

State of Delaware - Quarterly Financial Reporting

FY26 Q2 Cost Analysis

February 2026



State of Delaware

Health Plan Quarterly Financial Reporting

FY26 Q2 Plan Cost Analysis

Summary plan information

- FY26 YTD compared to FY25 YTD:

Summary (total)	FY26 Medical	FY26 Rx	FY26 Total	FY25 Medical	FY25 Rx	FY25 Total	% Change Medical	% Change Rx	% Change Total
Gross claims	\$418.0	\$274.7	\$692.7	\$411.0	\$250.9	\$661.9	▲ 1.7%	▲ 9.5%	▲ 4.7%
Total program cost (\$M)	\$436.2	\$124.0	\$562.7	\$431.5	\$122.2	\$555.6	▲ 1.1%	▲ 1.5%	▲ 1.3%
Premium contributions (\$M)	\$497.9	\$120.9	\$618.8	\$498.1	\$120.1	\$618.3	▼ 0.0%	▲ 0.7%	▲ 0.1%
Total cost PEPY	\$11,604	\$3,288	\$14,952	\$10,944	\$3,060	\$14,076	▲ 6.0%	▲ 7.5%	▲ 6.2%
Total cost PMPY	\$6,888	\$1,944	\$8,880	\$6,396	\$1,800	\$8,232	▲ 7.7%	▲ 8.0%	▲ 7.9%
Average employees			75,182			78,861			▼ 4.7%
Average members			126,627			134,854			▼ 6.1%
Loss ratio			91%			90%			
Net income (\$M)			\$56.1			\$62.7			

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

Summary (total)	FY26 Actual Medical	FY26 Actual Rx	FY26 Actual Total	FY26 Budget Medical	FY26 Budget Rx	FY26 Budget Total	% Change Medical	% Change Rx	% Change Total
Total program cost (\$M)	\$436.2	\$124.0	\$562.7	\$458.5	\$137.8	\$598.6	▼ 4.9%	▼ 10.0%	▼ 6.0%
Total cost PEPY	\$11,604	\$3,288	\$14,952	\$11,833	\$3,557	\$15,449	▼ 1.9%	▼ 7.6%	▼ 3.2%
Total cost PMPY	\$6,888	\$1,944	\$8,880	\$6,840	\$2,056	\$8,931	▲ 0.7%	▼ 5.5%	▼ 0.6%
Net income (\$M)			\$56.1			\$16.2			

- Summary Plan Information through December 2025

FY26 Q2	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$116.6	\$446.1	\$414.1	\$70.8	\$77.9	\$562.7
Budgeted cost (\$M)	\$121.6	\$497.2	\$446.8	\$59.1	\$112.9	\$618.8
Loss ratio	96%	90%	93%	120%	69%	91%
PEPY	\$20,964	\$13,932	\$21,372	\$24,336	\$5,076	\$14,976
PMPY	\$9,552	\$8,724	\$9,528	\$15,336	\$5,076	\$8,892
# of enrolled employees	11,122	64,060	38,702	5,815	30,666	75,182

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
- FY26 rates reflect 4.2% 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 contributions

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	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual	FY26 YTD WTW Budget	Difference vs. Budget
Total GHIP Results							
Legend							
<ul style="list-style-type: none"> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation) 							
Total Program Cost	\$294,205,282	\$267,892,445			\$562,097,727	\$598,563,541	▼ 6.1%
- Paid Claims	282,016,164	255,020,044			537,036,208	573,460,604	▼ 6.4%
- Medical (includes capitation¹)	216,067,600	201,951,368			418,018,968	437,272,861	▼ 4.4%
- Rx (Including Rebates and EGWP)	65,948,564	53,068,676			119,017,240	136,187,744	▼ 12.6%
- Rx Paid Claims	131,385,617	143,324,671			274,710,288	293,139,263	▼ 6.3%
- EGWP ²	(15,828,889)	(32,179,689)			(48,008,577)	(42,900,229)	▲ 11.9%
- Direct Subsidy	(10,882,668)	(9,754,065)			(20,636,733)	(20,542,000)	▲ 0.5%
- CGDP	0	(17,467,725)			(17,467,725)	(16,767,384)	▲ 4.2%
- Catastrophic Reinsurance	(4,946,221)	(4,957,898)			(9,904,119)	(5,590,845)	▲ 77.1%
- Rx Rebates ³	(49,608,164)	(58,076,306)			(107,684,470)	(114,051,290)	▼ 5.6%
- ASO Fees	11,357,334	11,173,732			22,531,066	22,813,567	▼ 1.2%
- Operational Expenses	831,784	1,698,669			2,530,453	2,289,369	▲ 10.5%
Medical/Rx Premium Contributions⁴	\$308,727,843	\$310,099,638			\$618,827,481	\$614,744,780	▲ 0.7%
- Net Income	14,522,561	42,207,193			56,729,754	16,181,240	
- Total Cost as % of Budget	95%	86%			91%	97%	
Current Year Per Capita							
- Total per employee per year ⁵	15,696	14,220			14,952	15,449	▼ 3.2%
- Total % change over prior	4.9%	7.8%			6.2%		
- Medical per employee per year	12,024	11,196			11,604	11,833	▼ 1.9%
- Medical % change over prior	8.0%	4.2%			6.1%		
- Rx per employee per year	3,624	2,940			3,288	3,557	▼ 7.6%
- Rx % change over prior	19.8%	23.1%			21.5%		
- Medical per member per year	7,140	6,648			6,888	6,840	▲ 0.7%
- Rx per member per year	2,148	1,740			1,944	2,056	▼ 5.5%
- Total per member per year ⁵	9,312	8,448			8,880	8,931	▼ 0.6%
Prior Year Results	Q1 FY25	Q2 FY25			FY25		
- Total Program Cost	275,974,407	260,909,150			536,883,557	-	-
- Total Program Cost \$ Change	18,230,875	6,983,295			25,214,170	-	-
- Total per employee per year ⁵	14,964	13,188			14,076	-	-
- Medical per employee per year	11,136	10,740			10,938	-	-
- Rx per employee per year	3,024	2,388			2,706	-	-
EE Contributions⁶	\$42,671,326	\$42,693,237			\$85,364,563		
- Net SoD	251,533,956	225,199,208			476,733,164	-	-
- SoD Subsidy %	85%	84%			85%	-	-
Headcount							
- Enrolled Ees	74,993	75,370			75,182	77,491	▼ 3.0%
- Enrolled Members	126,340	126,913			126,627	134,048	▼ 5.5%
- Member/EE Ratio	1.7	1.7			1.7	1.7	

¹ Capitation payments apply to HMO plan only

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

³ Reflects estimated rebates attributable to 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

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 FY26 Budget approved by SEBC 08/26/2025

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FY26 Q2 Plan Cost Analysis

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
Active Employees Only					
Legend					
- Medical/Rx Budget					
■ Fees and Op. Expenses					
■ Rx (incl. Rebates and EGWP)					
■ Medical (incl. capitation)					
Total Program Cost	\$214,649,879	\$198,816,439			\$413,466,318
- Paid Claims	206,767,927	190,842,579			397,610,507
- Medical (includes capitation¹)	168,941,282	155,592,158			324,533,440
- Rx (Including Rebates and EGWP)	37,826,646	35,250,421			73,077,066
- Rx Paid Claims	61,710,636	66,108,136			127,818,772
- EGWP ²	0	0			0
- Direct Subsidy	0	0			0
- CGDP	0	0			0
- Catastrophic Reinsurance	0	0			0
- Rx Rebates ³	(\$23,883,991)	(\$30,857,715)			(\$54,741,706)
- ASO Fees	7,454,547	7,100,139			14,554,686
- Operational Expenses	427,405	873,721			1,301,125
Medical/Rx Premium Contributions⁴	\$222,686,557	\$224,156,801			\$446,843,358
- Net Income	8,036,678	25,340,362			33,377,041
- Total Cost as % of Budget	96%	89%			93%
Current Year Per Capita					
- Total per employee per year ⁵	22,284	20,460			21,372
- Total % change over prior	11.0%	6.2%			8.7%
- Medical per employee per year	18,168	16,596			17,436
- Medical % change over prior	11.1%	6.9%			9.4%
- Rx per employee per year	4,068	3,768			3,864
- Rx % change over prior	10.8%	2.3%			5.1%
- Medical per member per year	8,100	7,416			7,776
- Rx per member per year	1,812	1,680			1,728
- Total per member per year ⁵	9,936	9,144			9,528
Prior Year Results	Q1 FY25	Q2 FY23			FY25
- Total Program Cost	210,542,620	204,336,863			414,879,483
- Total Program Cost \$ Change	4,107,259	-5,520,424			(1,413,165)
- Total per employee per year ⁵	20,076	19,260			19,668
- Medical per employee per year	16,356	15,528			15,942
- Rx per employee per year	3,672	3,684			3,678
EE Contributions⁶	\$35,623,149	\$35,659,343			\$71,282,492
- Net SoD	179,026,730	163,157,095			171,091,913
- SoD Subsidy %	83%	0.820641876			83%
Headcount					
- Enrolled Ees	38,534	38,869			38,702
- Enrolled Members	86,463	87,010			86,737
- Member/EE Ratio	2.2	2.2			2.2

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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 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

⁴ Premium contributions include fees for participating non-State groups

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

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

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	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
Non-Medicare Retirees Only					
<p>Legend</p> <ul style="list-style-type: none"> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation) 					
Total Program Cost	\$36,251,099	\$34,495,562			\$70,746,661
- Paid Claims	35,056,380	33,292,292			68,348,672
- Medical (includes capitation¹)	28,469,398	27,055,385			55,524,783
- Rx (Including Rebates and EGWP)	6,586,983	6,236,906			12,823,889
- Rx Paid Claims	10,777,708	11,696,605			22,474,313
- EGWP ²	0	0			0
- Direct Subsidy	0	0			0
- CGDP	0	0			0
- Catastrophic Reinsurance	0	0			0
- Rx Rebates ³	(\$4,190,726)	(\$5,459,699)			(9,650,424)
- ASO Fees	1,129,934	1,071,424			2,201,358
- Operational Expenses	64,784	131,846			196,631
Medical/Rx Premium Contributions⁴	\$29,694,510	\$29,421,635			\$59,116,145
- Net Income	(6,556,589)	(5,073,927)			(11,630,516)
- Total Cost as % of Budget	122%	117%			120%
Current Year Per Capita					
- Total per employee per year ⁵	24,828	23,832			24,336
- Total % change over prior	18.6%	12.1%			15.3%
- Medical per employee per year	20,136	19,296			19,236
- Medical % change over prior	19.3%	11.3%			12.4%
- Rx per employee per year	4,644	4,452			4,500
- Rx % change over prior	15.9%	14.9%			14.2%
- Medical per member per year	12,696	12,156			12,132
- Rx per member per year	2,928	2,808			2,844
- Total per member per year ⁵	15,660	15,012			15,336
Prior Year Results	Q1 FY25	Q2 FY23			FY25
- Total Program Cost	33,803,080	33,781,384			67,584,464
- Total Program Cost \$ Change	2,448,019	714,178			3,162,197
- Total per employee per year ⁵	20,940	21,264			21,102
- Medical per employee per year	16,884	17,340			17,112
- Rx per employee per year	4,008	3,876			3,942
EE Contributions⁶	\$6,861,691	\$6,846,914			\$13,708,605
- Net SoD	29,389,408	27,648,648			28,519,028
- SoD Subsidy %	81%	80%			81%
Headcount					
- Enrolled Ees	5,840	5,789			5,815
- Enrolled Members	9,259	9,191			9,225
- Member/EE Ratio	1.6	1.6			1.6

¹ Capitation payments apply to HMO plan only

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

³ Reflects estimated rebates attributable to 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

⁴ Premium contributions include fees for participating non-State groups

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

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

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	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
Active Employees and Non-Medicare Retirees Only					
<p>Legend</p> <ul style="list-style-type: none"> - Medical/Rx Budget ■ Fees and Op. Expenses ■ Rx (incl. Rebates and EGWP) ■ Medical (incl. capitation) 					
Total Program Cost	\$250,900,978	\$233,312,001			\$484,212,979
- Paid Claims	241,824,308	224,134,871			465,959,178
- Medical (includes capitation¹)	197,410,679	182,647,544			380,058,223
- Rx (Including Rebates and EGWP)	44,413,628	41,487,327			85,900,955
- Rx Paid Claims	72,488,345	77,804,741			150,293,086
- EGWP ²	0	0			0
- Direct Subsidy	0	0			0
- CGDP	0	0			0
- Catastrophic Reinsurance	0	0			0
- Rx Rebates ³	(28,074,716)	(36,317,414)			(64,392,130)
- ASO Fees	8,584,481	8,171,563			16,756,044
- Operational Expenses	492,189	1,005,567			1,497,756
Medical/Rx Premium Contributions⁴	\$252,381,066	\$253,578,437			\$505,959,503
- Net Income	1,480,089	20,266,436			21,746,525
- Total Cost as % of Budget	99%	92%			96%
Current Year Per Capita					
- Total per employee per year ⁵	22,620	20,892			21,756
- Total % change over prior	12.0%	7.0%			9.5%
- Medical per employee per year	18,432	16,944			17,736
- Medical % change over prior	12.2%	7.5%			10.2%
- Rx per employee per year	4,140	3,864			3,948
- Rx % change over prior	11.7%	3.9%			6.3%
- Medical per member per year	8,604	7,932			8,232
- Rx per member per year	1,920	1,788			1,836
- Total per member per year ⁵	10,488	9,696			10,092
Prior Year Results	Q1 FY25	Q2 FY23			FY25
- Total Program Cost	244,345,700	238,118,247			482,463,947
- Total Program Cost \$ Change	6,555,278	-4,806,246			1,749,032
- Total per employee per year ⁵	20,196	19,524			19,860
- Medical per employee per year	16,428	15,768			16,098
- Rx per employee per year	3,708	3,720			3,714
EE Contributions⁶	\$42,484,840	\$42,506,257			\$84,991,097
- Net SoD	208,416,137	190,805,744			199,610,941
- SoD Subsidy %	83%	82%			82%
Headcount					
- Enrolled Ees	44,375	44,657			44,516
- Enrolled Members	95,722	96,200			95,961
- Member/EE Ratio	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 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

⁴ Premium contributions include fees for participating non-State groups

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

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

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	Q1 2026	Q2 2026	Q3 2026	Q4 2026	FY26 YTD Actual
Medicare Retirees Only					
Legend					
- Medical/Rx Budget					
■ Fees and Op. Expenses					
■ Rx (incl. Rebates and EGWP)					
■ Medical (incl. capitation)					
Total Program Cost	\$43,304,305	\$34,580,444			\$77,884,749
- Paid Claims	40,191,857	30,885,173			71,077,030
- Medical (includes capitation¹)	18,656,921	19,303,824			37,960,745
- Rx (Including Rebates and EGWP)	21,534,936	11,581,349			33,116,285
- Rx Paid Claims	58,897,272	65,519,930			124,417,202
- EGWP ²	(15,828,889)	(32,179,689)			(48,008,577)
- Direct Subsidy	(10,882,668)	(9,754,065)			(20,636,733)
- CGDP	0	(17,467,725)			(17,467,725)
- Catastrophic Reinsurance	(4,946,221)	(4,957,898)			(9,904,119)
- Rx Rebates ³	(21,533,447)	(21,758,892)			(43,292,340)
- ASO Fees	2,772,853	3,002,169			5,775,022
- Operational Expenses	339,594	693,102			1,032,697
Medical/Rx Premium Contributions⁴	\$56,346,777	\$56,521,201			\$112,867,978
- Net Income	13,042,472	21,940,757			34,983,229
- Total Cost as % of Budget	77%	61%			69%
Current Year Per Capita					
- Total per employee per year ⁵	5,736	4,500			5,076
- Total % change over prior	-12.8%	50.0%			6.0%
- Medical per employee per year	2,772	2,832			2,700
- Medical % change over prior	4.5%	5.8%			1.4%
- Rx per employee per year	2,916	1,584			2,316
- Rx % change over prior	-24.8%	450.0%			11.2%
- Medical per member per year	2,772	2,832			2,700
- Rx per member per year	2,916	1,584			2,316
- Total per member per year ⁵	5,736	4,500			5,076
Prior Year Results	Q1 FY25	Q2 FY23			FY25
- Total Program Cost	49,620,565	22,790,903			72,411,467
- Total Program Cost \$ Change	(6,316,260)	11,789,541			5,473,281
- Total per employee per year ⁷	6,576	3,000			4,788
- Medical per employee per year	2,652	2,676			2,664
- Rx per employee per year	3,876	288			2,082
EE Contributions⁶	\$186,486	\$186,980			\$373,466
- Net SoD	43,117,819	34,393,464			38,755,642
- SoD Subsidy %	100%	99%			100%
Headcount					
- Enrolled Ees	30,618	30,713			30,666
- Enrolled Members	30,618	30,713			30,666
- Member/EE Ratio	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 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

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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FY2026 Financial Analysis of Health/Rx Plans - Paid Basis

Year to Date July 1, 2025 - December 31, 2025

Vendor/Plan	Highmark Basic Active	Highmark Basic Non Medicare Retirees	Highmark PPO Active	Highmark PPO Non Medicare Retirees	Highmark Medicare Primary Retirees	Highmark Total	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Aetna Total	Total
Medical												
Paid Claims	\$19,891,028	\$1,751,789	\$227,222,840	\$37,792,404	\$37,960,745	\$324,618,805	\$50,170,064	\$13,689,090	\$24,446,922	\$1,886,833	\$90,192,909	\$414,811,714
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$2,802,586	\$404,667	\$0	\$0	\$3,207,254	\$3,207,254
Administration	\$1,430,779	\$101,945	\$8,189,514	\$1,312,710	\$3,444,368	\$14,479,316	\$2,034,720	\$432,519	\$1,118,055	\$84,768	\$3,670,061	\$18,149,377
Total Medical Program Cost	\$21,321,807	\$1,853,734	\$235,412,354	\$39,105,114	\$41,405,112	\$339,098,121	\$55,007,371	\$14,526,276	\$25,564,977	\$1,971,601	\$97,070,224	\$436,168,345
Average Number of Employees	4,366	310	24,769	3,950	30,666	64,060	6,166	1,301	3,401	254	11,122	75,182
Program Cost/Employee/Yr.	\$9,766	\$11,960	\$19,009	\$19,803	\$2,700	\$10,587	\$17,842	\$22,334	\$15,035	\$15,514	\$17,456	\$11,604
Change from prior period (pepy)	1.0%	-9.6%	12.2%	16.0%	3.0%	6.9%	15.9%	37.8%	9.7%	-0.8%	15.9%	8.3%
Average Number of Members	8,030	425	56,838	6,257	30,666	102,216	14,593	2,142	7,276	401	24,411	126,627
Program Cost/Member/Yr.	\$5,311	\$8,723	\$8,284	\$12,499	\$2,700	\$6,635	\$7,539	\$7,027	\$9,846	\$7,953	\$6,888	\$6,888
Change from prior period (pmpy)	-0.6%	-11.1%	13.9%	15.3%	3.0%	9.5%	17.3%	-100.0%	11.3%	7.2%	17.5%	11.0%
Rx												
Paid Claims	\$8,335,502	\$784,756	\$92,656,278	\$15,789,567	\$124,417,202	\$241,983,305	\$18,422,737	\$4,978,294	\$8,404,256	\$921,696	\$32,726,983	\$274,710,288
Administration	\$199,631	\$14,222	\$1,142,193	\$183,071	\$2,330,654	\$3,869,771	\$283,810	\$60,311	\$155,984	\$11,814	\$511,918	\$4,381,689
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$48,008,577)	(\$48,008,577)	\$0	\$0	\$0	\$0	\$0	(\$48,008,577)
Estimated Rebates ¹	(\$2,779,503)	(\$261,680)	(\$39,835,720)	(\$6,792,046)	(\$43,292,340)	(\$92,961,287)	(\$7,928,066)	(\$2,141,883)	(\$3,612,593)	(\$396,757)	(\$14,079,299)	(\$107,040,586)
Total Rx Program Cost	\$5,755,631	\$537,298	\$53,962,751	\$9,180,592	\$35,446,940	\$104,883,211	\$10,778,480	\$2,896,722	\$4,947,647	\$536,753	\$19,159,602	\$124,042,813
Average Number of Employees	4,366	310	24,769	3,950	30,666	64,060	6,166	1,301	3,401	254	11,122	75,182
Program Cost/Employee/Yr.	\$2,640	\$3,468	\$4,356	\$4,644	\$2,316	\$3,276	\$3,492	\$4,452	\$2,904	\$4,224	\$3,444	\$3,300
Change from prior period (pepy)	31.7%	52.1%	40.7%	26.9%	-11.5%	15.2%	33.5%	59.2%	44.9%	133.1%	40.7%	19.0%
Average Number of Members	8,030	425	56,838	6,257	30,666	102,216	14,593	2,142	7,276	401	24,411	126,627
Program Cost/Member/Yr.	\$1,428	\$2,532	\$1,896	\$2,940	\$2,316	\$2,052	\$1,476	\$2,700	\$1,356	\$2,676	\$1,572	\$1,956
Change from prior period (pmpy)	29.3%	129.3%	71.7%	166.3%	109.8%	85.9%	33.7%	144.6%	22.8%	142.4%	42.4%	77.2%
Total Medical and Rx												
Premium	\$40,249,693	\$2,559,721	\$300,286,507	\$41,274,738	\$112,867,978	\$497,238,637	\$70,264,052	\$12,890,444	\$36,043,107	\$2,391,242	\$121,588,844	\$618,827,481
Program Cost (prior to operational)	\$27,077,438	\$2,391,032	\$289,375,104	\$48,285,706	\$76,852,052	\$443,981,332	\$65,785,852	\$17,422,997	\$30,512,623	\$2,508,354	\$116,229,826	\$560,211,158
Operational Expenses	\$145,938	\$10,392	\$833,917	\$133,630	\$1,032,697	\$2,156,574	\$207,273	\$44,004	\$113,997	\$8,605	\$373,879	\$2,530,453
Total Program Cost	\$27,223,376	\$2,401,424	\$290,209,021	\$48,419,337	\$77,884,749	\$446,137,906	\$65,993,125	\$17,467,001	\$30,626,620	\$2,516,959	\$116,603,705	\$562,741,611
Net Income	\$13,026,317	\$158,297	\$10,077,486	(\$7,144,598)	\$34,983,229	\$51,100,731	\$4,270,927	(\$4,576,557)	\$5,416,486	(\$125,717)	\$4,985,139	\$56,085,870
Total Cost as % of Budget	67.6%	93.8%	96.6%	117.3%	69.0%	89.7%	93.9%	135.5%	85.0%	105.3%	95.9%	90.9%
Average Number of Employees	4,366	310	24,769	3,950	30,666	64,060	6,166	1,301	3,401	254	11,122	75,182
Program Cost/Employee/Yr.	\$12,468	\$15,492	\$23,436	\$24,516	\$5,076	\$13,932	\$21,408	\$26,856	\$18,012	\$19,800	\$20,964	\$14,976
Change from prior period (pepy)	6.3%	-0.4%	16.7%	18.0%	-4.1%	8.8%	18.5%	40.9%	14.2%	13.2%	19.4%	10.5%
Average Number of Members	8,030	425	56,838	6,257	30,666	102,216	14,593	2,142	7,276	401	24,411	126,627
Program Cost/Member/Yr.	\$6,780	\$11,304	\$10,212	\$15,480	\$5,076	\$8,724	\$9,048	\$16,308	\$8,424	\$12,564	\$9,552	\$8,892
Change from prior period (pmpy)	4.6%	-2.1%	18.5%	17.3%	-4.1%	11.5%	20.1%	49.8%	16.0%	22.2%	21.0%	13.5%
Prior Period Program Cost												
Per Employee Per Year (FY25)												
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 ²	\$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	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104	\$1,104
Total ²	\$6,480	\$11,544	\$8,616	\$13,200	\$5,292	\$7,824	\$7,536	\$10,884	\$7,260	\$10,284	\$7,896	\$7,836

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

² Includes Medical, Rx, and Operational Expenses

State of Delaware

FY2026 Financial Analysis of Health/Rx Plans - Paid Basis

Full Projection July 1, 2025 - December 31, 2025

Vendor/Plan	Highmark Basic Active	Highmark Basic Non Medicare Retirees	Highmark PPO Active	Highmark PPO Non Medicare Retirees	Highmark Medicare Primary Retirees	Highmark Total	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Aetna Total	Total
Medical												
Paid Claims	\$43,680,106	\$3,846,877	\$ 498,974,600	\$82,990,995	\$83,360,667	\$712,853,245	\$102,852,363	\$28,063,652	\$50,118,007	\$3,868,148	\$184,902,170	\$897,755,415
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$2,802,586	\$404,667	\$0	\$0	\$3,207,254	\$3,207,254
<u>Administration</u>	<u>\$3,162,002</u>	<u>\$225,296</u>	<u>\$18,098,711</u>	<u>\$2,901,071</u>	<u>\$7,612,004</u>	<u>\$31,999,084</u>	<u>\$4,496,704</u>	<u>\$955,860</u>	<u>\$2,470,886</u>	<u>\$187,335</u>	<u>\$8,110,784</u>	<u>\$40,109,869</u>
Total Medical Program Cost	\$46,842,108	\$4,072,173	\$517,073,311	\$85,892,066	\$90,972,671	\$744,852,329	\$110,151,653	\$29,424,179	\$52,588,893	\$4,055,483	\$196,220,208	\$941,072,537
Average Number of Employees	4,912	349	27,236	4,343	28,778	65,618	7,078	1,493	3,877	290	12,738	78,356
Program Cost/Employee/Yr.	\$9,536	\$11,668	\$18,985	\$19,777	\$3,161	\$11,351	\$15,563	\$19,708	\$13,564	\$13,984	\$15,404	\$12,010
Change from prior period (pepy)	-8.1%	-17.7%	8.5%	12.1%	17.9%	11.2%	2.8%	23.5%	-6.8%	-15.7%	1.7%	9.2%
Average Number of Members	8,706	461	60,241	6,631	28,778	104,817	16,144	2,370	7,995	440	26,949	131,766
Program Cost/Member/Yr.	\$5,380	\$8,833	\$8,583	\$12,953	\$3,161	\$7,106	\$6,823	\$6,578	\$6,578	\$9,217	\$7,281	\$7,142
Change from prior period (pmpy)	0.7%	-10.0%	18.0%	19.5%	20.6%	17.3%	6.1%	-100.0%	4.2%	0.3%	7.5%	15.1%
Rx												
Paid Claims	\$19,813,139	\$1,865,332	\$220,240,084	\$37,531,138	\$169,625,553	\$449,075,246	\$43,790,072	\$11,833,196	\$19,976,563	\$2,190,834	\$77,790,665	\$526,865,911
Administration	\$441,182	\$31,430	\$2,524,230	\$404,584	\$5,150,713	\$8,552,139	\$627,216	\$133,286	\$344,722	\$26,108	\$1,131,332	\$9,683,471
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$103,101,142)	(\$103,101,142)	\$0	\$0	\$0	\$0	\$0	(\$103,101,142)
<u>Estimated Rebates¹</u>	<u>(\$7,032,880)</u>	<u>(\$662,119)</u>	<u>(\$100,794,954)</u>	<u>(\$17,185,680)</u>	<u>(\$93,566,068)</u>	<u>(\$219,241,701)</u>	<u>(\$20,060,114)</u>	<u>(\$5,419,534)</u>	<u>(\$9,140,819)</u>	<u>(\$1,003,900)</u>	<u>(\$35,624,367)</u>	<u>(\$254,866,068)</u>
Total Rx Program Cost	\$13,221,441	\$1,234,643	\$121,969,360	\$20,750,043	(\$21,890,944)	\$135,284,542	\$24,357,174	\$6,546,948	\$11,180,465	\$1,213,042	\$43,297,630	\$178,582,172
Average Number of Employees	4,912	349	27,236	4,343	27,821	64,661	7,078	1,493	3,877	290	12,738	77,399
Program Cost/Employee/Yr.	\$2,692	\$3,538	\$4,478	\$4,778	(\$787)	\$2,092	\$3,441	\$4,385	\$2,884	\$4,183	\$3,399	\$2,307
Change from prior period (pepy)	34.3%	55.2%	44.6%	30.5%	-130.1%	-26.4%	31.5%	56.8%	43.9%	130.8%	38.9%	-16.8%
Average Number of Members	8,706	461	60,241	6,631	28,778	104,817	16,144	2,370	7,995	440	26,949	131,766
Program Cost/Member/Yr.	\$1,519	\$2,678	\$2,025	\$3,129	(\$761)	\$1,291	\$1,509	\$2,762	\$1,398	\$2,757	\$1,607	\$1,355
Change from prior period (pmpy)	37.6%	58.3%	52.0%	34.4%	-129.1%	-25.8%	38.2%	73.1%	51.3%	158.1%	45.5%	-15.7%
Total Medical and Rx												
Premium	\$80,538,786	\$5,121,948	\$600,866,959	\$82,589,880	\$225,846,440	994,964,013	\$138,986,243	\$25,498,023	\$71,295,291	\$4,730,011	240,509,567	\$1,235,473,580
Program Cost (prior to operational)	\$60,063,549	\$5,306,816	\$639,042,671	\$106,642,109	\$69,081,727	880,136,871	\$134,508,827	\$35,971,128	\$63,769,358	\$5,268,525	\$239,517,838	\$1,119,654,709
<u>Operational Expenses</u>	<u>\$256,669</u>	<u>\$13,585</u>	<u>\$1,816,875</u>	<u>\$200,015</u>	<u>\$980,251</u>	<u>\$3,267,395</u>	<u>\$466,460</u>	<u>\$68,471</u>	<u>\$232,594</u>	<u>\$12,802</u>	<u>\$780,327</u>	<u>\$4,047,723</u>
Total Program Cost	\$60,320,218	\$5,320,401	\$640,859,546	\$106,842,124	\$70,061,978	\$883,404,266	\$134,975,287	\$36,039,599	\$64,001,952	\$5,281,327	\$240,298,165	\$1,123,702,432
Net Income	\$20,218,569	(\$198,453)	(\$39,992,587)	(\$24,252,244)	\$155,784,462	\$111,559,747	\$4,010,956	(\$10,541,576)	\$7,293,338	(\$551,316)	\$211,402	\$111,771,148
Total Cost as % of Budget	74.9%	103.9%	106.7%	129.4%	31.0%	88.8%	97.1%	141.3%	89.8%	111.7%	99.9%	91.0%
Average Number of Employees	4,912	349	27,236	4,343	28,778	65,618	7,078	1,493	3,877	290	12,738	78,356
Program Cost/Employee/Yr.	\$12,280	\$15,245	\$23,530	\$24,601	\$2,435	\$13,463	\$19,070	\$24,139	\$16,508	\$18,211	\$18,865	\$14,341
Change from prior period (pepy)	4.7%	-2.0%	17.1%	18.4%	-54.0%	5.1%	5.6%	26.7%	4.7%	4.1%	7.5%	5.9%
Average Number of Members	8,706	461	60,241	6,631	28,778	104,817	16,144	2,370	7,995	440	26,949	131,766
Program Cost/Member/Yr.	\$6,929	\$11,541	\$10,638	\$16,113	\$2,435	\$8,428	\$8,361	\$15,207	\$8,005	\$12,003	\$8,917	\$8,528
Change from prior period (pmpy)	6.9%	0.0%	23.5%	22.1%	-54.0%	7.7%	10.9%	39.7%	10.3%	16.7%	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	<u>\$2,004</u>	<u>\$2,280</u>	<u>\$3,096</u>	<u>\$3,660</u>	<u>\$2,616</u>	<u>\$2,844</u>	<u>\$2,616</u>	<u>\$2,796</u>	<u>\$2,004</u>	<u>\$1,812</u>	<u>\$2,448</u>	<u>\$2,772</u>
Total ²	\$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	<u>\$1,104</u>	<u>\$1,692</u>	<u>\$1,332</u>	<u>\$2,328</u>	<u>\$2,616</u>	<u>\$1,740</u>	<u>\$1,092</u>	<u>\$1,596</u>	<u>\$924</u>	<u>\$1,068</u>	<u>\$1,104</u>	<u>\$1,608</u>
Total ²	\$6,480	\$11,544	\$8,616	\$13,200	\$5,292	\$7,824	\$7,536	\$10,884	\$7,260	\$10,284	\$7,896	\$7,836

¹ Additional CVS contract savings independently projected by WTW

² Includes Medical, Rx, and Operational Expenses

State of Delaware

Health Plan Quarterly Financial Reporting

FY26 Q2 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY26 YTD Reporting Reconciliation	Carrier FY26 Q2 Financial Report	DHR Dec. 2025 Fund Equity Report
Total Program Cost	\$562,097,727	\$743,200,988
Paid Claims	692,729,256	719,368,686
Medical Claims	418,018,968	446,860,935
Rx Claims ¹	119,017,240	121,604,035
Rx Paid Claims	274,710,288	272,507,751
EGWP	(48,008,577)	(42,973,669)
<i>Direct Subsidy</i>	(20,636,733)	(20,636,733)
<i>CGDP</i>	(17,467,725)	(17,467,725)
<i>Catastrophic Reinsurance</i>	(9,904,119)	(4,869,211)
Rx Rebates	(107,684,470)	(107,930,047)
Total Rx Claim (Offsets)/Revenue ²	(155,693,048)	(150,903,716)
Total Fees	23,832,302	23,832,302
ASO Fees	22,133,633	22,133,633
Operational Expenses	1,698,669	1,698,669
Premium Contributions/Operating Revenues³	\$618,827,481	\$778,881,666
Net Income	56,729,754	35,680,677
Total Cost as % of Budget	91%	95%

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 -\$9,102,527 and participating group fees totaling \$2,094,177; WTW premium contributions represent FY26 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$615,692,248

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Health Plan Quarterly Financial Reporting Assumptions and Caveats

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 December 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 December 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

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, 2025 to December 31, 2025.