2026 Strategic Insights

Lyon County School District

November 16, 2026

Anthem



Today's Attendees

Client

Lyon County School District

Consultants

Kevin Monaghan,
Producer, LP Insurance Services

Becky Stidham,
Account Executive, LP Insurance

Anthem

Luisa Carmona,
Strategic Account Consultant

Gilbert Soto,
Health Information Manager

Jim Thorne,
Account Service Manager, Sr.

Meghan Sanders,
Pharmacist Program Manager

Agenda

Updates & Priorities

Executive Summary – What is the Data Telling Us?

Medical and Rx Deep Dive

Strategic Considerations

Next Steps

About Your Review

Reporting Periods

Current Period
Incurred July 2025 - June 2026,
paid through August 2026

High-Cost Claimants

HCC
Paid Claims ≥ $50,000

Non-HCCs
Paid Claims < $50,000

Plan Profile and Benchmark

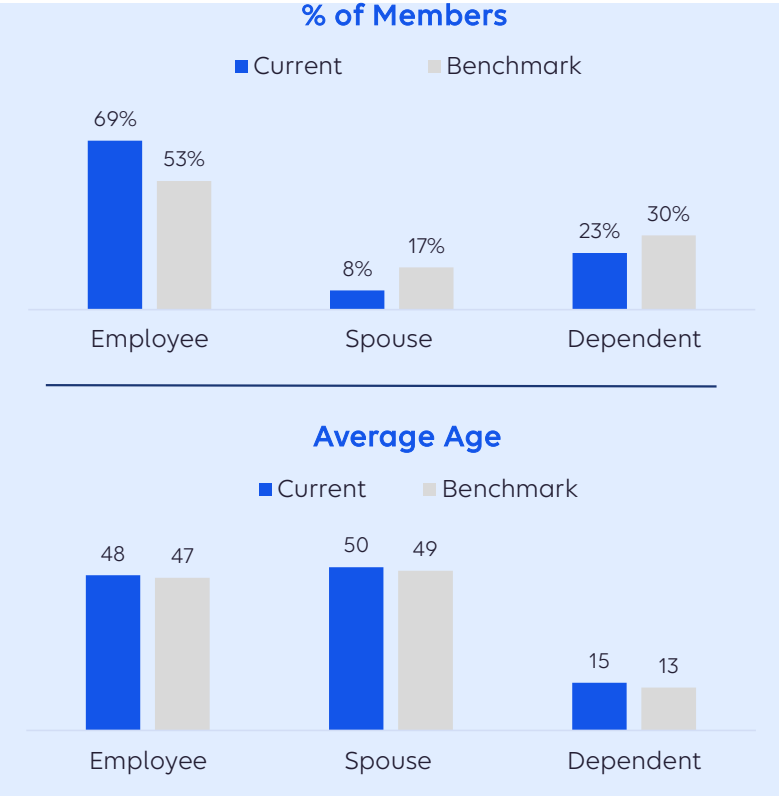
Plan Profile
Total Account

Benchmark
Commercial Book of Business/CII BOB

- PMPM (per member per month) paid amount is the metric used throughout this analysis to understand paid amount trends by individual plan participants (per member) over the duration of the plan period (per month)
- Utilization per 1,000 metrics included in this report are annualized (e.g., Visits per 1,000 = 12,000 * (Visits / Member Months)) so that rates are comparable between time periods with differing lengths. Does not apply to utilizer and prevalence per 1,000 metrics (e.g., Prevalence per 1,000 = 1,000 * (Claimants / Average Members)).
- Data included: Medical and Pharmacy

Enrollment

The average member age was 40.1 compared to 37.0 for the benchmark.



Employees

79%
Female

47.6
Avg age
(46.8 bmrk)

44%
Generation X
(1965-1980)

Total Members

68%
Female

40.1
Avg age

1.4
Contract size

Benchmark

50%
Female

37.0
Avg age

1.9
Contract size

Financial Review

Executive Summary (Medical)

What was the spend?

$442.58
Current Period PMPM
Benchmark PMPM: $473.90

$8.0M
Total plan spend

$173.75
High-Cost Claimant PMPM
Non-HCC PMPM: $268.83

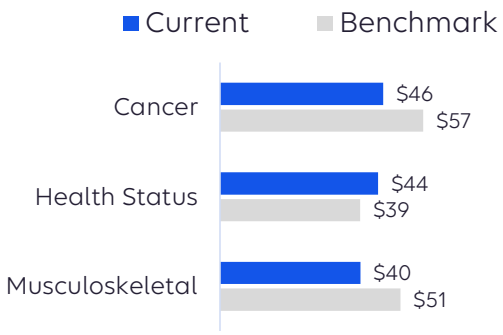
39.3%
of plan spend from HCCs

What were the top conditions?

29%
of plan spend from top 3 conditions
% of spend

Current Top 3
- 10% Cancer
- 10% Health Status
- 9% Musculoskeletal

Top 3 Conditions by PMPM



What's impacting members?
% of members

39.5%
Chronic Conditions
(32.7% bmrk)

18.4%
Behavioral Health Claim
(14.5% bmrk)

Are members visiting PCPs & completing wellness checks?
% of members

66.1%
Primary Care Physician Visit
(57.3% bmrk)

42.8%
Adult Wellness Compliance
(45.8% bmrk)

Current Period: Incurred July 2025 - June 2026, paid through August 2026

Pharmacy trends at a glance

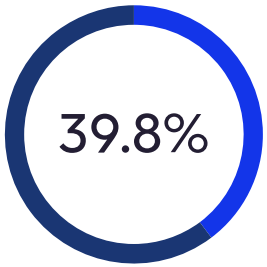
Total plan cost PMPM	Total non-specialty plan cost PMPM	Total specialty plan cost PMPM
$148.62	**$89.53**	**$59.09**
Plan cost PMPM	Plan cost PMPM	Plan cost PMPM

Plan performance

- Total pharmacy plan cost is $2.7M
- Total pharmacy plan cost PMPM is $148.62 (BOB is $191)
- Specialty drugs accounted for 39.8% of pharmacy costs (BOB 53.5%)
- Member cost share 16.3%

88.6%	**16.3%**	**$112.54**
Generic fill rate	Member cost share	Avg plan cost per adj Rx
15.3%	**15.3%**	**$4,967**
Specialty GFR	Specialty member cost share	Specialty plan cost per adj Rx

Specialty percent of plan cost



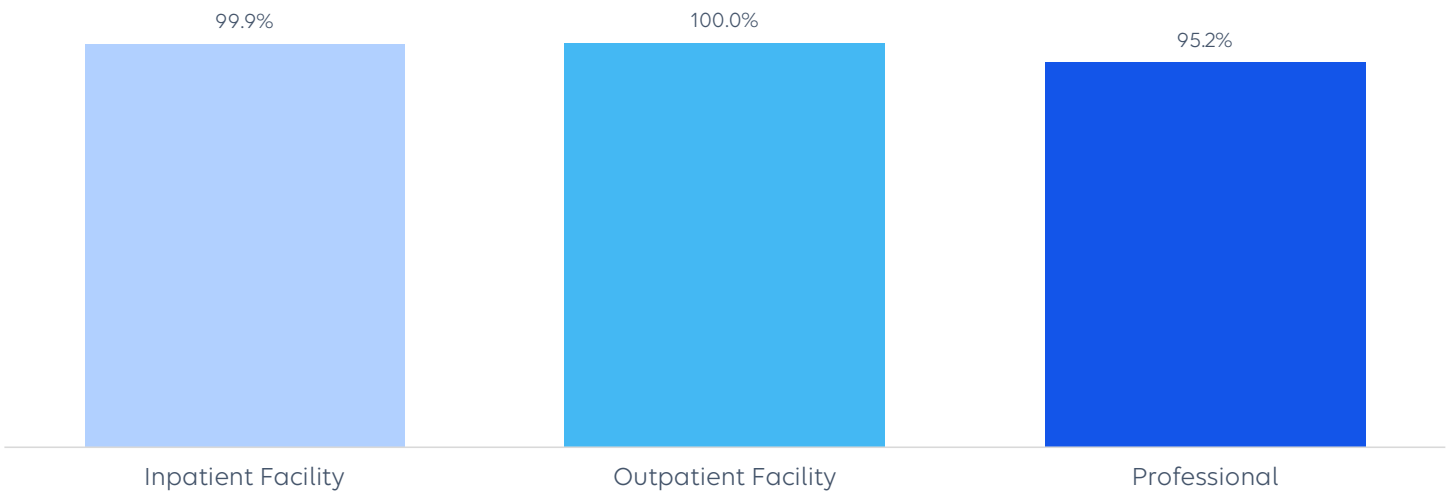
Estimated Rebates included for plan cost
Prior Period: N/A

Network

98.2%	60.4%	$15.3M
Paid In-Network	In-Network Discount %	Total Discount Amount

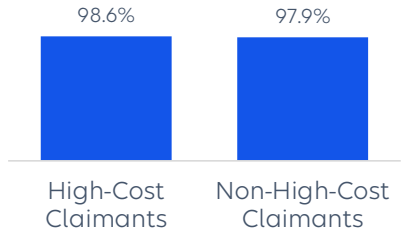
By Setting

In Network by Setting

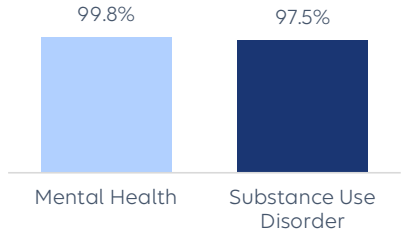


Network Utilization

High-Cost Claimants

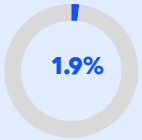


Behavioral Health



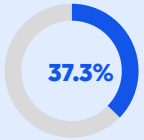
High-Cost Claimants (Medical & Pharmacy)

% of Members



(1.9% bmrk)

% of Spend



(48.7% bmrk)

$$ Range	Current Count
>$1M	0
$500k - 999k	0
$250k - 499k	3
$100k - 249k	11
$50k - 99k	19
Total	**33**

$121K

Average High Cost Claim

Benchmark: $134K

HCC	Relationship	Age Band	Health Condition	Diagnosis	Medical Paid	Pharmacy Paid	Total Paid	Active Status
1	Employee	55-59	Cancer	Encounter For Other Aftercare (Lymphoma)	$344,505	$18,275	$362,780	Yes
2	Employee	40-49	Nervous	Sleep Disorders	$281,443	$16,914	$298,356	Yes
3	Employee	50-54	Cancer	Brain	$280,428	$3,464	$283,891	No
4	Child	1-19	Circulatory	Cardiomyopathy	$237,099	$509	$237,608	Yes
5	Child	1-19	Injury & Poisoning	Comp Intrl Ortho Pros Dev Impl Gft	$233,334	$0	$233,334	Yes
6	Child	1-19	Behavioral Health	Anxiety	$186,449	$45,899	$232,348	Yes
7	Employee	65+	Infectious/Parasitic	Sepsis	$165,281	$104	$165,385	Yes
8	Child	20-29	Behavioral Health	Maj Depress D/O Recurrent	$142,619	$8,733	$151,352	Yes
9	**Employee**	**50-54**	**Isturisa**	**Treat high levels of cortisol in the blood with Cushing's syndrome**	**$7,546**	**$132,484**	**$140,030**	**No**
10	Employee	55-59	Infectious/Parasitic	Sepsis	$134,067	$1,316	$135,383	No

Top 25 drugs

- Represent 72.6% of your total plan cost and comprise 11 indications
- 10 of your top 25 are specialty drugs, making up 52% of your spend
- Essential Formulary

Rank	Peer rank	Brand name	Drug type	Indication	Rxs	Patients	Plan cost	Plan cost PMPM	Peer plan cost PMPM	Prior rank	Prior Rxs	Prior patients	Prior plan cost PMPM	% change plan cost PMPM
1	1	Mounjaro	NS	Diabetes	179	26	$246,074.67	$13.55	$13.06					
2	3	Ozempic	NS	Diabetes	145	25	$222,631.69	$12.26	$9.19					
3	5	Dupixent	S	Dermatologic Conditions	61	7	$204,082.32	$11.24	$6.50					
4	4	Humira	S	Inflammatory Conditions	30	4	$186,119.04	$10.25	$8.89					
5	219	Isturisa	S	Endocrine Disorders	6	1	$117,814.51	$6.49	$0.11					
6	20	Otezla	S	Inflammatory Conditions	23	3	$114,416.44	$6.30	$1.63					
7	9	Rinvoq	S	Inflammatory Conditions	20	2	$113,440.36	$6.25	$3.68					
8	113	Imbruvica	S	Cancer	10	1	$100,426.74	$5.53	$0.27					
9	10	Jardiance	NS	Diabetes	68	17	$63,082.27	$3.47	$3.57					
10	2	Skyrizi	S	Inflammatory Conditions	3	1	$62,061.51	$3.42	$9.47					
11	21	Vraylar	NS	Psychiatric/Neuro Disorders	29	6	$56,031.07	$3.09	$1.49					
12	28	Qulipta	NS	Migraine Headaches	39	5	$50,441.21	$2.78	$1.15					
13	18	Dexcom	NS	Diabetes	83	13	$49,638.90	$2.73	$1.68					
14	121	Actemra	S	Inflammatory Conditions	10	1	$46,546.54	$2.56	$0.25					
15	19	Nurtec	NS	Migraine Headaches	35	9	$40,849.05	$2.25	$1.66					
16	74	Caplyta	NS	Psychiatric/Neuro Disorders	21	6	$40,704.30	$2.24	$0.39					
17	14	Eliquis	NS	Anticoagulation	64	14	$40,365.58	$2.22	$2.75					
18	12	Cosentyx	S	Inflammatory Conditions	2	1	$39,040.35	$2.15	$3.16					
19	22	Trulicity	NS	Diabetes	20	3	$27,493.69	$1.51	$1.47					
20	75	Nucala	S	Asthma	10	1	$27,493.45	$1.51	$0.39					
21	31	Xarelto	NS	Anticoagulation	20	6	$25,782.30	$1.42	$1.00					
22	54	Emgality	NS	Migraine Headaches	27	5	$25,535.30	$1.41	$0.53					
23	44	Creon	NS	Gi Disorders	9	1	$22,108.72	$1.22	$0.60					
24	57	Estradiol	NS	Hormone Supplementation	329	85	$19,459.05	$1.07	$0.52					
25	165	Ibsrela	NS	Gi Disorders	10	1	$18,355.77	$1.01	$0.17					
		Total			**1,253**	**244**	**$1,959,994.82**							

Prior Period: N/A
Current Period: Incurred July 2025 - June 2026 paid through August 2026

Place of Service

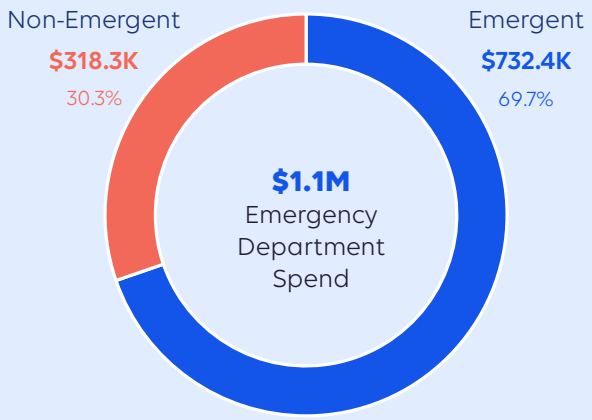
Place of Service	Spend Attributed to HCCs	Top Conditions
Inpatient $99 PMPM $1.8M; 22.3% of total spend (25.3% bmrk)	76.2% (77.3% bmrk)	Cancer was the highest spend condition category
Outpatient[1] $123 PMPM $2.2M; 27.7% of total spend (31.7% bmrk)	40.8% (52.3% bmrk)	Nervous System was the highest spend condition category
Emergency $58 PMPM $1.1M; **13.1% of total spend** (8.3% bmrk)	29.1% (21.4% bmrk)	Top diagnoses by visits: Sore throat, Throat/Chest Pain, Abdominal/Pelvic Pain
Professional $163 PMPM $3.0M; 36.8% of total spend (34.8% bmrk)	19.3% (30.7% bmrk)	Health Status and Behavioral Health were the highest spend condition categories

[1]Outpatient excludes Emergency

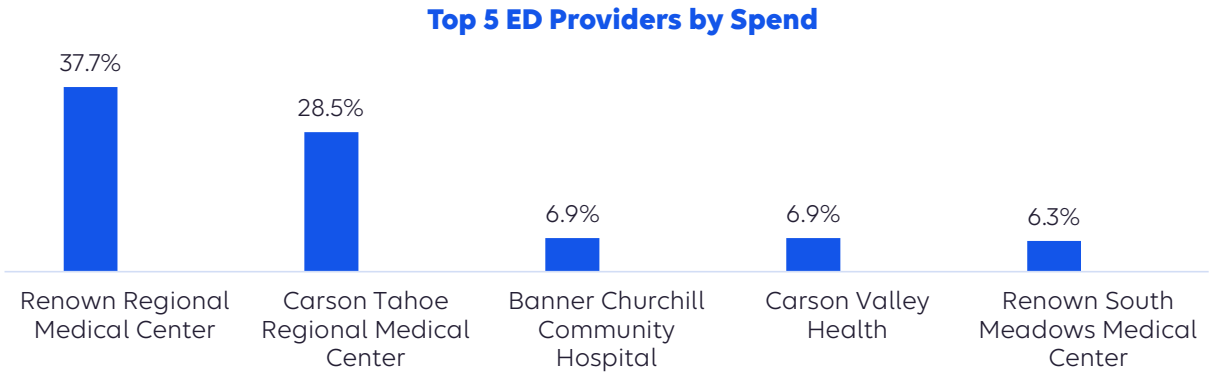
Emergency Department

Emergency department visits per 1,000 were 68.4% above the benchmark. Educating members on alternate settings of care (retail, virtual, primary) can help drive better outcomes and reduce member and employer costs.

- Emergency Department Facility spend accounted for **13.1% of total** medical spend, (8.3% bmrk)
- **Employees** had the highest ED visits per 1,000 by relationship
- **57.4%** of visits were **potentially avoidable** (43.5% bmrk)
- **Employees** had the highest **potentially avoidable** ED visits per 1,000 by relationship







Current Period: Incurred July 2025 - June 2026, paid through August 2026

Alternate settings of care

	Top 10 ER Dx	Utilization per 1000		Average Cost per Visit	
		ER	Urgent Care	ER	Urgent Care
1	Sore Throat	19.8	37.6	$186	$147
2	Pain In Throat And Chest	12.5	8.9	$3,146	$97
3	Abdominal And Pelvic Pain	10.4	8.2	$2,422	$209
4	Maternal Care Oth Cond Predominantly Rel Preg	10.3	#N/A	$1,778	#N/A
5	Acute Upper Resp Infections	8.1	27.8	$660	$154
6	**Dorsalgia (Back Pain)**	**6.7**	**2.9**	**$1,691**	**$142**
7	Viral Infection Of Unspecified Site	6.6	#N/A	$756	#N/A
8	Influenza	5.9	10.2	$1,644	$233
9	Type 2 Diabetes Mellitus	5.2	2.2	$3,019	$132
10	Dizziness And Giddiness	5.1	7.4	$1,438	$123

	ED Visits by Day of Week	ER Visits	ER Per 1000	ER Cost Per Visit
1	DAYTON, NV	42%	636.1	$1,133
2	FERNLEY, NV	19%	198.6	$3,586
3	YERINGTON, NV	14%	327.4	$2,469
4	SILVER SPGS, NV	8%	412.4	$1,630
5	CARSON CITY, NV	4%	286.7	$2,042
	Total ED	**533**	**352.0**	**$1,973**
	Total Non-Avoidable ED	*227*	*149.8*	*$3,231*
	Total Avoidable ED	*306*	*202.2*	*$1,040*
	Total Urgent Care	*764*	*504.8*	*$128*

Notable Findings:

- 11% of members with an ER visit had 3 or more visits (8% bmrk)
- Tuesday and Monday had the highest ER visits by day
- Monday had the highest Urgent Care visits by day
- Avoidable visits were 57% of ER volume but only 30% of ER spend — $1,040 per avoidable ER visit vs $128 at Urgent Care

Telehealth

Telehealth can provide a lower cost and more convenient option for care. This slide encompasses the entirety of technology-driven virtual healthcare including virtual care with a doctor or local provider*.

Key Metrics

19.7%
of members had a telehealth visit
(17.4% bmrk)

Which accounted for
2.7%
of total spend
(2.3% bmrk)

What were the visit types?

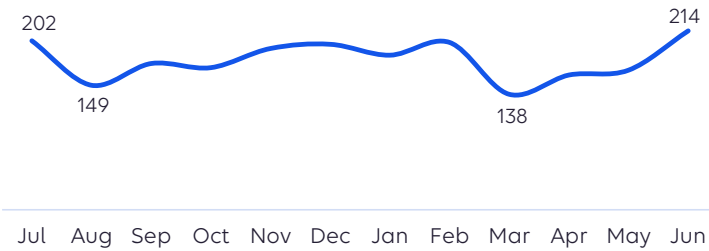
73.6% behavioral health (69.6% bmrk)
12.1% PCP (18.2% bmrk)

What is the financial impact?

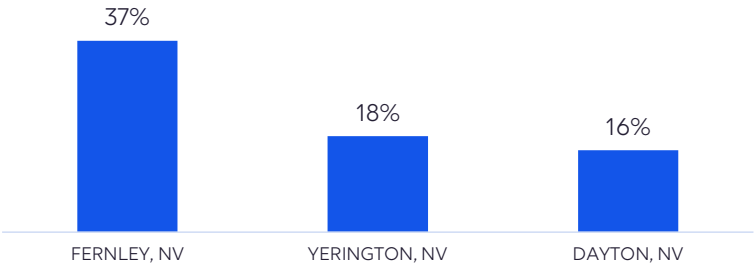
$106 avg telehealth cost per visit
$184 avg professional cost per visit
$1,973 avg emergency cost per visit

* Includes LHO and other VPC service providers where applicable

Telehealth Visits: by Month



Telehealth Visits by City



Clinical Review

Pharmacy trends at a glance

Clinical cost drivers

- Diabetes, Inflammatory Conditions, Dermatologic Conditions, Migraine Headaches and Endocrine Disorders represent 66% of total pharmacy spend
- Mounjaro, Ozempic, Dupixent, Humira and Isturisa represent $977K of total pharmacy spend
- 7 of the top 10 drugs were for specialty medications
- Diabetes is the top driver of non-specialty indications
- Inflammatory Conditions is the top driver of specialty indications

Diabetes

#1 Indication by highest plan cost

$38.52
Plan cost PMPM

119
Patients in current period

Mounjaro

#1 Drug by highest plan cost

$1,377
Plan cost per Rx

26
Patients in current period

Hypertension/Heart Disease

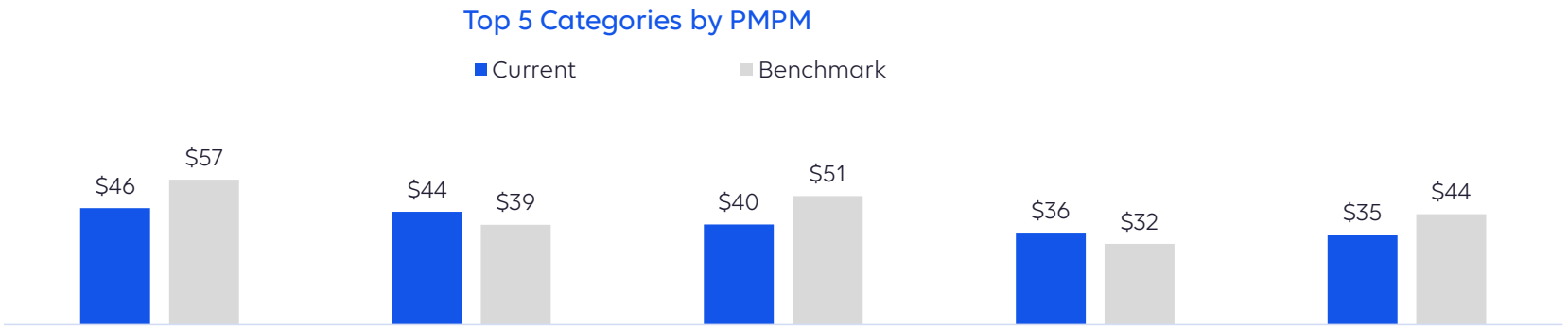
Top indications by total days

365.2
Days of therapy per patient

325
Patients in current period

Estimated Rebates included for plan cost
Prior Period: N/A

Top 5 Health Condition Categories



Key Metrics	**#1 Cancer** $833.6K 55 Claimants	**# 2 Health Status** $807.8K 949 Claimants	**# 3 Musculoskeletal** $717.6K 455 Claimants	**# 4 Ill-Defined Conditions** $652.4K 610 Claimants	**# 5 Circulatory** $639.6K 211 Claimants
% of members	3%	56%	27%	36%	12%
% of total spend	10%	10%	9%	8%	8%
% of spend attributed to HCCs*	82%	0%	15%	0%	69%

% of spend by category

- **34%** Chemo/Radiation
- **32%** Brain Cancer
- **14%** Breast Cancer

- **38%** Cancer Screenings
- **28%** Wellness Exam
- **12%** Office Visit

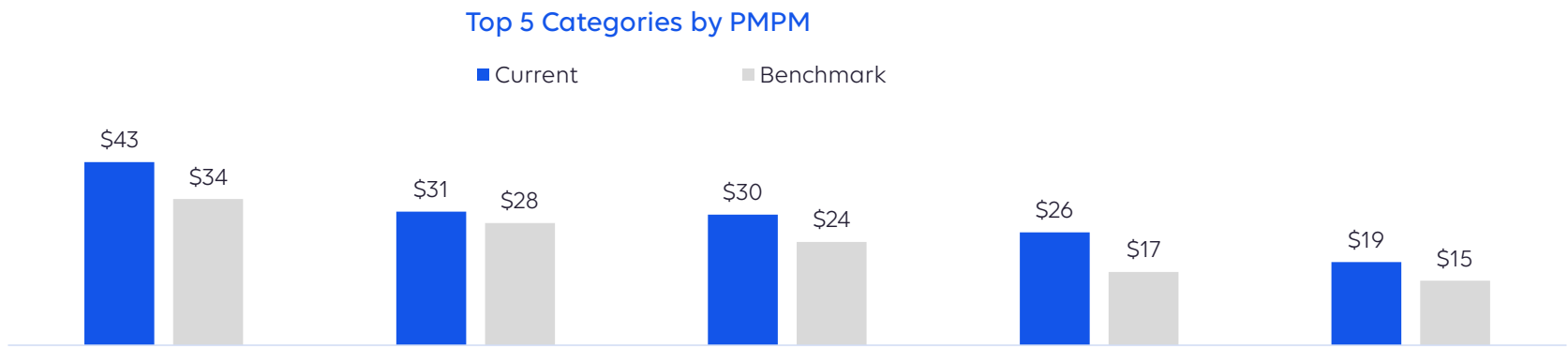
- **18%** Osteo of Knee
- **15%** Joint Disorder
- **13%** Back Pain

- **16%** Throat/Chest Pain
- **11%** Abdominal/Pelvic Pain
- **6%** Sx Signs Invlv Emotional State

- **28%** Chronic heart disease
- **18%** Irregular Heartbeat
- **15%** CAD

*The percent of condition spend due to HCCs with a related primary diagnosis

Non-HCC Top 5 Health Condition Categories



Key Metrics	#1 Health Status $774.4K 917 Claimants	# 2 Musculoskeletal $565.0K 433 Claimants	# 3 Ill-Defined Conditions $553.0K 581 Claimants	# 4 Maternity $477.2K 39 Claimants	# 5 Genitourinary $352.4K 300 Claimants
% of members	54%	25%	34%	2%	18%
% of total spend	16%	12%	11%	10%	7%
Top diagnoses % of spend	• 39% Cancer Screenings • 29% Annual wellness checkup • 11% Routine doctor office visit	• 20% Knee arthritis (wear & tear) • 18% Joint pain & disorders • 15% Back Pain	• 18% Sore throat / chest pain • 11% Stomach / pelvic pain • 6% Dizziness & balance problems	• 11% Water breaking early (before labor) • 10% High blood pressure during pregnancy • 8% Other pregnancy-related care	• 15% Irregular periods • 13% Abnormal vaginal bleeding • 12% Pelvic pain & menstrual conditions

All high-cost claimant claims and costs are excluded from this report, regardless of primary diagnosis

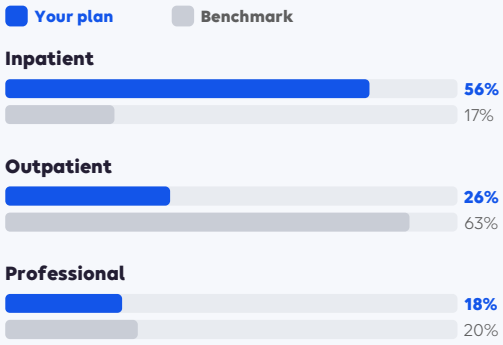
Cancer: Where the $833.6K Went

Cancer is **10% of total plan spend from just 3% of members** — spend per member is below benchmark, but care is concentrated in the inpatient setting and in a handful of high-cost diagnoses.

$833.6K	55	$46	82.2%
Total cancer spend	**Members with a cancer claim**	**Cancer spend PMPM**	**High-cost claimant share**
10% of total plan spend	3% of total membership	20% below the $57 benchmark	A few cases drive the total

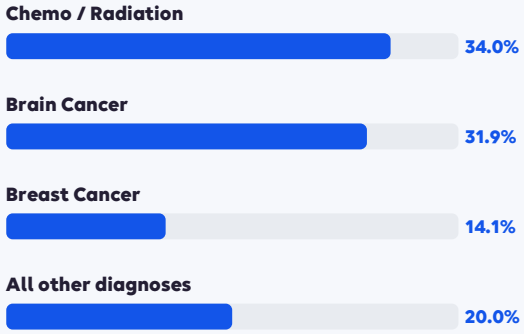
Where the care happened

Share of cancer spend by setting



What drove the spend

Share of cancer spend by diagnosis



What was potentially preventable

"Impactable" = could have been prevented or caught earlier

18%	73%	11%
of spend	**of claimants**	**of HCC spend**
28% bmrk	63% bmrk	25% bmrk

How engaged are these members?

- **89.1%** had a primary care visit (81.6% bmrk)
- **21.8%** also have a behavioral health condition (16.1% bmrk)
- **5.8%** of cancer spend was medical specialty drugs (40.5% bmrk)

What this means for benefits planning

Cost per member is healthy — **$46 PMPM vs $57 benchmark**. The opportunity is the care setting: inpatient is 56% of cancer spend against a 17% benchmark, so review site-of-care and outpatient infusion options with the carrier.

Only 18% of cancer spend was potentially impactable (28% benchmark) and engagement is strong (96.4% vs 85.5%) — hold the line by promoting screenings, since early detection is what keeps these cases out of the inpatient setting.

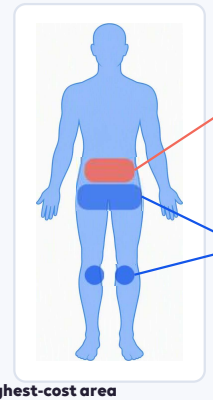
Musculoskeletal: Where the $717.6K Goes

MSK touches **27% of your members but is only 9% of plan spend** — cost per member runs 22% under benchmark. The leverage is in steering joint care to lower-cost settings and to therapy before surgery.

$717.6K	455	$39.52	15.2%
Total MSK spend	**Members with an MSK claim**	**MSK spend PMPM**	**High-cost claimant share**
9% of plan spend	27% of membership	vs $50.74 benchmark (-22%)	of MSK spend is high-cost

Which body areas are driving cost?

Shaded by share of MSK surgeries



Lower back & spine
3% of all MSK surgeries
Back pain: 13.5% of spend, 29.2% of claimants

Knee & hip
49% of all MSK surgeries
Knee osteo + joint disorder: 32.9% of spend

Highest-cost area

High volume, lower surgical cost

Top diagnoses by spend

Share of MSK spend / share of claimants

Osteoarthritis of Knee — 17.8%
5.1% of claimants

Joint Disorder — 15.1%
45.3% of claimants

Back Pain — 13.5%
29.2% of claimants

Joint disorder hits the most people; knee osteoarthritis costs the most per person.

Where care happened

Share of MSK spend by setting, vs benchmark

	Your plan	Benchmark
Outpatient	52.0%	47.4%
Professional	44.4%	38.6%
Inpatient	3.5%	14.0%

Good news: only 3.5% of MSK spend is inpatient vs a 14% benchmark — joint care is already largely outpatient.

What an HR benefits leader should do with this

Surgery is 52% of MSK spend and knees and hips are 49% of those procedures. Physical therapy is only 10% — **promoting conservative therapy before joint surgery is the single biggest lever**, and 27.3% of these members also carry a behavioral health condition (22.0% benchmark), which slows recovery.

Body map shaded by share of MSK surgeries

Top 10 indications

- The highest trend cannot be determined (no current history)
- The highest trend cannot be detmermind (no prior history)
- Generic fill rate (GFR) in Diabetes is 0.4 points higher than the benchmark
- 84.8% of total plan cost is due to the top 10 indications below

Rank	Peer rank	Indication	Rxs	Patients	Plan cost	Plan cost PMPM	Peer plan cost PMPM	Prior rank	Prior Rxs	Prior patients	Generic fill rate	Prior generic fill rate	Prior plan cost PMPM	% change plan cost PMPM
1	2	Diabetes	1,019	119	$699,383.73	$38.52	$35.62				35.7%			
2	1	Inflammatory Conditions	101	17	$576,062.59	$31.73	$47.08				15.3%			
3	5	Dermatologic Conditions	302	127	$231,906.05	$12.77	$8.49				72.7%			
4	7	Migraine Headaches	228	59	$145,959.35	$8.04	$5.21				43.7%			
5	17	Endocrine Disorders	18	5	$125,485.06	$6.91	$1.80				13.4%			
6	3	Cancer	122	19	$122,087.76	$6.72	$16.27				94.1%			
7	10	Psychiatric/Neuro Disorders	218	32	$117,895.06	$6.49	$3.54				75.0%			
8	8	Asthma	673	198	$112,690.26	$6.21	$4.89				76.8%			
9	12	Gi Disorders	83	30	$89,601.57	$4.93	$2.87				44.6%			
10	9	Anticoagulation	99	25	$66,533.40	$3.66	$3.82				16.8%			
		Total	**2,863**	**631**	**$2,287,604.84**									

22

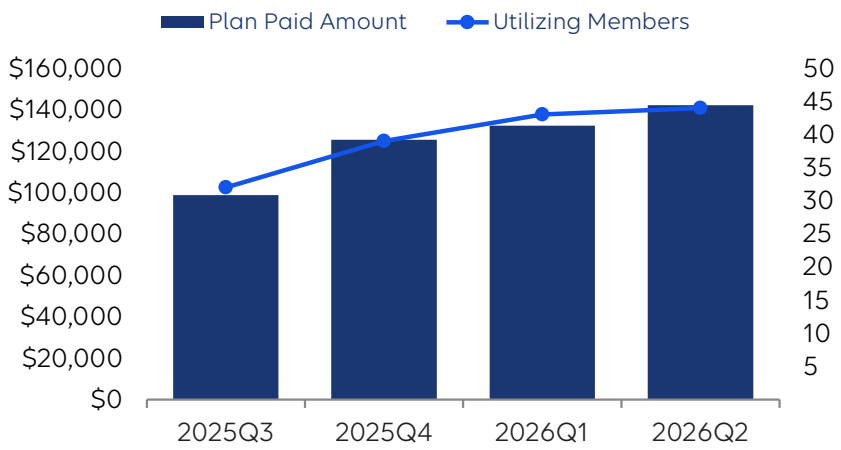
Prior Period: N/A
Current Period: Incurred July 2025 - June 2026 paid through August 2026

Top 20 Drugs by Utilization

Rank	Indication	Drug	Scripts	Patients	Plan Paid
1	INFECTIONS	AMOXICILLIN	391	281	$1,191.74
2	THYROID DISORDERS	LEVOTHYROXINE	366	99	$1,053.20
3	HORMONE SUPPLEMENTATION	ESTRADIOL	329	85	$19,459.05
4	HYPERTENSION/HEART DISEASE	LISINOPRIL	295	87	$371.61
5	HIGH CHOLESTEROL	ATORVASTATIN	290	93	$3,771.46
6	ASTHMA	ALBUTEROL	283	150	$2,919.19
7	HYPERTENSION/HEART DISEASE	LOSARTAN	282	78	$989.98
8	DEPRESSION	BUPROPION	219	58	$1,760.74
9	DEPRESSION	SERTRALINE	218	58	$1,507.82
10	DEPRESSION	ESCITALOPRAM	218	57	$497.72
11	DIABETES	METFORMIN	214	64	$839.85
12	HIGH CHOLESTEROL	ROSUVASTATIN	203	67	$2,952.07
13	HYPERTENSION/HEART DISEASE	AMLODIPINE	203	55	$115.16
14	INFLAMMATION/PAIN	GABAPENTIN	189	57	$630.74
15	INFLAMMATION/IMMUNE DISORDERS	PREDNISONE	187	130	$50.98
16	HORMONE SUPPLEMENTATION	PROGESTERONE	183	56	$11,579.80
17	INFECTIONS	DOXYCYCLINE	183	118	$1,965.15
18	DIABETES	MOUNJARO	179	26	$246,074.67
19	ANXIETY	HYDROXYZINE	179	70	$431.02
20	INFLAMMATION/PAIN	MELOXICAM	173	73	$266.46

Diabetic GLP-1 drugs

- Diabetic GLP-1 drugs PMPM of $27.45 is above benchmark of $24.64
- Highest utilization was in 2026Q2



	2025Q3	2025Q4	2026Q1	2026Q2
Plan paid amount	$98,751	$125,381	$132,200	$142,022
Utilizing members	32	39	43	44
Plan cost PMPM	$22	$27	$29	$31

Top 5 drugs - Current period

Drug name	Patient count	Rx count	Total plan paid	Total net patient paid
Mounjaro	26	179	$246,075	$18,778
Ozempic	25	145	$222,632	$10,361
Trulicity	3	20	$27,494	$1,147
Rybelsus	1	2	$2,154	$86
Total	**55**	**346**	**$498,354**	

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Chronic conditions: where HR can focus support

Each highlighted condition affects a larger share of members than the benchmark.

OVERALL CHRONIC IMPACT

597

members with a chronic condition

37.5%

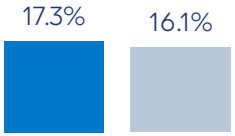
of total costs*



Obesity

295 members

Share of all members



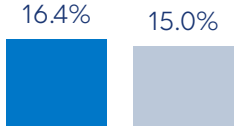
+1.2 percentage points vs benchmark



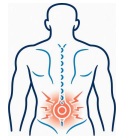
High blood pressure

279 members

Share of all members



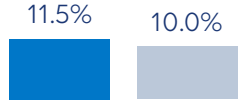
+1.4 percentage points vs benchmark



Lower back pain

195 members

Share of all members



+1.5 percentage points vs benchmark

Suggested focus Review participation in weight-management, blood-pressure and back-care support.

*Cost measure uses chronic conditions as the primary diagnosis. Members may have multiple conditions. One-year snapshot, not a trend.

Preventive Screenings

Prevention and well visits play a key role in the wellbeing of your population. Regular wellness checks and cancer screenings increase early detection, which is shown to improve member's outcomes as well as decrease illness severity and cost. Primary care relationships help to promote preventive screenings.

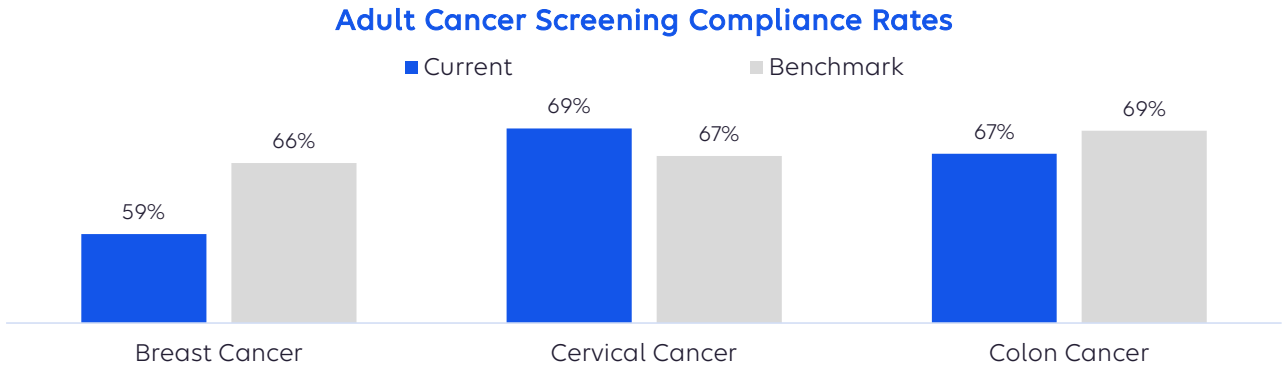
Preventive Screenings:

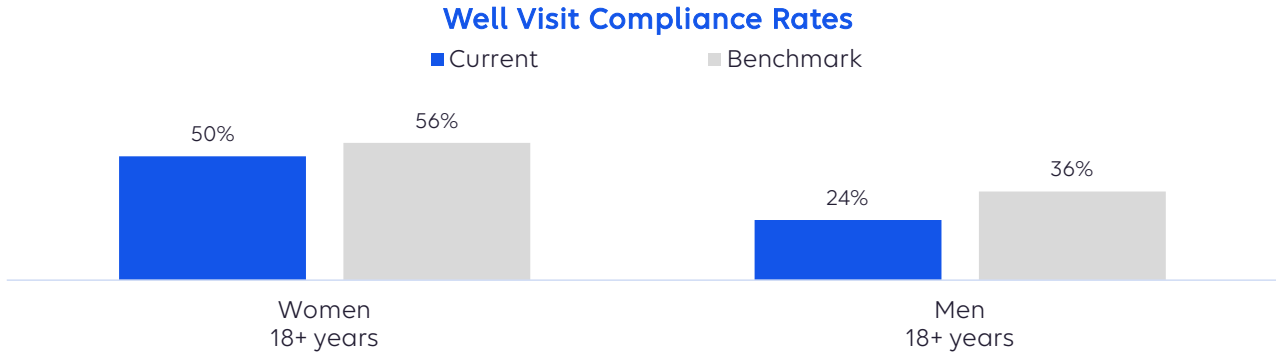
- **43%** of members had an adult wellness visit, (46% bmrk)

PCP Insights:

- **66%** of members had a **PCP visit**, (57% bmrk)

Continuously Enrolled% Non-Utilizers	
Current	10.5%
Benchmark	16.0%





Current Period: Incurred July 2025 - June 2026, paid through August 2026

Key Insights Overview

The information below outlines key analysis insights and corresponding recommendations to inform next steps.

Strengths

- Total cost runs below benchmark — $591.20 total paid PMPM vs $664.63 (-11.0%), with medical -6.6% and pharmacy -22.1%; inpatient use is also low at 46.5 admits per 1,000 (51.4 bmrk).
- Network performance is excellent — 98.2% of spend is in-network at a 60.4% discount, producing $15.3M in total discounts.
- Members are connected to care — 66% had a PCP visit (57% bmrk), only 10.5% were non-utilizers (16.0% bmrk), and telehealth reach is 19.7% (17.4% bmrk).

Areas of Opportunity

Observations	Recommendations
• Emergency department use is the largest outlier: 352.0 ED visits per 1,000 vs 209.1 benchmark (+68.4%), and 57.4% of visits were potentially avoidable (43.5% bmrk). ED is 13.1% of medical spend vs 8.3%.	• Promote alternate settings of care. An avoidable ED visit costs $1,040 vs $128 at urgent care and $106 for telehealth. Focus on Dayton and Fernley and on repeat users — 11% of ED members had 3+ visits.
• Behavioral health prevalence is high: 18.4% of members have a BH claim (14.5% bmrk), and 50.3% of them carry at least one other chronic condition, which raises cost and lowers treatment compliance.	• Expand integrated behavioral and chronic condition care management, and keep virtual access open — BH already drives 73.6% of telehealth visits, making it the easiest channel to scale.
• Prevention is trailing while cancer leads spend: 43% adult wellness compliance (46% bmrk), breast screening 58.8% and colon 66.7% below benchmark, yet cancer is the #1 category at $833.6K from 55 members.	• Run targeted screening and wellness campaigns, prioritizing men 18+ (24.3% well-visit compliance vs 35.9% bmrk), so disease is caught earlier and high-cost claimant spend is contained.

Reading This Snapshot: The What, The Why, The So What

One year of data, measured against a commercial book of business benchmark — **the comparison is the trend line.**

THE WHAT

What is the data telling us?

- **$8.0M** total plan spend; **$442.58 PMPM** vs $473.90 benchmark (-6.6%)
- Top 3 conditions = **29% of spend** — Cancer $833.6K, Health Status, Musculoskeletal $717.6K
- **37.3% of spend** comes from high-cost claimants (Med + Rx) — just 1.9% of members
- Chronic prevalence **39.5%** (32.7% bmrk); behavioral health **18.4%** (14.5% bmrk)
- ED use **352 visits per 1,000** vs 209.1 benchmark — 57.4% potentially avoidable

THE WHY

Why does it look this way?

- An older, employee-heavy population: average age **40.1 vs 37.0**, 69% employees vs 52.6% benchmark
- Cost is concentrated, not spread — chronic and behavioral conditions cluster in a small group of members
- Members are connected to care (66.1% PCP visit, 10.5% non-utilizers) but still default to the ED for avoidable needs
- Prevention trails: adult wellness **42.8%** vs 45.8%; men 18+ only 24.3% vs 35.9%

THE SO WHAT

So what should we do about it?

- **Steer avoidable ED volume** to urgent care and telehealth — $1,040 a visit vs $128 and $106
- **Integrate behavioral health** with chronic care management; half of BH members carry another condition
- **Close screening gaps** where cancer is the #1 category — $833.6K from 55 members
- **Review site of care for cancer** — 56% of spend is inpatient against a 17% benchmark
- **Conservative therapy first for MSK** — surgery is 52% of spend, physical therapy only 10%

Why a single year still deserves your attention

Without a trend line, the benchmark does the work: every figure here is measured against a commercial book of business, so you can see what is off today. And the drivers are **structural — chronic prevalence, site of care, prevention gaps — not one-time events.** Acting now sets the baseline that next year's trend will be measured against.

Appendix

Anthem

Infusion: 72% of spend is paid at hospital-based facilities

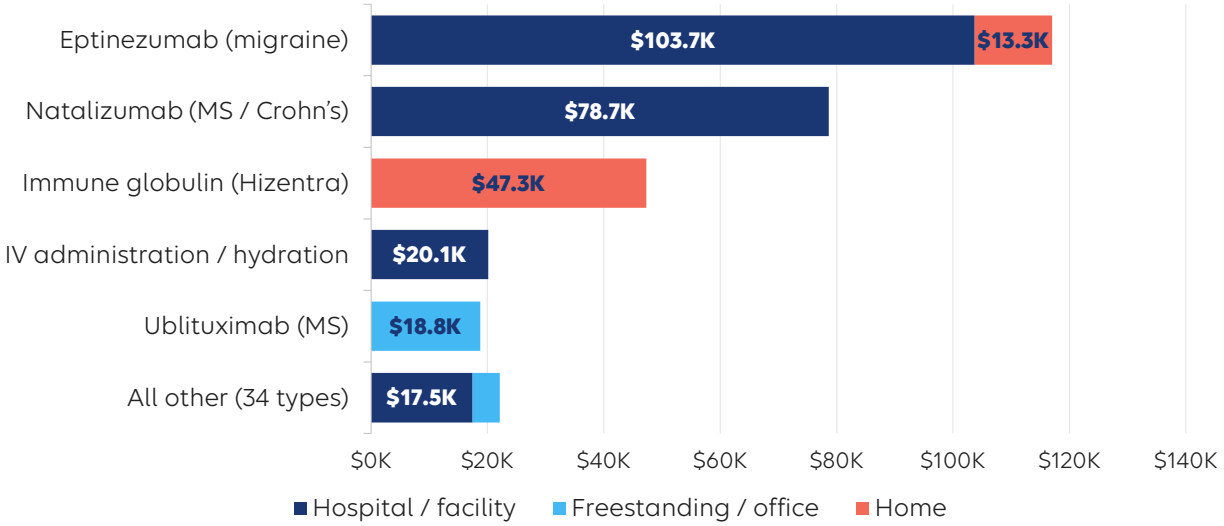
Total plan-paid amount
$304.1K
Jul 2025 – Jun 2026

● Hospital / facility
$220.0K
72.4% of paid

● Freestanding / office
$23.5K
7.7% of paid

● Home
$60.6K
19.9% of paid

Medical paid by drug / service and site of care



What stands out

- Two drugs **= $182K, 83%** of the amount paid at hospital-based facilities: eptinezumab and natalizumab
- **Home is $60.6K (20%),** mostly immune globulin (Hizentra, $47.3K)
- **Freestanding / office is only $23.5K (8%),** led by ublituximab at $18.8K

So what: Specialty drugs paid at hospital-based facilities are the first place to review site of care.

Note: Figures are plan-paid amounts (Medical Paid): what the health plan paid after member cost-sharing; not billed charges or allowed amounts. Site of care is based on each claim's place of service.

Lab: 75% of spend is paid at hospital-based facilities

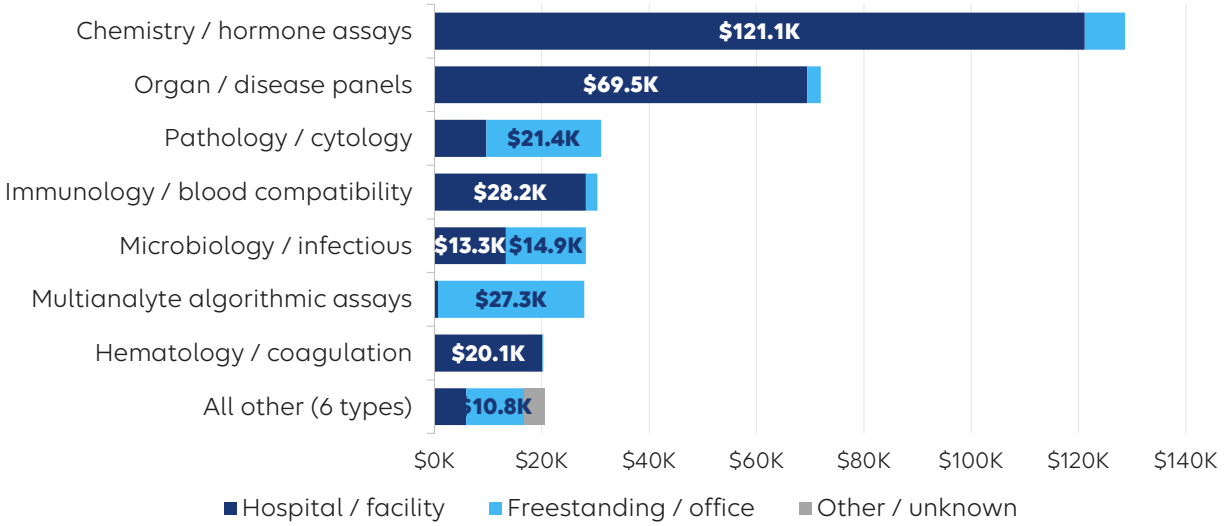
Total plan-paid amount
$359.0K
Jul 2025 – Jun 2026

● Hospital / facility
$268.5K
74.8% of paid

● Freestanding / office
$86.7K
24.2% of paid

● Home / other
$3.8K
1.1% · no home lab claims

Medical paid by test type and site of care



What stands out

- Routine chemistry and panels **= $201K (56%)** of lab spend, 94–97% paid at hospital-based facilities
- **Specialty tests skew freestanding:** multianalyte and molecular/genetic assays 98%, pathology 69%
- **Freestanding labs total $86.7K (24%);** no home lab spend

So what: High-volume routine tests paid at hospital-based facilities are the main site-of-care lever.

Note: Figures are plan-paid amounts (Medical Paid): what the health plan paid after member cost-sharing; not billed charges or allowed amounts. Site of care is based on each claim's place of service.

Imaging: 84% of spend is paid at hospital-based facilities

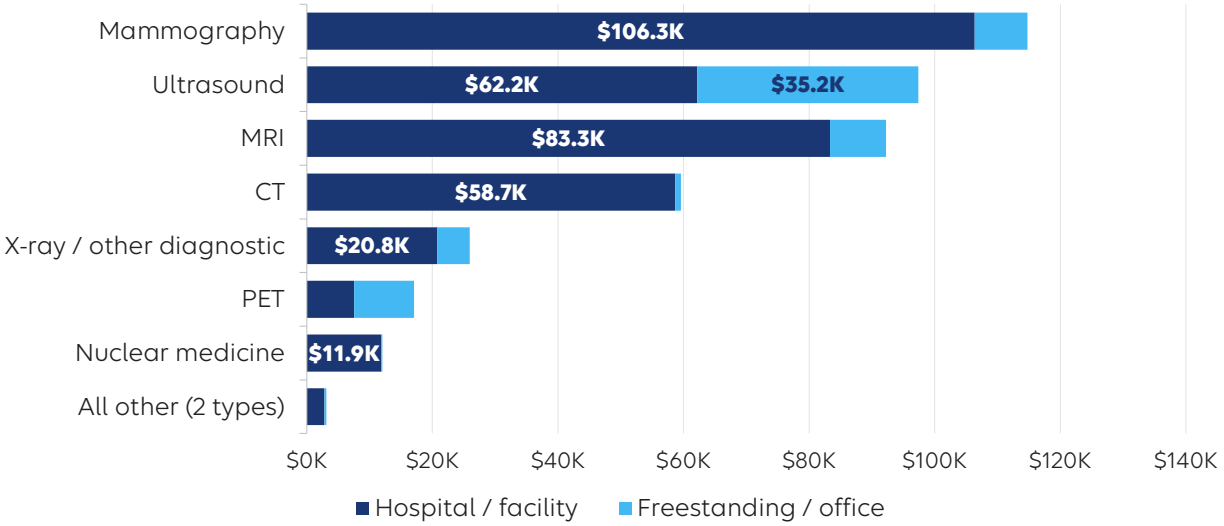
Total plan-paid amount
$422.3K
Jul 2025 – Jun 2026

● Hospital / facility
$353.5K
83.7% of paid

● Freestanding / office
$68.6K
16.2% of paid

● Home / other
$0.1K
<0.1% · no home imaging claims

Medical paid by imaging type and site of care



What stands out

- Mammography, MRI and CT **= $267K (63%)** of imaging spend, 90–99% paid at hospital-based facilities
- Freestanding is strongest in **ultrasound (36%) and PET (56%)**
- MRI plan-paid averages $718 per reported visit at hospital-based facilities vs. $129 freestanding **(descriptive, not mix-adjusted)**

So what: MRI and CT paid at hospital-based facilities are the key site-of-care opportunity.

Note: Figures are plan-paid amounts (Medical Paid): what the health plan paid after member cost-sharing; not billed charges or allowed amounts. Site of care is based on each claim's place of service..

Top line performance metrics

Description	Current	Prior	Change	Benchmark
Avg subscribers per month	1,045			
Avg members per month	1,513			
Avg patients per month	516			
Pct members utilizing benefit	34.2%			
Average members age	40.0			35.6
Total Rxs	14,816			
Total adjusted Rxs	23,979			
Total adjusted home delivery Rxs	1,041			
Total gross cost	$3,224,653			
Total member cost	$526,027			
Total plan cost	$2,698,625			
Plan cost PMPM	$149			$191
Specialty plan cost PMPM	$59			$102
Specialty percent of plan cost	39.8%			53.5%
Member cost %	16.3%			9.0%
Net member cost %	10.7%			6.7%
Total days	694,571			
Formulary compliance rate	98.5%			97.8%
Home delivery utilization	4.8%			7.2%
Generic fill rate	88.6%			87.0%
Generic conversion rate	99.3%			

Benchmark: Commercial Book of Business

Prior Period: N/A
Current Period: Incurred July 2025 - June 2026 paid through August 2026

Adherence report

PDC report period	Client	Unique patients	Overall PDC
07/01/2025 - 06/30/2026	LYON COUNTY SCHOOL DISTRICT	624	84.4%

Therapeutic category/drug class	Patient count	Female count	Male count	Avg age	0-19% PDC	20-39% PDC	40-59% PDC	60-70% PDC	80-100% PDC	Target PDC	Client PDC	Bmrk PDC
Anticoagulation (Atrial Fibrillation Only)	6	3	3	73					6	80.0%	98.2%	89.8%
Antiobesity (All classes)	9	9		53		3	5	4	2	80.0%	56.8%	71.7%
Anxiety Disorders	113	97	16	43	2	8	23	34	93	80.0%	86.7%	84.1%
Asthma	30	24	6	55		1	5	9	23	75.0%	87.8%	73.8%
Attention Deficit Hyperactivity Disorder (ADHD)	33	27	6	38		5	6	14	20	80.0%	81.4%	74.4%
Behavioral Health	19	15	4	42		1	5	7	14	80.0%	83.3%	83.8%
Cholesterol	109	63	46	57	1	2	7	24	99	80.0%	93.2%	89.5%
Chronic Obstructive Pulmonary Disease (COPD)	2	2		57		1	1	2	1	80.0%	67.4%	77.6%
Depression	63	52	11	41	1	2	10	19	54	80.0%	89.6%	85.6%
Diabetes	53	34	19	56		1	3	10	49	80.0%	94.2%	90.3%
Diabetic Test Strips	4	3	1	33		2	3	3		80.0%	48.1%	68.7%
Glaucoma	4	3	1	64	1		1	2	3	80.0%	84.5%	78.7%
Hypertension	142	93	49	56		4	12	34	133	80.0%	91.5%	89.7%
Oral Anticoagulants	21	11	10	60		1	1	2	20	80.0%	92.9%	87.6%
Oral Oncology Agents (Non-Specialty)	5	5		55		1	1	1	4	80.0%	93.3%	83.2%
PCSK9 Inhibitors	2	1	1	63					2	80.0%	98.3%	85.9%
Rheumatoid Arthritis (Non-Infused Only)	9	7	2	57			2	4	7	80.0%	87.6%	84.2%

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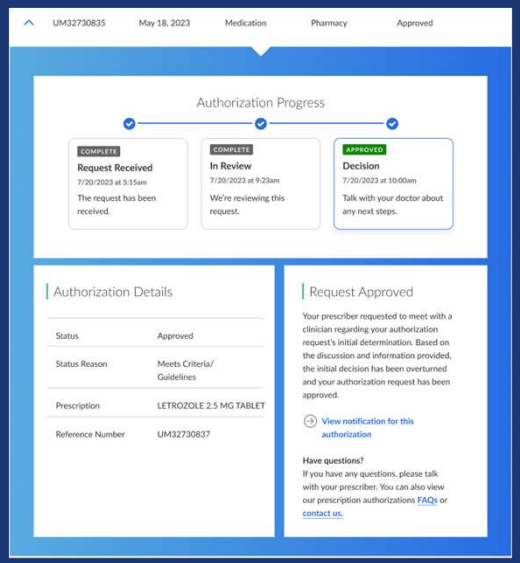
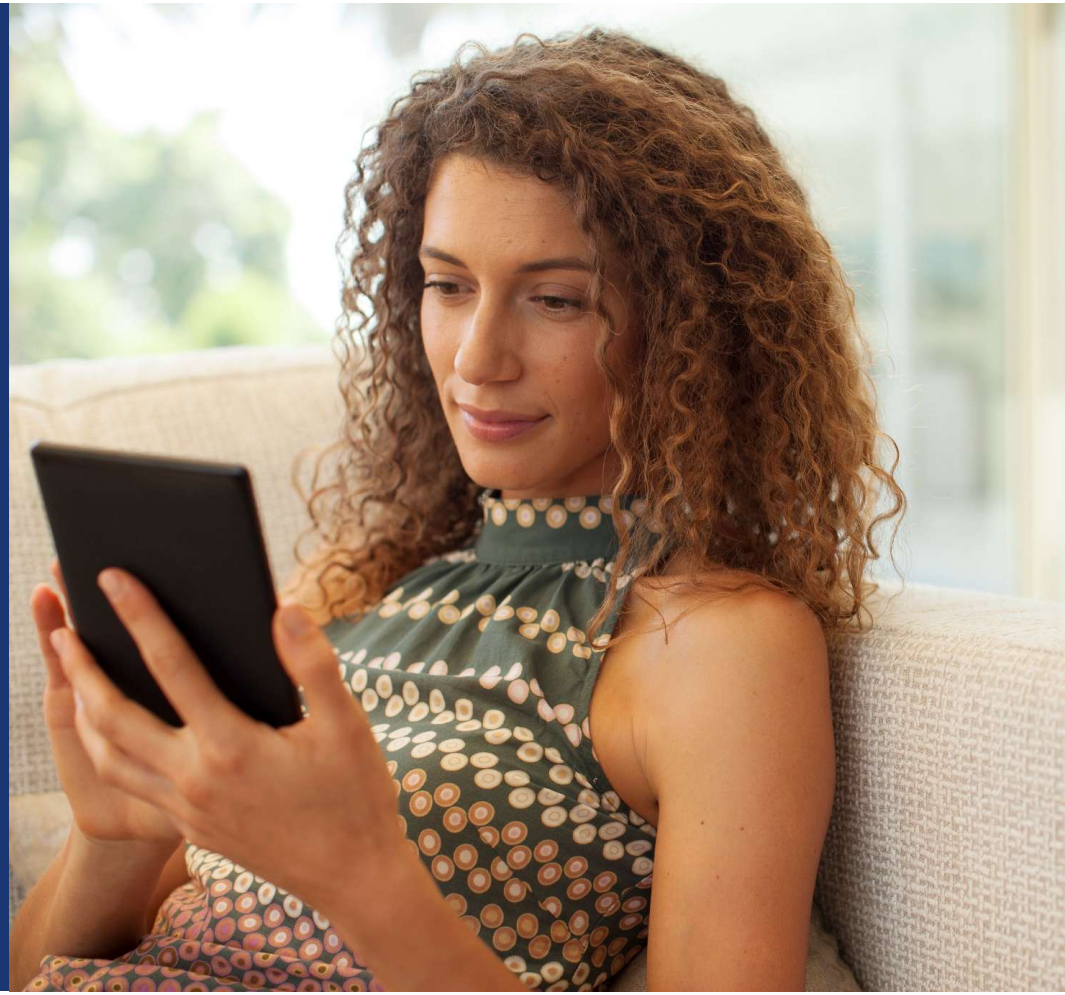
What’s new with Prior Authorization Tracker at anthem.com

Prior Authorization Tracker

We're enhancing the member experience by providing greater visibility into the authorization process and offering detailed explanations of their status.

Members can now view pharmacy authorization details using a tracker on the web portal at anthem.com.





Financial Overview (Medical)

	Current	Benchmark	Current Period Variance to Benchmark
Members	1,513		
Employees	1,045		
Contract Size	1.4	1.9	-23.9%
Average Age	40.1	37.0	8.5%
Risk Score	1.39	1.36	2.6%
Medical Allowed PMPM	$545.49	$624.82	-12.7%
Plan Paid Cost Share %	81.1%	75.8%	
Total Paid Amount	$8,036,427		
Medical Paid PEPM	$640.97	$901.71	-28.9%
Medical Paid PMPM	$442.58	$473.90	-6.6%
In Network Discounts	60.4%		
Percent Paid In Network	98.2%		
HCC PMPM	$173.75	$229.97	-24.4%
Non-HCC PMPM	$268.83	$243.94	10.2%

Current Period: Incurred July 2025 - June 2026, paid through August 2026

Financial Overview (Medical & Pharmacy)

	Current	Benchmark	Current Period Variance to Benchmark
Members	1,513		
Employees	1,045		
Contract Size	1.4	1.9	-23.9%
Average Age	40.1	37.0	8.5%
Risk Score	1.39	1.36	2.6%
Medical Allowed PMPM	$545.49	$624.82	-12.7%
Plan Paid Cost Share %	81.1%	75.8%	
Total Paid Amount	$10,735,039		
Medical Paid PEPM	$640.97	$901.71	-28.9%
Pharmacy Paid PEPM	$215.23	$338.17	-36.4%
Total Paid PEPM	$856.20	$1239.87	-30.9%
Medical Paid PMPM	$442.58	$473.90	-6.6%
Pharmacy Paid PMPM	$148.62	$190.73	-22.1%
Total Paid PMPM	$591.20	$664.63	-11.0%
In Network Discounts	60.4%		
Percent Paid In Network	98.2%		
Total HCC PMPM	$220.71	$325.43	-32.2%
Total Non-HCC PMPM	$370.50	$339.21	9.2%

Current Period: Incurred July 2025 - June 2026, paid through August 2026

Behavioral Health Details

$34.70
Paid PMPM

Population

314
BH Claimants
18.4%
of Membership
(14.5% bmrk)

84%
Members with a
PCP Visit
(83% bmrk)

Conditions

Prevalence: claimants per 1,000

87.2	68.7	39.7
Anxiety	**Depression**	**Adjustment Disorder**
7.8% of members	6.1% of members	3.5% of members
(6.2%)	(3.9%)	(2.3%)

Spend: PMPM

$9.20	$7.73	$3.87
Depression	**Anxiety**	**Alcohol and Drug**
26.5% of BH spend	22.3% of BH spend	11.2% of BH spend
(22.3%)	(17.1%)	(14.2%)

Relationship

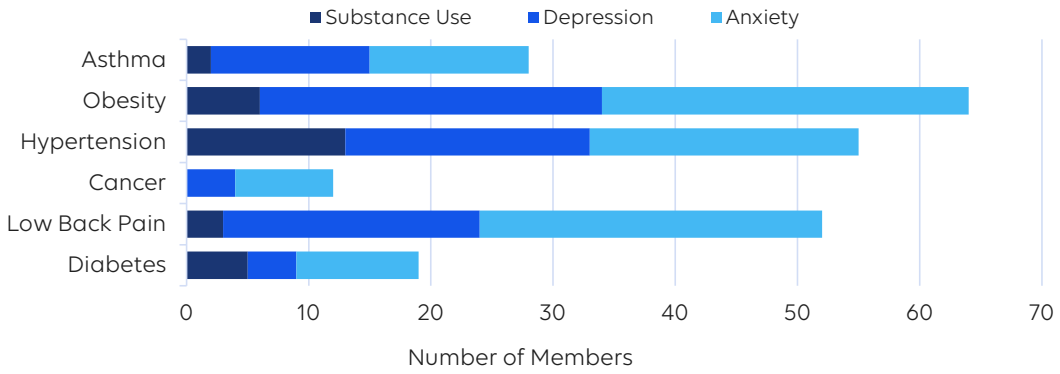
claimants per 1,000

219.2	160.5	191.5
Employee	**Spouse**	**Dependent**
72.7% of BH claimants	6.0% of BH claimants	21.3% of BH claimants
(51.7%)	(17.6%)	(17.6%)

Spend: PMPM

$9.20	$7.73	$3.87
Employee	**Spouse**	**Dependent**
43.9% of BH spend	6.6% of BH spend	49.5% of BH spend
(40.0%)	(14.2%)	(45.8%)

Chronic Conditions BH Comorbidity



50.3%

of members with a behavioral health diagnosis have at least one other chronic condition

Patients with medical and behavioral condition comorbidity cost more and are less compliant with key condition management actions (e.g., medication compliance, etc.)

( ) = Benchmark

Place of Service Detail

	Current	Benchmark	Current Period Variance to Benchmark
Inpatient Facility			
Acute Admissions per 1,000	46.5	51.4	-9.5%
Acute Days per 1,000	219.9	261.7	-16.0%
Average Length of Stay – Acute	4.7	5.1	-7.1%
Paid Amount per Acute Admit	$25,530	$27,622	-7.6%
Inpatient Paid Amount	$1,795,250		
Inpatient Paid PMPM	$98.87	$119.68	-17.4%
Outpatient Facility			
ED Visits per 1,000	352.0	209.1	68.4%
ED Paid Amount per Visit	$1,973	$2,249	-12.3%
Total Outpatient Visits per 1000	2389.5	1647.5	45.0%
Total Paid Amount per Visit	$907	$1,378	-34.2%
Total Outpatient Paid Amount	$3,280,729		
Total Outpatient PMPM	$180.68	$189.24	-4.5%
Professional			
Primary Care			
Visits per 1,000	2744.6	2523.6	8.8%
Paid Amount per Visit	$163	$153	6.8%
Specialty Care			
Visits per 1,000	7886.9	8099.8	-2.6%
Paid Amount per Visit	$191	$197	-2.8%
Total Professional Paid Amount	$2,960,448		
Total Professional PMPM	$163.04	$164.98	-1.2%
Total			
Paid Amount	$8,036,427		
Total Medical PMPM	$442.58	$473.90	-6.6%

Inpatient Drilldown

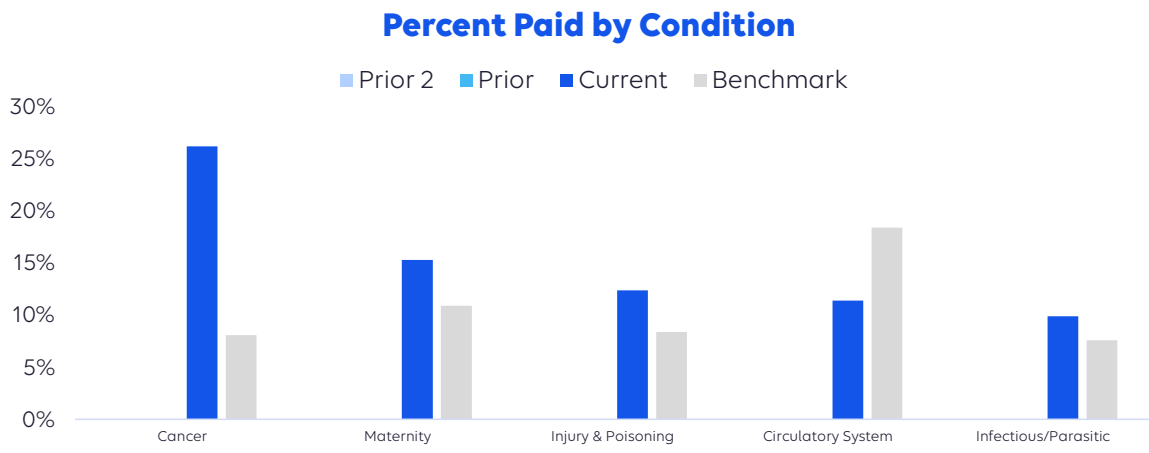
Inpatient Facility	Current	Benchmark	Current Period Variance to Benchmark
Acute Admissions	70		
Acute Admissions per 1,000	46.5	51.4	-9.5%
Acute Days per 1,000	219.9	261.7	-16.0%
Average Length of Stay - Acute	4.7	5.1	-7.1%
Paid Amount per Acute Admit	$25,530	$27,622	-7.6%
Inpatient Paid Amount	$1,795,250		
Inpatient Paid PMPM	$98.87	$119.68	-17.4%

Medical admissions represented the largest share of inpatient spend at 38.9%, (36.3% benchmark)

- Primary component: 44.8% on Cancer

Surgical admissions represented the second largest share of inpatient spend at 29.0%, (42.7% benchmark)

- Primary component: 42.9% on Injury & Poisoning



Outpatient Drilldown

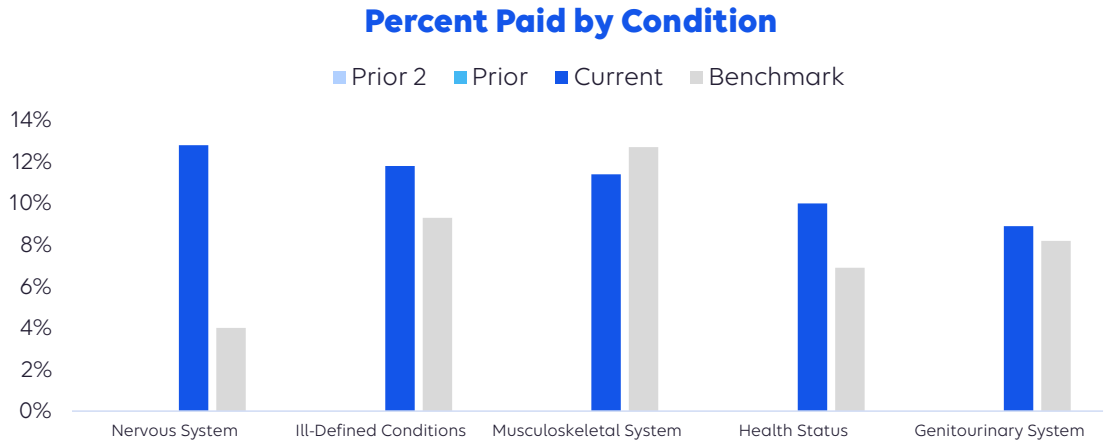
Outpatient Facility	Current	Benchmark	Current Period Variance to Benchmark
ED Visits	533		
ED Visits per 1,000	352.0	209.1	68.4%
ED Paid Amount per Visit	$1,973	$2,249	-12.3%
Total Outpatient Visits per 1000	2,390	1,648	45.0%
Total Paid Amount per Visit	$907	$1,378	-34.2%
Total Outpatient Paid Amount	$3,280,729		
Total Outpatient PMPM	$180.68	$189.24	-4.5%

Emergency Room represented the largest share of outpatient spend at 32.0%, (20.7% benchmark)

- Primary component: 24.8% on Ill-Defined Conditions

Surgery accounted for the second largest share of spend at 29.2%, (37.8% benchmark)

- Primary component: 25.3% on Musculoskeletal System



Professional Drilldown

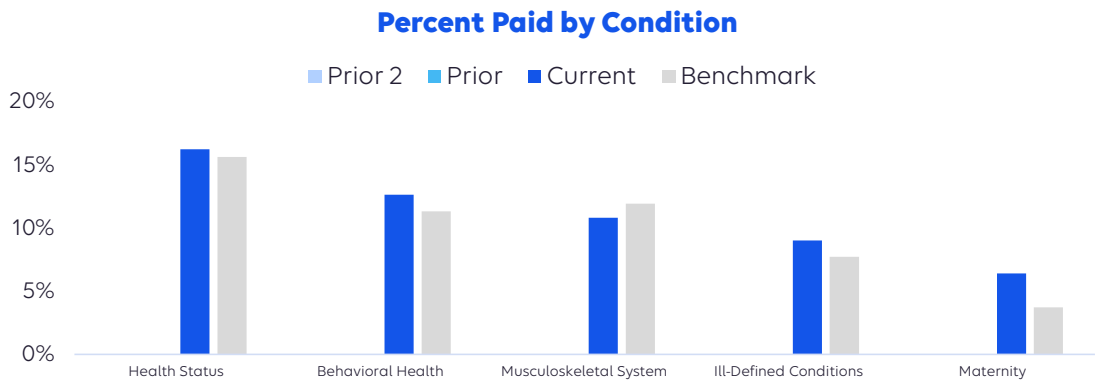
Total Professional	Current	Benchmark	Current Variance to Benchmark
Professional			
Primary Care			
Primary Care Visits	4,153		
Visits per 1,000	2,744.6	2,523.6	8.8%
Paid Amount per Visit	$163	$153	6.8%
Specialty Care			
Specialty Care Visits	11,934		
Visits per 1,000	7,886.9	8,099.8	-2.6%
Paid Amount per Visit	$191	$197	-2.8%
Total Professional Paid Amount	$2,960,448		
Total Professional PMPM	$163.04	$164.98	-1.2%

Office/Home Visits represented the largest share of professional spend at 26.5%, (17.6% benchmark)

- Primary component: 12.7% on Ill-Defined Conditions

Op Surgery accounted for the second largest share of spend at 13.7%, (14.0% benchmark)

- Primary component: 23.9% on Musculoskeletal System



Generational Segmentation

Anthem can connect in ways your employees prefer with meaningful, personalized connections.

	Gen A	Gen Z	Millennials	Gen X	Baby Boomers
	>2009 **7.7%** of Spend **11.8%** of Members	1997-2009 **15.3%** of Spend **17.2%** of Members	1981-1996 **17.5%** of Spend **25.0%** of Members	1965-1980 **44.7%** of Spend **34.3%** of Members	1946-1964 **13.9%** of Spend **11.0%** of Members
Most-costly Health Condition	Circulatory (Behavioral Health)	Behavioral Health (Behavioral Health)	Maternity (Maternity)	Cancer (Cancer)	Musculoskeletal (Cancer)
Most prevalent Chronic Condition*	Asthma (Anxiety)	Obesity (Anxiety)	Obesity (Obesity)	Hypertension (Hypertension)	Hypertension (Hypertension)
Average Cost PMPM	$288 ($242)	$394 ($264)	$310 ($413)	$576 ($661)	$556 ($832)
% of Members with a PCP Visit	71.6% (74.6%)	46.8% (51.0%)	66.4% (57.3%)	78.8% (67.3%)	79.8% (63.7%)
% Digital Engagement**	0.0% (12.3%)	37.3% (33.3%)	62.4% (63.8%)	64.3% (59.0%)	53.9% (49.7%)
% Comprehensively Engaged	26.6% (53.0%)	62.0% (64.1%)	85.3% (82.3%)	86.7% (84.0%)	85.6% (73.4%)
Annual Wellness Compliance Rate	47.3% (65.9%)	30.0% (38.8%)	41.1% (53.7%)	49.5% (76.8%)	49.0% (75.2%)

( ) = Benchmark

**Digital engagement rates exclude members under 18

*Enhanced logic identifies members with comorbid conditions by looking out to 10 diagnosis fields

Top 10 Medical Specialty Drugs ranked by spend

The top 10 medical specialty drugs accounted for 93.6% of the total medical specialty drug spend in the current period.

Current Rank	Drug Name	Drug Indication	Spend	Utilizers
			Current	Current
1	Vyepti	Misc Conditions	$119,480	2
2	Tysabri	Multiple Sclerosis	$80,008	1
3	Hizentra	Immune Deficiency	$48,152	1
4	Spravato	Depression	$40,149	1
5	Botox / Botox Cosmetic	Neuromuscular Conditions/Cosmetic	$39,594	11
6	Enhertu	Cancer	$33,308	1
7	Levonorgestrel (Iud)*	Contraceptives	$19,670	15
8	Briumvi	Multiple Sclerosis	$19,656	1
9	Thyrogen	Diagnostic Aids	$9,030	1
10	Zarxio	Hematopoietic Agents	$8,765	1
Top 10 Total			**$417,811**	**35**

Top 10 Medical Specialty Drug Claimants

- The **top 10** medical specialty claimants with >$100K in medical specialty drug spend are listed below. These claimants accounted for 24% of the total medical specialty spend in the current period.
- The **total HCC impact** for utilizers with >$100K in SpRx spend increased from 0 to 1 utilizers and accounted for 24% of total medical SpRx spend.

Claimant	Medical Condition Category	Drug Name	Drug Indication	Top 10 HCC?	SpRx Current Spend	SpRx % of total medical spend per claimant
1	Nervous System	Vyepti	Misc Conditions	HCC #2	**$108,986**	39%
2						
3						
4						
5						
6						
7						
8						
9						
10						

The highest spend condition categories, drug names, and drug indications are listed; however, members may have spend in more than one

SpRx refers to medical specialty drugs

Potentially Impactable Condition Details*

	Diabetes	CAD	Hypertension	Low Back Pain	Obesity
	127 claimants **7%** of members	**28** claimants **2%** of members	**279** claimants **16%** of members	**195** claimants **11%** of members	**295** claimants **17%** of members
% of Members with a PCP	90.6% (86.8%)	100.0% (82.3%)	92.8% (88.1%)	90.8% (84.0%)	92.2% (91.4%)
% Comprehensively Engaged	90.6% (87.3%)	92.9% (83.4%)	93.9% (87.2%)	91.8% (86.8%)	89.2% (89.6%)
% Digitally Engaged	56.0% (60.2%)	57.1% (56.6%)	63.0% (61.5%)	66.8% (64.8%)	69.4% (67.3%)
% Traditionally Engaged**	2.4% (6.5%)	3.6% (7.4%)	2.5% (4.7%)	2.6% (4.2%)	1.4% (4.2%)
% Care Gaps Closed	14.7% (47.9%)	12.5% (42.7%)	11.8% (44.5%)	14.5% (39.0%)	8.2% (41.0%)
% Adult Wellness Compliance	40.9% (56.8%)	52.6% (57.5%)	52.4% (61.3%)	46.7% (59.4%)	53.4% (66.6%)

( ) = Benchmark

*Enhanced logic identifies members with these conditions by looking out to 10 diagnosis fields

**Clinically engaged with a nurse


Thank you for
allowing us to be your
trusted healthcare partner.
We look forward to our continued collaboration as we confidently develop forward-thinking solutions to accomplish your goals.
Anthem