



Benefits Administration Committee Agenda

REGULAR MEETING

TUESDAY, MAY 28, 2024

TIME: 9:15 A.M.

MEETING LOCATION:

LACERS Boardroom
977 N. Broadway
Los Angeles, California 90012

Important Message to the Public

An opportunity for the public to address the Committee in person from the Boardroom and provide comment on items of interest that are within the subject matter jurisdiction of the Committee or on any agenda item will be provided at the beginning of the meeting and before consideration of items on the agenda.

Members of the public who do not wish to attend the meeting in person may listen to the live meeting via one-way audio on Council Phone by calling (213) 621-CITY (Metro), (818) 904-9450 (Valley), (310) 471-CITY (Westside) or (310) 547-CITY (San Pedro Area).

Disclaimer to Participants

Please be advised that all LACERS Committee meetings are recorded.

LACERS Website Address/link:

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In compliance with Government Code Section 54957.5, non-exempt writings that are distributed to a majority or all of the Board in advance of the meeting may be viewed by clicking on LACERS website at www.LACERS.org, at LACERS' offices, or at the scheduled meeting. In addition, if you would like a copy of a public record related to an item on the agenda, please call (213) 855-9348 or email at lacers.board@lacers.org.

Chair: Michael R. Wilkinson

Committee Members: Thuy Huynh
Sung Won Sohn

Manager-Secretary: Neil M. Guglielmo

Executive Assistant: Ani Ghoukassian

Legal Counselor: City Attorney's Office
Public Pensions General
Counsel Division

Notice to Paid Representatives

If you are compensated to monitor, attend, or speak at this meeting, City law may require you to register as a lobbyist and report your activity. See Los Angeles Municipal Code §§ 48.01 *et seq.* More information is available at ethics.lacity.org/lobbying. For assistance, please contact the Ethics Commission at (213) 978-1960 or ethics.commission@lacity.org.

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- I. PUBLIC COMMENTS AND GENERAL PUBLIC COMMENTS ON MATTERS WITHIN THE COMMITTEE'S JURISDICTION AND COMMENTS ON ANY SPECIFIC MATTERS ON THE AGENDA

- II. [APPROVAL OF MINUTES FOR THE MEETING OF MARCH 26, 2024 AND POSSIBLE COMMITTEE ACTION](#)
- III. [HEALTH PLAN FINANCIAL DASHBOARDS AND HEALTHCARE TRENDS](#)
- IV. OTHER BUSINESS
- V. NEXT MEETING: The next Benefits Administration Committee meeting is not scheduled at this time and will be announced upon scheduling. Please continue to view the LACERS website for updated information on public access to Board/Committee meetings.
- VI. ADJOURNMENT



LACERS

LA CITY EMPLOYEES'
RETIREMENT SYSTEM



Board of Administration Agenda

SPECIAL MEETING

TUESDAY, MAY 28, 2024

TIME: 9:15 A.M.

MEETING LOCATION:

LACERS Boardroom
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Los Angeles, California 90012

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President: Annie Chao
Vice President: Sung Won Sohn

Commissioners: Thuy Huynh
Elizabeth Lee
Gaylord "Rusty" Roten
Janna Sidley
Michael R. Wilkinson

Manager-Secretary: Neil M. Guglielmo

Executive Assistant: Ani Ghoukassian

Legal Counsel: City Attorney's Office
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- II. APPROVAL OF MINUTES FOR THE MEETING OF MARCH 26, 2024 AND POSSIBLE COMMITTEE ACTION
- III. HEALTH PLAN FINANCIAL DASHBOARDS AND HEALTHCARE TRENDS
- IV. OTHER BUSINESS
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- VI. ADJOURNMENT

MINUTES OF THE REGULAR MEETING
BENEFITS ADMINISTRATION COMMITTEE
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

March 26, 2024

9:30 a.m.

PRESENT:	Chair:	Michael R. Wilkinson
	Committee Members:	Thuy Huynh Sung Won Sohn
	Executive Assistant:	Ani Ghoukassian
	Legal Counselor:	Miguel Bahamon
	Manager-Secretary:	Neil M. Guglielmo

The Items in the Minutes are numbered to correspond with the Agenda.

I

PUBLIC COMMENTS AND GENERAL PUBLIC COMMENTS ON MATTERS WITHIN THE COMMITTEE'S JURISDICTION AND COMMENTS ON ANY SPECIFIC MATTERS ON THE AGENDA – Chair Wilkinson asked if any persons wished to speak on matters within the Committee's jurisdiction, and there were no public comment cards submitted.

II

APPROVAL OF MINUTES FOR THE MEETING OF FEBRUARY 13, 2024 AND POSSIBLE COMMITTEE ACTION – Committee Member Huynh moved approval, adopted by the following vote: Ayes, Committee Members Huynh, Sohn, and Chair Wilkinson -3; Nays, None.

III

2025 HEALTH PLAN CONTRACT RENEWAL STRATEGY AND TIMELINE – James Kawashima, Senior Benefits Analyst II, and Vi Duong, Senior Benefits Analyst I, presented and discussed this item with the Board for 5 minutes. This report was received by the Committee and filed.

IV

OTHER BUSINESS –There was no other business.

V

NEXT MEETING: The next Benefits Administration Committee meeting is not scheduled at this time and will be announced upon scheduling. Please continue to view the LACERS website for updated information on public access to Board/Committee meetings.

VI

ADJOURNMENT – There being no further business before the Committee, Chair Wilkinson adjourned the Meeting at 9:39 a.m.

Michael R. Wilkinson
Chair

Neil M. Guglielmo
Manager-Secretary



REPORT TO BENEFITS ADMINISTRATION COMMITTEE
From: Neil M. Guglielmo, General Manager

MEETING: MAY 28, 2024
ITEM: III

Neil M. Guglielmo

SUBJECT: HEALTH PLAN FINANCIAL DASHBOARDS AND HEALTHCARE TRENDS

ACTION: CLOSED: CONSENT: RECEIVE & FILE:

Recommendation

That the Committee receive and file this report.

Executive Summary

On an annual basis, as part of the premium renewal process, LACERS and its Health and Welfare Consultant, Keenan & Associates (Keenan), present the health plan financial dashboards. The dashboard summarizes utilization data to inform LACERS of its previous year's plan experience, as well as health trends that will impact premium renewals.

The financial dashboards for the full completed calendar year 2023 show that the overall health plan loss ratio of the reviewed plans decreased from 100.9% to 100.0%, indicating a positive cost trend from 2022 to 2023.

This year, LACERS requested Keenan to also present an overview of healthcare trends in the marketplace, which highlights the advancements leading to improved patient outcomes and the changes in the economic landscape impacting spending and pushing exploration of innovative cost management strategies.

Discussion

LACERS developed a health plan data initiative to help achieve the strategic plan goal of improving value and minimizing costs of Members' health and wellness benefits. The purpose of the initiative is to analyze various health plan data reports to better understand utilization trends and their cost impacts, and to identify cost drivers that have the potential to be mitigated. As such cost drivers are identified, staff and Keenan develop strategies to minimize the financial impact to LACERS and our Members in an effort to reduce health plan premium increases. The results of these efforts are monitored and reported back to the Board annually through the health plan financial dashboards.

Financial Dashboards

Keenan developed financial dashboards to track plan utilization and cost trends associated with LACERS health plans in relation to diagnostic categories, inpatient and outpatient claims, prescription drug claims, high-cost claims, and therapies.

The health plan financial dashboards are useful in providing insight and monitoring the performance of each plan, explaining changes in premiums, and making informed health plan decisions. These may serve as negotiation points during premium renewals and contracts negotiations with the new vision and dental providers selected as part of the competitive bid process.

Additionally, such dashboards help guide communication and wellness efforts to encourage our health enrollees to utilize plan services offered to improve their health in a cost-effective manner.

Healthcare Trends

In the ever-evolving healthcare landscape, utilizing data and technologies is crucial to crafting healthcare benefits that both meet the Members' needs and are cost effective. Advancements in technologies and treatments are leading to more personalized and streamlined care, increased patient engagement and monitoring, and reduced long-term healthcare costs. Staying informed and adaptable to changes in legislation, introduction of new pharmaceuticals, and economic shifts will ensure LACERS is positioned to develop strategies to manage the impact of healthcare costs.

Strategic Plan Impact Statement

The health plan financial dashboards support Strategic Plan Goal #3: Improve Value and Minimize Costs of Members' Health and Wellness Benefits. The dashboard gives the Board and LACERS staff insight into health plan utilization, which allows staff to develop strategies to minimize future increases in premium costs.

Prepared By: Vi Duong, Senior Benefits Analyst I, Health, Wellness and Buyback Division

NMG/DWN/KF/vd

Attachments: 1. Keenan Report – LACERS Health Plan Financial Dashboards
 2. Healthcare Trends and Cost Management for Retiree Plans in 2024



BAC Meeting: 5/28/24
Item: III
Attachment 1

Los Angeles City Employees' Retirement System Financial Dashboard for Medical, Dental, and Vision Plans Anthem Blue Cross, Kaiser, Delta Dental, and Anthem Blue View Vision

May 28, 2024

Respectfully Submitted by:

Ju Anderson, Senior Advisor | Bordan Darm, Lead Consultant
Erin Robinson, Service Consultant | James Takamatsu, Actuary

Contents

• Background	Page 3
• Executive Summary	Page 4
• Carrier Detail	Page 8
• Anthem Blue Cross	Page 9
• Anthem Blue Cross PPO	Page 10
• Anthem Blue Cross HMO	Page 19
• Kaiser	Page 30
• Delta Dental	Page 39
• Anthem Blue View Vision	Page 41
• Next Steps	Page 43
• Appendix	Page 46

Background

- The LACERS financial dashboard was developed by Keenan & Associates to assist LACERS in identifying trends and assist in the renewal and Request for Proposal negotiation processes with LACERS' carriers.
- The 2023 financial dashboard includes experience from January 1, 2018, to December 31, 2023, for the Under-65 Medical plans (Anthem and Kaiser plans), Dental, and Vision plans.
- This report is based on information provided by the carriers where plan experience is available.
 - This report excludes Medicare coverage for the following carriers:
 - Anthem Blue Cross Passive PPO Medicare Advantage coverage (which replaced the Anthem Blue Cross Medicare Supplement coverage effective January 1, 2022)
 - Kaiser Medicare coverage
 - UHC Medicare coverage
 - SCAN Medicare coverage
- Both *Anthem HMO* and *Anthem PPO* refers to coverage for Under-65 retirees/survivors and retirees/survivors with Medicare Part B coverage.
- Plan experience for the *Anthem Passive PPO Medicare Advantage plan* to retirees with Medicare Parts A and B is not available.
- Kaiser refers to coverage for Under-65 retirees/survivors.
- This report is highlighted by red and green thumbs down/up. Red thumbs down refers to an unfavorable trend and green thumbs up refers to a favorable trend.

Executive Summary

Executive Summary

- LACERS 2023 plan experience overall 100.0% loss ratio was on par with last year

 Kaiser 106.5% in 2023 versus 102.8% in 2022

 Anthem HMO 91.6% in 2023 versus 93.6% in 2022

 Anthem PPO 99.5% in 2023 versus 112.6% in 2022

- Anthem PPO excludes the Medicare Supplemental member enrollment (75% of the PPO enrollment)
- Delta Dental 88.5% in 2023 versus 85.6% for 2022

 Anthem Blue View Vision 93.7% in 2023 versus 68.1% for 2022

Premium	2018	2019	2020	2021	2022	2023
Kaiser ^{1,5}	\$ 38,665,574	\$ 38,093,074	\$ 38,136,800	\$ 45,924,911	\$ 47,576,637	\$ 46,098,157
Anthem - HMO ^{2,6}	\$ 15,252,406	\$ 12,114,384	\$ 13,823,064	\$ 16,500,249	\$ 16,354,049	\$ 17,057,697
Anthem - PPO ^{3,4,6}	\$ 26,759,578	\$ 26,504,659	\$ 27,995,073	\$ 31,685,480	\$ 20,745,944	\$ 21,941,583
Dental ⁷	\$ 9,440,830	\$ 10,185,820	\$ 10,586,448	\$ 11,538,515	\$ 11,892,388	\$ 12,021,554
Vision ⁷	\$ 679,099	\$ 725,266	\$ 794,534	\$ 854,178	\$ 876,222	\$ 654,392
Total	\$ 90,797,488	\$ 87,623,203	\$ 91,335,919	\$106,503,333	\$ 97,445,240	\$ 97,773,384
Claims	2018	2019	2020	2021	2022	2023
Kaiser ^{1,5}	\$ 30,385,948	\$ 34,746,395	\$ 36,379,932	\$ 46,920,494	\$ 48,885,266	\$ 49,096,349
Anthem - HMO ^{2,6}	\$ 12,004,658	\$ 11,297,796	\$ 11,989,194	\$ 14,326,329	\$ 15,314,447	\$ 15,629,356
Anthem - PPO ^{3,4,6}	\$ 22,119,027	\$ 22,481,068	\$ 23,213,273	\$ 26,890,328	\$ 23,355,556	\$ 21,833,449
Dental ⁷	\$ 7,884,355	\$ 7,763,760	\$ 7,050,619	\$ 8,904,930	\$ 10,176,822	\$ 10,642,358
Vision ⁷	\$ 684,891	\$ 681,374	\$ 467,912	\$ 644,783	\$ 596,944	\$ 613,170
Total	\$ 73,078,880	\$ 76,970,393	\$ 79,100,930	\$ 97,686,864	\$ 98,329,035	\$ 97,814,681
Loss Ratio	2018	2019	2020	2021	2022	2023
Kaiser ^{1,5}	78.6%	91.2%	95.4%	102.2%	102.8%	106.5%
Anthem - HMO ^{2,6}	78.7%	93.3%	86.7%	86.8%	93.6%	91.6%
Anthem - PPO ^{3,4,6}	82.7%	84.8%	82.9%	84.9%	112.6%	99.5%
Dental ⁷	83.5%	76.2%	66.6%	77.2%	85.6%	88.5%
Vision ⁷	100.9%	93.9%	58.9%	75.5%	68.1%	93.7%
Total	80.5%	87.8%	86.6%	91.7%	100.9%	100.0%

Notes:

1. Kaiser is for U65 retiree plans only
2. Anthem Blue Cross HMO is for the U65 retiree plans and retirees with Part B. (includes Capitation Fees)
3. Anthem Blue Cross PPO includes the Blue Card plan for U65 retirees and retirees with Part B, and retirees with Parts A and B
4. Anthem Blue Cross 2018-2021 include MedSupp plans
5. Kaiser data is based on the annual renewal packets
6. Anthem Blue Cross data is based on the Summary Annual Reports and Claims Loss Reports
7. In 2015 the Delta Dental and Anthem Blue Vision plans were added; Dental became self-funded in 2019; Vision became self-funded in 2022

Executive Summary (Cont.)

Kaiser

- The Claim Cost loss ratio increased from 102.8% to 106.5% (3.7%).
- Medical membership decreased by 403 covered lives to 4,393 (-8.3%).
- The average age increased from 54.0 to 54.4.

Anthem Blue Cross HMO

- Medical Enrollment remained constant at 907 subscribers and 1,358 covered lives.
- The Claim Cost loss ratio including capitation increased to 91.6%.
- Premium pmpm increased to \$1,046.74 (9.5%).

Anthem Blue Cross PPO

- Plan Year 2022 set a new benchmark because the Anthem PPO Medicare Advantage plan replaced the Anthem Medicare Supplement plan, requiring the PPO plan data markers be recalibrated.
- Membership in the Anthem PPO plan is 1,123 subscribers and 1,419 covered lives.
- The Claim Cost loss ratio was 99.5%.
- Please note that the Medicare PPO Supplemental run-out claims would be realized in this loss ratio.
- In-network utilization was 85.6%.

Executive Summary (Cont.)

Delta Dental

- 2023 was the fifth year LACERS self-funded the dental plan.
- Premium equivalent exceeded claim cost for an 88.5% loss ratio.
- Given Delta Dental's administration cost of \$5.10 prpm, LACERS accumulated a cash position of \$512,788 in 2023, and an overall self-funded cash position of \$7,637,122 over the five-year period.
- Keenan recommends LACERS maintain an IBNR reserve of \$645,770.
- This leaves an accumulation of margin of \$6,991,352.
- A Request for Proposal (RFP) is in progress for Dental for Plan Year 2025.

Anthem Blue View Vision

- 2023 was the second year LACERS self-funded the vision plan.
- Membership grew 1.9% to 7,105.
- The loss ratio increased to 93.7% from 68.1%.
- Claim cost prpm increased 0.8% to \$7.19 prpm (from \$7.14 prpm in 2022) .
- A Request for Proposal (RFP) is in progress for Vision for Plan Year 2025.

Carrier Detail

Anthem

Blue Cross PPO

Anthem Blue Cross PPO – Medical Summary



Medical	2018	2019	2020	2021	2022	2023
Medical Eligible Subscribers	4,075	4,185	4,335	4,597	1,145	1,123
Medical Eligible Members	4,952	5,114	5,322	5,666	1,438	1,419
Premium	\$26,759,578	\$26,504,659	\$27,995,073	\$31,685,480	\$20,745,944	\$21,941,583
Medical Claims	\$22,119,027	\$22,481,068	\$23,213,273	\$26,890,328	\$23,355,556	\$21,833,449
Loss Ratio	82.7%	84.8%	82.9%	84.9%	112.6%	99.5%
Premium PMPM	\$450.32	\$431.90	\$438.35	\$466.02	\$1,202.25	\$1,288.56
Medical Claim Cost PMPM	\$372.22	\$366.33	\$363.48	\$395.49	\$1,353.47	\$1,282.21
Percent Paid in network	82.6%	80.9%	85.1%	83.8%	89.5%	85.6%

- Plan Year 2022 set a new benchmark because the Anthem PPO Medicare Advantage plan replaced the Anthem Medicare Supplement plan, requiring the PPO plan data markers be recalibrated.
- Membership in the Anthem PPO plan is 1,123 subscribers and 1,419 covered lives.
- The 2023 Claim Cost loss ratio was 99.5%.
- In-network utilization was 85.6%.

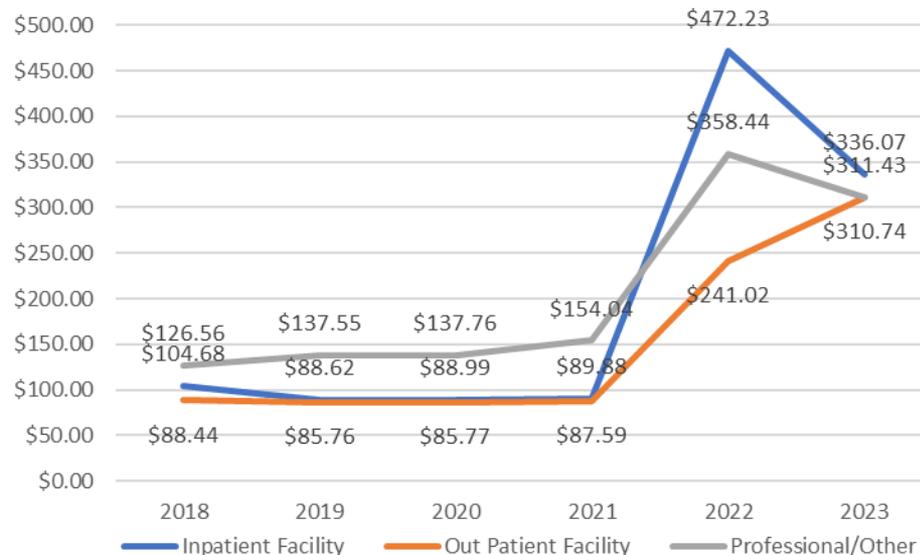
Note: Subscribers include retirees and survivors

Anthem Blue Cross PPO – Medical Summary

Please note the sharp increase in 2022 cost is due to the removal of covered lives previously enrolled in the PPO Medicare Supplemental plan and the benefit of Medicare-subsidized cost on 75% of the population.

Medicare now pays Anthem directly on the Passive PPO Medicare Advantage plan.

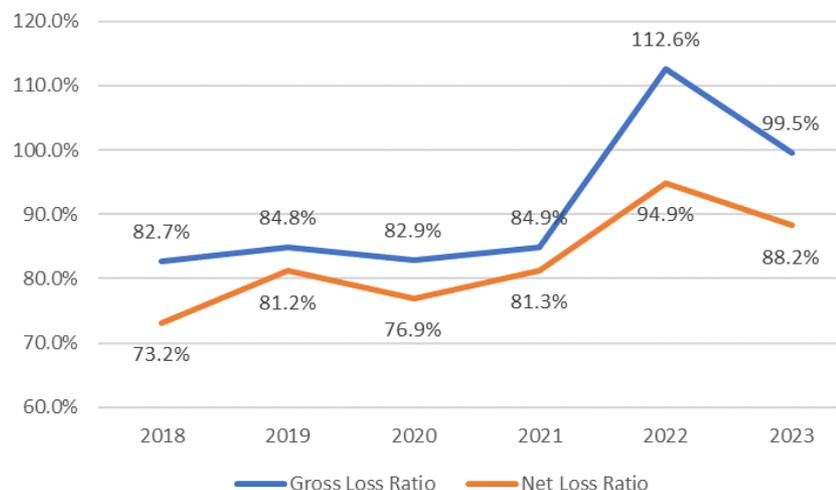
- Inpatient Facility cost was \$336.07
- Outpatient Facility cost was \$310.74
- Professional/Other cost was \$311.43



Medical	2018	2019	2020	2021	2022	2023
Inpatient Facility	\$104.68	\$88.62	\$88.99	\$89.88	\$472.23	\$336.07
Out Patient Facility	\$88.44	\$85.76	\$85.77	\$87.59	\$241.02	\$310.74
Professional/Other	\$126.56	\$137.55	\$137.76	\$154.04	\$358.44	\$311.43
Total Paid PMPM	\$319.67	\$311.93	\$312.52	\$331.51	\$1,071.69	\$958.24

Anthem Blue Cross PPO – Large Claim Cost Summary

2023	
Description	Total Paid
Other Anxiety Disorders	\$836,313
Non-Follicular Lymphoma	\$822,376
Hereditary Factor VIII Deficiency	\$716,086
Immunodef Predomntly Antibdy Defect	\$538,259
Other Sepsis	\$530,649
Malignant Neoplasm Of Pancreas	\$423,501
Benign Prostatic Hyperplasia	\$403,058
Mal Neoplasm W/O Specification Site	\$383,005
Other Diseases Of Intestine	\$376,348
Other Spondylopathies	\$367,192
Sec Mal Neop Resp & Digestv Organs	\$344,914
Paralyt Ileus Intest Obst W/O Hern	\$329,912
Total	\$6,071,612



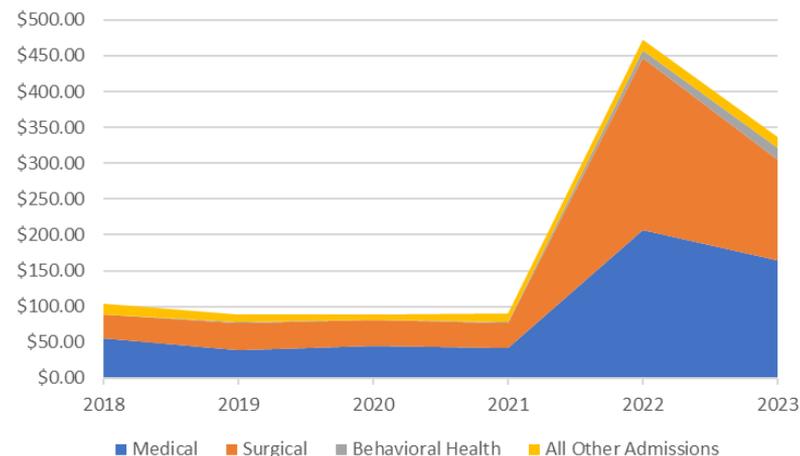
- For 2023, the pooling level for individual large claimants remained at \$300,000.
- There were twelve large claimants which reduced the Claim Cost loss ratio by 11.3%.
- The large claimant amount total was \$6,071,612, resulting in a \$2,471,612 pooling credit.

High Cost Claimants	2018	2019	2020	2021	2022	2023
Premium	\$ 26,759,578	\$ 26,504,659	\$ 27,995,073	\$ 31,685,480	\$ 20,745,944	\$ 21,941,583
Gross Paid Claims	\$ 22,119,027	\$ 22,481,068	\$ 23,213,273	\$ 26,890,328	\$ 23,355,556	\$ 21,833,449
Gross Loss Ratio	82.7%	84.8%	82.9%	84.9%	112.6%	99.5%
Pooling Point	\$200,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Number of Pooled Claimants	12	4	8	3	7	12
Total Large Claims	\$4,942,569	\$2,165,195	\$4,078,462	\$2,031,055	\$5,768,720	\$6,071,612
Pooled Amount	\$2,542,569	\$965,195	\$1,678,462	\$1,131,055	\$3,668,720	\$2,471,612
Net Paid Claims	\$19,576,458	\$21,515,873	\$21,534,811	\$25,759,272	\$19,686,837	\$19,361,837
Net Loss Ratio	73.2%	81.2%	76.9%	81.3%	94.9%	88.2%

Anthem Blue Cross PPO – Inpatient Claim Summary by Classification

Please note the sharp increase in 2022 cost is due to the removal of covered lives previously enrolled in the PPO Medicare Supplemental plan and the benefit of Medicare-subsidized cost on 75% of the population.

- Medical facility costs were \$164.48 pmpm
- Surgical facility costs were \$139.59 pmpm
- Behavioral Health costs were \$17.83 pmpm
- All other inpatient charges were \$14.16 pmpm



Medicare now pays Anthem directly on the Passive PPO Medicare Advantage plan.

Inpatient Facility	2018	2019	2020	2021	2022	2023
Medical	\$3,281,032	\$2,386,304	\$2,837,217	\$2,854,993	\$3,570,435	\$2,800,843
Surgical	\$1,982,709	\$2,286,047	\$2,315,920	\$2,362,903	\$4,127,090	\$2,376,973
Behavioral Health	\$56,441	\$145,807	\$46,824	\$130,998	\$188,781	\$303,677
All Other Admissions	\$900,218	\$620,400	\$483,174	\$762,536	\$262,557	\$241,081
Subtotal Inpatient Facility	\$6,220,400	\$5,438,558	\$5,683,135	\$6,111,430	\$8,148,863	\$5,722,574
PMPM	2018	2019	2020	2021	2022	2023
Medical	\$55.21	\$38.89	\$44.43	\$41.99	\$206.91	\$164.48
Surgical	\$33.37	\$37.25	\$36.26	\$34.75	\$239.17	\$139.59
Behavioral Health	\$0.95	\$2.38	\$0.73	\$1.93	\$10.94	\$17.83
All Other Admissions	\$15.15	\$10.11	\$7.57	\$11.22	\$15.22	\$14.16
Subtotal Inpatient Facility	\$104.68	\$88.62	\$88.99	\$89.88	\$472.23	\$336.07

Anthem Blue Cross PPO – Inpatient Utilization Summary

- The total number of admissions was 161.
- The number of days in hospital was 1,280.
- The length of stays per admission was 8.0 days.
- The covered charge per admission was \$34,859.
- The covered charge per day was \$4,385.

Inpatient Admissions	2018	2019	2020	2021	2022	2023
# of Admits	915	871	681	796	280	161
# of Days	5,146	4,559	3,731	4,672	2,478	1,280
Avg Length of Stay (LOS)	5.6	5.2	5.5	5.9	8.9	8.0
Admits Per 1,000	185	170	128	140	195	113
DOC Per 1,000	1,039	891	701	825	1,723	902
Covered Charge per Admit	\$5,951	\$5,536	\$7,515	\$6,787	\$28,366	\$34,859
Covered Charge per Day	\$1,058	\$1,058	\$1,372	\$1,156	\$3,205	\$4,385

Anthem Blue Cross PPO – Major Diagnostic Category Summary

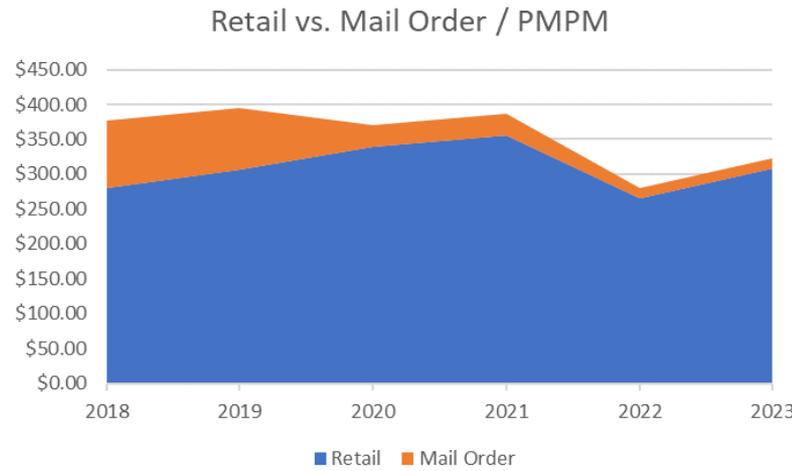
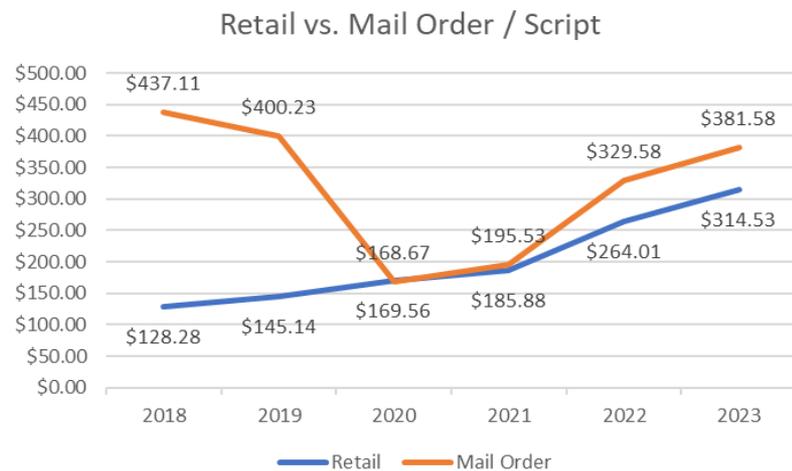
Neoplasms – Malignant, Musculoskeletal System, Circulatory System, Behavioral Health, and Genitourinary System make up the top 48.7% health conditions.

2023 Health Conditions Category	Paid Amount by Setting					% of Total
	Unique Claimants	Inpatient	Outpatient	Professional	Total	
1 Neoplasms - Malignant	181	\$953,785	\$1,070,293	\$377,634	\$2,401,712	14.7%
2 Musculoskeletal System	684	\$540,578	\$497,019	\$607,777	\$1,645,373	10.1%
3 Circulatory System	596	\$649,987	\$405,079	\$353,318	\$1,408,385	8.6%
4 Behavioral Health	219	\$303,677	\$740,916	\$304,439	\$1,349,032	8.3%
5 Genitourinary System	390	\$567,059	\$380,378	\$202,418	\$1,149,855	7.0%
6 Diseases of the Blood	115	\$0	\$45,734	\$1,062,860	\$1,108,594	6.8%
7 Infectious/Parasitic	155	\$1,017,984	\$12,334	\$22,547	\$1,052,865	6.5%
8 Digestive System	305	\$558,363	\$242,607	\$247,573	\$1,048,542	6.4%
9 Health Status	1,017	\$115,748	\$435,960	\$467,568	\$1,019,276	6.2%
10 Ill-Defined Conditions	843	\$14,259	\$465,964	\$463,541	\$943,763	5.8%
11 Injury & Poisoning	268	\$136,707	\$289,280	\$140,938	\$566,925	3.5%
12 Nervous System	301	\$105,312	\$235,151	\$220,499	\$560,962	3.4%
13 Endocrine/Metabolic	638	\$198,661	\$123,056	\$204,282	\$525,998	3.2%
14 Diseases of the Eye	443	\$0	\$95,055	\$172,227	\$267,282	1.6%
15 Respiratory System	298	\$115,022	\$45,890	\$90,975	\$251,887	1.5%
16 Aftercare	69	\$200,836	\$33,148	\$8,534	\$242,519	1.5%
17 Diseases of the Skin	445	\$11,962	\$38,146	\$186,592	\$236,700	1.5%
18 Neoplasms - Benign	189	\$129,216	\$40,731	\$43,684	\$213,632	1.3%
19 COVID-19	80	\$97,192	\$13,087	\$12,588	\$122,867	0.8%
20 Diseases of the Ear	155	\$124	\$13,830	\$83,120	\$97,074	0.6%
21 Congenital Abnormalities	18	\$0	\$55,578	\$9,328	\$64,905	0.4%
22 Neoplasms - Uncertain/Unspecified	106	\$0	\$12,928	\$21,115	\$34,043	0.2%
23 Newborn	*	\$6,102	\$0	\$0	\$6,102	0.0%
24 Long COVID-19	*	\$0	\$0	\$400	\$400	0.0%
25 Injury & Poisoning - External	*	\$0	\$0	\$40	\$40	0.0%
26 Maternity	0	\$0	\$0	\$0	\$0	0.0%
27 Procreative management	0	\$0	\$0	\$0	\$0	0.0%
28 Vaping Related Disorder	0	\$0	\$0	\$0	\$0	0.0%
Total		\$5,722,573	\$5,292,164	\$5,303,997	\$16,318,734	100.0%

Anthem Blue Cross PPO – Pharmacy Summary: Retail vs. Mail Order

The decrease in 2022 cost is due to the removal of covered lives previously enrolled in the PPO Medicare Supplemental plan.

- For 2023:
- Retail drug cost was \$314.53/script, \$307.73 pmpm
 - Mail order drug cost was \$381.58/script, \$15.73 pmpm
 - Overall drug cost was \$317.24/script, \$323.46 pmpm
 - Retail claim cost represented 95.1% of cost.



Pharmacy/Script	2018	2019	2020	2021	2022	2023
Retail	\$128.28	\$145.14	\$169.56	\$185.88	\$264.01	\$314.53
Mail Order	\$437.11	\$400.23	\$168.67	\$195.53	\$329.58	\$381.58
Total	\$156.70	\$169.37	\$169.49	\$186.62	\$266.86	\$317.24
Pharmacy/PMPM	2018	2019	2020	2021	2022	2023
Retail	\$279.91	\$306.81	\$339.79	\$355.81	\$265.19	\$307.73
Mail Order	\$96.67	\$88.81	\$30.31	\$31.11	\$15.05	\$15.73
Total	\$376.58	\$395.62	\$370.11	\$386.92	\$280.24	\$323.46

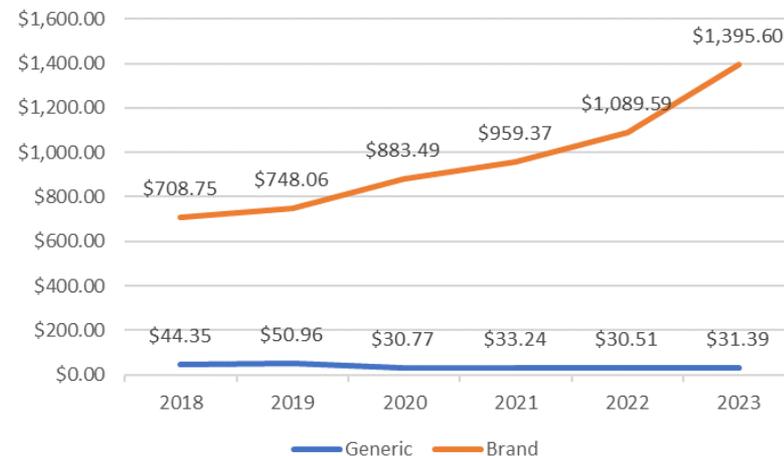
Anthem Blue Cross PPO – Pharmacy Summary: Generic vs. Brand

The decrease in 2022 cost pmpm is due to the removal of covered lives previously enrolled in the PPO Medicare Supp plan.

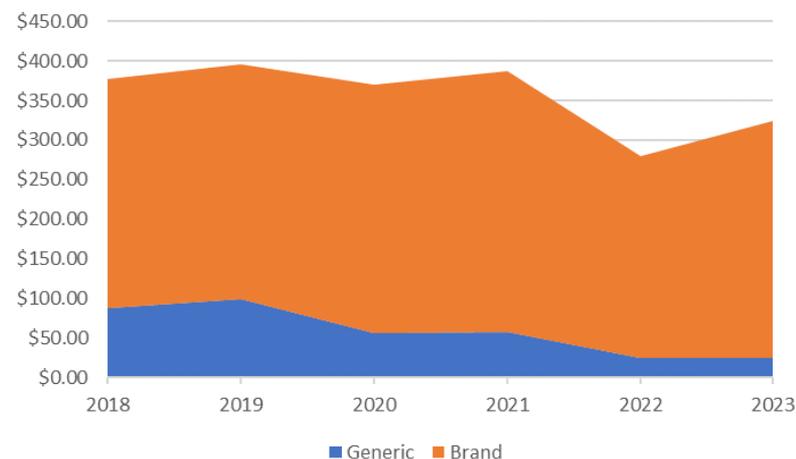
For 2023:

- Generic drug cost was \$31.39/script, \$25.30 pmpm
- Brand drug cost was \$1,395.60/script, \$298.17 pmpm
- Overall Drug cost was \$317.24/script, \$323.46 pmpm

Generic vs. Brand /Script



Generic vs. Brand PMPM



Pharmacy/Script	2018	2019	2020	2021	2022	2023
Generic	\$44.35	\$50.96	\$30.77	\$33.24	\$30.51	\$31.39
Brand	\$708.75	\$748.06	\$883.49	\$959.37	\$1,089.59	\$1,395.60
Total	\$156.70	\$169.37	\$169.49	\$186.62	\$266.86	\$317.24
Pharmacy/PMPM	2018	2019	2020	2021	2022	2023
Generic	\$88.55	\$98.81	\$56.26	\$57.49	\$24.89	\$25.30
Brand	\$288.03	\$296.81	\$313.85	\$329.43	\$255.35	\$298.17
Total	\$376.58	\$395.62	\$370.11	\$386.92	\$280.24	\$323.46

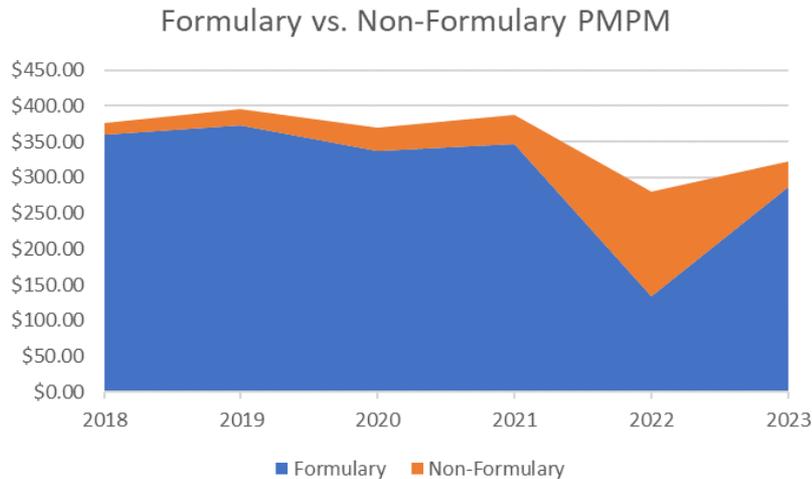
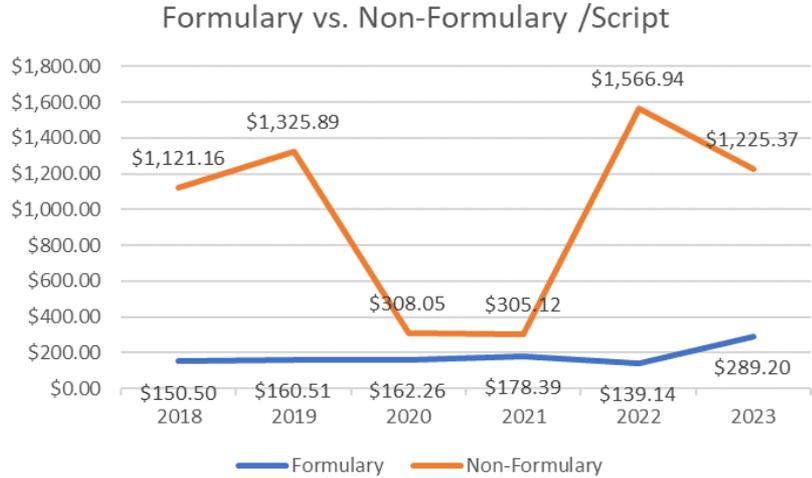
Anthem Blue Cross PPO –

Pharmacy Summary: Formulary vs. Non-Formulary

The decrease in 2022 cost pmpm is due to the removal of covered lives previously enrolled in the PPO Medicare Supp plan.

For 2023:

- Formulary drug cost was \$289.20/script, \$286.04 pmpm
- Non-formulary drug cost was \$1,225.37/script, \$37.42 pmpm
- Overall drug cost was \$317.24/script, \$323.46 pmpm
- The Formulary fill rate represents 88.4% of claim cost and 97.0% of scripts.



Pharmacy/Script	2018	2019	2020	2021	2022	2023
Formulary	\$150.50	\$160.51	\$162.26	\$178.39	\$139.14	\$289.20
Non-Formulary	\$1,121.16	\$1,325.89	\$308.05	\$305.12	\$1,566.94	\$1,225.37
Total	\$156.70	\$169.37	\$169.49	\$186.62	\$266.86	\$317.24
Pharmacy/PMPM	2018	2019	2020	2021	2022	2023
Formulary	\$359.37	\$372.07	\$336.74	\$345.84	\$133.04	\$286.04
Non-Formulary	\$17.21	\$23.55	\$33.36	\$41.08	\$147.20	\$37.42
Total	\$376.58	\$395.62	\$370.11	\$386.92	\$280.24	\$323.46

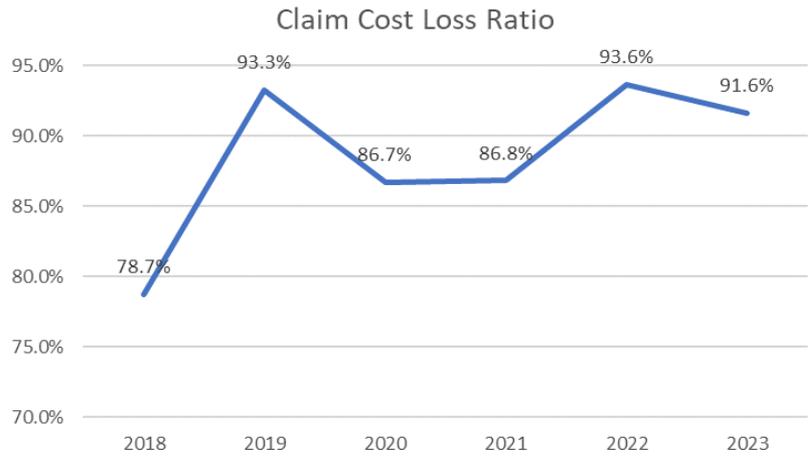
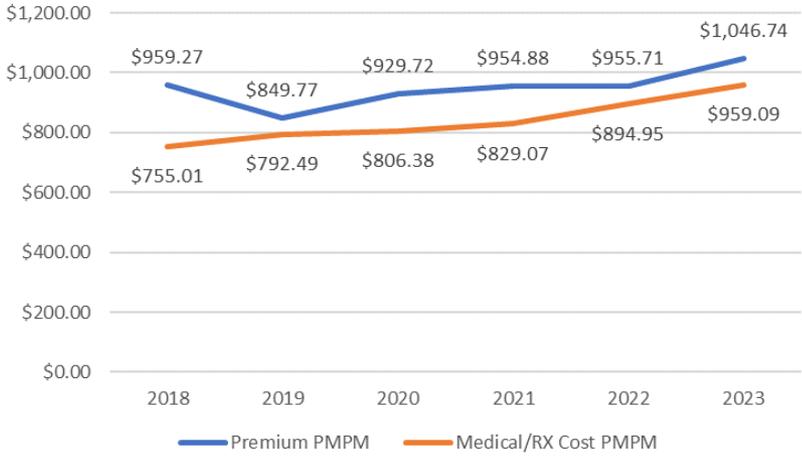
Anthem Blue Cross HMO

Anthem Blue Cross HMO – HMO Summary



- Medical Enrollment decreased to 907 subscribers and 1,358 covered lives.
- The Claim Cost ratio including capitation decreased to 91.6%
- Premium pmpm increased to \$1,046.74 (9.5%).
- Claim Cost including capitation increased to \$959.09 (7.2%).
- In-network utilization remained at 94.9%.

Medical	2018	2019	2020	2021	2022	2023
Eligible Subscribers	888	804	824	945	942	907
Eligible Members	1,325	1,188	1,239	1,440	1,426	1,358
Premium	\$15,252,406	\$12,114,384	\$13,823,064	\$16,500,249	\$16,354,049	\$17,057,697
Medical/RX Cost	\$12,004,658	\$11,297,796	\$11,989,194	\$14,326,329	\$15,314,447	\$15,629,356
Claim Cost Loss Ratio	78.7%	93.3%	86.7%	86.8%	93.6%	91.6%
Premium PMPM	\$959.27	\$849.77	\$929.72	\$954.88	\$955.71	\$1,046.74
Medical/RX Cost PMPM	\$755.01	\$792.49	\$806.38	\$829.07	\$894.95	\$959.09
Percent Paid in network	98.9%	95.7%	96.0%	96.2%	96.2%	94.9%
Change from Previous Year						
Eligible Subscribers	7.8%	-9.5%	2.5%	14.7%	-0.3%	-3.7%
Eligible Members	9.1%	-10.3%	4.3%	16.2%	-1.0%	-4.8%
Premium PMPM	6.2%	-11.4%	9.4%	2.7%	0.1%	9.5%
Medical/RX Cost PMPM	3.0%	5.0%	1.8%	2.8%	7.9%	7.2%



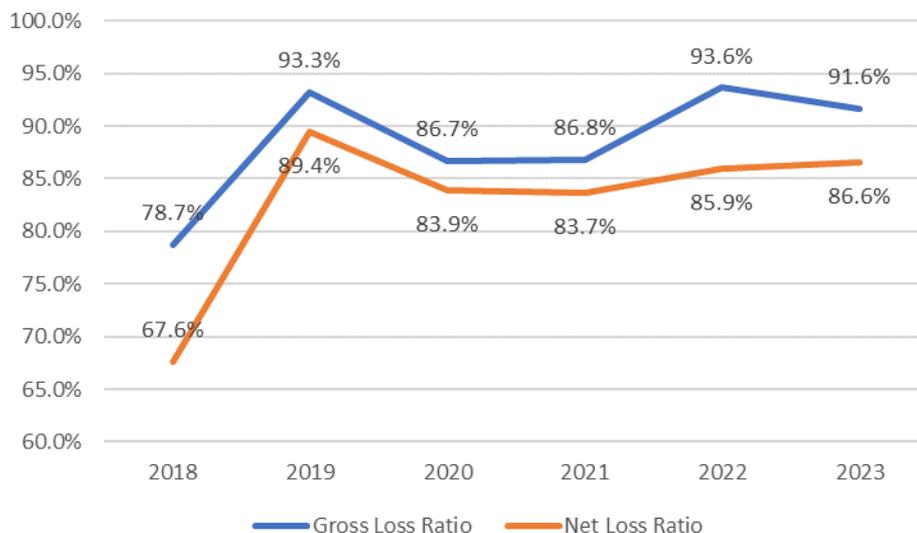
Note: Subscribers include retirees and survivors

Anthem Blue Cross HMO –

Large Claim Cost Summary

- For 2023, the large claim pooling level remained at \$175,000.
- There were nine large claimants.
- 👍 Pooling claims reduced the loss ratio by 5.0%

2023	
Description	Total Paid
Myasthenia Gravis Myoneural D/O	\$448,682
Aortic Aneurysm And Dissection	\$347,485
Spinal Musc Atrophy & Related Synd	\$316,805
Malignant Neoplasm Anus Anal Canal	\$290,959
Epilepsy And Recurrent Seizures	\$242,672
Encounter For Other Aftercare	\$212,341
Bipolar Disorder	\$194,857
Chronic Kidney Disease	\$193,338
Multiple Sclerosis	\$192,533
Total	\$2,439,671

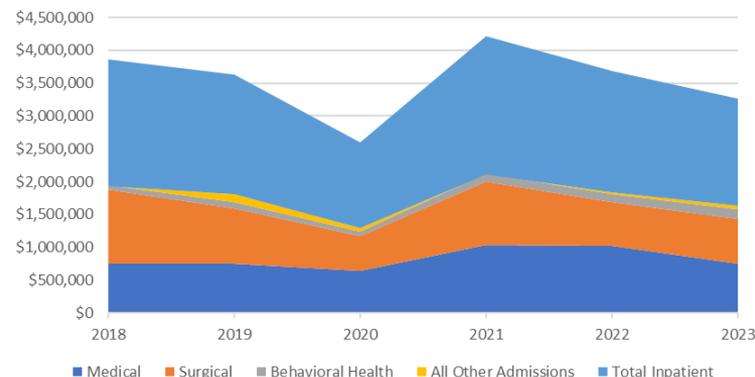


High Cost Claimants	2018	2019	2020	2021	2022	2023
Premium	\$15,252,406	\$12,114,384	\$13,823,064	\$16,500,249	\$16,354,049	\$17,057,697
Gross Paid Claims	\$12,004,658	\$11,297,796	\$11,989,194	\$14,326,329	\$15,314,447	\$15,629,356
Gross Loss Ratio	78.7%	93.3%	86.7%	86.8%	93.6%	91.6%
Pooling Point	\$100,000	\$175,000	\$175,000	\$175,000	\$175,000	\$175,000
Number of Pooled Claimants	12	4	4	5	5	9
Total Large Claims	\$2,896,277	\$1,163,641	\$1,093,929	\$1,388,023	\$2,134,126	\$2,439,671
Pooled Amount	\$1,696,277	\$463,641	\$393,929	\$513,023	\$1,259,126	\$864,671
Net Paid Claims	\$10,308,381	\$10,834,155	\$11,595,265	\$13,813,306	\$14,055,321	\$14,764,685
Net Loss Ratio	67.6%	89.4%	83.9%	83.7%	85.9%	86.6%

Anthem Blue Cross HMO – Inpatient Claim Summary

The following year-over-year changes occurred on a pmpm basis:

- Medical Facility claim cost decreased -22.5%
 - Surgical claim cost increased 5.6%
- Behavioral Health claim cost increased 31.1%
- Total Inpatient claim cost decreased -7.1%

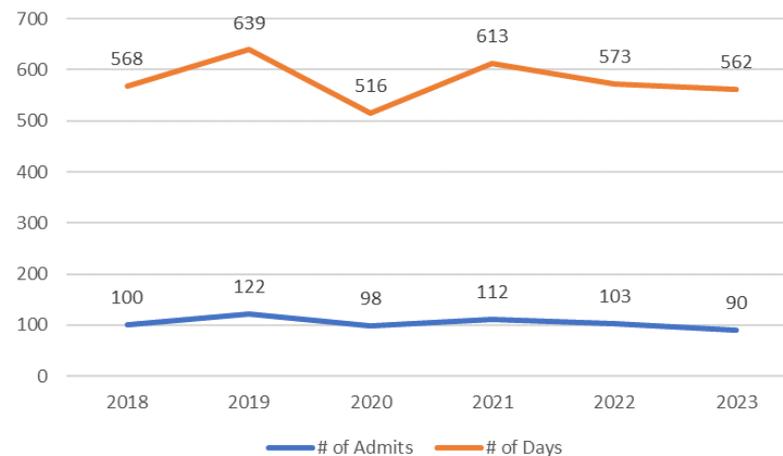


Inpatient Summary	2018	2019	2020	2021	2022	2023
Medical	\$747,914	\$750,808	\$637,094	\$1,032,272	\$1,017,889	\$750,602
Surgical	\$1,128,613	\$837,716	\$532,607	\$970,679	\$674,322	\$677,753
Behavioral Health	\$75,002	\$99,348	\$64,836	\$116,948	\$119,936	\$149,758
All Other Admissions	-\$18,318	\$128,594	\$62,178	-\$10,682	\$31,700	\$53,563
Total Inpatient	\$1,933,211	\$1,816,466	\$1,296,715	\$2,109,217	\$1,843,847	\$1,631,676
PMPM						
Medical	\$47.04	\$52.66	\$42.84	\$59.72	\$59.47	\$46.06
Surgical	\$70.98	\$58.75	\$35.81	\$56.16	\$39.40	\$41.59
Behavioral Health	\$4.72	\$6.97	\$4.36	\$6.77	\$7.01	\$9.19
All Other Admissions	-\$1.15	\$9.01	\$4.18	-\$0.62	\$1.85	\$3.29
Total Inpatient	\$121.59	\$127.39	\$87.19	\$122.03	\$107.73	\$100.13
Change from Previous Year PMPM						
Medical	0.1%	12.0%	-18.6%	39.4%	-0.4%	-22.5%
Surgical	-49.5%	-17.2%	-39.0%	56.8%	-29.8%	5.6%
Behavioral Health	-35.4%	47.8%	-37.4%	55.3%	3.5%	31.1%
All Other Admissions	-112.6%	-882.1%	-53.6%	-114.8%	-398.7%	77.6%
Total Inpatient	-40.4%	4.8%	-31.6%	40.0%	-11.7%	-7.1%

Anthem Blue Cross HMO – Inpatient Utilization Summary

The following year-over-year changes occurred on a pmpm basis:

- 👍 The total number of admissions decreased -12.6%
- 👍 The number of days in hospital decreased -1.9%
- The length of stays per admission increased 12.2%
- The covered charge per admission increased 1.2%
- 👍 The covered charge per day decreased -5.0%



Inpatient Utilization Summary	2018	2019	2020	2021	2022	2023
# of Admits	100	122	98	112	103	90
# of Days	568	639	516	613	573	562
Avg Length of Stay (LOS)	5.7	5.2	5.3	5.5	5.6	6.2
Admits Per 1,000	75	103	79	78	72	66
DOC Per 1,000	429	538	416	426	402	414
Covered Charge per Admit	\$30,987	\$25,621	\$32,871	\$30,003	\$30,202	\$30,570
Covered Charge per Day	\$4,572	\$4,729	\$5,605	\$5,692	\$5,525	\$5,246
Change from Previous Year						
# of Admits	-5.7%	22.0%	-19.7%	14.3%	-8.0%	-12.6%
# of Days	-16.0%	12.5%	-19.2%	18.8%	-6.5%	-1.9%
Avg Length of Stay (LOS)	-10.9%	-7.7%	0.6%	3.8%	1.6%	12.2%
Admits Per 1,000	-13.6%	36.2%	-23.0%	-1.6%	-7.2%	-8.2%
DOC Per 1,000	-23.0%	25.5%	-22.6%	2.2%	-5.6%	3.0%
Covered Charge per Admit	-42.2%	-17.3%	28.3%	-8.7%	0.7%	1.2%
Covered Charge per Day	-25.9%	3.4%	18.5%	1.6%	-2.9%	-5.0%

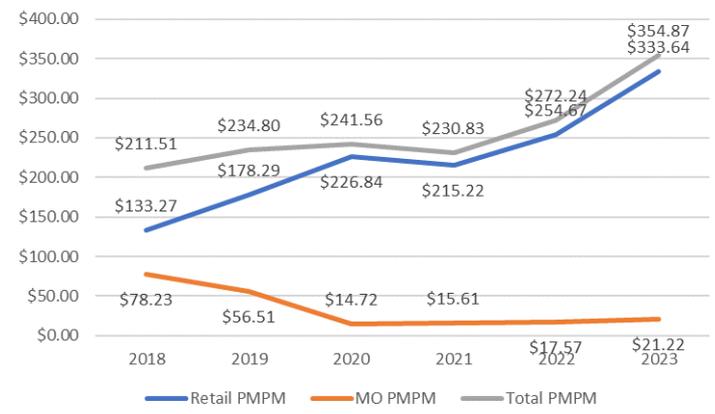
Anthem Blue Cross HMO – Major Diagnostic Category Summary

Neoplasms – Malignant, Nervous System, Circulatory System, Musculoskeletal System, Behavioral Health, Health Status, and Ill-Defined Conditions make up the top 74.9% health conditions.

Health Conditions Category	Unique Claimants	Inpatient	Outpatient	Professional	Total	% of Total
1 Neoplasms - Malignant	92	\$197,972	\$566,703	\$56,398	\$821,074	17.8%
2 Nervous System	214	\$102,112	\$27,429	\$588,734	\$718,275	15.6%
3 Circulatory System	464	\$498,232	\$40,632	\$25,995	\$564,859	12.2%
4 Musculoskeletal System	600	\$160,906	\$310,916	\$20,483	\$492,305	10.7%
5 Behavioral Health	181	\$149,758	\$38,737	\$203,236	\$391,731	8.5%
6 Health Status	1,104	\$0	\$171,804	\$80,814	\$252,618	5.5%
7 Ill-Defined Conditions	671	\$7,392	\$182,112	\$52,456	\$241,960	5.2%
8 Injury & Poisoning	236	\$62,681	\$124,895	\$25,868	\$213,445	4.6%
9 Digestive System	254	\$90,645	\$82,116	\$7,812	\$180,573	3.9%
10 Endocrine/Metabolic	609	\$91,472	\$36,276	\$16,565	\$144,312	3.1%
11 Respiratory System	261	\$90,892	\$13,979	\$9,538	\$114,409	2.5%
12 Diseases of the Skin	330	\$28,441	\$21,958	\$56,357	\$106,756	2.3%
13 Diseases of the Eye	300	\$0	\$88,683	\$1,710	\$90,393	2.0%
14 Infectious/Parasitic	116	\$75,546	\$4,793	-\$437	\$79,902	1.7%
15 Genitourinary System	299	\$34,943	\$25,283	\$8,872	\$69,099	1.5%
16 Diseases of the Ear	100	\$0	\$181	\$43,263	\$43,444	0.9%
17 Neoplasms - Benign	108	\$36,633	\$6,652	\$0	\$43,285	0.9%
18 Diseases of the Blood	83	\$0	\$4,000	\$13,844	\$17,844	0.4%
19 COVID-19	88	\$0	\$10,172	\$4,191	\$14,363	0.3%
20 Long COVID-19	*	\$0	\$0	\$6,037	\$6,037	0.1%
21 Aftercare	39	\$4,050	\$1,649	\$73	\$5,772	0.1%
22 Neoplasms - Uncertain/Unspecified	82	\$0	\$1,596	\$0	\$1,596	0.0%
23 Congenital Abnormalities	17	\$0	\$0	\$0	\$0	0.0%
24 Injury & Poisoning - External	0	\$0	\$0	\$0	\$0	0.0%
25 <u>Maternity</u>	0	\$0	\$0	\$0	\$0	0.0%
Total		\$1,631,676	\$1,760,567	\$1,221,809	\$4,614,051	100.0%

Anthem Blue Cross HMO – Pharmacy Summary: Retail vs. Mail Order

- ❗ Drug cost increased 30.5% year over year, from \$272.24 to \$354.87 pmpm
- ❗ Retail drug cost increased 31.1% year over year, from \$254.67 to \$333.64 pmpm
- ❗ Mail order drug cost increased 20.9% year over year, from \$17.57 to \$21.22 pmpm
- Retail claim cost represents 93.5% of total scripts and 94.0% of total dollars.

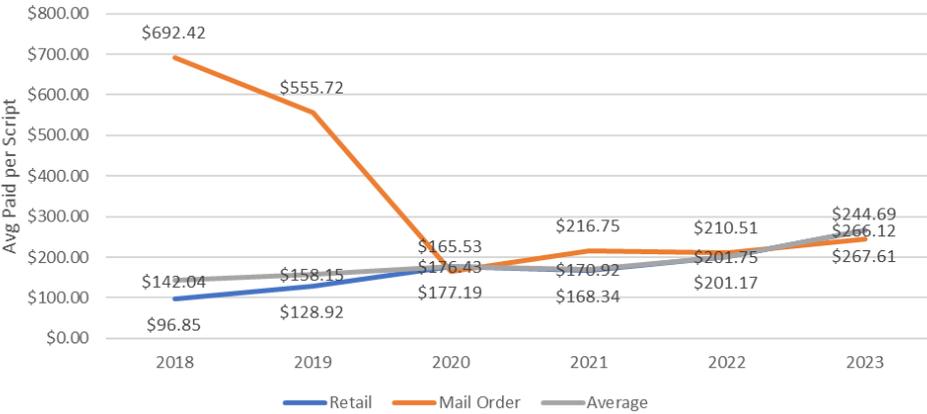
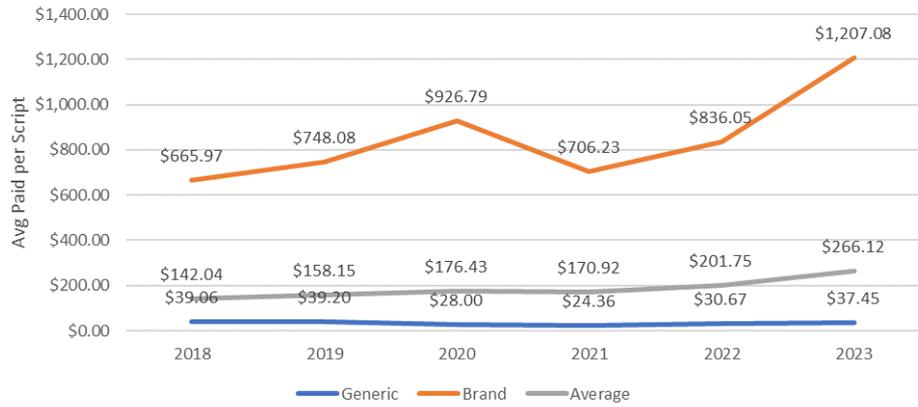


Retail vs Mail Order		2018	2019	2020	2021	2022	2023
Retail	Total Number Of Paid Scripts	18,841	16,659	16,182	19,207	18,898	17,579
	Paid	\$1,824,759	\$2,147,680	\$2,867,295	\$3,233,288	\$3,801,767	\$4,704,369
	PMPM	\$133.27	\$178.29	\$226.84	\$215.22	\$254.67	\$333.64
	Average Payment Per Script	\$96.85	\$128.92	\$177.19	\$168.34	\$201.17	\$267.61
Mail Order	Total Number Of Paid Scripts	1,547	1,225	1,124	1,082	1,246	1,223
	Paid	\$1,071,170	\$680,761	\$186,054	\$234,519	\$262,299	\$299,261
	PMPM	\$78.23	\$56.51	\$14.72	\$15.61	\$17.57	\$21.22
	Average Payment Per Script	\$692.42	\$555.72	\$165.53	\$216.75	\$210.51	\$244.69
Total	Total Number Of Paid Scripts	20,388	17,884	17,306	20,289	20,144	18,802
	Paid	\$2,895,929	\$2,828,441	\$3,053,349	\$3,467,807	\$4,064,066	\$5,003,630
	PMPM	\$211.51	\$234.80	\$241.56	\$230.83	\$272.24	\$354.87
	Average Payment Per Script	\$142.04	\$158.15	\$176.43	\$170.92	\$201.75	\$266.12
% of Retail Scripts		92.4%	93.2%	93.5%	94.7%	93.8%	93.5%
% of Retail Dollars		63.0%	75.9%	93.9%	93.2%	93.5%	94.0%

Anthem Blue Cross HMO – Pharmacy Summary: Generic vs. Brand

2023 realized the following results over 2022:

- 📢 Generic drug cost per script increased 22.1%, from \$30.67 to \$37.45 per script.
- 📢 Brand drug cost per script increased 44.4%, from \$836.05 to \$ 1,207.08 per script.
- 📢 Total drug cost per script increased 31.9%, from \$201.75 to \$266.12 per script.
- The Generic fill rate represents 11.3% of claim cost and 80.4% of scripts.
- Over the past four years, the Retail (30-day supply) and mail order (90-day supply) cost per script have converged in price.
 - Retail \$267.61 per script
 - Mail Order \$244.69 per script



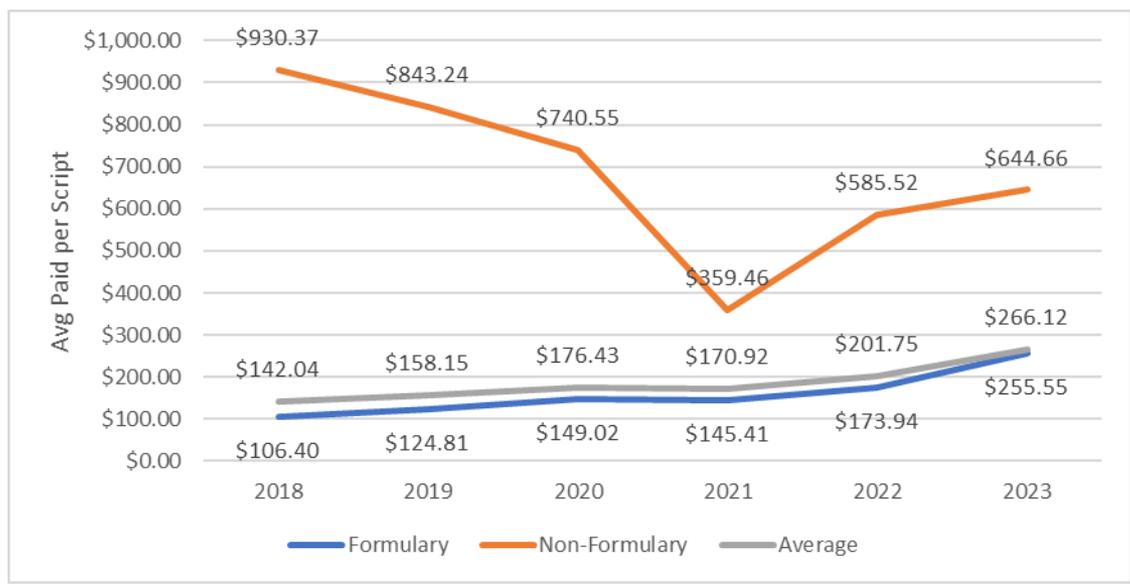
Anthem Blue Cross HMO –



Pharmacy Summary: Generic vs. Brand

Generic vs Brand		Data						%					
		2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Generic													
Retail	Number of Scripts Paid	15,833	13,887	13,466	15,033	14,843	14,142	-8.8%	-12.3%	-3.0%	11.6%	-1.3%	-4.7%
	Paid	\$567,800	\$484,280	\$347,043	\$328,704	\$431,578	\$517,319	18.0%	-14.7%	-28.3%	-5.3%	31.3%	19.9%
	Average Paid per Script	\$35.86	\$34.87	\$25.77	\$21.87	\$29.08	\$36.58	29.3%	-2.8%	-26.1%	-15.2%	33.0%	25.8%
Mail Order	Number of Scripts Paid	1,206	996	982	895	1,022	984	-8.9%	-17.4%	-1.4%	-8.9%	14.2%	-3.7%
	Paid	\$97,788	\$99,166	\$57,546	\$59,225	\$55,023	\$49,080	-8.9%	1.4%	-42.0%	2.9%	-7.1%	-10.8%
	Average Paid per Script	\$81.08	\$99.56	\$58.60	\$66.17	\$53.84	\$49.88	0.0%	22.8%	-41.1%	12.9%	-18.6%	-7.4%
Combined	Number of Scripts Paid	17,039	14,883	14,448	15,928	15,865	15,126	-8.8%	-12.7%	-2.9%	10.2%	-0.4%	-4.7%
	Paid	\$665,588	\$583,446	\$404,589	\$387,929	\$486,601	\$566,399	13.1%	-12.3%	-30.7%	-4.1%	25.4%	16.4%
	Average Paid per Script	\$39.06	\$39.20	\$28.00	\$24.36	\$30.67	\$37.45	24.0%	0.4%	-28.6%	-13.0%	25.9%	22.1%
Brand													
Retail	Number of Scripts Paid	3,008	2,772	2,716	4,174	4,055	3,437	3.5%	-7.8%	-2.0%	53.7%	-2.9%	-15.2%
	Paid	\$1,256,959	\$1,663,400	\$2,520,252	\$2,904,584	\$3,370,189	\$4,187,050	7.7%	32.3%	51.5%	15.2%	16.0%	24.2%
	Average Paid per Script	\$417.87	\$600.07	\$927.93	\$695.88	\$831.12	\$1,218.23	4.1%	43.6%	54.6%	-25.0%	19.4%	46.6%
Mail Order	Number of Scripts Paid	341	229	142	187	224	239	-9.5%	-32.8%	-38.0%	31.7%	19.8%	6.7%
	Paid	\$973,382	\$581,595	\$128,508	\$175,294	\$207,276	\$250,181	-4.6%	-40.3%	-77.9%	36.4%	18.2%	20.7%
	Average Paid per Script	\$2,854.49	\$2,539.72	\$904.99	\$937.40	\$925.34	\$1,046.78	5.5%	-11.0%	-64.4%	3.6%	-1.3%	13.1%
Combined	Number of Scripts Paid	3,349	3,001	2,858	4,361	4,279	3,676	2.0%	-10.4%	-4.8%	52.6%	-1.9%	-14.1%
	Paid	\$2,230,341	\$2,244,995	\$2,648,760	\$3,079,878	\$3,577,465	\$4,437,231	2.0%	0.7%	18.0%	16.3%	16.2%	24.0%
	Average Paid per Script	\$665.97	\$748.08	\$926.79	\$706.23	\$836.05	\$1,207.08	0.0%	12.3%	23.9%	-23.8%	18.4%	44.4%
Total													
Retail	Number of Scripts Paid	18,841	16,659	16,182	19,207	18,898	17,579	-7.0%	-11.6%	-2.9%	18.7%	-1.6%	-7.0%
	Paid	\$1,824,759	\$2,147,680	\$2,867,295	\$3,233,288	\$3,801,767	\$4,704,369	10.7%	17.7%	33.5%	12.8%	17.6%	23.7%
	Average Paid per Script	\$96.85	\$128.92	\$177.19	\$168.34	\$201.17	\$267.61	19.1%	33.1%	37.4%	-5.0%	19.5%	33.0%
Mail Order	Number of Scripts Paid	1,547	1,225	1,124	1,082	1,246	1,223	-9.1%	-20.8%	-8.2%	-3.7%	15.2%	-1.8%
	Paid	\$1,071,170	\$680,761	\$186,054	\$234,519	\$262,299	\$299,261	-5.0%	-36.4%	-72.7%	26.0%	11.8%	14.1%
	Average Paid per Script	\$692.42	\$555.72	\$165.53	\$216.75	\$210.51	\$244.69	4.5%	-19.7%	-70.2%	30.9%	-2.9%	16.2%
Combined	Number of Scripts Paid	20,388	17,884	17,306	20,289	20,144	18,802	-7.2%	-12.3%	-3.2%	17.2%	-0.7%	-6.7%
	Paid	\$2,895,929	\$2,828,441	\$3,053,349	\$3,467,807	\$4,064,066	\$5,003,630	4.3%	-2.3%	8.0%	13.6%	17.2%	23.1%
	Average Paid per Script	\$142.04	\$158.15	\$176.43	\$170.92	\$201.75	\$266.12	12.4%	11.3%	11.6%	-3.1%	18.0%	31.9%

Anthem Blue Cross HMO – Pharmacy Summary: Formulary vs. Non-Formulary



- Formulary drug cost increased 46.9% year-over-year, from \$173.94 to \$255.55 per script.
- Non-formulary drug cost increased 10.1% year-over-year, from \$585.52 to \$ 644.66 per script.
- Overall drug cost increased 31.9% year-over-year, from \$201.75 to \$266.12 per script.
 - The Formulary fill rate represents 93.4% of claim cost and 97.3% of scripts.

Anthem Blue Cross HMO –



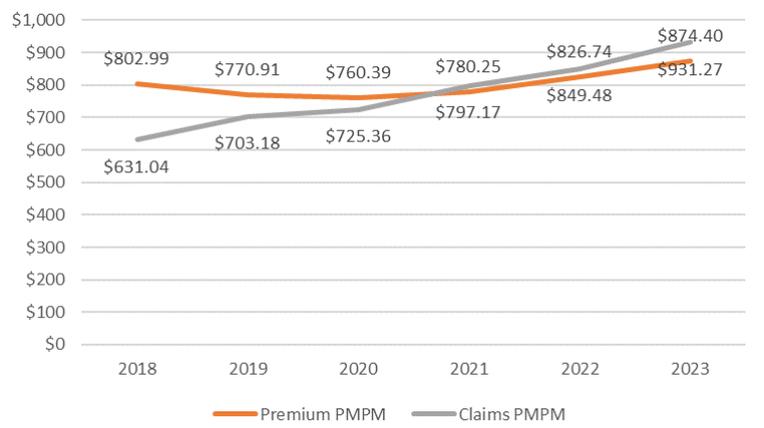
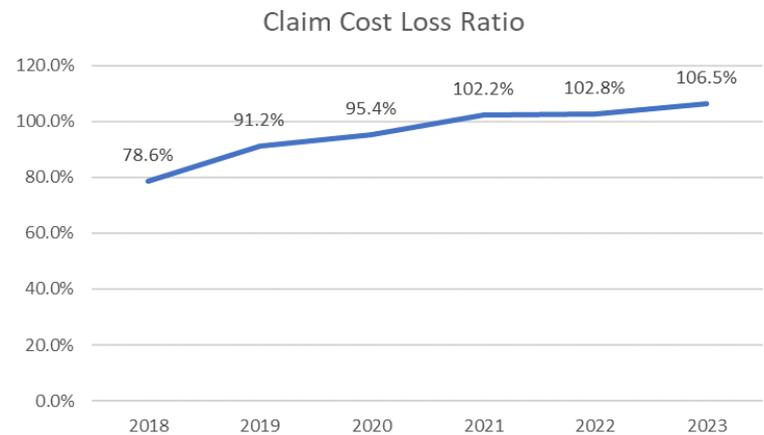
Pharmacy Summary: Formulary vs. Non-Formulary

Formulary vs. Non-Formulary		Data						%					
		2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Formulary													
Retail	Number of Scripts Paid	18,059	15,890	15,420	16,884	17,639	17,083	-8.0%	-12.0%	-3.0%	9.5%	4.5%	-3.2%
	Paid	\$1,463,146	\$1,727,984	\$2,295,768	\$2,389,356	\$3,028,796	\$4,390,587	8.7%	18.1%	32.9%	4.1%	26.8%	45.0%
	Average Paid per Script	\$81.02	\$108.75	\$148.88	\$141.52	\$171.71	\$257.01	18.2%	34.2%	36.9%	-4.9%	21.3%	49.7%
Mail Order	Number of Scripts Paid	1,447	1,164	1,084	987	1,144	1,208	-10.9%	-19.6%	-6.9%	-8.9%	15.9%	5.6%
	Paid	\$612,196	\$400,565	\$163,658	\$209,268	\$238,374	\$283,621	-24.2%	-34.6%	-59.1%	27.9%	13.9%	19.0%
	Average Paid per Script	\$423.08	\$344.13	\$150.98	\$212.02	\$208.37	\$234.79	-15.0%	-18.7%	-56.1%	40.4%	-1.7%	12.7%
Total	Number of Scripts Paid	19,506	17,054	16,504	17,871	18,783	18,291	-8.3%	-12.6%	-3.2%	8.3%	5.1%	-2.6%
	Paid	\$2,075,342	\$2,128,549	\$2,459,426	\$2,598,624	\$3,267,170	\$4,674,208	-3.7%	2.6%	15.5%	5.7%	25.7%	43.1%
	Average Paid per Script	\$106.40	\$124.81	\$149.02	\$145.41	\$173.94	\$255.55	5.0%	17.3%	19.4%	-2.4%	19.6%	46.9%
Non-Formulary													
Retail	Number of Scripts Paid	782	769	762	2,323	1,259	496	25.1%	-1.7%	-0.9%	204.9%	-45.8%	-60.6%
	Paid	\$361,614	\$419,697	\$571,527	\$843,932	\$772,970	\$313,782	19.9%	16.1%	36.2%	47.7%	-8.4%	-59.4%
	Average Paid per Script	\$462.42	\$545.77	\$750.04	\$363.29	\$613.96	\$632.63	-4.2%	18.0%	37.4%	-51.6%	69.0%	3.0%
Mail Order	Number of Scripts Paid	100	61	40	95	102	15	29.9%	-39.0%	-34.4%	137.5%	7.4%	-85.3%
	Paid	\$458,973	\$280,196	\$22,396	\$25,252	\$23,925	\$15,640	43.7%	-39.0%	-92.0%	12.8%	-5.3%	-34.6%
	Average Paid per Script	\$4,589.73	\$4,593.37	\$559.90	\$265.81	\$234.56	\$1,042.67	10.7%	0.1%	-87.8%	-52.5%	-11.8%	344.5%
Total	Number of Scripts Paid	882	830	802	2,418	1,361	511	25.6%	-5.9%	-3.4%	201.5%	-43.7%	-62.5%
	Paid	\$820,587	\$699,893	\$593,923	\$869,184	\$796,895	\$329,422	32.2%	-14.7%	-15.1%	46.3%	-8.3%	-58.7%
	Average Paid per Script	\$930.37	\$843.24	\$740.55	\$359.46	\$585.52	\$644.66	5.2%	-9.4%	-12.2%	-51.5%	62.9%	10.1%
Total													
Retail	Number of Scripts Paid	18,841	16,659	16,182	19,207	18,898	17,579	-7.0%	-11.6%	-2.9%	18.7%	-1.6%	-7.0%
	Paid	\$1,824,760	\$2,147,681	\$2,867,295	\$3,233,288	\$3,801,766	\$4,704,369	10.7%	17.7%	33.5%	12.8%	17.6%	23.7%
	Average Paid per Script	\$96.85	\$128.92	\$177.19	\$168.34	\$201.17	\$267.61	19.1%	33.1%	37.4%	-5.0%	19.5%	33.0%
Mail Order	Number of Scripts Paid	1,547	1,225	1,124	1,082	1,246	1,223	-9.1%	-20.8%	-8.2%	-3.7%	15.2%	-1.8%
	Paid	\$1,071,169	\$680,761	\$186,054	\$234,520	\$262,299	\$299,261	-5.0%	-36.4%	-72.7%	26.0%	11.8%	14.1%
	Average Paid per Script	\$692.42	\$555.72	\$165.53	\$216.75	\$210.51	\$244.69	4.5%	-19.7%	-70.2%	30.9%	-2.9%	16.2%
Total	Number of Scripts Paid	20,388	17,884	17,306	20,289	20,144	18,802	-7.2%	-12.3%	-3.2%	17.2%	-0.7%	-6.7%
	Paid	\$2,895,929	\$2,828,442	\$3,053,349	\$3,467,808	\$4,064,065	\$5,003,630	4.3%	-2.3%	8.0%	13.6%	17.2%	23.1%
	Average Paid per Script	\$142.04	\$158.15	\$176.43	\$170.92	\$201.75	\$266.12	12.4%	11.3%	11.6%	-3.1%	18.0%	31.9%

Kaiser HMO

Kaiser HMO – HMO Summary

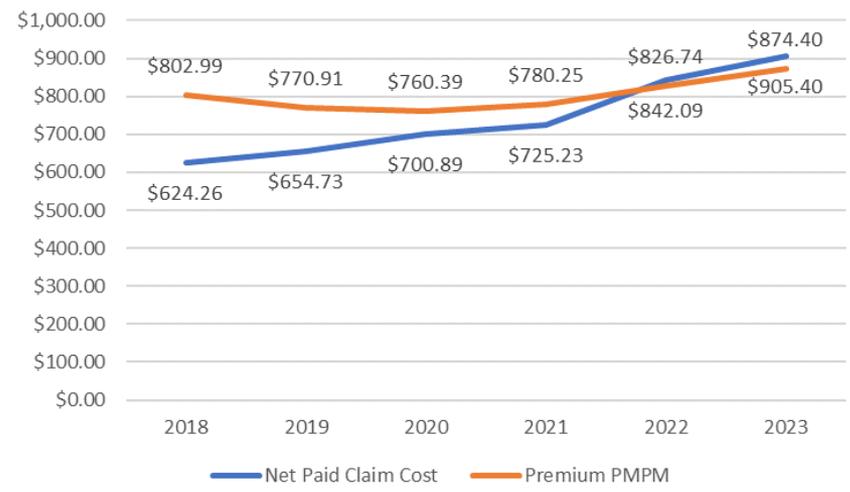
- 📉 The Claim Cost ratio increased from 102.8% to 106.5% (3.7%).
- 📉 Medical membership decreased by 403 covered lives to 4,393 (-8.3%).
 - The average age increased from 54.0 to 54.4.
- 📉 Claim Cost increased 9.6% to \$931.27 pmpm.
 - Premium increased 5.8% to \$874.40 pmpm.
 - Kaiser values are shown per member per month (PMPM) not per retiree subscriber per month (PRPM).



Kaiser	2018	2019	2020	2021	2022	2023
Avg Members	4,013	4,118	4,180	4,905	4,796	4,393
Avg Age	54.2	54.1	54.2	53.7	54.0	54.4
Premium	\$38,665,574	\$38,093,074	\$38,136,800	\$45,924,911	\$47,576,637	\$46,098,157
Claims	\$30,385,948	\$34,746,395	\$36,379,932	\$46,920,494	\$48,885,266	\$49,096,349
Loss Ratio	78.6%	91.2%	95.4%	102.2%	102.8%	106.5%
Per Member Per Month (PMPM)						
Premium PMPM	\$802.99	\$770.91	\$760.39	\$780.25	\$826.74	\$874.40
Claims PMPM	\$631.04	\$703.18	\$725.36	\$797.17	\$849.48	\$931.27
Change from Previous Year						
Enrollment	6.5%	2.6%	1.5%	17.4%	-2.2%	-8.4%
Premium PMPM	2.9%	-4.0%	-1.4%	2.6%	6.0%	5.8%
Claims PMPM	1.3%	11.4%	3.2%	9.9%	6.6%	9.6%
Kaiser	2018	2019	2020	2021	2022	2023
Loss Ratio	78.6%	91.2%	95.4%	102.2%	102.8%	106.5%
Premium PMPM	\$802.99	\$770.91	\$760.39	\$780.25	\$826.74	\$874.40
Claims PMPM	\$631.04	\$703.18	\$725.36	\$797.17	\$849.48	\$931.27

Kaiser HMO – Large Claim

- For 2023, the pooling level for large claimants increased to \$420,000 from \$325,000 in 2022.
- Pooling claims reduced the claims cost by 2.8% from \$931.27 to \$905.40 pmpm.
- The net claim cost ratio was 103.5%.
- There were eight large claimants above \$420,000 in 2023, compared to six in 2022 at \$325,000.



Large Claims	2018	2019	2020	2021	2022	2023
Claims	\$30,385,948	\$34,746,395	\$36,379,932	\$46,920,494	\$48,885,266	\$49,096,349
Pooling Level	\$280,000	\$280,000	\$295,000	\$310,000	\$325,000	\$420,000
# of Large Claimants	3	6	7	12	6	8
Total Large Claims	\$1,166,402	\$4,074,054	\$3,292,702	\$7,954,143	\$2,375,374	\$4,723,886
<u>Pooling Level</u>	<u>\$840,000</u>	<u>\$1,680,000</u>	<u>\$2,065,000</u>	<u>\$3,720,000</u>	<u>\$1,950,000</u>	<u>\$3,360,000</u>
Pooled Claims	\$326,402	\$2,394,054	\$1,227,702	\$4,234,143	\$425,374	\$1,363,886
Net Claims	\$30,059,546	\$32,352,341	\$35,152,230	\$42,686,351	\$48,459,892	\$47,732,463
	2018	2019	2020	2021	2022	2023
Loss Ratio	77.7%	84.9%	92.2%	92.9%	101.9%	103.5%
Gross Claim Cost	\$631.04	\$703.18	\$725.36	\$797.17	\$849.48	\$931.27
Net Paid Claim Cost	\$624.26	\$654.73	\$700.89	\$725.23	\$842.09	\$905.40
Premium PMPM	\$802.99	\$770.91	\$760.39	\$780.25	\$826.74	\$874.40

Kaiser HMO – Large Claims

Below are the diagnoses of the eight large claimants in 2023:

	Diagnosis	2023 Claims
1	Infectious & Parasitic Diseases	\$1,069,759.86
2	Infectious & Parasitic Diseases	\$685,967.77
3	Diseases & Disorders of the Circulatory System	\$679,125.29
4	Myeloproliferative Diseases & Disorders	\$497,098.32
5	Pre-MDC	\$473,340.82
6	Diseases & Disorders of the Circulatory System	\$444,299.50
7	No Primary MDC Found	\$437,662.06
8	Diseases & Disorders of the Kidney & Urinary Tract	\$436,632.24
	Total	\$4,723,885.86

Kaiser – Claim Summary

- Total Claim cost for 2023, was 9.6% higher than 2022 on a pmpm basis.
- 2023 realized the following results over 2022:
 - 🗨️ Inpatient costs increased 12.3%
 - 🗨️ Outpatient costs increased 12.9%
 - Pharmacy costs increased 1.5%
 - The Other category increased 3.2%
 - More information in each category is detailed on the following pages.



Claims Summary	2018	2019	2020	2021	2022	2023
Inpatient	\$157.74	\$204.17	\$233.25	\$256.31	\$238.57	\$267.93
Outpatient	\$288.85	\$313.48	\$275.69	\$344.38	\$356.58	\$402.61
Pharmacy	\$71.50	\$61.47	\$68.32	\$75.81	\$98.26	\$99.72
Other	\$112.96	\$124.06	\$148.10	\$120.67	\$156.07	\$161.01
Total Claims	\$631.04	\$703.18	\$725.36	\$797.17	\$849.48	\$931.27
Change from Previous Year						
Inpatient	-6.7%	29.4%	14.2%	9.9%	-6.9%	12.3%
Outpatient	5.3%	8.5%	-12.1%	24.9%	3.5%	12.9%
Pharmacy	11.8%	-14.0%	11.1%	11.0%	29.6%	1.5%
Other	-2.6%	9.8%	19.4%	-18.5%	29.3%	3.2%
Total Claims	1.3%	11.4%	3.2%	9.9%	6.6%	9.6%

Kaiser – Inpatient (IP) Summary

2023 realized the following results over 2022:

- 👎 IP medical costs increased 30.8%
 - IP surgical costs increased 1.5%
 - IP hospital facility charges increased 34.7%
 - IP medical professional services increased 8.4%
- 👍 IP substance abuse decreased -84.4%
- 👎 IP Skilled Nursing Facility increased 34.3%

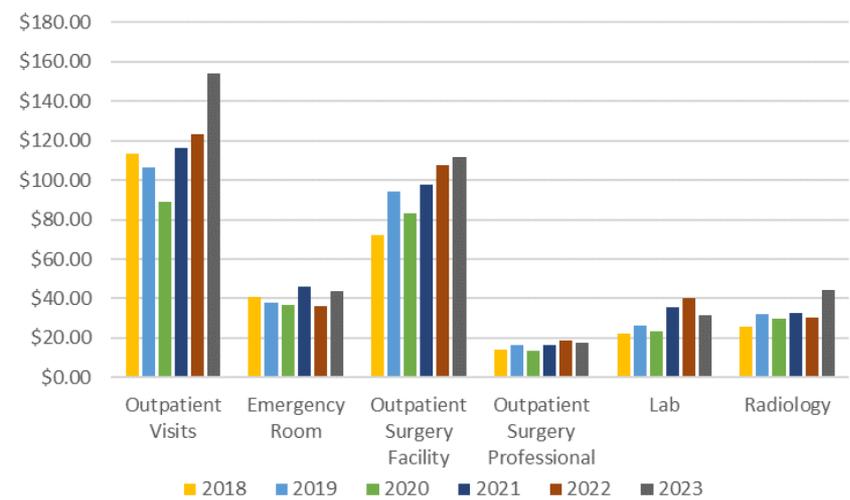


Inpatient \$ PMPM	2018	2019	2020	2021	2022	2023
Medical - Hospital	\$56.69	\$61.06	\$59.47	\$124.23	\$82.63	\$111.32
Medical - Professional	\$8.19	\$10.12	\$12.95	\$19.99	\$14.46	\$15.67
Medical - Total	\$64.88	\$71.18	\$72.42	\$144.22	\$97.09	\$126.99
Surgical						
Surgical - Hospital	\$77.16	\$106.58	\$131.69	\$91.75	\$120.29	\$121.30
Surgical - Professional	\$8.78	\$14.79	\$20.10	\$10.15	\$12.19	\$13.23
Surgical - Total	\$85.94	\$121.37	\$151.79	\$101.90	\$132.48	\$134.53
Maternity						
Maternity - Hospital	\$1.45	\$0.67	\$0.53	\$1.56	\$1.12	\$0.38
Maternity - Professional	\$0.58	\$0.25	\$0.24	\$0.73	\$0.42	\$0.14
Maternity - Total	\$2.03	\$0.92	\$0.77	\$2.29	\$1.54	\$0.52
Mental Health	\$2.42	\$5.01	\$4.65	\$3.29	\$3.12	\$2.65
Substance Abuse	\$0.19	\$2.76	\$0.73	\$0.76	\$2.18	\$0.34
Skilled Nursing Facility (SNF)	\$2.28	\$2.93	\$2.89	\$3.85	\$2.16	\$2.90
Total Inpatient \$PMPM	\$157.74	\$204.17	\$233.25	\$256.31	\$238.57	\$267.93
Change from Previous Year	2018	2019	2020	2021	2022	2023
Medical - Hospital	-6.2%	7.7%	-2.6%	108.9%	-33.5%	34.7%
Medical - Professional	5.3%	23.6%	28.0%	54.4%	-27.7%	8.4%
Medical - Total	-4.9%	9.7%	1.7%	99.1%	-32.7%	30.8%
Surgical						
Surgical - Hospital	-10.5%	38.1%	23.6%	-30.3%	31.1%	0.8%
Surgical - Professional	-19.6%	68.5%	35.9%	-49.5%	20.1%	8.5%
Surgical - Total	-11.5%	41.2%	25.1%	-32.9%	30.0%	1.5%
Maternity						
Maternity - Hospital	35.5%	-53.8%	-20.9%	194.3%	-28.2%	-66.1%
Maternity - Professional	38.1%	-56.9%	-4.0%	204.2%	-42.5%	-66.7%
Maternity - Total	36.2%	-54.7%	-16.3%	197.4%	-32.8%	-66.2%
Mental Health	100.0%	107.1%	-7.2%	-29.2%	-5.2%	-15.1%
Substance Abuse	-81.0%	1382.9%	-73.6%	4.1%	186.8%	-84.4%
Skilled Nursing Facility (SNF)	11300.0%	28.5%	-1.4%	33.2%	-43.9%	34.3%
Total Inpatient \$PMPM	-6.7%	29.4%	14.2%	9.9%	-6.9%	12.3%

Kaiser – Outpatient (OP) Summary

2023 realized the following results over 2022:

- Total Outpatient cost increased 12.9% from \$356.58 to \$402.61 pmpm
- Outpatient visit cost increased 24.5%
- Emergency room cost increased 20.8%
- OP Surgery Facility cost increased 3.8%
- OP Surgery Professional cost decreased -6.7%
- Laboratory services decreased -20.9%
- Radiology increased 45.5%



Outpatient \$ PMPM	2018	2019	2020	2021	2022	2023
Outpatient Visits	\$113.41	\$106.22	\$88.73	\$116.54	\$123.53	\$153.83
Emergency Room	\$40.99	\$37.75	\$36.93	\$46.03	\$36.22	\$43.75
Surgical/Procedures						
Outpatient Surgery Facility	\$72.30	\$94.27	\$83.34	\$97.62	\$107.42	\$111.49
Outpatient Surgery Professional	\$13.93	\$16.60	\$13.31	\$16.26	\$18.82	\$17.56
Lab	\$22.31	\$26.57	\$23.50	\$35.33	\$40.24	\$31.82
Radiology	\$25.91	\$32.07	\$29.88	\$32.60	\$30.35	\$44.16
Total Outpatient \$PMPM	\$288.85	\$313.48	\$275.69	\$344.38	\$356.58	\$402.61
Change from Previous Year	2018	2019	2020	2021	2022	2023
Outpatient Visits	-1.8%	-6.3%	-16.5%	31.3%	6.0%	24.5%
Emergency Room	48.6%	-7.9%	-2.2%	24.6%	-21.3%	20.8%
Surgical/Procedures						
Outpatient Surgery Facility	14.5%	30.4%	-11.6%	17.1%	10.0%	3.8%
Outpatient Surgery Professional	-16.3%	19.2%	-19.8%	22.2%	15.7%	-6.7%
Lab	39.3%	19.1%	-11.6%	50.3%	13.9%	-20.9%
Radiology	-26.6%	23.8%	-6.8%	9.1%	-6.9%	45.5%
Total Outpatient \$PMPM	5.3%	8.5%	-12.1%	24.9%	3.5%	12.9%

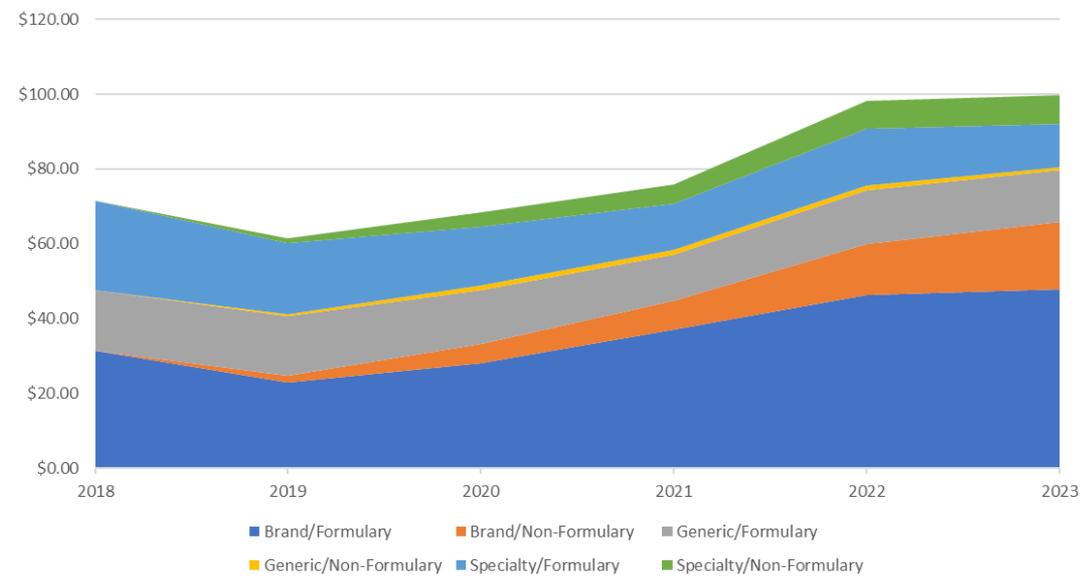
Kaiser – Pharmacy Summary

2023 realized the following results over 2022:

- Total Pharmacy cost increased 1.5% to \$99.72
- 👎 Formulary and Non-Formulary Brand drugs increased 3.5% and 32.0% respectively
- 👍 Formulary Specialty drugs decreased -24.0% and Non-Formulary Specialty drugs increased 1.9%

Top Drug Categories:

- Antineoplastic therapeutics (commonly used in treatment of cancer)
- Analgesic, Anti-Inflammatory (commonly used for pain and certain arthritis treatments)
- Hematological Agents (commonly used in treatment of blood clots and stroke prevention)

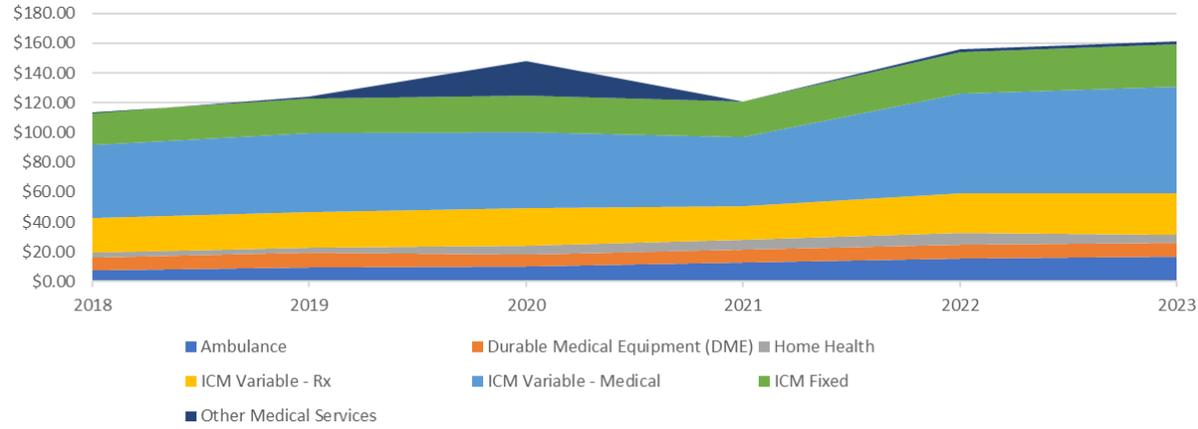


Pharmacy \$ PMPM	2018	2019	2020	2021	2022	2023
Brand/Formulary	\$31.41	\$22.93	\$28.18	\$37.11	\$46.28	\$47.89
Brand/Non-Formulary	\$0.00	\$1.91	\$4.96	\$7.62	\$13.67	\$18.04
Generic/Formulary	\$16.09	\$15.93	\$14.50	\$12.42	\$14.44	\$13.82
Generic/Non-Formulary	\$0.00	\$0.51	\$1.31	\$1.17	\$1.15	\$0.76
Specialty/Formulary	\$24.00	\$18.90	\$15.65	\$12.28	\$15.23	\$11.58
Specialty/Non-Formulary	\$0.00	\$1.29	\$3.72	\$5.21	\$7.49	\$7.63
Total Pharmacy \$PMPM	\$71.50	\$61.47	\$68.32	\$75.81	\$98.26	\$99.72
Change from Previous Year	2018	2019	2020	2021	2022	2023
Brand/Formulary	24.8%	-27.0%	22.9%	31.7%	24.7%	3.5%
Brand/Non-Formulary	0.0%	0.0%	159.7%	53.6%	79.4%	32.0%
Generic/Formulary	-8.6%	-1.0%	-9.0%	-14.3%	16.3%	-4.3%
Generic/Non-Formulary	0.0%	0.0%	156.9%	-10.7%	-1.7%	-33.9%
Specialty/Formulary	13.1%	-21.3%	-17.2%	-21.5%	24.0%	-24.0%
Specialty/Non-Formulary	-100.0%	0.0%	188.4%	40.1%	43.8%	1.9%
Total Pharmacy \$PMPM	11.8%	-14.0%	11.1%	11.0%	29.6%	1.5%

Kaiser – Other Summary

2023 realized the following results over 2022:

- 📉 Total Other cost increased 2.9% to \$161.10 pmpm
- 📉 Ambulance Services increased 9.4% to \$16.69 pmpm
- 👍 Durable Medical Equipment decreased -3.1% to \$9.58 pmpm
- 👍 Home Healthcare decreased -29.1% to \$5.26 pmpm
- 📉 Total Integrated Care Management (ICM) fees increased 5.6% to \$127.95 pmpm

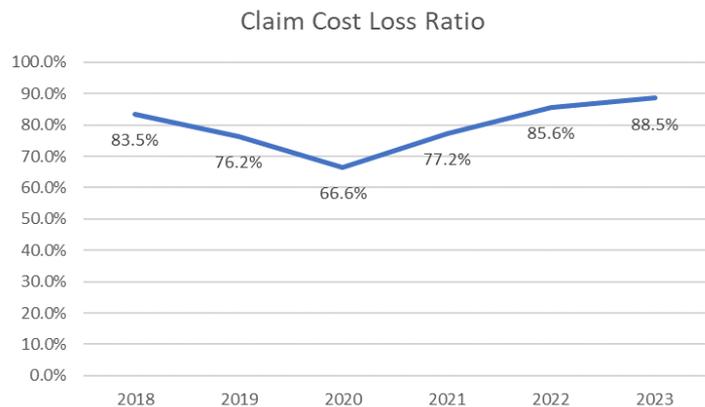


Total Other \$ PMPM	2018	2019	2020	2021	2022	2023
Ambulance	\$7.52	\$9.70	\$10.22	\$13.17	\$15.25	\$16.69
Durable Medical Equipment (DME)	\$8.85	\$9.96	\$8.02	\$8.07	\$9.89	\$9.58
Home Health	\$2.98	\$3.07	\$6.17	\$6.78	\$7.42	\$5.26
ICM Variable - Rx	\$23.26	\$23.94	\$24.89	\$22.90	\$26.61	\$28.00
ICM Variable - Medical	\$48.91	\$52.95	\$51.27	\$46.08	\$66.91	\$71.07
ICM Fixed	\$22.31	\$23.09	\$23.95	\$23.58	\$27.65	\$28.88
Other Medical Services	-\$0.87	\$1.35	\$23.58	\$0.09	\$2.34	\$1.53
Total Other \$PMPM	\$112.96	\$124.06	\$148.10	\$120.67	\$156.07	\$161.01
Change from Previous Year	2018	2019	2020	2021	2022	2023
Ambulance	-25.5%	29.0%	5.4%	28.9%	15.8%	9.4%
Durable Medical Equipment (DME)	-3.5%	12.5%	-19.5%	0.6%	22.6%	-3.1%
Home Health	-29.6%	3.0%	101.0%	9.9%	9.4%	-29.1%
ICM Variable - Rx	5.1%	2.9%	4.0%	-8.0%	16.2%	5.2%
ICM Variable - Medical	13.7%	8.3%	-3.2%	-10.1%	45.2%	6.2%
ICM Fixed	5.9%	3.5%	3.7%	-1.5%	17.3%	4.4%
Other Medical Services	-113.9%	-254.8%	1644.1%	-99.6%	2572.8%	-34.9%
Total Other PMPM	-2.6%	9.8%	19.4%	-18.5%	29.3%	3.2%

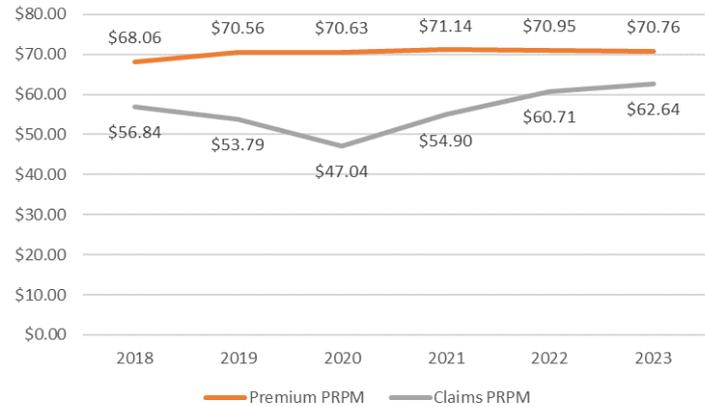
Delta Dental

Delta Dental – Summary

Delta Dental	2018	2019	2020	2021	2022	2023
Avg Subscribers	11,559	12,029	12,490	13,517	13,969	14,157
Premium	\$9,440,830	\$10,185,820	\$10,586,448	\$11,538,515	\$11,892,388	\$12,021,554
Claims	\$7,884,355	\$7,763,760	\$7,050,619	\$8,904,930	\$10,176,822	\$10,642,358
Loss Ratio	83.5%	76.2%	66.6%	77.2%	85.6%	88.5%
Per Retiree Per Month (PRPM)*						
Premium PRPM	\$68.06	\$70.56	\$70.63	\$71.14	\$70.95	\$70.76
Claims PRPM	\$56.84	\$53.79	\$47.04	\$54.90	\$60.71	\$62.64
Change from Previous Year						
Enrollment	3.7%	4.1%	3.8%	8.2%	3.3%	1.3%
Premium PRPM	0.6%	3.7%	0.1%	0.7%	-0.3%	-0.3%
Claims PRPM	-0.8%	-5.4%	-12.5%	16.7%	10.6%	3.2%



- 2023 was the fifth consecutive year LACERS self-funded the dental plan.
- Premium equivalent exceeded claim cost for an 88.5% loss ratio.
- Given Delta Dental’s administration cost of \$5.10 prpm, LACERS accumulated a cash position of \$512,788 in 2023, and an overall self-funded cash position of \$7,637,122 over the five-year period.
- Keenan recommends LACERS maintain an IBNR reserve of \$645,770.
- This leaves an accumulation of margin of \$6,991,352.
- A Request for Proposal (RFP) is in progress for Dental.

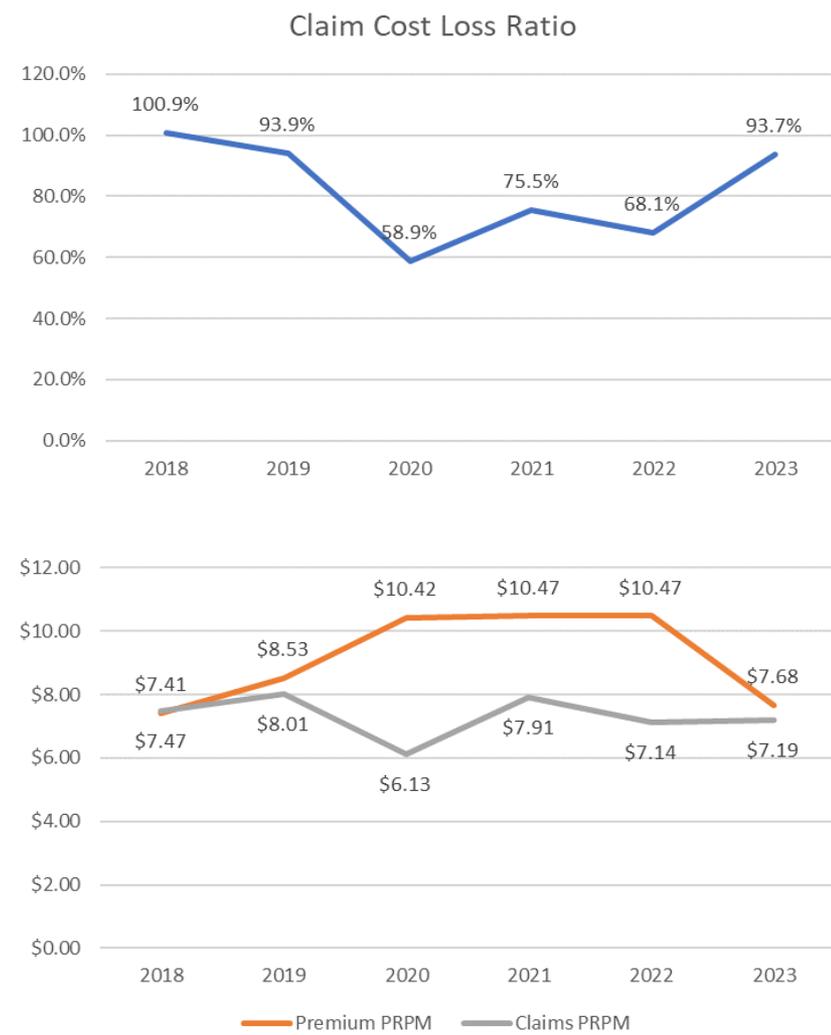


Note: Subscribers include retirees and survivors

Anthem Blue View Vision

Anthem Blue View Vision – Summary

- 2023 was the second year of self-funding vision.
- Given Blue View’s administration cost of \$0.67 prpm, LACERS accumulated a cash position of \$162,689 in 2023, including funding of \$44,640 for IBNR.
- Membership grew 1.9% to 7,105.
- The loss ratio increased to 93.7% from 68.1%.
- Claim cost prpm increased 0.8% to \$7.19 prpm (from \$7.14 prpm in 2022).
- A Request for Proposal (RFP) is in progress for Vision.



Vision	2018	2019	2020	2021	2022	2023
Average Subscribers	7,641	7,089	6,356	6,796	6,971	7,105
Premium	\$679,099	\$725,266	\$794,534	\$854,178	\$876,222	\$654,392
Claims	\$684,891	\$681,374	\$467,912	\$644,783	\$596,944	\$613,170
Loss Ratio	100.9%	93.9%	58.9%	75.5%	68.1%	93.7%
Per Retiree Per Month (PRPM)*						
Premium PRPM	\$7.41	\$8.53	\$10.42	\$10.47	\$10.47	\$7.68
Claims PRPM	\$7.47	\$8.01	\$6.13	\$7.91	\$7.14	\$7.19
Change from Previous Year						
Enrollment	3.9%	-7.2%	-10.3%	6.9%	2.6%	1.9%
Premium PRPM	2.6%	15.1%	22.2%	0.5%	0.0%	-26.7%
Claims PRPM	8.2%	7.2%	-23.4%	28.9%	-9.7%	0.8%

Note: Subscribers include retirees and survivors

Next Steps

Next Steps

- Keenan recommends LACERS meet with each carrier to review the utilization data, including medical and prescription drug data.
 - Carriers should come prepared to provide recommendations to:
 - Stabilize prescription drug cost and medical cost
 - Explore how virtual care can be utilized more
 - Assist LACERS in the development of targeted communications comply with preventive screening and care
 - Enhance services to LACERS retirees and survivors

Abbreviations and Glossary

DOC – Days of care

DME – Durable medical equipment

IBNR – Incurred but not reported reserve; a reserve account

PMPM – per member per month; however, in LACERS's instance, this is per covered lives per month

PRPM – per retiree per month; however, in LACERS's instance, this is per subscriber per month

SNF – Skilled nursing facility

Claim Cost Loss Ratio – The claim cost of a particular line of coverage over a particular time frame divided by the premium for the same line of coverage for the same time frame.

Total Cost Loss Ratio – The total cost of a particular line of coverage over a particular time frame divided by the premium for the same line of coverage for the same time frame.

Total Cost – Claim cost plus the associated carrier retention/administration cost.

Capitation Fee – Applies to HMO coverage. A contracted and carrier-negotiated fee paid to providers and hospitals monthly for certain services eliminating the claim cost. Fee is based on covered lives selection of a primary care physician and hospital selection.

Accumulation of margin – For self-funded plans, if total premium equivalent is greater than total cost then an accumulation of margin is realized.

Pooling Point (Level) – In a fully insured program, the dollar value where individual claimants who have accumulated claims (within the plan year) exceeding the pooling point, the amount above is pooled and not counted towards the plan experience.

Pool Charge – The insurers charge for having a pooling point. Cost decreases as pooling point increases.

Retail Drug – A drug purchased at a local pharmacy (typically no more than a 30-day supply).

Mail Order Drug – A drug purchased through a mail order facility (typically a 3-month supply).

Generic Drug – A drug manufactured by more than one pharmacy drug manufacturer.

Brand Drug – A drug manufactured exclusively by one pharmacy drug manufacturer.

Formulary Drug – A drug the insurance carrier or PBM has a contractual relationship for price and terms.

Non-Formulary Drug – A drug the insurance carrier or PBM does not have a contractual relationship for price and terms.

Appendix

Anthem Blue Cross PPO – Monthly Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	1,129	1,131	1,128	1,130	1,128	1,124	1,124	1,125	1,122	1,114	1,112	1,111	1,123
Premium	\$ 1,860,628	\$ 1,814,276	\$ 1,866,099	\$ 1,862,521	\$ 1,858,170	\$ 1,861,388	\$ 1,821,047	\$ 1,841,486	\$ 1,814,584	\$ 1,711,991	\$ 1,827,790	\$ 1,801,604	\$ 21,941,583
Claims	\$ 1,421,517	\$ 1,833,269	\$ 2,263,725	\$ 1,794,121	\$ 1,660,117	\$ 2,034,756	\$ 2,057,021	\$ 1,849,682	\$ 1,675,005	\$ 1,656,985	\$ 1,678,221	\$ 1,909,030	\$ 21,833,449

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	1,171	1,167	1,158	1,156	1,151	1,149	1,136	1,148	1,136	1,128	1,127	1,116	1,145
Premium	\$ 1,754,882	\$ 1,692,089	\$ 1,744,940	\$ 2,108,314	\$ 1,686,712	\$ 1,709,265	\$ 1,707,153	\$ 1,671,232	\$ 1,695,575	\$ 1,659,083	\$ 1,655,430	\$ 1,661,268	\$ 20,745,944
Claims	\$ 1,840,032	\$ 2,766,281	\$ 1,839,089	\$ 2,006,882	\$ 1,464,351	\$ 2,132,921	\$ 1,475,008	\$ 1,637,073	\$ 3,063,186	\$ 1,506,651	\$ 1,824,581	\$ 1,799,501	\$ 23,355,556

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	4,444	4,478	4,511	4,560	4,593	4,632	4,638	4,651	4,667	4,665	4,665	4,664	4,597
Premium	\$ 2,547,104	\$ 2,555,240	\$ 2,623,606	\$ 2,670,443	\$ 2,680,457	\$ 2,504,220	\$ 2,515,410	\$ 2,757,753	\$ 2,722,205	\$ 2,719,113	\$ 2,699,934	\$ 2,689,995	\$ 31,685,480
Claims	\$ 1,603,152	\$ 1,880,616	\$ 3,596,490	\$ 1,779,559	\$ 2,155,724	\$ 2,275,273	\$ 2,392,084	\$ 1,931,490	\$ 2,235,864	\$ 1,787,648	\$ 2,357,095	\$ 2,895,331	\$ 26,890,328

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	4,296	4,305	4,318	4,323	4,329	4,335	4,332	4,336	4,343	4,360	4,358	4,385	4,335
Premium	\$ 2,265,680	\$ 2,420,272	\$ 2,296,023	\$ 2,403,328	\$ 2,389,747	\$ 2,395,109	\$ 2,383,253	\$ 2,371,051	\$ 2,375,524	\$ 2,384,085	\$ 1,935,065	\$ 2,375,936	\$ 27,995,073
Claims	\$ 1,644,027	\$ 1,897,820	\$ 2,059,820	\$ 2,132,592	\$ 1,270,737	\$ 2,310,895	\$ 1,745,715	\$ 1,586,525	\$ 2,450,826	\$ 1,952,561	\$ 1,762,414	\$ 2,399,341	\$ 23,213,273

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	4,102	4,117	4,124	4,153	4,171	4,189	4,199	4,207	4,226	4,237	4,242	4,249	4,185
Premium	\$ 2,325,037	\$ 2,171,193	\$ 1,755,650	\$ 2,191,037	\$ 2,243,473	\$ 2,272,895	\$ 2,186,785	\$ 2,255,384	\$ 2,259,094	\$ 2,291,792	\$ 2,279,137	\$ 2,273,182	\$ 26,504,659
Claims	\$ 1,434,756	\$ 1,251,569	\$ 1,655,633	\$ 1,890,888	\$ 1,879,563	\$ 2,085,488	\$ 1,817,724	\$ 2,034,197	\$ 1,888,351	\$ 1,982,553	\$ 2,425,792	\$ 2,134,554	\$ 22,481,068

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	3,964	3,963	3,979	4,012	4,029	4,061	4,081	4,115	4,145	4,168	4,182	4,196	4,075
Premium	\$ 2,108,087	\$ 2,213,117	\$ 2,047,322	\$ 2,219,356	\$ 2,226,618	\$ 2,143,259	\$ 2,277,232	\$ 2,270,932	\$ 2,314,606	\$ 2,315,659	\$ 2,329,326	\$ 2,294,064	\$ 26,759,578
Claims	\$ 1,437,361	\$ 1,504,362	\$ 2,045,506	\$ 1,447,687	\$ 1,942,384	\$ 2,016,506	\$ 1,952,469	\$ 1,889,571	\$ 1,412,122	\$ 2,757,743	\$ 1,850,689	\$ 1,862,627	\$ 22,119,027

Note: Subscribers include retirees and survivors

Anthem Blue Cross PPO –

Per Retiree Per Month Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	1,129	1,131	1,128	1,130	1,128	1,124	1,124	1,125	1,122	1,114	1,112	1,111	1,123
Premium	\$ 1,648.03	\$ 1,604.13	\$ 1,654.34	\$ 1,648.25	\$ 1,647.31	\$ 1,656.04	\$ 1,620.15	\$ 1,636.88	\$ 1,617.28	\$ 1,536.80	\$ 1,643.70	\$ 1,621.61	\$ 1,627.88
Claims	\$ 1,259.09	\$ 1,620.93	\$ 2,006.85	\$ 1,587.72	\$ 1,471.73	\$ 1,810.28	\$ 1,830.09	\$ 1,644.16	\$ 1,492.87	\$ 1,487.42	\$ 1,509.19	\$ 1,718.30	\$ 1,619.89

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	1,171	1,167	1,158	1,156	1,151	1,149	1,136	1,148	1,136	1,128	1,127	1,116	1,145
Premium	\$ 1,498.62	\$ 1,449.95	\$ 1,506.86	\$ 1,823.80	\$ 1,465.43	\$ 1,487.61	\$ 1,502.78	\$ 1,455.78	\$ 1,492.58	\$ 1,470.82	\$ 1,468.88	\$ 1,488.59	\$ 1,509.31
Claims	\$ 1,571.33	\$ 2,370.42	\$ 1,588.16	\$ 1,736.06	\$ 1,272.24	\$ 1,856.33	\$ 1,298.42	\$ 1,426.02	\$ 2,696.47	\$ 1,335.68	\$ 1,618.97	\$ 1,612.46	\$ 1,698.55

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	4,444	4,478	4,511	4,560	4,593	4,632	4,638	4,651	4,667	4,665	4,665	4,664	4,597
Premium	\$ 573.16	\$ 570.62	\$ 581.60	\$ 585.62	\$ 583.60	\$ 540.63	\$ 542.35	\$ 592.94	\$ 583.29	\$ 582.88	\$ 578.76	\$ 576.76	\$ 574.35
Claims	\$ 360.75	\$ 419.97	\$ 797.27	\$ 390.25	\$ 469.35	\$ 491.21	\$ 515.76	\$ 415.28	\$ 479.08	\$ 383.20	\$ 505.27	\$ 620.78	\$ 487.35

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	4,296	4,305	4,318	4,323	4,329	4,335	4,332	4,336	4,343	4,360	4,358	4,385	4,335
Premium	\$ 527.39	\$ 562.20	\$ 531.73	\$ 555.94	\$ 552.03	\$ 552.50	\$ 550.15	\$ 546.83	\$ 546.98	\$ 546.81	\$ 444.03	\$ 541.83	\$ 538.20
Claims	\$ 382.69	\$ 440.84	\$ 477.03	\$ 493.31	\$ 293.54	\$ 533.08	\$ 402.98	\$ 365.90	\$ 564.32	\$ 447.84	\$ 404.41	\$ 547.17	\$ 446.09

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	4,102	4,117	4,124	4,153	4,171	4,189	4,199	4,207	4,226	4,237	4,242	4,249	4,185
Premium	\$ 566.81	\$ 527.37	\$ 425.72	\$ 527.58	\$ 537.87	\$ 542.59	\$ 520.79	\$ 536.10	\$ 534.57	\$ 540.90	\$ 537.28	\$ 534.99	\$ 527.71
Claims	\$ 349.77	\$ 304.00	\$ 401.46	\$ 455.31	\$ 450.63	\$ 497.85	\$ 432.89	\$ 483.53	\$ 446.84	\$ 467.91	\$ 571.85	\$ 502.37	\$ 447.03

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	3,964	3,963	3,979	4,012	4,029	4,061	4,081	4,115	4,145	4,168	4,182	4,196	4,075
Premium	\$ 531.81	\$ 558.44	\$ 514.53	\$ 553.18	\$ 552.65	\$ 527.77	\$ 558.01	\$ 551.87	\$ 558.41	\$ 555.58	\$ 556.99	\$ 546.73	\$ 547.29
Claims	\$ 362.60	\$ 379.60	\$ 514.08	\$ 360.84	\$ 482.10	\$ 496.55	\$ 478.43	\$ 459.19	\$ 340.68	\$ 661.65	\$ 442.54	\$ 443.91	\$ 452.38

Note: Subscribers include retirees and survivors

Anthem Blue Cross HMO – Monthly Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	925	923	918	913	911	909	903	903	905	897	890	886	907
Premium	\$ 1,470,114	\$ 1,436,590	\$ 1,468,181	\$ 1,453,557	\$ 1,450,305	\$ 1,406,202	\$ 1,425,932	\$ 1,396,761	\$ 1,344,141	\$ 1,405,503	\$ 1,404,500	\$ 1,395,912	\$ 17,057,697
Claims	\$ 944,184	\$ 1,271,516	\$ 2,081,752	\$ 1,371,766	\$ 1,222,430	\$ 1,193,344	\$ 1,322,832	\$ 1,188,907	\$ 1,204,446	\$ 1,349,060	\$ 1,307,623	\$ 1,171,495	\$ 15,629,356

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	955	952	950	951	944	938	935	936	938	937	939	929	942
Premium	\$ 1,381,873	\$ 1,356,674	\$ 1,381,069	\$ 1,392,194	\$ 1,365,609	\$ 1,357,766	\$ 1,357,149	\$ 1,329,747	\$ 1,354,549	\$ 1,375,398	\$ 1,341,347	\$ 1,360,675	\$ 16,354,049
Claims	\$ 1,097,647	\$ 1,072,673	\$ 1,400,695	\$ 1,128,846	\$ 1,426,214	\$ 1,443,108	\$ 1,603,026	\$ 1,294,156	\$ 1,346,677	\$ 1,159,421	\$ 1,257,224	\$ 1,084,762	\$ 15,314,447

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	864	895	909	946	954	963	963	970	971	973	966	960	945
Premium	\$ 1,242,023	\$ 1,316,928	\$ 1,376,300	\$ 1,361,375	\$ 1,422,264	\$ 1,389,647	\$ 1,377,995	\$ 1,415,197	\$ 1,409,165	\$ 1,412,764	\$ 1,356,792	\$ 1,419,800	\$ 16,500,249
Claims	\$ 889,765	\$ 992,031	\$ 1,272,805	\$ 1,565,431	\$ 1,191,217	\$ 1,393,004	\$ 1,067,344	\$ 1,224,631	\$ 972,412	\$ 1,148,672	\$ 1,277,992	\$ 1,331,027	\$ 14,326,329

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	795	805	814	819	827	828	821	810	833	840	842	848	824
Premium	\$ 1,142,063	\$ 1,108,613	\$ 1,122,525	\$ 1,153,462	\$ 1,169,331	\$ 1,182,401	\$ 1,160,469	\$ 1,150,491	\$ 1,141,629	\$ 1,202,984	\$ 1,110,757	\$ 1,178,339	\$ 13,823,064
Claims	\$ 1,156,915	\$ 925,146	\$ 1,078,180	\$ 859,863	\$ 872,348	\$ 979,444	\$ 999,506	\$ 1,078,435	\$ 1,035,419	\$ 1,028,595	\$ 1,004,443	\$ 970,900	\$ 11,989,194

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	768	779	785	795	803	806	818	818	828	821	815	806	804
Premium	\$ 964,929	\$ 978,750	\$ 986,288	\$ 998,853	\$ 1,008,904	\$ 1,012,673	\$ 1,027,750	\$ 1,027,750	\$ 1,040,314	\$ 1,031,519	\$ 1,023,981	\$ 1,012,673	\$ 12,114,384
Claims	\$ 816,069	\$ 908,388	\$ 859,984	\$ 1,309,970	\$ 727,839	\$ 762,997	\$ 833,831	\$ 1,166,212	\$ 1,026,500	\$ 1,038,197	\$ 980,281	\$ 867,528	\$ 11,297,796

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	848	853	862	872	888	896	885	894	903	909	917	923	888
Premium	\$ 1,231,168	\$ 1,258,060	\$ 1,088,455	\$ 1,251,256	\$ 1,243,772	\$ 1,322,926	\$ 1,351,647	\$ 1,320,972	\$ 1,298,594	\$ 1,243,701	\$ 1,335,136	\$ 1,306,719	\$ 15,252,406
Claims	\$ 962,346	\$ 695,105	\$ 1,265,144	\$ 954,252	\$ 788,631	\$ 1,023,184	\$ 1,163,757	\$ 1,086,229	\$ 836,634	\$ 1,322,936	\$ 882,834	\$ 1,023,606	\$ 12,004,658

Note: Subscribers include retirees and survivors

Anthem Blue Cross HMO –

Per Retiree Per Month Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	925	923	918	913	911	909	903	903	905	897	890	886	907
Premium	\$ 1,589.31	\$ 1,556.44	\$ 1,599.33	\$ 1,592.07	\$ 1,591.99	\$ 1,546.98	\$ 1,579.11	\$ 1,546.80	\$ 1,485.24	\$ 1,566.89	\$ 1,578.09	\$ 1,575.52	\$ 1,567.31
Claims	\$ 1,020.74	\$ 1,377.59	\$ 2,267.70	\$ 1,502.48	\$ 1,341.86	\$ 1,312.81	\$ 1,464.93	\$ 1,316.62	\$ 1,330.88	\$ 1,503.97	\$ 1,469.24	\$ 1,322.23	\$ 1,435.92

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	955	952	950	951	944	938	935	936	938	937	939	929	942
Premium	\$ 1,446.99	\$ 1,425.08	\$ 1,453.76	\$ 1,463.93	\$ 1,446.62	\$ 1,447.51	\$ 1,451.50	\$ 1,420.67	\$ 1,444.08	\$ 1,467.87	\$ 1,428.48	\$ 1,464.67	\$ 1,446.76
Claims	\$ 1,149.37	\$ 1,126.76	\$ 1,474.42	\$ 1,187.01	\$ 1,510.82	\$ 1,538.49	\$ 1,714.47	\$ 1,382.65	\$ 1,435.69	\$ 1,237.38	\$ 1,338.90	\$ 1,167.67	\$ 1,355.30

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	864	895	909	946	954	963	963	970	971	973	966	960	945
Premium	\$ 1,437.53	\$ 1,471.43	\$ 1,514.08	\$ 1,439.09	\$ 1,490.84	\$ 1,443.04	\$ 1,430.94	\$ 1,458.97	\$ 1,451.25	\$ 1,451.97	\$ 1,404.55	\$ 1,478.96	\$ 1,456.05
Claims	\$ 1,029.82	\$ 1,108.41	\$ 1,400.23	\$ 1,654.79	\$ 1,248.66	\$ 1,446.53	\$ 1,108.35	\$ 1,262.51	\$ 1,001.45	\$ 1,180.55	\$ 1,322.97	\$ 1,386.49	\$ 1,262.56

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	795	805	814	819	827	828	821	810	833	840	842	848	824
Premium	\$ 1,436.56	\$ 1,377.16	\$ 1,379.02	\$ 1,408.38	\$ 1,413.94	\$ 1,428.02	\$ 1,413.48	\$ 1,420.36	\$ 1,370.50	\$ 1,432.12	\$ 1,319.19	\$ 1,389.55	\$ 1,399.02
Claims	\$ 1,455.24	\$ 1,149.25	\$ 1,324.55	\$ 1,049.89	\$ 1,054.83	\$ 1,182.90	\$ 1,217.43	\$ 1,331.40	\$ 1,243.00	\$ 1,224.52	\$ 1,192.93	\$ 1,144.93	\$ 1,214.24

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	768	779	785	795	803	806	818	818	828	821	815	806	804
Premium	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42	\$ 1,256.42
Claims	\$ 1,062.59	\$ 1,166.09	\$ 1,095.52	\$ 1,647.76	\$ 906.40	\$ 946.65	\$ 1,019.35	\$ 1,425.69	\$ 1,239.73	\$ 1,264.55	\$ 1,202.80	\$ 1,076.34	\$ 1,171.12

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	848	853	862	872	888	896	885	894	903	909	917	923	888
Premium	\$ 1,451.85	\$ 1,474.86	\$ 1,262.71	\$ 1,434.93	\$ 1,400.64	\$ 1,476.48	\$ 1,527.28	\$ 1,477.60	\$ 1,438.09	\$ 1,368.21	\$ 1,455.98	\$ 1,415.73	\$ 1,432.15
Claims	\$ 1,134.84	\$ 814.89	\$ 1,467.68	\$ 1,094.33	\$ 888.10	\$ 1,141.95	\$ 1,314.98	\$ 1,215.02	\$ 926.51	\$ 1,455.38	\$ 962.74	\$ 1,109.00	\$ 1,127.20

Note: Subscribers include retirees and survivors

Kaiser –

Monthly Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Members	4,551	4,548	4,503	4,461	4,433	4,392	4,371	4,367	4,356	4,295	4,245	4,198	4,393
Premium	\$ 3,979,376	\$ 3,976,753	\$ 3,937,405	\$ 3,900,681	\$ 3,876,197	\$ 3,840,347	\$ 3,821,985	\$ 3,818,487	\$ 3,808,869	\$ 3,755,531	\$ 3,711,811	\$ 3,670,714	\$ 46,098,157
Claims	\$ 3,781,417	\$ 5,262,442	\$ 4,130,477	\$ 4,314,653	\$ 4,410,497	\$ 3,620,781	\$ 3,620,780	\$ 3,264,479	\$ 4,426,237	\$ 4,389,361	\$ 3,918,130	\$ 3,957,095	\$ 49,096,349

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Members	4,950	4,937	4,943	4,902	4,857	4,812	4,786	4,780	4,720	4,674	4,622	4,564	4,796
Premium	\$ 4,092,383	\$ 4,081,635	\$ 4,086,596	\$ 4,052,699	\$ 4,015,496	\$ 3,978,292	\$ 3,956,797	\$ 3,951,836	\$ 3,902,232	\$ 3,864,201	\$ 3,821,211	\$ 3,773,260	\$ 47,576,637
Claims	\$ 5,475,452	\$ 3,603,309	\$ 4,900,078	\$ 4,018,715	\$ 3,948,354	\$ 2,887,342	\$ 3,257,813	\$ 4,979,118	\$ 3,499,588	\$ 4,136,434	\$ 4,539,621	\$ 3,639,442	\$ 48,885,266

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Members	4,433	4,559	4,670	4,816	4,993	5,064	5,093	5,093	5,064	5,051	5,023	5,000	4,905
Premium	\$ 3,458,862	\$ 3,557,173	\$ 3,643,782	\$ 3,757,698	\$ 3,895,803	\$ 3,951,201	\$ 3,973,829	\$ 3,973,829	\$ 3,951,201	\$ 3,941,058	\$ 3,919,211	\$ 3,901,265	\$ 45,924,911
Claims	\$ 3,074,838	\$ 2,941,216	\$ 5,381,766	\$ 2,082,575	\$ 3,890,047	\$ 3,788,463	\$ 3,604,256	\$ 4,941,464	\$ 4,204,794	\$ 3,090,321	\$ 4,074,584	\$ 5,846,170	\$ 46,920,494

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Members	4,049	4,109	4,151	4,141	4,155	4,175	4,091	4,091	4,216	4,277	4,432	4,267	4,180
Premium	\$ 3,078,835	\$ 3,124,459	\$ 3,156,395	\$ 3,148,792	\$ 3,159,437	\$ 3,174,645	\$ 3,110,772	\$ 3,110,772	\$ 3,205,821	\$ 3,252,205	\$ 3,370,066	\$ 3,244,601	\$ 38,136,800
Claims	\$ 2,788,400	\$ 2,882,476	\$ 3,010,833	\$ 2,039,703	\$ 1,909,878	\$ 1,777,659	\$ 3,481,047	\$ 2,999,856	\$ 2,900,728	\$ 3,890,059	\$ 3,368,998	\$ 5,330,295	\$ 36,379,932

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Members	4,056	4,051	4,089	4,139	4,145	4,158	4,170	4,158	4,167	4,122	4,097	4,061	4,118
Premium	\$ 3,126,819	\$ 3,122,965	\$ 3,152,259	\$ 3,190,805	\$ 3,195,430	\$ 3,205,452	\$ 3,214,703	\$ 3,205,452	\$ 3,212,390	\$ 3,177,699	\$ 3,158,426	\$ 3,130,674	\$ 38,093,074
Claims	\$ 2,773,098	\$ 2,198,082	\$ 2,482,638	\$ 2,548,366	\$ 2,544,412	\$ 2,363,768	\$ 3,435,651	\$ 3,050,397	\$ 2,354,707	\$ 2,993,508	\$ 5,214,113	\$ 2,787,655	\$ 34,746,395

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Members	3,800	3,780	3,864	4,011	3,985	3,990	4,029	4,060	4,161	4,126	4,168	4,178	4,013
Premium	\$ 3,051,362	\$ 3,035,302	\$ 3,102,753	\$ 3,220,793	\$ 3,199,915	\$ 3,203,930	\$ 3,235,247	\$ 3,260,139	\$ 3,341,241	\$ 3,313,137	\$ 3,346,862	\$ 3,354,892	\$ 38,665,574
Claims	\$ 2,688,477	\$ 2,283,585	\$ 2,019,194	\$ 2,140,224	\$ 2,283,457	\$ 2,993,169	\$ 3,232,660	\$ 2,296,956	\$ 2,828,420	\$ 3,071,918	\$ 2,150,606	\$ 2,397,282	\$ 30,385,948

Note: Members are covered lives

Kaiser –

Per Member Per Month Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Members	4,551	4,548	4,503	4,461	4,433	4,392	4,371	4,367	4,356	4,295	4,245	4,198	4,393
Premium	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40	\$ 874.40
Claims	\$ 830.90	\$ 1,157.09	\$ 917.27	\$ 967.19	\$ 994.92	\$ 824.40	\$ 828.36	\$ 747.53	\$ 1,016.12	\$ 1,021.97	\$ 923.00	\$ 942.61	\$ 931.27

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Members	4,950	4,937	4,943	4,902	4,857	4,812	4,786	4,780	4,720	4,674	4,622	4,564	4,796
Premium	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74	\$ 826.74
Claims	\$ 1,106.15	\$ 729.86	\$ 991.32	\$ 819.81	\$ 812.92	\$ 600.03	\$ 680.70	\$ 1,041.66	\$ 741.44	\$ 884.99	\$ 982.18	\$ 797.42	\$ 849.48

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Members	4,433	4,559	4,670	4,816	4,993	5,064	5,093	5,093	5,064	5,051	5,023	5,000	4,905
Premium	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25	\$ 780.25
Claims	\$ 693.62	\$ 645.14	\$ 1,152.41	\$ 432.43	\$ 779.10	\$ 748.12	\$ 707.69	\$ 970.25	\$ 830.33	\$ 611.82	\$ 811.19	\$ 1,169.23	\$ 797.17

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Members	4,049	4,109	4,151	4,141	4,155	4,175	4,091	4,091	4,216	4,277	4,432	4,267	4,180
Premium	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39	\$ 760.39
Claims	\$ 688.66	\$ 701.50	\$ 725.33	\$ 492.56	\$ 459.66	\$ 425.79	\$ 850.90	\$ 733.28	\$ 688.03	\$ 909.53	\$ 760.15	\$ 1,249.19	\$ 725.36

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Members	4,056	4,051	4,089	4,139	4,145	4,158	4,170	4,158	4,167	4,122	4,097	4,061	4,118
Premium	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91	\$ 770.91
Claims	\$ 683.70	\$ 542.60	\$ 607.15	\$ 615.70	\$ 613.85	\$ 568.49	\$ 823.90	\$ 733.62	\$ 565.08	\$ 726.23	\$ 1,272.67	\$ 686.45	\$ 703.18

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Members	3,800	3,780	3,864	4,011	3,985	3,990	4,029	4,060	4,161	4,126	4,168	4,178	4,013
Premium	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99	\$ 802.99
Claims	\$ 707.49	\$ 604.12	\$ 522.57	\$ 533.59	\$ 573.01	\$ 750.17	\$ 802.35	\$ 565.75	\$ 679.75	\$ 744.53	\$ 515.98	\$ 573.79	\$ 631.04

Note: Members are covered lives

Delta Dental – Monthly Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	14,161	14,164	14,171	14,150	14,138	14,129	14,129	14,166	14,184	14,189	14,173	14,132	14,157
Premium	\$ 1,004,385	\$ 1,004,573	\$ 1,004,600	\$ 1,003,038	\$ 1,001,450	\$ 1,000,341	\$ 999,607	\$ 1,001,937	\$ 1,002,426	\$ 1,002,004	\$ 1,000,401	\$ 996,791	\$ 12,021,554
Claims	\$ 745,582	\$ 969,407	\$ 1,171,507	\$ 888,418	\$ 824,968	\$ 1,047,390	\$ 737,598	\$ 1,014,120	\$ 750,572	\$ 792,776	\$ 923,962	\$ 776,058	\$ 10,642,358

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	13,928	13,953	13,961	13,957	13,956	13,966	13,971	13,991	13,993	13,990	13,989	13,972	13,969
Premium	\$ 991,612	\$ 992,650	\$ 992,461	\$ 991,176	\$ 990,235	\$ 990,641	\$ 990,661	\$ 992,121	\$ 991,450	\$ 991,031	\$ 990,347	\$ 988,004	\$ 11,892,388
Claims	\$ 690,889	\$ 931,991	\$ 1,109,723	\$ 835,246	\$ 903,689	\$ 924,011	\$ 702,167	\$ 761,069	\$ 930,776	\$ 742,825	\$ 768,306	\$ 876,130	\$ 10,176,822

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	12,923	13,074	13,196	13,385	13,548	13,651	13,692	13,722	13,758	13,756	13,747	13,746	13,517
Premium	\$ 914,372	\$ 926,913	\$ 936,653	\$ 951,408	\$ 964,791	\$ 972,472	\$ 975,831	\$ 978,175	\$ 980,806	\$ 980,156	\$ 978,962	\$ 977,976	\$ 11,538,515
Claims	\$ 652,127	\$ 704,101	\$ 740,992	\$ 947,377	\$ 732,683	\$ 688,654	\$ 840,385	\$ 676,516	\$ 841,246	\$ 635,531	\$ 621,601	\$ 823,717	\$ 8,904,930

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	12,324	12,372	12,439	12,445	12,469	12,454	12,452	12,447	12,524	12,595	12,652	12,710	12,490
Premium	\$ 870,198	\$ 873,660	\$ 878,822	\$ 879,340	\$ 881,352	\$ 879,801	\$ 879,397	\$ 878,669	\$ 885,061	\$ 889,347	\$ 893,133	\$ 897,668	\$ 10,586,448
Claims	\$ 905,378	\$ 870,292	\$ 689,302	\$ 221,127	\$ 149,923	\$ 448,055	\$ 660,701	\$ 552,036	\$ 589,843	\$ 756,617	\$ 526,483	\$ 680,862	\$ 7,050,619

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	11,822	11,836	11,880	11,968	11,995	12,033	12,072	12,096	12,140	12,163	12,174	12,174	12,029
Premium	\$ 835,516	\$ 835,668	\$ 838,960	\$ 845,985	\$ 847,141	\$ 849,845	\$ 852,544	\$ 853,519	\$ 856,900	\$ 857,636	\$ 857,152	\$ 854,954	\$ 10,185,820
Claims	\$ 545,725	\$ 737,068	\$ 700,291	\$ 642,973	\$ 781,973	\$ 610,363	\$ 568,691	\$ 737,173	\$ 597,225	\$ 731,619	\$ 572,951	\$ 537,709	\$ 7,763,760

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	11,351	11,391	11,419	11,462	11,525	11,558	11,586	11,633	11,685	11,710	11,697	11,688	11,559
Premium	\$ 773,262	\$ 772,317	\$ 772,477	\$ 776,696	\$ 780,075	\$ 792,008	\$ 788,684	\$ 789,959	\$ 795,379	\$ 799,546	\$ 802,303	\$ 798,124	\$ 9,440,830
Claims	\$ 918,160	\$ 720,511	\$ 736,277	\$ 689,322	\$ 714,306	\$ 613,328	\$ 563,379	\$ 641,636	\$ 555,328	\$ 621,293	\$ 544,463	\$ 566,352	\$ 7,884,355

Note: Subscribers include retirees and survivors

Delta Dental –

Per Retiree Per Month Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	14,161	14,164	14,171	14,150	14,138	14,129	14,129	14,166	14,184	14,189	14,173	14,132	14,157
Premium	\$ 70.93	\$ 70.92	\$ 70.89	\$ 70.89	\$ 70.83	\$ 70.80	\$ 70.75	\$ 70.73	\$ 70.67	\$ 70.62	\$ 70.59	\$ 70.53	\$ 70.76
Claims	\$ 52.65	\$ 68.44	\$ 82.67	\$ 62.79	\$ 58.35	\$ 74.13	\$ 52.20	\$ 71.59	\$ 52.92	\$ 55.87	\$ 65.19	\$ 54.91	\$ 62.64

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	13,928	13,953	13,961	13,957	13,956	13,966	13,971	13,991	13,993	13,990	13,989	13,972	13,969
Premium	\$ 71.20	\$ 71.14	\$ 71.09	\$ 71.02	\$ 70.95	\$ 70.93	\$ 70.91	\$ 70.91	\$ 70.85	\$ 70.84	\$ 70.79	\$ 70.71	\$ 70.95
Claims	\$ 49.60	\$ 66.80	\$ 79.49	\$ 59.84	\$ 64.75	\$ 66.16	\$ 50.26	\$ 54.40	\$ 66.52	\$ 53.10	\$ 54.92	\$ 62.71	\$ 60.71

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	12,923	13,074	13,196	13,385	13,548	13,651	13,692	13,722	13,758	13,756	13,747	13,746	13,517
Premium	\$ 70.76	\$ 70.90	\$ 70.98	\$ 71.08	\$ 71.21	\$ 71.24	\$ 71.27	\$ 71.29	\$ 71.29	\$ 71.25	\$ 71.21	\$ 71.15	\$ 71.14
Claims	\$ 50.46	\$ 53.86	\$ 56.15	\$ 70.78	\$ 54.08	\$ 50.45	\$ 61.38	\$ 49.30	\$ 61.15	\$ 46.20	\$ 45.22	\$ 59.92	\$ 54.90

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	12,324	12,372	12,439	12,445	12,469	12,454	12,452	12,447	12,524	12,595	12,652	12,710	12,490
Premium	\$ 70.61	\$ 70.62	\$ 70.65	\$ 70.66	\$ 70.68	\$ 70.64	\$ 70.62	\$ 70.59	\$ 70.67	\$ 70.61	\$ 70.59	\$ 70.63	\$ 70.63
Claims	\$ 73.46	\$ 70.34	\$ 55.41	\$ 17.77	\$ 12.02	\$ 35.98	\$ 53.06	\$ 44.35	\$ 47.10	\$ 60.07	\$ 41.61	\$ 53.57	\$ 47.04

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	11,822	11,836	11,880	11,968	11,995	12,033	12,072	12,096	12,140	12,163	12,174	12,174	12,029
Premium	\$ 70.67	\$ 70.60	\$ 70.62	\$ 70.69	\$ 70.62	\$ 70.63	\$ 70.62	\$ 70.56	\$ 70.58	\$ 70.51	\$ 70.41	\$ 70.23	\$ 70.56
Claims	\$ 46.16	\$ 62.27	\$ 58.95	\$ 53.72	\$ 65.19	\$ 50.72	\$ 47.11	\$ 60.94	\$ 49.19	\$ 60.15	\$ 47.06	\$ 44.17	\$ 53.79

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	11,351	11,391	11,419	11,462	11,525	11,558	11,586	11,633	11,685	11,710	11,697	11,688	11,559
Premium	\$ 68.12	\$ 67.80	\$ 67.65	\$ 67.76	\$ 67.69	\$ 68.52	\$ 68.07	\$ 67.91	\$ 68.07	\$ 68.28	\$ 68.59	\$ 68.29	\$ 68.06
Claims	\$ 80.89	\$ 63.25	\$ 64.48	\$ 60.14	\$ 61.98	\$ 53.07	\$ 48.63	\$ 55.16	\$ 47.52	\$ 53.06	\$ 46.55	\$ 48.46	\$ 56.84

Note: Subscribers include retirees and survivors

Anthem Blue View Vision – Monthly Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	7,067	7,077	7,082	7,086	7,101	7,100	7,105	7,119	7,133	7,134	7,129	7,126	7,105
Premium	\$ 7.23	\$ 8.32	\$ 5.11	\$ 8.23	\$ 7.63	\$ 8.98	\$ 6.92	\$ 9.08	\$ 7.30	\$ 7.68	\$ 9.60	\$ 6.03	\$ 7.68
Claims	\$ 7.61	\$ 4.50	\$ 7.56	\$ 6.96	\$ 8.23	\$ 6.25	\$ 8.41	\$ 6.66	\$ 6.99	\$ 8.92	\$ 5.36	\$ 8.83	\$ 7.19

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	6,947	6,927	6,931	6,943	6,956	6,955	6,967	7,001	7,007	6,996	7,013	7,011	6,971
Premium	\$ 10.41	\$ 10.43	\$ 10.51	\$ 10.44	\$ 10.52	\$ 10.47	\$ 10.53	\$ 10.51	\$ 10.48	\$ 10.51	\$ 10.42	\$ 10.46	\$ 10.47
Claims	\$ 8.44	\$ 6.19	\$ 6.45	\$ 6.39	\$ 6.90	\$ 6.39	\$ 6.79	\$ 7.64	\$ 8.21	\$ 8.49	\$ 7.10	\$ 6.61	\$ 7.14

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	6,533	6,593	6,652	6,740	6,797	6,852	6,860	6,885	6,905	6,909	6,904	6,917	6,796
Premium	\$ 10.41	\$ 10.43	\$ 10.51	\$ 10.44	\$ 10.52	\$ 10.47	\$ 10.53	\$ 10.51	\$ 10.48	\$ 10.51	\$ 10.42	\$ 10.46	\$ 10.47
Claims	\$ 5.91	\$ 5.03	\$ 9.29	\$ 7.05	\$ 8.21	\$ 7.29	\$ 8.26	\$ 10.06	\$ 7.62	\$ 8.24	\$ 10.29	\$ 7.43	\$ 7.91

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	6,270	6,291	6,310	6,324	6,344	6,357	6,350	6,344	6,381	6,419	6,422	6,455	6,356
Premium	\$ 10.42	\$ 10.43	\$ 10.35	\$ 10.56	\$ 10.45	\$ 10.28	\$ 10.43	\$ 10.43	\$ 10.35	\$ 10.45	\$ 10.48	\$ 10.38	\$ 10.42
Claims	\$ 8.21	\$ 6.49	\$ 7.78	\$ (0.03)	\$ 1.04	\$ 5.32	\$ 5.86	\$ 8.55	\$ 4.73	\$ 8.51	\$ 9.58	\$ 7.51	\$ 6.13

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	7,944	8,063	7,931	7,893	7,925	7,962	6,182	6,198	6,226	6,236	6,250	6,253	7,089
Premium	\$ 7.66	\$ 7.64	\$ 8.21	\$ 7.96	\$ 6.45	\$ 6.83	\$ 9.87	\$ 9.85	\$ 9.99	\$ 9.95	\$ 9.82	\$ 9.86	\$ 8.53
Claims	\$ 4.56	\$ 6.69	\$ 6.46	\$ 7.77	\$ 7.64	\$ 6.91	\$ 9.56	\$ 9.64	\$ 10.82	\$ 10.71	\$ 10.02	\$ 7.59	\$ 8.01

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	7,457	7,451	7,477	7,537	7,564	7,616	7,654	7,700	7,759	7,805	7,825	7,846	7,641
Premium	\$ 7.41	\$ 7.46	\$ 7.38	\$ 7.41	\$ 7.41	\$ 7.43	\$ 7.43	\$ 7.37	\$ 7.36	\$ 7.41	\$ 7.46	\$ 7.35	\$ 7.41
Claims	\$ 7.63	\$ 5.55	\$ 8.05	\$ 8.13	\$ 7.30	\$ 6.63	\$ 8.21	\$ 7.22	\$ 6.46	\$ 9.50	\$ 7.86	\$ 7.05	\$ 7.47

Note: Subscribers include retirees and survivors

Anthem Blue View Vision –

Per Retiree Per Month Premium and Claims Summary

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Subscribers	7,067	7,077	7,082	7,086	7,101	7,100	7,105	7,119	7,133	7,134	7,129	7,126	7,105
Premium	\$ 51,073	\$ 58,850	\$ 36,177	\$ 58,298	\$ 54,173	\$ 63,780	\$ 49,144	\$ 64,672	\$ 52,062	\$ 54,774	\$ 68,404	\$ 42,985	\$ 654,392
Claims	\$ 53,789	\$ 31,881	\$ 53,549	\$ 49,327	\$ 58,415	\$ 44,405	\$ 59,734	\$ 47,432	\$ 49,850	\$ 63,623	\$ 38,218	\$ 62,947	\$ 613,170

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Subscribers	6,947	6,927	6,931	6,943	6,956	6,955	6,967	7,001	7,007	6,996	7,013	7,011	6,971
Premium	\$ 72,317	\$ 72,248	\$ 72,853	\$ 72,516	\$ 73,151	\$ 72,792	\$ 73,344	\$ 73,600	\$ 73,451	\$ 73,512	\$ 73,097	\$ 73,341	\$ 876,222
Claims	\$ 58,621	\$ 42,889	\$ 44,718	\$ 44,395	\$ 48,022	\$ 44,448	\$ 47,310	\$ 53,478	\$ 57,541	\$ 59,364	\$ 49,823	\$ 46,335	\$ 596,944

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Subscribers	6,533	6,593	6,652	6,740	6,797	6,852	6,860	6,885	6,905	6,909	6,904	6,917	6,796
Premium	\$ 68,007	\$ 68,764	\$ 69,920	\$ 70,396	\$ 71,479	\$ 71,714	\$ 72,218	\$ 72,381	\$ 72,382	\$ 72,598	\$ 71,961	\$ 72,358	\$ 854,178
Claims	\$ 38,601	\$ 33,167	\$ 61,771	\$ 47,527	\$ 55,810	\$ 49,973	\$ 56,695	\$ 69,239	\$ 52,626	\$ 56,940	\$ 71,050	\$ 51,384	\$ 644,783

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Subscribers	6,270	6,291	6,310	6,324	6,344	6,357	6,350	6,344	6,381	6,419	6,422	6,455	6,356
Premium	\$ 65,308	\$ 65,642	\$ 65,313	\$ 66,763	\$ 66,290	\$ 65,367	\$ 66,242	\$ 66,181	\$ 66,070	\$ 67,073	\$ 67,308	\$ 66,977	\$ 794,534
Claims	\$ 51,501	\$ 40,810	\$ 49,109	\$ (217)	\$ 6,583	\$ 33,848	\$ 37,211	\$ 54,239	\$ 30,164	\$ 54,650	\$ 61,519	\$ 48,495	\$ 467,912

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Subscribers	7,944	8,063	7,931	7,893	7,925	7,962	6,182	6,198	6,226	6,236	6,250	6,253	7,089
Premium	\$ 60,838	\$ 61,619	\$ 65,102	\$ 62,860	\$ 51,129	\$ 54,377	\$ 61,004	\$ 61,048	\$ 62,204	\$ 62,050	\$ 61,361	\$ 61,674	\$ 725,266
Claims	\$ 36,187	\$ 53,941	\$ 51,231	\$ 61,364	\$ 60,561	\$ 55,016	\$ 59,086	\$ 59,749	\$ 67,363	\$ 66,775	\$ 62,624	\$ 47,477	\$ 681,374

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Subscribers	7,457	7,451	7,477	7,537	7,564	7,616	7,654	7,700	7,759	7,805	7,825	7,846	7,641
Premium	\$ 55,258	\$ 55,573	\$ 55,193	\$ 55,883	\$ 56,013	\$ 56,575	\$ 56,861	\$ 56,775	\$ 57,126	\$ 57,846	\$ 58,359	\$ 57,637	\$ 679,099
Claims	\$ 56,894	\$ 41,383	\$ 60,183	\$ 61,270	\$ 55,218	\$ 50,458	\$ 62,857	\$ 55,571	\$ 50,096	\$ 74,149	\$ 61,492	\$ 55,320	\$ 684,891

Note: Subscribers include retirees and survivors

Acknowledgement

Keenan & Associates would like to thank Ms. Dale Wong-Nguyen, Ms. Karen Freire, the LACERS Health Benefits Administration staff and LACERS' vendor partners for providing the necessary data. Their cooperation and guidance have been extremely valuable.

Questions and Answers

Keenan

March 19, 2024

Ms. Karen Freire
Chief Benefits Analyst
Health, Wellness, and Buyback Division
Los Angeles City Employees' Retirement System (LACERS)
P.O. Box 512218 Los Angeles, CA 90051-0218
977 N Broadway, Los Angeles, CA 90012 | MS175
Los Angeles City Employees' Retirement System

RE: Healthcare Trends and Cost Management for Retiree Plans in 2024

Hello Karen:

With the imminent renewals from your carrier partners pending, we wanted to provide you with an overview of healthcare trends in the marketplace and cost management. This memo spotlights the significant impact of technological advancements, such as telemedicine, and the growing importance of mental and behavioral health, personalized medicine, the strategic use of off-label drugs and increasing pharmacy costs. Additionally, we address the economic challenges posed by inflation and the effects of legislation (enacted and pending) on healthcare costs.

Introduction

Today's healthcare sector is experiencing a period of intense transformation, driven by swift technological progress and shifts in care delivery models. Health plans, especially those in partnerships with closed-model health systems like Kaiser and Anthem HMO programs, face the dual challenge of adapting to these changes while effectively managing healthcare benefits and costs for the changing needs of the populations they serve.

As we navigate through an age where healthcare costs rise alongside technological and patient care advancements, employers must reassess their healthcare strategies. By providing a comprehensive overview of current healthcare trends and their implications for cost management, we hope you will gain some insights that can help LACERS set program priorities and balance high-quality care with financially efficient programs.

Telemedicine and Technological Advancements

Telemedicine has revolutionized healthcare delivery, providing accessible and efficient medical care, especially in remote or underserved areas. With increasing patient demands for care, health systems can provide more access by partnering with Telehealth providers. Not only can telehealth firms provide basic physician and/or nurse consultations for common health issues, but they are expanding the services offered under telemedicine to including musculoskeletal conditions and mental health / substance abuse counseling.

The integration of health Artificial Intelligence (AI) and machine learning into healthcare enables predictive analytics, enhancing early disease diagnosis and treatment accuracy. Cell phones are the latest health tool for tracking diet, moods, heart rate, height, weight, and other personal information that can easily be monitored and shared with one's personal physician. This shift towards more personalized, patient-centric care has also facilitated remote monitoring, improving patient engagement and continuous care for chronic conditions, thereby reducing hospital readmissions and associated costs.

Moreover, the proliferation of health apps and wearable devices has allowed for real-time health monitoring of healthy habits and activities, which empowers patients to manage their health proactively. For example, apps that monitor sleep will track breathing, snoring, and even the impact of sounds and loud noises within a specified environment. These technological advancements have not only improved patient outcomes but have also streamlined healthcare processes, making them more efficient and cost-effective. The continued evolution of digital healthcare promises to introduce innovative solutions that further enhance care quality and accessibility.

Mental and Behavioral Health Focus

The increasing emphasis on mental and behavioral health in the workplace reflects a broader understanding of its impact on overall employee productivity and organizational health.

It is estimated that 1 in 5 Americans were already struggling with mental health before the COVID-19 pandemic, which only exacerbated demand for mental health services. Across the country, rates of depression among adults hit a high in 2023, suicides hit an all-time high in 2022, and emergency department visits for children's mental health conditions have surged over the past several years. This is also consistent with what we see in LACERS' medical utilization for both Kaiser and Anthem.

In response, employers are expanding mental health benefits and creating comprehensive programs to support employee well-being, recognizing the importance of early intervention and ongoing support. This shift towards a more integrated approach to mental health is fostering environments where employees feel supported in managing stress, anxiety, and other areas of mental health.

The expansion of mental and behavioral health services also signifies a societal shift towards recognizing the importance of mental well-being. The increase in utilization of mental health benefits, has led to greater investments in mental health initiatives that contribute to a more resilient and productive retirement.

Personalized Medicine and Innovative Treatments

The move towards personalized medicine, with its emphasis on genetic, environmental, and lifestyle factors, represents a significant shift in healthcare, offering more effective and efficient treatment options. The exploration of off-label drug use within this personalized framework has the potential to expand treatment options for a variety of conditions, offering new hope for patients with limited conventional therapies.

Advancements in fields like gene therapy and regenerative medicine are part of this trend, providing potential cures for previously untreatable diseases. These innovations in personalized medicine not only promise to improve patient care but also to reduce long-term healthcare costs, highlighting the need for healthcare systems to adapt to these evolving treatment modalities.

Chronic Disease and Value-Based Care Approaches

Chronic disease management is moving towards a more proactive and preventive model, with value-based care at the forefront, emphasizing health outcomes over service volume. This approach encourages healthcare providers to focus on early intervention, regular monitoring, and personalized care plans that aim to improve long-term health outcomes and reduce overall healthcare costs.

The integration of technology, such as telehealth and remote monitoring, supports these care models by providing continuous care and management for chronic conditions. Health plans are recognizing the benefits of these models, which can lead to lower healthcare costs and improved retiree health, underscoring the shift towards more sustainable and efficient healthcare delivery systems.

Economic Considerations and Cost Management

The economic landscape, characterized by inflation and rising healthcare costs, is compelling employers and healthcare providers to explore innovative cost management strategies. The focus on cost-effective healthcare delivery models, like telemedicine and value-based care, is growing, aiming to reduce unnecessary expenditures while maintaining high standards of care.

Inflation

Inflation and its ramifications across the healthcare landscape are the main factors driving spending in 2024.

Inflationary impacts on healthcare providers:

- Hospitals and physicians are expected to seek higher rate increases (potentially also at a higher frequency) in contract negotiations.
- Workforce shortages and physician consolidation can further amplify the effect.
- Provider “burnout” and increased patient demand are expected to keep the pressure up on clinical workforces across the industry.

Increasing cost of pharmaceuticals:

- Plans are experiencing inflationary pressure from the rising median price of new drugs, as well as the increasing price of existing drugs.
- The rising cost of prescription drugs are driven by numerous factors, including the introduction of high-priced specialty medications, increasing prices of generic drugs, the complex dynamics of drug pricing negotiations, and the accelerated approvals of new cell and gene therapies – pharmacy trends are not expected to slow in 2024.
- Pharmacy Benefit Managers (PBMs) are at the center of this trend, as they play a pivotal role in negotiating drug prices and managing prescription drug utilization. Groups are particularly

concerned about these trends, as they directly affect the sustainability of their healthcare plans and financial well-being of their employees.

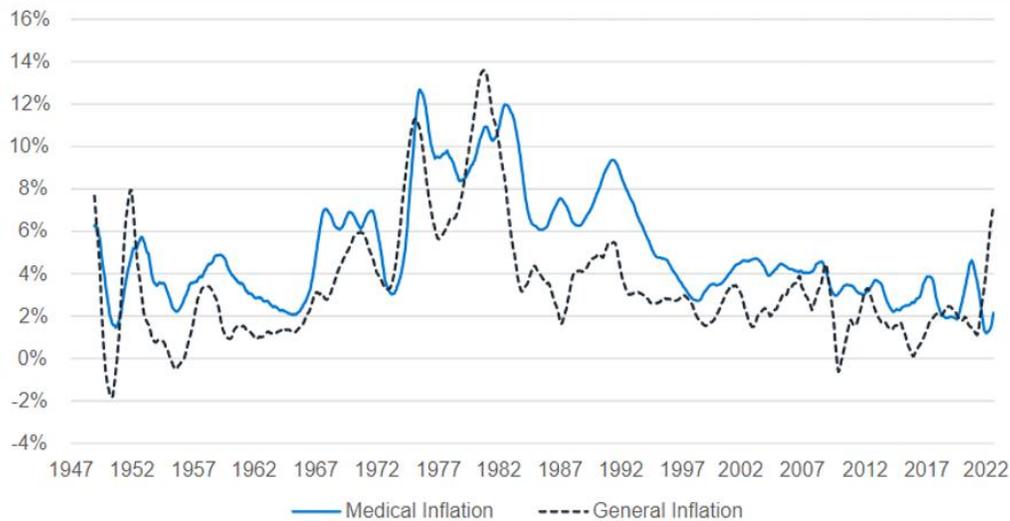
- Under Medicare Part D, the cost of insulin for diabetics cannot exceed \$35 for a one-month supply.

Medicare Part B and D Prescription Drugs

For the first time, Medicare will be able to negotiate directly with manufacturers for the price of certain high-spending brand-name Medicare Part B and Part D drugs that don't have competition.

- The first 10 drugs selected for negotiation are:
 - Eliquis
 - Jardiance
 - Xarelto
 - Januvia
 - Farxiga
 - Entresto
 - Enbrel
 - Imbruvica
 - Stelara
 - Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill
- Negotiated prices for these first 10 drugs will be effective in 2026.
- In the future, Medicare will select and negotiate costs for:
 - 15 Part D drugs in 2025 (effective in 2027).
 - 15 Part B and Part D drugs in 2026 (effective in 2028).
 - 20 Part B and Part D drugs in 2027 (effective in 2029).
 - 20 Part B and Part D drugs in 2028 and every year after.
- Manufacturers that don't follow the negotiation requirements will have to pay a tax and will have to pay penalties if they don't fulfill other manufacturer requirements.

Annual medical vs general inflation



Groups are considering alternative funding arrangements, leveraging data analytics, and AI to:

- optimize healthcare spending,
- identifying cost-saving opportunities, and
- make informed decisions regarding health benefits.

The financial sustainability of healthcare plans is becoming increasingly important, driving a strategic approach to benefit design and healthcare management.

Enacted and Pending Legislation

Much like economic factors, healthcare plans are dealing with the ever-changing landscape of compliance with enacted legislation and preparing for pending legislation both on that national stage and for those specific to California. Healthcare plans and employers alike are hard-pressed to stay in front of notice and reporting requirements that have come with recently passed legislation. A few notable ones include:

- CAA 2021 Prohibition on Gag Clauses and Attestation Requirement - Under CAA 2021, group health plans are prohibited from entering a contract that would preclude the plan from:
 - disclosing provider-specific cost or quality-of-care information or data through a consumer-engagement tool or other means, to referring providers, the plan sponsor, enrollees, or individuals eligible to become enrollees;

- electronically accessing de-identified claims information (in accordance with HIPAA, GINA and the ADEA); and
- sharing this information with a business associate.

These rules apply to all plans — self-funded or fully insured, large or small group. They also require plans to annually attest to the federal government that they are in compliance.

- Mental Health Parity - Mental health parity continues to be a high priority for the regulatory agencies tasked with enforcing the law. On July 25, 2023, the U.S. Department of Labor (DOL), U.S. Department of Health and Human Services (HHS), and the U.S. Department of Treasury (together, the three agencies) issued proposed updates to regulations under the Mental Health Parity and Addiction Equity Act (MHPAEA) and a technical release outlining a potential approach to determining the types of data that plans will have to compile to demonstrate MHPAEA compliance for non-quantitative treatment limitations (NQTLs). Concurrently, the three agencies released a report to Congress and a [Fact Sheet](#) summarizing recent MHPAEA enforcement efforts.
- AB 2200 California Guaranteed Health Care for All Act – PENDING Otherwise known as Single-Payer Health Care has been introduced yet again and would enact a framework of governance, benefits, program standards, and health care cost controls. There are a lot of layers to this concept and a lot to ‘unpack’ should this move forward. However, the proposed legislation is looking to eliminate out of pocket costs for plans, eliminate ‘networks’, and reduce Prescription drug costs. The Healthy California for All Commission estimates a single-payer healthcare system would cost the State over \$500 billion annually.
- Updated COVID-19 Vaccines Approved - On September 11, 2023, the Food and Drug Administration (FDA) approved updated COVID-19 vaccines manufactured by Pfizer and Moderna. One day later, the Center for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) recommended the new versions for everyone older than one year.

Under the ACA, the vaccine and its administration will continue to be provided at no cost to people enrolled in non-grandfathered plans who are vaccinated by an in-network provider. However, the vaccines are no longer free to plans. The Pfizer vaccine costs plans \$115 per dose and the Moderna vaccine costs \$128 per dose.

- California AB 2028 PENDING – Introduced in 2024, California AB 2028 would require a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental service plan to comply with a minimum MLR of 85% and provide a specified rebate to an enrollee or insured.

Conclusion

Groups must proactively engage with health plan providers, advocate for comprehensive healthcare solutions, and emphasize preventive and holistic care. Utilizing data and technology will inform healthcare benefits decisions, while educating retirees about their healthcare options will foster better health outcomes and cost savings. This engagement is crucial for crafting healthcare benefits that are not only cost-effective but also responsive to the changing healthcare landscape and employee expectations. Additionally, fostering a culture of health within the organization can amplify the benefits of any healthcare strategy, leading to a healthier, more engaged, and productive workforce.

Managing pharmacy costs remains a significant challenge for employers in 2024 and beyond. By understanding the role of Pharmacy Benefit Managers (PBMs) and the trends in pharmacy spending, employers can develop more effective strategies to control costs while ensuring that employees have access to necessary medications.

We are seeing groups employ a variety of strategies to help mitigate the higher cost healthcare environment. These include, but are not limited to, the following: introduction of consumer driven health plans or high deductible health plans (HDHPs); participating contract arrangements; exploration and use of Captives; pharmacy 'carve outs'; stronger positioning and emphasis on mental health and employee assistance plan; incentivized waivers; incentivized premium structures; use of Health Reimbursement Accounts (HRA) and/or Health Savings Accounts (HSAs); and plan and claims audits (self-funded plans). On the carrier side, we are seeing the shift to virtual care delivery, telehealth/telemedicine which was accelerated during the COVID-19 pandemic; reimaged wellness programs; and a '360' approach to Chronic Condition management and programs.

By staying informed and adaptable, groups can navigate the complexities of healthcare management, ensuring that their strategies are sustainable and aligned with both their business objectives and their employees' well-being. In doing so, they not only enhance the health and satisfaction of their workforce but also position their organizations for long-term success in an ever-changing healthcare environment.

As a matter of perspective, we are including a copy of our quarterly Benefits trends report for 2nd Quarter of 2024. This provides a multi-carrier, vertical, and geographic look at the renewals that are coming in for Medical, Dental, and Vision plans across the state of California.

Sincerely,

Bordan Darm
Vice President

Attachment: 2nd Quarter Benefit Trend Report

Keenan

Keenan

Insurance Trends Report
2nd Quarter 2024 (Apr - Jun)

CARRIER TREND

CARRIER	HMO		PPO		POS		Prescription Drugs		Dental		Vision
	North	South	North	South	North	South	Rx-PPO	Rx-HMO	PPO	DHMO	
Aetna	7.90%	7.20%	7.90%	7.20%	7.90%	7.20%	9.50%	9.50%	4.5%	3.5%	2.5%
Anthem	6.3%		9.6%		9.7%		13.9%	13.6%	3.0%	3.0%	3.0%
Blue Shield	6.40%		8.00%		6.40%		8% - 9%				
Cigna	8.0%		8.0%		8.0%		8.4%		5.0%	4.0%	3.0%
Health Net	8.3%		10.4%		9.4%		11.0%		4.0%	3.5%	4.5%
Kaiser ^{1,2,3}	North 13.5% - 15.5%	South 10.5% - 12.5%					North 8.6%	South 8.6%			
Sutter Health Plus ²	North 6.8%						North 6.8%				
Western Health Advantage ²	North 7.0%						North 15.0%				
Delta Dental									Premier 4.0% -5.0%	PPO 5.0%	
VSP ²											5.0%
EYEMED ²											2.0 -3.0%
Express Scripts & Empi/Rx							Schools 12.5%	HealthCare 10.9%			

KEENAN'S SELF INSURED TREND

CARRIER	HMO - N/A	PPO	POS	PRESCRIPTION DRUGS	Dental	Vision
Anthem		Schools/Munis: 9.0% - 10.0% HealthCare: 6.8% - 7.6%		Schools/Munis: 9.0% - 10.0% HealthCare: 9.9%	Schools/Munis: 4.0% - 5.0% HealthCare: 4.5% - 5.0%	Schools/Munis: 3.5% HealthCare 2.8%
Blue Shield		Schools/Munis: 9.0% - 10.0% HealthCare: 6.8% - 7.6%		Schools/Munis: 9.0% - 10.0% HealthCare: 9.9%	Schools/Munis: 4.0% - 5.0% HealthCare: 4.5% - 5.0%	Schools/Munis: 3.5% HealthCare 2.8%
Cigna		Schools/Munis: 9.0% - 10.0% HealthCare: 6.8% - 7.6%		Schools/Munis: 9.0% - 10.0% HealthCare: 9.9%	Schools/Munis: 4.0% - 5.0% HealthCare: 4.5% - 5.0%	Schools/Munis: 3.5% HealthCare 2.8%
Health Net					Schools/Munis: 4.0% - 5.0% HealthCare: 4.5% - 5.0%	Schools/Munis: 3.5% HealthCare 2.8%
Delta Dental					Schools/Munis: 5.0% HealthCare: 4.5% - 5.0%	
VSP						Schools/Munis: 3.5% HealthCare 2.8%
EYEMED						Schools/Munis: 3.5% HealthCare 2.8%

Trends are applicable for North and South except where noted.

¹ Kaiser's numbers represent the Average Commercial Rate (ACR) Increases for 2024 not the medical or pharmacy trends. The organizational goal is for most commercial groups to have an ACR in these ranges. It's important to note that not every group will see the average increase. Group specific increases vary based on claims experience, benefit plan, demographic profile and change of the group, renewal month, number of enrolled members and other factors.

² Trends are set annually for these carriers not quarterly.

³ Kaiser's quarterly trend data is a blended Cap & Non-Cap trend. However, on the renewal calculation exhibits only Non-Cap Trend is used, so trend factors may differ.

Note: Trends above are not for small groups. Those trends may vary. - Trends above apply to all industries (Schools, HealthCare and Municipalities)

Note: UHC has decided not to participate in our trend report.. If their position changes we will add them to the report.