

State of Delaware - Quarterly Financial Reporting

FY23 Q4 Cost Analysis

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

August 2023



State of Delaware

Health Plan Quarterly Financial Reporting
FY23 Q4 Plan Cost Analysis

Summary plan information

- FY23 YTD compared to FY22 YTD:

Summary (total)	FY23			FY22			% Change		
	Medical	Rx ⁴	Total ²	Medical	Rx ⁴	Total ²	Medical	Rx ⁴	Total ²
Gross claims ¹	\$724.8	\$377.5	\$1,102.3	\$658.4	\$325.7	\$984.1	▲ 10.1%	▲ 15.9%	▲ 12.0%
Total program cost (\$M) ²	\$774.5	\$193.2	\$971.4	\$709.9	\$174.3	\$887.4	▲ 9.1%	▲ 10.8%	▲ 9.5%
Premium contributions (\$M) ³	N/A		\$907.5	N/A		\$843.2			▲ 7.6%
Total cost PEPY	\$10,260	\$2,556	\$12,864	\$9,516	\$2,364	\$11,904	▲ 7.8%	▲ 8.1%	▲ 8.1%
Total cost PMPY	\$5,904	\$1,476	\$7,404	\$5,460	\$1,344	\$6,816	▲ 8.1%	▲ 9.8%	▲ 8.6%
Average employees	75,525			74,569			▲ 1.3%		
Average members	131,120			130,141			▲ 0.8%		
Loss ratio	107%			105%					
Net income (\$M)	(\$63.9)			(\$44.2)					

¹ Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, CVS, and ESI; excludes capitation; Rx increase partially attributable to fewer FY22 invoices after CVS Health implementation

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

³ Includes fees for participating non-State groups

- FY23 Actual compared to FY23 Revised Budget (approved by SEBC 11/21/2022):

Summary (total)	FY23 Actual			FY23 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) ¹	\$774.5	\$193.2	\$971.4	\$741.3	\$200.7	\$945.3	▲ 4.5%	▼ 3.8%	▲ 2.8%
Total cost PEPY	\$10,260	\$2,556	\$12,864	\$9,667	\$2,617	\$12,327	▲ 6.1%	▼ 2.3%	▲ 4.4%
Total cost PMPY	\$5,904	\$1,476	\$7,404	\$5,598	\$1,515	\$7,138	▲ 5.5%	▼ 2.6%	▲ 3.7%
Net income (\$M)	(\$63.9)			(\$72.8)					

- Summary Plan Information through December 2022

FY23 Q4	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
Summary (total)						
Total cost (\$M)	\$211.6	\$759.8	\$703.0	\$131.1	\$137.3	\$971.4
Budgeted cost (\$M) ¹	\$189.9	\$717.6	\$651.9	\$93.6	\$161.9	\$907.5
Loss ratio	111%	106%	108%	140%	85%	107%
PEPY	\$17,280	\$12,012	\$17,760	\$19,812	\$4,680	\$12,864
PMPY	\$7,680	\$7,332	\$7,716	\$12,240	\$4,680	\$7,404
# of enrolled employees	12,249	63,276	39,580	6,618	29,327	75,525

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

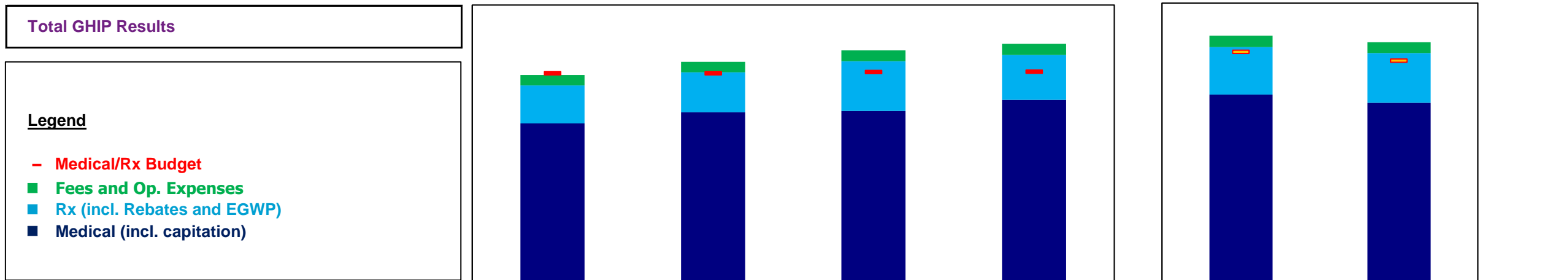
Plan performance dashboard - key observations for GHIP Active population: April 2022 - March 2023 (compared to April 2021 - March 2022)

- The COVID-19 pandemic has had a significant impact on GHIP utilization and claims. Utilization of medical care continues to return to and/or exceed pre-pandemic levels varying by service category. The Merative plan performance dashboards highlight the following program trends:
 - Increases in well care and preventive visits: increase of 9.0% preventive adult visits
 - Increase in screening rates, with breast cancer screenings up 4% over prior; all reported screening rates at or above benchmark except cervical cancer (-1%)
 - Prevalence of all top chronic conditions increased from prior year, led by diabetes (+8%) and asthma (+5%); chronic condition prevalence all significantly above benchmark
 - 7.3% increase in inpatient admits; 11.4% increase in ER visits
 - 2.8% increase in Rx cost across all prescriptions and 6.2% increase in utilization of all prescriptions
 - Specialty medications now make up 48% of pharmacy spend; reduction in cost for specialty drugs offset by 18.7% increase in days supply

Additional notes

- Claims and expenses are reported on a paid basis
- FY23 budget rates increased by 8.67% over FY22 budget rates
- Paid claims and enrollment data based on reports from Aetna, Highmark, CVS, and ESI; costs include operating expenses
- Expenses are broken down into two categories:
 - ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), Merative data analytics, EAP, and WTW consulting fees
 - Office Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- Rx rebates and EGWP payments are shown based on the period to which offsets are attributable, rather than actual payment received in a given period
- No adjustments made to cost tracking for large claims as the State does not have stop loss insurance
- HRA dollars are assumed to be included in the reported claims
- Participating groups (such as University of DE) are included in the cost tracking, but are assumed to be 100% employee paid; as a result, reported net cost and cost share percentages may be skewed; participating group fees are included in premium contributions

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	Q1 2023	Q2 2023	Q3 2023	Q4 2023	FY23 YTD Actual	FY23 YTD WTW Budget ⁷	Difference vs. Budget
Total Program Cost	\$224,257,289	\$238,578,300	\$250,695,688	\$257,838,307	\$971,369,583	\$945,292,808	▲ 2.8%
- Paid Claims	212,901,234	227,166,362	239,217,035	245,814,468	925,099,099	902,771,838	▲ 2.5%
- Medical (includes capitation¹)	171,568,445	183,802,974	185,052,411	197,096,887	737,520,718	704,861,514	▲ 4.6%
- Rx (Including Rebates and EGWP)	41,332,789	43,363,388	54,164,624	48,717,580	187,578,381	197,910,325	▼ 5.2%
- Rx Paid Claims	91,229,452	91,420,938	97,823,055	97,017,217	377,490,662	364,197,835	▲ 3.6%
- EGWP ²	(17,105,865)	(17,136,498)	(11,740,746)	(14,381,437)	(60,364,546)	(46,882,916)	▲ 28.8%
- Direct Subsidy	132,560	356,749	473,580	485,847	1,448,736	1,339,716	▲ 8.1%
- CGDP	(8,317,578)	(8,528,395)	(5,030,566)	(7,648,191)	(29,524,731)	(23,973,729)	▲ 23.2%
- Catastrophic Reinsurance	(8,920,847)	(8,964,852)	(7,183,759)	(7,219,093)	(32,288,552)	(24,248,903)	▲ 33.2%
- Rx Rebates ³	(32,790,798)	(30,921,052)	(31,917,686)	(33,918,200)	(129,547,735)	(119,404,595)	▲ 8.5%
- ASO Fees	10,637,228	10,558,099	10,655,024	10,700,672	42,551,023	39,236,160	▲ 8.4%
- Operational Expenses	718,827	853,838	823,629	1,323,167	3,719,461	3,284,809	▲ 13.2%
Medical/Rx Premium Contributions⁴	\$226,145,576	\$225,989,473	\$227,486,172	\$227,838,530	\$907,459,751	\$872,532,209	▲ 4.0%
- Net Income	1,888,288	(12,588,827)	(23,209,516)	(29,999,777)	(63,909,832)	(72,760,599)	
- Total Cost as % of Budget	99%	106%	110%	113%	107%	108%	
Current Year Per Capita							
- Total per employee per year ⁵	11,940	12,684	13,236	13,572	12,864	12,327	▲ 4.4%
- Total % change over prior	11.8%	8.2%	4.5%	8.4%	8.1%		
- Medical per employee per year	9,636	10,260	10,260	10,872	10,260	9,667	▲ 6.1%
- Medical % change over prior	12.8%	11.8%	0.5%	7.5%	7.8%		
- Rx per employee per year	2,616	2,364	2,916	2,652	2,556	2,617	▼ 2.3%
- Rx % change over prior	19.1%	-6.2%	18.5%	11.6%	8.1%		
- Medical per member per year	5,544	5,916	5,916	6,264	5,904	5,598	▲ 5.5%
- Rx per member per year	1,500	1,356	1,680	1,524	1,476	1,515	▼ 2.6%
- Total per member per year ⁵	6,864	7,308	7,620	7,824	7,404	7,138	▲ 3.7%
Prior Year Results	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	FY22		
- Total Program Cost	198,276,306	218,112,027	237,112,491	233,909,836	887,410,661	-	-
- Total Program Cost \$ Change	25,980,982	20,466,273	13,583,197	23,928,471	83,958,922	-	-
- Total per employee per year ⁵	10,680	11,724	12,672	12,516	11,904	-	-
- Medical per employee per year	8,544	9,180	10,212	10,116	9,516	-	-
- Rx per employee per year	2,196	2,520	2,460	2,376	2,364	-	-
EE Contributions⁶	\$46,613,902	\$46,619,816	\$46,715,244	\$46,801,323	\$186,750,286		
- Net SoD	177,643,386	191,958,483	203,980,443	211,036,983	784,619,297	-	-
- SoD Subsidy %	80%	80%	81%	82%	81%	-	-
Headcount							
- Enrolled Ees	75,140	75,231	75,763	75,966	75,525	76,683	▼ 1.5%
- Enrolled Members	130,585	130,627	131,518	131,752	131,120	132,432	▼ 1.0%
- Member/EE Ratio	1.7	1.7	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 FY23; prior quarters to be updated with actual FY23 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

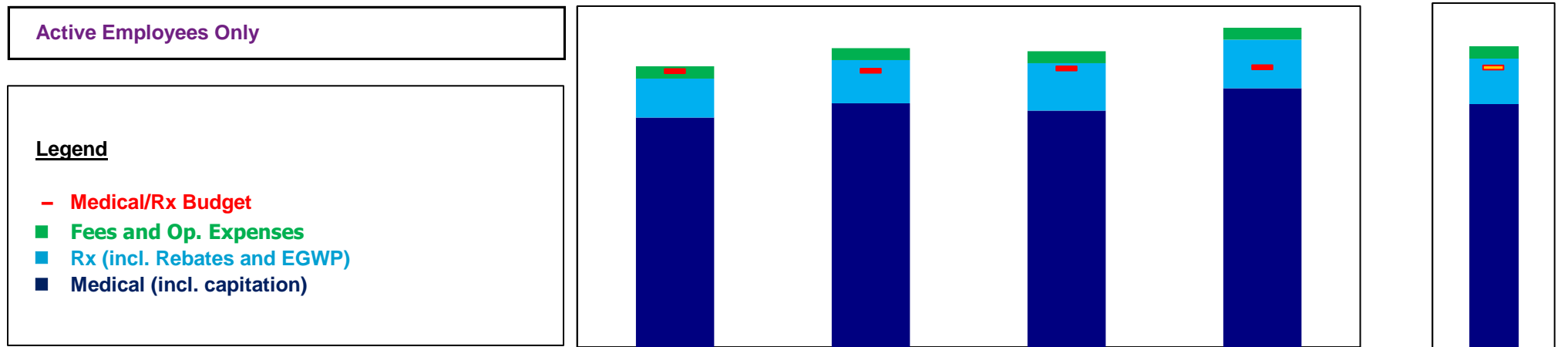
⁵ Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

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 FY23 Budget approved by SEBC 11/21/2022

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

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 FY23 Q4 Plan Cost Analysis



	Q1 2023	Q2 2023	Q3 2023	Q4 2023	FY23 YTD Actual
Total Program Cost	\$165,012,312	\$175,845,533	\$173,978,319	\$188,135,610	\$702,971,774
- Paid Claims	157,561,938	168,397,171	166,452,755	180,326,227	672,738,090
- Medical (includes capitation¹)	134,559,783	143,084,657	138,687,432	151,813,144	568,145,016
- Rx (Including Rebates and EGWP)	23,002,155	25,312,513	27,765,323	28,513,083	104,593,074
- Rx Paid Claims	39,370,911	40,183,368	42,308,556	44,275,829	166,138,664
- EGWP ²	0	0	0	0	0
- Direct Subsidy	0	0	0	0	0
- CGDP	0	0	0	0	0
- Catastrophic Reinsurance	0	0	0	0	0
- Rx Rebates ³	(\$16,368,755)	(\$14,870,855)	(\$14,543,233)	(\$15,762,746)	(61,545,590)
- ASO Fees	7,074,918	7,002,041	7,093,241	7,113,042	28,283,242
- Operational Expenses	375,456	446,321	432,323	696,341	1,950,442
Medical/Rx Premium Contributions⁴	\$162,082,513	\$162,138,524	\$163,510,784	\$164,175,773	\$651,907,594
- Net Income	(2,929,799)	(13,707,009)	(10,467,535)	(23,959,837)	(51,064,180)
- Total Cost as % of Budget	104%	108%	106%	115%	108%
Current Year Per Capita					
- Total per employee per year ⁵	16,812	17,880	17,496	18,828	17,760
- Total % change over prior	15.7%	12.8%	-0.7%	5.2%	7.8%
- Medical per employee per year	14,112	15,008	14,686	15,804	15,024
- Medical % change over prior	13.6%	13.2%	-1.9%	4.9%	7.9%
- Rx per employee per year	2,636	2,803	2,743	2,952	2,688
- Rx % change over prior	24.1%	9.7%	4.9%	6.0%	6.7%
- Medical per member per year	6,113	6,515	6,395	6,888	6,528
- Rx per member per year	1,139	1,215	1,192	1,284	1,164
- Total per member per year ⁵	7,284	7,764	7,620	8,208	7,716
Prior Year Results	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	FY22
- Total Program Cost	141,803,185	155,045,560	173,726,088	176,061,368	646,636,201
- Total Program Cost \$ Change	26,047,167	20,799,973	252,230	12,074,243	59,173,613
- Total per employee per year ⁵	14,532	15,852	17,616	17,892	16,473
- Medical per employee per year	12,420	13,260	14,964	15,060	13,926
- Rx per employee per year	2,124	2,556	2,616	2,784	2,520
EE Contributions⁶	\$38,597,633	\$38,638,037	\$38,752,468	\$38,872,420	\$154,860,558
- Net SoD	129,252,719	137,207,496	135,225,851	149,263,190	137,737,314
- SoD Subsidy %	77%	78%	78%	79%	78%
Headcount					
- Enrolled Ees	39,247	39,326	39,768	39,978	39,580
- Enrolled Members	90,580	90,631	91,394	91,726	91,083
- Member/EE Ratio	2.3	2.3	2.3	2.3	2.3

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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

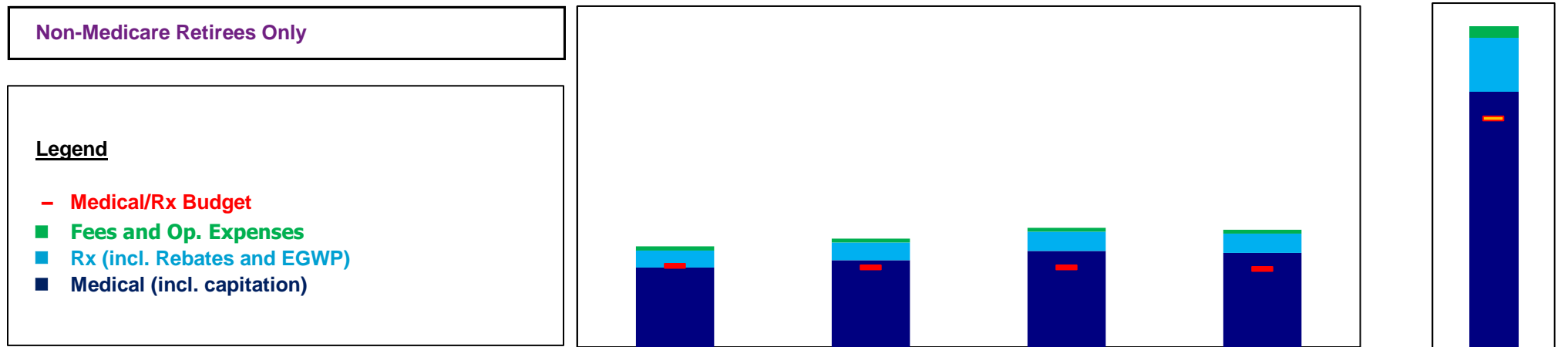
³ Reflects estimated rebates attributable to FY23; prior quarters to be updated with actual FY23 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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	Q1 2023	Q2 2023	Q3 2023	Q4 2023	FY23 YTD Actual
Total Program Cost	\$29,601,780	\$31,889,667	\$35,078,864	\$34,547,302	\$131,117,613
- Paid Claims	28,318,129	30,633,346	33,830,469	33,281,096	126,063,040
- Medical (includes capitation¹)	23,359,648	25,439,515	28,228,262	27,596,966	104,624,392
- Rx (Including Rebates and EGWP)	4,958,481	5,193,831	5,602,207	5,684,129	21,438,649
- Rx Paid Claims	8,487,028	8,245,156	8,536,594	8,826,458	34,095,236
- EGWP ²	0	0	0	0	0
- Direct Subsidy	0	0	0	0	0
- CGDP	0	0	0	0	0
- Catastrophic Reinsurance	0	0	0	0	0
- Rx Rebates ³	(\$3,528,546)	(\$3,051,325)	(2,934,387)	(3,142,329)	(12,656,587)
- ASO Fees	1,218,962	1,181,039	1,176,678	1,153,302	4,729,982
- Operational Expenses	64,689	75,282	71,717	112,904	324,591
Medical/Rx Premium Contributions⁴	\$23,853,771	\$23,444,969	\$23,397,314	\$22,936,414	\$93,632,467
- Net Income	(5,748,009)	(8,444,699)	(11,681,550)	(11,610,888)	(37,485,146)
- Total Cost as % of Budget	127%	136%	150%	151%	140%
Current Year Per Capita					
- Total per employee per year ⁵	17,508	19,236	21,264	21,312	19,812
- Total % change over prior	8.2%	3.8%	21.7%	20.5%	13.4%
- Medical per employee per year	14,501	15,933	17,612	17,652	16,104
- Medical % change over prior	6.2%	4.1%	24.1%	25.7%	12.6%
- Rx per employee per year	2,957	3,249	3,592	3,600	3,288
- Rx % change over prior	16.3%	2.2%	10.9%	0.0%	4.7%
- Medical per member per year	9,005	9,839	10,822	10,872	9,948
- Rx per member per year	1,839	2,009	2,210	2,220	2,028
- Total per member per year ⁵	10,884	11,892	13,080	13,140	12,240
Prior Year Results	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	FY22
- Total Program Cost	26,859,802	30,655,716	29,024,703	29,160,948	115,701,169
- Total Program Cost \$ Change	3,353,762	1,233,951	6,054,161	5,386,354	15,416,444
- Total per employee per year ⁵	16,176	18,528	17,472	17,688	17,466
- Medical per employee per year	13,656	15,300	14,196	14,040	14,298
- Rx per employee per year	2,544	3,180	3,240	3,600	3,141
EE Contributions⁶	\$6,350,911	\$6,308,304	\$6,282,193	\$6,248,320	\$25,189,728
- Net SoD	23,862,653	25,581,364	28,796,671	28,298,982	26,634,917
- SoD Subsidy %	79%	80%	82%	82%	81%
Headcount					
- Enrolled Ees	6,761	6,631	6,597	6,483	6,618
- Enrolled Members	10,873	10,722	10,726	10,521	10,711
- Member/EE Ratio	1.6	1.6	1.6	1.6	1.6

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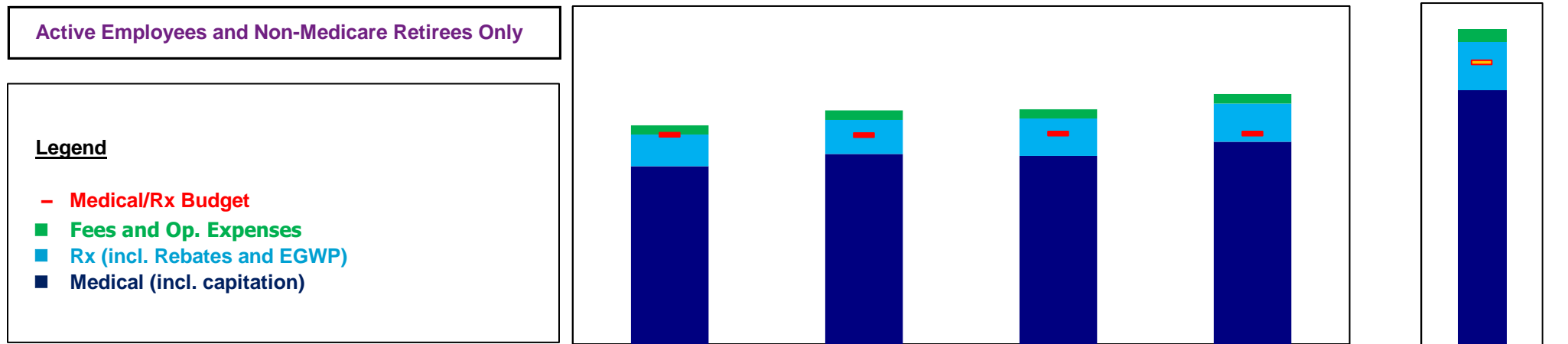
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	Q1 2023	Q2 2023	Q3 2023	Q4 2023	FY23 YTD Actual
Total Program Cost	\$194,614,091	\$207,735,200	\$209,057,183	\$222,682,912	\$834,089,387
- Paid Claims	185,880,067	199,030,517	200,283,224	213,607,322	798,801,130
- Medical (includes capitation¹)	157,919,431	168,524,173	166,915,694	179,410,111	672,769,408
- Rx (Including Rebates and EGWP)	27,960,637	30,506,345	33,367,530	34,197,212	126,031,723
- Rx Paid Claims	47,857,938	48,428,524	50,845,150	53,102,287	200,233,900
- EGWP ²	0	0	0	0	0
- Direct Subsidy	0	0	0	0	0
- CGDP	0	0	0	0	0
- Catastrophic Reinsurance	0	0	0	0	0
- Rx Rebates ³	(19,897,302)	(17,922,180)	(17,477,620)	(18,905,075)	(74,202,177)
- ASO Fees	8,293,879	8,183,081	8,269,919	8,266,345	33,013,224
- Operational Expenses	440,145	521,603	504,040	809,245	2,275,033
Medical/Rx Premium Contributions⁴	\$185,936,284	\$185,583,492	\$186,908,098	\$187,112,187	\$745,540,061
- Net Income	(8,677,808)	(22,151,708)	(22,149,085)	(35,570,725)	(88,549,326)
- Total Cost as % of Budget	107%	112%	112%	119%	112%
Current Year Per Capita					
- Total per employee per year ⁵	16,920	18,084	18,036	19,176	18,060
- Total % change over prior	14.5%	11.4%	2.5%	7.3%	8.7%
- Medical per employee per year	14,178	15,153	15,113	16,068	15,228
- Medical % change over prior	12.5%	11.8%	1.8%	7.7%	9.0%
- Rx per employee per year	2,679	2,863	2,856	3,036	2,772
- Rx % change over prior	22.7%	8.5%	5.3%	5.0%	6.3%
- Medical per member per year	6,464	6,909	6,899	7,344	6,912
- Rx per member per year	1,215	1,298	1,296	1,380	1,260
- Total per member per year ⁵	7,668	8,196	8,184	8,712	8,196
Prior Year Results	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	FY22
- Total Program Cost	168,662,988	185,696,670	202,750,792	205,222,315	762,332,765
- Total Program Cost \$ Change	29,400,929	22,038,530	6,306,391	17,460,597	75,206,448
- Total per employee per year ⁵	14,772	16,236	17,604	17,868	16,620
- Medical per employee per year	12,600	13,548	14,844	14,916	13,977
- Rx per employee per year	2,184	2,640	2,712	2,892	2,607
EE Contributions⁶	\$44,948,544	\$44,946,341	\$45,034,661	\$45,120,740	\$180,050,286
- Net SoD	153,115,373	162,788,860	164,022,522	177,562,172	164,372,232
- SoD Subsidy %	77%	78%	78%	80%	78%
Headcount					
- Enrolled Ees	46,008	45,957	46,365	46,461	46,198
- Enrolled Members	101,454	101,353	102,120	102,246	101,793
- Member/EE Ratio	2.2	2.2	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

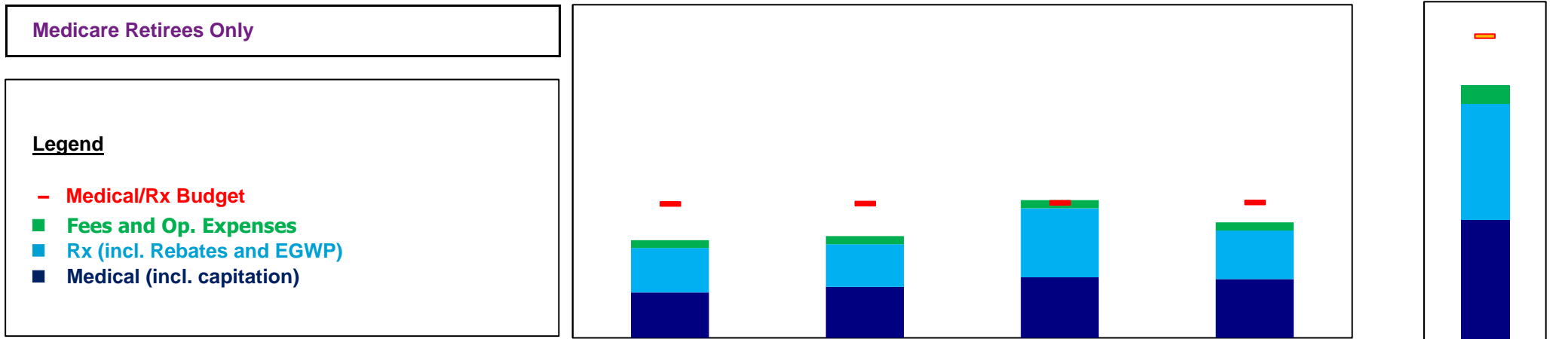
³ Reflects estimated rebates attributable to FY23; prior quarters to be updated with actual FY23 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

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

State of Delaware
 Health Plan Quarterly Financial Reporting
 FY23 Q4 Plan Cost Analysis



	Q1 2023	Q2 2023	Q3 2023	Q4 2023	FY23 YTD Actual
Total Program Cost	\$29,643,197	\$30,843,099	\$41,638,505	\$35,155,394	\$137,280,196
- Paid Claims	27,021,167	28,135,845	38,933,811	32,207,145	126,297,969
- Medical (includes capitation¹)	13,649,015	15,278,801	18,136,717	17,686,777	64,751,310
- Rx (Including Rebates and EGWP)	13,372,153	12,857,044	20,797,094	14,520,368	61,546,659
- Rx Paid Claims	43,371,514	42,992,414	46,977,905	43,914,930	177,256,763
- EGWP ²	(17,105,865)	(17,136,498)	(11,740,746)	(14,381,437)	(60,364,546)
- Direct Subsidy	132,560	356,749	473,580	485,847	1,448,736
- CGDP	(8,317,578)	(8,528,395)	(5,030,566)	(7,648,191)	(29,524,731)
- Catastrophic Reinsurance	(8,920,847)	(8,964,852)	(7,183,759)	(7,219,093)	(32,288,552)
- Rx Rebates ³	(12,893,496)	(12,998,872)	(14,440,065)	(15,013,124)	(55,345,558)
- ASO Fees	2,343,348	2,375,019	2,385,105	2,434,327	9,537,799
- Operational Expenses	278,682	332,235	319,589	513,922	1,444,428
Medical/Rx Premium Contributions⁴	\$40,209,293	\$40,405,981	\$40,578,074	\$40,726,343	\$161,919,690
- Net Income	10,566,095	9,562,881	(1,060,431)	5,570,948	24,639,494
- Total Cost as % of Budget	82%	76%	103%	86%	85%
Current Year Per Capita					
- Total per employee per year ⁵	4,068	4,212	5,664	4,764	4,680
- Total % change over prior	1.2%	-6.9%	18.6%	19.6%	8.2%
- Medical per employee per year	2,295	2,377	3,196	2,688	2,412
- Medical % change over prior	11.2%	7.1%	14.8%	8.7%	1.1%
- Rx per employee per year	1,721	1,782	2,397	2,016	2,220
- Rx % change over prior	-25.3%	-26.5%	14.1%	28.2%	5.7%
- Medical per member per year	2,295	2,377	3,196	2,688	2,412
- Rx per member per year	1,721	1,782	2,397	2,016	2,220
- Total per member per year ⁵	4,068	4,212	5,664	4,764	4,680
Prior Year Results	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	FY22
- Total Program Cost	28,692,318	32,415,357	34,361,699	28,687,521	124,156,895
- Total Program Cost \$ Change	4,111,184	(1,572,258)	7,276,806	6,467,874	16,283,606
- Total per employee per year ⁵	4,020	4,524	4,776	3,984	4,326
- Medical per employee per year	2,064	2,220	2,784	2,472	2,385
- Rx per employee per year	2,304	2,424	2,100	1,572	2,100
EE Contributions⁶	\$1,665,358	\$1,673,476	\$1,680,583	\$1,680,583	\$6,700,000
- Net SoD	32,645,969	29,169,624	39,957,922	33,474,811	33,812,082
- SoD Subsidy %	100%	95%	96%	95%	96%
Headcount					
- Enrolled Ees	29,132	29,274	29,398	29,505	29,327
- Enrolled Members	29,132	29,274	29,398	29,505	29,327
- Member/EE Ratio	1.0	1.0	1.0	1.0	1.0

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

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

³ Reflects estimated rebates attributable to FY23; prior quarters to be updated with actual FY23 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; Medicaid contributions estimated based on DHR reporting as of February 2023

⁷ FY23 projected total program cost based on FY23 Q3 long-term projections presented to SEBC in May 2023

State of Delaware
FY2023 Financial Analysis of Health/Rx Plans - Paid Basis
Year to Date July 1, 2022 - June 30, 2023

Vendor	Highmark						Aetna					Total
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
Medical												
Paid Claims	\$29,281,399	\$3,894,462	\$402,588,184	\$64,174,262	\$64,751,310	\$564,689,617	\$90,030,558	\$29,036,153	\$35,447,097	\$5,585,744	\$160,099,552	\$724,789,169
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$10,797,779	\$1,933,770	\$0	\$0	\$12,731,549	\$12,731,549
Administration	\$2,394,490	\$199,911	\$17,396,786	\$2,793,414	\$5,965,146	\$28,749,748	\$4,696,217	\$1,192,089	\$2,076,025	\$257,882	\$8,222,214	\$36,971,961
Total Medical Program Cost	\$31,675,889	\$4,094,373	\$419,984,970	\$66,967,676	\$70,716,456	\$593,439,364	\$105,524,554	\$32,162,012	\$37,523,122	\$5,843,626	\$181,053,315	\$774,492,679
Average Number of Employees	3,570	298	25,920	4,161	29,327	63,276	6,997	1,776	3,093	384	12,249	75,525
Program Cost/Employee/Yr.	\$8,874	\$13,759	\$16,203	\$16,094	\$2,411	\$9,379	\$15,082	\$18,114	\$12,130	\$15,214	\$14,781	\$10,260
Change from prior period (pepy)	-1.2%	-0.4%	9.4%	5.7%	5.0%	7.5%	5.1%	33.2%	5.5%	72.1%	10.3%	7.8%
Average Number of Members	6,460	409	60,835	6,537	29,327	103,568	17,032	3,077	6,756	688	27,553	131,120
Program Cost/Member/Yr.	\$4,904	\$10,003	\$6,904	\$10,245	\$2,411	\$5,730	\$6,196	\$10,453	\$5,554	\$8,494	\$6,571	\$5,904
Change from prior period (pmpy)	-1.0%	2.4%	9.7%	4.2%	5.0%	7.6%	5.7%	35.9%	4.7%	71.7%	11.0%	8.1%
Express Scripts, Inc.												
Paid Claims	\$8,278,032	\$849,458	\$120,196,041	\$24,180,091	\$177,256,763	\$330,760,385	\$28,840,597	\$7,757,888	\$8,823,994	\$1,307,799	\$46,730,278	\$377,490,662
Administration	\$155,867	\$12,883	\$1,125,843	\$180,140	\$3,572,654	\$5,047,386	\$303,610	\$76,962	\$134,403	\$16,701	\$531,676	\$5,579,062
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$60,364,546)	(\$60,364,546)	\$0	\$0	\$0	\$0	\$0	(\$60,364,546)
Estimated Rebates ¹	(\$3,061,200)	(\$312,984)	(\$44,540,767)	(\$8,978,589)	(\$55,345,558)	(\$112,239,098)	(\$10,678,138)	(\$2,875,889)	(\$3,265,484)	(\$489,126)	(\$17,308,637)	(\$129,547,735)
Total Rx Program Cost	\$5,372,699	\$549,357	\$76,781,116	\$15,381,642	\$65,119,313	\$163,204,127	\$18,466,069	\$4,958,961	\$5,692,912	\$835,374	\$29,953,316	\$193,157,443
Average Number of Employees	3,570	298	25,920	4,161	29,327	63,276	6,997	1,776	3,093	384	12,249	75,525
Program Cost/Employee/Yr.	\$1,500	\$1,848	\$2,964	\$3,696	\$2,220	\$2,580	\$2,640	\$2,796	\$1,836	\$2,172	\$2,448	\$2,556
Change from prior period (pepy)	7.8%	10.8%	8.8%	5.1%	8.2%	7.5%	12.8%	13.7%	10.1%	-13.4%	10.9%	8.1%
Average Number of Members	6,460	409	60,835	6,537	29,327	103,568	17,032	3,077	6,756	688	27,553	131,120
Program Cost/Member/Yr.	\$828	\$1,344	\$1,260	\$2,352	\$2,220	\$1,572	\$1,080	\$1,608	\$840	\$1,212	\$1,092	\$1,476
Change from prior period (pmpy)	7.8%	14.3%	8.2%	3.7%	11.4%	9.2%	12.5%	15.5%	9.4%	-13.7%	12.3%	9.8%
Total Medical and Rx												
Premium	\$45,672,118	\$3,489,533	\$446,618,249	\$59,896,184	\$161,919,690	\$717,595,775	\$113,348,145	\$24,927,284	\$46,269,081	\$5,319,466	\$189,863,976	\$907,459,751
Program Cost (prior to operational)	\$37,048,588	\$4,643,730	\$496,766,087	\$82,349,318	\$135,835,768	\$756,643,491	\$123,990,623	\$37,120,973	\$43,216,035	\$6,679,000	\$211,006,631	\$967,650,122
Operational Expenses	\$177,219	\$14,607	\$1,276,645	\$204,029	\$1,444,428	\$3,116,928	\$344,267	\$87,039	\$152,310	\$18,917	\$602,533	\$3,719,461
Total Program Cost	\$37,225,808	\$4,658,338	\$498,042,732	\$82,553,346	\$137,280,196	\$759,760,419	\$124,334,890	\$37,208,012	\$43,368,345	\$6,697,917	\$211,609,164	\$971,369,583
Net Income	\$8,446,310	(\$1,168,804)	(\$51,424,482)	(\$22,657,162)	\$24,639,494	(\$42,164,644)	(\$10,986,745)	(\$12,280,728)	\$2,900,736	(\$1,378,451)	(\$21,745,188)	(\$63,909,832)
Total Cost as % of Budget	81.5%	133.5%	111.5%	137.8%	84.8%	105.9%	109.7%	149.3%	93.7%	125.9%	111.5%	107.0%
Average Number of Employees	3,570	298	25,920	4,161	29,327	63,276	6,997	1,776	3,093	384	12,249	75,525
Program Cost/Employee/Yr.	\$10,428	\$15,648	\$19,212	\$19,836	\$4,680	\$12,012	\$17,772	\$20,952	\$14,016	\$17,436	\$17,280	\$12,864
Change from prior period (pepy)	0.1%	0.9%	9.3%	5.6%	8.0%	7.9%	6.2%	30.2%	6.1%	52.9%	10.4%	8.1%
Average Number of Members	6,460	409	60,835	6,537	29,327	103,568	17,032	3,077	6,756	688	27,553	131,120
Program Cost/Member/Yr.	\$5,760	\$11,376	\$8,184	\$12,624	\$4,680	\$7,332	\$7,296	\$12,096	\$6,420	\$9,732	\$7,680	\$7,404
Change from prior period (pmpy)	0.2%	3.7%	9.5%	4.1%	8.0%	8.0%	6.7%	32.8%	5.3%	52.7%	11.1%	8.6%
Prior Period Program Cost												
Per Employee Per Year (FY22)												
Medical	\$8,984	\$13,808	\$14,812	\$15,227	\$2,295	\$8,728	\$14,350	\$13,599	\$11,502	\$8,842	\$13,400	\$9,516
Rx	\$1,392	\$1,668	\$2,724	\$3,516	\$2,052	\$2,400	\$2,340	\$2,460	\$1,668	\$2,508	\$2,208	\$2,364
Total ²	\$10,416	\$15,516	\$17,580	\$18,780	\$4,332	\$11,136	\$16,740	\$16,092	\$13,212	\$11,400	\$15,648	\$11,904
Per Member Per Year (FY22)												
Medical	\$4,953	\$9,765	\$6,295	\$9,834	\$2,295	\$5,324	\$5,864	\$7,693	\$5,303	\$4,947	\$5,921	\$5,460
Rx	\$768	\$1,176	\$1,164	\$2,268	\$1,992	\$1,440	\$960	\$1,392	\$768	\$1,404	\$972	\$1,344
Total ²	\$5,748	\$10,968	\$7,476	\$12,132	\$4,332	\$6,792	\$6,840	\$9,108	\$6,096	\$6,372	\$6,912	\$6,816

¹ Reflects estimated rebates attributable to FY23, based on WTW analysis of expected rebates under new CVS Health contract

² Includes Medical, Rx, and Operational Expenses

State of Delaware

Health Plan Quarterly Financial Reporting

FY23 Q4 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY23 YTD Reporting Reconciliation	WTW FY23 Q4 Financial Report	DHR Jun. 2023 Fund Equity Report
Total Program Cost	\$971,369,583	\$1,189,656,946
Paid Claims	925,099,099	1,143,386,462
Medical Claims	737,520,718	762,396,431
Rx Claims ¹	187,578,381	380,990,031
Rx Paid Claims	377,490,662	380,990,031
EGWP	(60,364,546)	56,769,639
<i>Direct Subsidy</i>	1,448,736	(1,390,178)
<i>CGDP</i>	(29,524,731)	28,691,736
<i>Catastrophic Reinsurance</i>	(32,288,552)	29,468,081
Rx Rebates	(129,547,735)	123,360,461
Total Rx Claim (Offsets)/Revenue ²	(189,912,281)	180,130,100
Total Fees	46,270,484	46,270,484
ASO Fees	42,551,023	42,551,023
Operational Expenses	3,719,461	3,719,461
Premium Contributions/Operating Revenues³	\$907,459,751	\$1,091,335,947
Net Income	(63,909,832)	(98,320,999)
Total Cost as % of Budget	107%	109%

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 \$2,775,167, and participating group fees totaling \$6,620,692; WTW premium contributions represent FY23 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$901,809,989

State of Delaware

Health Plan Quarterly Financial Reporting

Assumptions and Caveats

Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY23 represents the time period July 1, 2022 through June 30, 2023 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY23 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 (ESI).

Benefit costs/fees

- 4 Medical quarterly paid claims from Highmark and Aetna; Rx quarterly paid claims from CVS; EGWP subsidies and Rx rebates (Active, non-Medicare eligible retiree, and Medicare eligible retiree) from DHR
- 5 Administration fees and operational expenses from DHR-provided June 2023 Fund Equity Report; total quarterly fees are assigned to each plan on a contract count basis.
 - a. ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), IBM Watson data analytics, EAP and WTW consulting fees.
 - b. Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- 6 Pharmacy drug rebates are shown based on the period to which rebates are attributable; prior quarters to be updated with actual FY23 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 FY23 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2022 through June 30, 2023; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through June 2023; remaining payments attributable to FY23 estimated based on projected amounts provided by ESI; may differ from actual payments received during FY23 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY22 Financial Reporting.

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

Budget/contributions

- 9 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2022. Medicare eligible retiree budget rates reflect rates effective January 1, 2022 for FY23 Q1 and Q2, and rates effective January 1, 2023 for FY23 Q3 and Q4. Budget rates include FY23 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 FY23.
- 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 ESI, 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 ESI 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

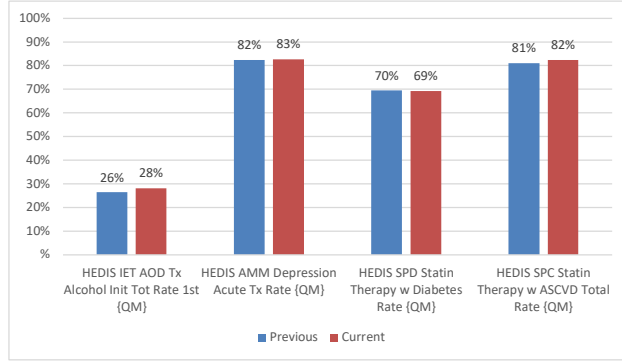
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. 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, 2022 to June 30, 2023.

Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Jul 2021 - Jun 2022 (Paid)

Current Period: Jul 2022 - Jun 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5602.2	5657.8	1.0%	5449.2
Visits per 1000 Well Child	915.4	917.8	0.3%	778.3
Visits per 1000 Prevent Adult	426.7	461.2	8.1%	444.3

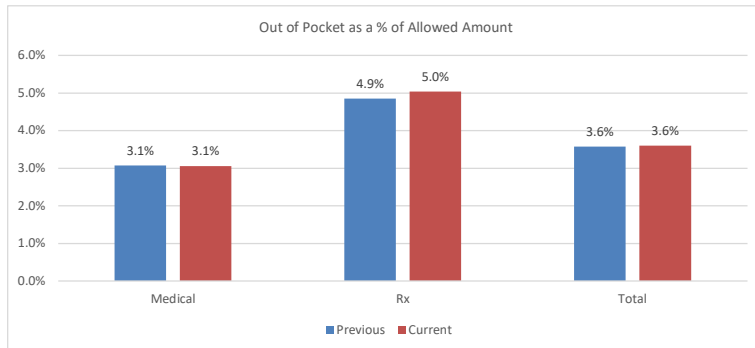
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	74,557.7	75,507.9	1.3%
Average Members	129,626.6	130,644.2	0.8%
Family Size	1.7	1.7	-0.5%
Member Age	43.3	43.4	0.3%
Members % Male	44.6%	44.4%	-0.5%

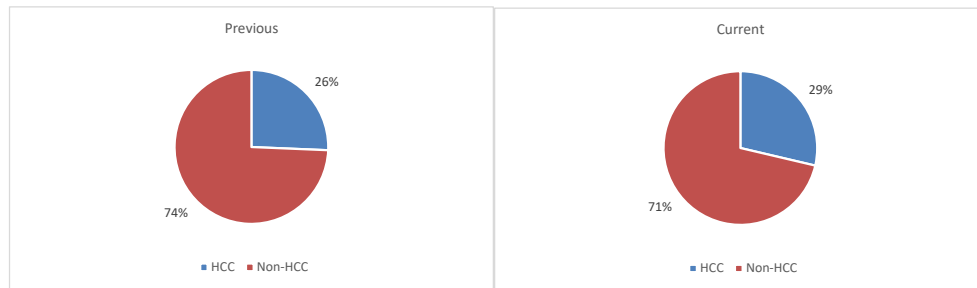
5. Risk Score

	Previous	Current
Member Risk Score	235.7	239.7

7. Cost Sharing



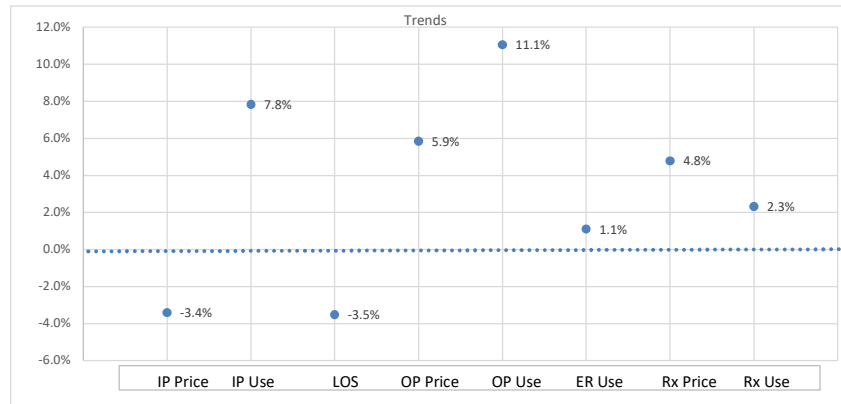
2. High Cost Claimants



	Previous	Current	Trend
Patients	1,148	1,289	12.3%
Patients per 1,000	8.9	9.9	11.4%
Payments (in Millions)	\$240 M	\$270 M	12.7%
Payments per Patient	209,123	209,810	0.3%

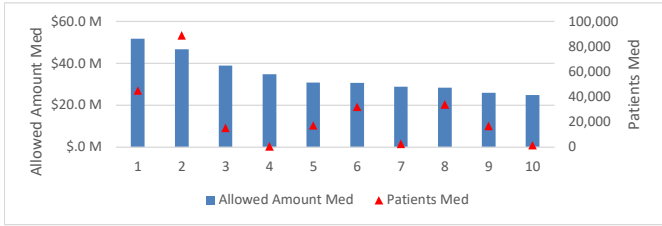
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$28,021	\$27,069	-3.4%	\$32,623
	Admits per 1000	74.7	80.6	7.8%	51.2
	Days LOS	6.2	6.0	-3.5%	5.0
Outpatient	Allowed per Service	\$138	\$146	5.9%	\$135
	ER Visits per 1000	310.1	344.4	11.1%	216.3
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	1.1%	n/a
	Days Supply PMPY	706	721	2.2%	n/a
Specialty Rx	Allowed per Days Supply	\$131	\$129	-0.9%	n/a
	Days Supply PMPY	9	11	13.5%	n/a
All RX	Allowed per Days Supply	\$4	\$4	4.8%	\$4
	Days Supply PMPY	715	732	2.3%	365



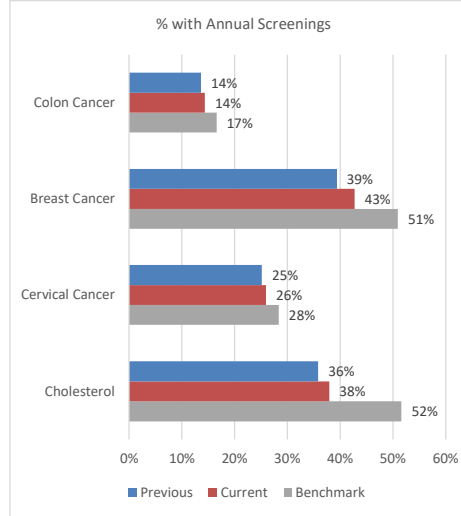
Medical and Prescription Drug Dashboard - GHIP Population
Previous Period: Jul 2021 - Jun 2022 (Paid)
Current Period: Jul 2022 - Jun 2023 (Paid)

8. Top Medical Conditions (by cost)

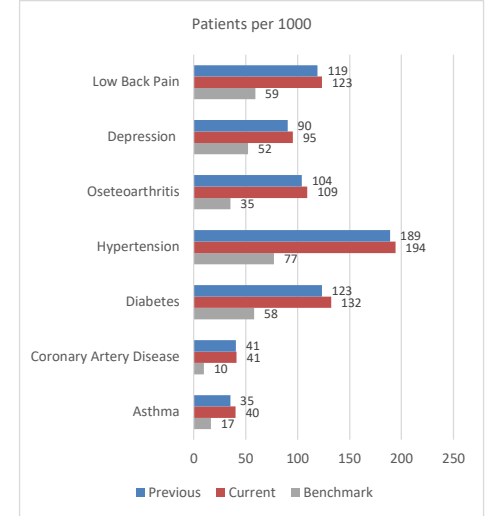


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NE	\$51,636,422	44,954	\$1,149
2 Prevent/Admin Hlth Encounters	\$46,667,681	88,811	\$525
3 Osteoarthritis	\$38,923,772	15,364	\$2,533
4 Chemotherapy Encounters	\$34,833,540	684	\$50,926
5 Spinal/Back Disord, Low Back	\$30,821,465	17,343	\$1,777
6 Arthropathies/Joint Disord NEC	\$30,593,850	31,964	\$957
7 Pregnancy without Delivery	\$28,816,550	2,747	\$10,490
8 Infections, NEC	\$28,394,452	33,981	\$836
9 Respiratory Disord, NEC	\$26,022,890	17,023	\$1,529
10 Newborns, w/wo Complication	\$24,839,316	1,536	\$16,171

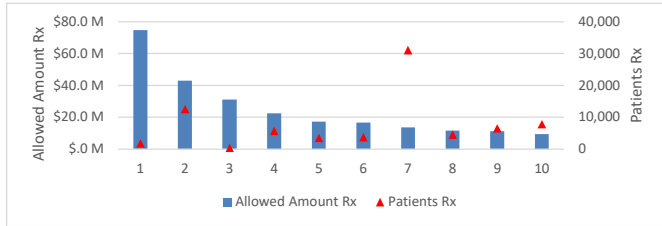
9. Screening Rates



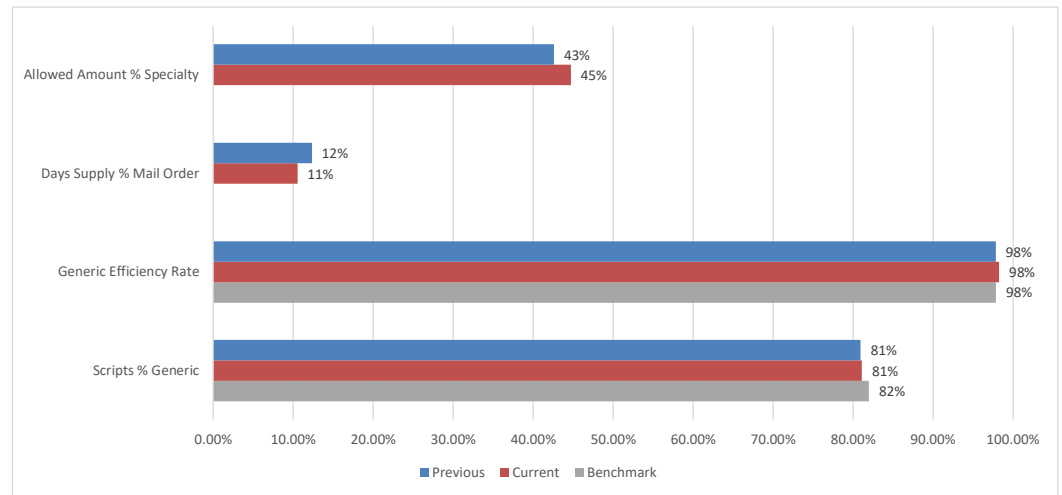
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$74,685,305	1,809	\$41,285
2 Antidiabetic Agents, Misc	\$42,909,085	12,511	\$3,430
3 Molecular Targeted Therapy	\$31,037,901	425	\$73,030
4 Coag/Anticoag, Anticoagulants	\$22,372,817	5,769	\$3,878
5 Antidiabetic Agents, Insulins	\$17,257,722	3,492	\$4,942
6 Antidiabetic Ag, SGLT Inhibitr	\$16,761,403	3,737	\$4,485
7 Adrenals & Comb, NEC	\$13,549,012	31,078	\$436
8 CNS Agents, Misc.	\$11,697,707	4,555	\$2,568
9 Misc Therapeutic Agents, NEC	\$11,232,927	6,510	\$1,725
10 Stimulant, Amphetamine Type	\$9,538,843	7,865	\$1,213

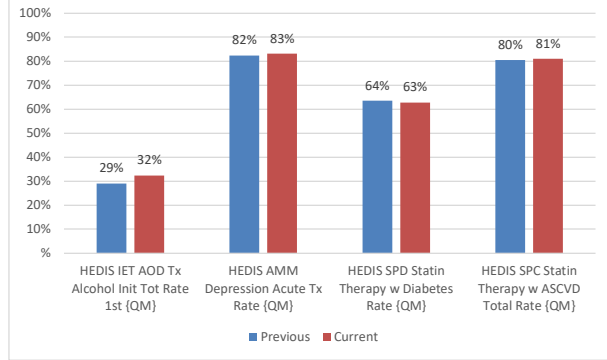


Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Jul 2021 - Jun 2022 (Paid)

Current Period: Jul 2022 - Jun 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5607.8	5659.9	0.9%	5449.2
Visits per 1000 Well Child	916.0	917.8	0.2%	778.3
Visits per 1000 Prevent Adult	487.7	531.5	9.0%	444.3

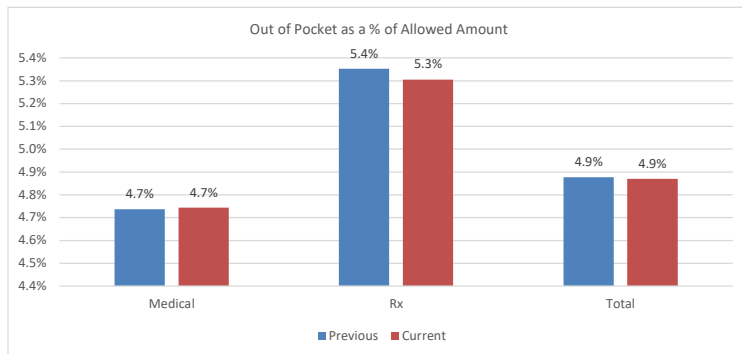
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	39,060.8	39,421.8	0.9%
Average Members	89,926.7	90,294.3	0.4%
Family Size	2.3	2.3	-0.5%
Member Age	32.7	32.7	-0.1%
Members % Male	46.1%	45.9%	-0.5%

5. Risk Score

	Previous	Current
Member Risk Score	137.5	140.7

7. Cost Sharing



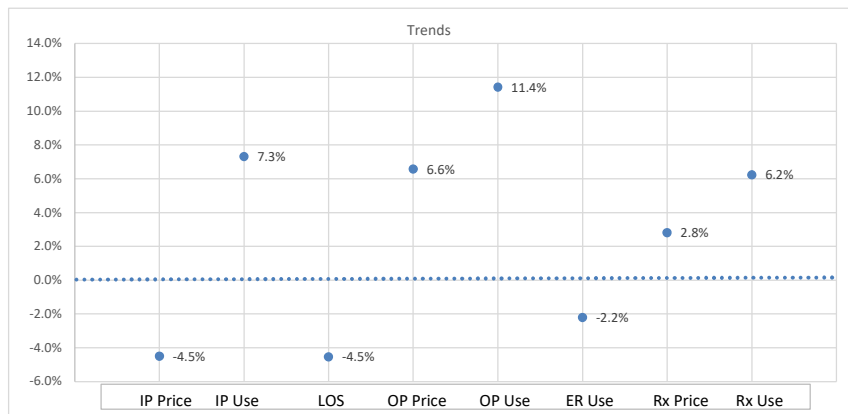
2. High Cost Claimants



	Previous	Current	Trend
Patients	887	1,061	19.6%
Patients per 1,000	9.9	11.8	19.1%
Payments (in Millions)	\$181 M	\$212 M	17.0%
Payments per Patient	204,079	199,598	-2.2%

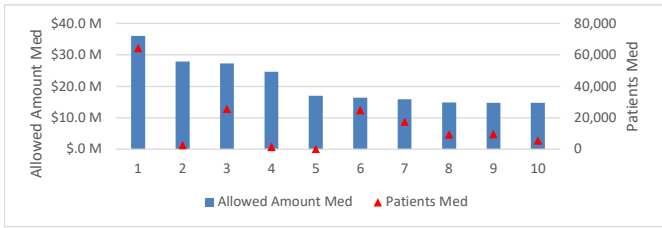
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$33,324	\$31,827	-4.5%	\$27,539
	Admits per 1000	52.5	56.3	7.3%	50.6
	Days LOS	5.4	5.2	-4.5%	4.8
Outpatient	Allowed per Service	\$144	\$154	6.6%	\$135
	ER Visits per 1000	253.1	282.0	11.4%	214.5
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-2.2%	n/a
	Days Supply PMPY	397	421	6.0%	n/a
Specialty Rx	Allowed per Days Supply	\$125	\$122	-2.4%	n/a
	Days Supply PMPY	6	8	18.7%	n/a
All RX	Allowed per Days Supply	\$4	\$5	2.8%	\$4
	Days Supply PMPY	403	428	6.2%	365



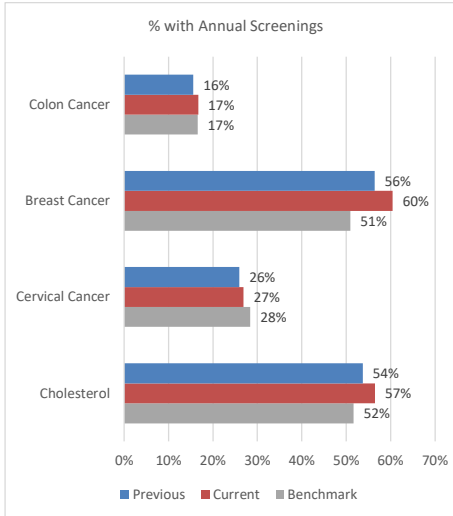
Medical and Prescription Drug Dashboard - Active Employees
Previous Period: Jul 2021 - Jun 2022 (Paid)
Current Period: Jul 2022 - Jun 2023 (Paid)

8. Top Medical Conditions (by cost)

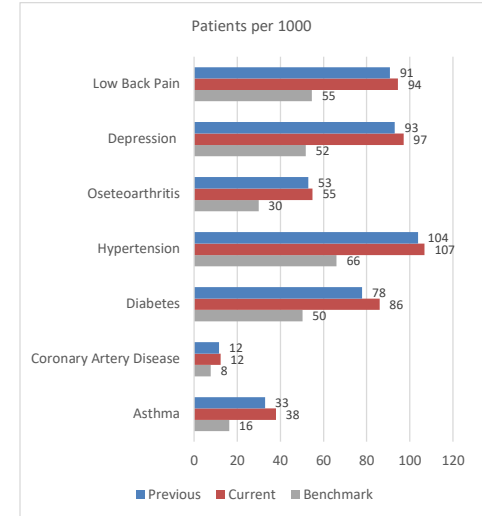


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$36,019,932	64,346	\$560
2 Pregnancy without Delivery	\$27,919,028	2,667	\$10,468
3 Signs/Symptoms/Oth Cond, NE	\$27,292,735	25,576	\$1,067
4 Newborns, w/wo Complication	\$24,662,614	1,501	\$16,431
5 Chemotherapy Encounters	\$16,958,615	212	\$79,993
6 Infections, NEC	\$16,405,079	25,020	\$656
7 Arthropathies/Joint Disord NEC	\$15,870,534	17,558	\$904
8 Spinal/Back Disord, Low Back	\$14,944,737	9,391	\$1,591
9 Gastroint Disord, NEC	\$14,802,961	9,682	\$1,529
10 Osteoarthritis	\$14,799,543	5,452	\$2,715

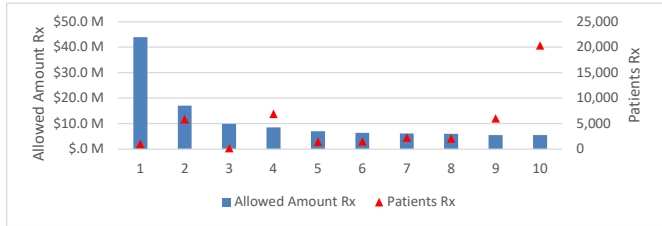
9. Screening Rates



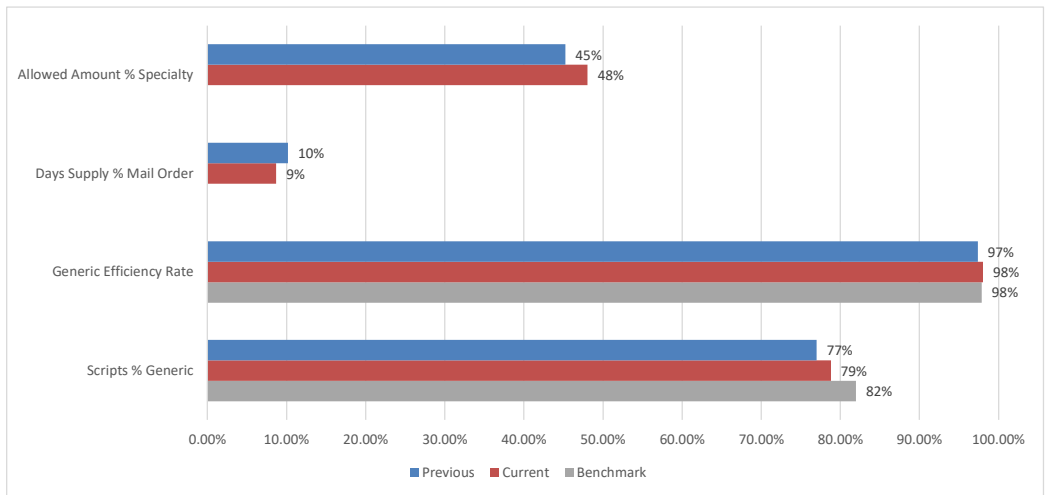
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$43,885,668	1,041	\$42,157
2 Antidiabetic Agents, Misc	\$17,105,444	5,848	\$2,925
3 Molecular Targeted Therapy	\$9,919,877	193	\$51,398
4 Stimulant, Amphetamine Type	\$8,457,700	6,924	\$1,222
5 Antidiabetic Agents, Insulins	\$7,002,937	1,461	\$4,793
6 Antidiabetic Ag, SGLT Inhibitr	\$6,338,984	1,523	\$4,162
7 CNS Agents, Misc.	\$6,137,949	2,248	\$2,730
8 Misc Therapeutic Agents, NEC	\$6,009,079	2,102	\$2,859
9 Antivirals, NEC	\$5,576,419	6,016	\$927
10 Adrenals & Comb, NEC	\$5,462,562	20,316	\$269

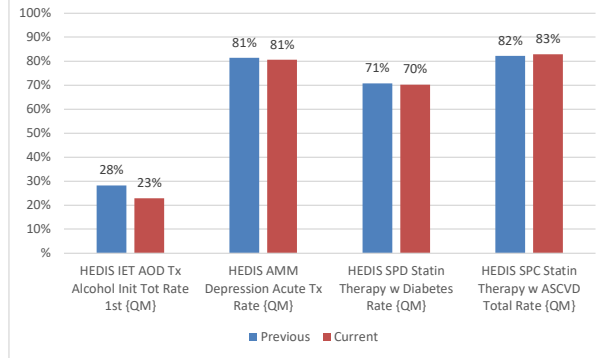


Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Jul 2021 - Jun 2022 (Paid)

Current Period: Jul 2022 - Jun 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	4212.8	4941.2	17.3%	5449.2
Visits per 1000 Well Child	777.0	901.7	16.1%	778.3
Visits per 1000 Prevent Adult	514.5	558.4	8.5%	444.3

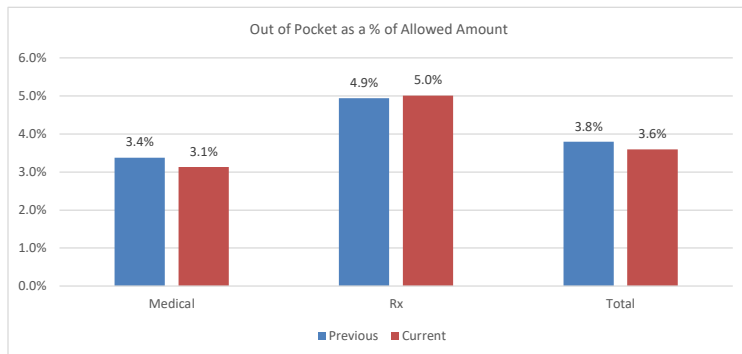
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	6,068.9	6,044.9	-0.4%
Average Members	9,721.3	9,742.6	0.2%
Family Size	1.6	1.6	0.6%
Member Age	50.1	49.9	-0.4%
Members % Male	42.0%	42.3%	0.7%

5. Risk Score

	Previous	Current
Member Risk Score	246.7	239.6

7. Cost Sharing



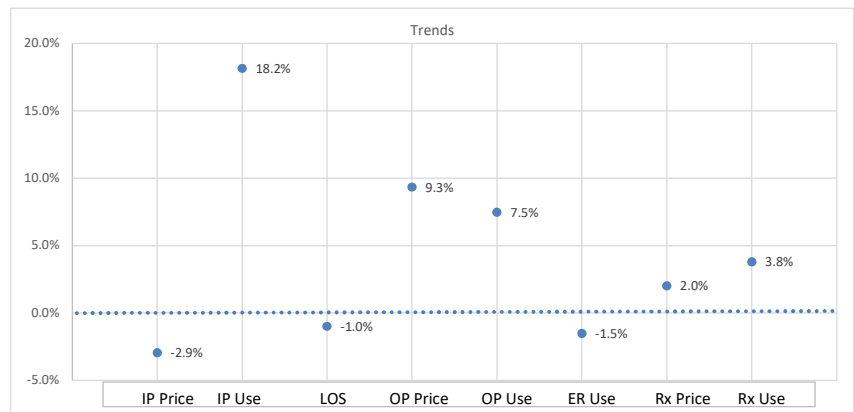
2. High Cost Claimants



	Previous	Current	Trend
Patients	251	289	15.1%
Patients per 1,000	25.8	29.7	14.9%
Payments (in Millions)	\$43 M	\$52 M	21.7%
Payments per Patient	169,867	179,619	5.7%

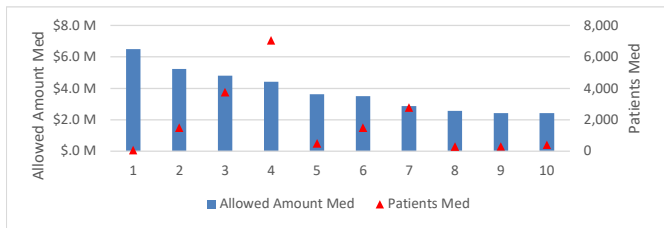
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$43,664	\$42,383	-2.9%	\$36,093
	Admits per 1000	54.7	64.7	18.2%	55.8
	Days LOS	7.1	7.0	-1.0%	5.6
Outpatient	Allowed per Service	\$163	\$178	9.3%	\$135
	ER Visits per 1000	295.6	317.8	7.5%	229.4
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-1.5%	n/a
	Days Supply PMPY	791	819	3.5%	n/a
Specialty Rx	Allowed per Days Supply	\$139	\$125	-10.3%	n/a
	Days Supply PMPY	11	13	23.5%	n/a
All RX	Allowed per Days Supply	\$4	\$4	2.0%	\$4
	Days Supply PMPY	802	832	3.8%	365



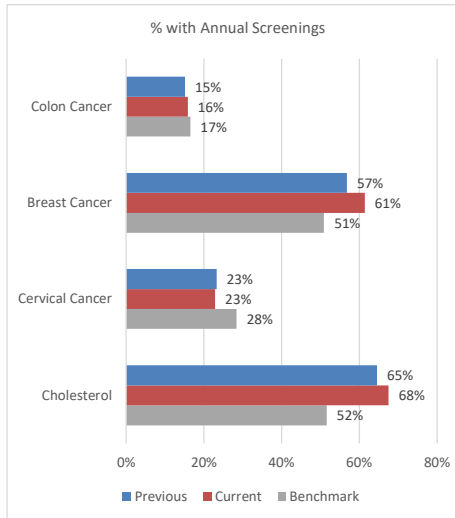
Medical and Prescription Drug Dashboard - Early Retirees
Previous Period: Jul 2021 - Jun 2022 (Paid)
Current Period: Jul 2022 - Jun 2023 (Paid)

8. Top Medical Conditions (by cost)

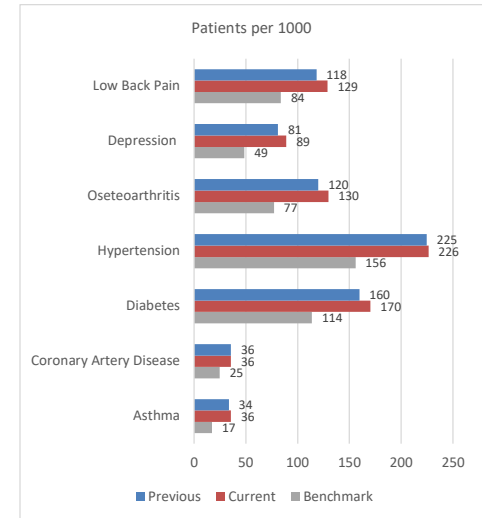


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$6,490,735	74	\$87,713
2 Osteoarthritis	\$5,220,885	1,504	\$3,471
3 Signs/Symptoms/Oth Cond, NE	\$4,802,242	3,754	\$1,279
4 Prevent/Admin Hlth Encounters	\$4,422,615	7,042	\$628
5 Cardiac Arrhythmias	\$3,620,688	494	\$7,329
6 Spinal/Back Disord, Low Back	\$3,501,868	1,494	\$2,344
7 Arthropathies/Joint Disord NEC	\$2,865,152	2,776	\$1,032
8 Renal Function Failure	\$2,570,480	298	\$8,626
9 Condition Rel to Tx - Med/Surg	\$2,419,164	305	\$7,932
10 Coronary Artery Disease	\$2,415,742	412	\$5,863

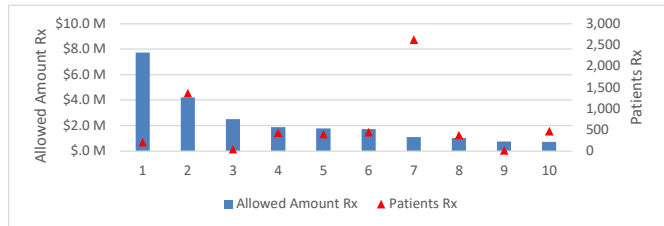
9. Screening Rates



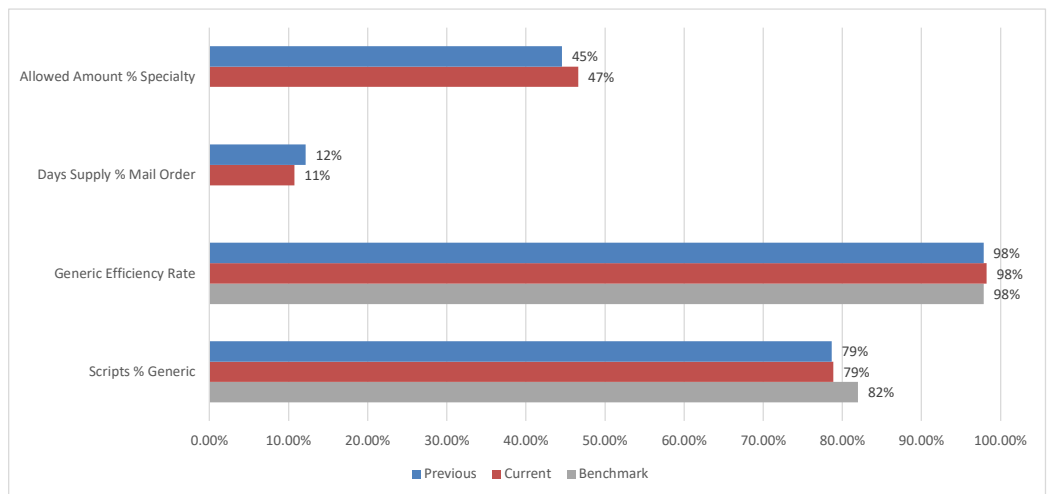
10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$7,731,720	210	\$36,818
2 Antidiabetic Agents, Misc	\$4,228,756	1,365	\$3,098
3 Molecular Targeted Therapy	\$2,522,003	43	\$58,651
4 CNS Agents, Misc.	\$1,872,904	426	\$4,396
5 Antidiabetic Agents, Insulins	\$1,775,122	401	\$4,427
6 Antidiabetic Ag, SGLT Inhibitr	\$1,720,415	447	\$3,849
7 Adrenals & Comb, NEC	\$1,101,485	2,622	\$420
8 Coag/Anticoag, Anticoagulants	\$1,028,830	374	\$2,751
9 Biological Response Modifiers	\$770,590	15	\$51,373
10 Misc Therapeutic Agents, NEC	\$712,932	470	\$1,517

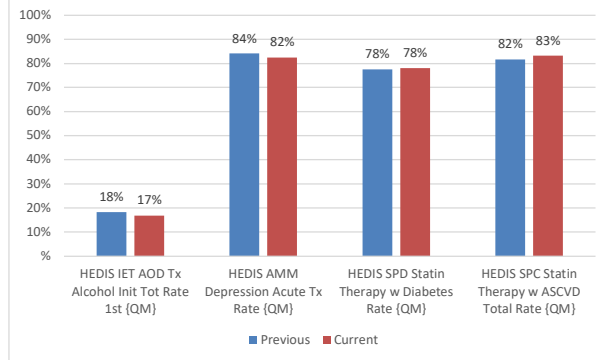


Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Jul 2021 - Jun 2022 (Paid)

Current Period: Jul 2022 - Jun 2023 (Paid)

1. Quality Metrics



3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	267.4	280.6	4.9%	444.3

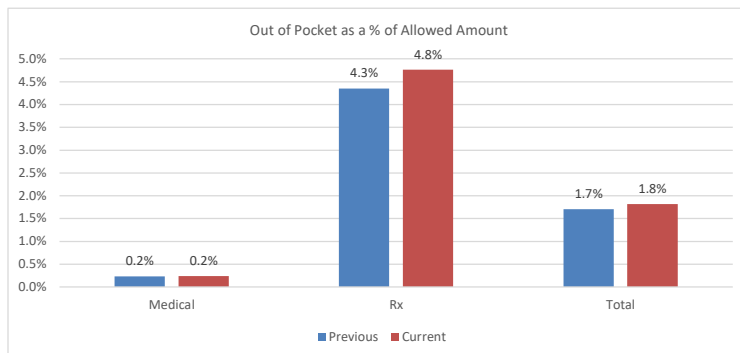
4. Medical Eligibility

	Previous	Current	Trend
Average Employees	26,848.1	27,446.0	2.2%
Average Members	27,137.2	27,747.6	2.2%
Family Size	1.0	1.0	0.0%
Member Age	73.2	73.4	0.2%
Members % Male	41.3%	40.9%	-0.9%

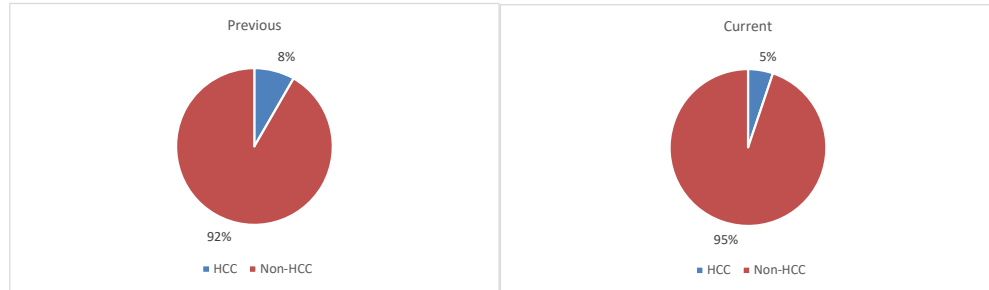
5. Risk Score

	Previous	Current
Member Risk Score	537.6	538.5

7. Cost Sharing



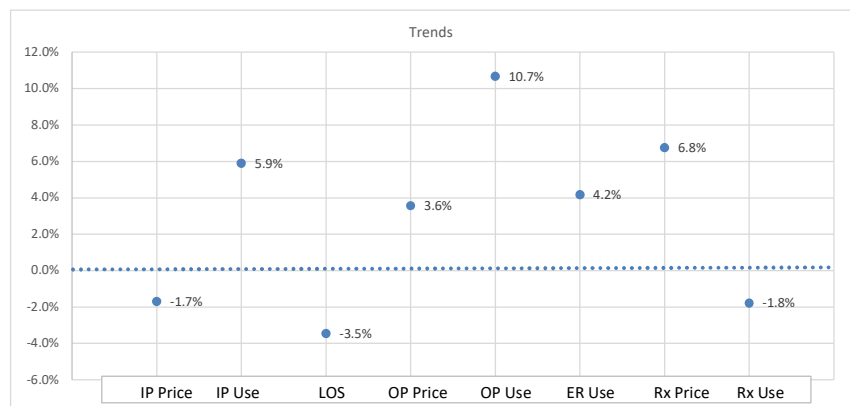
2. High Cost Claimants



	Previous	Current	Trend
Patients	105	44	-58.1%
Patients per 1,000	3.9	1.6	-59.0%
Payments (in Millions)	\$12 M	\$4 M	-68.2%
Payments per Patient	112,876	85,527	-24.2%

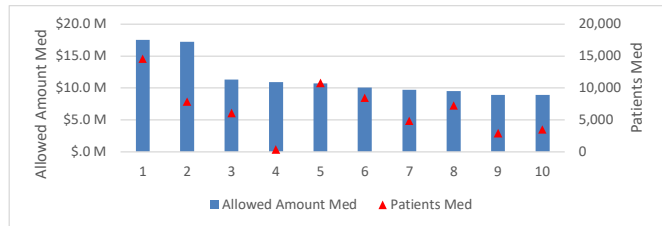
6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$20,482	\$20,137	-1.7%	\$37,893
	Admits per 1000	145.0	153.6	5.9%	51.7
	Days LOS	6.9	6.7	-3.5%	5.1
Outpatient	Allowed per Service	\$123	\$127	3.6%	\$135
	ER Visits per 1000	471.2	521.5	10.7%	217.4
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	4.2%	n/a
	Days Supply PMPY	1,644	1,614	-1.9%	n/a
Specialty Rx	Allowed per Days Supply	\$135	\$139	3.0%	n/a
	Days Supply PMPY	19	20	5.6%	n/a
All RX	Allowed per Days Supply	\$4	\$4	6.8%	\$4
	Days Supply PMPY	1,663	1,634	-1.8%	365



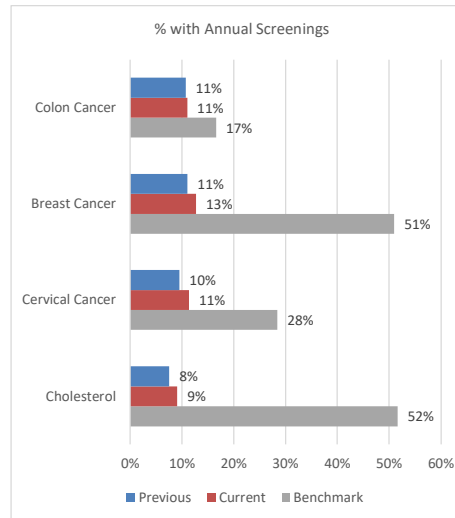
Medical and Prescription Drug Dashboard - Medicare Retirees
Previous Period: Jul 2021 - Jun 2022 (Paid)
Current Period: Jul 2022 - Jun 2023 (Paid)

8. Top Medical Conditions (by cost)

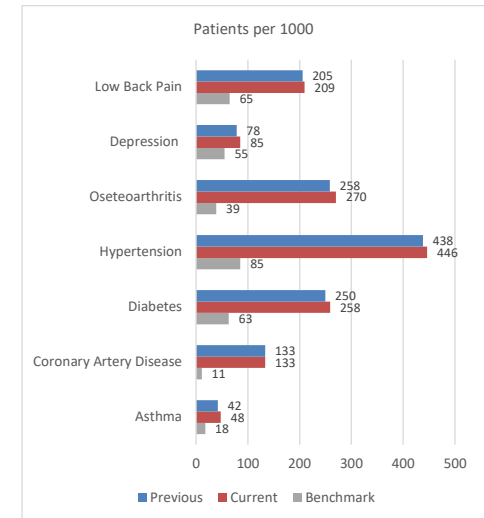


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NE	\$17,521,904	14,577	\$1,202
2 Osteoarthritis	\$17,243,711	7,874	\$2,190
3 Spinal/Back Disord, Low Back	\$11,333,970	6,092	\$1,860
4 Chemotherapy Encounters	\$10,912,686	374	\$29,178
5 Arthropathies/Joint Disord NEC	\$10,697,178	10,812	\$989
6 Eye Disorders, Degenerative	\$10,087,408	8,454	\$1,193
7 Cardiac Arrhythmias	\$9,717,294	4,845	\$2,006
8 Respiratory Disord, NEC	\$9,536,631	7,268	\$1,312
9 Renal Function Failure	\$8,926,886	2,923	\$3,054
10 Cerebrovascular Disease	\$8,925,852	3,513	\$2,541

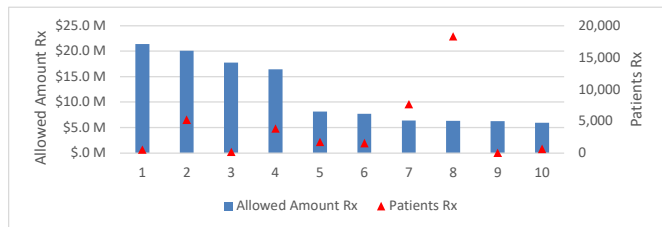
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$21,382,342	548	\$39,019
2 Antidiabetic Agents, Misc	\$20,066,043	5,250	\$3,822
3 Molecular Targeted Therapy	\$17,767,720	183	\$97,091
4 Coag/Anticoag, Anticoagulants	\$16,397,729	3,865	\$4,243
5 Antidiabetic Ag, SGLT Inhibitr	\$8,155,560	1,746	\$4,671
6 Antidiabetic Agents, Insulins	\$7,704,595	1,588	\$4,852
7 Adrenals & Comb, NEC	\$6,391,842	7,698	\$830
8 Antihyperlipidemic Drugs, NEC	\$6,342,481	18,306	\$346
9 Antineoplastic Agent, Misc.	\$6,313,563	43	\$146,827
10 Hormone-Modifying Therapy	\$5,922,899	659	\$8,988

