



The School District of Osceola County Employee Benefits Committee Meeting

Agenda

May 15, 2024

- I. **Welcome (2 minutes)**
 - a. Speaking order volunteer
 - b. Timekeeper volunteer
- II. **Opioid Clinical Management Presentation (20 mins)**
- III. **Introduction to new EBMS Onsite Rep (3 mins)**
- IV. **Monthly Reports (20 mins)**
- V. **Member concerns, tracking, and brainstorming solutions (25 minutes)**
- VI. **Other concerns and updates (10 minutes)**

The next meeting will be held on **TBD** at **4:30 pm** in the **Multipurpose Room** located at The Center for Employee Health 831 Simpson Road, in Kissimmee.

Have an amazing summer!

Employee Benefits Committee Meeting

2023-2024 Membership

OCEA

Judi Crowell – St Cloud HS (v)
Ann Glover – OSVS (v)
Janet Moody -- OCEA/ESP Pres (v)
Laura Wassum – Narcoossee MS (v)
Kim Castro-Stevens – Hickory Tree ES (v)
Dylan Reinsel – St Cloud HS (Alternate)

Teamsters

Vacant (v)
Carlos Martinez – Teamsters (v)

Provider Representatives

Kelly Johnson – Lincoln Financial Group
Mark Tafuri- VSP
Candice Knaps – Humana (Dental)
Tom Remus - MetLife Life Ins.
Cindy McCormick -- EBMS
Mike Trent -- EBMS
Jessica Rivera -- EBMS
Jay Weingart – Trustmark
Mike Vasquez – Opioid Clinic Management

Risk & Benefits Management/SDOC

LaToyia Edwards – Benefits Education Specialist
Lauren M. Haddox – Director
LaTasha Aponte – Employee Benefits Supervisor
Megan Austin – Wellness Specialist
Iris Hernandez - Secretary
Sarah Graber – Chief Business & Finance Officer
John Boyd – Chief Negotiator
Scott Knoebel – Chief Negotiator

Prof. Support Council

Felicia Smith – School Operations (v)

ESP

LaShanna Ward – Denn John MS (v)
Susan Compton – Custodial Servs. (v)

Retirees

Ray Lackey – Retired Teacher

Benefits Consultant

Ashley Bacot - RosenSure
Carolyn Grant - RosenSure
Barry Murphy – RosenSure
Mystery Slimick -- RosenSure

Center for Employee Health

Kenneth Aldridge -- RosenCare
Jason Peak -- PeopleOne
Sherry Edwards -- PeopleOne
Dean Hatcher -- PeopleOne
Jordan Tardash -- PeopleOne
Lisa Torres -- PeopleOne



Center for Employee Health & Advisor Update

Quarterly Health Services Plan Board Workshop MAY 2024

Presentation to the
School District of Osceola County Board

May 14th, 2024



"People Helping People"



AGENDA



School District of Osceola County Team		Advisory Team	
• Dr Mark Shanoff	Superintendent	• Ashley Bacot	Advisor, RosenSure
• Sarah Graber	Chief Financial Officer	• Carolyn Grant	Advisor, RosenSure
• Lauren Haddox	Director, Risk and Benefits	• Barry Murphy	Advisor, Perspective Benefits
• Latasha Aponte	Benefits Supervisor	• Mystery Slimick	Account Executive, RosenSure
		• Jay Miniati – Independent Actuary	
Health Center			
• Kenneth Aldridge Director, Health Services, RosenCare			
• Sherry Edwards – VP of Clinical Operations, PeopleOne Health			

I.	Introductions and Opening Remarks	Dr. Mark Shanoff
II.	SDOC Health Center Update	Kenneth Aldridge Jr, RN, BSN, MS-HSA Sherry Edwards, MBA, MSN, RN
III.	Actuarial Information SDOC Health Plan	Jay Miniati, FSA, MAAA, MBA
IV.	2023-2024 Plan Year Performance Advisor Update	Carolyn Grant & Barry Murphy



CENTER FOR
**Employee
Health**

In Partnership with  **ROSENCARE**

HEALTH CENTER UPDATE



“People Helping People”

Medical, Chiropractic, Physical Therapy Care Services



Appointments					
Metric	Category	2023 Full Year	2023 Year-to-Date	2024 Year-to-Date	Variance
New Patient Visits	Medical	1,653	423	602	179
	Chiropractic	296	52	81	29
	Physical Therapy	729	131	183	52
Established Patient Visits	Medical	10,409	2,736	3,121	385
	Chiropractic	2,946	724	753	29
	Physical Therapy	5,918	1,691	1,575	-116
Total Number Visits	Medical	12,062	3,159	3,723	564
	Chiropractic	3,242	776	834	58
	Physical Therapy	6,647	1,822	1,758	-64

Unique Patients					
Metric	Category	2023 Full Year	2023 Year-to-Date	2024 Year-to-Date	Variance
New Patient Visits	Medical	931	272	418	146
	Chiropractic	109	25	40	15
	Physical Therapy	109	36	37	1
Established Patient Visits	Medical	3,361	1,662	2,026	364
	Chiropractic	501	206	276	70
	Physical Therapy	657	275	242	-33
Total Number Visits	Medical	4,091	1,917	2,417	500
	Chiropractic	590	229	311	82
	Physical Therapy	748	308	270	-38

Monthly Report: January 1, 2024 - March 31, 2024

Medical, Chiropractic, Physical Therapy Care Services



Days to Next Available New Patient
2

Days to Next Available Annual Physical
2

Days to Next Available Established
2

Percent of No shows, Rescheduled, and Canceled Appointments

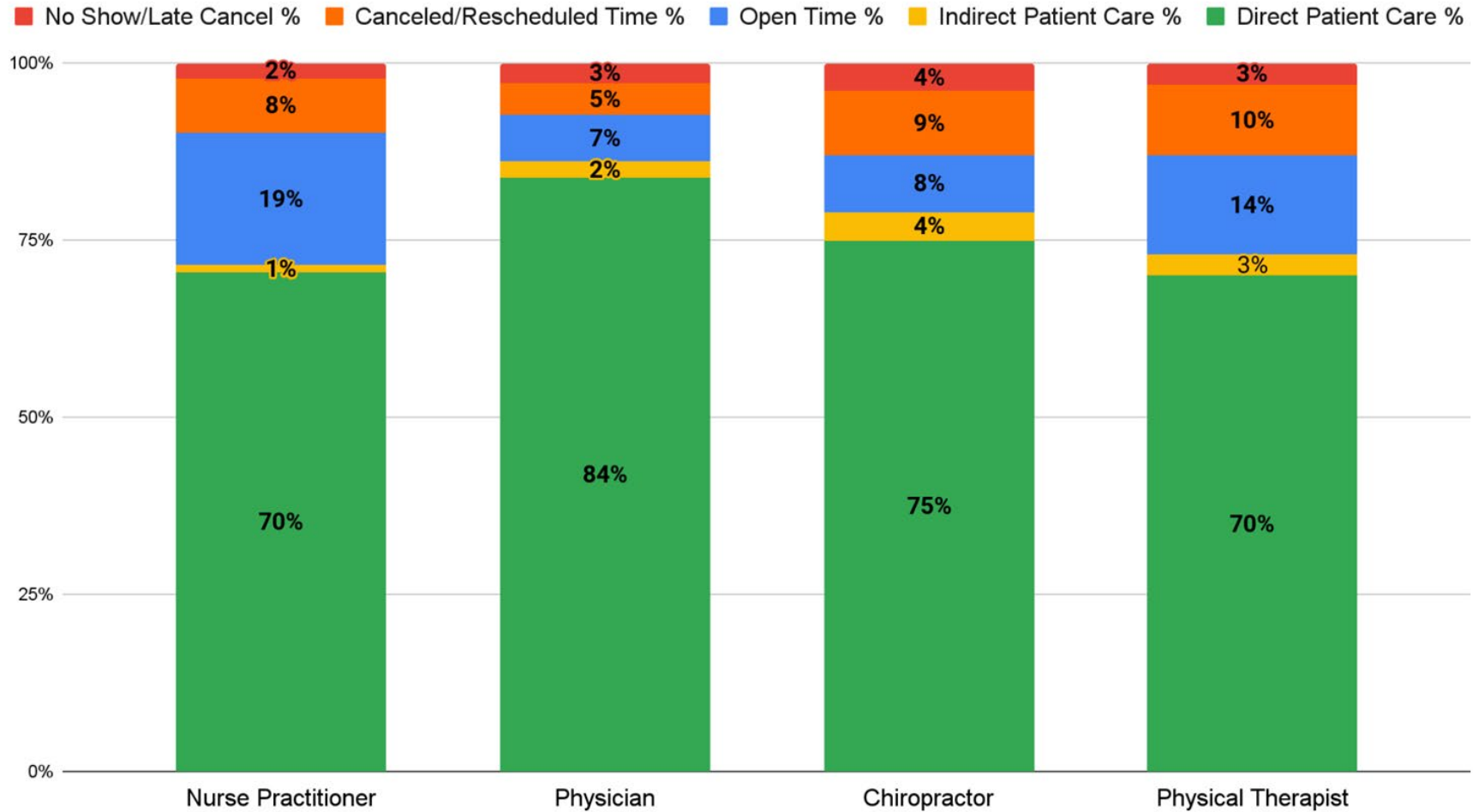
Visit Type	2023 Full Year	2023 Year-to-Date	2024 Year-to-Date	Variance
Canceled	14.09%	13.82%	11.54%	-2.28%
No-Show	3.70%	3.94%	3.12%	-0.82%
Rescheduled	5.48%	4.70%	5.98%	1.29%

**excludes W/C and Urgent/Acute appointments

** Data as of 4/29/24

Medical, Chiropractic, Physical Therapy Care Services

Provider Schedule Rate - Average Percentage by Specialty



Ancillary Services



Metric	Category	2023 Full Year	2023 Year-to-Date	2024 Year-to-Date	Variance
New Patient Visits	Mental Health	243	42	58	16
	Nurse Visit Lab	2,454	689	703	14
	Registered Dietician	193	40	49	9
	Workers Compensation	2,688	455	434	-21
	Workers Compensation Chiropractic	9	4	1	-3
	Workers Compensation Chiropractic Physical Therapy	8	4	5	1
	Workers Compensation Physical Therapy	495	57	131	74
	Workers Compensation X-Ray	12	2	1	-1
	X-Ray	349	83	98	15
Established Patient Visits	Mental Health	1,467	326	419	93
	Nurse Visit Lab	21,033	5,004	5,850	846
	Registered Dietician	2,027	500	453	-47
	Workers Compensation	1,416	218	439	221
	Workers Compensation Chiropractic	3	0	0	0
	Workers Compensation Chiropractic Physical Therapy	4	1	2	1
	Workers Compensation Physical Therapy	1,219	189	342	153
	Workers Compensation X-Ray	12	4	0	-4
	X-Ray	1,566	439	407	-32

Monthly Report: January 1, 2024 - March 31, 2024

Ancillary Services



Metric	Category	2023 Full Year	2023 Year-to-Date	2024 Year-to-Date	Variance
Total Number Visits	Mental Health	1,710	368	477	109
	Nurse Visit Lab	23,487	5,693	6,553	860
	Registered Dietician	2,220	540	502	-38
	Workers Compensation	4,104	673	873	200
	Workers Compensation Chiropractic	12	4	1	-3
	Workers Compensation Chiropractic Physical Therapy	12	5	7	2
	Workers Compensation Physical Therapy	1,714	246	473	227
	Workers Compensation X-Ray	24	6	1	-5
	X-Ray	1,915	522	505	-17

Monthly Report: January 1, 2024 - March 31, 2024

Ancillary Services

Ophthalmology 2023	
Magruder Eye Screenings (On-site)	279
Outside Referrals (to brick-and-mortar offices)	51

Referrals				
	2023 Full Year	2023 Year-to-Date	2024 Year-to-Date	Variance
Behavioral Health	329	114	66	-48
Breast Specialist	47	9	11	2
Cardiology	337	100	112	12
Dermatology	165	50	63	13
Endocrinology	252	60	55	-5
Ear, nose and throat surgeon	145	35	40	5
Gastroenterology	642	164	246	82
Gynecology	150	33	48	15
Mobile Dermatology	425	105	73	-32
Neurology	233	70	67	-3
Nutrition	639	173	159	-14
Obstetrics & Gynecology	118	19	69	50
Ophthalmology	241	70	63	-7
Orthopedic Surgery	316	74	144	70
Pain Medicine	17	4	7	3
Pediatrics	25	6	39	33
Physical Therapy	698	223	179	-44
Pulmonary	156	54	44	-10
Sleep Medicine	198	44	53	9

Operations and Quality



Category	Measurement	2023 Full Year		2024 Year-to-Date	
		National*	Percent Compliant	National*	Performance
Cancer	Breast Cancer Screening	73.10%	90.00%	73%	44.83%
Cancer	Cervical Cancer Screening	74%	80.76%	74%	48.68%
Cancer	Colorectal Cancer Screening	62.50%	66.36%	63%	26.06%
Musculoskeletal	Use of Imaging Studies for Low Back Pain (Inverse Measure)	76.20%	96.30%	76.20%	66.67%
Circulatory	Cholesterol Management for Cardiac Patients: Screening	85.53%	100.00%	85.53%	45.16%
Circulatory	Cholesterol Management for Cardiac Patients: Control	56.65%	60.47%	56.65%	24.19%
Mental Health	Depression Screening and Follow-up documented	92.90%	88.85%	92.90%	23.64%
Diabetes	MY2022 Comprehensive Diabetes Care: BP Control (less than 140/90) - Adjusted, Certified, Unaudited HEDIS Rate	68.90%	77.38%	68%	46.20%
Diabetes	Diabetes: A1c Screening	92.10%	98.08%	92.10%	60.24%
Diabetes	MY2022 Comprehensive Diabetes Care: A1c Control (less than 8.0) - Adjusted, Certified, Unaudited HEDIS Rate	64.20%	79.17%	64%	44.79%
Diabetes	HEDIS MY 2020 Statin Therapy for Patients With Diabetes - Adjusted, Certified, Unaudited HEDIS Rate	66.60%	68.18%	66%	55.32%
Diabetes	Diabetes: Foot Exam	99.99%	46.53%	99.99%	11.92%
Diabetes	Diabetes: LDL Control	48.17%	48.72%	48.17%	27.83%
Diabetes	HEDIS MY2022 Kidney Health Evaluation for Patient with Diabetes: Adjusted, Certified, Unaudited HEDIS Rate	46.70%	59.76%	46%	22.25%
Asthma	Use of Appropriate Medications for People with Asthma	90.90%	100.00%	90.90%	76.19%
Tobacco Cessation	Tobacco Status: Cessation Intervention	75.70%	43.90%	75.70%	23.08%

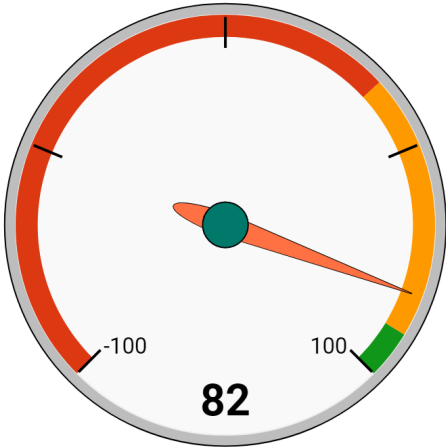
*Current HEDIS, legacy HEDIS, AND MIPS when current year did not have the measure. 2024 uses 2023 numbers if 2024 numbers aren't available yet

Monthly Report: January 1, 2024 - March 31, 2024

Patient Experience

Net Promoter Score Rolling 12 Months

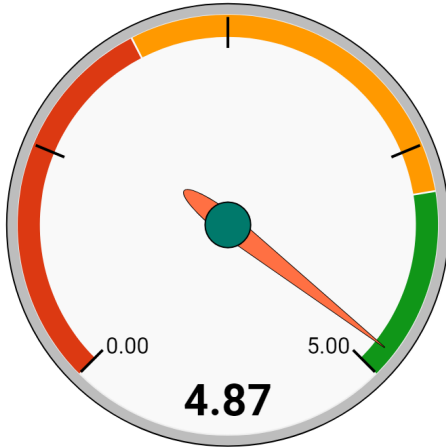
	Mar 2023	Mar 2024	Variance
NPS	77	82	5.57%
Responses	250	1,502	142.92%



A Net Promoter Score is a whole number that ranges from -100 to 100, and it indicates customer happiness. The healthcare industry is at 35. NPS is cumulative, this shows the most recent NPS compared to the NPS from the same month a year prior.

NexHealth

	Previous YTD Mar 2023	Current YTD Mar 2024	Variance
Average Score	4.88	4.87	-0.22%
Responses	3,685	3,092	-17.50%



NexHealth collects patient satisfaction with a scale of 0 to 5. This compares the current year-to-date to the same time period last year.



ACTUARIAL INFORMATION SCHOOL DISTRICT OF OSCEOLA COUNTY HEALTH PLAN

Jay C. Miniati, FSA, MAAA, MBA



Actuarial Analysis

MONITOR

SDOC financials, monthly
Large claim incidence

MEASURE

Claim run rate
Trend

EVALUATE

Compared to prior years, other districts

FORECAST

Cashflow modeling through plan year 2026-27

RECOMMENDATIONS

RosenSure team working with SDOC Finance and HR teams
Budget, surplus requirements with regard to State safe harbor
Plan designs

NEXT

Costs per plan
Drivers
Influencing behavior
Steerage

Large Claim Profile Over \$100,000

3 Year Average Comparison

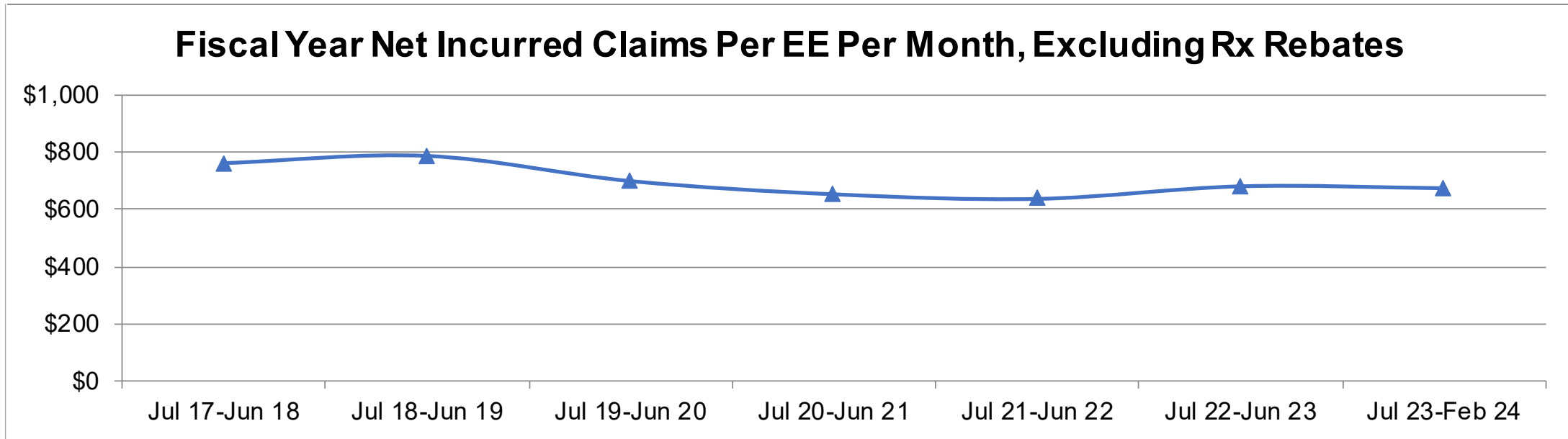
Threshold	Number of Claims Above Threshold								
	Oct 17- Sep 18	Oct 18- Sep 19	Oct 19- Sep 20	3 Year Average	Oct 20- Sep 21	Oct 21- Sep 22	Oct 22- Sep 23	3 Year Average	Oct 23- Mar 24
\$100,000	79	97	90	89	50	62	62	58	31



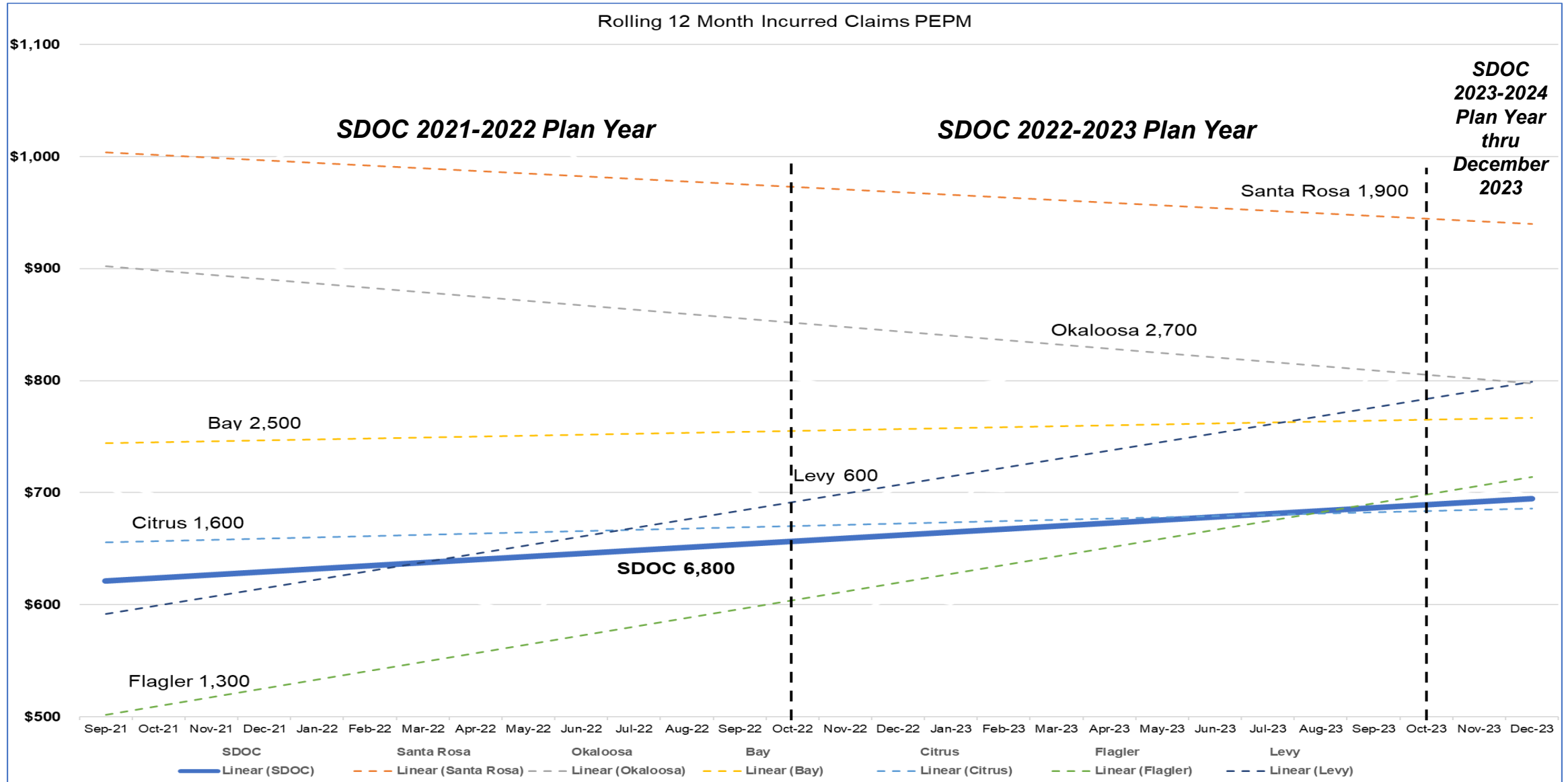
35% decrease in 3 Year Average # Claims Above \$100k Threshold

SDOC Medical + Rx Claim Trend, Fiscal Year

Fiscal Year	PEPM	Trend Annual	Trend 2 Year	Trend 3 Year	Trend 4 Year	Trend 5 Year
Jul 17-Jun 18	\$759					
Jul 18-Jun 19	\$784	3%				
Jul 19-Jun 20	\$699	-11%	-4%			
Jul 20-Jun 21	\$655	-6%	-9%	-5%		
Jul 21-Jun 22	\$639	-2%	-4%	-7%	-4%	
Jul 22-Jun 23	\$682	7%	2%	-1%	-3%	-2%
Jul 23-Feb 24	\$675	-1%	3%	1%	-1%	-3%



Rolling 12 Month Incurred Claims PEPM Comparison to Other School Districts



SDOC Paid Claims, 2022-2024

	TOTAL NET PAID CLAIMS
	Through March 2024
Average since Jul 2022	\$4,583,372
Average since Oct 2022	\$4,497,148
Average since Jul 2023	\$4,831,421
Average since Oct 2023	\$4,419,151

As reported in SDOC's monthly financial reports.

SDOC Fiscal Year Actuarial Cost Projections

July to June	2024-25	2025-26	2026-27
Claims	\$56,400,000	\$57,000,000	\$57,500,000
Health Center	\$6,000,000	\$6,100,000	\$6,200,000
All Other Expenses	\$5,763,000	\$5,900,000	\$6,100,000
Fiscal Year Total	\$68,163,000	\$69,000,000	\$69,800,000
Estimated Monthly Total	\$5,680,250	\$5,750,000	\$5,816,667

Florida Statute § 112.08, Governing Self-Funded Public Entities

Safe Harbor Test: 60 days of claims on hand in order to be considered actuarially sound.

Based on claim volume

IF	THEN
Claims are	Safe Harbor requirement is (at least)
\$50 million	\$8.2 million
\$55 million	\$9.0 million
\$58 million	\$9.5 million
\$60 million	\$9.9 million

SDOC reported safe harbor funds of \$9.4 million in its last filing, PASSING the State test.



2023-2024 PLAN PERFORMANCE *Advisor Update*



SDOC Health Plan Performance – By Plan Offering With & Without Catastrophic Claims Over \$200,000



Cedar Gate Data from October 2023 to February 2024

Incurred Claims October 2023 to February 2024	SDOC Combined Plans Total	SDOC Combined Net of \$200K	Health Center Plan Total	Health Center Plan Net of \$200K	Essentials Plan Total	Essential Plan Net of \$200K	Advantage Plan Total	Advantage Plan Net to \$200K
Medical Claims Paid	\$19,483,841		\$2,113,245		\$8,405,592		\$8,882,659	
Pharmacy Claims Paid	\$4,139,786		\$820,693		\$1,697,814		\$1,598,775	
Total Health Plan Claims Paid	\$23,623,627	\$22,145,374	\$2,933,938	\$2,933,938	\$10,103,406	\$9,749,182	\$10,481,434	\$9,359,513
Subscribers	6,588		1,077		3,899		1,612	
Members	9,083		2,039		4,945		2,099	
Member Months	45,170	45,170	9,944	9,944	24,621	24,621	10,605	10,605
Average Family Size	1.38		1.89		1.27		1.30	
Inpatient PMPM	\$155.08		\$76.14		\$108.51		\$335.62	
Outpatient PMPM	\$159.93		\$75.25		\$146.86		\$266.18	
Office Visit PMPM	\$100.25		\$60.26		\$81.72		\$178.12	
Post Acute PMPM	\$16.08		\$0.86		\$4.31		\$57.68	
Medical Claims PMPM	\$431.34		\$212.51		\$341.40		\$837.59	
Pharmacy Claims PMPM	\$91.65		\$82.53		\$68.96		\$150.76	
Medical and Pharmacy Claims PMPM	\$522.99	\$490.27	\$295.05	\$295.05	\$410.36	\$395.97	\$988.35	\$882.56

*Incurred Claims Only, Does not include Fixed Costs

Top 20 Chronic Conditions Health Center Plan Comparison



Cedar Gate Data from October 2023 to February 2024

SDOC Health Plan	Concurrent Risk Score	Prospective Risk Score
Health Center Plan	0.72	0.80
Essentials	0.81	0.92
Advantage	1.44	1.39
Total Population	0.93	1.00

Condition Comparison by Plan October 2023 to February 2024	Health Center Plan # With Condition	Essentials Plan # With Condition	Advantage Plan # With Condition
Hyperlipidemia	232	724	467
Hypertension	205	618	413
Diabetes	123	319	242
Lower Back Pain	75	210	92
Blood Disorders	71	180	144
Depression	69	145	107
Asthma	60	183	135
ADHD	46	62	60
Metabolic Disorders	42	111	79
Osteoarthritis	42	109	76
Cancer	39	129	119
Morbid Obesity	33	99	77
CAD	28	72	71
Liver Diseases	27	83	45
Chronic Pain	21	52	32
Affective Psychosis	13	24	13
Epilepsy and Seizure Disorders	12	23	24
Rheumatoid Arthritis	10	44	36
CKD	10	29	32
Atrial Fibrillation	9	19	26

*Numbers may reflect multiple condition diagnosis.

Large Claims \$200,000– 10/1/2023 thru 3/31/2024

Plan Year: 2023-2024

School District of Osceola County					
Plan Year 10/1/2023 to 9/30/2024					
Large Claimants Plan Year to Date - Thru March 31st, 2024					
Specific Deductible \$1,500,000 + \$135,000 aggregating deductible			Medical / Rx Claims < \$200,000		
#	Relationship	Diagnosis	Medical Claims Paid	Rx Claims Paid	Total Paid
1	Employee	Chronic Respiratory Failure/Sickle Cell	\$403,261	\$3,671	\$406,932
2	Employee	Breast Cancer	\$346,344	\$30	\$346,374
3	Spouse	Lung/Brain Cancer	\$339,191	\$0	\$339,191
4	Employee	Tongue Cancer	\$299,829	\$678	\$300,507
5	Employee/Term	Hemorrhage	\$265,607	\$0	\$265,607
6	Employee/Term	Colon Cancer/ESRD	\$252,909	\$0	\$252,909
7	Dependent	Hemophilia	\$238,808	\$0	\$238,808
8	Employee	CAD (Coronary Artery Disease)	\$214,456	\$28	\$214,484
9	Employee/Term	Colon Cancer	\$207,924	\$604	\$208,528
10	Employee/Term	Vascular Disease	\$102,253	\$102,476	\$204,729
					\$2,778,069

Currently there are 5 active Cancer Large Claimants Combined total: \$1.45 Million as of 3/31/24

New Claims monitored, and case management actively involved

*Large claimant's Individual Specific Deductible resets at \$0 each new plan year.

New to List

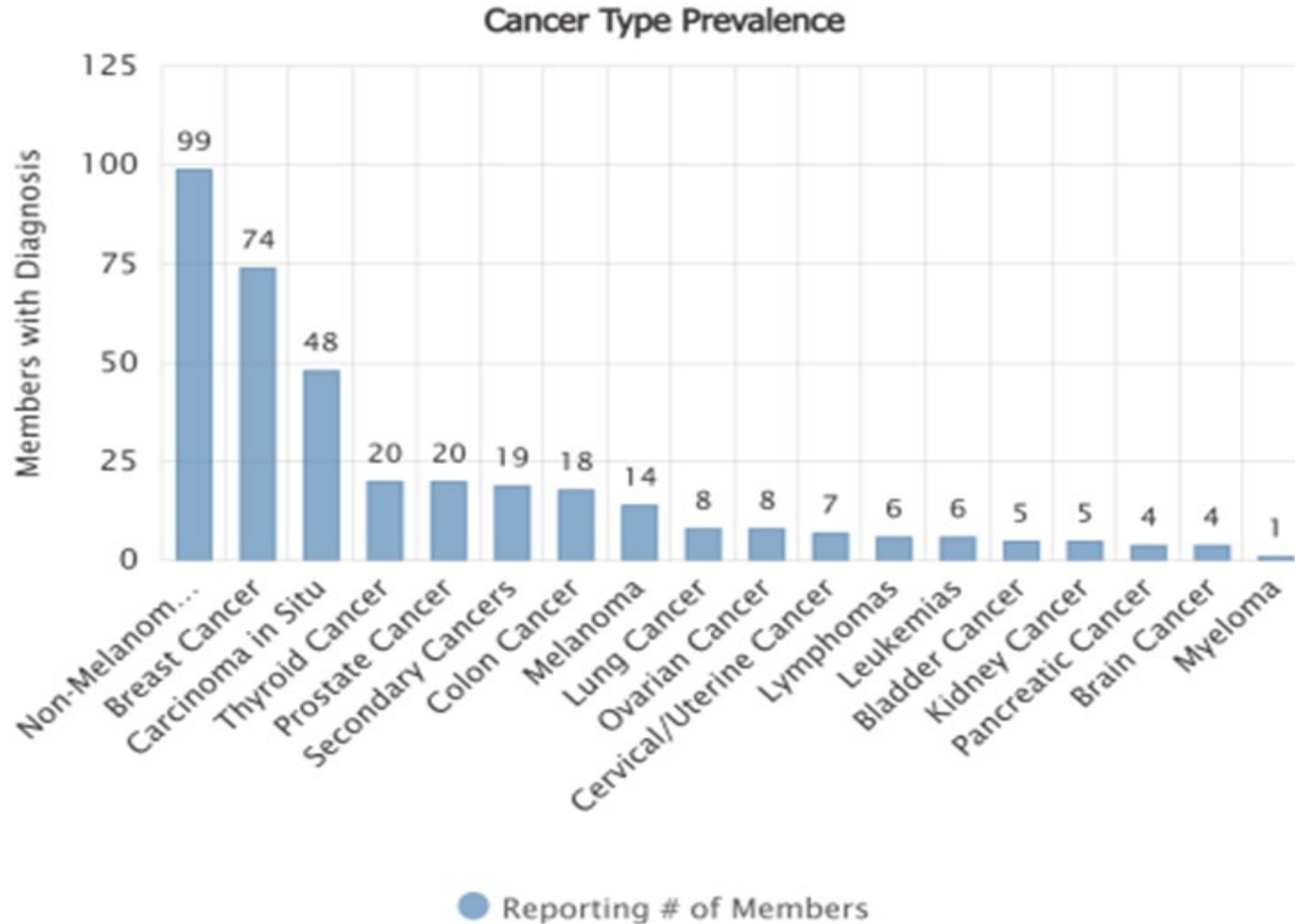
\$443,537

Prevalence of Cancer in SDOC Population



Cancer Diagnosis Claims by SDOC Population

- 287 with Cancer; 3.15% of SDOC Enrolled Population (*has not increased from the prior year*)
- 9,083 Active Members as of February 2024



Reporting Period:
Paid March 2023 to February 2024

*Cedar Gate Data Comparison Period includes Active & Terminated Members.

Plan Spend by Top 20 Diagnosis Sub-groups



Plan Spend by Sub-groups identifies **granular cancers**, their spend and the change from the prior period.

- **Cancer is #1, #4, #14 and #18** in spend.
- **Breast cancer costs are up from 44th to 14th position.**

SN	Diagnosis	Reporting Period Amount (Mar 2023 through Feb 2024)			Comparison Period (Mar 2022 through Feb 2023)		%Δ	Prior Period Rank
		Total Paid Amount	PMPM	Benchmark	Total Paid Amount	PMPM		
1	Cancer Therapies	\$1,865,685	\$17.69	\$15.01	\$1,561,960	\$14.97	19%	1
2	Screenings	\$1,774,066	\$16.82	\$11.20	\$1,206,708	\$11.57	47%	3
3	Septicemia	\$1,499,453	\$14.21	\$6.51	\$1,251,663	\$12.00	20%	2
4	Benign Neoplasm	\$1,323,635	\$12.55	\$5.02	\$1,189,388	\$11.40	11%	4
5	Procedure/Surg. Complications	\$1,211,745	\$11.49	\$0.82	\$117,052	\$1.12	935%	96
6	Osteoarthritis	\$863,775	\$8.19	\$9.00	\$903,882	\$8.66	-4%	7
7	GI Disorders, Other	\$832,168	\$7.89	\$4.26	\$418,103	\$4.01	99%	25
8	Exams	\$806,484	\$7.64	\$8.42	\$816,669	\$7.83	-1%	10
9	Cerebral Hemorrhage	\$804,386	\$7.63	\$1.19	\$11,863	\$0.11	6681%	216
10	Thyroid Disorders	\$787,965	\$7.47	\$1.58	\$708,468	\$6.79	11%	11
11	Coagulopathy	\$675,642	\$6.40	\$0.59	\$436,549	\$4.18	55%	24
12	Labor and Delivery Related	\$647,315	\$6.14	\$6.80	\$856,533	\$8.21	-24%	8
13	Coronary Artery Disease	\$642,624	\$6.09	\$4.51	\$841,433	\$8.06	-24%	9
14	Breast Cancer	\$640,897	\$6.08	\$5.25	\$293,557	\$2.81	118%	44
15	Type II Diabetes Mellitus	\$628,806	\$5.96	\$3.56	\$475,213	\$4.55	32%	19
16	Respiratory Failure	\$609,513	\$5.78	\$1.92	\$386,698	\$3.71	58%	28
17	Pregnancy Complications	\$597,397	\$5.66	\$6.49	\$679,465	\$6.51	-12%	12
18	Cancers, Other	\$569,304	\$5.40	\$3.80	\$385,771	\$3.70	48%	29
19	Gallbladder and Biliary Disease	\$561,940	\$5.33	\$3.54	\$462,318	\$4.43	22%	21
20	Abdominal Disorders	\$542,325	\$5.14	\$4.63	\$547,217	\$5.24	-1%	14
	All Others	\$30,359,545			\$26,959,219		13%	
	Total	\$48,244,671	\$457.33		\$40,509,729	\$388.26		

Reporting Period:
Paid March 2023 to
February 2024

Comparison Period:
Paid March 2022 to
February 2023

Plan Spend by Top 20 Diagnosis Groups



Diagnosis Group	Claims	Billed	Paid ↓	Member
Cancer	3,814	\$19,495,795	\$5,240,045	\$243,757
Health Status/Encounters	16,876	\$12,019,622	\$3,973,130	\$136,394
Gastrointestinal Disorders	6,889	\$21,177,654	\$3,766,475	\$600,016
Cardiac Disorders	6,019	\$14,377,252	\$3,063,375	\$460,845
Pregnancy-related Disorders	2,746	\$13,065,229	\$2,930,138	\$425,346
Musculoskeletal Disorders	6,116	\$11,970,327	\$2,834,717	\$405,758
Neurological Disorders	3,906	\$13,889,775	\$2,771,075	\$322,348
Medical/Surgical Complications	385	\$5,380,144	\$2,150,570	\$20,954
Infections	2,775	\$10,691,438	\$2,148,756	\$205,196
Renal/Urologic Disorders	4,812	\$20,905,238	\$2,094,899	\$297,975
Trauma/Accidents	3,422	\$10,673,022	\$2,019,405	\$418,900
Gynecological/Breast Disorders	4,634	\$7,432,949	\$1,771,836	\$199,912
Pulmonary Disorders	5,597	\$7,938,141	\$1,505,291	\$229,152
Eye/ENT Disorders	8,071	\$5,323,977	\$1,461,826	\$385,854
Non-malignant Neoplasm	2,378	\$7,692,676	\$1,388,340	\$181,593
Hematological Disorders	1,380	\$3,222,179	\$1,345,777	\$66,723
Spine-related Disorders	2,833	\$5,055,006	\$1,242,003	\$172,287
Endocrine/Metabolic Disorders	3,393	\$4,617,764	\$1,158,756	\$97,427
Miscellaneous	2,548	\$3,061,389	\$1,015,402	\$116,495
Mental Health	6,491	\$2,777,840	\$938,950	\$198,151
Other	11,667	\$13,441,726	\$3,423,905	\$465,906
Total	106,752	\$214,209,144	\$48,244,671	\$5,650,988

Reporting Period:
Paid March 2023 to February 2024

Cancer Prevention & Screenings



ROLLING 12 MONTH - PREVENTION & SCREENINGS COMPARISON							
WELLNESS TYPE	METRIC NAME	3/1/2023 to 2/29/24 Reporting Period			3/1/2022 to 2/28/23 Comparison Period		
		# Meeting Metric	# Not Meeting Metric	% Meeting Metric	# Meeting Metric	# Not Meeting Metric	% Meeting Metric
CERVICAL CANCER SCREENING	Women age 25-65 with cervical cancer screen last 24 months	2,649	1,989	57.12%	2,815	1,579	64.06%
	Women age 21-65 with cervical cancer screen in last 36 months	3,016	1,893	61.44%	3,071	1,579	66.04%
CERVICAL CANCER/HPV SCREENING	Women age 25-65 with recommended cervical cancer/ HPV screening	2,971	1,664	64.10%	2,997	1,392	68.28%
PREVENTIVE VISITS	Members aged 19 years to 39 with preventive visit in last 24 months	1,195	1,579	43.08%	1,190	1,464	44.84%
	Members aged 40 years to 64 years with preventive visit in last 24 months	3,047	1,640	65.01%	3,082	1,380	69.07%
	Members aged 65 years and older with an annual preventive visit	84	122	40.78%	90	86	51.14%
MAMMOGRAMS	Women age 50 to 75 with a screening mammogram in last 24 months	1,506	580	72.20%	1,474	493	74.94%
	Women age 40 to 75 with a screening mammogram in last 24 months	2,379	1,147	67.47%	2,320	1,033	69.19%
COLORECTAL CANCER SCREENING	Colorectal cancer screening ages 45-75 within the appropriate time period	2,245	1,645	57.71%	2,131	1,541	58.03%
PSA TEST	Males age greater than 49 with PSA test in last 24 months	385	451	46.05%	425	329	56.37%

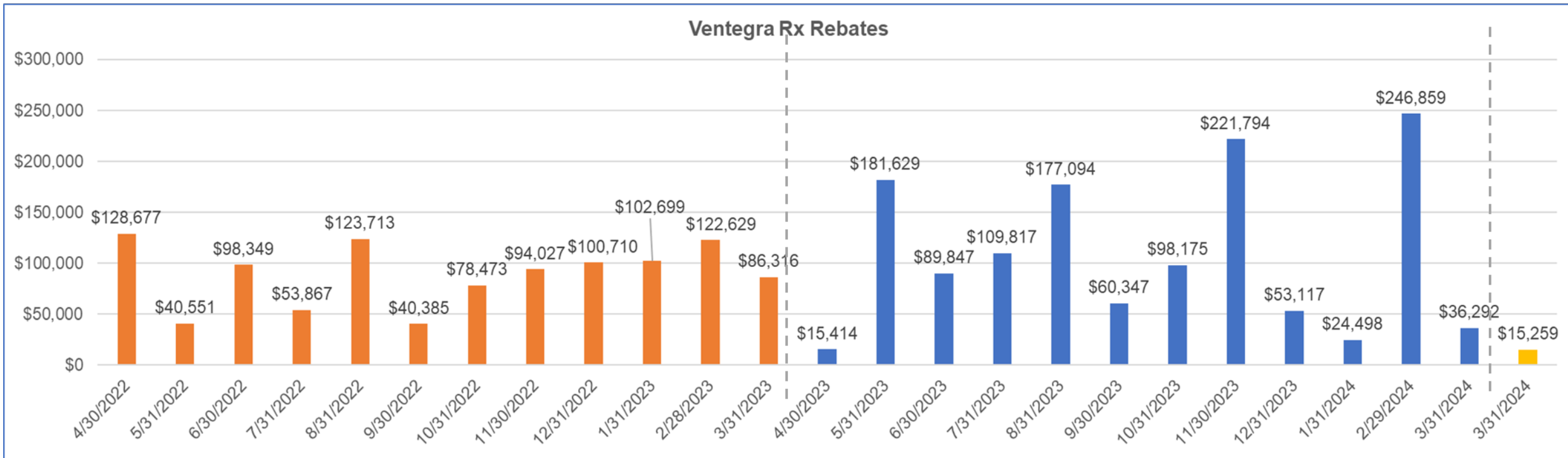
SDOC – Ventegra Rx Rebates By Paid Date Calendar Years: 2022, 2023 and 2024

Rx Rebates are paid monthly, at approximately 3 to 6-month lag from date of service

**2021-22 Plan Year
\$1,070,396 Rx Rebates**

**2022-23 Plan Year
\$1,314,884 Rx Rebates**

**2023-24 Plan Year
\$15,259 Rx Rebates**



*SDOC receives 100% of Rx Rebates under the Ventegra contract.

Vendor Evaluation

SDOC Risk & Benefits Management and the Advisor Team are evaluating the various health plan partners for measurement of performance and cost for health plan contractual services.

The objective is to identify what is working well, areas for improvement, and provide feedback for long-term sustainable solutions and/or next steps.

- Began January 2024
 - Phase 1 – Health Plan Core Vendors (TPA, PBM, Nurse Navigation, PBM Monitoring Services) - *Completed*
 - Phase 2 – Health Plan Supplemental Vendors – *In Progress*
 - Phase 3 – 2024 Survey Request for Health Plan Partner Self Evaluation/ Measurement – *In Progress*
 - With Applicable Q1 2021 Health Plan Partner Measurement of Performance and Cost for Health Plan Contractual Services comparison.

The Vendor Evaluation looks at the following criteria:

- Consistency of Performance
- Innovation & Customization
- Technology & Security
- Compliance & Legal
- Communication
- Contract & Performance Guarantees
- Pricing

**Additional vendor evaluations are to be completed after Matt Dubnansky's, of TMDG LLC next audits.*

Advisor Initiatives

- Cancer Concierge – Advocating & Assisting Diagnosed Members
- Preventive Cancer Screenings
 - **Improve Life Quality & Reduce Health Plan Spend**



QUESTIONS?
COMMENTS?
DISCUSSION.



APPENDIX

- Health Plan Financials
 - Medical Plan PAID Expenses vs Budget/Revenue – Plan Year to Date - Slide 33
 - Medical Plan PAID Expenses vs Budget/Revenue – 10/1/23 to 3/31/24 - Slide 34
 - Rolling 12 months: Expenses vs Revenue - Slide 35
 - Historical Large Claim Year over Year Comparison - Slide 36
- Health Rosetta Organization Overview - Slide 37
- Health Rosetta Rosie Award - Slide 38
- Milliman’s Skysail Ventegra Rx Monitoring Report – 2nd Quarter - Slides 39-56
 - October 1st, 2023, through March 31st, 2024

Medical Plan PAID Expenses vs Budget/Revenue – Plan Year to Date

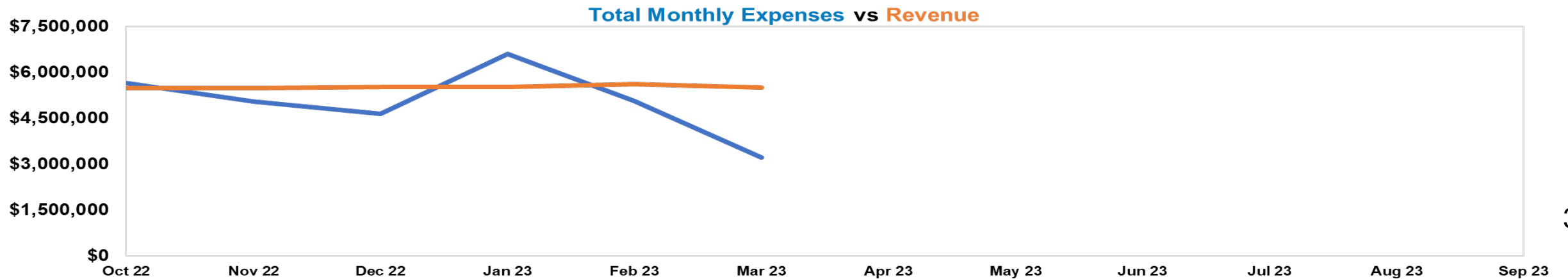
Historical Health Plan Costs / Plan Year School District of Osceola County						Oct 23 - Mar 24 (6 Months)
DATE RANGE	10/1/18 to 9/30/19	10/1/19 to 9/30/20	10/1/20 to 9/30/21	10/1/21 to 9/30/22	10/1/22 to 9/30/23	10/1/23 to 3/31/24
COST COMPONENT	2018/19 Plan Year	2019/20 Plan Year	2020/21 Plan Year	2021/22 Plan Year	2022/23 Plan Year	2023/24 Plan Year
Medical Claims	\$45,967,272	\$41,566,112	\$33,140,969	\$41,500,297	\$44,902,814	\$19,819,249
Rx Claims	\$12,307,935	\$11,049,021	\$9,844,133	\$8,966,174	\$8,593,164	\$5,122,599
Health Center	\$3,000,000	\$4,835,823	\$4,916,176	\$5,507,701	\$5,895,433	\$3,144,672
Fixed Costs	\$2,906,857	\$2,860,047	\$5,347,984	\$4,321,131	\$4,839,058	\$2,161,786
Claims over Specific Stop Loss	(\$328,850)	(\$1,418,812)	(\$212)	(\$62,006)	\$0	\$0
TOTAL EXPENSES	\$63,853,214	\$58,992,191	\$53,249,050	\$60,233,297	\$64,230,469	\$30,248,306
TOTAL REVENUE/ FUNDING	\$56,092,962	\$60,116,719	\$58,205,032	\$58,041,431	\$60,163,606	\$33,137,804
\$ Difference Revenue/Expenses	-\$7,760,252	\$1,124,528	\$4,955,982	-\$2,191,866	-\$4,066,863	\$2,889,498
Ratio - Expenses to Revenue	113.83%	98.13%	91.49%	103.78%	106.76%	91.28%
Additional Funded - COVID Relief	N/A	N/A	\$2,765,331	\$2,497,405	N/A	N/A
Additional Funding Needed	\$10,000,000	\$0	\$0	\$3,000,000	\$0	
Average Medical Enrollment	6,563	6,464	6,330	6,182	6,328	6,544
PEPM TOTAL EXPENSES	\$811	\$761	\$665	\$778	\$846	\$770
PEPM Claims vs Previous Year	105%	N/A	87%	117%	109%	-9%
Medical Claims PEPM	\$584	\$536	\$436	\$559	\$591	\$505
Rx Claims PEPM	\$156	\$142	\$130	\$121	\$113	\$130
Health Center PEPM	\$38	\$62	\$65	\$74	\$78	\$80
Fixed Costs PEPM	\$37	\$37	\$70	\$58	\$64	\$55

Medical Plan PAID Expenses vs Budget/Revenue – 10/1/23 to 3/31/24

School District of Osceola County

Medical Plan - Expenses to Revenue 2023-2024 Plan Year to Date

Month	Enrolled Employees and Retirees	Medical Claims	Rx Claims	Health Center	Paid Claims	Fixed Costs	Total Costs / Expenses	Monthly Revenue to the Plan	Board Contribution	Opt out Subsidy	Employee and Retiree Contribution	Budget Ratio
Oct-23	6,483	\$3,892,796	\$859,356	\$515,992	\$5,268,144	\$375,242	\$5,643,386	\$5,482,635	\$4,144,207	\$691,066	\$647,362	103%
Nov-23	6,486	\$3,377,278	\$857,902	\$461,919	\$4,697,099	\$345,765	\$5,042,864	\$5,486,049	\$4,147,109	\$690,441	\$648,499	92%
Dec-23	6,544	\$2,928,159	\$857,565	\$499,992	\$4,285,716	\$354,853	\$4,640,569	\$5,518,065	\$4,177,012	\$700,438	\$640,615	84%
Jan-24	6,551	\$4,792,560	\$955,427	\$499,553	\$6,247,540	\$360,161	\$6,607,701	\$5,526,597	\$4,177,011	\$704,802	\$644,784	120%
Feb-24	6,649	\$3,258,802	\$868,655	\$579,420	\$4,706,877	\$365,549	\$5,072,426	\$5,612,587	\$4,213,251	\$703,562	\$695,774	90%
Mar-24	6,552	\$1,569,654	\$723,694	\$557,796	\$2,851,144	\$360,216	\$3,211,360	\$5,511,871	\$4,186,383	\$701,688	\$623,800	58%
Apr-24												
May-24												
Jun-24												
Jul-24												
Aug-24												
Sep-24												
YTD	39,265	\$19,819,249	\$5,122,599	\$3,114,672	\$28,056,520	\$2,161,786	\$30,218,306	\$33,137,804	\$25,044,973	\$4,191,997	\$3,900,834	91%



Rolling 12 months: Expenses vs Revenue

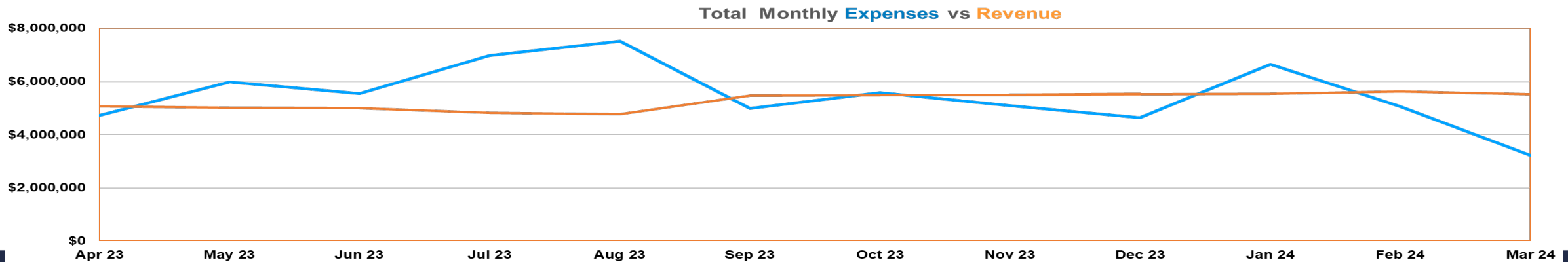
Plan Years: 10/1/2022 – 9/30/2023 and 10/1/2023 – 3/31/2024

School District of Osceola County

Health Plan - Expenses to Revenue Rolling 12 Months

Month	Enrolled Employees and Retirees	Medical Claims	Rx Claims	Health Center	Paid Claims	Fixed Costs	Total Expenses	Monthly Revenue to the Plan (G: Sum H-J)	Board Contribution (H)	Opt out Subsidy (I)	Employee and Retiree Contribution (J)	Budget Ratio F / G
Mar-23	6,397	\$3,419,480	\$844,245	\$480,198	\$4,743,923	\$350,441	\$5,094,364	\$5,063,371	\$3,767,099	\$605,808	\$690,464	101%
Apr-23	6,396	\$3,093,984	\$809,720	\$473,462	\$4,377,166	\$350,408	\$4,727,574	\$5,063,375	\$3,767,099	\$605,807	\$690,469	93%
May-23	6,305	\$4,239,598	\$765,947	\$619,848	\$5,625,393	\$350,509	\$5,975,902	\$5,012,385	\$3,719,317	\$602,394	\$690,674	119%
Jun-23	6,269	\$3,671,949	\$849,534	\$527,956	\$5,049,439	\$496,092	\$5,545,531	\$4,986,525	\$3,700,545	\$599,550	\$686,430	111%
Jul-23	6,154	\$5,315,223	\$808,847	\$522,501	\$6,646,571	\$326,854	\$6,973,425	\$4,820,445	\$3,579,952	\$579,072	\$661,421	145%
Aug-23	5,956	\$6,002,745	\$666,197	\$517,324	\$7,186,266	\$328,270	\$7,514,536	\$4,758,313	\$3,527,619	\$570,538	\$660,156	158%
Sep-23	6,445	\$3,245,573	\$852,592	\$516,992	\$4,615,157	\$364,698	\$4,979,855	\$5,471,026	\$4,129,523	\$676,695	\$664,808	91%
Oct-23	6483	\$3,892,796	\$859,356	\$461,919	\$5,214,071	\$364,698	\$5,578,769	\$5,482,635	\$4,144,207	\$691,066	\$647,362	102%
Nov-23	6486	\$3,377,278	\$857,902	\$499,992	\$4,735,172	\$345,362	\$5,080,534	\$5,485,960	\$4,147,019	\$690,441	\$648,500	93%
Dec-23	6544	\$2,928,159	\$857,565	\$499,553	\$4,285,277	\$345,765	\$4,631,042	\$5,518,065	\$4,177,012	\$700,438	\$640,615	84%
Jan-24	6551	\$4,792,560	\$955,427	\$530,284	\$6,278,271	\$354,853	\$6,633,124	\$5,526,597	\$4,177,011	\$704,802	\$644,784	120%
Feb-24	6649	\$3,258,802	\$868,655	\$579,420	\$4,706,877	\$347,055	\$5,053,932	\$5,612,597	\$4,213,251	\$703,562	\$695,784	90%
Mar-24	6552	\$1,569,654	\$723,694	\$557,796	\$2,851,144	\$360,216	\$3,211,360	\$5,511,871	\$4,186,383	\$701,688	\$623,800	58%
YTD	76,790	\$45,388,321	\$9,875,436	\$6,307,047	\$61,570,804	\$4,334,780	\$65,905,584	\$63,249,794	\$47,468,938	\$7,826,053	\$7,954,803	104%

- March 2024 Medical Claims are 39.9% (\$2,366,858) lower than the prior 12 Month Rolling Average of \$3,936,512 Million.
- March 2024 Rx Claim Cost/ Utilization is 13.1% (\$109,305K) lower than prior 12 months average of \$832,999.



Historical Comparison Large Claims >\$200,000 2018- 2024

School District of Osceola County

Oct 23 - March 24

Historical Large Claimant > \$200k Costs / Plan Year

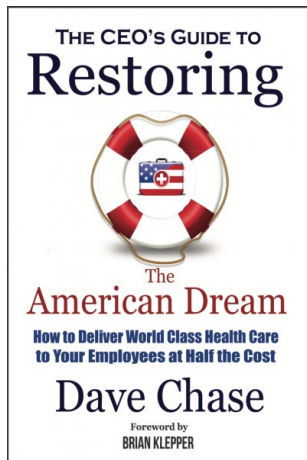
(6 Months)

DATE RANGE	10/1/18 to 9/30/19	10/1/19 to 9/30/20	10/1/20 to 9/30/21	10/1/21 to 9/30/22	10/1/22 to 9/30/23	10/1/23 to 2/29/24
COST COMPONENT	2018/19 Plan Year	2019/20 Plan Year	2020/21 Plan Year	2021/22 Plan Year	2022/23 Plan Year	2023/24 Plan Year
Average Medical Enrollment	6,563	6,464	6,330	6,182	6,328	6,544
# of Large Claimants over \$200k	30	21	19	29	20	10
Large Claimant Medical Claims	\$8,624,741	\$8,259,142	\$4,987,993	\$11,194,444	\$7,687,937	\$2,670,582
Large Claimant Rx Claims	\$1,368,041	\$643,430	\$528,331	\$485,588	\$397,197	\$107,487
Claims over Specific Stop Loss	(\$328,850)	(\$1,418,812)	(\$212)	(\$62,006)	\$0	\$0
Total Large Claims Minus Claims Over Specific Stop Loss	\$9,663,932	\$7,483,760	\$5,516,536	\$11,742,038	\$8,085,134	\$2,778,069
Total Plan Medical & Rx Claims	\$58,275,207	\$52,615,133	\$42,985,102	\$50,466,471	\$53,495,978	\$24,941,848
Large Claims as % of Total Claims	17%	14%	13%	23%	15%	11.1%
AVERAGE LARGE CLAIMANT	\$322,131	\$356,370	\$290,344	\$404,898	\$404,257	\$277,807
Top Large Claimant Diagnosis	Asthma; Colitis; Cancer (9); Kidney Disease; Sepsis (2); Heart; Cesarean Birth; Colitis; Crohn's Disease; Scoliosis; Hereditary Factor IX Deficiency (2); ESRD (2); Respiratory Failure; Peritoneal Abscess; Intestinal Obstruction; Acute Embolism; Infection/Prosthetic; Liver Transplant Failure; Pulmonary Hypertension; Acidosis	Heart & Kidney Failure; Pleural Effusion; Diarrhea; Cancer (5); Kidney Disease; Sepsis (2); Heart; Cesarean Birth; Clotting Condition; Crohn's Disease; Scoliosis; Hereditary Factor IX Deficiency (2); ESRD; Respiratory Failure; Dieulafoy Stomach & Duodenum Lesion; Immunotherapy; Intestinal Obstruction	Multiple Fractures; Cancer (2); Kidney Disease; Sepsis (2); Heart (2); Cesarean Birth; Clotting Condition; Crohn's Disease; Scoliosis; Hereditary Factor IX Deficiency; Osteomyelitis of Vertebra/ Meningitis	Thyrototoxicosis & Goiter; COVID/ Pneumonia; ESRD (3); Cancer (12); Clotting Condition; Crohn's Disease (2); Sepsis (2); Dermatopolymositis; Heart (2); Fractures (2); Respiratory Infections (2); Colitis (2)	ESRD (5); Cancer (5); Hemophilia; Thyrototoxicosis & Goiter; Crohn's Disease (2); Cerebrovascular Disease; Dermatopolymositis; Heart Failure; Sacroiliitis; Preterm Newborn	Chronic Respiratory Failure/ Sickle Cell; ESRD/ Cancer; Cancer (5); Hereditary Factor IX Deficiency (Hemophilia); Hemorrhage; CAD; Vascular Disease

Health Rosetta is a non-profit organization that advocates for a better healthcare system.

- The mission is to transform healthcare by empowering employers, advisors, and other stakeholders to drive meaningful change.
- They accomplish this by promoting a set of principles that prioritize transparency, value-based care, and innovation. Health Rosetta works with advisors and employers to implement strategies that focus on improving employee health outcomes while reducing costs.
- Their approach involves leveraging technology, data analytics, and strategic partnerships to create more efficient and effective healthcare solutions.

Overall, Health Rosetta aims to revolutionize the healthcare industry by promoting a model that emphasizes quality, affordability, and sustainability."



Dave Chase, the CEO and Founder of Health Rosetta.

The CEO's Guide to Restoring the American Dream was the book that started it all.

Rosie Awards recognize high-value, low-cost health plans from employers and unions across the U.S.
Quite simply, it is the BEST-OF-THE-BEST in health plans.

This year, School District of Osceola County is being awarded a *ROSIE AWARD* for their health plan.

Recognition will be in Washington, DC in September where SDOC will be recognized publicly for their achievements, including Public Relations and communications regarding the award.



Milliman **SkySail** Monitoring Report

School District of Osceola County

Timeframe: 10/1/2023-3/31/2024

Contract Type: Pass-Through

Caveats and Limitations

1. In performing analyses, we relied on data and other information provided by the PBM and Plan Sponsor. We have not audited this data and other information provided. If the underlying data or information is inaccurate or incomplete, the results of our analyses may likewise be inaccurate or incomplete.
2. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in these analyses. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.
3. Dollar values/percentages may not sum to displayed total as a result of not rounding raw data.
4. Pharmacy information such as names and chain affiliation are based upon the most recently reviewed NCPDP pharmacy data files, which are not audited or otherwise reviewed.
5. Analyses do not include rebates/admin fees, or alternative funding programs unless explicitly stated.
6. Slide layouts may have been updated from previous reports.
7. Net Paid Claims/Net Rx Count is defined as the sum of paid (1) and reversed (-1) claims.
8. Total Gross Cost is defined as Total Drug Cost before rebates, administration fees, manufacturer assistance, and other fees/programs. Total Drug Cost is generally calculated as: (ingredient cost + dispensing fees + tax [when provided]), (plan paid + member paid), or best available evidence.
9. AWP Discount is calculated as total Ingredient Cost divided by total Medispan AWP. For positive expression, the formula is $1 - (\text{total Ingredient Cost} / \text{total AWP})$. For negative expression, the formula is $(\text{total Ingredient Cost} / \text{total AWP}) - 1$.

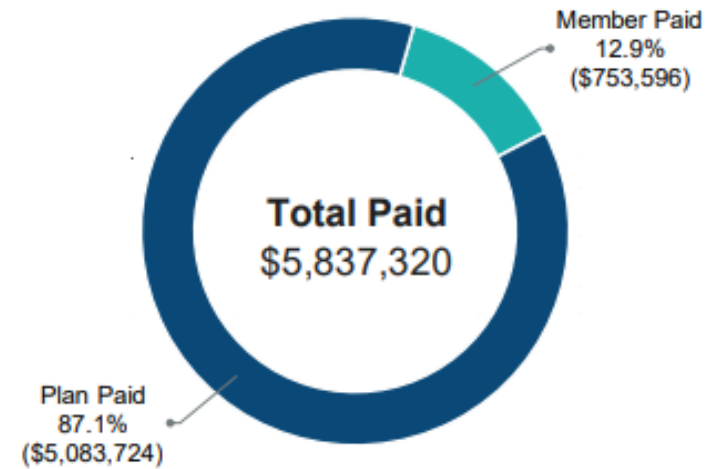
Network Costs

(Total Gross Cost, Plan, and Member Costs)

Range Details	Statistics
Total Records	90,180
Paid Claims	70,987
Reversed Claims	-19,193
Net Paid Claims	51,794

Cost Share	Avg. Cost per Rx
Member	\$14.55
Plan	\$98.15
Total Cost	\$112.70

Drug Type	Avg. Cost per Rx
Brand	\$680.40
Generic	\$20.65
Specialty	\$8,543.89



Member cost share is currently 20.6% of Retail Generics, 9.9% of Retail Brands, and 14.2% of Specialty scripts.

- LTC, Vaccine, OTC, 340b, COB, Compound, and \$0 AWP claims excluded from the Brand/Generic/Specialty breakout.

Net Plan Utilization Details

PMPM Breakout	Calculation	Total Value	Current Value
Non-Specialty Plan PMPM	(A)	\$3,118,566	\$57.53
Specialty Plan PMPM	(B)	\$1,965,158	\$36.25
Total Plan PMPM	(A)+(B)=(C)	\$5,083,724	\$93.78
Rebate (Estimate) PMPM	(D)	-\$775,159	-\$14.30
Total Plan Net of Rebate PMPM	(C)+(D)=(E)	\$4,308,564	\$79.48
Copay Assistance PMPM	(F)	-\$323,052	-\$5.96
Admin Fee PMPM	(G)	\$149,078	\$2.75
Total Plan Net of Other Items PMPM	(E)+(F)+(G)=(H)	\$4,134,590	\$76.27
Total Member PMPM	(I)	\$753,596	\$13.90
Total Net Plan PMPM + Total Member	(H)+(I)	\$4,888,186	\$90.17

- Rebate Estimate based on Q3 and Q4 2023 rebate value provided by PBM.
 - Copay Assistance values provided in report by PBM
 - Please note Elect RX information is not included.



- Generic Dispensing Rate increased by 2.9% from the previous Report.
- Health Center claims are included in the figures above and represent \$42.01 in Total Plan PMPM.

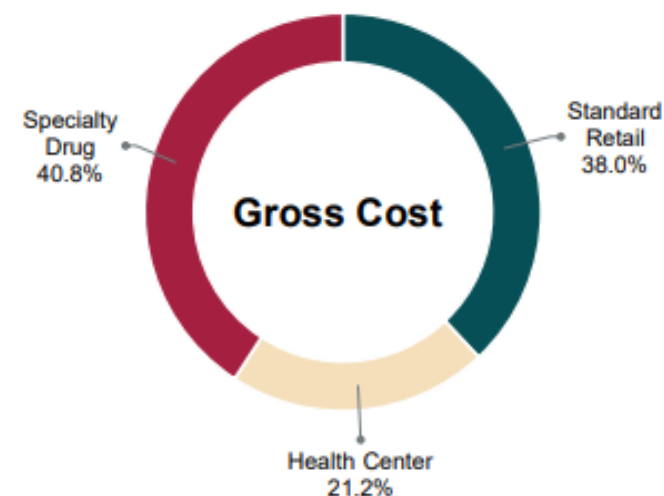
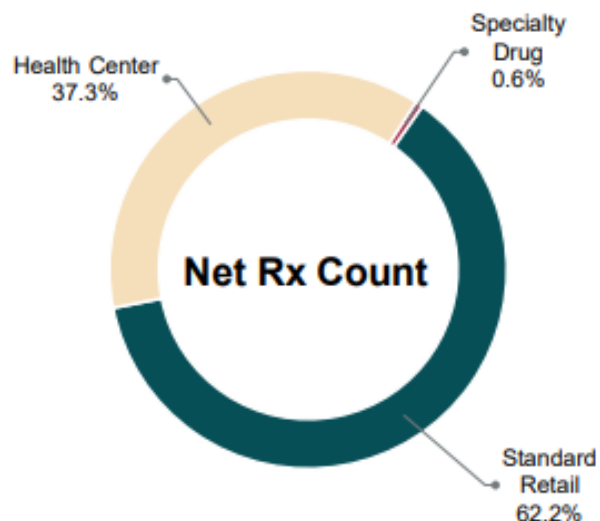
Plan Details	Plan Statistics
Generic Dispensing Rate	86.6%
Generic Dispensing Rate (Adj for 90DS)	89.1%
Member Count	9,035
Net Rx PMPM	0.96
Net Rx PMPM (Adj for 90DS)	1.56
Number of Utilizing Members	7,861
Estimated Percent of Utilizers	87.0%

- Member count was provided by PBM.

Network Cost By Channel/Drug Type

Pharmacy Type	Net Rx Count	Gross Cost
Standard Retail	29,273	\$2,132,506
Health Center	17,537	\$1,189,419
Specialty Drug	268	\$2,289,763
Total	47,078	\$5,611,687

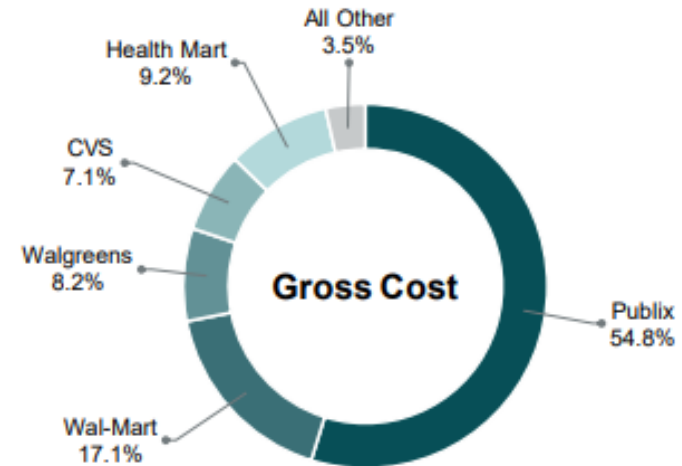
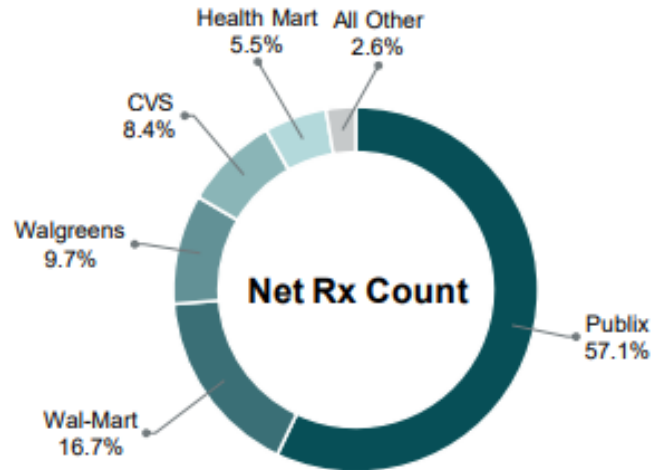
- LTC, Vaccine, OTC, 340b, COB, and Compound claims excluded



Specialty claims account for 0.6% of scripts and 40.8% of the overall drug spend.

Health Center claims account for 37.3% of scripts and 21.2% of the overall drug spend (Non-Specialty claims only).

Retail Pharmacy Mix



- LTC, Vaccine, OTC, 340b, COB, Compound, and Specialty claims excluded

The chain with the most net paid claims and highest gross cost is Publix.

Network Pharmacy Data

Retail Generics

Retail Pharmacy	Generic 30			Generic 90		
	Net Rx Count	Gross Cost	AWP Discount	Net Rx Count	Gross Cost	AWP Discount
Publix	10,589	\$196,021	88.86%	4,676	\$89,701	95.79%
Wal-Mart	3,074	\$50,573	87.59%	1,432	\$57,892	89.02%
Walgreens	1,915	\$60,201	86.11%	763	\$33,108	93.88%
CVS	1,571	\$36,585	89.31%	720	\$20,945	94.45%
Health Mart	1,110	\$36,112	86.08%	309	\$6,033	97.24%
All Other	494	\$11,259	93.32%	178	\$5,757	93.07%

Retail Pharmacy	Total Net Rx Count	Total Gross Cost	Combined AWP Discount
Publix	15,265	\$285,723	92.70%
Wal-Mart	4,506	\$108,465	88.41%
Walgreens	2,678	\$93,309	90.36%
CVS	2,291	\$57,531	92.14%
Health Mart	1,419	\$42,144	90.30%
All Other	672	\$17,016	93.23%

- Health Center Generic Discounts are pricing near other retail pharmacies.
- CVS Brand 30 AWP discount is higher than other retail chains due to Paxlovid, Mesalamine, and Albuterol processing at a higher rate.

Retail Brands

Retail Pharmacy	Brand 30			Brand 90		
	Net Rx Count	Gross Cost	AWP Discount	Net Rx Count	Gross Cost	AWP Discount
Publix	1,141	\$524,102	22.29%	304	\$359,056	21.54%
Wal-Mart	277	\$131,599	18.74%	95	\$124,640	18.97%
Health Mart	172	\$113,401	20.28%	25	\$41,035	19.93%
CVS	119	\$34,752	38.60%	52	\$59,918	18.87%
Walgreens	117	\$34,055	24.70%	47	\$47,891	20.01%
All Other	80	\$41,461	21.41%	13	\$16,407	26.39%

Retail Pharmacy	Total Net Rx Count	Total Gross Cost	Combined AWP Discount
Publix	1,445	\$883,158	21.98%
Wal-Mart	372	\$256,239	18.85%
Health Mart	197	\$154,436	20.19%
CVS	171	\$94,670	27.30%
Walgreens	164	\$81,947	21.99%
All Other	93	\$57,868	22.90%

Health Center

Pharmacy	Generic Net Rx Count	Generic Gross Cost	Generic AWP Discount	Brand Net Rx Count	Brand Gross Cost	Brand AWP Discount	Total Net Rx Count	Total Gross Cost
Health Center	16,409	\$288,702	93.16%	1,128	\$900,717	21.55%	17,537	\$1,189,419

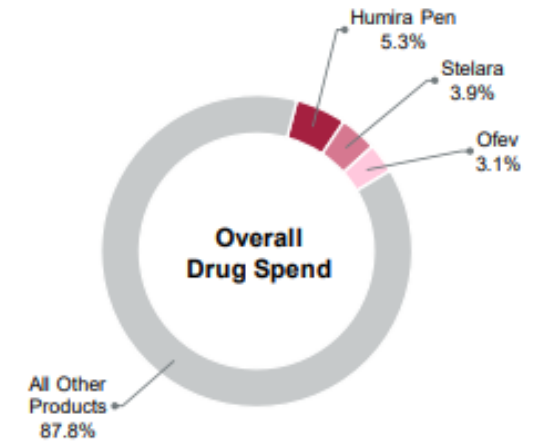
- LTC, Vaccine, OTC, 340b, COB, Compound, and Specialty claims excluded

Specialty Drug Rate Performance

Product Name	Brand/Generic	Therapy Class	Utilizing Members	Net Rx Count	Gross Cost	AWP Discount
Humira Pen	Brand	Pain/Inflammation	7	31	\$308,380	18.75%
Stelara	Brand	Psoriasis	4	10	\$225,138	18.75%
Ofev	Brand	Pulmonary Fibrosis	3	14	\$179,459	16.46%
Rinvoq	Brand	Pain/Inflammation	6	28	\$175,890	18.75%
Skyrizi Pen	Brand	Psoriasis	5	7	\$138,240	18.75%
Tremfya	Brand	Psoriasis	4	10	\$132,895	18.75%
Promacta	Brand	Anemia	1	6	\$110,294	18.75%
Ibrance	Brand	Oncology	1	7	\$108,325	16.67%
Xtandi	Brand	Oncology	1	6	\$82,083	18.75%
Dovato	Brand	HIV/AIDS	5	26	\$75,815	19.04%
All Other	Combined	All Other	N/A	123	\$753,244	18.25%
Total				268	\$2,289,763	18.32%

- Includes all channels

- 340b and COB claims excluded



The three following specialty products account for 12.2% of the overall drug spend: Humira Pen, Stelara, and Ofev.

The plan experienced no utilization of Humira Biosimilars during the report timeframe.

(Non-Specialty) Brand Drug Rate Performance

Product Name	Therapy Class	Utilizing Members	Net Rx Count	Gross Cost	AWP Discount
★ Ozempic	Diabetes	163	464	\$557,664	19.84%
Trulicity	Diabetes	103	222	\$332,475	19.83%
Jardiance	Diabetes	95	157	\$219,133	19.94%
Trelegy Ellipta	Asthma/COPD	72	152	\$119,621	19.76%
Eliquis	Anti-Coagulants	51	118	\$98,993	20.01%
Januvia	Diabetes	38	72	\$66,107	19.83%
Synjardy Xr	Diabetes	24	41	\$57,846	20.01%
Shingrix	Vaccines	238	308	\$57,165	20.07%
Xarelto	Anti-Coagulants	23	49	\$45,699	19.83%
★ Rybelsus	Diabetes	16	25	\$42,934	19.92%
All Other	Combined	N/A	5,063	\$1,042,130	23.12%
Total			6,671	\$2,639,767	21.17%

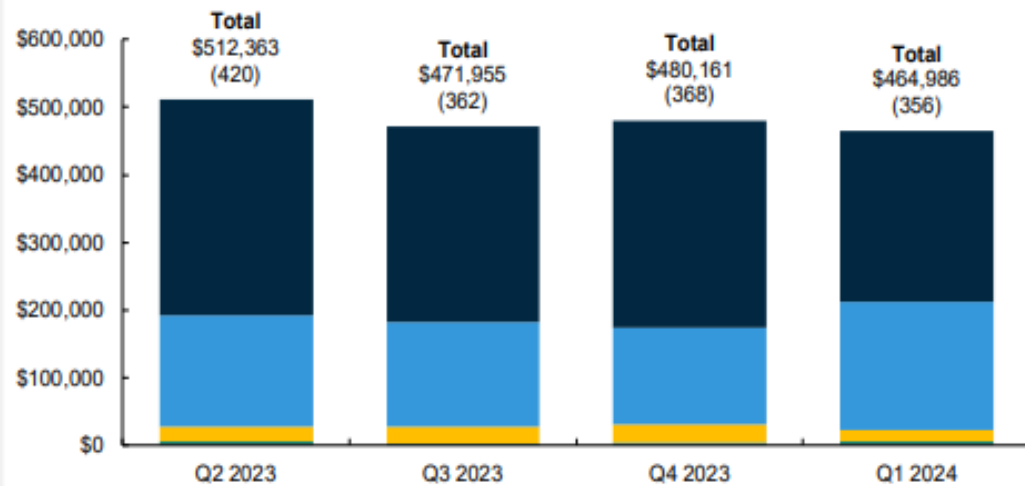
- Specialty, COB, and 340b claims excluded

- Includes all channels

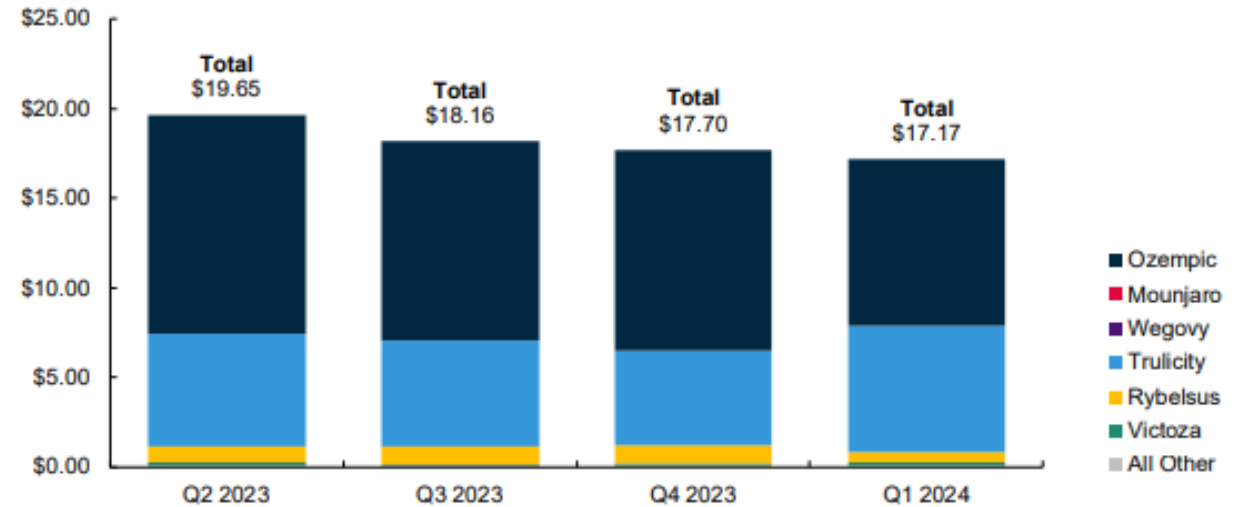
Ozempic and **Rybelsus** have become more prevalent in plan utilization. They are prescribed primarily for Diabetes; however, the industry has noticed an increasing trend in off-label usage for Weight Loss.

Quarterly GLP-1 Product Trends

**Total Gross Cost w/ (Net Paid Claims)
(by GLP-1 Product Name)**



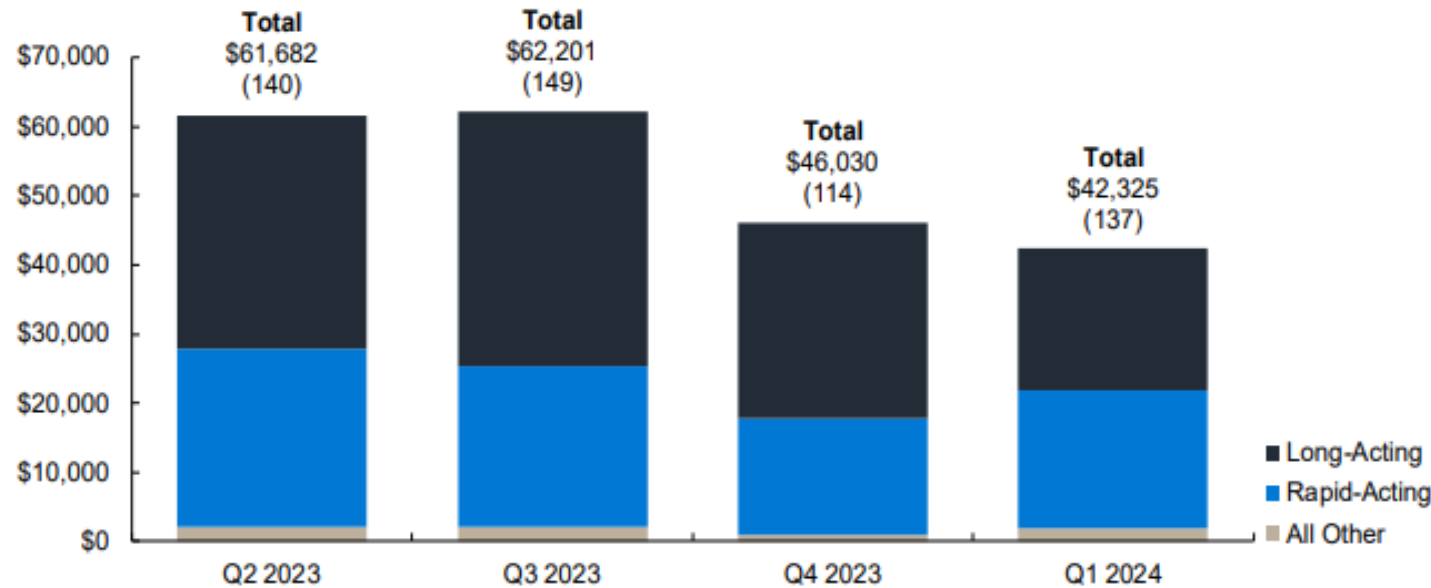
**Total PMPM
(by GLP-1 Product Name)**



- The chart above includes GLP-1 products from all applicable route of admin (Oral/Injection) and applicable Therapy Classes (Diabetes/Weight Loss).

Quarterly Insulin Trends

Total Gross Cost w/ (Net Paid Claims) (by Insulin Type)

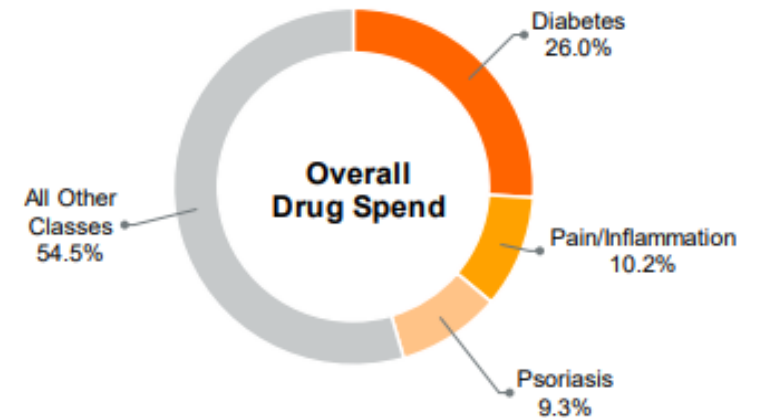


- We have seen a significant decrease in insulin cost in 2024 due to list price adjustments.

- Includes Brand and Generic products
- **Rapid-Acting:** can include products like (but not limited to) Humalog, Novolog, and Apidra.
- **Long-Acting:** can include products like (but not limited to) Lantus, Toujeo, Levemir, and Tresiba.
- **All Other:** can include Short-Acting, Intermediate, or Pre-Mixed products.

Therapy Class Summary by Cost

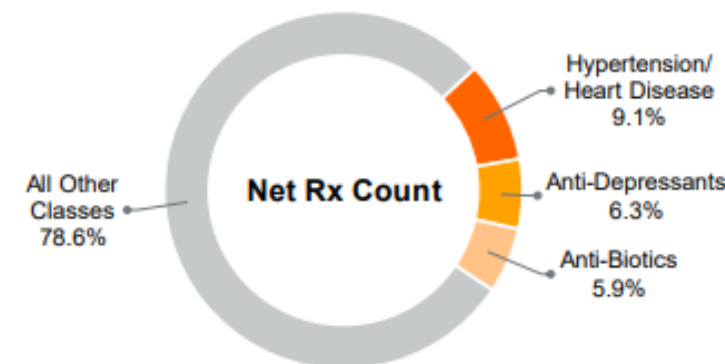
Therapy Class	Member Cost per Rx	Plan Cost per Rx	Utilizing Members	Net Rx Count	Gross Cost
Diabetes	\$44	\$502	916	2,779	\$1,516,106
Pain/Inflammation	\$35	\$225	1,530	2,285	\$594,538
Psoriasis	\$1,445	\$10,665	21	45	\$544,945
Oncology	\$309	\$1,448	115	265	\$465,586
Asthma/COPD	\$15	\$110	1,335	2,932	\$364,534
Pulmonary Fibrosis	\$713	\$12,105	3	14	\$179,459
HIV/AIDS	\$340	\$1,597	23	90	\$174,307
Vaccines	\$0	\$82	1,497	1,969	\$161,969
Anti-Coagulants	\$55	\$495	134	293	\$161,089
Diabetic Supplies	\$34	\$176	244	638	\$134,130
All Other	\$7	\$31	N/A	40,484	\$1,540,658
Total				51,794	\$5,837,320



The three following therapeutic classes account for 45.49% of the overall drug spend: Diabetes, Pain/Inflammation, and Psoriasis.

Therapy Class Summary by Net Rx

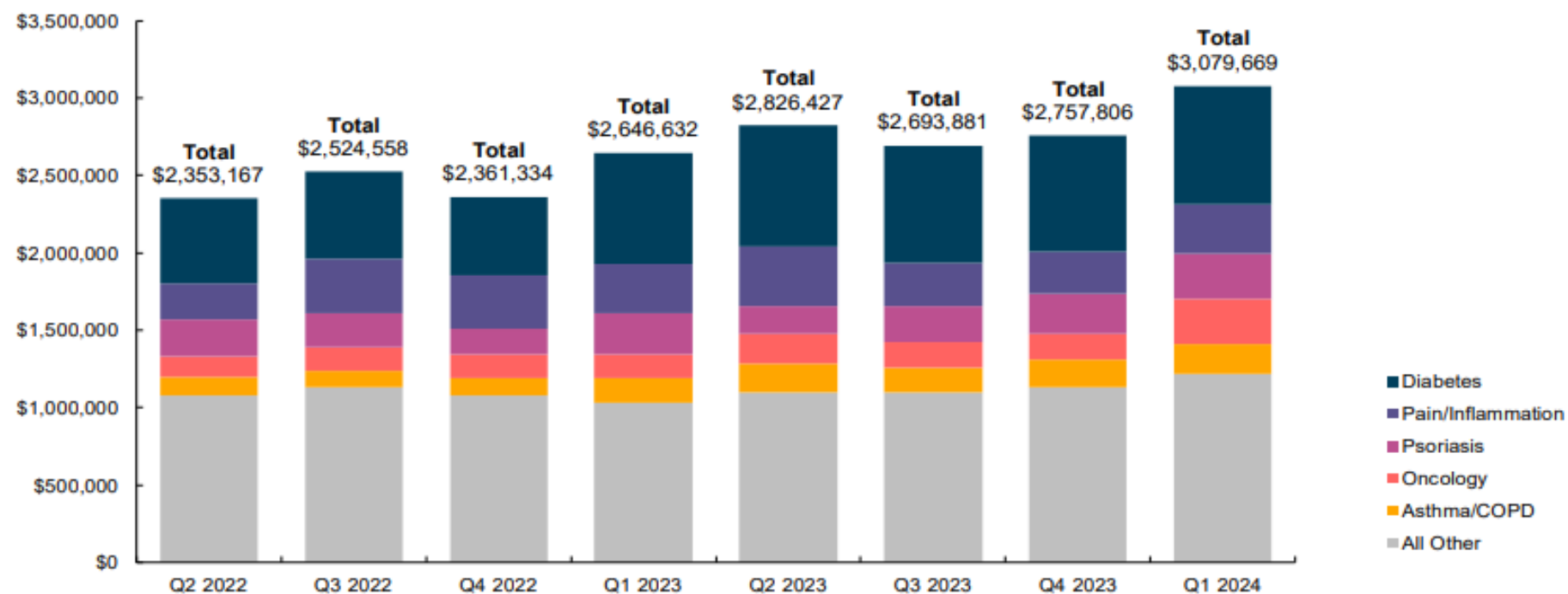
Therapy Class	Member Cost per Rx	Plan Cost per Rx	Utilizing Members	Net Rx Count	Gross Cost
Hypertension/Heart Disease	\$6	\$8	1,919	4,733	\$66,722
Anti-Depressants	\$7	\$13	1,303	3,264	\$66,968
Anti-Biotics	\$4	\$10	2,314	3,069	\$45,344
Asthma/COPD	\$15	\$110	1,335	2,932	\$364,534
Diabetes	\$44	\$502	916	2,779	\$1,516,106
High Cholesterol	\$2	\$19	1,291	2,415	\$50,797
Pain/Inflammation	\$35	\$225	1,530	2,285	\$594,538
Vaccines	\$0	\$82	1,497	1,969	\$161,969
Ulcer	\$4	\$13	916	1,697	\$29,882
Cough/Cold/Allergy	\$3	\$9	1,320	1,570	\$19,600
All Other	\$17	\$99	N/A	25,081	\$2,920,861
Total				51,794	\$5,837,320



The three following therapeutic classes account for 21.37% of scripts: Hypertension/Heart Disease, Anti-Depressants, and Anti-Biotics.

Quarterly Therapy Class Trends

Current Top 5 Therapy Classes (by Total Gross Cost)



- Current is defined as the primary reporting period.
- Any therapy classes for the current period that are not high cost will fall into the All Other bucket.

Low Value Drug Summary

The table below provides a sample of products which may have more cost effective and clinically appropriate options available. We provide this information to assist with identifying opportunities to better manage your pharmacy benefits. We recommend having the PBM review the utilization of these products as lower cost alternatives are available (see rationale).

Product Name	Therapy Class	Brand/Generic	Net Rx Count	Gross Cost	Rationale
Adzenys Xr-Odt	Attention Disorders	Brand	7	\$3,304	Different strength and dose form available generically
Doxycycline Hyclate Dr	Anti-Biotics	Brand	2	\$1,843	Generically Available in slightly different dose form of Doxycycline
Relpax	Migraine	Brand	4	\$1,836	MultiSource Brand Product. Generics Available
Lumigan	Ophthalmics	Brand	3	\$1,669	Available generically at different concentrations
Livalo	High Cholesterol	Brand	1	\$926	Several low cost generics within this category
Zetia	High Cholesterol	Brand	1	\$784	MultiSource Brand Product. Generics Available
Prozac	Anti-Depressants	Brand	1	\$749	MultiSource Brand Product. Generics Available
Quillivant Xr	Attention Disorders	Brand	2	\$658	Different strength and dose form available generically
Jornay Pm	Attention Disorders	Brand	1	\$442	Different strength and dose form available generically
Vivelle-Dot	Estrogens/Progestins	Brand	1	\$428	MultiSource Brand Product. Generics Available
All Other	Mixed	Mixed	19	\$1,758	
Total			42	\$14,397	

PBM Contracted Discount vs. Actual Performance

Channel	Contracted Discount	Current Discount	Current Ing Cost	Current AWP	Discount Variance	Cost Variance
Retail Brand 30	19.00%	22.35%	\$867,404	\$1,117,029	3.35%	\$37,389
Retail Generic 30	81.80%	88.41%	\$279,547	\$2,412,647	6.61%	\$159,555
Retail Brand 90	18.50%	20.67%	\$645,767	\$814,055	2.17%	\$17,688
Retail Generic 90	89.50%	94.23%	\$164,106	\$2,845,170	4.73%	\$134,637
Specialty Brand	16.00%	17.87%	\$1,104,796	\$1,345,102	1.87%	\$25,089
Specialty Generic	80.90%	0.00%	\$0	\$0	0.00%	\$0
Health Center Brand 30	19.00%	22.23%	\$424,318	\$545,608	3.23%	\$17,624
Health Center Generic 30	81.80%	88.61%	\$136,633	\$1,199,604	6.81%	\$81,695
Health Center Brand 90	18.50%	20.93%	\$470,202	\$594,701	2.43%	\$14,480
Health Center Generic 90	89.50%	96.37%	\$61,796	\$1,703,399	6.87%	\$117,061
Health Center Specialty Brand	16.00%	18.75%	\$1,154,318	\$1,420,698	2.75%	\$39,069
Health Center Specialty Generic	80.90%	0.00%	\$0	\$0	0.00%	\$0
Total			\$5,308,886	\$13,998,014		\$644,288

LTC, Vaccines, OTC, Compound, COB, DMR, VA, Tribal, and 340B Claims Excluded

- Across all utilized channels, current AWP discounts appear to be overperforming when compared to the PBM contracted rates.
- There was no Specialty Generic utilization in the report timeframe.

PBM Contracted Dispense Fee vs. Actual Performance

Channel	Net Rx Count	Contracted Disp Fee.	Current Disp Fee.	Contracted Total	Current Total	Cost Variance
Retail Brand 30	1,900	\$5.63	\$5.70	\$10,697.00	\$10,830.75	-\$134
Retail Generic 30	18,739	\$4.91	\$5.92	\$92,008.49	\$110,950.30	-\$18,942
Retail Brand 90	534	\$6.92	\$5.80	\$3,695.28	\$3,095.45	\$600
Retail Generic 90	8,059	\$6.12	\$6.08	\$49,321.08	\$48,999.85	\$321
Specialty Brand	137	\$1.23	\$80.28	\$168.51	\$10,998.75	-\$10,830
Specialty Generic	0	\$7.08	\$0.00	\$0.00	\$0.00	\$0
Health Center Brand 30	807	\$5.63	\$5.49	\$4,543.41	\$4,427.50	\$116
Health Center Generic 30	10,258	\$4.91	\$5.50	\$50,366.78	\$56,419.00	-\$6,052
Health Center Brand 90	321	\$6.92	\$5.51	\$2,221.32	\$1,769.50	\$452
Health Center Generic 90	6,151	\$6.12	\$5.50	\$37,644.12	\$33,854.50	\$3,790
Health Center Specialty Brand	131	\$150.00	\$150.00	\$19,650.00	\$19,650.00	\$0
Health Center Specialty Generic	0	\$150.00	\$0.00	\$0.00	\$0.00	\$0
Total				270,316	300,996	-\$30,680

LTC, Vaccines, OTC, Compound, COB, DMR, VA, Tribal, and 340B Claims Excluded

- Current dispense fees appear to be underperforming when compared to the PBM contracted dispense fees.

Takeaways and Opportunities

- The PBM appears to be performing well in all pricing channels resulting in an overperformance of \$644,288 for the most recent 6-month period reviewed. After dispense fees, the total overperformance is about **\$613,608**.
- On-Site Clinic insights:
 - This pharmacy represents about 43% of the total drug spend (consistent with the previous report).
 - It appears members are paying \$0 for most non-specialty generics. Milliman to follow up with PBM regarding a single Unithroid claim filled on 1/11/2024 that shows a member paid \$15 for this prescription.
- GLP-1 utilization appears to have remained on a slight downward trend quarter over quarter. The plan implemented a plan design edit to mitigate the use of GLP-1s on 8/1/2023. It appears the edit is limiting the utilization of these products.
- Products with low therapeutic value are being utilized, please refer to slide 15.
- Humira Biosimilar update: Yuflyma and Idacio have been added as preferred specialty agents to the PBMs formulary effective 10/1/2023.
 - There was no Humira Biosimilar utilization within the report timeframe.
 - We will follow up with the PBM on updated scenarios regarding Biosimilar strategy.
- As reported by the PBM, the copay assistance program has saved approximately \$323,052 in total gross cost (includes Health Center Claims) over the last 6 months.
- For international utilization, please refer to the report from ElectRx.
- After review of Ventegra's formulary update, we noticed Lumigan (considered a low value product) will now have a step therapy edit in place before members are able to use this product.

Health Plan Analysis 05/01/2024 (23-24)

Summary

Plan	ENROLLMENT		%
	TALLIES	Total	
Healthy Advantage Plus	658	7913	8.32%
Healthy Advantage Plus Wellness	980	7913	12.38%
Health Center	270	7913	3.41%
Health Center Wellness	840	7913	10.62%
Healthy Essentials	1509	7913	19.07%
Healthy Essentials Wellness	2529	7913	31.96%
Opt Out Credit Plan	1127	7913	14.24%

PROJECTED REVENUE BASED ON CURRENT ENROLLMENT MINUS ADMIN FEES

Board Paid	\$58,776,822.00
Employee Premium	\$6,777,200.00
Retiree Premium	\$793,684.80
SubTotal	\$66,347,706.80
Administration Fees	(5,677,957.92)
Total	60,669,748.88

DESCRIPTION	OPTION	TALLIES	Board Share		Employee Premium			Retiree Premium		
			Per Pay	Per Year	Per Pay	Per Year	Per Month	Per Year		
Healthy Advantage Plus	1	59	374.9	209,569.10	4,191,382.00	75.00	41,925.00	838,500.00		
Healthy Advantage Plus	2	9	374.9	3,374.10	67,482.00	500.00	4,500.00	90,000.00		
Healthy Advantage Plus	3	55	374.9	20,619.50	412,390.00	325.00	17,875.00	357,500.00		
Healthy Advantage Plus	4	13	374.9	4,873.70	97,474.00	625.00	8,125.00	162,500.00		
Healthy Advantage Plus	5	11	374.9	4,123.90	82,478.00	350.00	3,850.00	77,000.00		
Healthy Advantage Plus	6	11	374.9	4,123.90	82,478.00	0.00	0.00	0.00		
Healthy Advantage Plus Wellness	1	774	374.9	290,172.60	5,803,452.00	50.00	38,700.00	774,000.00		
Healthy Advantage Plus Wellness	2	18	374.9	6,748.20	134,964.00	450.00	8,100.00	162,000.00		
Healthy Advantage Plus Wellness	3	84	374.9	31,491.60	629,832.00	275.00	23,100.00	462,000.00		
Healthy Advantage Plus Wellness	4	26	374.9	9,747.40	194,948.00	575.00	14,950.00	299,000.00		
Healthy Advantage Plus Wellness	5	19	374.9	7,123.10	142,462.00	300.00	5,700.00	114,000.00		
Healthy Advantage Plus Wellness	6	19	374.9	7,123.10	142,462.00	0.00	0.00	0.00		
Healthy Advantage Plus Wellness	7	1	374.9	374.90	7,498.00	450.00	450.00	9,000.00		
Healthy Advantage Plus Wellness	8	0	374.9	0.00	0.00	575.00	0.00	0.00		
Healthy Advantage Plus Wellness (JS)	1	0	187.45	0.00	0.00	237.45	0.00	0.00		
Healthy Advantage Plus Wellness Retiree	1	32						821.47	26,287.04	315,444.48
Healthy Advantage Plus Wellness Retiree	2	7						1,725.22	12,076.54	144,918.48
Healthy Advantage Plus Wellness Retiree	3	0						1,273.27	0.00	0.00
Healthy Advantage Plus Wellness Retiree	4	0						2,218.14	0.00	0.00
Health Center Wellness	1	424	374.9	158,957.60	3,179,152.00	0.00	0.00	0.00		
Health Center Wellness	2	38	374.9	14,246.20	284,924.00	175.00	6,650.00	133,000.00		
Health Center Wellness	3	212	374.9	79,478.80	1,589,576.00	25.00	5,300.00	106,000.00		
Health Center Wellness	4	84	374.9	31,491.60	629,832.00	200.00	16,800.00	336,000.00		
Health Center Wellness	5	32	374.9	11,996.80	239,936.00	0.00	0.00	0.00		
Health Center Wellness	6	32	374.9	11,996.80	239,936.00	0.00	0.00	0.00		
Health Center Wellness	7	3	374.9	1,124.70	22,494.00	175.00	525.00	10,500.00		
Health Center Wellness	8	0	374.9	0.00	0.00	200.00	0.00	0.00		
Health Center	1	165	374.9	61,858.50	1,237,170.00	25.00	4,125.00	82,500.00		
Health Center	2	11	374.9	4,123.90	82,478.00	225.00	2,475.00	49,500.00		
Health Center	3	61	374.9	22,868.90	457,378.00	75.00	4,575.00	91,500.00		
Health Center	4	22	374.9	8,247.80	164,956.00	250.00	5,500.00	110,000.00		
Health Center	5	4	374.9	1,499.60	29,992.00	50.00	200.00	4,000.00		
Health Center	6	4	374.9	1,499.60	29,992.00	0.00	0.00	0.00		
Health Center	7	2	374.9	749.80	14,996.00	225.00	450.00	9,000.00		
Health Center	8	1	374.9	374.90	7,498.00	250.00	250.00	5,000.00		
Health Center Wellness Retiree	1	13						568.54	7,391.02	88,692.24
Health Center Wellness Retiree	2	2						1,193.95	2,387.90	28,654.80
Health Center Wellness Retiree	3	0						881.23	0.00	0.00
Healthy Essentials Wellness	1	2048	374.9	767,795.20	15,355,904.00	0.00	0.00	0.00		
Healthy Essentials Wellness	2	37	374.9	13,871.30	277,426.00	325.00	12,025.00	240,500.00		
Healthy Essentials Wellness	3	184	374.9	68,981.60	1,379,632.00	152.00	27,968.00	559,360.00		
Healthy Essentials Wellness	4	34	374.9	12,746.60	254,932.00	452.00	15,368.00	307,360.00		
Healthy Essentials Wellness	5	103	374.9	38,614.70	772,294.00	20.00	2,060.00	41,200.00		
Healthy Essentials Wellness	6	103	374.9	38,614.70	772,294.00	0.00	0.00	0.00		
Healthy Essentials Wellness	7	0	374.9	0.00	0.00	325.00	0.00	0.00		
Healthy Essentials	1	1335	374.9	500,491.50	10,009,830.00	25.00	33,375.00	667,500.00		
Healthy Essentials	2	15	374.9	5,623.50	112,470.00	375.00	5,625.00	112,500.00		
Healthy Essentials	3	89	374.9	33,366.10	667,322.00	202.00	17,978.00	359,560.00		
Healthy Essentials	4	18	374.9	6,748.20	134,964.00	502.00	9,036.00	180,720.00		
Healthy Essentials	5	26	374.9	9,747.40	194,948.00	50.00	1,300.00	26,000.00		
Healthy Essentials	6	26	374.9	9,747.40	194,948.00	0.00	0.00	0.00		
Healthy Essentials Wellness Retiree	1	15						705.80	10,587.00	127,044.00
Healthy Essentials Wellness Retiree	2	5						1,482.18	7,410.90	88,930.80
Healthy Essentials Wellness Retiree	3	0						1,087.88	0.00	0.00
Opt Out Credit Plan	1	1127	374.9	422,512.30	8,450,246.00	0.00	0.00	0.00		
Job Share Declined Benefits (IS PT)	0	0	187.45	0.00	0.00					
FSA Extra \$250	1	1125	250.00		281,250.00					
Total Employees and Retirees		7913		2,938,841.10	58,776,822.00		338,860.00	6,777,200.00	66,140.40	793,684.80

Option Legend	
Single	1
Spouse	2
Child(ren)	3
Family	4
Half Family Primary	5
Half Family Secondary	6
Domestic Partner	7
Child(ren) +DP	8
DP +DP Child(ren)	9
Child(ren) + DP + DP Child(ren)	10

Revenue Totals Per Year

Board Paid	\$58,776,822.00
Employee Premium	\$6,777,200.00
Retiree Premium	\$793,684.80
Total	\$66,347,706.80