

Monthly Reporting Package

Prepared For:

Lyon County School District

Incurred Through: June 2024 - May 2025

Paid Through: July 2025

Presented By: INSURAN



Period	Employees	Members	Premium	Premium PEPM	Medical Claims	Medical Claims PEPM	Rx Claims	Rx Claims PEPM	Rx % of Total Claims	Total Claims	Total Claims PEPM	Paid Loss Ratio
Jun-24	1,014	1,488	\$843,202	\$832	\$563,202	\$555	\$209,160	\$206	27%	\$772,362	\$762	92%
Jul-24	1,033	1,494	\$935,262	\$905	\$844,546	\$818	\$259,151	\$251	23%	\$1,103,697	\$1,068	118%
Aug-24	973	1,409	\$877,513	\$902	\$497,387	\$511	\$257,893	\$265	34%	\$755,280	\$776	86%
Sep-24	1,040	1,481	\$928,709	\$893	\$841,931	\$810	\$238,675	\$229	22%	\$1,080,606	\$1,039	116%
Oct-24	1,041	1,485	\$929,599	\$893	\$895,486	\$860	\$245,368	\$236	22%	\$1,140,854	\$1,096	123%
Nov-24	1,045	1,492	\$935,665	\$895	\$768,112	\$735	\$214,095	\$205	22%	\$982,207	\$940	105%
Dec-24	1,047	1,495	\$935,402	\$893	\$616,886	\$589	\$249,203	\$238	29%	\$866,089	\$827	93%
Jan-25	1,050	1,501	\$938,958	\$894	\$777,102	\$740	\$252,249	\$240	25%	\$1,029,351	\$980	110%
Feb-25	1,053	1,505	\$940,311	\$893	\$475,510	\$452	\$267,223	\$254	36%	\$742,733	\$705	79%
Mar-25	1,058	1,506	\$946,215	\$894	\$781,867	\$739	\$248,629	\$235	24%	\$1,030,496	\$974	109%
Apr-25	1,052	1,495	\$939,011	\$893	\$772,760	\$735	\$229,501	\$218	23%	\$1,002,261	\$953	107%
May-25	1,053	1,495	\$939,848	\$893	\$514,791	\$489	\$226,411	\$215	31%	\$741,202	\$704	79%
I			\$11,089,695		\$8,349,580		\$2,897,558		26%	\$11,247,138		101%
rage	1,038	1,487		\$890		\$669		\$233			\$902	

						Previous 12 Months						
Period	Employees	Members	Premium	Premium PEPM	Medical Claims	Medical Claims PEPM	Rx Claims	Rx Claims PEPM	Rx % of Total Claims	Total Claims	Total Claims PEPM	Paid Loss Ratio
Jun-23	952	1,450	\$702,391	\$738	\$717,101	\$753	\$273,315	\$287	28%	\$990,416	\$1,040	141%
Jul-23	950	1,424	\$800,786	\$843	\$679,414	\$715	\$203,471	\$214	23%	\$882,885	\$929	110%
Aug-23	876	1,314	\$738,398	\$843	\$486,715	\$556	\$250,988	\$287	34%	\$737,703	\$842	100%
Sep-23	965	1,423	\$805,613	\$835	\$575,119	\$596	\$311,096	\$322	35%	\$886,215	\$918	110%
Oct-23	978	1,445	\$816,275	\$835	\$453,527	\$464	\$244,269	\$250	35%	\$697,796	\$713	85%
Nov-23	992	1,463	\$826,789	\$833	\$485,037	\$489	\$295,051	\$297	38%	\$780,088	\$786	94%
Dec-23	994	1,465	\$828,874	\$834	\$583,045	\$587	\$277,654	\$279	32%	\$860,699	\$866	104%
Jan-24	994	1,462	\$825,421	\$830	\$648,003	\$652	\$223,122	\$224	26%	\$871,125	\$876	106%
Feb-24	1,001	1,468	\$831,340	\$831	\$423,320	\$423	\$211,229	\$211	33%	\$634,549	\$634	76%
Mar-24	1,005	1,478	\$836,614	\$832	\$580,122	\$577	\$235,858	\$235	29%	\$815,980	\$812	98%
Apr-24	1,015	1,487	\$831,243	\$819	\$584,083	\$575	\$226,284	\$223	28%	\$810,367	\$798	97%
May-24	1,018	1,492	\$845,174	\$830	\$808,363	\$794	\$239,451	\$235	23%	\$1,047,814	\$1,029	124%
Гotal			\$9,688,918		\$7,023,849		\$2,991,788		30%	\$10,015,637		103%
Average	978	1,448		\$825		\$598		\$255			\$854	

	Average Membership and PEPM Premium and Claims by Experience Period									
Period	Employees	Members	Premium PEPM	Medical Claims PEPM	Rx Claims PEPM	Rx % of Total Claims	Total Claims PEPM	Paid Loss Ratio		
Current	1,038	1,487	\$890	\$669	\$233	25.8%	\$902	101.4%		
Prior	978	1,448	\$825	\$598	\$255	29.9%	\$854	103.4%		
Change %	5.8%	2.7%	7.3%	10.6%	-9.8%	-4.1%	5.3%	-2.0%		

^{*}Medical data provided by Aetna monthly reporting package. Experience period and claims data will change prior to renewal.

Large Claim Listing (Incurred)

> \$50,000

	Large Claimants Period: June 2024 - May 2025											
Claimant	Condition	Services Rendered in Last Quarter	Pharmacy Paid Amount	Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Total Medical/Rx Paid Amount					
1	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Yes	\$19,375	\$322,545	\$221,888	\$100,657	\$341,920					
2	MALIGNANT NEOPLASM OF RETROPERITONEUM	Yes	\$15,980	\$302,123	\$236,327	\$65,796	\$318,103					
3	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Yes	\$3,356	\$218,747	\$152,658	\$66,089	\$222,103					
4	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Yes	\$7,042	\$180,858	\$0	\$180,858	\$187,900					
5	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Yes	\$15,383	\$158,300	\$69,425	\$88,875	\$173,683					
6	MULTIPLE SCLEROSIS	Yes	\$17,582	\$144,217	\$0	\$144,217	\$161,799					
7	RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION	Yes	\$313	\$129,544	\$19,830	\$109,713	\$129,857					
8	MALIGNANT NEOPLASM OF PROSTATE	Yes	\$115,753	\$2,821	\$0	\$2,821	\$118,573					
9	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Yes	\$114,478	\$1,286	\$0	\$1,286	\$115,764					
10	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	Yes	\$194	\$113,976	\$108,301	\$5,675	\$114,169					



Large Claimants

	Period: June 2024 - May 2025											
Claimant	Condition	Services Rendered in Last Quarter	Pharmacy Paid Amount	Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Total Medical/Rx Paid Amount					
11	END STAGE RENAL DISEASE	Yes	\$2,890	\$107,248	\$20,929	\$86,319	\$110,138					
12	ACUTE DRUG-INDUCED INTERSTITIAL LUNG DISORDERS	Yes	\$245	\$109,423	\$91,606	\$17,817	\$109,668					
13	DISEASE OF GALLBLADDER, UNSPECIFIED	Yes	\$13,282	\$93,804	\$37,547	\$56,257	\$107,086					
14	OBESITY, UNSPECIFIED	Yes	\$8,936	\$91,156	\$79,875	\$11,281	\$100,092					
15	MALIGNANT NEOPLASM OF PROSTATE	No	\$75,998	\$23,762	\$0	\$23,762	\$99,761					
16	SUBMUCOUS LEIOMYOMA OF UTERUS	Yes	\$1,925	\$95,750	\$9,729	\$86,022	\$97,676					
17	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Yes	\$15,096	\$77,445	\$0	\$77,445	\$92,541					
18	Patent foramen ovale	Yes	\$6,673	\$85,661	\$62,372	\$23,288	\$92,334					
19	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	No	\$91,420	\$487	\$0	\$487	\$91,908					
20	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Yes	\$90,855	\$573	\$0	\$573	\$91,428					



Large Claim Listing (Incurred)

> \$50,000

Large Claimants
Period: June 2024 - May 2025

	Period: June 2024 - May 2025												
Claimant	Condition	Services Rendered in Last Quarter	Pharmacy Paid Amount	Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Total Medical/Rx Paid Amount						
21	JUVENILE OSTEOCHONDROSIS OF SPINE, THORACOLUMBAR REGION	No	\$664	\$84,683	\$83,109	\$1,574	\$85,347						
22	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Yes	\$69,597	\$10,425	\$0	\$10,425	\$80,021						
23	ILLNESS, UNSPECIFIED	No	\$8	\$77,217	\$67,860	\$9,357	\$77,225						
24	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	Yes	\$1,135	\$75,421	\$50,092	\$25,328	\$76,555						
25	PAROXYSMAL ATRIAL FIBRILLATION	Yes	\$7,731	\$68,256	\$0	\$68,256	\$75,987						
26	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Yes	\$10,579	\$64,799	\$52,753	\$12,047	\$75,378						
27	MULTIPLE SCLEROSIS	Yes	\$173	\$73,626	\$0	\$73,626	\$73,799						
28	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Yes	\$7,650	\$61,722	\$56,969	\$4,753	\$69,372						
29	RHEUMATOID ARTHRITIS, UNSPECIFIED	No	\$68,009	\$1,012	\$0	\$1,012	\$69,022						
30	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Yes	\$2,264	\$66,751	\$0	\$66,751	\$69,015						

Large Claim Listing (Incurred)

> \$50,000

Large Claimants
Period: June 2024 - May 2025

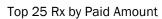
		Period: June 20	24 - May 2025				
Claimant	Condition	Services Rendered in Last Quarter	Pharmacy Paid Amount	Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Total Medical/Rx Paid Amount
31	SPONDYLOLISTHESIS, LUMBAR REGION	Yes	\$1	\$67,975	\$0	\$67,975	\$67,976
32	ILLNESS, UNSPECIFIED	Yes	\$22,482	\$43,953	\$2,706	\$41,248	\$66,435
33	ILLNESS, UNSPECIFIED	No	\$0	\$65,707	\$64,914	\$793	\$65,707
34	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Yes	\$16,736	\$48,910	\$15,794	\$33,116	\$65,645
35	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Yes	\$9,956	\$55,654	\$0	\$55,654	\$65,610
36	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Yes	\$760	\$63,962	\$0	\$63,962	\$64,721
37	VOLVULUS	Yes	\$114	\$62,737	\$52,318	\$10,419	\$62,851
38	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Yes	\$0	\$62,660	\$0	\$62,660	\$62,660
39	Obesity, class 3	Yes	\$61,173	\$420	\$0	\$420	\$61,593
40	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Yes	\$19,623	\$41,739	\$17,054	\$24,685	\$61,362



Large Claimants Period: June 2024 - May 2025 Services Rendered in Last Total Medical/Rx Paid Claimant Condition Pharmacy Paid Amount Medical Paid Amount Inpatient Paid Amount Ambulatory Paid Amount Quarter Amount 41 OTHER FATIGUE Yes \$56,042 \$2,890 \$0 \$2,890 \$58,932 ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG) \$52,628 \$0 \$5,910 \$58,538 42 Yes \$5,910 43 VENTRICULAR PREMATURE DEPOLARIZATION Yes \$421 \$55,952 \$0 \$55,952 \$56,373 Yes 44 ILLNESS, UNSPECIFIED \$9,012 \$46,550 \$38,987 \$7,563 \$55,561 45 MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST Yes \$19,902 \$31,980 \$0 \$31,980 \$51,883 46 BENIGN NEOPLASM OF ASCENDING COLON Yes \$23 \$51,394 \$31,137 \$20,258 \$51,417 47 HYPERTENSIVE HEART DISEASE WITH HEART FAILURE Yes \$3,760 \$47,064 \$39,617 \$7,447 \$50,824 48 Yes \$22,236 \$28,364 \$24,914 \$3,450 \$50,599 SEPSIS, UNSPECIFIED ORGANISM Total \$1,079,455 \$3,627,455 \$1,708,711 \$1,918,744 \$4,706,911



			Top 30 Providers b	y Incurred Claims									
	Period: June 2024 - May 2025												
Rank	Provider Name	Provider Location	Number of Claimants	Number of Services	Number of Visits	Number of Admissions	Paid Claims						
1	Renown Regional Medical Center	Reno, NV	434	7,235	1,138	46	\$1,785,012						
2	Carson Tahoe Regional Medical Center	Carson City, NV	314	6,263	883	30	\$1,220,880						
3	Banner Churchill Community Hospital	Fallon, NV	103	1,210	222	1	\$276,739						
4	Sierra Medical Center an Extension of No	Reno, NV	25	345	36	8	\$263,606						
5	Renown South Meadows Medical Center	Reno, NV	75	661	108	2	\$218,119						
6	University of California Davis Medical C	Sacramento, CA	5	246	16	2	\$169,784						
7	South Lyon Medical Center	Yerington, NV	101	1,179	251	0	\$141,518						
8	Carson Valley Medical Center	South Lake Tahoe, CA	44	619	89	0	\$124,983						
9	Quail Surgical & Pain Management Center,	Reno, NV	8	20	8	0	\$111,483						
10	Renown- Community Care Services - Urgent	Fernley, NV	304	1,796	515	0	\$108,546						
11	Reach Air Medical Services LLC	Santa Rosa, CA	1	12	1	0	\$97,100						
12	Barton Memorial Hospital	South Lake Tahoe, CA	6	202	11	0	\$93,742						
13	Emily Guerard	Reno, NV	5	100	25	0	\$72,009						
14	Portneuf Medical Center	Pocatello, ID	1	116	8	1	\$71,745						
15	Mayo Clinic Florida	Jacksonville, FL	1	35	1	1	\$56,567						
16	Northern Nevada Medical Center	Sparks, NV	19	253	30	3	\$53,674						
17	Dialysis Clinic Inc.	Gardnerville, NV	1	82	82	0	\$52,649						
18	Swift Surgery Center, LLC	Reno, NV	7	20	8	0	\$51,083						
19	Coram, Inc.	Fairfield, OH	1	102	51	0	\$50,590						
20	Sowjanya Reganti	Reno, NV	6	51	17	0	\$41,275						
21	Mountain West Surgical Center LLC	Reno, NV	1	3	1	0	\$40,622						
22	Vegas Valley Infusion Care	Las Vegas, NV	1	11	1	0	\$35,334						
23	Reno Orthopaedic Surgery Center	Reno, NV	18	73	22	0	\$34,962						
24	Catherine Kim Karno	Reno, NV	1	11	1	0	\$34,180						
25	Novocure, Inc.	Portsmouth, NH	1	2	2	0	\$32,183						
26	Tejvir Singh	Reno, NV	4	23	10	0	\$27,425						
27	LabCorp	Little Rock, AR	273	2,023	499	0	\$26,087						
28	Saint Mary's Regional Medical Center	Reno, NV	13	235	17	1	\$25,600						
29	Carson Tahoe Physician Hospital Organiza	Carson City, NV	32	53	40	0	\$24,983						
30	Cheruba Abraham	Silver Springs, NV	46	190	106	0	\$23,416						
	Total Hospital Facility In-Network		1,851	23,171	4,199	95	\$5,365,895						



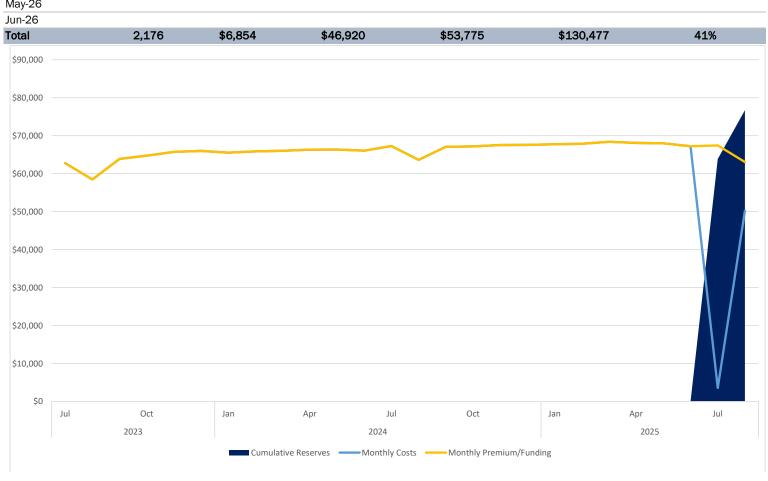


Top 25 Rx - Paid Amount										
			Perio	d: June 2024 - M	ay 2025					
Rank	Drug Name	Number of Utilizing Members	Number of Claims	Ingredient Cost	Paid Amount	Average Paid Amount per Claim	Paid Amount per Utilizing Member	Average Days Supply		
1	DUPIXENT	9	63	\$319,738	\$316,978	\$5,031.40	\$35,220	30.4		
2	OZEMPIC	40	240	\$302,220	\$286,792	\$1,194.97	\$7,170	37.7		
3	MOUNJARO	16	122	\$153,007	\$147,311	\$1,207.47	\$9,207	32.9		
4	IMBRUVICA	1	7	\$115,752	\$115,753	\$16,536.07	\$115,753	28.0		
5	OXERVATE	1	4	\$114,718	\$114,478	\$28,619.62	\$114,478	14.0		
6	JARDIANCE	21	66	\$102,888	\$95,579	\$1,448.16	\$4,551	75.5		
7	ENBREL SRCLK	1	12	\$90,399	\$89,919	\$7,493.22	\$89,919	28.0		
8	ERLEADA	1	5	\$75,965	\$75,965	\$15,193.06	\$75,965	30.0		
9	TALTZ	1	9	\$61,553	\$61,173	\$6,797.03	\$61,173	28.0		
10	RINVOQ	1	9	\$59,334	\$58,974	\$6,552.63	\$58,974	30.0		
11	ELIQUIS	16	71	\$61,421	\$56,700	\$798.59	\$3,544	42.8		
12	OTEZLA	1	11	\$56,134	\$55,694	\$5,063.11	\$55,694	30.0		
13	TRULICITY	8	33	\$41,667	\$39,994	\$1,211.93	\$4,999	35.6		
14	DEXCOM G7	16	65	\$42,121	\$38,558	\$593.20	\$2,410	55.8		
15	COSENTYX PEN	1	2	\$36,230	\$36,150	\$18,074.91	\$36,150	28.0		
16	QULIPTA	5	25	\$34,350	\$33,115	\$1,324.59	\$6,623	37.2		
17	EMGALITY	5	41	\$34,734	\$33,102	\$807.36	\$6,620	33.9		
18	ROSUVASTATIN	66	201	\$38,617	\$31,832	\$158.37	\$482	79.9		
19	DIMETHYL FUM	1	11	\$29,438	\$29,273	\$2,661.18	\$29,273	30.0		
20	BREO ELLIPTA	13	57	\$32,208	\$28,898	\$506.97	\$2,223	42.1		
21	VRAYLAR	4	14	\$29,583	\$28,786	\$2,056.16	\$7,197	42.9		
22	SYNJARDY XR	5	18	\$30,458	\$28,301	\$1,572.26	\$5,660	81.7		
23	ATORVASTATIN	98	312	\$30,441	\$28,292	\$90.68	\$289	79.6		
24	OPZELURA	3	13	\$27,148	\$26,911	\$2,070.07	\$8,970	30.0		
25	FARXIGA	5	18	\$29,909	\$26,079	\$1,448.83	\$5,216	84.0		
	Total Rx	339	1,429	\$1,950,033	\$1,884,605	\$128,512	\$747,760			





Period	Subscribers	Administrative Fees	Paid Claims	Total Cost	Budgeted Funding	Cost to Funding Ratio
Jul-25	1,131	\$3,563	\$0	\$3,563	\$67,422	5%
Aug-25	1,045	\$3,292	\$46,920	\$50,212	\$63,055	80%
Sep-25						
Oct-25						
Nov-25						
Dec-25						
Jan-26						
Feb-26						
Mar-26						
Apr-26						
May-26						
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Period	Subscribers	Administrative Fees	Paid Claims	Total Cost	Budgeted Funding	Cost to Funding Ratio
Jul-25	1,143	\$2,057	\$0	\$2,057	\$7,430	28%
Aug-25	1,057	\$1,903	\$5,986	\$7,889	\$7,001	113%
Sep-25						
Oct-25						
Nov-25						
Dec-25						
Jan-26						
Feb-26						
Mar-26						
Apr-26						
May-26						

