PARMA CITY SCHOOLS DISTRICT

MINUTES

INSURANCE COMMITTEE MEETING

December 10, 2024

Meeting called to order at 2:00 p.m.

Financials

- Sean discussed the Financials for the Insurance Fund. The fund balance as of 11/30/2024 was $2,672,753. Expenditures exceeded revenues for the month of November by $225,868.

Wellness

- There was no wellness update.

Oswald

- Oswald provided their monthly financial update. Oswald provided a comprehensive breakdown of claims by category over a two-year period. Also, we discussed our options for reducing costs for the plan.
-

Meeting was adjourned at 2:46 p.m.

Next meeting: 1/14/25

Fiscal Year		2025		2024		2023
FY Beg. Balance (cash)	**$**	**5,996,606.30**	**$**	**6,985,590.17**	**$**	**6,795,523.85**
Premiums						
Employees - Med/Rx	$	1,404,442.54	$	3,078,436.35	$	3,142,631.17
Vision - Emp	$	485.94	$	1,131.04	$	130,611.53
Board of Education - Med/Rx	$	8,903,985.74	$	20,624,545.46	$	21,320,951.37
Vision - BoE	$	50,917.51	$	123,338.26	$	931.68
Misc	$	35,742.30	$	43,760.96	$	140,010.50
Total Revenue	***$***	***10,395,574.03***	***$***	***23,871,212.07***	***$***	*24,735,136.25*
Total Expense	***$***	***13,719,427.38***	***$***	***24,860,195.94***	***$***	*24,545,069.93*
Reserve Gain/(Loss)	***$***	***(3,323,853.35)***	***$***	***(988,983.87)***	***$***	***190,066.32***
Claims						
Medical	$	8,748,137.21	$	15,911,171.06	$	16,726,665.33
Prescription	$	3,247,008.51	$	5,699,333.25	$	4,864,063.60
Vision	$	46,079.06	$	96,190.00	$	82,607.75
Fixed Costs & Other						
Administration Fee	$	359,673.87	$	612,044.86	$	784,277.35
Stop Loss Premiums	$	1,182,918.54	$	2,250,725.34	$	1,862,905.66
Grail	$	-	$	2,547.00		
Consultant/Legal Fees	$	98,000.10	$	236,264.37	$	199,687.79
Subrogation	$	5,402.08	$	6,548.94	$	2,745.24
Health Fair/Wellness	$	5,950.48	$	11,709.66	$	12,034.21
ACA Fees	$	7,323.15	$	-	$	-
Misc	$	18,934.38	$	33,661.46	$	10,083.00
FY Ending Balance (cash)	**$**	**2,672,752.95**	**$**	**5,996,606.30**	**$**	**6,985,590.17**

FY 2025 Insurance Fund by Month

Total FYTD			July	August	September	October	November
	Premiums						
$ 1,404,442.54	Employees	(3)	$ 251,585.16	$ 356,767.04	$ 258,585.36	$ 268,525.27	$ 268,979.71
$ 485.94	Vision - Emp	(5)	$ 82.29	$ 124.76	$ 82.53	$ 102.74	$ 93.62
$ 8,903,985.74	Board of Education	(2)	$ 1,653,749.57	$ 1,634,594.86	$ 1,762,275.77	$ 1,918,585.71	$ 1,934,779.83
$ 50,917.51	Vision - BOE	(4)	$ 9,927.18	$ 9,610.08	$ 9,890.49	$ 10,667.55	$ 10,822.21
$ 35,742.30	Misc	(1)	$ 35,742.30	$ -	$ -	$ -	$ -
$ 10,395,574.03	***Total Revenue***		*$ 1,951,086.50*	*$ 2,001,096.74*	*$ 2,030,834.15*	*$ 2,197,881.27*	*$ 2,214,675.37*
$ 13,719,427.38	***Total Expense***		*$ 3,159,805.35*	*$ 3,002,281.93*	*$ 2,844,970.77*	*$ 2,271,826.04*	*$ 2,440,543.29*
$ (3,323,853.35)	***Reserve Gain/(Loss)***		*$ (1,208,718.85)*	*$ (1,001,185.19)*	*$ (814,136.62)*	*$ (73,944.77)*	*$ (225,867.92)*
	Claims						
$ 8,748,137.21	Medical	(1)	$ 1,718,660.69	$ 2,059,783.12	$ 2,138,711.93	$ 1,159,992.59	$ 1,670,988.88
$ 3,247,008.51	Prescription	(2)	$ 897,494.95	$ 630,277.54	$ 419,926.09	$ 822,033.10	$ 477,276.83
$ 46,079.06	Vision	(5)	$ -	$ 15,592.20	$ 7,571.11	$ 10,908.91	$ 12,006.84
	Fixed Costs & Other						
$ 359,673.87	Administration Fee	(4)	$ 148,603.01	$ 51,705.32	$ 52,963.76	$ 53,188.13	$ 53,213.65
$ 1,182,918.54	Stop Loss Premiums	(3)	$ 364,408.60	$ 203,042.08	$ 202,617.10	$ 205,426.19	$ 207,424.57
$ -	Grail		$ -				
$ 98,000.10	Consultant/Legal Fees	(6)	$ 18,488.60	$ 34,430.30	$ 8,545.60	$ 18,181.00	$ 18,354.60
$ 5,402.08	Subrogation	(7)	$ 330.02	$ 829.44	$ 868.58	$ 2,096.12	$ 1,277.92
$ 5,950.48	Health Fair/Wellness	(9)	$ 5,950.48	$ -		$ -	$ -
$ 7,323.15	ACA Fees	(8)	$ -	$ -	$ 7,323.15	$ -	$ -
$ 18,934.38	Misc	(10)	$ 5,869.00	$ 6,621.93	$ 6,443.45	$ -	$ -

FY 2024 Insurance Fund by Month

Total FYTD			July	August	September	October	November
	Premiums						
$ 1,098,272.37	Employees	(3)	$ 120,560.46	$ 220,801.46	$ 253,998.70	$ 251,178.39	$ 251,733.36
$ 509.82	Vision - Emp	(5)	$ 43.27	$ 71.27	$ 113.42	$ 82.08	$ 199.78
$ 8,094,390.93	Board of Education	(2)	$ 1,569,487.28	$ 1,565,495.84	$ 1,393,079.19	$ 1,779,850.59	$ 1,786,478.03
$ 48,126.29	Vision - BOE	(4)	$ 9,315.53	$ 9,343.94	$ 8,304.30	$ 10,552.52	$ 10,610.00
$ 34,797.92	Misc	(1)	$ 27,500.00	$ -		$ 3,917.69	$ 3,380.23
$ 9,276,097.33	***Total Revenue***		$ *1,726,906.54*	$ *1,795,712.51*	$ *1,655,495.61*	$ *2,045,581.27*	$ *2,052,401.40*
$ 10,163,497.98	***Total Expense***		$ *2,871,508.45*	$ *1,722,770.95*	$ *1,767,708.94*	$ *1,857,717.15*	$ *1,943,792.49*
$ (887,400.65)	***Reserve Gain/(Loss)***		$ *(1,144,601.91)*	$ *72,941.56*	$ *(112,213.33)*	$ *187,864.12*	$ *108,608.91*
	Claims						
$ 6,321,419.79	Medical	(1)	$ 1,647,810.33	$ 998,270.12	$ 1,497,817.15	$ 1,022,047.96	$ 1,155,474.23
$ 2,196,200.17	Prescription	(2)	$ 679,501.89	$ 460,869.05	$ 1,828.70	$ 553,849.02	$ 500,151.51
$ 43,722.23	Vision	(5)	$ 7,856.01	$ 8,508.26	$ 8,536.78	$ 7,431.80	$ 11,389.38
	Fixed Costs & Other						
$ 310,507.69	Administration Fee	(4)	$ 101,228.17	$ 51,310.04	$ 52,011.73	$ 53,056.44	$ 52,901.31
$ 1,122,848.29	Stop Loss Premiums	(3)	$ 374,946.17	$ 186,461.16	$ 184,988.14	$ 188,418.48	$ 188,034.34
$ -	Grail		$ -	$ -	$ -	$ -	$ -
$ 133,767.53	Consultant/Legal Fees	(6)	$ 31,360.12	$ 12,915.66	$ 22,193.66	$ 31,726.46	$ 35,571.63
$ 2,405.82	Subrogation	(7)	$ 319.30	$ 296.66	$ 332.78	$ 1,186.99	$ 270.09
$ -	Health Fair/Wellness	(9)	$ -	$ -	$ -	$ -	$ -
$ -	ACA Fees	(8)	$ -	$ -	$ -	$ -	$ -
$ 32,626.46	Misc	(10)	$ 28,486.46	$ 4,140.00	$ -	$ -	$ -

FY 2025 Insurance Claims

	MMO	Express Scripts	Total	
12/6/2024	447,966.69	154,951.59	602,918.28	Posted in December 2024
11/29/24	352,426.35	170,574.35	523,000.70	Posted on 12/2/24 in bank. Recorded as a December transcation for PCSD.
11/22/24	382,980.52	96,066.21	479,046.73	
11/15/24	488,985.90	141,837.53	630,823.43	
11/08/24	360,814.46	157,418.04	518,232.50	
11/01/24	450,214.84	134,116.11	584,330.95	
10/25/24	247,182.05	225,600.90	472,782.95	
10/18/24	309,215.96	154,603.08	463,819.04	
10/11/24	402,199.91	227,432.96	629,632.87	
10/04/24	212,303.58	180,980.97	393,284.55	
09/27/24	406,883.59	186,209.25	593,092.84	
09/20/24	378,928.07	164,561.92	543,489.99	
09/13/24	352,071.54	128,670.67	480,742.21	
09/06/24	252,991.39	115,166.22	368,157.61	
08/30/24	546,125.72	102,626.43	648,752.15	
08/23/24	469,840.91	146,939.12	616,780.03	
08/16/24	396,373.91	177,403.73	573,777.64	
08/09/24	663,034.78	184,274.34	847,309.12	
08/02/24	446,186.05	131,102.08	577,288.13	
07/26/24	397,998.02	186,254.23	584,252.25	
07/19/24	356,959.02	192,167.46	549,126.48	
07/12/24	271,142.38	141,349.40	412,491.78	
07/05/24	246,375.22	248,530.08	494,905.30	

EXPRESS SCRIPTS®

REBATE ALLOCATION

11/08/2024

Client ID: Parma City School District

Parma City School District
Attention: Sean Nuccio
7377 Chateau Drive
Parma, OH 44130

Enclosed are your rebate reports for 04/01/2024 to 06/30/2024. We are pleased to report that this allocation represents your rebate payment savings based on the prescriptions filled by your members and your contractual rebate arrangement with Express Scripts.

Your rebate payment will come under separate cover. This letter and enclosed reports are being sent to you in advance of the forthcoming payment.

Payment Amount: $483,177.21

If you have any questions regarding the enclosed information, please contact your Account Team at Express Scripts for assistance.

Sincerely,

Express Scripts Rebate Program Management

Parma City School District Health Care Committee Meeting

December 10, 2024

Kelsey Finucan
Tracie Collins
Dan Sabo

We See Risk So You See Opportunity



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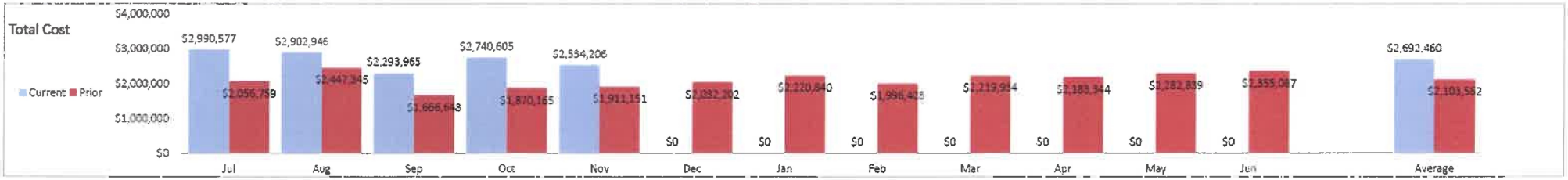
Oswald Monthly Report

Claim Experience - Prior Year	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	PEPY
Medical Claims	$1,392,477	$1,724,247	$1,073,455	$1,071,518	$1,326,638	$1,232,913	$1,467,222	$1,363,890	$1,541,274	$1,484,303	$1,468,899	$1,542,117	$16,688,952	$1,390,746	$13,964
Prescription Claims	$551,915	$611,719	$479,289	$690,202	$476,617	$691,173	$663,084	$541,675	$586,755	$622,758	$737,602	$736,741	$7,389,529	$615,794	$6,183
Rx Rebates	($122,890)	($122,890)	($122,890)	($130,324)	($130,324)	($130,324)	($145,547)	($145,547)	($145,547)	($161,059)	($161,059)	($161,059)	($1,679,461)	($139,955)	($1,405)
Total Claims	$1,821,501	$2,213,075	$1,429,854	$1,631,396	$1,672,931	$1,793,762	$1,984,759	$1,760,018	$1,982,482	$1,946,002	$2,045,442	$2,117,799	$22,399,020	$1,866,585	$18,741
Fees/Premium	$235,257	$234,270	$236,794	$238,769	$238,220	$238,440	$236,080	$236,410	$237,452	$237,342	$237,398	$237,288	$2,843,721	$236,977	$2,379
Total Cost	$2,056,759	$2,447,345	$1,666,648	$1,870,165	$1,911,151	$2,032,202	$2,220,840	$1,996,428	$2,219,934	$2,183,344	$2,282,839	$2,355,087	$25,242,741	$2,103,562	$21,121
Reimbursed Claims													($432,276)		($362)
Grand Total													$24,810,465	$2,067,539	$20,759

Subscribers Medical/Rx	1,190	1,184	1,195	1,201	1,202	1,204	1,193	1,193	1,198	1,197	1,193	1,192	14,342	1,195	
Medical/Rx Claim PEPM	$1,530.67	$1,869.15	$1,196.53	$1,358.36	$1,591.79	$1,689.84	$1,663.67	$1,475.29	$1,854.83	$1,625.78	$1,714.54	$1,776.68		$1,562	$18,741

Claims Experience - Current Year	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Medical Claims	$2,018,729	$2,046,220	$1,370,195	$1,667,441	$1,622,301								$8,724,886	$1,744,977	$17,719
Prescription Claims	$721,654	$606,176	$669,852	$817,710	$655,983								$3,471,375	$694,275	$7,050
Rx Rebates													$0	$0	$0
Total Claims	$2,740,383	$2,652,396	$2,040,047	$2,485,151	$2,278,284								**$12,196,261**	$2,439,252	$24,768
Fees/Premium	$250,194	$250,550	$253,918	$255,454	$255,922								**$1,266,038**	$253,208	$2,571
Total Cost	$2,990,577	$2,902,946	$2,293,965	$2,740,605	$2,534,206								$13,462,299	$2,692,460	$27,339
Reimbursed Claims													($190,141)		($386)
Grand Total													$13,272,157	$2,654,431	$26,953

Subscribers Medical/Rx	1,165	1,162	1,183	1,193	1,206								5,909	1,182	
Medical/Rx Claim PEPM	$2,352.36	$2,282.61	$1,724.47	$2,082.11	$1,889.12									$2,066	$24,768



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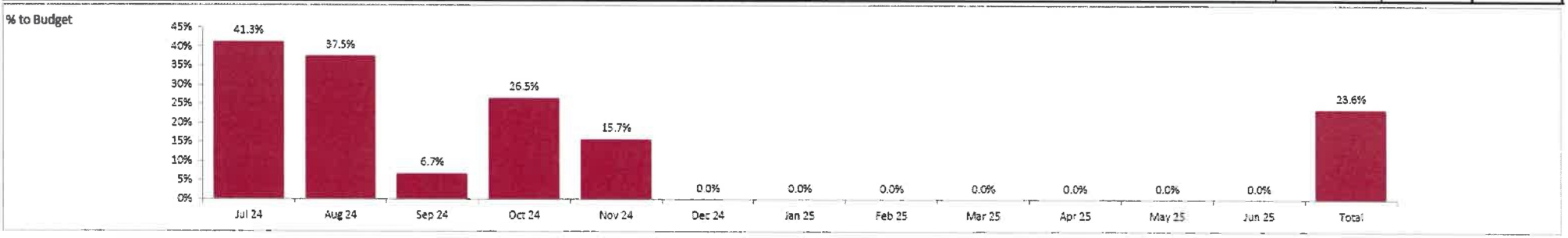
Oswald Monthly Report (cont.)

Large Claims: July 2024 - June 2025	Claims	Estimated Reimbursement
HCC1	$390,141	($190,141)
HCC2	$197,586	
HCC3	$177,434	
HCC4	$150,250	
HCC5	$142,516	
HCC6	$107,415	
HCC7	$106,443	
HCC8	$105,516	
HCC9	$102,916	
	$1,480,216	($190,141)

Plan Information	
Insurer/Medical	MMO
Rx	ESI
Contract Type	Self-Insured
Specific Stop-Loss Coverage	Medical/Rx
Specific Stop-Loss Deductible	$200,000
Aggregate Stop-Loss Coverage	Medical/Rx
Aggregate Stop-Loss Corridor	115%

Due to reporting limitations, reimbursements are shown on medical claims only.
The stop loss contract covers both medical and Rx claims so actual reimbursements may differ.

Year to Date Actual vs Budgeted Plan Cost	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Budget Plan Cost	$2,116,312	$2,110,862	$2,149,010	$2,167,176	$2,190,791								$10,734,151	$2,146,830	$21,799
Actual Plan Cost	$2,990,577	$2,902,946	$2,293,965	$2,740,605	$2,534,206								$13,272,157	$2,692,460	$26,953
% Actual to Budget	141.3%	137.5%	106.7%	126.5%	115.7%								123.6%		



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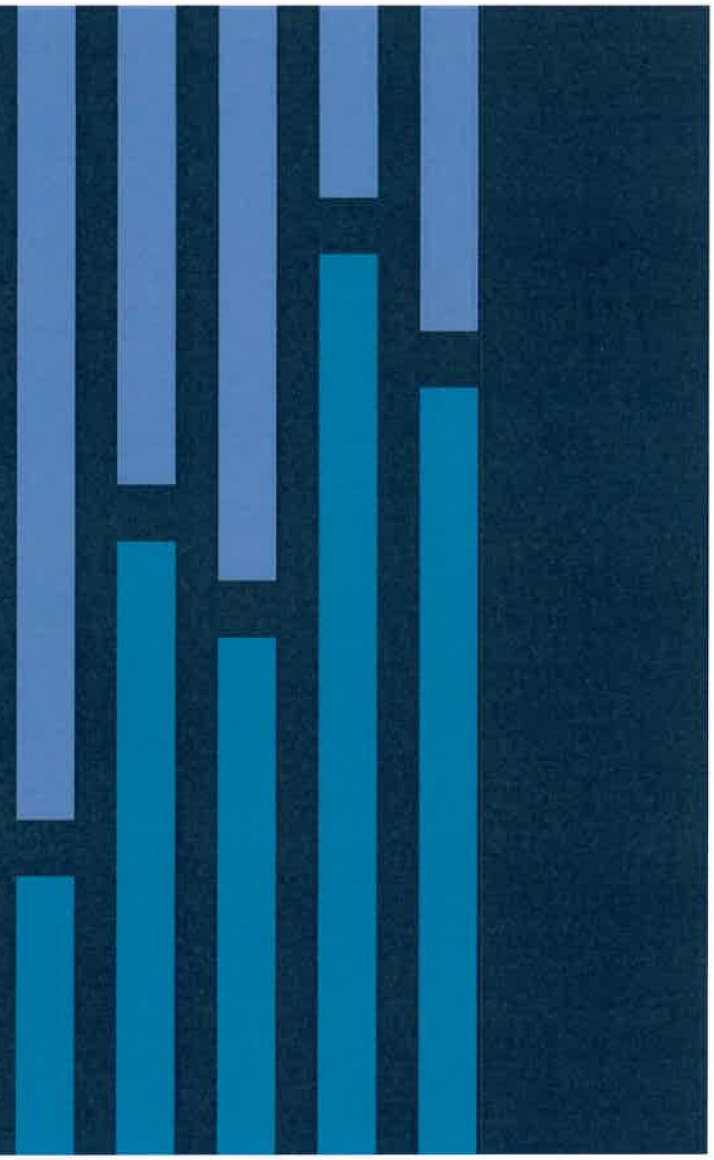
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Star Report

Strategic, Tactical Actions & Results

Parma City School District

Medical and Pharmacy Benefits
July 1, 2023 – June 30, 2024
July 1, 2022 – June 30, 2023



NSi INSURANCE GROUP | oswald | RCM&D

Executive Summary

Financial

Medical Claims PEPY Net of Stop Loss Reimbursements	**$13,472** -1.3% from last year
Rx Claims PEPY Net of Rebates	**$4,939** +39.6% from last year
Total Gross Cost PEPY Claims + Fixed Fees	**$20,791** +7.4% from last year

Demographics

Enrollment Subscribers	**1,195** -0.5% from last year
Dependent Ratio	**2.33** -0.9% from last year
Members Over 65 PMPY	**$19,795** +128.1% vs. total group

High Cost Claims

Claimants Over Stop Loss Specific Stop Loss: $200,000	**10** +0 from last year
Claims Over Stop Loss	**$589,480** -$794,113 from last year
Loss Ratio - Stop Loss Prior Year	**26%** 68%

Pharmacy

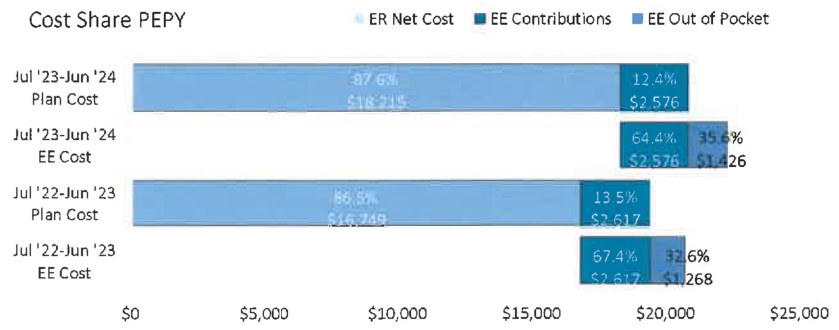
Specialty Rx Spend	**$3,418,801** +37.3% from last year
Medical Specialty Spend	**$1,532,185** +26.6% from last year
Generic Utilization	**82.4%** +2.0% from last year

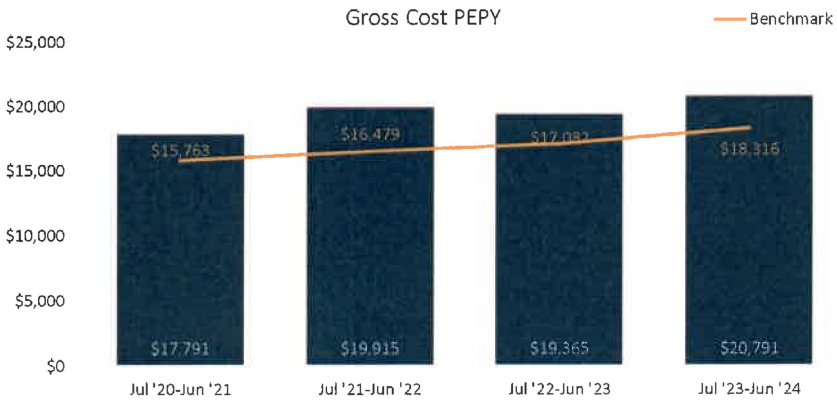
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Financial Summary

	Annual Totals			Per Employee Per Year (PEPY)		
	Jul '23-Jun '24	Jul '22-Jun '23	Δ (%)	Jul '23-Jun '24	Jul '22-Jun '23	Δ (%)
Average Enrolled	**1,195**	**1,201**	-0.5%	**1,195**	**1,201**	-0.5%
Paid Medical Claims	$16,688,952	$17,773,720	-6.1%	$13,966	$14,799	-5.6%
Paid Pharmacy Claims	$7,497,700	$5,679,089	32.0%	$6,274	$4,729	32.7%
Stop Loss Reimbursements	($589,480)	($1,383,593)	-57.4%	($493)	($1,152)	-57.2%
Pharmacy Rebates	($1,595,045)	($1,428,187)	11.7%	($1,335)	($1,189)	12.2%
Net Paid Claims	**$22,002,126**	**$20,641,030**	6.6%	**$18,412**	**$17,187**	7.1%
Administration Fees	$591,416	$591,886	-0.1%	$495	$493	0.4%
Stop Loss Premium	$2,252,264	$2,024,798	11.2%	$1,885	$1,686	11.8%
Total Fixed Fees	**$2,843,680**	**$2,616,684**	8.7%	**$2,380**	**$2,179**	9.2%
Total Gross Cost	**$24,845,806**	**$23,257,713**	6.8%	**$20,791**	**$19,365**	7.4%
Total Employee Contributions	**($3,078,436)**	**($3,142,631)**	-2.0%	**($2,576)**	**($2,617)**	-1.6%
Total Employer Net Cost	**$21,767,369**	**$20,115,082**	8.2%	**$18,215**	**$16,749**	8.8%

On a PEPY basis, employee contributions accounted for 12.4% of the total gross cost of coverage. Employees paid $4,002 out of pocket PEPY. This includes employee contributions and out of pocket claims cost.





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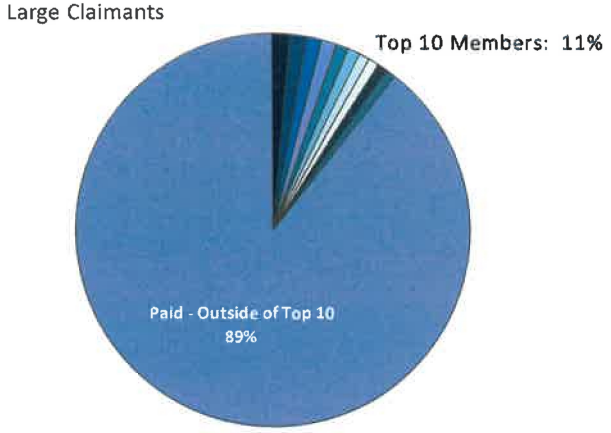
Large Claimants

Specific Stop Loss Deductible	$200,000
Basis	Member
Claims Included	Medical & Rx

In Jul '23-Jun '24, Parma City School District experienced 10 members with claims over the specific stop loss deductible. Estimated reimbursements were $589,480.

	Relationship	Diagnosis	Jul '23-Jun '24 Medical	Pharmacy	Claims Included	Est. Reim.	Jul '22-Jun '23 Claims Included	Rank
1		Myasthenia Gravis And Other Myoneural Disorders	$319,597	$27,446	$347,043	$147,043	$26,101	199
2		Hypertensive Heart And Chronic Kidney Disease	$327,879	$2,850	$330,729	$130,729	$266,125	6
3		Chronic Kidney Disease (Ckd)	$299,417	$12,714	$312,131	$112,131	$250,821	7
4		Encounter For Other Aftercare And Medical Care	$242,307	$48,630	$290,937	$90,937	$154,071	20
5		Rx (Jynarque), Chronic Kidney Disease	$2,305	$245,271	$247,576	$47,576	$222,238	10
6		Other Sepsis	$238,377	$0	$238,377	$38,377	$26,761	196
7		Rx (Verzenio), Malignant Neoplasm of Breast	$111,917	$99,136	$211,053	$11,053	$52,937	75
8		Eating Disorders	$204,698	$1,834	$206,532	$6,532	$9,508	515
9		Chronic Ischemic Heart Disease	$185,052	$18,467	$203,519	$3,519	$16,421	322
10		Rx (Tagrisso), Malignant Neoplasm of Bronchus and Lung	$10,738	$190,845	$201,583	$1,583	$191,586	13
		Subtotal	**$1,942,287**	**$647,193**	**$2,589,480**	**$589,480**	$1,216,569	
		Total Claims			**$24,068,338**	**$589,480**	$23,452,809	





Data analytics services include providing de-identified claims data to assist Client in making financial, insurance program, and wellness program decisions. Client shall use this information in a manner that complies with applicable law, including employment, discrimination, disability, FMLA, ERISA, or otherwise, and bears the sole responsibility for doing so.

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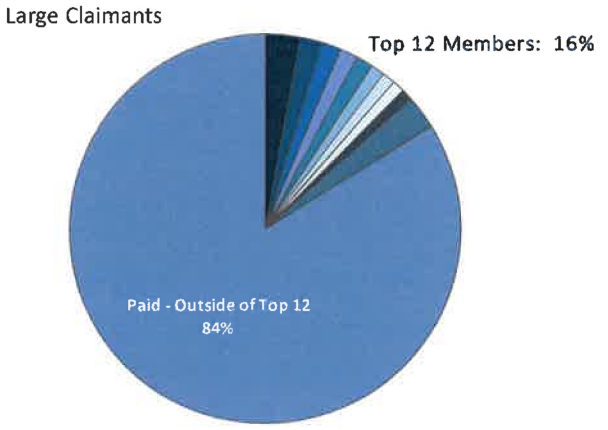
Large Claimants

Specific Stop Loss Deductible	$200,000
Basis	Member
Claims Included	Medical & Rx

In Jul '22-Jun '23, Parma City School District experienced 10 members with claims over the specific stop loss deductible. Estimated reimbursements were $1,383,593.

	Relationship	Diagnosis	Jul '22-Jun '23 Medical	Pharmacy	Claims Included	Est. Reim.
1		Malignant Neoplasm Of Esophagus	$657,333	$4,480	$661,813	$461,813
2		Aortic Aneurysm And Dissection	$418,778	$6,533	$425,311	$225,311
3		Hypertensive Heart And Chronic Kidney Disease	$378,537	$11,281	$389,818	$189,818
4		Vascular Disorders Of Intestine	$339,531	$355	$339,886	$139,886
5		Malignant Neoplasm Of Colon	$337,766	$410	$338,176	$138,176
6		Chronic Kidney Disease (Ckd)	$262,984	$3,141	$266,125	$66,125
7		Type 2 Diabetes Mellitus	$231,004	$19,817	$250,821	$50,821
8		Osteonecrosis	$228,309	$4,827	$233,136	$33,136
9		Pharmacy	$119,817	$106,562	$226,379	$26,379
10-12		Additional 3 Claimants Exceeding Stop-Loss	$327,241	$324,887	$652,128	$52,128
		Subtotal	**$3,301,300**	**$482,293**	**$3,783,593**	**$1,383,593**
		Total Claims			**$23,452,809**	**$1,383,593**



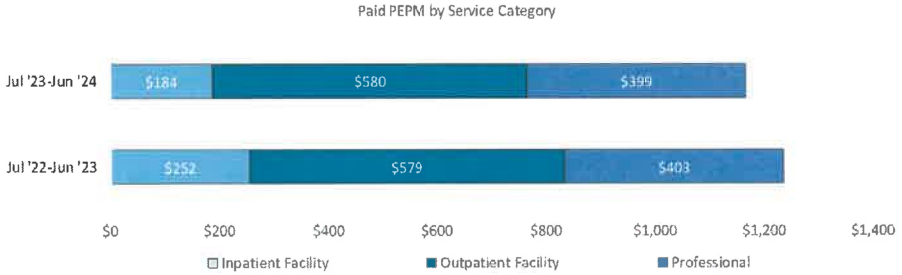


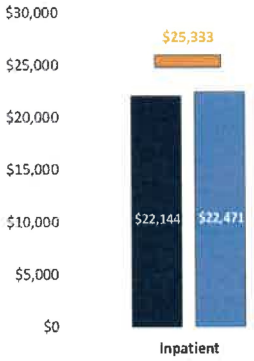
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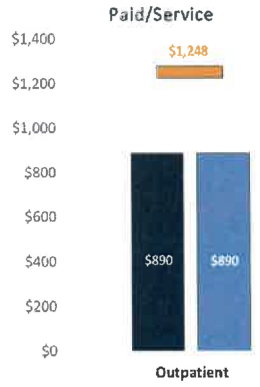
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Cost and Utilization by Service Category

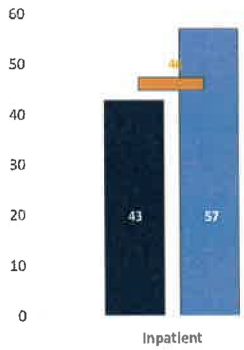
	Jul '23-Jun '24		Jul '22-Jun '23			
	Services/1,000	Paid/Service	Services/1,000	Δ	Paid/Service	Δ
Inpatient	**43**	**$22,144**	57	-25.0%	$22,471	-1.5%
Outpatient	**3,355**	**$890**	3,322	+1.0%	$890	+0.1%
Emergency Room	402	$2,236	371	+8.2%	$2,268	-1.4%
Radiology	992	$497	1,030	-3.8%	$386	+28.8%
Professional	**21,407**	**$96**	23,523	-9.0%	$87	+9.8%
Office - Preventive	574	$168	620	-7.4%	$169	-0.5%
In-Person Office Visit	3,823	$107	3,892	-1.8%	$105	+2.1%
Telehealth Visit	891	$111	697	+27.9%	$94	+18.7%

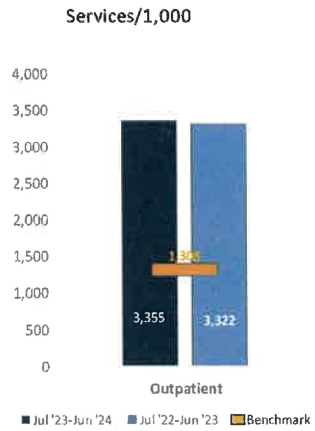


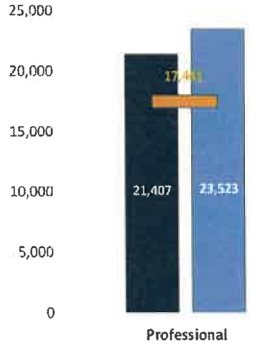












Top 5 Outpatient Radiology Service Types by Paid as of Jul '23-Jun '24

Detailed Service Type	Paid	Services/1,000	Benchmark	Paid/Service	Benchmark
1 CT Scan	$349,182	151	26	$833	$1,491
2 Other Imaging	$255,007	356	63	$257	$394
3 MRI	$241,799	72	23	$1,203	$1,524
4 Therapeutic Radiology	$234,281	42	17	$2,020	$2,846
5 Diagnostic Radiology: Other	$212,183	347	180	$220	$439

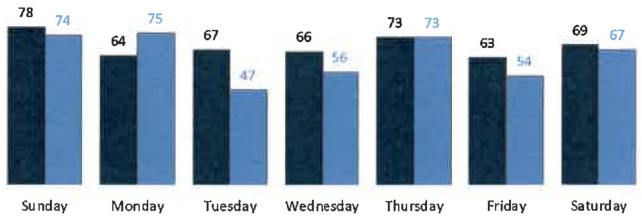
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Cost and Utilization – Emergency Room

Emergency Room	Jul '23-Jun '24	Jul '22-Jun '23	Benchmark
Claimants	363	351	
Visits	480	446	478
Plan Paid	$1,073,253	$1,011,637	$884,245
Per Visit	$2,236	$2,268	$1,850
Employee Paid	$45,668	$38,823	$253,047
Per Visit	$95	$87	$529

Frequent Users of Emergency Room			Jul '23-Jun '24
Count of Visits	Claimants	Visits	Paid
1 Visit	282	282	$589,179
2 - 3 Visits	76	170	$420,435
4 - 5 Visits	3	12	$37,718
6+ Visits	2	16	$25,921

ER Visits by Day of Week



All ER Claims

	Top 5 Diagnoses	Claimants	Visits	Plan Paid	Employee Paid
1	Pain In Throat And Chest	27	30	$68,585	$3,068
2	Abdominal And Pelvic Pain	18	19	$46,530	$2,212
3	Other Disorders Of Urinary System	9	10	$36,139	$1,222
4	Fracture Of Foot And Toe, Except Ankle	4	4	$34,852	$375
5	Pneumonia, Unspecified Organism	9	10	$25,925	$975
	Subtotal		**73**	**$212,031**	**$7,852**
	All Others		407	$861,222	$37,816
	Grand Total	**363**	**480**	**$1,073,253**	**$45,668**

ER Visits for Chronic Conditions

	Top 5 Diagnoses	Claimants	Visits	Plan Paid	Employee Paid
1	Migraine	5	6	$9,078	$589
2	Essential (Primary) Hypertension	4	4	$7,938	$369
3	Type 2 Diabetes Mellitus	1	1	$6,228	$75
4	Other Chronic Obstructive Pulmonary Disea	2	2	$4,692	$150
5	Asthma	3	3	$4,386	$295
	Subtotal		**16**	**$32,322**	**$1,478**
	All Others		3	$6,455	$225
	Grand Total	**18**	**19**	**$38,777**	**$1,703**

ER Visits for Non-Emergencies

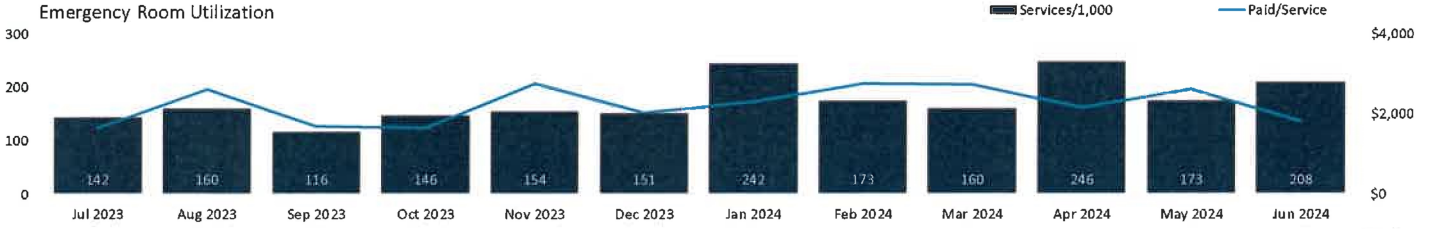
	Top 5 Diagnoses	Claimants	Visits	Plan Paid	Employee Paid
1	Dizziness And Giddiness	5	6	$19,953	$600
2	Disturbances Of Skin Sensation	5	6	$18,366	$375
3	Dorsalgia	4	4	$10,210	$300
4	Oth And Unsp Soft Tissue Disorders, Not Els	7	8	$10,209	$525
5	Essential (Primary) Hypertension	4	4	$7,938	$369
	Subtotal		**28**	**$66,676**	**$2,169**
	All Others		45	$66,289	$4,122
	Grand Total	**64**	**73**	**$132,965**	**$6,291**

Non-emergencies defined by NYU; definitions may not align with carrier definition of non-emergency.

In Jul '23-Jun '24, Parma City School District experienced 480 visits to the emergency room by 363 members. These visits resulted in $1,073,253 paid claims and $45,668 out of pocket costs. These figures may include visits to urgent care facilities that are housed with emergency rooms.

There were 5 members who visited the ER more than four times or more. Sunday was the most popular day of the week to visit the emergency room with 78 visits.

Emergency Room Utilization

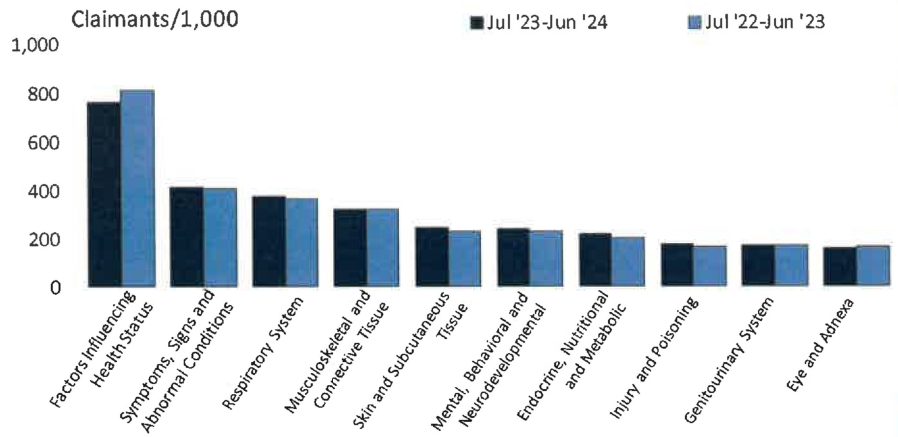


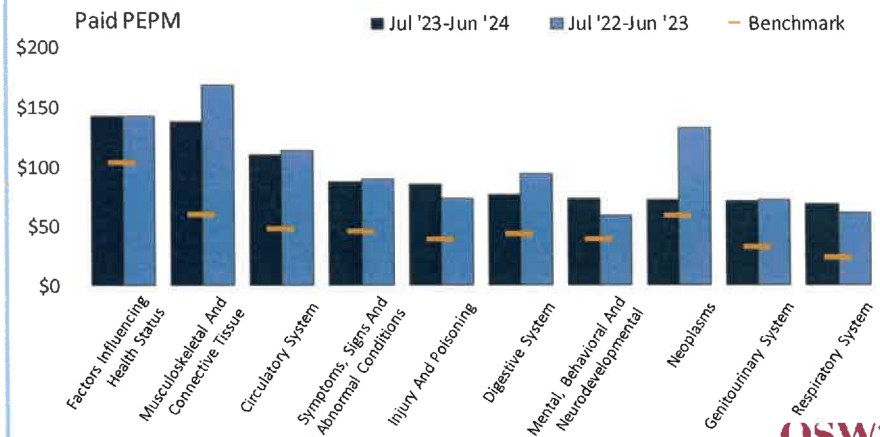
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Diagnostic Categories

Diagnostic Category		Jul '23-Jun '24	Jul '22-Jun '23
Factors Influencing Health Status	Rank	1	2
	Paid	$2,041,815	$2,051,481
	Claimants	2,122	2,291
Musculoskeletal and Connective Tissue	Rank	2	1
	Paid	$1,988,494	$2,433,064
	Claimants	894	905
Circulatory System	Rank	3	4
	Paid	$1,584,711	$1,634,645
	Claimants	412	418
Symptoms, Signs and Abnormal Conditions	Rank	4	6
	Paid	$1,263,373	$1,295,849
	Claimants	1,145	1,147
Injury and Poisoning	Rank	5	7
	Paid	$1,218,074	$1,053,704
	Claimants	482	471

Principal Diagnosis	Jul '23-Jun '24 Paid	Jul '23-Jun '24 Claimants	Jul '22-Jun '23 Paid	Jul '22-Jun '23 Claimants
Encounter For Screening For Malignant Neoplasms	$499,062	598	$596,474	626
Encounter For Other Aftercare And Medical Care	$450,969	28	$236,342	20
Encntr For General Exam W/O Complaint, Susp Or Reprtd Dx	$386,499	1,724	$471,329	1,899
Osteoarthritis Of Knee	$576,175	95	$371,601	83
Other Joint Disorder, Not Elsewhere Classified	$251,293	315	$243,212	313
Dorsalgia	$215,355	221	$167,966	248
Chronic Ischemic Heart Disease	$363,771	43	$192,186	52
Hypertensive Heart And Chronic Kidney Disease	$189,226	3	$124,258	1
Atrial Fibrillation And Flutter	$184,254	25	$139,388	25
Abdominal And Pelvic Pain	$171,522	153	$134,993	176
Pain In Throat And Chest	$150,125	133	$118,125	191
Abnormal And Inconclusive Findings On Dx Imaging Of Breast	$57,438	78	$49,865	77
Dislocation And Sprain Of Joints And Ligaments Of Knee	$202,794	38	$79,752	27
Complications Of Procedures, Not Elsewhere Classified	$79,612	14	$51,676	5
Injury Of Muscle, Fascia And Tendon At Shldr/Up Arm	$62,706	11	$19,381	16





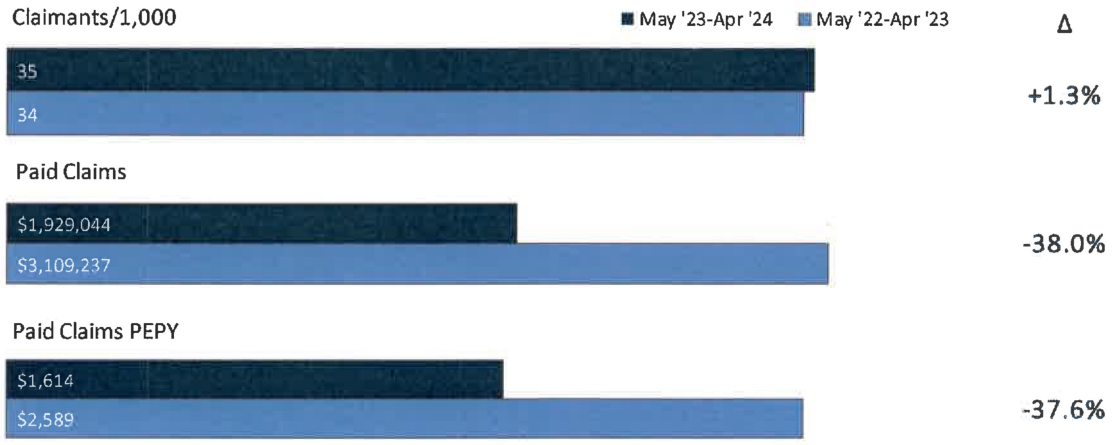
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Cancer

Top Cancer Diagnoses

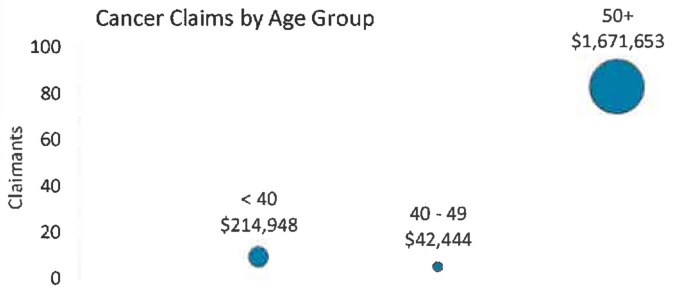
ETG Base	Claimants	Episodes	Paid	Paid/Episode	Benchmark Paid/Episode
Malignant Neoplasm Of Breast	23	23	$574,870	$24,994	$14,576
Malignant Neoplasm Of Pulmonary	5	5	$290,323	$58,065	$39,865
Leukemia	4	4	$273,960	$68,490	$34,295
Malignant Neoplasm Of Prostate	13	13	$265,438	$20,418	$6,636
Malignant Neoplasm Of Large Intestine	3	3	$168,653	$56,218	$15,908
Malignant Neoplasm Of Skin, Major	18	18	$151,698	$8,428	$3,313
Malignant Neoplasm Of Cns	4	4	$41,729	$10,432	$38,326
Malignant Neoplasm Of Uterus	6	6	$38,060	$6,343	$12,650
Lymphoma	7	7	$33,289	$4,756	$17,080
Malignant Neoplasm Of Thyroid Gland	7	7	$30,514	$4,359	$3,086
Grand Total	**97**	**108**	**$1,929,044**	**$17,862**	**$15,166**
Prior Period Total	97	115	$3,109,237	$27,037	

Totals include diagnoses not in top ten



Incurred data with two months of run-out

Parma City School District experienced 108 cancer-related episodes in Jul '23-Jun '24. These episodes cost the group $1,929,044, for an average cost per episode of $17,862 (18% greater than benchmark). There were 7 cancer-related ETGs in the top ten that experienced a greater-than-benchmark cost per episode, highlighted in the table to the left. There were 97 members with cancer claims this year. 83 (86%) of those claimants were 50 years old or older.



The table below shows cancer claims by severity level. Severity level is determined by factors related to the episode. Cancer has four severity levels which are correlated to, but **do not exactly match**, the stage of cancer.

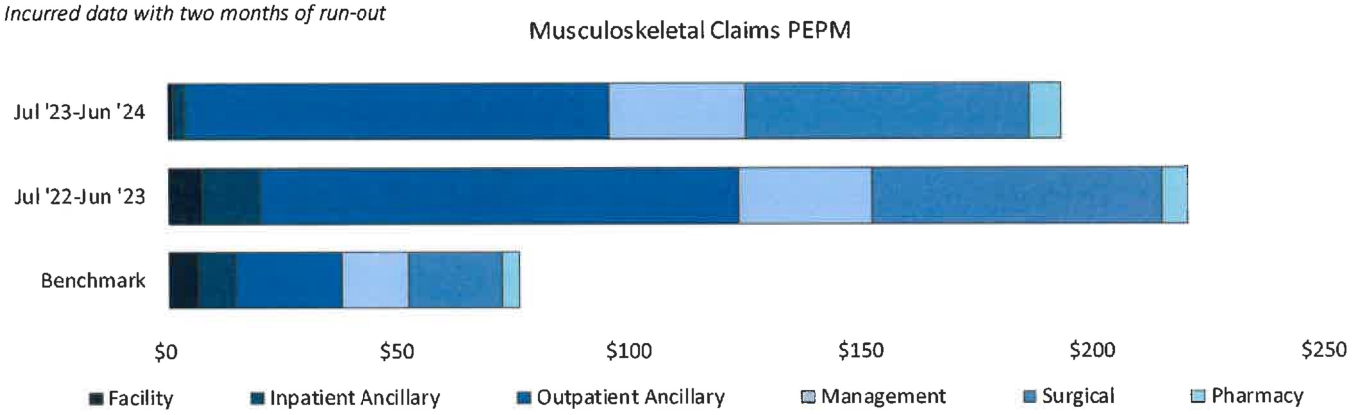
Cancer Claims by Severity Level

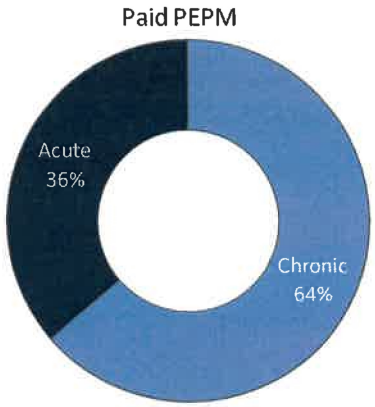
Severity Level	Claimants	Episodes	Paid	Paid/Episode
1	60	62	$497,440	$8,023
2	33	35	$553,104	$15,803
3	9	9	$667,426	$74,158
4	2	2	$211,074	$105,537
Grand Total	**97**	**108**	**$1,929,044**	**$17,862**

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Musculoskeletal

Incurred data with two months of run-out





Inpatient

Principal Diagnosis	Services	Claimants	Total Paid	Paid/Service
Disorder Of Continuity Of Bone	2	2	$120,192	$60,096
Thoracic, Thoracolum, And Lumbosacral Intvrt Disc Disorders	1	1	$51,588	$51,588
Other Spondylopathies	2	1	$50,416	$25,208
Pyogenic Arthritis	1	1	$25,184	$25,184
Complications Of Internal Orthopedic Prosth Dev/Grft	3	2	$57,534	$19,178
Grand Total (including diagnoses not in top five)	**18**	**10**	**$404,828**	**$22,490**

Outpatient

Principal Diagnosis	Services	Claimants	Total Paid	Paid/Service
Osteonecrosis	7	3	$73,800	$10,543
Acquired Deformities Of Fingers And Toes	23	14	$156,278	$6,795
Other Bursopathies	1	1	$5,097	$5,097
Osteoarthritis Of Hip	87	27	$341,567	$3,926
Spontaneous Rupture Of Synovium And Tendon	4	3	$14,035	$3,509
Grand Total (including diagnoses not in top five)	**3,598**	**750**	**$2,983,786**	**$829**

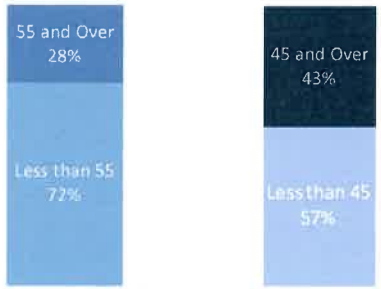
In Jul '23-Jun '24 and Jul '22-Jun '23 combined, there were 10 inpatient claimants for musculoskeletal diagnoses resulting in $404,828 in paid claims. Additionally, there were 750 outpatient claimants resulting in $2,983,786 in paid claims.

The tables to the left show the top five principal diagnoses by paid/service amount based on 24 months of musculoskeletal claims.

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Cardiovascular

Cardiovascular Disease by Age and Gender



Total Spend
May '23-Apr '24
$1,679,260

Non-Modifiable risk factors for heart disease include age, family history, and ancestry.

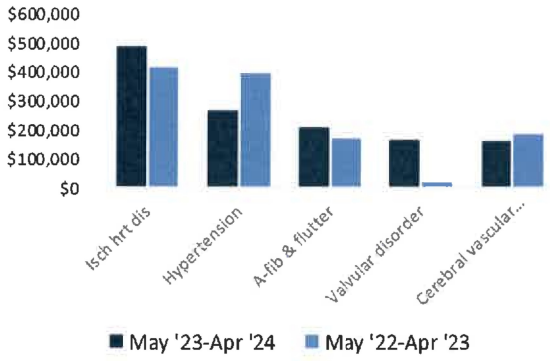
Cardiovascular risk is greater for women **55** and older. In men, the risk increases at **45**.

Top Ten Most Prevalent Cardiovascular Diseases

	May '23-Apr '24		Benchmark	May '22-Apr '23		
ETG Base	Episodes	Episodes/1,000	Episode/1,000	Episodes	Episodes/1,000	% Δ
Hypertension	490	175.7	52.4	483	170	3%
Isch hrt dis	87	31.2	7.1	84	30	5%
Cardiovascular disease S&S	34	12.2	9.1	41	15	-16%
Cerebral vascular disease	31	11.1	3.1	29	10	9%
Oth conduction disorder	30	10.8	5.4	32	11	-4%
CHF, systolic	29	10.4	1.9	29	10	2%
Atherosclerosis	24	8.6	1.7	17	6	43%
A-fib & flutter	19	6.8	2.3	18	6	8%
Valvular disorder	18	6.5	2.7	25	9	-26%
Aortic aneurysm	14	5	1.1	15	5	-6%
All Others	52	19	6	43	15	22%
Grand Total	828	297	93	816	288	3%

Incurred data with two months of run-out

Top Five Cardiovascular Diseases by Paid Amount



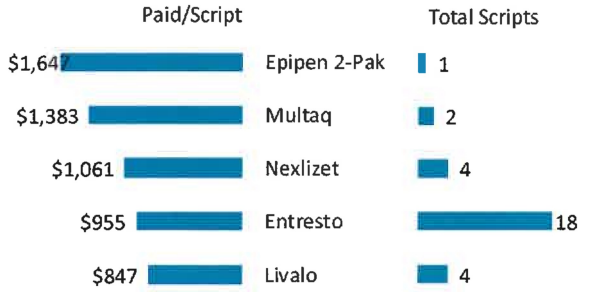
Jul '23-Jun '24	Professional	Outpatient
Paid PMPM	$0.31	$7.55
Paid	$10,431	$252,044
Paid/Service	$326	$7,201

Cardiac Devices assist with rate, rhythm, and circulation. They include pacemakers, implantable cardioverter defibrillators, and more.

Cardiac Devices - Services



Top Drugs by Paid/Service



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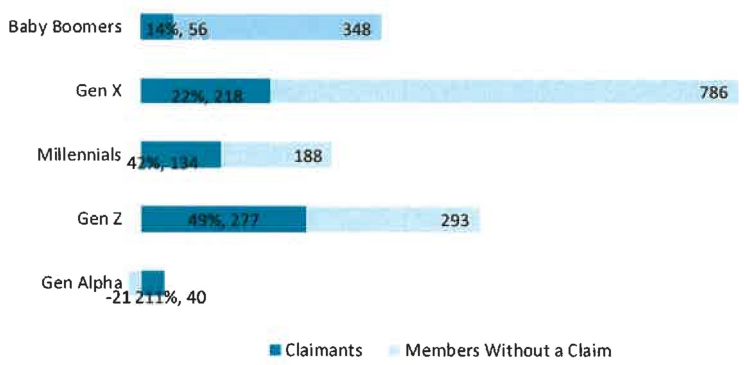
Mental and Behavioral Health

In Jul '23-Jun '24, mental health and substance abuse claims cost the plan $1,053,540.

The EAP plan may offer employees mental health resources at a lower cost.

	ICD-10 Principal Diagnosis	Jul '23-Jun '24 Claimants	Jul '23-Jun '24 Claims	Jul '23-Jun '24 Paid	Jul '22-Jun '23 Claimants	Jul '22-Jun '23 Claims	Jul '22-Jun '23 Paid	Jul '22-Jun '23 Paid Rank
1	Other Anxiety Disorders	345	2,544	$304,342	352	2,217	$276,427	1
2	Eating Disorders	8	103	$145,752	11	90	$19,920	9
3	Major Depressive Disorder, Recurrent	112	795	$118,902	102	654	$122,467	2
4	Reaction To Severe Stress, And Adjustment Disorders	149	985	$102,825	137	976	$100,458	3
5	Alcohol Related Disorders	12	66	$67,981	15	63	$62,474	5
6	Attention-Deficit Hyperactivity Disorders	105	459	$64,203	95	419	$60,716	6
7	Depressive Episode	66	349	$53,206	89	414	$81,483	4
8	Somatoform Disorders	2	7	$36,567	2	3	$556	31
9	Bipolar Disorder	23	150	$28,529	22	115	$15,741	10
10	Persistent Mood [Affective] Disorders	20	147	$20,023	24	198	$21,115	7
	Top Ten Total			**$942,330**			$761,357	
	Grand Total	**664**	**6,232**	**$1,053,540**	653	5,610	$842,407	

Mental Health Utilization by Age Group - Jul '23-Jun '24



			Paid	Claimants	Services/1,000	Paid PEPY
Jul '23-Jun '24	In-Network	Inpatient	$246,165	6	28	$206
		Outpatient	$106,172	134	225	$89
		Professional	$696,341	640	2,750	$583
		Subtotal	**$1,048,678**	**661**	**3,003**	**$878**
	Out-Of-Network	Inpatient	$0	0	0	$0
		Outpatient	$0	0	0	$0
		Professional	$4,862	16	37	$4
		Subtotal	**$4,862**	**16**	**37**	**$4**
		Grand Total	**$1,053,540**	**664**	**3,040**	**$882**
		Δ	25.1%	1.7%	1.1%	25.7%

			Paid	Claimants	Services/1,000	Paid PEPY
Jul '22-Jun '23	In-Network	Inpatient	$110,019	11	28	$92
		Outpatient	$110,954	118	184	$92
		Professional	$617,213	631	2,768	$514
		Subtotal	$838,186	647	2,979	$698
	Out-Of-Network	Inpatient	$0	0	0	$0
		Outpatient	$0	0	0	$0
		Professional	$4,221	17	27	$4
		Subtotal	$4,221	17	27	$4
		Grand Total	$842,407	653	3,006	$701

Data analytics services include providing de-identified claims data to assist Client in making financial, insurance program, and wellness program decisions. Client shall use this information in a manner that complies with applicable law, including employment, discrimination, disability, FMLA, ERISA, or otherwise, and bears the sole responsibility for doing so.

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Preventive Screening

Adult Compliance Rates

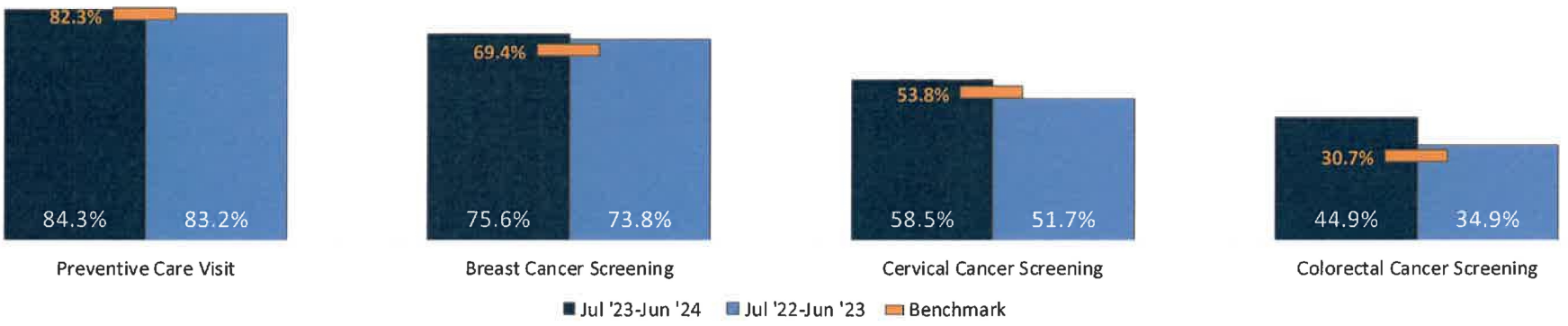
Condition	Cases	Compliant	Non-Compliant	Compliance Rate	Benchmark Rate
Preventive Care Visit	7,108	5,992	1,116	84.3%	82.3%
Breast Cancer Screening	472	357	115	75.6%	69.4%
Cervical Cancer Screening	1,628	952	676	58.5%	53.8%
Colorectal Cancer Screening	2,044	918	1,126	44.9%	30.7%
Grand Total	**11,252**	**8,214**	**3,033**	**73.0%**	

Incurred data with two months of run-out.
Compliance rates lower than benchmark are highlighted in red.
Compliance rate may be incomplete to the extent the data warehouse does not have enough claims history for a given member.

Oswald's data warehouse reviews medical claims for preventive care compliance. The system identifies members by age and gender and searches claims for appropriate screenings. Displayed here are adult screenings based on HEDIS (Health Effectiveness Data and Information Set) guidelines, which were developed by NCQA to measure quality of health plans.

Not all screenings are recommended annually, however it is important to monitor population patterns over time as shown in the graph below.

Adult Compliance Rate by Condition by Year

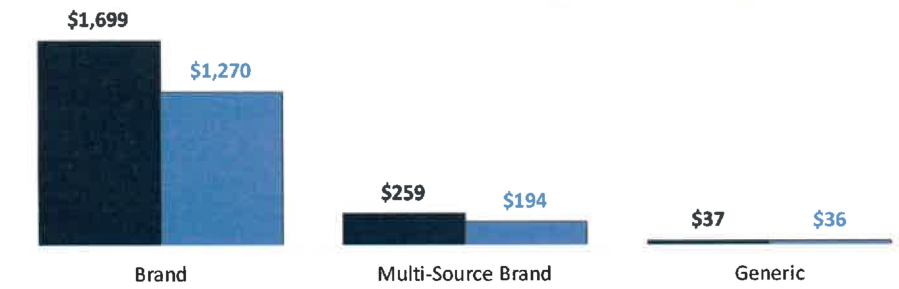


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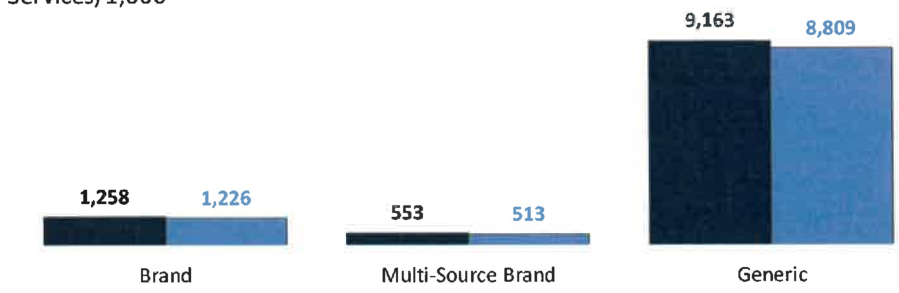
Pharmacy Summary

	Jul '23-Jun '24	Jul '22-Jun '23	Benchmark
Paid PMPM	$221	$167	$156
Scripts/1,000	11,125	10,914	10,501
Paid/Script	$242	$184	$179
Total Plan Paid	**$7,497,700**	$5,679,089	
Employee Cost Share	**$864,333 (10%)**	$735,271 (11%)	

Paid/Service



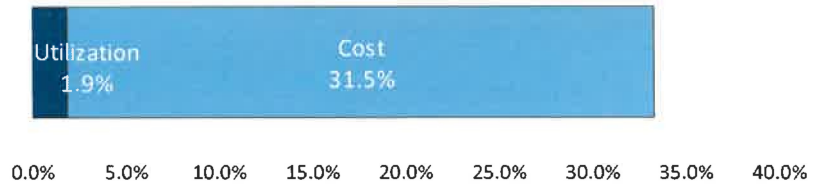
Services/1,000

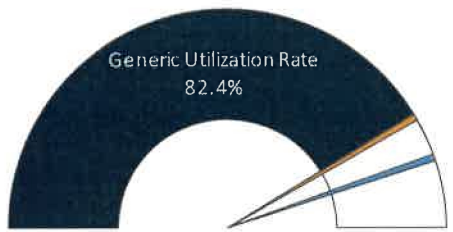


Illustrations above do not include non-drug items or unclassified pharmacy claims.

Prescription Drug Cost Trend Drivers

Total Δ PMPM
31.9%





Generic Utilization Rate Benchmark
82.5%

Ideal Generic Utilization Rate
89.0%

82.4% of prescriptions filled in Jul '23-Jun '24 were generic. Generic utilization in Jul '22-Jun '23 was 80.7%. Benchmark is 82.5%.

Benchmark represents the average generic utilization across the full benchmarking dataset. The Ideal Generic Utilization Rate is the average among plans with a transparent PBM, with a focus on driving utilization to the lowest net cost drugs.

Analysis on this page does not include pharmacy rebates.

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Pharmacy Detail

GLP-1 Drugs for Diabetes and Weight Loss (Top 5) - Jul '23-Jun '24

Drug Name	Plan Paid	Paid/Script	Scripts	Claimants	% Diabetic
Ozempic	$452,075	$1,404	322	66	50%
Mounjaro	$448,494	$1,456	308	55	47%
Wegovy	$251,695	$1,824	138	31	0%
Trulicity	$109,980	$2,156	51	19	74%
Grand Total	**$1,328,087**	**$1,550**	**857**	**156**	**42%**
Prior	$771,187	$1,597	483	104	47%
Δ from Prior	72%	-3%	77%	50%	-5%

Historically taken via injection, these drugs treat diabetes by promoting healthy blood sugar levels and may also help with weight loss.

Biologicals and Biosimilars - Jul '23-Jun '24

Brand Name	Drug Group	Biosimilar Launch Date	Scripts	Paid
Humira	Biological	Available	42	$608,683
Grand Total			**42**	**$608,683**

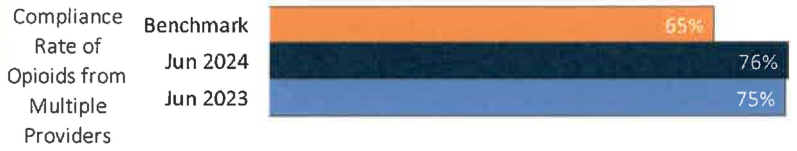
In Jul '23-Jun '24, there were 42 scripts for biologicals with biosimilars either available or expected soon, with total paid claims of $608,683.

Generic Substitution Opportunities

Drug Name	Therapeutic Class	Claimants	Plan Paid
Onfi	Central Nervous System Agents	1	$78,225
Vyvanse	Central Nervous System Agents	38	$54,714
Restasis	Ophthalmic Agents	15	$38,813
Absorica	Dermatological	4	$36,153
Glatopa	Multiple Sclerosis Agents	1	$28,936
Advair Diskus	Respiratory Therapy Agents	12	$19,135
Symbicort	Respiratory Therapy Agents	16	$18,495
Aczone	Dermatological	12	$12,475
Onexton	Dermatological	6	$10,688
Copaxone	Multiple Sclerosis Agents	1	$9,645
All Other			**$92,561**
Grand Total		**410**	**$399,840**

Opioid Drug-Group	Claimants	Scripts	Days Supply/ Claimant	Allowed/ Service
Buprenorphine	125	547	281.0	$32.90
Methylphenidate	54	293	171.1	$99.61
Oxycodone	134	274	38.8	$14.26
Hydrocodone	86	95	4.2	$3.87
Tramadol	44	79	37.5	$3.61
Grand Total	**408**	**1,350**	**130.0**	**$49.73**

Grand Total includes opioid drug-groups not included in top 5.



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Top Prescription Drugs

	Drug Name	Most Common Therapeutic Class	Jul '23-Jun '24 Claimants	Scripts	Paid	Paid/Script	Jul '22-Jun '23 Claimants	Scripts	Paid	Paid/Script	Trend Scripts	Trend Paid/Script
1	Ozempic	Endocrine	66	322	$452,075	$1,404	43	194	$266,292	$1,373	66%	2%
2	Mounjaro	Endocrine	55	308	$448,494	$1,456	25	125	$152,106	$1,217	146%	20%
3	Humira(Cf) Pen	Analgesic, Anti-Inflammato	6	31	$380,605	$12,278	6	26	$283,836	$10,917	19%	12%
4	Jynarque	Genitourinary Therapy	2	19	$354,520	$18,659	1	13	$221,796	$17,061	46%	9%
5	Wegovy	Eating Disorder Therapy	31	138	$251,695	$1,824	18	54	$92,925	$1,721	156%	6%
6	Taltz Autoinjector	Dermatological	4	29	$242,915	$8,376	4	27	$199,188	$7,377	7%	14%
7	Sucraid	Gastrointestinal Therapy Ag	3	14	$194,480	$13,891	0	0	$0	$0	N/A	N/A
8	Alecensa	Antineoplastics	1	4	$190,845	$47,711	1	10	$181,028	$18,103	-60%	164%
9	Humira Pen	Analgesic, Anti-Inflammato	2	8	$170,881	$21,360	1	7	$76,235	$10,891	14%	96%
10	Imbruvica	Antineoplastics	1	10	$168,767	$16,877	1	8	$92,065	$11,508	25%	47%
11	Tremfya	Dermatological	2	12	$139,872	$11,656	2	10	$109,103	$10,910	20%	7%
12	Tagrisso	Antineoplastics	1	5	$139,238	$27,848	0	0	$0	$0	N/A	N/A
13	Abiraterone Acetate	Antineoplastics	1	5	$117,986	$23,597	1	5	$102,261	$20,452	0%	15%
14	Zepbound	Eating Disorder Therapy	29	95	$112,673	$1,186	0	0	$0	$0	N/A	N/A
15	Jardiance	Endocrine	25	81	$110,668	$1,366	23	71	$91,272	$1,286	14%	6%
16	Trulicity	Endocrine	19	51	$109,979	$2,156	20	72	$167,791	$2,330	-29%	-7%
17	Verzenio	Antineoplastics	1	12	$98,906	$8,242	0	0	$0	$0	N/A	N/A
18	Kesimpta Pen	Multiple Sclerosis Agents	1	10	$90,930	$9,093	1	5	$29,490	$5,898	100%	54%
19	Orserdu	Antineoplastics	1	4	$90,339	$22,585	0	0	$0	$0	N/A	N/A
20	Rinvoq	Analgesic, Anti-Inflammato	1	7	$85,051	$12,150	1	1	$4,425	$4,425	600%	175%
	Subtotal			**1,165**	**$3,950,919**	**$3,391**		628	$2,069,813	$3,296	86%	3%
	All Others			29,824	$3,428,467	$115		30,228	$3,609,276	$119	-1%	-4%
	Grand Total		**2,263**	**30,989**	**$7,379,386**	**$238**	2,272	30,856	$5,679,089	$184	0%	29%

Highlighted drugs are specialty medications.

Top Therapeutic Class by Scripts



Top Therapeutic Class by Plan Paid Amount



In Jul '23-Jun '24, there were 5 drugs in the top 20 by paid amount that did not have any prescriptions filled in the prior year. These drugs accounted for $635,636 in paid claims.

Analysis on this page does not include pharmacy rebates.

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Specialty Drugs

		Jul '23-Jun '24	Jul '22-Jun '23	Δ	Benchmark
Specialty	Paid PMPM	$102	$73	39%	$87
	Scripts/1,000	140	128	9%	191
	Paid/Script	$8,789	$6,859	28%	$5,468
	Pharmacy Spend %	46%	44%	4%	56%
Non-Specialty	Paid PMPM	$118	$94	26%	$69
	Scripts/1,000	10,986	10,786	2%	10,310
	Paid/Script	$129	$105	24%	$80
	Pharmacy Spend %	54%	56%	-3%	44%

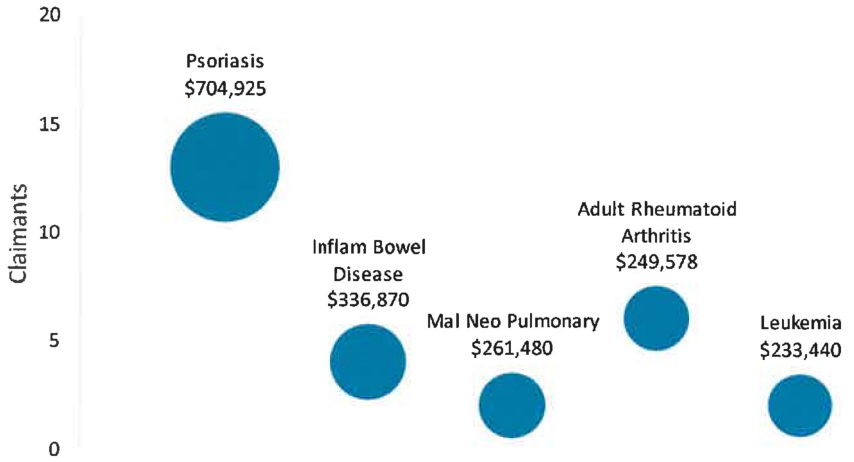
Specialty



Non-Specialty



Top 5 Specialty Drug Conditions by Plan Paid Amount



Plan Paid Pharmacy Claims



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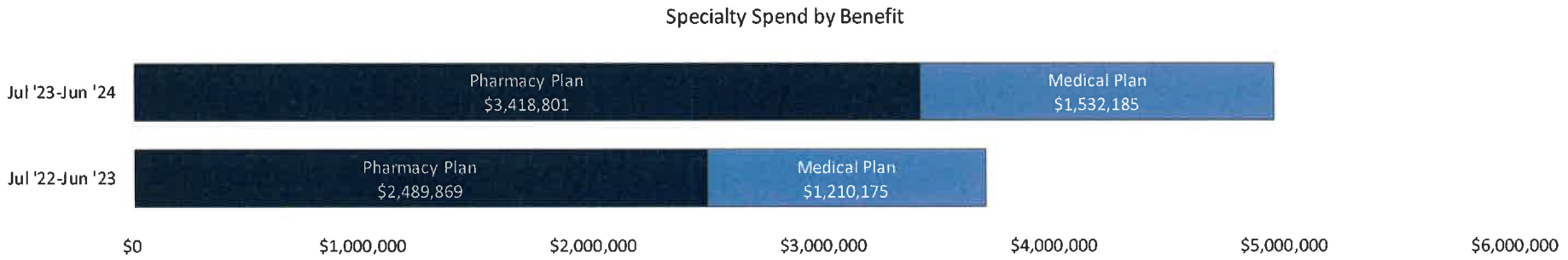
J Codes – Medical Specialty Drugs

J Codes are drugs or injections that are administered in a professional or outpatient setting. As a result, they are paid as medical claims rather than pharmacy claims.

Most commonly, these codes are used for non-orally administered medications, inhalation solution, chemotherapy, and immunosuppressive drugs.

Opportunities for cost savings may exist on J Code drugs by changing the place of service. For example, physician's office or home settings may result in lower costs per injection compared to outpatient facilities.

			Jul '23-Jun '24			Jul '22-Jun '23	
J Code	ETG Base	Setting	Claimants	Services	Paid	Paid	Δ
Injection, Ocrelizumab, 1 M	Multiple Sclerosis	Outpatient	1	3	$218,659	$77,140	183%
Inj Efgart-Alfa 2Mg Hya-Qv	Oth Infl Non-Cranial Nrv	Professional	1	8	$206,473	$0	N/A
Inj Pembrolizumab	N/A	Outpatient	1	7	$203,634	$29,091	600%
Omalizumab Injection	Asthma	Professional	5	97	$201,036	$140,229	43%
Unclassified Biologics	Oth Infl Non-Cranial Nrv	Professional	6	13	$62,214	$20	310970%
Panitumumab Injection	Mal Neo Lg Intest	Outpatient	1	9	$59,378	$184,667	-68%
Hizentra Injection	Immunodeficiencies	Professional	1	37	$56,672	$5,837	871%
Injection, Vedolizumab	Inflam Bowel Disease	Professional	1	6	$54,213	$62,604	-13%
Inj Tezepelumab-Ekko, 1Mg	Asthma	Professional	2	13	$49,907	$30,504	64%
Denosumab Injection	Mal Neo Prostate	Outpatient	4	17	$48,343	$68,650	-30%
Subtotal				**210**	**$1,160,529**	$598,742	**94%**
All Others				1,068	$371,656	$611,433	-39%
Grand Total				**1,278**	**$1,532,185**	$1,210,175	**27%**



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Definitions

Benchmark
Benchmarking information is sourced from the HDMS database based on the group's NAICS code and demographic make up.

Biologicals and Biosimilars
Biologic medications are generally made from natural sources and developed using advanced science.

Biosimilars are biologic medications that are highly similar to a biological medication already approved by the FDA.

Episode
A collection of services that take place in order to treat an illness. It represents a single occurrence of an acute event or a condition which tracks the onset, course, resolution, or ongoing care of the instance for a member.

ETG
Episode Treatment Group – A disease classification system representing various diseases and conditions. ETGs provide a patient-centric unit of analysis that allows evaluation and comparison of how members are treated for a condition or an illness.

Gaps in Care
A missed, expected maintenance appointment or treatment for a diagnostic category for which a member has been treated in the past Gaps in care are based on nationally established guidelines for each specific condition. For medications, including opioids, a gap in care is prescribing medication that can cause adverse reaction in patients. This can be based on adverse interactions with other diagnoses, adverse interactions with other drugs, or over-prescribing.

Measure Types
Facility – Claims from a treatment facility for room and board charges.
Inpatient Ancillary – Claims from a laboratory, radiological or similar services that occur during an inpatient admission.
Outpatient Ancillary – Claims from a laboratory, radiological or similar services that occur outside of an inpatient admission.
Management – Claims submitted by a clinician related to the evaluation and management of a patient's condition.
Surgical – Claims related to all surgical costs.

Risk Score
Risk score is a measure of the relative resources required for the member's medical care, where 1.00 reflects risk comparable to benchmark population.

Prospective risk scores quantify risk for the immediate 12 months in the future. They are based on ETGs as well as the member's age and gender.

Retrospective risk scores quantify risk for the most recent 12 months. They are entirely based on ETGs and do not consider the member's age of gender.

Severity Level
Each ETG has an episode-specific Severity Level that reflects the risk due to a patient's demographics, comorbidities, and condition-specific complications.

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Appendix

- Cost Containment Considerations
- Potential Medical Plan Design Changes
- Pharmacy Plan Considerations
- Potential Rate Adjustment 2/1/25
- Foundational Pharmacy Strategies Proposal

Cost Containment Considerations

Medical Plan Changes	Rx Management Programs	Rate Adjustment
$945,000	$3,500,000	+5.64% effective 2/1/25
		+$1,500,000 annual revenue to the fund

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Potential Medical Plan Design Changes

Gold Plans (PEA and OAPSE)

- Deductible to $500/$1,000 Network and $1,000/$2,000 OON
- Coinsurance Limit to $1,000/$2,000 Network and $2,000/$4,000 OON
- MOOP – Kept the same
- Combined Savings: $847,000

Silver Plan (SMP500)

- Deductible to $1,000/$2,000 Network and $2,000/$4,000 OON
- Coinsurance Limit to $2,000/$4,000 Network and $4,000/$8,000 OON
- MOOP – Kept the same
- Combined Savings: $98,000

Making changes to all 3 plans would result in a combined savings of $945,000

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Pharmacy Plan Considerations

Recommendation	Fees	Estimated Savings	Member Impact
RxOC Unlimited Trend Package	$23k Certified $9k Classified $1k Bronze/SMP	$2.1 mil Certified $1.1 mil Classified $68k Bronze/SMP	452 Certified 281 Classified 37 Bronze/SMP
EncircleRx Diabetes	$0.25 PMPM ($7.8k) 3:1 ROI Guarantee	$170k	TBD
EncircleRx Weight Loss	$1.25 PMPM ($39k) 3:1 ROI Guarantee	$159k	TBD

RxOC Unlimited Trend Package: includes step therapy, prior authorization and drug quantity management; the unlimited package includes all-inclusive pricing option to implement any or all available programs with no fee changes over the life of the contract.

EncircleRx Diabetes: this program requires A1C documentation for diabetes; also ensures proper prescriber and pharmacy management through GLP-1 anti-fraud protection to ensure appropriate prescribing, filling and adherence.

EncircleRx Weight Loss: this program increases the BMI criteria to receive a GLP-1, requires demonstrated patient engagement, and requires appropriate prescriber and pharmacy management

Claims Underwriting | Potential Rate Adjustment 2/1/25

Claims Projection

Medical/Rx

	Medical		Prescription Drug		Combined	
Experience Period	October-23 Through September-24	October-22 Through September-23	October-23 Through September-24	October-22 Through September-23	October-23 Through September-24	October-22 Through September-23
Total Paid Claims	$17,933,918	$17,193,650	$7,745,911	$5,934,206	$25,679,829	$23,127,856
Less Total Large Claims	$2,993,754	$3,505,589			$2,993,754	$3,505,589
Net Claims	**$14,940,164**	**$13,688,061**	**$7,745,911**	**$5,934,206**	**$22,686,075**	**$19,622,267**
Annual Trend[1]	7.40%	7.40%	9.80%	9.80%		
Trend Adjustment	1.080	1.160	1.107	1.215		
Demographic Adjustment	0.990	0.980	0.990	0.980		
Plan Change Adjustment	1.000	1.000	1.000	1.000		
Projected Claims (Excludes Large Claims)	$15,980,065	$15,565,399	$8,485,815	$7,066,053	$24,465,880	$22,631,452
Large Claims Under the Specific Deductible	$2,200,000	$2,200,000			$2,200,000	$2,200,000
Total Projected Claims	**$18,180,065**	**$17,765,399**	**$8,485,815**	**$7,066,053**	**$26,665,880**	**$24,831,452**
Average Enrollment[2]	1,191	1,196	1,190	1,194		
Projected Claims PEPM	**$1,271.69**	**$1,238.27**	**$594.08**	**$493.20**	**$1,865.77**	**$1,731.46**
Experience Period Weighting	80.00%	20.00%	80.00%	20.00%	80.00%	20.00%
Weighted Projected Claims						
Average PEPM	$1,265.00		$573.90		$1,838.91	
Less Expected Rebates	$0.00		$99.43		$99.43	
Average PEPM	$1,265.00		$474.47		$1,739.48	
Final Projected Claims PEPM					$1,739.48	

[1]Trend from 2023 Segal Trend Survey

[2]Medical enrollment lagged two months

This projection represents the status quo: past plan changes have been taken into account, but no future plan changes (mandated or otherwise) have been included. Significant consideration for past enrollment and claims experience are utilized in the projection. Fluctuations in future enrollment or claims experience may impact these results.

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Potential Rate Adjustment | 2/1/25

Claims Cost and Fixed Fees Summary

Medical/Rx

PEPM Cost Summary	Current	Projected Change	Estimated Projected
Projected Claims PEPM	$1,635.11	6.4%	$1,739.48
Administrative Fees PEPM	$40.32	0.0%	$40.32
Chronic Condition Management Fee	$2.50	0.0%	$2.50
Specific Stop Loss Fee PEPM	$163.66	0.0%	$163.66
Aggregate Stop Loss Fee PEPM	$9.12	0.0%	$9.12
Total Cost PEPM	**$1,850.71**	**5.64%**	**$1,955.08**

Projected Annual Cost	Current		Estimated Projected
Enrollment	1,197		1,197
Projected Claims	$23,486,678	6.4%	$24,985,868
Total Fixed Fees	$3,096,916	0.0%	$3,096,916
Total Budgeted/Projected Annual Cost	**$26,583,593**	**5.64%**	**$28,082,784**

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Potential Rate Adjustment | 2/1/25

Premium Equivalent Rates — Medical/Rx

	Current		Projected		
Plan & Tier	Enrollment	Medical and Drug Rates	Medical and Drug Rates	Rate Change	COBRA Rates
PEA SMP PPO					
Employee Only	206	$966.36	$1,020.86	5.64%	$1,041.28
Employee + Family	417	$2,578.99	$2,724.43	5.64%	$2,778.92
OAPSE SMP PPO					
Employee Only	252	$1,027.50	$1,085.45	5.64%	$1,107.16
Employee + Family	157	$2,743.30	$2,898.01	5.64%	$2,955.97
SMP500					
Employee Only	79	$891.09	$941.34	5.64%	$960.17
Employee + Family	71	$2,378.73	$2,512.88	5.64%	$2,563.14
Bronze					
Employee Only	13	$647.58	$684.10	5.64%	$697.78
Employee + Family	2	$1,728.94	$1,826.44	5.64%	$1,862.97
Total Annual Cost	1,197	$26,583,593	$28,082,784	5.64%	

Exhibit includes ASO fees and stop loss premium but does not include PCORI fees.

Note: Rate adjustment will help levelized costs going forward but does not include additional revenue to rebuild reserve.

Recommendation to potentially add reserve replenishment factor effective 7/1/25 based on additional months of experience

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Foundational Pharmacy Strategies | Proposal

Client Specific Support	• Pharmacy benefit assessment and develop a strategic plan to manage the benefit • Perform Pharmacy Benefit Manager (PBM) Request for Proposal (RFP), if deemed necessary • Support PBM implementation, if deemed necessary • Review monthly claims data for high-cost claimants, provide notification to advisor and/or client and coordinate with plan vendors to manage the patient's care • Provide monthly claim dashboard reports with cost trends identified and an executive summary of performance • Perform quarterly, semi-annual and annual review of claims data with advisor and/or client • Support client with pharmacy vendor contract negotiations • Act as a mediator between advisor/client and PBM to ensure the pharmacy benefit is running effectively • Support plan with pharmacy related strategies, such as diabetes and weight loss programs, cell and gene therapy, and biosimilar opportunities	$2.25 per employee per month ($31,725 annually) 1:1 ROI Guarantee

Foundational Pharmacy Strategies is a group of pharmacy benefit experts that have come together to assist employers, and other payors navigate the complex pharmacy benefit Industry.

They focus recommendations to clients based on data analytics and industry best practices. Their mission is to provide independent/honest pharmacy benefit expertise to employee benefit advisors, health plans and employers.

Their goal is to support employers with pharmacy benefit solution evaluation and procurement and ongoing program oversight and management.

Price: $2.25 PEPM
(partially covered by ESI PMF fund)

FOUNDATIONAL PHARMACY STRATEGIES

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