					
- Total per employee per year ⁵	6,576	3,000	3,072		4,212
- Total % change over prior	12.5%	-31.1%	-36.6%		-16.0%
- Medical per employee per year	2,652	2,676	3,144		2,748
- Medical % change over prior	10.5%	5.7%	9.2%		5.5%
- Rx per employee per year	3,876	288	-120		1,416
- Rx % change over prior	14.1%	-83.8%	-106.3%		-40.0%
- Medical per member per year	2,652	2,676	3,144		2,748
- Rx per member per year	3,876	288	-120		1,416
- Total per member per year ⁵	6,576	3,000	3,072		4,212
Prior Year Results	Q1 FY24	Q2 FY24	Q3 FY24		FY24
- Total Program Cost	43,431,072	32,544,036	36,223,926		112,199,034
- Total Program Cost \$ Change	6,189,492	(9,753,133)	(12,842,707)		(16,406,348)
- Total per employee per year ⁵	5,844	4,356	4,848		5,016
- Medical per employee per year	2,400	2,532	2,880		2,604
- Rx per employee per year	3,396	1,776	1,908		2,360
EE Contributions⁶	\$174,776	\$177,001	\$0		\$351,777
- Net SoD	32,645,969	22,613,901	23,381,218		26,213,696
- SoD Subsidy %	66%	99%	100%		88%
Headcount					
- Enrolled Ees	30,182	30,352	30,431		30,321
- Enrolled Members	30,182	30,352	30,431		30,321
- Member/EE Ratio	1.0	1.0	1.0		1.0

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

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

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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 - March 31, 2025												
Vendor	Highmark						Aetna					Total
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
Medical												
Paid Claims	\$33,406,138	\$3,405,268	\$346,617,282	\$55,393,360	\$57,957,281	\$496,779,329	\$69,334,275	\$17,635,512	\$34,795,186	\$3,429,722	\$125,194,696	\$621,974,025
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$9,137,654	\$1,523,714	\$0	\$0	\$10,661,367	\$10,661,367
Administration	\$2,432,166	\$162,113	\$14,259,199	\$2,154,144	\$4,539,132	\$23,546,754	\$3,611,897	\$847,458	\$1,933,808	\$204,074	\$6,597,238	\$30,143,992
Total Medical Program Cost	\$35,838,304	\$3,567,380	\$360,876,482	\$57,547,504	\$62,496,413	\$520,326,083	\$82,083,826	\$20,006,684	\$36,728,994	\$3,633,797	\$142,453,301	\$662,779,384
Average Number of Employees	5,051	307	27,100	4,080	30,321	66,860	6,860	1,605	3,678	387	12,530	79,390
Program Cost/Employee/Yr.	\$9,460	\$15,482	\$17,755	\$18,805	\$2,748	\$10,376	\$15,955	\$16,621	\$13,313	\$12,520	\$15,159	\$11,136
Change from prior period (pepy)	5.2%	24.7%	6.6%	13.0%	13.8%	8.0%	6.6%	2.4%	4.2%	-35.5%	3.1%	7.0%
Average Number of Members	9,201	426	62,448	6,432	30,321	108,828	16,321	2,780	7,992	689	27,781	136,609
Program Cost/Member/Yr.	\$5,193	\$11,168	\$7,705	\$11,930	\$2,748	\$6,375	\$6,706	\$9,596	\$6,128	\$7,037	\$6,837	\$6,468
Change from prior period (pmpy)	5.3%	21.9%	8.0%	13.1%	13.8%	8.5%	7.8%	3.2%	4.2%	-34.3%	3.8%	7.4%
Express Scripts, Inc.												
Paid Claims	\$10,831,525	\$959,017	\$129,200,746	\$20,244,041	\$166,463,937	\$327,699,265	\$27,786,600	\$6,900,755	\$12,311,848	\$1,013,210	\$48,012,413	\$375,711,678
Administration	\$296,048	\$19,782	\$1,739,135	\$262,960	\$3,042,467	\$5,360,391	\$440,571	\$103,471	\$235,759	\$24,898	\$804,699	\$6,165,090
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$60,418,223)	(\$60,418,223)	\$0	\$0	\$0	\$0	\$0	(\$60,418,223)
Estimated Rebates ¹	(\$3,611,810)	(\$319,787)	(\$49,316,083)	(\$7,726,640)	(\$76,322,321)	(\$137,296,642)	(\$10,613,721)	(\$2,634,685)	(\$4,708,562)	(\$386,877)	(\$18,343,846)	(\$155,640,488)
Total Rx Program Cost	\$7,515,763	\$659,011	\$81,623,798	\$12,780,360	\$32,765,858	\$135,344,791	\$17,613,451	\$4,369,541	\$7,839,044	\$651,231	\$30,473,266	\$165,818,057
Average Number of Employees	5,051	307	27,100	4,080	30,321	66,860	6,860	1,605	3,678	387	12,530	79,390
Program Cost/Employee/Yr.	\$1,980	\$2,856	\$4,020	\$4,176	\$1,440	\$2,700	\$3,420	\$3,636	\$2,844	\$2,244	\$3,240	\$2,784
Change from prior period (pepy)	16.2%	30.8%	33.5%	11.9%	-48.7%	-6.3%	33.2%	32.3%	43.6%	23.8%	34.3%	-0.9%
Average Number of Members	9,201	426	62,448	6,432	30,321	108,828	16,321	2,780	7,992	689	27,781	136,609
Program Cost/Member/Yr.	\$1,092	\$2,064	\$1,740	\$2,652	\$1,440	\$1,656	\$1,440	\$2,100	\$1,308	\$1,260	\$1,464	\$1,620
Change from prior period (pmpy)	16.7%	28.4%	35.5%	12.2%	-48.7%	-6.1%	34.8%	33.6%	43.4%	26.5%	35.6%	0.0%
Total Medical and Rx												
Premium	\$61,423,308	\$3,676,838	\$477,487,070	\$61,357,133	\$125,570,806	\$729,515,156	\$113,640,141	\$23,509,937	\$56,801,816	\$5,542,699	\$199,494,592	\$929,009,748
Program Cost (prior to operational)	\$43,354,067	\$4,226,392	\$442,500,280	\$70,327,863	\$95,262,271	\$655,670,873	\$99,697,277	\$24,376,225	\$44,568,038	\$4,285,027	\$172,926,567	\$828,597,441
Operational Expenses	\$165,701	\$10,982	\$967,845	\$145,870	\$1,082,839	\$2,373,237	\$245,000	\$57,362	\$131,310	\$13,826	\$447,497	\$2,820,735
Total Program Cost	\$43,519,768	\$4,237,374	\$443,468,125	\$70,473,733	\$96,345,111	\$658,044,111	\$99,942,276	\$24,433,587	\$44,699,348	\$4,298,854	\$173,374,065	\$831,418,175
Net Income	\$17,903,540	(\$560,535)	\$34,018,945	(\$9,116,600)	\$29,225,696	\$71,471,045	\$13,697,864	(\$923,650)	\$12,102,468	\$1,243,845	\$26,120,527	\$97,591,573
Total Cost as % of Budget	70.9%	115.2%	92.9%	114.9%	76.7%	90.2%	87.9%	103.9%	78.7%	77.6%	86.9%	89.5%
Average Number of Employees	5,051	307	27,100	4,080	30,321	66,860	6,860	1,605	3,678	387	12,530	79,390
Program Cost/Employee/Yr.	\$11,484	\$18,396	\$21,816	\$23,028	\$4,236	\$13,128	\$19,428	\$20,304	\$16,200	\$14,808	\$18,444	\$13,968
Change from prior period (pepy)	6.9%	25.7%	10.7%	12.8%	-19.6%	4.8%	10.5%	6.8%	9.4%	-30.4%	7.5%	5.3%
Average Number of Members	9,201	426	62,448	6,432	30,321	108,828	16,321	2,780	7,992	689	27,781	136,609
Program Cost/Member/Yr.	\$6,312	\$13,260	\$9,468	\$14,604	\$4,236	\$8,064	\$8,160	\$11,724	\$7,452	\$8,328	\$8,316	\$8,112
Change from prior period (pmpy)	7.1%	22.8%	12.1%	12.9%	-19.6%	5.2%	11.7%	7.6%	9.3%	-29.0%	8.3%	5.8%
Prior Period Program Cost												
Per Employee Per Year (FY24)												
Medical	\$8,994	\$12,416	\$16,657	\$16,646	\$2,416	\$9,605	\$14,971	\$16,233	\$12,778	\$19,415	\$14,703	\$10,404
Rx	\$1,704	\$2,184	\$3,012	\$3,732	\$2,808	\$2,880	\$2,568	\$2,748	\$1,980	\$1,812	\$2,412	\$2,808
Total ²	\$10,740	\$14,640	\$19,704	\$20,412	\$5,268	\$12,528	\$17,580	\$19,020	\$14,808	\$21,276	\$17,160	\$13,260
Per Member Per Year (FY24)												
Medical	\$4,934	\$9,161	\$7,135	\$10,547	\$2,416	\$5,876	\$6,219	\$9,298	\$5,880	\$10,702	\$6,585	\$6,024
Rx	\$936	\$1,608	\$1,284	\$2,364	\$2,808	\$1,764	\$1,068	\$1,572	\$912	\$996	\$1,080	\$1,620
Total ²	\$5,892	\$10,800	\$8,448	\$12,936	\$5,268	\$7,668	\$7,308	\$10,896	\$6,816	\$11,724	\$7,680	\$7,668

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	\$46,578,608	\$4,748,008	\$ 483,292,934	\$77,235,674	\$80,810,582	\$692,665,807	\$104,677,022	\$26,625,113	\$52,531,831	\$5,178,003	\$189,011,970	\$881,677,777
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$9,137,654	\$1,523,714	\$0	\$0	\$10,661,367	\$10,661,367
<u>Administration</u>	<u>\$3,408,200</u>	<u>\$227,169</u>	<u>\$19,981,449</u>	<u>\$3,018,607</u>	<u>\$6,360,696</u>	<u>\$32,996,120</u>	<u>\$5,061,359</u>	<u>\$1,187,545</u>	<u>\$2,709,850</u>	<u>\$285,970</u>	<u>\$9,244,725</u>	<u>\$42,240,845</u>
Total Medical Program Cost	\$49,986,808	\$4,975,178	\$503,274,383	\$80,254,280	\$87,171,278	\$725,661,927	\$118,876,035	\$29,336,372	\$55,241,681	\$5,463,973	\$208,918,062	\$934,579,989
Average Number of Employees	4,049	246	26,738	4,026	29,905	64,964	6,871	1,607	3,293	347	12,118	77,082
Program Cost/Employee/Yr.	\$12,345	\$20,224	\$18,822	\$19,934	\$2,915	\$11,170	\$17,301	\$18,255	\$16,775	\$15,746	\$17,240	\$12,124
Change from prior period (pepy)	27.0%	50.7%	3.8%	10.0%	11.3%	7.1%	10.0%	6.7%	15.6%	-28.5%	9.1%	7.3%
Average Number of Members	7,324	339	61,182	6,302	29,905	105,052	16,233	2,765	7,106	612	26,716	131,768
Program Cost/Member/Yr.	\$6,825	\$14,676	\$8,226	\$12,735	\$2,915	\$6,908	\$7,323	\$10,610	\$7,774	\$8,928	\$7,820	\$7,093
Change from prior period (pmpy)	26.9%	47.1%	5.0%	10.0%	11.3%	7.6%	11.2%	7.4%	15.5%	-27.1%	9.7%	8.0%
Express Scripts, Inc.												
Paid Claims	\$15,075,468	\$1,334,773	\$179,823,402	\$28,175,938	\$157,043,865	\$381,453,447	\$38,673,778	\$9,604,568	\$17,135,801	\$1,410,200	\$66,824,347	\$448,277,794
Administration	\$414,853	\$27,720	\$2,437,054	\$368,486	\$4,263,415	\$7,511,528	\$617,374	\$144,994	\$330,369	\$34,890	\$1,127,627	\$8,639,155
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$80,507,100)	(\$80,507,100)	\$0	\$0	\$0	\$0	\$0	(\$80,507,100)
<u>Estimated Rebates¹</u>	<u>(\$5,106,240)</u>	<u>(\$452,103)</u>	<u>(\$69,721,197)</u>	<u>(\$10,923,629)</u>	<u>(\$72,296,000)</u>	<u>(\$158,499,169)</u>	<u>(\$15,005,274)</u>	<u>(\$3,724,818)</u>	<u>(\$6,656,786)</u>	<u>(\$546,953)</u>	<u>(\$25,933,831)</u>	<u>(\$184,433,000)</u>
Total Rx Program Cost	\$10,384,081	\$910,390	\$112,539,259	\$17,620,795	\$8,504,180	\$149,958,706	\$24,285,878	\$6,024,744	\$10,809,385	\$898,137	\$42,018,144	\$191,976,849
Average Number of Employees	4,049	246	26,738	4,026	28,935	63,994	6,871	1,607	3,293	347	12,118	76,112
Program Cost/Employee/Yr.	\$2,565	\$3,701	\$4,209	\$4,377	\$294	\$2,343	\$3,535	\$3,749	\$3,283	\$2,588	\$3,467	\$2,522
Change from prior period (pepy)	45.4%	63.6%	33.8%	12.4%	-90.1%	-22.4%	38.3%	37.1%	55.3%	33.9%	41.5%	-13.8%
Average Number of Members	7,324	339	61,182	6,302	29,905	105,052	16,233	2,765	7,106	612	26,716	131,768
Program Cost/Member/Yr.	\$1,418	\$2,686	\$1,839	\$2,796	\$284	\$1,427	\$1,496	\$2,179	\$1,521	\$1,468	\$1,573	\$1,457
Change from prior period (pmpy)	45.3%	59.7%	35.4%	12.4%	-90.2%	-22.6%	39.8%	38.0%	55.2%	36.6%	42.3%	-13.8%
Total Medical and Rx												
Premium	\$82,899,219	\$4,962,400	\$644,434,609	\$82,809,908	\$169,475,110	984,581,246	\$148,427,992	\$30,706,867	\$74,190,153	\$7,239,446	260,564,458	\$1,245,145,704
Program Cost (prior to operational)	\$60,370,889	\$5,885,567	\$615,813,642	\$97,875,075	\$95,675,459	875,620,633	\$143,161,913	\$35,361,116	\$66,051,066	\$6,362,110	\$250,936,205	\$1,126,556,838
<u>Operational Expenses</u>	<u>\$272,629</u>	<u>\$12,619</u>	<u>\$1,850,328</u>	<u>\$190,567</u>	<u>\$898,426</u>	<u>\$3,224,569</u>	<u>\$483,586</u>	<u>\$82,372</u>	<u>\$236,794</u>	<u>\$20,402</u>	<u>\$823,154</u>	<u>\$4,047,723</u>
Total Program Cost	\$60,643,518	\$5,898,186	\$617,663,970	\$98,065,642	\$96,573,885	\$878,845,202	\$143,645,499	\$35,443,488	\$66,287,860	\$6,382,512	\$251,759,359	\$1,130,604,561
Net Income	\$22,255,701	(\$935,786)	\$26,770,639	(\$15,255,735)	\$72,901,225	\$105,736,044	\$4,782,493	(\$4,736,621)	\$7,902,294	\$856,934	\$8,805,099	\$114,541,143
Total Cost as % of Budget	73.2%	118.9%	95.8%	118.4%	57.0%	89.3%	96.8%	115.4%	89.3%	88.2%	96.6%	90.8%
Average Number of Employees	4,049	246	26,738	4,026	29,905	64,964	6,871	1,607	3,293	347	12,118	77,082
Program Cost/Employee/Yr.	\$14,977	\$23,976	\$23,101	\$24,358	\$3,229	\$13,528	\$20,906	\$22,056	\$20,130	\$18,393	\$20,776	\$14,668
Change from prior period (pepy)	19.5%	44.4%	11.7%	14.0%	-39.7%	3.1%	18.1%	18.1%	20.6%	-0.7%	18.0%	6.0%
Average Number of Members	7,324	339	61,182	6,302	29,905	105,052	16,233	2,765	7,106	612	26,716	131,766
Program Cost/Member/Yr.	\$8,280	\$17,399	\$10,096	\$15,561	\$3,229	\$8,366	\$8,849	\$12,819	\$9,328	\$10,429	\$9,424	\$8,580
Change from prior period (pmpy)	29.8%	48.9%	9.5%	10.4%	-41.8%	0.8%	15.2%	11.6%	20.5%	-21.9%	14.1%	3.5%
Prior Period Program Cost (FY24)												
Per Employee Per Year												
Medical	\$9,722	\$13,422	\$18,134	\$18,121	\$2,619	\$10,430	\$15,723	\$17,111	\$14,509	\$22,028	\$15,805	\$11,295
<u>Rx</u>	<u>\$1,764</u>	<u>\$2,262</u>	<u>\$3,146</u>	<u>\$3,894</u>	<u>\$2,956</u>	<u>\$3,020</u>	<u>\$2,557</u>	<u>\$2,735</u>	<u>\$2,114</u>	<u>\$1,933</u>	<u>\$2,450</u>	<u>\$2,928</u>
Total ²	\$12,530	\$16,602	\$20,673	\$21,362	\$5,359	\$13,120	\$17,706	\$18,674	\$16,685	\$18,515	\$17,605	\$13,841
Per Member Per Year (FY24)												
Medical	\$5,377	\$9,976	\$7,831	\$11,574	\$2,619	\$6,422	\$6,584	\$9,880	\$6,730	\$12,241	\$7,128	\$6,569
<u>Rx</u>	<u>\$976</u>	<u>\$1,682</u>	<u>\$1,358</u>	<u>\$2,487</u>	<u>\$2,904</u>	<u>\$1,844</u>	<u>\$1,070</u>	<u>\$1,579</u>	<u>\$980</u>	<u>\$1,074</u>	<u>\$1,105</u>	<u>\$1,691</u>
Total ²	\$6,381	\$11,686	\$9,218	\$14,090	\$5,552	\$8,295	\$7,682	\$11,487	\$7,739	\$13,345	\$8,261	\$8,288

¹ Additional CVS contract savings independently projected by WTW

² Includes Medical, Rx, and Operational Expenses

State of Delaware**Health Plan Quarterly Financial Reporting****FY25 Q3 Reporting Reconciliation (WTW vs DHR Fund Equity Report)**

FY25 YTD Reporting Reconciliation	Carrier FY25 Q3 Financial Report	DHR Actual. 2025 Fund Equity Report
Total Program Cost	\$830,460,989	\$1,060,384,550
Paid Claims	1,008,347,070	185,519,359
Medical Claims	632,635,392	7,471,340
Rx Claims ¹	158,695,779	178,048,020
Rx Paid Claims	375,711,678	178,048,020
EGWP	(60,970,648)	(74,180,604)
Direct Subsidy	(12,741,396)	(12,741,396)
CGDP	(29,106,866)	(46,260,473)
Catastrophic Reinsurance	(19,122,386)	(15,178,735)
Rx Rebates	(156,045,250)	(117,813,152)
Total Rx Claim (Offsets)/Revenue ²	(217,015,898)	(191,993,756)
Total Fees	39,129,817	39,129,817
ASO Fees	36,309,082	36,309,082
Operational Expenses	2,820,735	2,820,735
Premium Contributions/Operating Revenues³	\$929,009,748	\$1,128,498,137
Net Income	98,548,759	68,113,587
Total Cost as % of Budget	89%	94%

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

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

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

State of Delaware

Health Plan Quarterly Financial Reporting

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.

Terms directly tied to cost tracking

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

State of Delaware

Health Plan Quarterly Financial Reporting

Glossary of Important Health Care Terms

Terms directly tied to cost tracking

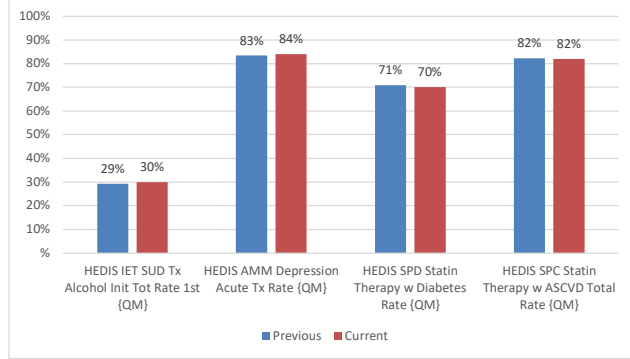
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services.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

Current Period: Apr 2024 - Mar 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5458.8	5844.4	7.1%	5365.5
Visits per 1000 Well Child	840.2	869.7	3.5%	793.8
Visits per 1000 Prevent Adult	468.4	532.5	13.7%	479.7

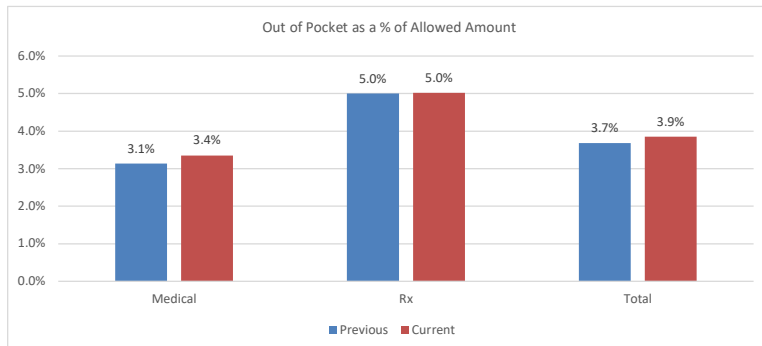
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	76,714.6	78,693.1	2.6%
Average Members	132,264.8	135,030.6	2.1%
Family Size	1.7	1.7	-0.5%
Member Age	43.5	43.5	0.0%
Members % Male	44.4%	44.3%	-0.2%

5. Risk Score

	Previous	Current
Member Risk Score	255.0	260.5

7. Cost Sharing



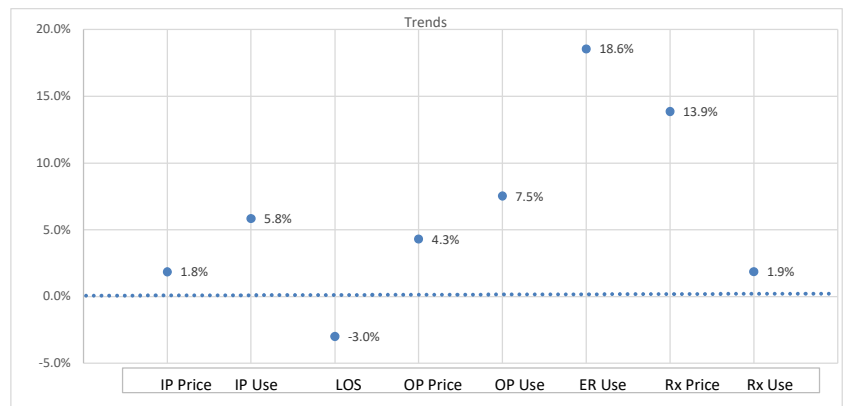
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,238	1,452	17.3%
Patients per 1,000	9.4	10.8	14.9%
Payments (in Millions)	\$271 M	\$326 M	20.3%
Payments per Patient	218,667	224,233	2.5%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,307	\$27,811	1.8%	\$35,971
	Admits per 1000	77.1	81.6	5.8%	47.6
	Days LOS	5.9	5.7	-3.0%	4.9
Outpatient	Allowed per Service	\$151	\$157	4.3%	\$148
	ER Visits per 1000	331.9	356.9	7.5%	231.4
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	18.6%	n/a
	Days Supply PMPY	726	738	1.7%	n/a
Specialty Rx	Allowed per Days Supply	\$135	\$132	-2.2%	n/a
	Days Supply PMPY	11	13	12.9%	n/a
All RX	Allowed per Days Supply	\$5	\$5	13.9%	\$5
	Days Supply PMPY	737	751	1.9%	377

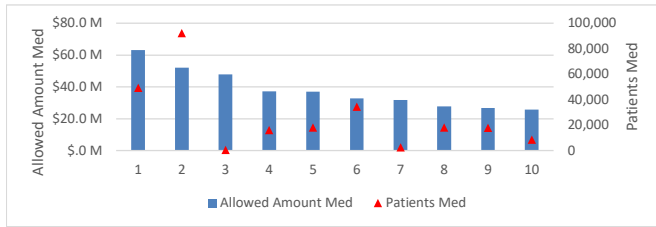


Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Apr 2023 - Mar 2024 (Paid)

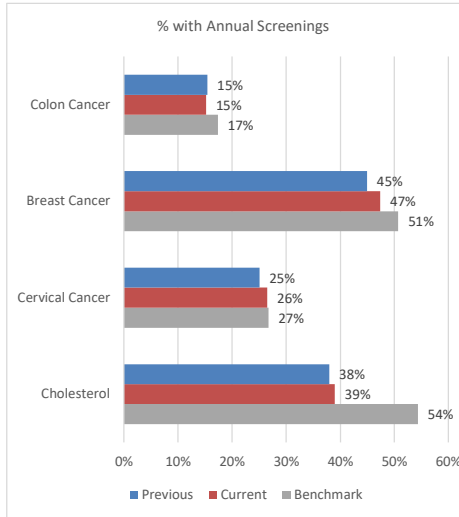
Current Period: Apr 2024 - Mar 2025 (Paid)

8. Top Medical Conditions (by cost)

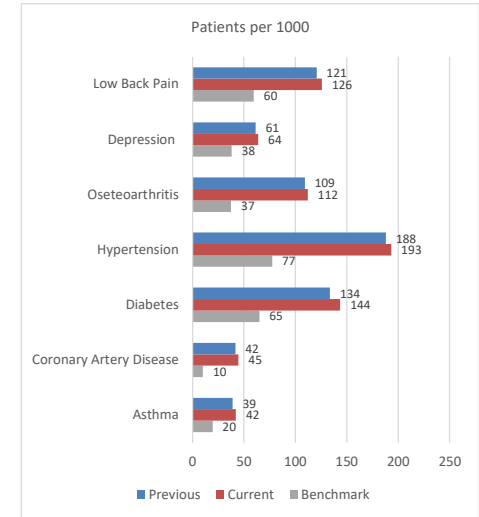


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NE	\$63,112,372	49,425	\$1,277
2 Prevent/Admin Hlth Encounters	\$52,152,666	92,448	\$564
3 Chemotherapy Encounters	\$47,766,011	767	\$62,276
4 Osteoarthritis	\$37,174,768	16,344	\$2,275
5 Spinal/Back Disord, Low Back	\$36,987,981	18,364	\$2,014
6 Arthropathies/Joint Disord NEC	\$32,831,462	34,554	\$950
7 Pregnancy without Delivery	\$31,845,088	2,760	\$11,538
8 Respiratory Disord, NEC	\$27,673,429	18,253	\$1,516
9 Gastroint Disord, NEC	\$26,784,354	17,993	\$1,489
10 Cardiac Arrhythmias	\$25,726,692	8,722	\$2,950

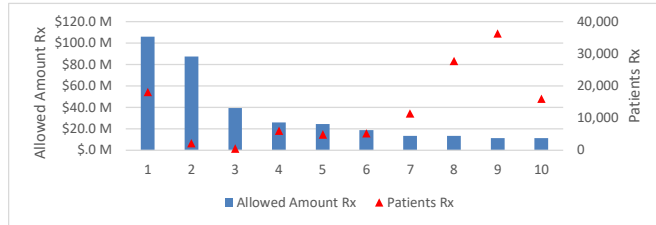
9. Screening Rates



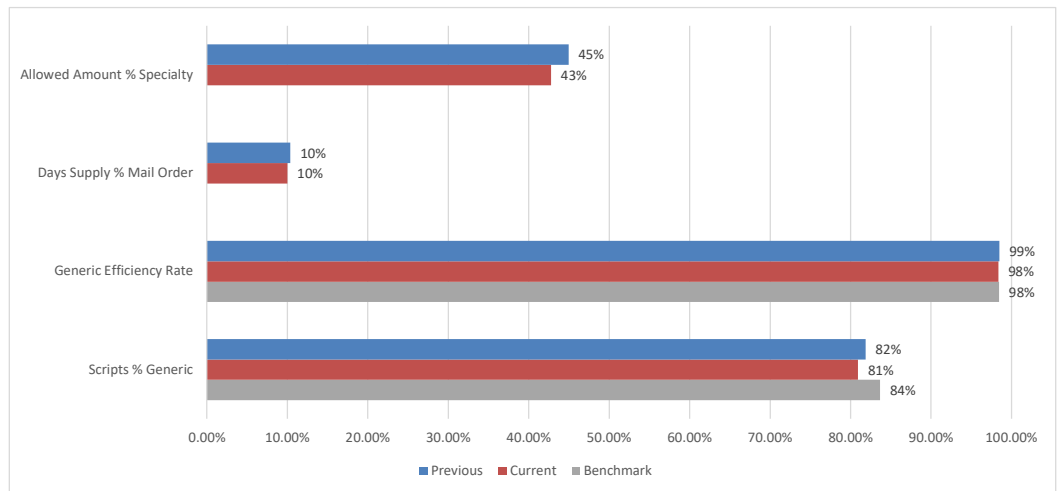
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$105,792,059	18,069	\$5,855
2 Immunosuppressants, NEC	\$87,382,765	2,220	\$39,362
3 Molecular Targeted Therapy	\$39,424,904	495	\$79,646
4 Coag/Anticoag, Anticoagulants	\$26,043,476	6,040	\$4,312
5 Antidiabetic Ag, SGLT Inhibitr	\$24,580,893	4,923	\$4,993
6 CNS Agents, Misc.	\$18,623,467	5,205	\$3,578
7 Antivirals, NEC	\$13,345,267	11,428	\$1,168
8 Adrenals & Comb, NEC	\$13,252,826	27,748	\$478
9 Antihyperlipidemic Drugs, NEC	\$11,441,967	36,315	\$315
10 Cardiac Drugs, NEC	\$11,294,894	16,024	\$705

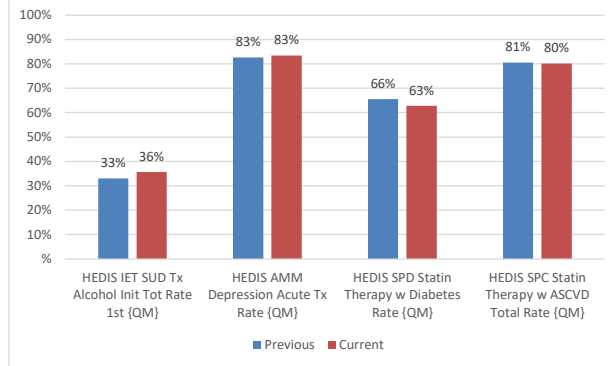


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Apr 2023 - Mar 2024 (Paid)

Current Period: Apr 2024 - Mar 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5455.3	5842.6	7.1%	5384.1	
Visits per 1000 Well Child	838.3	868.7	3.6%	785.8	
Visits per 1000 Prevent Adult	536.0	608.1	13.5%	479.7	

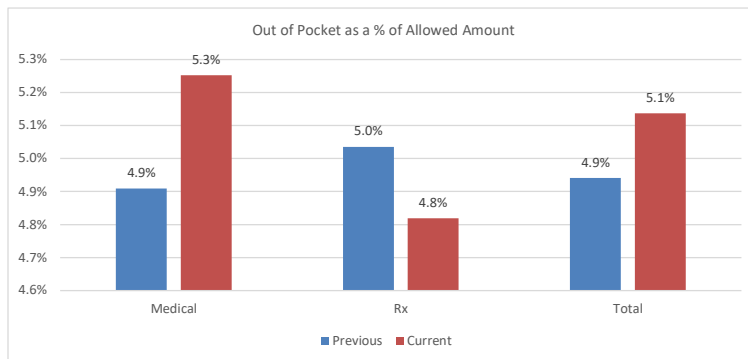
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	40,344.4	41,943.3	4.0%
Average Members	91,685.1	94,171.8	2.7%
Family Size	2.3	2.2	-1.2%
Member Age	32.7	32.7	0.1%
Members % Male	45.8%	45.7%	-0.3%

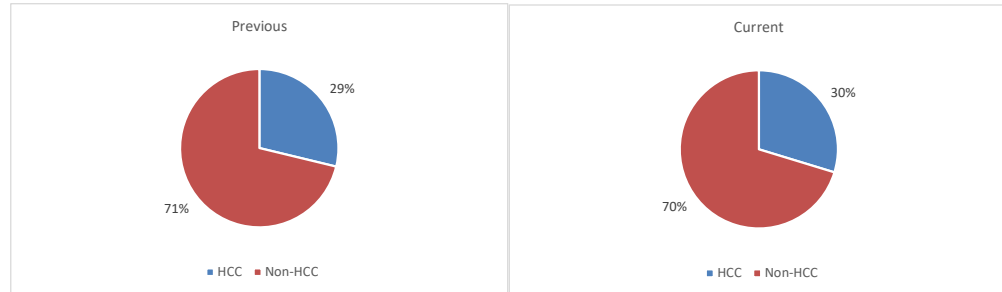
5. Risk Score

	Previous	Current
Member Risk Score	149.2	149.8

7. Cost Sharing



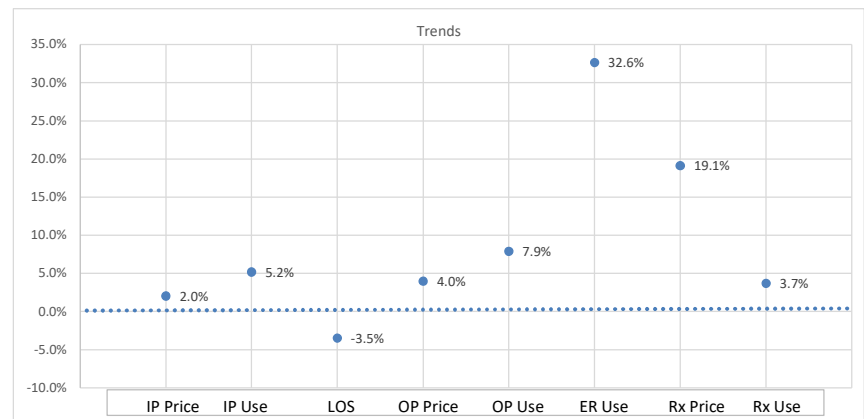
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,020	1,221	19.7%
Patients per 1,000	11.1	13.0	16.5%
Payments (in Millions)	\$214 M	\$263 M	22.4%
Payments per Patient	210,261	215,013	2.3%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$33,159	\$33,835	2.0%	\$29,806
	Admits per 1000	51.2	53.9	5.2%	46.9
	Days LOS	5.1	4.9	-3.5%	4.8
Outpatient	Allowed per Service	\$160	\$166	4.0%	\$148
	ER Visits per 1000	267.0	288.2	7.9%	230.3
Non-Specialty Rx	Allowed per Days Supply	\$3	\$4	32.6%	n/a
	Days Supply PMPY	426	440	3.5%	n/a
Specialty Rx	Allowed per Days Supply	\$129	\$123	-5.2%	n/a
	Days Supply PMPY	8	9	14.7%	n/a
All RX	Allowed per Days Supply	\$5	\$6	19.1%	\$5
	Days Supply PMPY	434	450	3.7%	345

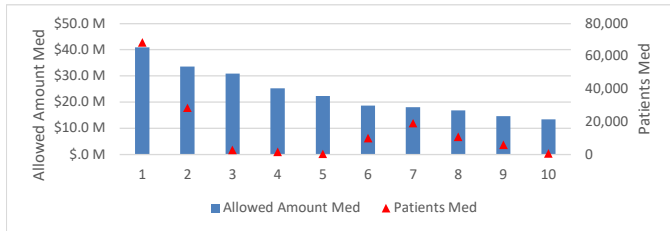


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Apr 2023 - Mar 2024 (Paid)

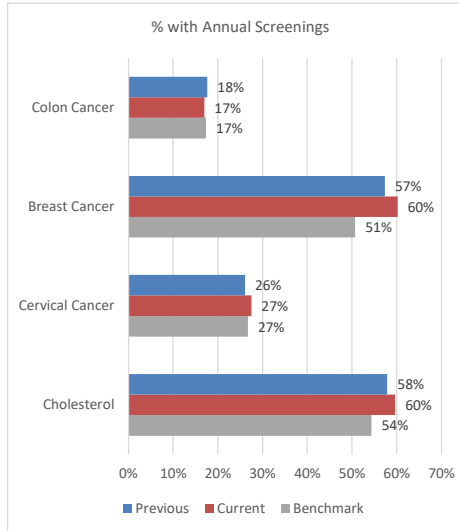
Current Period: Apr 2024 - Mar 2025 (Paid)

8. Top Medical Conditions (by cost)

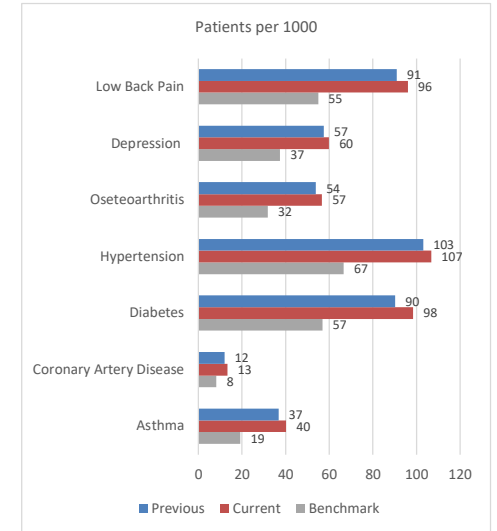


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$40,967,507	68,521	\$598
2 Signs/Symptoms/Oth Cond, NEC	\$33,574,450	28,471	\$1,179
3 Pregnancy without Delivery	\$30,959,270	2,671	\$11,591
4 Newborns, w/wo Complication	\$25,256,933	1,530	\$16,508
5 Chemotherapy Encounters	\$22,333,293	241	\$92,669
6 Spinal/Back Disord, Low Back	\$18,682,168	10,005	\$1,867
7 Arthropathies/Joint Disord NEC	\$18,056,572	19,122	\$944
8 Gastroint Disord, NEC	\$16,770,855	10,832	\$1,548
9 Osteoarthritis	\$14,635,661	5,902	\$2,480
10 Cancer - Breast	\$13,417,053	691	\$19,417

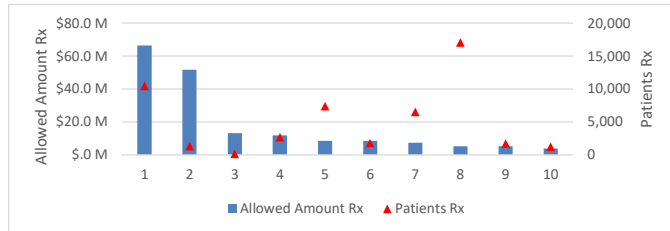
9. Screening Rates



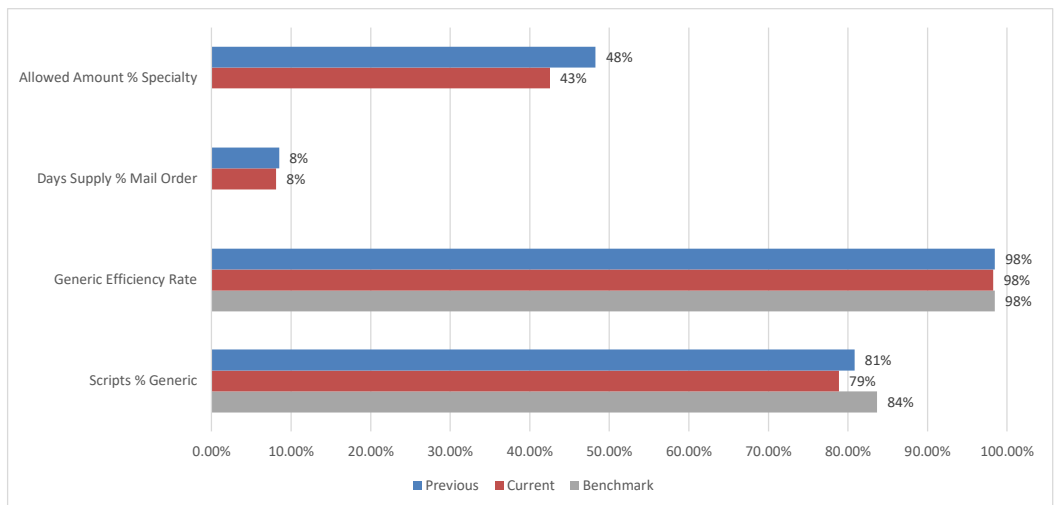
10. Chronic Condition Prevalence



11. Prescription Drug Metrics

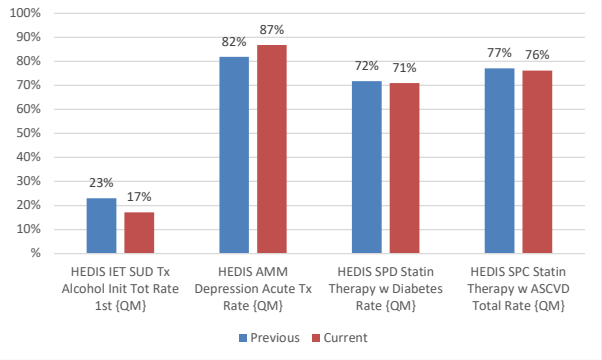


Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$66,555,300	10,488	\$6,346
2 Immunosuppressants, NEC	\$51,711,521	1,334	\$38,764
3 Molecular Targeted Therapy	\$13,221,716	203	\$65,132
4 CNS Agents, Misc.	\$11,823,104	2,709	\$4,364
5 Antivirals, NEC	\$8,560,895	7,407	\$1,156
6 Antidiabetic Ag, SGLT Inhibitr	\$8,543,359	1,798	\$4,752
7 Stimulant, Amphetamine Type	\$7,342,468	6,557	\$1,120
8 Adrenals & Comb, NEC	\$5,366,456	17,079	\$314
9 Misc Therapeutic Agents, NEC	\$5,352,950	1,735	\$3,085
10 Coag/Anticoag, Anticoagulants	\$3,988,493	1,263	\$3,158



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

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	6000.0	5117.6	-14.7%	4916.1
Visits per 1000 Well Child	914.5	899.1	-1.7%	705.4
Visits per 1000 Prevent Adult	562.4	618.3	9.9%	479.7

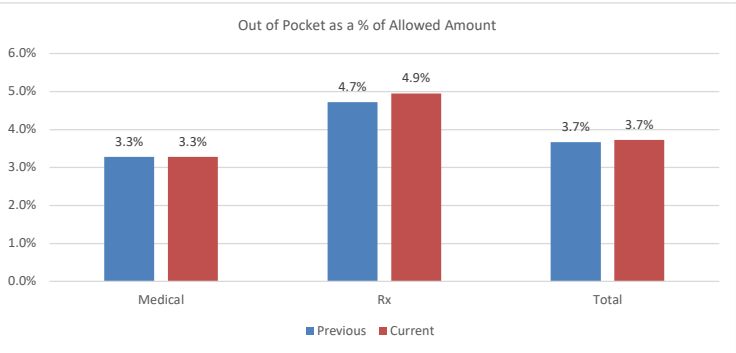
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	5,917.5	5,814.7	-1.7%
Average Members	9,561.5	9,382.8	-1.9%
Family Size	1.6	1.6	-0.1%
Member Age	49.8	50.0	0.3%
Members % Male	42.8%	42.6%	-0.5%

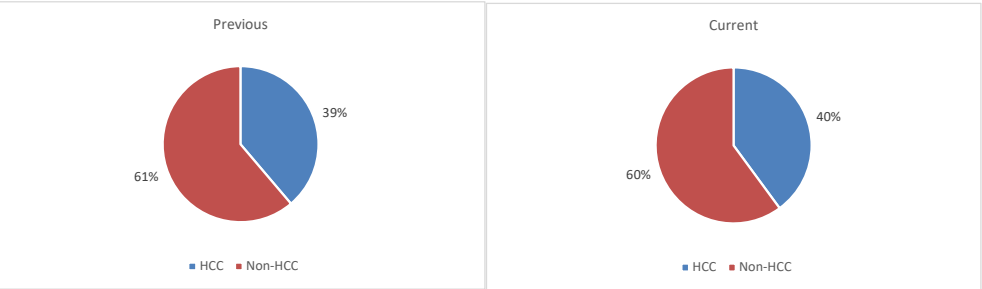
5. Risk Score

	Previous	Current
Member Risk Score	251.3	255.2

7. Cost Sharing



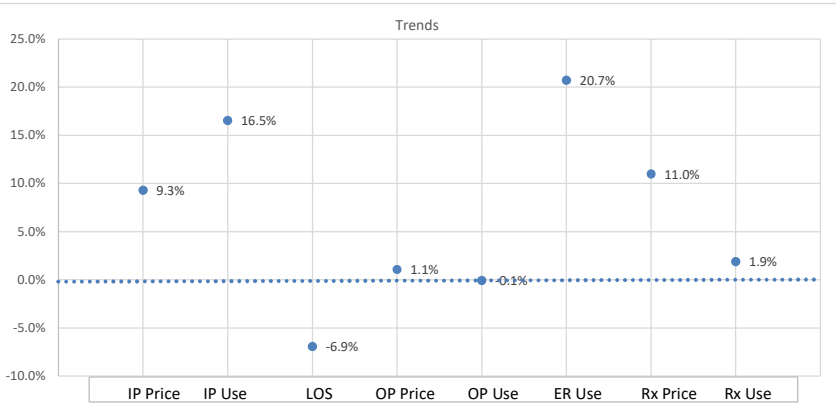
2. High Cost Claimants



	Previous	Current	Trend
Patients	286	290	1.4%
Patients per 1,000	29.9	30.9	3.3%
Payments (in Millions)	\$49 M	\$56 M	14.3%
Payments per Patient	171,090	192,888	12.7%

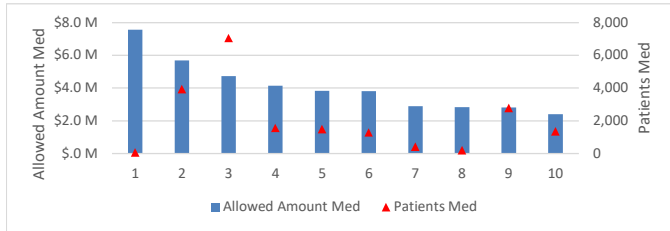
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$40,849	\$44,648	9.3%	\$40,668
	Admits per 1000	60.5	70.4	16.5%	51.1
	Days LOS	7.1	6.6	-6.9%	6.0
Outpatient	Allowed per Service	\$180	\$182	1.1%	\$148
	ER Visits per 1000	307.0	306.7	-0.1%	241.9
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	20.7%	n/a
	Days Supply PMPY	808	823	1.8%	n/a
Specialty Rx	Allowed per Days Supply	\$128	\$121	-6.0%	n/a
	Days Supply PMPY	14	15	8.2%	n/a
All RX	Allowed per Days Supply	\$5	\$5	11.0%	\$5
	Days Supply PMPY	822	838	1.9%	667



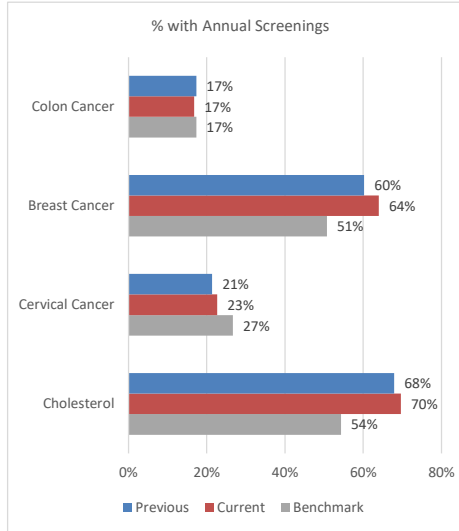
Medical and Prescription Drug Dashboard - Early Retirees
Previous Period: Apr 2023 - Mar 2024 (Paid)
Current Period: Apr 2024 - Mar 2025 (Paid)

8. Top Medical Conditions (by cost)

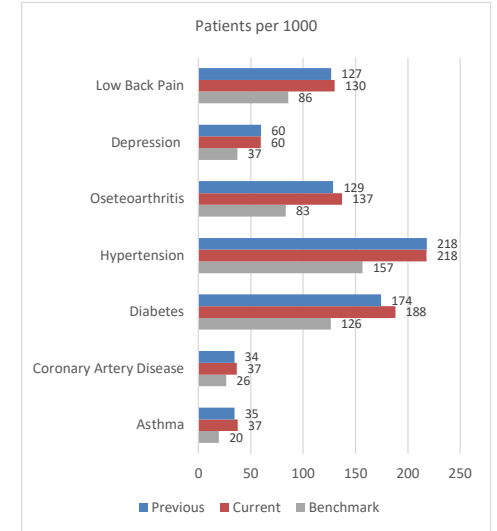


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$7,572,011	66	\$114,727
2 Signs/Symptoms/Oth Cond, NEC	\$5,688,735	3,938	\$1,445
3 Prevent/Admin Hlth Encounters	\$4,723,498	7,060	\$669
4 Osteoarthritis	\$4,148,741	1,558	\$2,663
5 Spinal/Back Disord, Low Back	\$3,841,261	1,479	\$2,597
6 Respiratory Disord, NEC	\$3,816,492	1,275	\$2,993
7 Coronary Artery Disease	\$2,887,510	417	\$6,924
8 Cancer - Breast	\$2,823,765	200	\$14,119
9 Arthropathies/Joint Disord NEC	\$2,808,793	2,779	\$1,011
10 Gastroint Disord, NEC	\$2,407,897	1,345	\$1,790

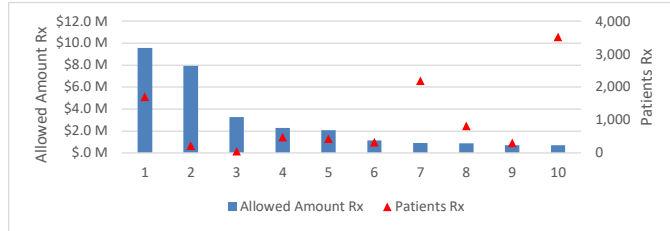
9. Screening Rates



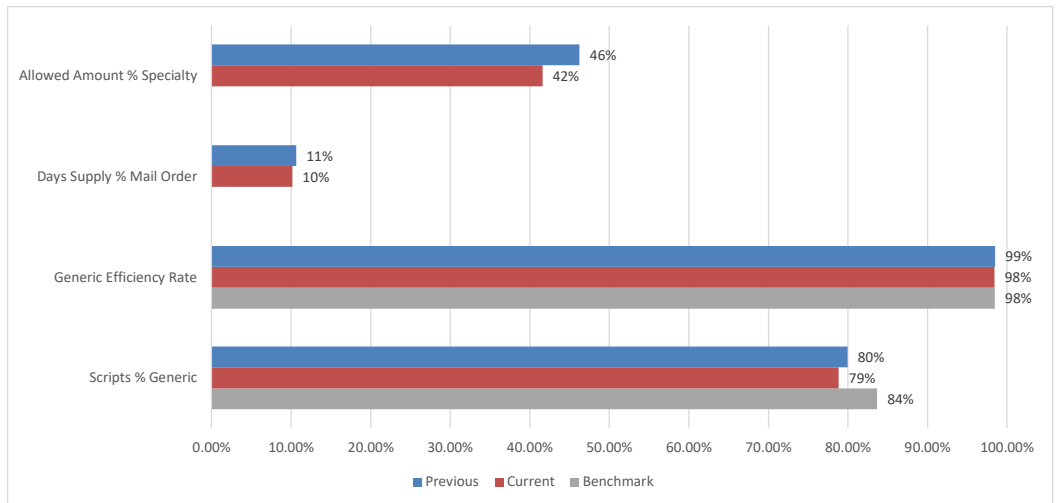
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$9,568,212	1,709	\$5,599
2 Immunosuppressants, NEC	\$7,924,985	222	\$35,698
3 Molecular Targeted Therapy	\$3,283,871	49	\$67,018
4 Antidiabetic Ag, SGLT Inhibitr	\$2,271,703	481	\$4,723
5 CNS Agents, Misc.	\$2,064,536	431	\$4,790
6 Coag/Anticoag, Anticoagulants	\$1,141,742	327	\$3,492
7 Adrenals & Comb, NEC	\$921,665	2,194	\$420
8 Antivirals, NEC	\$882,734	821	\$1,075
9 Psychother, Tranq/Antipsychotic	\$720,080	311	\$2,315
10 Antihyperlipidemic Drugs, NEC	\$705,013	3,521	\$200

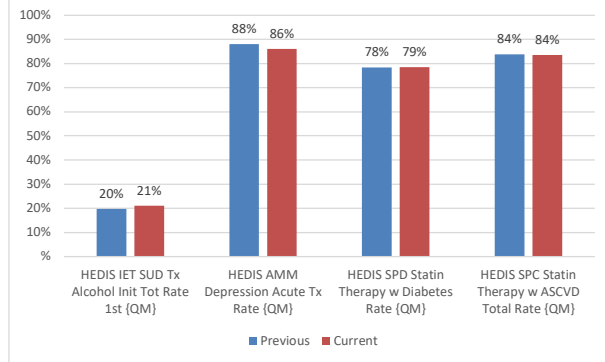


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Apr 2023 - Mar 2024 (Paid)

Current Period: Apr 2024 - Mar 2025 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	296.5	343.9	16.0%	479.7

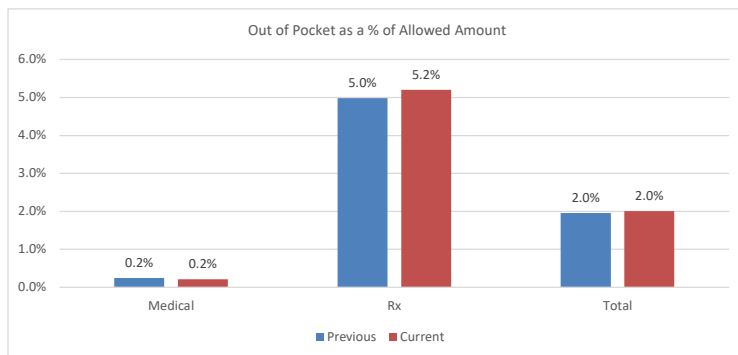
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	27,836.6	28,291.3	1.6%
Average Members	28,149.3	28,592.6	1.6%
Family Size	1.0	1.0	-0.1%
Member Age	73.6	73.9	0.4%
Members % Male	40.9%	40.8%	-0.2%

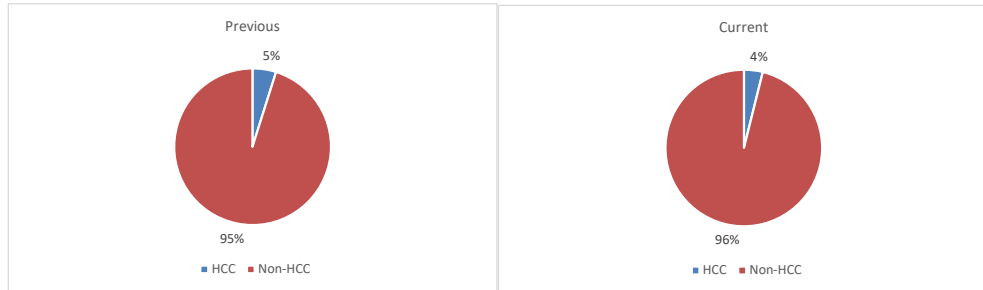
5. Risk Score

	Previous	Current
Member Risk Score	569.0	594.5

7. Cost Sharing



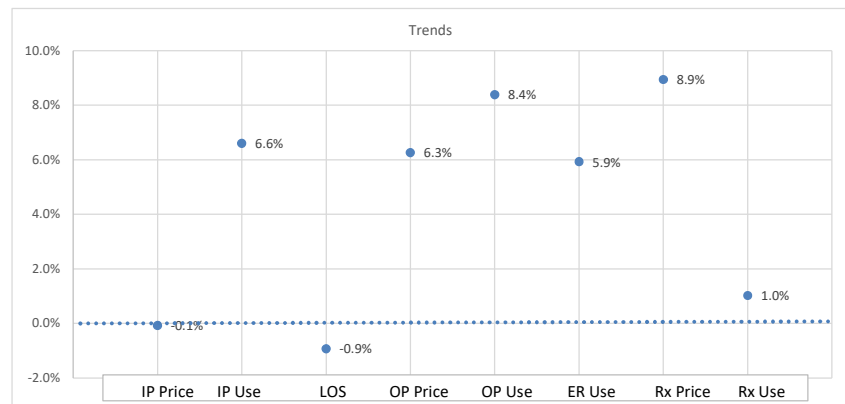
2. High Cost Claimants



	Previous	Current	Trend
Patients	47	44	-6.4%
Patients per 1,000	1.7	1.5	-7.8%
Payments (in Millions)	\$4 M	\$3 M	-12.6%
Payments per Patient	78,618	73,383	-6.7%

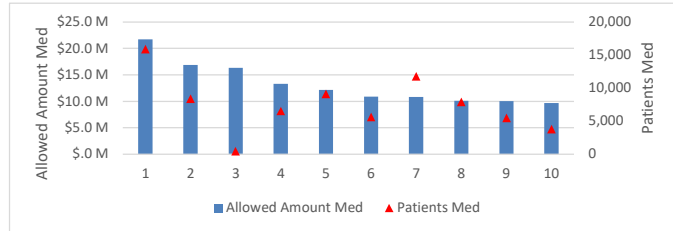
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$20,155	\$20,139	-0.1%	\$22,880
	Admits per 1000	154.6	164.8	6.6%	178.0
	Days LOS	6.5	6.4	-0.9%	5.1
Outpatient	Allowed per Service	\$131	\$139	6.3%	\$134
	ER Visits per 1000	517.3	560.7	8.4%	573.4
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	5.9%	n/a
	Days Supply PMPY	1,625	1,639	0.9%	n/a
Specialty Rx	Allowed per Days Supply	\$144	\$148	2.8%	n/a
	Days Supply PMPY	21	23	11.4%	n/a
All RX	Allowed per Days Supply	\$4	\$5	8.9%	\$5
	Days Supply PMPY	1,646	1,663	1.0%	1,443



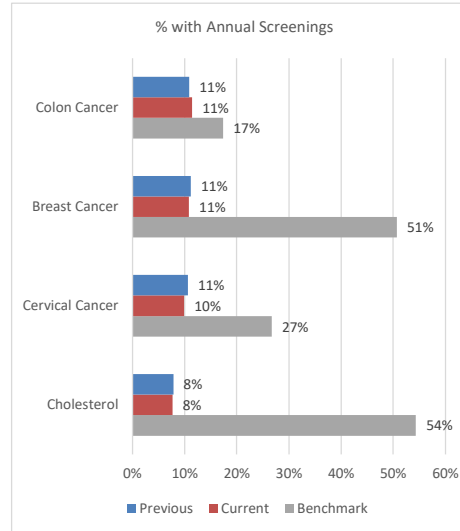
Medical and Prescription Drug Dashboard - Medicare Retirees
Previous Period: Apr 2023 - Mar 2024 (Paid)
Current Period: Apr 2024 - Mar 2025 (Paid)

8. Top Medical Conditions (by cost)

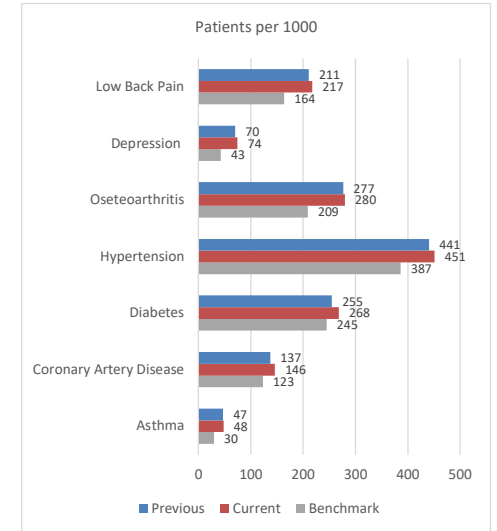


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$21,702,334	15,888	\$1,366
2 Osteoarthritis	\$16,906,972	8,375	\$2,019
3 Chemotherapy Encounters	\$16,366,693	440	\$37,197
4 Spinal/Back Disord, Low Back	\$13,308,367	6,510	\$2,044
5 Eye Disorders, Degenerative	\$12,135,748	9,089	\$1,335
6 Cardiac Arrhythmias	\$10,881,935	5,605	\$1,941
7 Arthropathies/Joint Disord NEC	\$10,835,917	11,771	\$921
8 Respiratory Disord, NEC	\$10,076,695	7,892	\$1,277
9 Infections, NEC	\$10,051,267	5,468	\$1,838
10 Cerebrovascular Disease	\$9,693,231	3,797	\$2,553

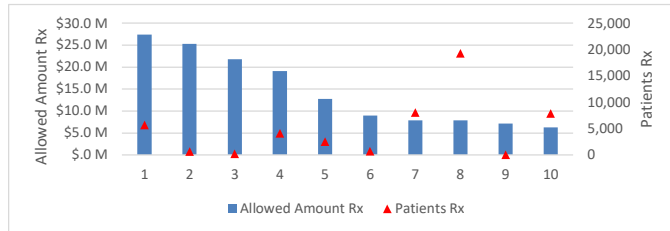
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$27,406,159	5,692	\$4,815
2 Immunosuppressants, NEC	\$25,290,821	642	\$39,394
3 Molecular Targeted Therapy	\$21,842,584	237	\$92,163
4 Coag/Anticoag, Anticoagulants	\$19,051,000	4,118	\$4,626
5 Antidiabetic Ag, SGLT Inhibitr	\$12,758,769	2,519	\$5,065
6 Hormone-Modifying Therapy	\$8,975,611	723	\$12,414
7 Cardiac Drugs, NEC	\$7,907,604	8,060	\$981
8 Antihyperlipidemic Drugs, NEC	\$7,897,361	19,291	\$409
9 Antineoplastic Agent, Misc.	\$7,172,843	64	\$112,076
10 Adrenals & Comb, NEC	\$6,293,642	7,874	\$799

