

# **State of Delaware - Quarterly Financial Reporting**

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## **FY26 Q1 Cost Analysis**

November 2025



## State of Delaware

### Health Plan Quarterly Financial Reporting

#### FY26 Q1 Plan Cost Analysis

#### Summary plan information

- FY26 YTD compared to FY25 YTD:

Summary (total)	FY26			FY25			% Change		
	Medical	Rx	Total <sup>2</sup>	Medical	Rx	Total <sup>2</sup>	Medical	Rx	Total <sup>2</sup>
Gross claims <sup>1</sup>	\$216.1	\$131.4	\$347.5	\$204.8	\$123.2	\$328.0	▲ 5.5%	▲ 6.6%	▲ 5.9%
Total program cost (\$M) <sup>2</sup>	\$225.4	\$68.0	\$294.2	\$218.8	\$74.1	\$294.0	▲ 3.0%	▼ 8.3%	▲ 0.1%
Premium contributions (\$M) <sup>3</sup>	\$248.6	\$60.1	\$308.7	\$248.5	\$60.0	\$308.6	▲ 0.0%	▲ 0.1%	▲ 0.0%
Total cost PEPY	\$12,024	\$3,624	\$15,696	\$11,136	\$3,720	\$14,964	▲ 8.0%	▼ 2.6%	▲ 4.9%
Total cost PMPY	\$7,140	\$2,148	\$9,312	\$6,372	\$2,160	\$8,556	▲ 12.1%	▼ 0.6%	▲ 8.8%
Average employees	74,993			78,590			▼ 4.6%		
Average members	126,340			137,380			▼ 8.0%		
Loss ratio	95%			95%					
Net income (\$M)	\$14.5			\$14.6					

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

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

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

- FY26 Actual compared to FY26 Budget (approved 8/26/2025)

Summary (total)	FY26 Actual			FY26 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) <sup>1</sup>	\$225.4	\$68.0	\$294.2	\$230.7	\$69.9	\$301.7	▼ 2.3%	▼ 2.7%	▼ 2.5%
Total cost PEPY	\$12,024	\$3,624	\$15,696	\$11,909	\$3,606	\$15,574	▲ 1.0%	▲ 0.5%	▲ 0.8%
Total cost PMPY	\$7,140	\$2,148	\$9,312	\$6,884	\$2,085	\$9,003	▲ 3.7%	▲ 3.0%	▲ 3.4%
Net income (\$M)	\$14.5			\$4.4					

- Summary Plan Information through September 2025

FY26 Q1	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
<b>Summary (total)</b>						
Total cost (\$M)	\$61.1	\$233.1	\$214.6	\$36.3	\$43.3	\$294.2
Budgeted cost (\$M) <sup>1</sup>	\$60.5	\$248.2	\$222.7	\$29.7	\$56.3	\$308.7
Loss ratio	101%	94%	96%	122%	77%	95%
PEPY	\$22,068	\$14,592	\$22,284	\$24,828	\$5,652	\$15,696
PMPY	\$10,044	\$9,144	\$9,936	\$15,660	\$5,652	\$9,312
# of enrolled employees	11,069	63,924	38,534	5,840	30,618	74,993

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

#### Additional notes

- Claims and expenses are reported on a paid basis
- FY26 rates reflect 4.20% premium increase effective 7/1/2025 for non-Medicare plans and 4.2% for Medicare plans; based on average FY25 enrollment with assumed 1% enrollment growth
- Paid claims and enrollment data based on reports from Aetna, Highmark, CVS; costs include operating expenses
- Expenses are broken down into two categories:
  - ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), Merative data analytics, EAP, and WTW consulting fees
  - Office Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- Rx rebates and EGWP payments are shown based on the period to which offsets are attributable, rather than actual payment received in a given period
- No adjustments made to cost tracking for large claims as the State does not have stop loss insurance
- HRA dollars are assumed to be included in the reported claims
- Participating groups (such as University of DE) are included in the cost tracking, but are assumed to be 100% employee paid; as a result, reported net cost and cost share percentages may be skewed; participating group fees are included in premium contributions

**State of Delaware**  
Health Plan Quarterly Financial Reporting  
FY26 Q1 Plan Cost Analysis

Total GHIP Results							
<b>Legend</b>  <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>							
	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual	FY26 YTD WTW Budget	Difference vs. Budget
<b>Total Program Cost</b>	<b>\$294,205,282</b>				<b>\$294,205,282</b>	<b>\$301,718,684</b>	▼ 2.5%
- Paid Claims	282,016,164				282,016,164	288,960,949	▼ 2.4%
- Medical (includes capitation <sup>1</sup> )	216,067,600				216,067,600	219,920,098	▼ 1.8%
- Rx (Including Rebates and EGWP)	65,948,564				65,948,564	69,040,851	▼ 4.5%
- Rx Paid Claims	131,385,617				131,385,617	142,676,613	▼ 7.9%
- EGWP <sup>2</sup>	(15,828,889)				(15,828,889)	(20,682,144)	▼ 23.5%
- Direct Subsidy	(10,882,668)				(10,882,668)	(10,602,000)	▲ 2.6%
- CGDP	0				0	(7,288,199)	▼ 100.0%
- Catastrophic Reinsurance	(4,946,221)				(4,946,221)	(2,791,946)	▲ 77.2%
- Rx Rebates <sup>3</sup>	(49,608,164)				(49,608,164)	(52,953,617)	▼ 6.3%
- ASO Fees	11,357,334				11,357,334	11,613,050	▼ 2.2%
- Operational Expenses	831,784				831,784	1,144,685	▼ 27.3%
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$308,727,843</b>				<b>\$308,727,843</b>	<b>\$306,110,053</b>	▲ 0.9%
- Net Income	14,522,561				14,522,561	4,391,369	
- Total Cost as % of Budget	95%				95%	99%	
<b>Current Year Per Capita</b>							
- Total per employee per year <sup>5</sup>	15,696				15,696	15,574	▲ 0.8%
- Total % change over prior	4.9%				4.9%		
- Medical per employee per year	12,024				12,024	11,909	▲ 1.0%
- Medical % change over prior	8.0%				8.0%		
- Rx per employee per year	3,624				3,624	3,606	▲ 0.5%
- Rx % change over prior	19.8%				19.8%		
- Medical per member per year	7,140				7,140	6,884	▲ 3.7%
- Rx per member per year	2,148				2,148	2,085	▲ 3.0%
- Total per member per year <sup>5</sup>	9,312				9,312	9,003	▲ 3.4%
<b>Prior Year Results</b>	<b>Q1 FY25</b>				<b>FY25</b>		
- Total Program Cost	275,974,407				275,974,407	-	-
- Total Program Cost \$ Change	18,230,875				18,230,875	-	-
- Total per employee per year <sup>5</sup>	14,964				14,964	-	-
- Medical per employee per year	11,136				11,136	-	-
- Rx per employee per year	3,024				3,024	-	-
<b>EE Contributions<sup>6</sup></b>	<b>\$42,671,326</b>				<b>\$42,671,326</b>	-	-
- Net SoD	251,533,956				251,533,956	-	-
- SoD Subsidy %	85%				85%	-	-
<b>Headcount</b>							
- Enrolled Ees	74,993				74,993	77,491	▼ 3.2%
- Enrolled Members	126,340				126,340	134,048	▼ 5.7%
- Member/EE Ratio	1.7				1.7	1.7	

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

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

<sup>3</sup> Reflects estimated rebates attributable to FY26; prior quarters to be updated with actual FY26 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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

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



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

<sup>7</sup> WTW Budget based on revised FY26 Budget approved by SEBC 08/26/2025

# State of Delaware

## Health Plan Quarterly Financial Reporting

### FY26 Q1 Plan Cost Analysis

Active Employees Only					
<b>Legend</b> <ul style="list-style-type: none"> <li>- Medical/Rx Budget</li> <li>■ Fees and Op. Expenses</li> <li>■ Rx (incl. Rebates and EGWP)</li> <li>■ Medical (incl. capitation)</li> </ul>					
	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
<b>Total Program Cost</b>	<b>\$214,649,879</b>				<b>\$214,649,879</b>
- Paid Claims	206,767,927				206,767,927
- Medical (includes capitation <sup>1</sup> )	168,941,282				168,941,282
- Rx (Including Rebates and EGWP)	37,826,646				37,826,646
- Rx Paid Claims	61,710,636				61,710,636
- EGWP <sup>2</sup>	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates <sup>3</sup>	(\$23,883,991)				(\$23,883,991)
- ASO Fees	7,454,547				7,454,547
- Operational Expenses	427,405				427,405
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$222,686,557</b>				<b>\$222,686,557</b>
- Net Income	8,036,678				8,036,678
- Total Cost as % of Budget	96%				96%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	22,284				22,284
- Total % change over prior	11.0%				11.0%
- Medical per employee per year	18,168				18,228
- Medical % change over prior	11.1%				11.4%
- Rx per employee per year	4,068				4,008
- Rx % change over prior	10.8%				9.2%
- Medical per member per year	8,100				8,124
- Rx per member per year	1,812				1,788
- Total per member per year <sup>5</sup>	9,936				9,936
<b>Prior Year Results</b>	<b>Q1 FY25</b>				<b>FY25</b>
- Total Program Cost	210,542,620				210,542,620
- Total Program Cost \$ Change	4,107,259				4,107,259
- Total per employee per year <sup>5</sup>	20,076				20,076
- Medical per employee per year	16,356				16,356
- Rx per employee per year	3,672				3,672
<b>EE Contributions<sup>6</sup></b>	<b>\$35,623,149</b>				<b>\$35,623,149</b>
- Net SoD	179,026,730				179,026,730
- SoD Subsidy %	83%				83%
<b>Headcount</b>					
- Enrolled Ees	38,534				38,534
- Enrolled Members	86,463				86,463
- Member/EE Ratio	2.2				2.2

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

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

<sup>3</sup> Reflects estimated rebates attributable to FY26 prior quarters to be updated with actual FY26 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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

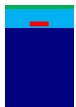

<sup>5</sup> Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

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

# State of Delaware

## Health Plan Quarterly Financial Reporting

### FY26 Q1 Plan Cost Analysis

Non-Medicare Retirees Only					
<b>Legend</b> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation)					
	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
<b>Total Program Cost</b>	<b>\$36,251,099</b>				<b>\$36,251,099</b>
- Paid Claims	35,056,380				35,056,380
- Medical (includes capitation <sup>1</sup> )	28,469,398				28,469,398
- Rx (Including Rebates and EGWP)	6,586,983				6,586,983
- Rx Paid Claims	10,777,708				10,777,708
- EGWP <sup>2</sup>	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates <sup>3</sup>	(\$4,190,726)				(4,190,726)
- ASO Fees	1,129,934				1,129,934
- Operational Expenses	64,784				64,784
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$29,694,510</b>				<b>\$29,694,510</b>
- Net Income	(6,556,589)				(6,556,589)
- Total Cost as % of Budget	122%				122%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	24,828				24,828
- Total % change over prior	18.6%				18.6%
- Medical per employee per year	20,136				19,680
- Medical % change over prior	19.3%				16.6%
- Rx per employee per year	4,644				4,596
- Rx % change over prior	15.9%				14.7%
- Medical per member per year	12,696				12,420
- Rx per member per year	2,928				2,904
- Total per member per year <sup>5</sup>	15,660				15,660
<b>Prior Year Results</b>	<b>Q1 FY25</b>				<b>FY25</b>
- Total Program Cost	33,803,080				33,803,080
- Total Program Cost \$ Change	2,448,019				2,448,019
- Total per employee per year <sup>5</sup>	20,940				20,940
- Medical per employee per year	16,884				16,884
- Rx per employee per year	4,008				4,008
<b>EE Contributions<sup>6</sup></b>	<b>\$6,861,691</b>				<b>\$6,861,691</b>
- Net SoD	29,389,408				29,389,408
- SoD Subsidy %	81%				81%
<b>Headcount</b>					
- Enrolled Ees	5,840				5,840
- Enrolled Members	9,259				9,259
- Member/EE Ratio	1.6				1.6

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

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

<sup>3</sup> Reflects estimated rebates attributable to FY26; prior quarters to be updated with actual FY26 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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

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

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

# State of Delaware

## Health Plan Quarterly Financial Reporting

### FY26 Q1 Plan Cost Analysis

Active Employees and Non-Medicare Retirees Only					
<b>Legend</b> <ul style="list-style-type: none"> <li>- Medical/Rx Budget</li> <li>■ Fees and Op. Expenses</li> <li>■ Rx (incl. Rebates and EGWP)</li> <li>■ Medical (incl. capitation)</li> </ul>					
	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
<b>Total Program Cost</b>	<b>\$250,900,978</b>				<b>\$250,900,978</b>
- Paid Claims	241,824,308				241,824,308
- Medical (includes capitation <sup>1</sup> )	197,410,679				197,410,679
- Rx (Including Rebates and EGWP)	44,413,628				44,413,628
- Rx Paid Claims	72,488,345				72,488,345
- EGWP <sup>2</sup>	0				0
- Direct Subsidy	0				0
- CGDP	0				0
- Catastrophic Reinsurance	0				0
- Rx Rebates <sup>3</sup>	(28,074,716)				(28,074,716)
- ASO Fees	8,584,481				8,584,481
- Operational Expenses	492,189				492,189
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$252,381,066</b>				<b>\$252,381,066</b>
- Net Income	1,480,089				1,480,089
- Total Cost as % of Budget	99%				99%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	22,620				22,620
- Total % change over prior	12.0%				12.0%
- Medical per employee per year	18,432				18,480
- Medical % change over prior	12.2%				12.5%
- Rx per employee per year	4,140				4,092
- Rx % change over prior	11.7%				10.4%
- Medical per member per year	8,604				8,568
- Rx per member per year	1,920				1,896
- Total per member per year <sup>5</sup>	10,488				10,488
<b>Prior Year Results</b>	<b>Q1 FY25</b>				<b>FY25</b>
- Total Program Cost	<b>244,345,700</b>				<b>244,345,700</b>
- Total Program Cost \$ Change	6,555,278				6,555,278
- Total per employee per year <sup>5</sup>	20,196				20,196
- Medical per employee per year	16,428				16,428
- Rx per employee per year	3,708				3,708
<b>EE Contributions<sup>6</sup></b>	<b>\$42,484,840</b>				<b>\$42,484,840</b>
- Net SoD	208,416,137				208,416,137
- SoD Subsidy %	83%				83%
<b>Headcount</b>					
- Enrolled Ees	44,375				44,375
- Enrolled Members	95,722				95,722
- Member/EE Ratio	2.2				2.2

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

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

<sup>3</sup> Reflects estimated rebates attributable to FY26; prior quarters to be updated with actual FY26 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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



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

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

# State of Delaware

## Health Plan Quarterly Financial Reporting

### FY26 Q1 Plan Cost Analysis

Medicare Retirees Only					
<b>Legend</b> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation)					
	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
<b>Total Program Cost</b>	<b>\$43,304,305</b>				<b>\$43,304,305</b>
- Paid Claims	40,191,857				40,191,857
- Medical (includes capitation <sup>1</sup> )	18,656,921				18,656,921
- Rx (Including Rebates and EGWP)	21,534,936				21,534,936
- Rx Paid Claims	58,897,272				58,897,272
- EGWP <sup>2</sup>	(15,828,889)				(15,828,889)
- Direct Subsidy	(10,882,668)				(10,882,668)
- CGDP	0				0
- Catastrophic Reinsurance	(4,946,221)				(4,946,221)
- Rx Rebates <sup>3</sup>	(21,533,447)				(21,533,447)
- ASO Fees	2,772,853				2,772,853
- Operational Expenses	339,594				339,594
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$56,346,777</b>				<b>\$56,346,777</b>
- Net Income	13,042,472				13,042,472
- Total Cost as % of Budget	77%				77%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	5,736				5,652
- Total % change over prior	-12.8%				-14.1%
- Medical per employee per year	2,772				2,664
- Medical % change over prior	4.5%				0.5%
- Rx per employee per year	2,916				2,952
- Rx % change over prior	-24.8%				-23.8%
- Medical per member per year	2,772				2,664
- Rx per member per year	2,916				2,952
- Total per member per year <sup>5</sup>	5,736				5,652
<b>Prior Year Results</b>	<b>Q1 FY25</b>				<b>FY25</b>
- Total Program Cost	<b>49,620,565</b>				<b>49,620,565</b>
- Total Program Cost \$ Change	(6,316,260)				(6,316,260)
- Total per employee per year <sup>5</sup>	6,576				6,576
- Medical per employee per year	2,652				2,652
- Rx per employee per year	3,876				3,876
<b>EE Contributions<sup>6</sup></b>	<b>\$186,486</b>				<b>\$186,486</b>
- Net SoD	43,117,819				43,117,819
- SoD Subsidy %	100%				100%
<b>Headcount</b>					
- Enrolled Ees	30,182				30,618
- Enrolled Members	30,182				30,618
- Member/EE Ratio	1.0				1.0

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

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

<sup>3</sup> Reflects estimated rebates attributable to FY26; prior quarters to be updated with actual FY26 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective January 2022

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

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

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

**State of Delaware**  
**FY2026 Financial Analysis of Health/Rx Plans - Paid Basis**  
**Year to Date July 1, 2025 - September 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
<b>Medical</b>												
Paid Claims	\$9,660,321	\$920,121	\$118,947,458	\$18,668,014	\$18,656,921	\$166,852,834	\$26,157,710	\$7,543,976	\$12,313,045	\$1,066,243	\$47,080,974	\$213,933,809
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$1,862,748	\$271,044	\$0	\$0	\$2,133,792	\$2,133,792
Administration	\$738,199	\$52,679	\$4,243,529	\$680,715	\$1,719,526	\$7,434,648	\$1,053,246	\$224,617	\$577,415	\$44,271	\$1,899,550	\$9,334,197
Total Medical Program Cost	\$10,398,520	\$972,801	\$123,190,986	\$19,348,728	\$20,376,446	\$174,287,482	\$29,073,704	\$8,039,637	\$12,890,460	\$1,110,514	\$51,114,316	\$225,401,797
Average Number of Employees	4,302	307	24,729	3,967	30,618	63,924	6,138	1,309	3,365	258	11,069	74,993
Program Cost/Employee/Yr.	\$9,669	\$12,661	\$19,926	\$19,511	\$2,662	\$10,906	\$18,947	\$24,574	\$15,323	\$17,240	\$18,471	\$12,024
Change from prior period (pepy)	0.0%	-4.3%	17.6%	14.3%	1.6%	10.1%	23.1%	51.6%	11.8%	10.3%	22.7%	12.2%
Average Number of Members	7,924	422	56,774	6,275	30,618	102,012	14,552	2,158	7,214	404	24,328	126,340
Program Cost/Member/Yr.	\$5,249	\$9,221	\$8,679	\$12,335	\$2,662	\$6,834	\$7,992	\$7,147	\$11,004	\$8,404	\$7,140	\$7,140
Change from prior period (pmpy)	-1.7%	-6.0%	19.3%	13.8%	1.6%	12.8%	24.3%	-100.0%	13.2%	19.8%	24.1%	15.1%
<b>Express Scripts, Inc.</b>												
Paid Claims	\$3,941,470	\$349,278	\$44,869,149	\$7,598,370	\$58,897,272	\$115,655,540	\$8,821,688	\$2,390,189	\$4,078,329	\$439,871	\$15,730,077	\$131,385,617
Administration	\$94,017	\$6,709	\$540,458	\$86,696	\$1,053,328	\$1,781,209	\$134,142	\$28,607	\$73,540	\$5,638	\$241,928	\$2,023,137
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$15,828,889)	(\$15,828,889)	\$0	\$0	\$0	\$0	\$0	(\$15,828,889)
Estimated Rebates <sup>1</sup>	(\$1,314,297)	(\$116,468)	(\$17,529,818)	(\$2,968,589)	(\$21,533,447)	(\$43,462,619)	(\$3,446,524)	(\$933,817)	(\$1,593,352)	(\$171,852)	(\$6,145,545)	(\$49,608,164)
Total Rx Program Cost	\$2,721,191	\$239,520	\$27,879,790	\$4,716,478	\$22,588,264	\$58,145,242	\$5,509,307	\$1,484,979	\$2,558,516	\$273,657	\$9,826,459	\$67,971,701
Average Number of Employees	4,302	307	24,729	3,967	30,618	63,924	6,138	1,309	3,365	258	11,069	74,993
Program Cost/Employee/Yr.	\$2,532	\$3,120	\$4,512	\$4,752	\$2,952	\$3,636	\$3,588	\$4,536	\$3,036	\$4,248	\$3,552	\$3,624
Change from prior period (pepy)	26.3%	36.8%	45.7%	29.8%	12.8%	27.8%	37.2%	62.2%	51.5%	134.4%	45.1%	30.7%
Average Number of Members	7,924	422	56,774	6,275	30,618	102,012	14,552	2,158	7,214	404	24,328	126,340
Program Cost/Member/Yr.	\$1,368	\$2,268	\$1,968	\$3,012	\$2,952	\$2,280	\$1,512	\$2,748	\$1,416	\$2,712	\$1,620	\$2,148
Change from prior period (pmpy)	23.9%	105.4%	78.3%	172.8%	167.4%	106.5%	37.0%	148.9%	28.3%	145.7%	46.7%	94.6%
<b>Total Medical and Rx</b>												
Premium	\$19,854,952	\$1,272,026	\$150,001,716	\$20,727,573	\$56,346,777	\$248,203,044	\$34,987,120	\$6,489,834	\$17,842,768	\$1,205,076	\$60,524,799	\$308,727,843
Program Cost (prior to operational)	\$13,119,711	\$1,212,320	\$151,070,776	\$24,065,206	\$42,964,710	\$232,432,724	\$34,583,011	\$9,524,617	\$15,448,976	\$1,384,171	\$60,940,775	\$293,373,499
Operational Expenses	\$47,715	\$3,405	\$274,289	\$43,999	\$339,594	\$709,003	\$68,079	\$14,519	\$37,322	\$2,862	\$122,781	\$831,784
Total Program Cost	\$13,167,426	\$1,215,725	\$151,345,065	\$24,109,206	\$43,304,305	\$233,141,726	\$34,651,089	\$9,539,135	\$15,486,299	\$1,387,033	\$61,063,556	\$294,205,282
Net Income	\$6,687,526	\$56,300	(\$1,343,349)	(\$3,381,632)	\$13,042,472	\$15,061,318	\$336,031	(\$3,049,301)	\$2,356,470	(\$181,957)	(\$538,757)	\$14,522,561
<b>Total Cost as % of Budget</b>	<b>66.3%</b>	<b>95.6%</b>	<b>100.9%</b>	<b>116.3%</b>	<b>76.9%</b>	<b>93.9%</b>	<b>99.0%</b>	<b>147.0%</b>	<b>86.8%</b>	<b>115.1%</b>	<b>100.9%</b>	<b>95.3%</b>
Average Number of Employees	4,302	307	24,729	3,967	30,618	63,924	6,138	1,309	3,365	258	11,069	74,993
Program Cost/Employee/Yr.	\$12,240	\$15,828	\$24,480	\$24,312	\$5,652	\$14,592	\$22,584	\$29,160	\$18,408	\$21,528	\$22,068	\$15,696
Change from prior period (pepy)	4.4%	1.8%	21.9%	17.0%	6.8%	14.0%	25.0%	53.0%	16.7%	23.0%	25.7%	15.9%
Average Number of Members	7,924	422	56,774	6,275	30,618	102,012	14,552	2,158	7,214	404	24,328	126,340
Program Cost/Member/Yr.	\$6,648	\$11,520	\$10,668	\$15,372	\$5,652	\$9,144	\$9,528	\$17,676	\$8,592	\$13,740	\$10,044	\$9,312
Change from prior period (pmpy)	2.6%	-0.2%	23.8%	16.5%	6.8%	16.9%	26.4%	62.4%	18.3%	33.6%	27.2%	18.8%
<b>Prior Period Program Cost</b>												
<b>Per Employee Per Year (FY25)</b>												
Medical	\$9,668	\$13,225	\$16,941	\$17,077	\$2,621	\$9,907	\$15,390	\$16,206	\$13,711	\$15,633	\$15,058	\$10,716
Rx	\$2,004	\$2,280	\$3,096	\$3,660	\$2,616	\$2,844	\$2,616	\$2,796	\$2,004	\$1,812	\$2,448	\$2,772
Total <sup>2</sup>	\$11,724	\$15,552	\$20,088	\$20,784	\$5,292	\$12,804	\$18,060	\$19,056	\$15,768	\$17,496	\$17,556	\$13,548
<b>Per Member Per Year (FY25)</b>												
Medical	\$5,342	\$9,811	\$7,272	\$10,841	\$2,621	\$6,060	\$6,428	\$9,255	\$6,314	\$9,188	\$6,771	\$6,204
Rx	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104
Total <sup>2</sup>	\$6,480	\$11,544	\$8,616	\$13,200	\$5,292	\$7,824	\$7,536	\$10,884	\$7,260	\$10,284	\$7,896	\$7,836

<sup>1</sup> Reflects estimated rebates attributable to FY26, based on WTW analysis of expected rebates under new CVS Health contract

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



**State of Delaware**  
**FY2026 Financial Analysis of Health/Rx Plans - Paid Basis**  
**Full Projection July 1, 2025 - June 30, 2026**

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	\$41,272,247	\$3,931,077	\$ 508,184,841	\$79,756,236	\$79,708,844	\$712,853,245	\$103,326,169	\$29,799,633	\$48,638,040	\$4,211,790	\$185,975,632	\$898,828,877
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$1,862,748	\$271,044	\$0	\$0	\$2,133,792	\$2,133,792
Administration	\$3,236,445	\$230,960	\$18,604,671	\$2,984,421	\$7,538,822	\$32,595,319	\$4,617,690	\$984,776	\$2,531,529	\$194,096	\$8,328,092	\$40,923,410
Total Medical Program Cost	\$44,508,692	\$4,162,037	\$526,789,511	\$82,740,657	\$87,247,666	\$745,448,563	\$109,806,607	\$31,055,453	\$51,169,569	\$4,405,887	\$196,437,515	\$941,886,079
Average Number of Employees	4,910	351	27,214	4,365	28,778	65,618	7,065	1,506	3,871	296	12,738	78,356
Program Cost/Employee/Yr.	\$9,065	\$11,858	\$19,357	\$18,955	\$3,032	\$11,360	\$15,542	\$20,621	\$13,219	\$14,885	\$15,421	\$12,021
Change from prior period (pepy)	-12.6%	-16.4%	10.6%	7.4%	13.1%	11.3%	2.7%	29.3%	-9.1%	-10.3%	1.8%	9.3%
Average Number of Members	8,712	464	60,190	6,652	28,778	104,796	16,135	2,393	7,994	447	26,969	131,765
Program Cost/Member/Yr.	\$5,109	\$8,970	\$8,752	\$12,438	\$3,032	\$7,113	\$6,805	\$7,113	\$6,401	\$9,857	\$7,284	\$7,148
Change from prior period (pmpy)	-4.4%	-8.6%	20.3%	14.7%	15.7%	17.4%	5.9%	-100.0%	1.4%	7.3%	7.6%	15.2%
Express Scripts, Inc.												
Paid Claims	\$19,424,533	\$1,721,330	\$221,126,183	\$37,446,634	\$169,625,553	\$449,344,232	\$43,475,445	\$11,779,439	\$20,099,005	\$2,167,790	\$77,521,679	\$526,865,911
Administration	\$412,196	\$29,415	\$2,369,502	\$380,098	\$4,618,048	\$7,809,258	\$588,112	\$125,422	\$322,417	\$24,720	\$1,060,671	\$8,869,929
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$103,101,142)	(\$103,101,142)	\$0	\$0	\$0	\$0	\$0	(\$103,101,142)
Estimated Rebates <sup>1</sup>	(\$7,551,140)	(\$669,154)	(\$100,715,517)	(\$17,055,678)	(\$93,566,068)	(\$219,557,558)	(\$19,801,599)	(\$5,365,137)	(\$9,154,419)	(\$987,355)	(\$35,308,510)	(\$254,866,068)
Total Rx Program Cost	\$12,285,588	\$1,081,591	\$122,780,168	\$20,771,053	(\$22,423,610)	\$134,494,790	\$24,261,958	\$6,539,724	\$11,267,003	\$1,205,155	\$43,273,840	\$177,768,630
Average Number of Employees	4,910	351	27,214	4,365	27,821	64,661	7,065	1,506	3,871	296	12,738	77,399
Program Cost/Employee/Yr.	\$2,502	\$3,081	\$4,512	\$4,759	(\$806)	\$2,080	\$3,434	\$4,342	\$2,911	\$4,071	\$3,397	\$2,297
Change from prior period (pepy)	24.9%	35.2%	45.7%	30.0%	-130.8%	-26.9%	31.3%	55.3%	45.2%	124.7%	38.8%	-17.1%
Average Number of Members	8,712	464	60,190	6,652	28,778	104,796	16,135	2,393	7,994	447	26,969	131,765
Program Cost/Member/Yr.	\$1,410	\$2,331	\$2,040	\$3,123	(\$779)	\$1,283	\$1,504	\$2,733	\$1,409	\$2,696	\$1,605	\$1,349
Change from prior period (pmpy)	27.7%	37.8%	53.1%	34.1%	-129.8%	-26.2%	37.7%	71.2%	52.5%	152.4%	45.3%	-16.1%
Total Medical and Rx												
Premium	\$78,575,290	\$5,033,998	\$593,626,636	\$82,028,660	\$222,990,434	982,255,018	\$137,641,574	\$25,531,425	\$70,194,594	\$4,740,846	238,108,438	\$1,220,363,456
Program Cost (prior to operational)	\$56,794,280	\$5,243,628	\$649,569,679	\$103,511,710	\$64,824,056	879,943,353	\$134,068,565	\$37,595,177	\$62,436,573	\$5,611,042	\$239,711,356	\$1,119,654,709
Operational Expenses	\$253,860	\$13,520	\$1,818,929	\$201,029	\$980,958	\$3,268,296	\$466,210	\$69,149	\$231,135	\$12,933	\$779,427	\$4,047,723
Total Program Cost	\$57,048,140	\$5,257,148	\$651,388,608	\$103,712,739	\$65,805,014	\$883,211,649	\$134,534,775	\$37,664,326	\$62,667,708	\$5,623,975	\$240,490,783	\$1,123,702,432
Net Income	\$21,527,150	(\$223,151)	(\$57,761,972)	(\$21,684,079)	\$157,185,419	\$99,043,368	\$3,106,799	(\$12,132,901)	\$7,526,886	(\$883,128)	(\$2,382,345)	\$96,661,024
Total Cost as % of Budget	72.6%	104.4%	109.7%	126.4%	29.5%	89.9%	97.7%	147.5%	89.3%	118.6%	101.0%	92.1%
Average Number of Employees	4,910	351	27,214	4,365	28,778	65,618	7,065	1,506	3,871	296	12,738	78,356
Program Cost/Employee/Yr.	\$11,619	\$14,978	\$23,936	\$23,760	\$2,287	\$13,460	\$19,042	\$25,010	\$16,189	\$19,000	\$18,880	\$14,341
Change from prior period (pepy)	-0.9%	-3.7%	19.2%	14.3%	-56.8%	5.1%	5.4%	31.2%	2.7%	8.6%	7.5%	5.9%
Average Number of Members	8,712	464	60,190	6,652	28,778	104,796	16,135	2,393	7,994	447	26,969	131,766
Program Cost/Member/Yr.	\$6,548	\$11,330	\$10,822	\$15,591	\$2,287	\$8,428	\$8,338	\$15,739	\$7,839	\$12,582	\$8,917	\$8,528
Change from prior period (pmpy)	1.1%	-1.9%	25.6%	18.1%	-56.8%	7.7%	10.6%	44.6%	8.0%	22.3%	12.9%	8.8%
Prior Period Program Cost												
Per Employee Per Year (FY25)												
Medical	\$10,376	\$14,179	\$17,500	\$17,642	\$2,681	\$10,206	\$15,137	\$15,953	\$14,550	\$16,597	\$15,146	\$11,000
Rx	\$2,004	\$2,280	\$3,096	\$3,660	\$2,616	\$2,844	\$2,616	\$2,796	\$2,004	\$1,812	\$2,448	\$2,772
Total <sup>2</sup>	\$11,724	\$15,552	\$20,088	\$20,784	\$5,292	\$12,804	\$18,060	\$19,056	\$15,768	\$17,496	\$17,556	\$13,548
Per Member Per Year (FY25)												
Medical	\$5,342	\$9,811	\$7,272	\$10,841	\$2,621	\$6,060	\$6,428	\$9,255	\$6,314	\$9,188	\$6,771	\$6,204
Rx	\$1,104	\$1,692	\$1,332	\$2,328	\$2,616	\$1,740	\$1,092	\$1,596	\$924	\$1,068	\$1,104	\$1,608
Total <sup>2</sup>	\$6,480	\$11,544	\$8,616	\$13,200	\$5,292	\$7,824	\$7,536	\$10,884	\$7,260	\$10,284	\$7,896	\$7,836

<sup>1</sup> Additional CVS contract savings independently projected by WTW

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

**State of Delaware****Health Plan Quarterly Financial Reporting****FY26 Q1 Reporting Reconciliation (WTW vs DHR Fund Equity Report)**

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<b>FY26 YTD Reporting Reconciliation</b>	<b>Carrier FY26 Q1 Financial Report</b>	<b>DHR Sep. 2025 Fund Equity Report</b>
<b>Total Program Cost</b>	<b>\$294,205,282</b>	<b>\$381,760,389</b>
<b>Paid Claims</b>	347,453,217	369,571,272
Medical Claims	216,067,600	237,326,021
Rx Claims <sup>1</sup>	65,948,564	69,352,325
Rx Paid Claims	131,385,617	132,245,251
EGWP	(15,828,889)	(13,039,185)
Direct Subsidy	(10,882,668)	(10,882,668)
CGDP	0	0
Catastrophic Reinsurance	(4,946,221)	(2,156,517)
Rx Rebates	(49,608,164)	(49,853,741)
Total Rx Claim (Offsets)/Revenue <sup>2</sup>	(65,437,053)	(62,892,926)
<b>Total Fees</b>	12,189,118	12,189,118
ASO Fees	11,357,334	11,357,334
Operational Expenses	831,784	831,784
<b>Premium Contributions/Operating Revenues<sup>3</sup></b>	<b>\$308,727,843</b>	<b>\$369,107,735</b>
Net Income	14,522,561	(12,652,655)
Total Cost as % of Budget	95%	103%

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

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

<sup>3</sup>DHR premium contributions represent total operating revenues, including premium contributions, Rx revenues (EGWP and rebates), other revenues totaling -\$85,486 and participating group fees totaling \$971,732; WTW premium contributions represent FY26 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$304,068,593

**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 ( <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 Assumptions and Caveats

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#### Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY26 represents the time period July 1, 2025 through June 30, 2026 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY26 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 July 2025 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 FY26 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 FY26 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2025 through June 30, 2026; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through September 2025; remaining payments attributable to FY26 estimated based on projected amounts provided by CVS; may differ from actual payments received during FY26 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY25 Financial Reporting.

#### Budget/contributions

- 9 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2025. Medicare eligible retiree budget rates reflect rates effective January 1, 2025 for FY26 Q1 and Q2, and rates effective January 1, 2026 for FY26 Q3 and Q4. Budget rates include FY25 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 FY26.
- 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

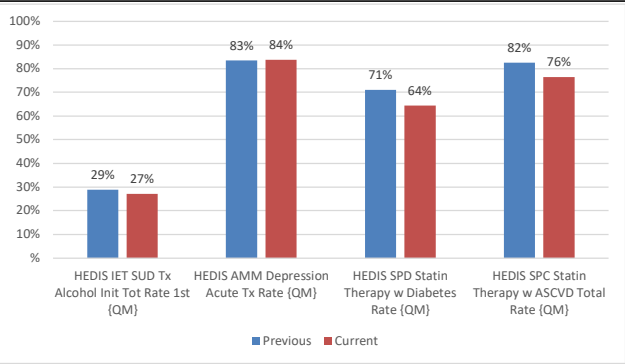
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#### Terms directly tied to cost tracking

Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. GHIP only offers this type of plan to Port of Wilmington employees.
Preferred Provider Organization	PPO	A health care organization composed of physicians, hospitals, or other providers which provides health care services at a reduced fee. A PPO is similar to an HMO, but care is paid for as it is received instead of in advance in the form of a scheduled fee. PPOs may also offer more flexibility by allowing for visits to out-of-network professionals at a greater expense to the policy holder. Visits within the network require only the payment of a small fee. There is often a deductible for out-of-network expenses and a higher co-payment.
Transitional Reinsurance Fee	TRF	Fee collected by the transitional reinsurance program to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury for the 2014, 2015, and 2016 benefit years. This fee is part of the Affordable Care Act legislation, and ends after the 2016 benefit year.
Year to Date	YTD	A period, starting from the beginning of the current year (either the calendar year or fiscal year) and continuing up to the present day. For this financial reporting document, YTD refers to the time period of July 1, 2025 to September 30, 2025.

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

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5568.5	5733.2	3.0%	5365.5
Visits per 1000 Well Child	826.0	880.4	6.6%	793.8
Visits per 1000 Prevent Adult	500.0	531.7	6.3%	479.7

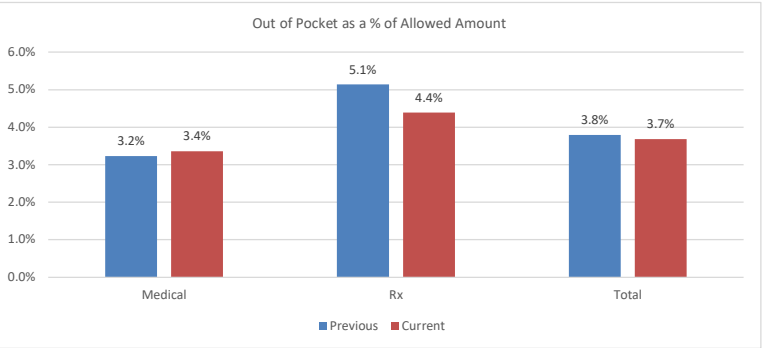
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	77,747.0	78,129.3	0.5%
Average Members	133,750.0	133,171.8	-0.4%
Family Size	1.7	1.7	-0.9%
Member Age	43.5	43.7	0.5%
Members % Male	44.3%	44.2%	-0.2%

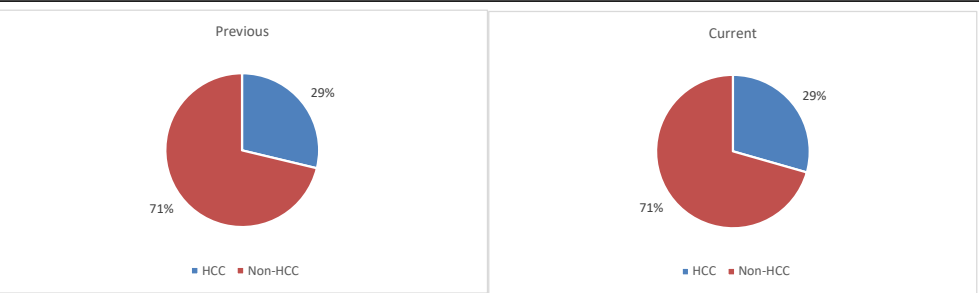
5. Risk Score

	Previous	Current
Member Risk Score	215.5	214.4

7. Cost Sharing



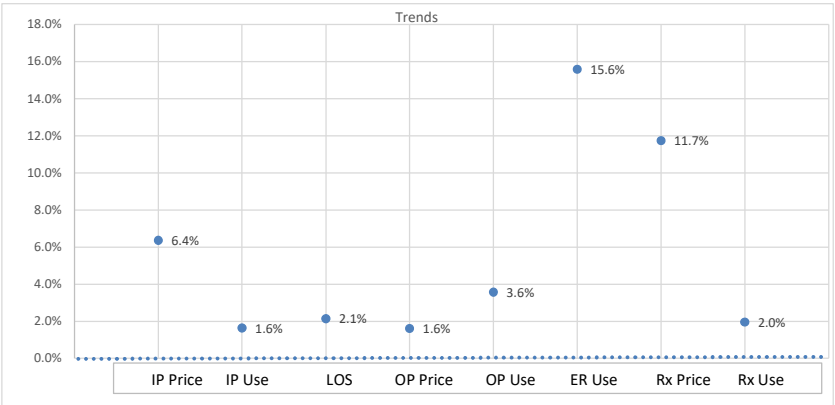
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,326	1,514	14.2%
Patients per 1,000	9.9	11.4	14.7%
Payments (in Millions)	\$300 M	\$339 M	13.0%
Payments per Patient	226,384	224,116	-1.0%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,673	\$29,433	6.4%	\$36,210
	Admits per 1000	79.2	80.5	1.6%	47.5
	Days LOS	5.7	5.9	2.1%	5.0
Outpatient	Allowed per Service	\$154	\$157	1.6%	\$148
	ER Visits per 1000	347.3	359.6	3.6%	231.4
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	15.6%	n/a
	Days Supply PMPY	732	745	1.8%	n/a
Specialty Rx	Allowed per Days Supply	\$131	\$129	-1.5%	n/a
	Days Supply PMPY	13	14	11.0%	n/a
All RX	Allowed per Days Supply	\$5	\$6	11.7%	\$5
	Days Supply PMPY	745	759	2.0%	377

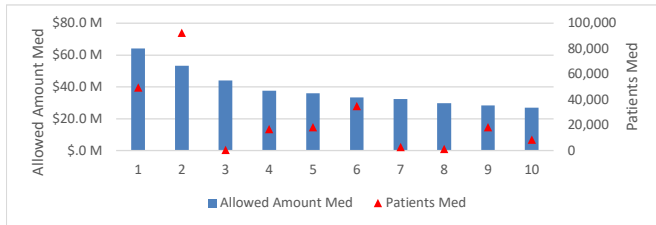


## Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Oct 2023 - Sep 2024 (Paid)

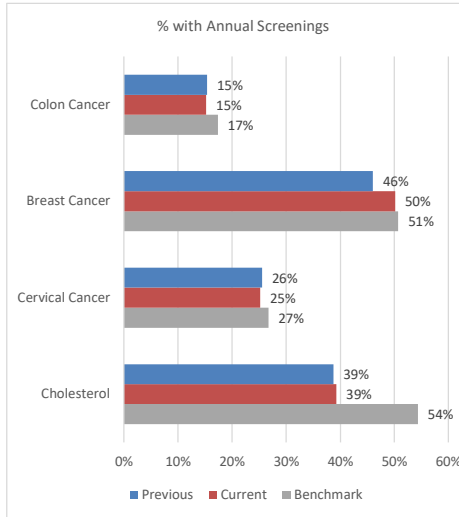
Current Period: Oct 2024 - Sep 2025 (Paid)

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

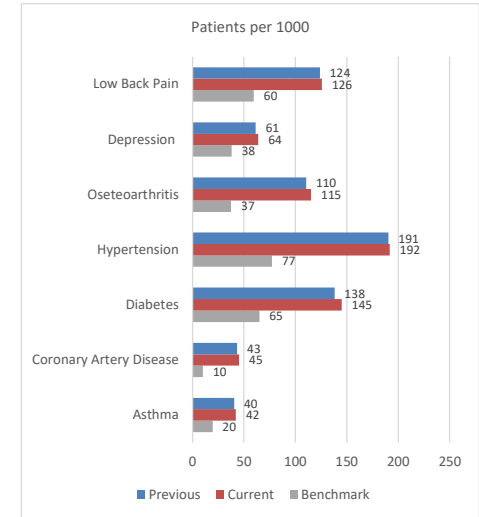


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NE	\$64,228,352	49,630	\$1,294
2 Prevent/Admin Hlth Encounters	\$53,298,389	92,489	\$576
3 Chemotherapy Encounters	\$44,071,867	758	\$58,142
4 Osteoarthritis	\$37,691,336	16,854	\$2,236
5 Spinal/Back Disord, Low Back	\$35,905,124	18,410	\$1,950
6 Arthropathies/Joint Disord NEC	\$33,308,179	35,028	\$951
7 Pregnancy without Delivery	\$32,303,015	2,826	\$11,431
8 Newborns, w/wo Complication	\$29,869,228	1,565	\$19,086
9 Respiratory Disord, NEC	\$28,463,196	18,446	\$1,543
10 Cardiac Arrhythmias	\$26,933,800	8,706	\$3,094

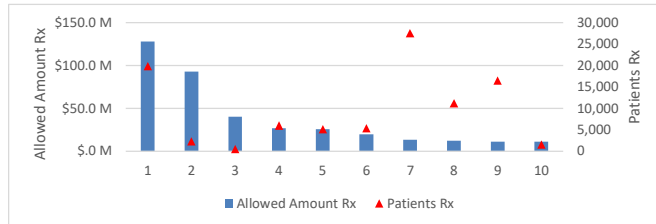
### 9. Screening Rates



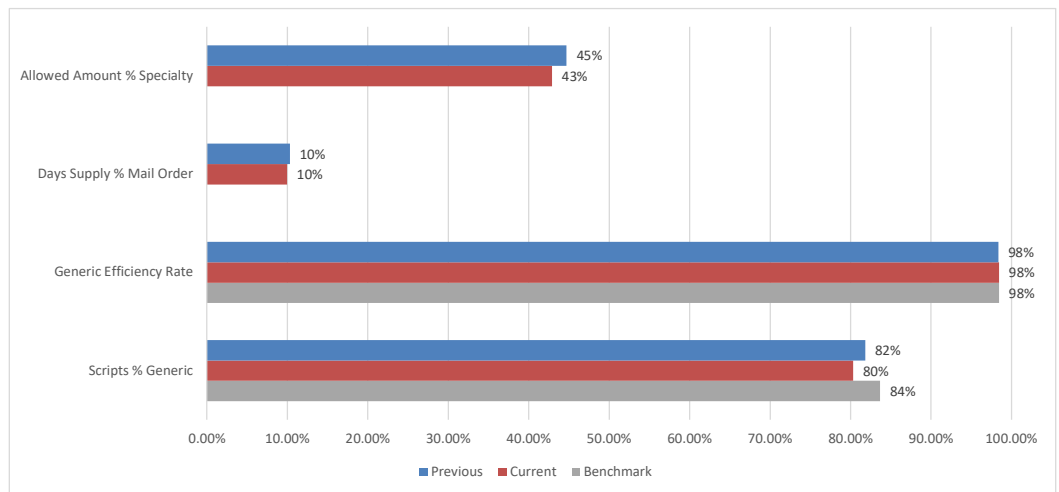
### 10. Chronic Condition Prevalence



### 11. Prescription Drug Metrics

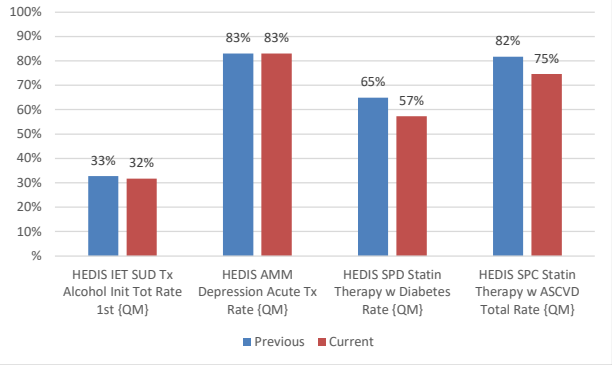


Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$127,944,115	19,852	\$0
2 Immunosuppressants, NEC	\$93,066,933	2,292	\$0
3 Molecular Targeted Therapy	\$40,085,803	509	\$0
4 Coag/Anticoag, Anticoagulants	\$27,011,962	6,014	\$0
5 Antidiabetic Ag, SGLT Inhibitr	\$25,794,123	5,105	\$0
6 CNS Agents, Misc.	\$19,536,063	5,412	\$0
7 Adrenals & Comb, NEC	\$13,422,449	27,595	\$0
8 Antivirals, NEC	\$12,209,142	11,164	\$0
9 Cardiac Drugs, NEC	\$11,205,017	16,472	\$0
10 Hormone-Modifying Therapy	\$11,162,819	1,568	\$0



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

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5569.1	5725.3	2.8%	5384.1	
Visits per 1000 Well Child	826.2	880.2	6.5%	785.8	
Visits per 1000 Prevent Adult	567.3	604.5	6.5%	479.7	

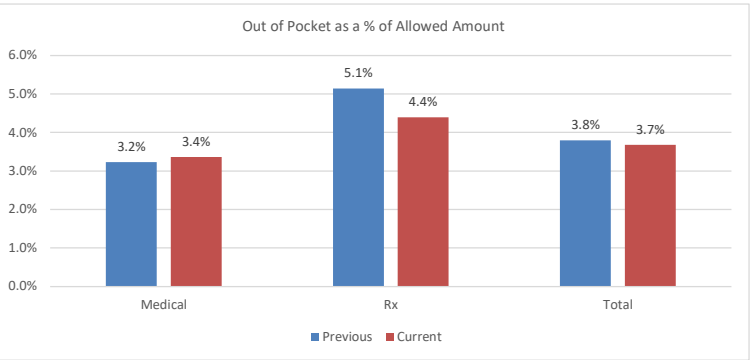
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	41,200.2	41,326.6	0.3%
Average Members	93,043.9	92,435.3	-0.7%
Family Size	2.3	2.2	-1.0%
Member Age	32.7	32.7	0.0%
Members % Male	45.8%	45.6%	-0.2%

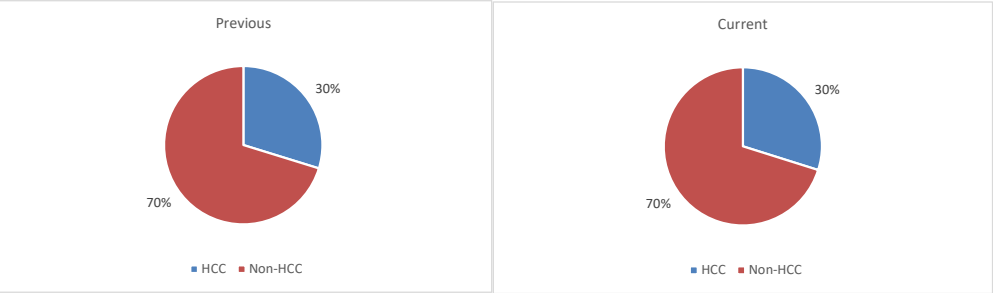
5. Risk Score

	Previous	Current
Member Risk Score	119.2	118.1

7. Cost Sharing



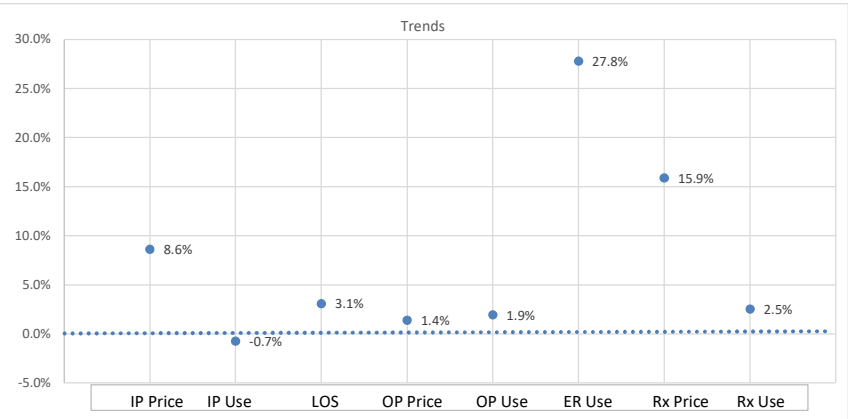
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,127	1,262	12.0%
Patients per 1,000	12.1	13.7	12.7%
Payments (in Millions)	\$243 M	\$270 M	11.2%
Payments per Patient	215,682	214,127	-0.7%

6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$34,149	\$37,091	8.6%	\$30,476
	Admits per 1000	52.8	52.4	-0.7%	46.7
	Days LOS	5.1	5.2	3.1%	4.8
Outpatient	Allowed per Service	\$164	\$166	1.4%	\$148
	ER Visits per 1000	280.4	285.9	1.9%	230.3
Non-Specialty Rx	Allowed per Days Supply	\$3	\$4	27.8%	n/a
	Days Supply PMPY	433	444	2.4%	n/a
Specialty Rx	Allowed per Days Supply	\$125	\$120	-4.2%	n/a
	Days Supply PMPY	9	10	9.6%	n/a
All RX	Allowed per Days Supply	\$6	\$6	15.9%	\$5
	Days Supply PMPY	442	454	2.5%	345



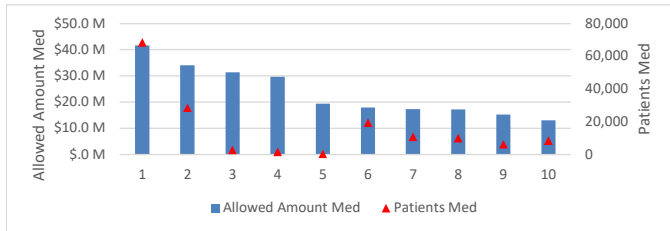


## Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Oct 2023 - Sep 2024 (Paid)

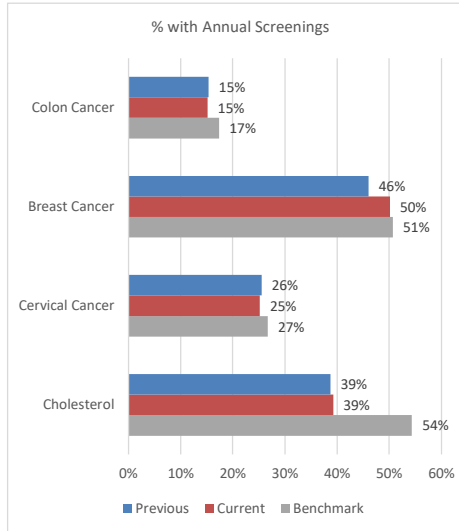
Current Period: Oct 2024 - Sep 2025 (Paid)

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

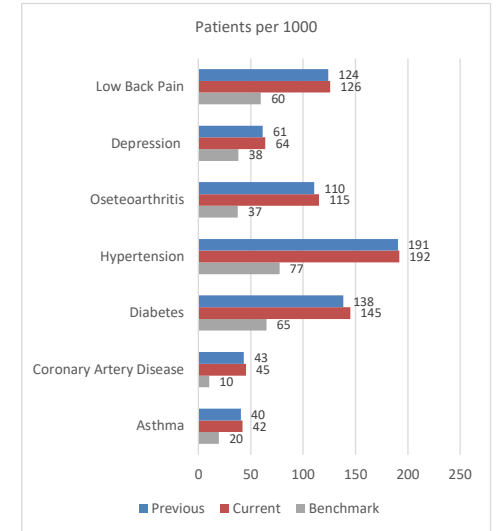


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$41,705,855	68,442	\$609
2 Signs/Symptoms/Oth Cond, NEC	\$34,060,408	28,455	\$1,197
3 Pregnancy without Delivery	\$31,335,051	2,739	\$11,440
4 Newborns, w/wo Complication	\$29,598,519	1,538	\$19,245
5 Chemotherapy Encounters	\$19,367,651	230	\$84,207
6 Arthropathies/Joint Disord NEC	\$17,971,909	19,332	\$930
7 Gastroint Disord, NEC	\$17,354,207	10,772	\$1,611
8 Spinal/Back Disord, Low Back	\$17,212,903	9,897	\$1,739
9 Osteoarthritis	\$15,256,101	6,141	\$2,484
10 Respiratory Disord, NEC	\$12,988,956	8,447	\$1,538

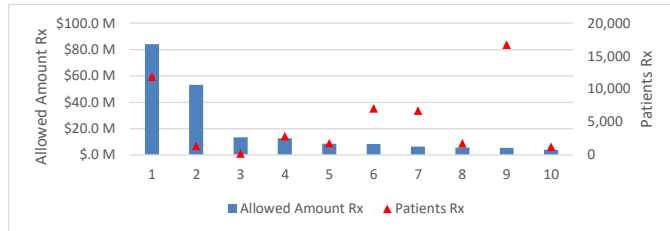
### 9. Screening Rates



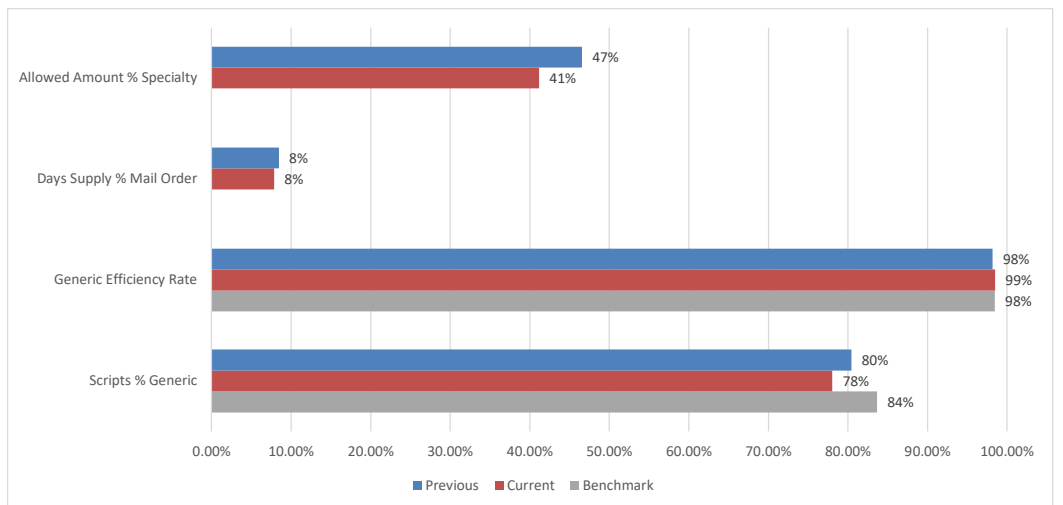
### 10. Chronic Condition Prevalence



### 11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$84,047,332	11,872	\$7,079
2 Immunosuppressants, NEC	\$53,346,500	1,368	\$38,996
3 Molecular Targeted Therapy	\$13,362,825	223	\$59,923
4 CNS Agents, Misc.	\$12,596,553	2,825	\$4,459
5 Antidiabetic Ag, SGLT Inhibitr	\$8,508,232	1,819	\$4,677
6 Antivirals, NEC	\$8,328,843	7,050	\$1,181
7 Stimulant, Amphetamine Type	\$6,419,455	6,715	\$956
8 Misc Therapeutic Agents, NEC	\$5,700,500	1,787	\$3,190
9 Adrenals & Comb, NEC	\$5,342,710	16,770	\$319
10 Coag/Anticoag, Anticoagulants	\$3,994,874	1,251	\$3,193

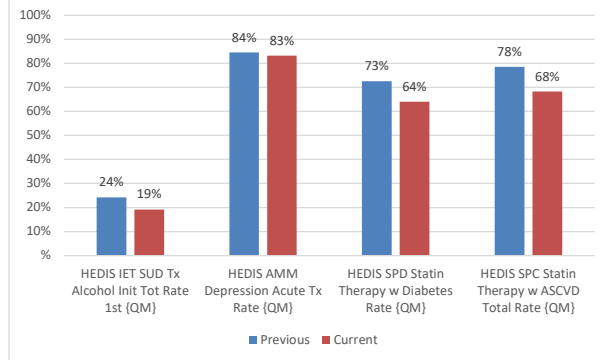


## Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Oct 2023 - Sep 2024 (Paid)

Current Period: Oct 2024 - Sep 2025 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5236.4	6461.5	23.4%	4916.1
Visits per 1000 Well Child	732.8	827.6	12.9%	705.4
Visits per 1000 Prevent Adult	593.7	626.1	5.5%	479.7

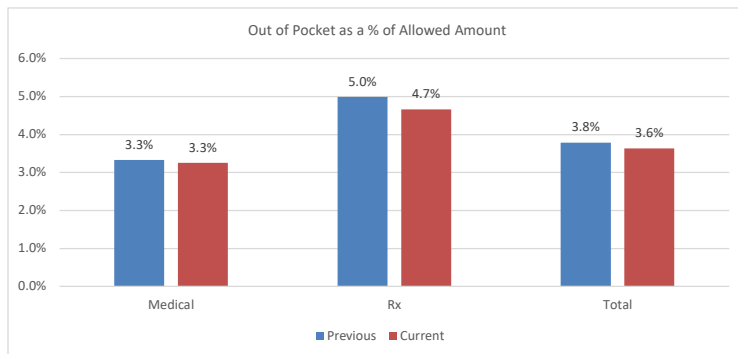
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	5,863.2	5,673.4	-3.2%
Average Members	9,467.6	9,115.3	-3.7%
Family Size	1.6	1.6	-0.5%
Member Age	49.9	50.1	0.4%
Members % Male	42.5%	42.6%	0.3%

### 5. Risk Score

	Previous	Current
Member Risk Score	202.5	212.0

### 7. Cost Sharing



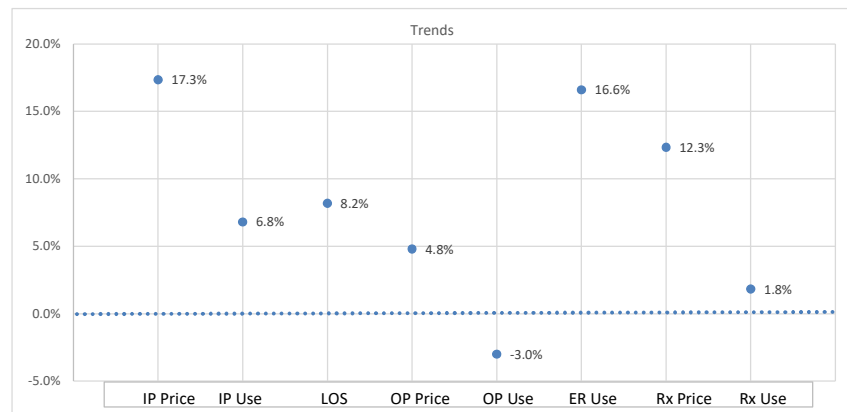
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	271	323	19.2%
Patients per 1,000	28.6	35.4	23.8%
Payments (in Millions)	\$50 M	\$62 M	24.3%
Payments per Patient	182,873	190,757	4.3%

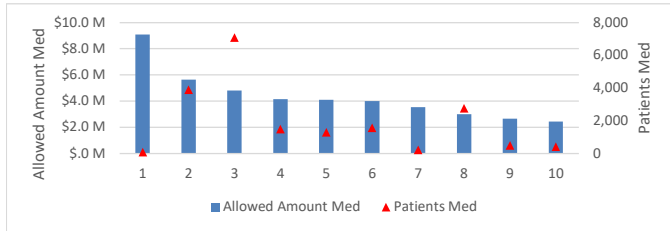
### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$41,801	\$49,052	17.3%	\$40,514
	Admits per 1000	63.5	67.8	6.8%	51.3
	Days LOS	6.4	6.9	8.2%	6.0
Outpatient	Allowed per Service	\$181	\$189	4.8%	\$148
	ER Visits per 1000	319.7	310.1	-3.0%	242.2
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	16.6%	n/a
	Days Supply PMPY	817	831	1.7%	n/a
Specialty Rx	Allowed per Days Supply	\$120	\$122	1.9%	n/a
	Days Supply PMPY	15	16	7.0%	n/a
All RX	Allowed per Days Supply	\$5	\$6	12.3%	\$5
	Days Supply PMPY	832	848	1.8%	670



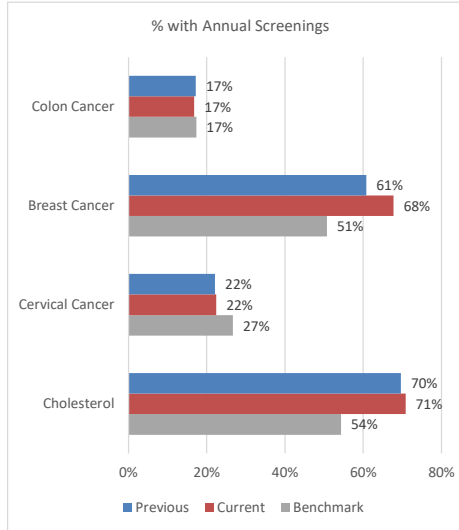
**Medical and Prescription Drug Dashboard - Early Retirees**  
**Previous Period: Oct 2023 - Sep 2024 (Paid)**  
**Current Period: Oct 2024 - Sep 2025 (Paid)**

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

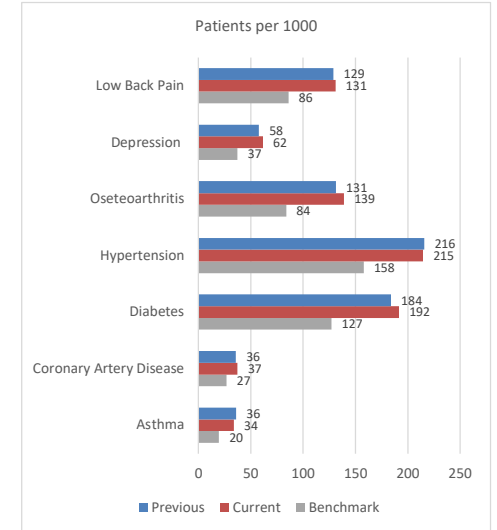


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$9,100,085	74	\$122,974
2 Signs/Symptoms/Oth Cond, NEC	\$5,646,887	3,896	\$1,449
3 Prevent/Admin Hlth Encounters	\$4,810,425	7,083	\$679
4 Spinal/Back Disord, Low Back	\$4,160,155	1,484	\$2,803
5 Respiratory Disord, NEC	\$4,111,563	1,287	\$3,195
6 Osteoarthritis	\$4,017,363	1,575	\$2,551
7 Cancer - Breast	\$3,521,908	217	\$16,230
8 Arthropathies/Joint Disord NEC	\$3,002,293	2,762	\$1,087
9 Cardiac Arrhythmias	\$2,657,888	496	\$5,359
10 Coronary Artery Disease	\$2,441,974	422	\$5,787

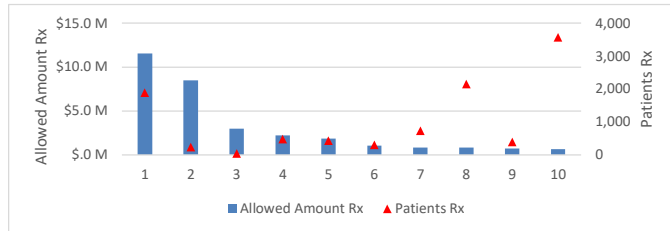
**9. Screening Rates**



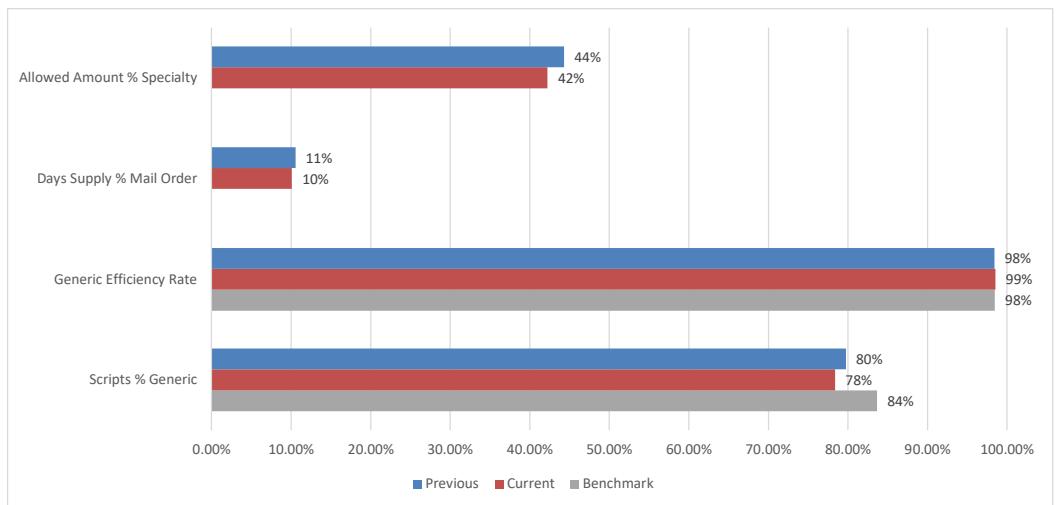
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**

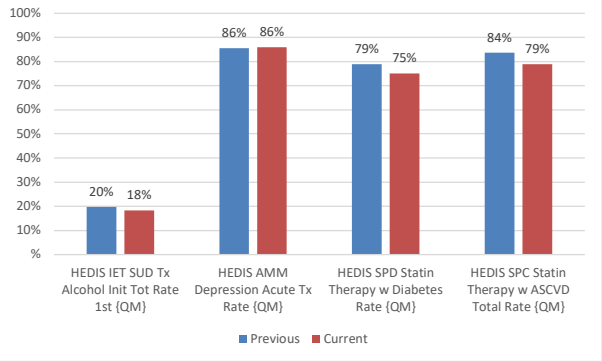


Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$11,572,461	1,891	\$6,120
2 Immunosuppressants, NEC	\$8,488,233	238	\$35,665
3 Molecular Targeted Therapy	\$2,982,736	45	\$66,283
4 Antidiabetic Ag, SGLT Inhibitr	\$2,245,300	482	\$4,658
5 CNS Agents, Misc.	\$1,859,542	437	\$4,255
6 Coag/Anticoag, Anticoagulants	\$1,063,196	313	\$3,397
7 Antivirals, NEC	\$854,820	737	\$1,160
8 Adrenals & Comb, NEC	\$852,057	2,153	\$396
9 Misc Therapeutic Agents, NEC	\$731,701	401	\$1,825
10 Antihyperlipidemic Drugs, NEC	\$687,721	3,569	\$193



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

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	327.7	352.1	7.5%	479.7

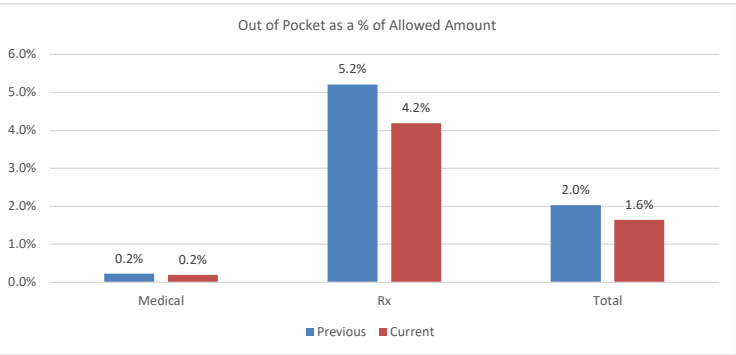
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	28,055.3	28,464.7	1.5%
Average Members	28,364.4	28,725.1	1.3%
Family Size	1.0	1.0	-0.2%
Member Age	73.7	74.1	0.6%
Members % Male	40.9%	40.7%	-0.6%

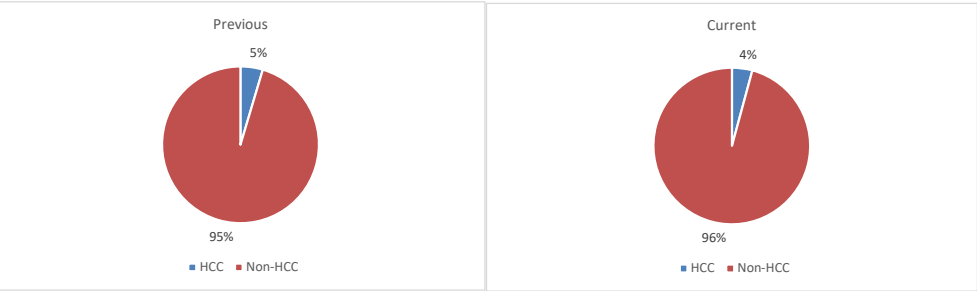
5. Risk Score

	Previous	Current
Member Risk Score	496.6	508.9

7. Cost Sharing



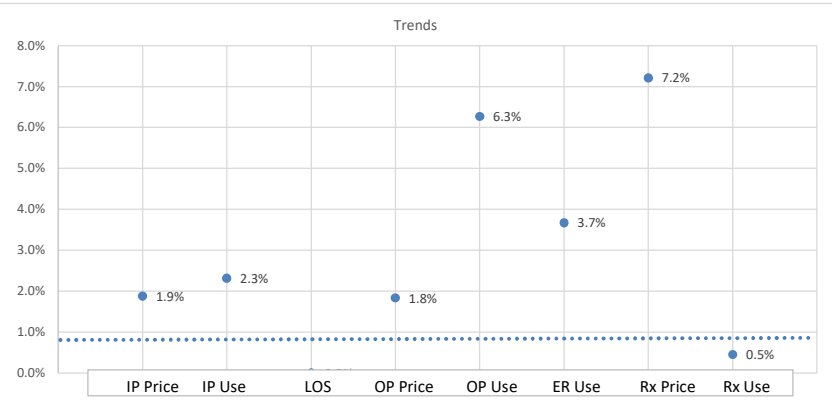
2. High Cost Claimants



	Previous	Current	Trend
Patients	50	51	2.0%
Patients per 1,000	1.8	1.8	0.7%
Payments (in Millions)	\$4 M	\$4 M	-2.3%
Payments per Patient	71,993	68,942	-4.2%

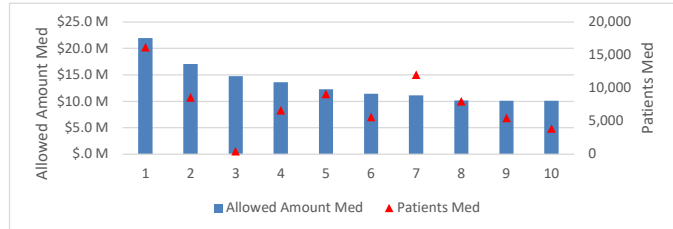
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$19,802	\$20,174	1.9%	\$22,930
	Admits per 1000	158.9	162.6	2.3%	179.1
	Days LOS	6.4	6.4	0.0%	5.1
Outpatient	Allowed per Service	\$135	\$138	1.8%	\$134
	ER Visits per 1000	539.6	573.4	6.3%	576.5
Non-Specialty Rx	Allowed per Days Supply	\$3	\$3	3.7%	n/a
	Days Supply PMPY	1,635	1,640	0.3%	n/a
Specialty Rx	Allowed per Days Supply	\$141	\$142	0.9%	n/a
	Days Supply PMPY	23	26	11.6%	n/a
All RX	Allowed per Days Supply	\$5	\$5	7.2%	\$5
	Days Supply PMPY	1,658	1,665	0.5%	1,447



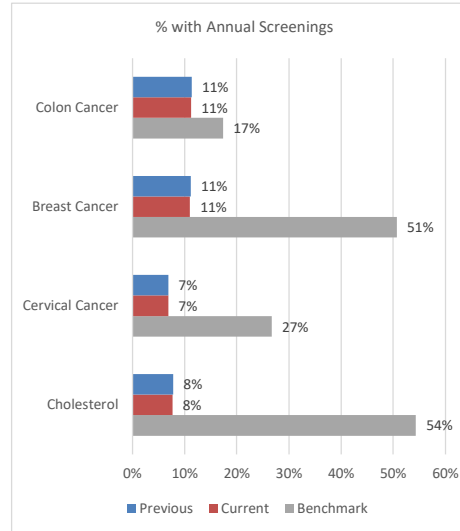
**Medical and Prescription Drug Dashboard - Medicare Retirees**  
**Previous Period: Oct 2023 - Sep 2024 (Paid)**  
**Current Period: Oct 2024 - Sep 2025 (Paid)**

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

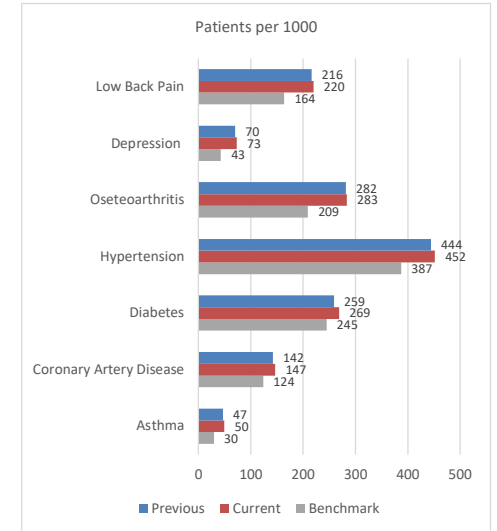


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$21,996,660	16,188	\$1,359
2 Osteoarthritis	\$17,062,029	8,555	\$1,994
3 Chemotherapy Encounters	\$14,725,530	434	\$33,930
4 Spinal/Back Disord, Low Back	\$13,626,596	6,641	\$2,052
5 Eye Disorders, Degenerative	\$12,250,550	9,093	\$1,347
6 Cardiac Arrhythmias	\$11,456,333	5,610	\$2,042
7 Arthropathies/Joint Disord NEC	\$11,131,271	12,033	\$925
8 Respiratory Disord, NEC	\$10,155,152	7,964	\$1,275
9 Infections, NEC	\$10,129,876	5,460	\$1,855
10 Cerebrovascular Disease	\$10,087,776	3,851	\$2,620

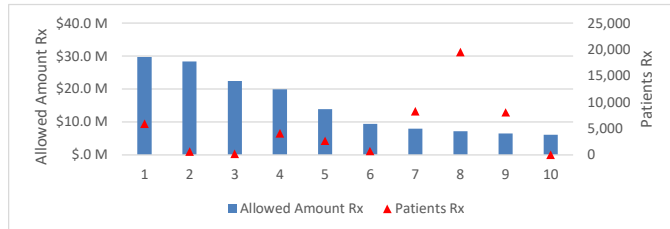
**9. Screening Rates**



**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$29,786,395	5,900	\$5,049
2 Immunosuppressants, NEC	\$28,366,095	664	\$42,720
3 Molecular Targeted Therapy	\$22,481,726	238	\$94,461
4 Coag/Anticoag, Anticoagulants	\$19,989,064	4,137	\$4,832
5 Antidiabetic Ag, SGLT Inhibitr	\$13,926,778	2,674	\$5,208
6 Hormone-Modifying Therapy	\$9,449,765	733	\$12,892
7 Cardiac Drugs, NEC	\$8,014,848	8,314	\$964
8 Antihyperlipidemic Drugs, NEC	\$7,240,181	19,552	\$370
9 Adrenals & Comb, NEC	\$6,560,453	8,071	\$813
10 Antineoplastic Agent, Misc.	\$6,190,089	56	\$110,537

