

# Agenda

## Lyon County School District Board of Trustees

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A LCSD INSURANCE COMMITTEE MEETING of the Board of Trustees of Lyon County School District will be held on Tuesday, February 3, 2026, beginning at 3:30 PM at the following location:

**Lyon Complex Building D, 3750 W. Spruce Ave., Silver Springs, NV 89429**

The subjects to be discussed or considered or upon which any formal action may be taken are listed below. Items do not have to be taken in the order shown on this meeting notice.

In the event that you are unable to attend the LCSD Board of Trustees meeting, you may submit public comment by 12:00 pm the day of the board meeting by [clicking here](#). Public comment will be forwarded to all LCSD Trustees prior to the board meeting. Please note that this link is monitored for public comment only.

1. CALL TO ORDER
2. PLEDGE OF ALLEGIANCE
3. ROLL CALL AND WELCOME
4. APPROVAL OF AGENDA
5. APPROVAL OF MINUTES
6. PUBLIC PARTICIPATION

The public is invited to address the committee. The purpose of public comment is to bring issues, concerns, or praiseworthy items to the attention of the committee. No action may be taken on any subject raised during public comment until the matter has been properly placed on an agenda for a properly noticed meeting pursuant to NRS 241 (Nevada's Open Meeting Law).

If you wish to speak, please step up to the front table, be seated, and state your name. Your comments must be limited to no more than three minutes and must fall under the committee's jurisdiction and control. In consideration of others, avoid repetition. Although this committee does not restrict comments based upon viewpoint, comments will be prohibited if the contents are willfully disruptive, slanderous, amount to personal attacks, or interfere with the rights of other speakers. Comments made during this time will be monitored by the Committee Chairperson.

The public comment can be emailed to [blakesmith@lyoncsd.org](mailto:blakesmith@lyoncsd.org). The committee will not discuss these comments, but they will be listed in the minutes of the meeting.

7. (FOR DISCUSSION ONLY) Update on LCSD Anthem Health and Guardian Plans. Presented by Kyle Monaghan, Logan Neeley, and Becky Stidham of LP Insurance.

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8. (FOR DISCUSSION AND POSSIBLE ACTION) LCSD Anthem July 1, 2026 renewal. Presented by Kyle Monaghan, Logan Neeley, and Becky Stidham of LP Insurance.

9. (FOR DISCUSSION AND POSSIBLE ACTION) Future LCSD Benefits Insurance Committee meeting dates. Presented by Committee Chair Kathy Rudy.

#### 10. PUBLIC PARTICIPATION

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#### 11. ADJOURN

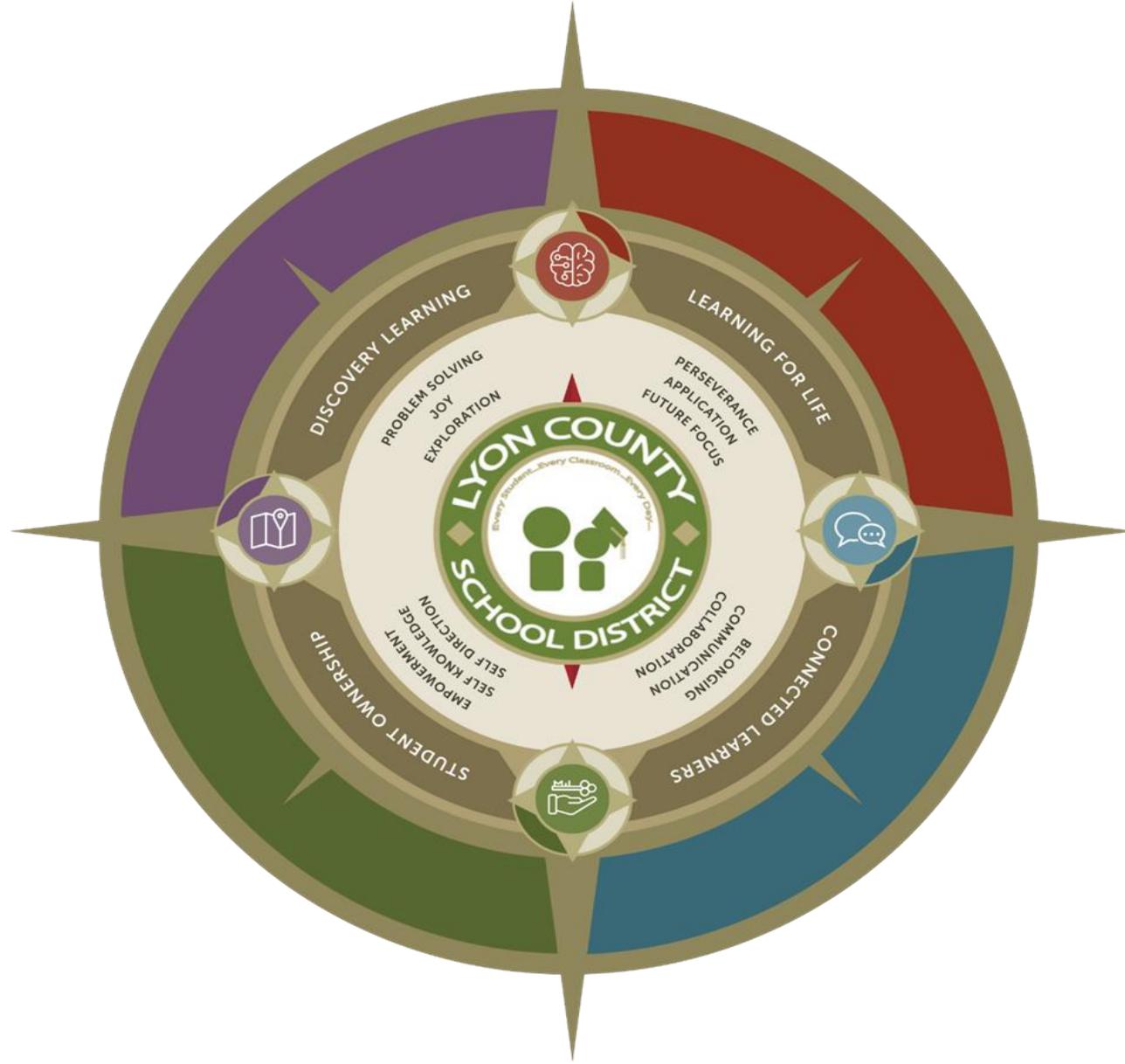
If you have questions or public records requests, please contact the LCSD Communications and Public Relations Officer at ([Communications@lyoncsd.org](mailto:Communications@lyoncsd.org)).

The notice for this meeting was posted at the Lyon County School District Administrative Office and posted to the Lyon County School District website (<http://lyoncsd.org>) and the Nevada Public Notice Website (<http://notice.nv.gov>) in accordance with NRS 241.020 (3) (b).

#### *LYON COUNTY SCHOOL DISTRICT STATEMENT OF NONDISCRIMINATION AND ACCESSIBILITY*

*The Lyon County School District does not discriminate on the basis of race, color, national origin, gender, disability or age in any of its policies, procedures, or practices, in compliance with Title VI of the Civil Rights Act of 1964 (pertaining to race, color, and national origin), Title IX of the Educational Amendments of 1972, section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Age Discrimination Act of 1975, and any other pertinent statute or requirement. This Non-Discrimination policy covers admission, access, treatment, and employment in the District's programs and activities, including Occupational Education. For information regarding opportunities, policies, or the filing of grievances, contact your school principal.*

*The Lyon County School District is pleased to provide accommodations for the handicapped or disabled. Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Administrative Assistant to the Superintendent and Board of Trustees in writing at 25 E. Goldfield Ave., Yerington, NV 89447, email [mheim@lyoncsd.org](mailto:mheim@lyoncsd.org), or call (775) 463-6800 Ext. 10034 at least one week prior to the meeting.*



# 2026 Renewal Presentation

Prepared For:  
 Lyon County School District

Effective Date:  
 July 1, 2026

Presented By:  **INSURANCE**

## Health Insurance Contributions 2026-2027

	Medical Rate	HSA Cost	ER Med	ER Med Dep	ER Med Total	EE Med	Dental Rate	ER Den	ER Den Dep	ER Den Total	EE Den	Vision Rate	ER Vis	ER Vis Dep	ER Vis Total	EE Vis	Life AD&D Rate	Total Rate	ER Total	EE Total	
<b>Base PPO \$3,500</b>																					
EE	941.37	0	941.37	0.00	941.37	0.00	43.62	43.62	0.00	43.62	0.00	4.31	4.31	0.00	4.31	0.00	3.80	993.10	993.10	0.00	
EE+SP	1882.74	0	941.37	329.48	1270.85	611.89	82.98	43.62	13.78	57.40	25.59	9.35	4.31	1.77	6.07	3.28	3.80	1978.87	1338.12	640.75	
EE+CH	1694.46	0	941.37	263.58	1204.95	489.51	83.61	43.62	14.00	57.62	26.00	9.51	4.31	1.82	6.13	3.38	3.80	1791.38	1272.50	518.88	
EE+ FAM	2824.11	0	941.37	658.96	1600.33	1223.78	115.64	43.62	25.21	68.83	46.81	15.93	4.31	4.07	8.37	7.55	3.80	2959.48	1681.33	1278.15	
EE + FAM (Dual Spouse)	2635.84	0	1882.74	296.53	2179.27	456.57	115.64	87.24	12.60	99.85	15.80	15.93	8.61	2.03	10.65	5.28	3.80	2771.21	2293.57	477.65	
<b>Buy Up PPO \$2,000</b>																					
EE	1105.42	0	941.37	0.00	941.37	164.05	43.62	43.62	0.00	43.62	0.00	4.31	4.31	0.00	4.31	0.00	3.80	1157.15	993.10	149.14	
EE+SP	2210.85	0	941.37	299.53	1240.90	969.95	82.98	43.62	13.78	57.40	25.59	9.35	4.31	1.77	6.07	3.28	3.80	2306.98	1308.17	998.82	
EE+CH	1989.76	0	941.37	239.62	1180.99	808.77	83.61	43.62	14.00	57.62	26.00	9.51	4.31	1.82	6.13	3.38	3.80	2086.68	1248.54	838.14	
EE+ FAM	3316.27	0	941.37	599.05	1540.42	1775.85	115.64	43.62	25.21	68.83	46.81	15.93	4.31	4.07	8.37	7.55	3.80	3451.64	1621.43 <sup>4</sup>	1830.22	
EE + FAM (Dual Spouse)	3095.17	0	1882.74	239.62	2179.27	915.90	115.64	87.24	12.60	99.85	15.80	15.93	8.61	2.03	10.65	5.28	3.80	3230.54	2293.57	936.98	
<b>HDHP PPO \$3,400</b>																					
EE	762.56	178.81	762.56	0.00	762.56	0.00	43.62	43.62	0.00	43.62	0.00	4.31	4.31	0.00	4.31	0.00	3.80	814.29	814.29	0	
EE+SP	1525.13	178.81	762.56	266.90	1029.46	495.67	82.98	43.62	13.78	57.40	25.59	9.35	4.31	1.77	6.07	3.28	3.80	1621.26	1096.73	420.03	
EE+CH	1372.61	178.81	762.56	213.52	976.08	396.53	83.61	43.62	14.00	57.62	26.00	9.51	4.31	1.82	6.13	3.38	3.80	1469.53	1043.62	425.91	
EE+ FAM	2287.69	178.81	762.56	533.80	1296.36	991.33	115.64	43.62	25.21	68.83	46.81	15.93	4.31	4.07	8.37	7.55	3.80	2423.06	1377.36	1045.70	
EE + FAM (Dual Spouse)	2134.42	178.81	1703.93	240.08	1944.01	190.41	115.64	87.24	12.60	99.85	15.80	15.93	8.61	2.03	10.65	5.28	3.80	2269.79	2058.30	211.49	

**Per Employee Per Month:** 100.0%  
 Additional Spouse: 35.0%  
 Additional Child/ren: 35.0%  
 Additional Family: 35.0%  
 Dual Spouse:



Contribution Model  
Maintain Existing Contribution %



**CURRENT**

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck
<b>Base PPO \$3,500</b>								
EE	670	\$855.79	\$855.79	\$0.00	\$855.79		\$0.00	\$0.00
EE+SP	29	\$1,711.58	\$1,155.32	\$0.00	\$1,155.32		\$556.26	\$556.26
EE+CH	76	\$1,540.42	\$1,095.41	\$0.00	\$1,095.41		\$445.01	\$445.01
EE+ FAM	27	\$2,567.37	\$1,454.84	\$0.00	\$1,454.84		\$1,112.53	\$1,112.53
FAMILY DUAL SPOUSE	36	\$2,396.22	\$1,981.16	\$0.00	\$1,981.16		\$415.06	\$415.06
	838	\$895,670	\$800,737	\$0	\$800,737	\$956	\$94,933	

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck
<b>Buy Up PPO \$2,000</b>								
EE	41	\$1,004.93	\$855.79	\$0.00	\$855.79		\$149.14	\$149.14
EE+SP	1	\$2,009.86	\$1,155.32	\$0.00	\$1,155.32		\$854.54	\$854.54
EE+CH	5	\$1,808.87	\$1,095.41	\$0.00	\$1,095.41		\$713.46	\$713.46
EE+ FAM	3	\$3,014.79	\$1,454.84	\$0.00	\$1,454.84		\$1,559.95	\$1,559.95
FAMILY DUAL SPOUSE	2	\$2,813.79	\$1,981.16	\$0.00	\$1,981.16		\$832.63	\$832.63
	52	\$66,928	\$50,047	\$0	\$50,047	\$962	\$16,882	

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck
<b>HDHP PPO \$3,300</b>								
EE	104	\$693.24	\$693.24	\$162.55	\$855.79		\$0.00	\$0.00
EE+SP	5	\$1,386.48	\$995.32	\$160.00	\$1,155.32		\$391.16	\$391.16
EE+CH	7	\$1,247.83	\$935.41	\$160.00	\$1,095.41		\$312.42	\$312.42
EE+ FAM	9	\$2,079.72	\$1,294.84	\$160.00	\$1,454.84		\$784.88	\$784.88
FAMILY DUAL SPOUSE	2	\$1,940.38	\$1,818.61	\$162.55	\$1,981.16		\$121.77	\$121.77
	127	\$110,362	\$98,912	\$20,590	\$119,503	\$941	\$11,450	

**Employer Contribution %**

Employee	100%
Spouse	35%
Child/ren	35%
Family	35%
Family Dual Spouse	

	Employee Only	Employee + Dep(s)	Family Dual Spouse
Employer Annual HSA Contribution	\$1,951	\$1,920	\$1,951

**Total**

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM
Total Monthly	1017	\$1,072,961	\$949,696	\$20,590	\$970,286	\$954
Total Annual		\$12,875,528	\$11,396,351	\$247,084	\$11,643,435	

**RENEWAL**

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck	EE +/-
<b>Base PPO \$3,500</b>									
EE	670	\$941.37	\$941.37	\$0.00	\$941.37		\$0.00	\$0.00	\$0.00
EE+SP	29	\$1,882.74	\$1,270.85	\$0.00	\$1,270.85		\$611.89	\$611.89	\$55.63
EE+CH	76	\$1,694.46	\$1,204.95	\$0.00	\$1,204.95		\$489.51	\$489.51	\$44.50
EE+ FAM	27	\$2,824.11	\$1,600.33	\$0.00	\$1,600.33		\$1,223.78	\$1,223.78	\$111.25
FAMILY DUAL SPOUSE	36	\$2,635.84	\$2,179.27	\$0.00	\$2,179.27		\$456.57	\$456.57	\$41.51
	838	\$985,238	\$880,812	\$0	\$880,812	\$1,051	\$104,426		

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck	EE +/-
<b>Buy Up PPO \$2,000</b>									
EE	41	\$1,105.42	\$941.37	\$0.00	\$941.37		\$164.05	\$164.05	\$14.91
EE+SP	1	\$2,210.85	\$1,240.90	\$0.00	\$1,240.90		\$969.95	\$969.95	\$115.41
EE+CH	5	\$1,989.76	\$1,180.99	\$0.00	\$1,180.99		\$808.77	\$808.77	\$95.31
EE+ FAM	3	\$3,316.27	\$1,540.42	\$0.00	\$1,540.42		\$1,775.85	\$1,775.85	\$215.90
FAMILY DUAL SPOUSE	2	\$3,095.17	\$2,179.27	\$0.00	\$2,179.27		\$915.90	\$915.90	\$83.27
	52	\$73,621	\$54,722	\$0	\$54,722	\$1,052	\$18,899		

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck	EE +/-
<b>HDHP \$3,400</b>									
EE	104	\$762.56	\$762.56	\$178.81	\$762.56		\$0.00	\$0.00	\$0.00
EE+SP	5	\$1,525.13	\$1,029.46	\$178.81	\$1,029.46		\$495.67	\$495.67	\$104.51
EE+CH	7	\$1,372.61	\$976.08	\$178.81	\$976.08		\$396.53	\$396.53	\$84.11
EE+ FAM	9	\$2,287.69	\$1,296.36	\$178.81	\$1,296.36		\$991.33	\$991.33	\$206.45
FAMILY DUAL SPOUSE	2	\$2,134.42	\$1,934.11	\$178.81	\$1,934.11		\$200.31	\$200.31	\$78.54
	127	\$121,398	\$106,821	\$22,709	\$106,821	\$841	\$14,577		

**Employer Contribution %**

Employee	100%
Spouse	35%
Child/ren	35%
Family	35%
Family Dual Spouse	

	Employee Only	Employee + Dep(s)	Family Dual Spouse
Employer Annual HSA Contribution	\$2,146	\$2,146	\$2,146

**Total**

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM
Total Monthly	1017	\$1,180,257	\$1,042,355	\$22,709	\$1,042,355	\$1,025
Total Annual		\$14,163,081	\$12,508,258	\$272,506	\$12,508,258	

\$ over/under current (annual)	\$1,287,553	\$1,111,907	\$25,423	\$864,824	\$71
% over/under current	10.00%	9.76%	10.29%	7.43%	

Lyon County School District  
 Benefits & Cost Comparison - Dental

		CURRENT
Carrier	Guardian	
Network	Dental Guard Preferred	
Out-of-Network Reimbursement	UCR	
	<u>In Network</u>	
Individual Calendar Year Deductible	\$50	
Family Maximum	\$150	
<b>Coverage Level:</b>		
Preventive	no charge	
Basic	20% after deductible	
Major	50% after deductible	
Orthodontia (child only/child and adult)	50% after deductible	
<b>Coverage Detail:</b>		
Cleaning Frequency	2 per calendar year	
Implants	major	
Composite Fillings	basic	
Composite Placement	anterior & posterior	
Crowns	major	
Endo and Perio	basic	
Oral Surgery	basic	
<b>Calendar Year Maximum</b>	\$2,000	
<b>Orthodontia Lifetime Maximum</b>	\$1,500	
<b>Missing Tooth Exclusion</b>	yes	
<b>Roll-Over Benefits</b>	yes	
<b>Waiting Periods (timely applicants):</b>		
Basic	none	
Major	none	
<b>Rates:</b>	<b>Current</b>	
Employee	795	\$43.62
Employee + Spouse	105	\$82.98
Employee + Child/ren	118	\$83.61
Family	93	\$115.64
Family (Dual Spouse)	40	\$115.64
	1151	
<b>Total Monthly Premium</b>	<b>\$68,639</b>	
<b>Total Annual Premium</b>	<b>\$823,667</b>	
<b>Rate Guarantee:</b>	<b>Renews 07/01/2027</b>	

Contribution Model  
 Maintain Existing Contribution %



CURRENT						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>	<u>EE Monthly</u>	<u>EE Paycheck</u>
<b>Dental</b>						
EE	795	\$43.62	\$43.62		\$0.00	\$0.00
EE+SP	105	\$82.98	\$57.40		\$25.59	\$25.59
EE+CH	118	\$83.61	\$57.62		\$26.00	\$26.00
EE+ FAM	93	\$115.64	\$68.83		\$46.81	\$46.81
FAMILY DUAL SPOUSE	<u>40</u>	<u>\$115.64</u>	<u>\$99.85</u>		<u>\$15.80</u>	<u>\$15.80</u>
	1151	\$68,639	\$57,900	\$50	\$10,740	
Total						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>		
<b>Total Monthly</b>	1151	\$68,639	\$57,900	\$50		
<b>Total Annual</b>		\$823,667	\$694,800			

Lyon County School District  
 Benefits & Cost Comparison - Vision

		CURRENT
<b>Carrier</b>		<b>Guardian</b>
<b>Network</b>		VSP
<b>Exam</b>		<u>In Network</u>
<b>Materials</b>		\$10 copay
		\$25 copay
<b>Frequency:</b>		
Eye Exam		Every 12 months
Lenses		Every 12 months
Frames		Every 24 months
<b>Schedule of Benefits:</b>		
Vision Exam		covered in full
Single Vision Lenses		covered in full
Bifocal Lenses		covered in full
Trifocal Lenses		covered in full
Frames		up to \$130
Contact Lenses - elective		up to \$130
<b>Rates:</b>		<b>Proposed</b>
Employee	832	\$4.31
Employee + Spouse	108	\$9.35
Employee + Child/ren	102	\$9.51
Family	86	\$15.93
Family (Dual Spouse)	40	\$15.93
	<b>1168</b>	
<b>Total Monthly Premium</b>		<b>\$7,573</b>
<b>Total Annual Premium</b>		<b>\$90,875</b>
<b>Rate Guarantee:</b>		<b>Renews 07/01/2027</b>

Contribution Model  
 Maintain Existing Contribution %



CURRENT						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>	<u>EE Monthly</u>	<u>EE Paycheck</u>
<b>Vision</b>						
EE	832	\$4.31	\$4.31		\$0.00	\$0.00
EE+SP	108	\$9.35	\$6.07		\$3.28	\$3.28
EE+CH	102	\$9.51	\$6.13		\$3.38	\$3.38
EE+ FAM	86	\$15.93	\$8.37		\$7.55	\$7.55
FAMILY DUAL SPOUSE	<u>40</u>	<u>\$15.93</u>	<u>\$10.65</u>		<u>\$5.28</u>	<u>\$5.28</u>
	1168	\$7,573	\$6,013	\$5	\$1,560	
Total						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>		
<b>Total Monthly</b>	1168	\$7,573	\$6,013	\$5		
<b>Total Annual</b>		\$90,875	\$72,151			

Lyon County School District  
 Benefits & Cost Comparison - Employer Paid Life/AD&D

	CURRENT
Carrier	Guardian
Eligibility	active, full-time
Benefit Amount: All Eligible Employees	\$20,000
Plan Features:	
Accelerated Death Benefit	included
Conversion	included
Waiver of Premium	included
Travel Assistance	included
Benefit Reduces To: at age 70	50%
Rates:	Current
Volume	\$24,120,000
Life, AD&D per \$1,000	\$0.190
Total Monthly Premium	\$4,583
Total Annual Premium	\$54,994
Rate Guarantee:	Renews 07/01/2027

Lyon County School District - February 2026 IC Meeting  
LP Summary/Comments

**Claims Review**

**Claims Review**

Medical: Incurred November 2024 - October 2025  
Dental & Vision: Paid through December 2025

**Renewal Analysis**

**Medical - Renews 7/1/2026**

Locked in with 19.9% rate cap  
10% secured (no-bid)

**Dental & Vision Rates**

**Market Update**

**Local vs. National**

Anthem  
Cigna  
United Healthcare  
Aetna  
Hometown Health  
Prominence  
Sierra Health & Life (SHL)  
Health Plan of Nevada (HPN)

**Other**

**Full 2026 Communications plan**

**LP Claims Assistance Figures & Updates**

**Any other comments/feedback from IC?**



## Lyon County Claims and Service Tracking

LCSDsupport@lpins.net

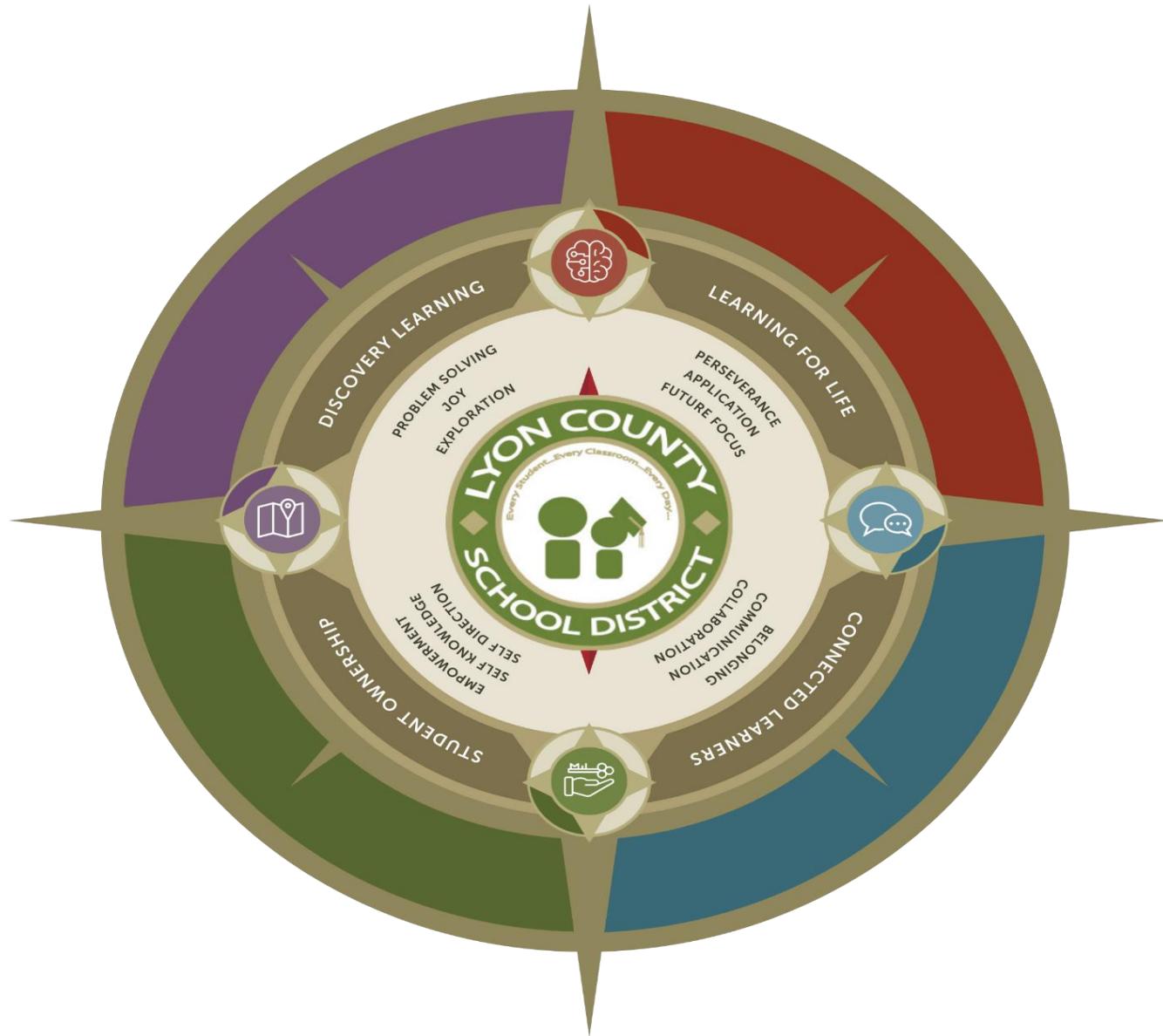
Claims assistance from December 3, 2025 to February 2, 2026

<b>Medical</b>	<b>Pending</b>	<b>Resolved</b>	<b>Totals</b>
Claims Assistance		1	1
Pharmacy / RX		1	1
Eligibility			0
Provider Assistance			0
Approvals / Prior Authorizations		1	1
Denied Claims / Services			0
Appeals			0
Benefit Related Questions			0
Coordination of Benefits			0

<b>Dental/Vision</b>	<b>Pending</b>	<b>Resolved</b>	<b>Totals</b>
Claims Assistance			0
Eligibility			0
Approvals / Prior Authorizations			0
Denied Claims / Services		1	1
Provider Assistance			0
Benefit Related Questions			0

<b>Phone Call Log</b>	<b>Pending</b>	<b>Resolved</b>	<b>Totals</b>
Claims Assistance			0
Pharmacy / RX			0
Eligibility			0
Provider Assistance			0
Approvals / Prior Authorizations			0
Denied Claims / Services			0
Appeals			0
Benefit Related Questions			0
Coordination of Benefits			0
<b>Total Claim Assistance Requests:</b>			4





# Monthly Reporting Package

Prepared For:

Lyon County School District

Incurred Through:

November 2024 - October 2025

Paid Through:

December 2025

Presented By:





Current 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
Nov-24	1,045	1,492	\$935,665	\$895	\$753,897	\$721	\$214,095	\$205	22%	\$967,992	\$926	103%
Dec-24	1,047	1,495	\$935,402	\$893	\$691,825	\$661	\$249,203	\$238	26%	\$941,028	\$899	101%
Jan-25	1,050	1,501	\$938,958	\$894	\$741,533	\$706	\$252,249	\$240	25%	\$993,782	\$946	106%
Feb-25	1,053	1,505	\$940,311	\$893	\$462,323	\$439	\$267,223	\$254	37%	\$729,546	\$693	78%
Mar-25	1,058	1,506	\$946,215	\$894	\$727,239	\$687	\$248,629	\$235	25%	\$975,868	\$922	103%
Apr-25	1,052	1,495	\$939,011	\$893	\$737,988	\$702	\$229,501	\$218	24%	\$967,489	\$920	103%
May-25	1,053	1,495	\$939,848	\$893	\$492,413	\$468	\$226,411	\$215	31%	\$718,824	\$683	76%
Jun-25	1,047	1,488	\$934,667	\$893	\$538,235	\$514	\$225,161	\$215	29%	\$763,396	\$729	82%
Jul-25	1,047	1,502	\$1,083,633	\$1,035	\$805,756	\$770	\$133,564	\$128	14%	\$939,321	\$897	87%
Aug-25	958	1,410	\$1,006,867	\$1,051	\$555,612	\$580	\$225,629	\$236	29%	\$781,241	\$815	78%
Sep-25	1,030	1,513	\$1,074,920	\$1,044	\$508,561	\$494	\$198,891	\$193	28%	\$707,452	\$687	66%
Oct-25	1,032	1,512	\$1,123,170	\$1,088	\$836,539	\$811	\$217,821	\$211	21%	\$1,054,360	\$1,022	94%
<b>Total</b>			\$11,798,669		\$7,851,922		\$2,688,377		26%	\$10,540,299		<b>89%</b>
<b>Average</b>	1,039	1,493		\$947		\$629		\$216			\$845	

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
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%
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	\$832,758	\$806	\$259,151	\$251	24%	\$1,091,909	\$1,057	117%
Aug-24	973	1,409	\$877,513	\$902	\$490,636	\$504	\$257,893	\$265	34%	\$748,529	\$769	85%
Sep-24	1,040	1,481	\$928,709	\$893	\$835,827	\$804	\$238,675	\$229	22%	\$1,074,502	\$1,033	116%
Oct-24	1,041	1,485	\$929,599	\$893	\$973,800	\$935	\$245,368	\$236	20%	\$1,219,168	\$1,171	131%
<b>Total</b>			\$10,339,740		\$7,808,196		\$2,918,896		27%	\$10,727,092		<b>104%</b>
<b>Average</b>	1,010	1,473		\$853		\$642		\$241			\$883	

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				
<b>Current</b>	1,039	1,493	\$947	\$629	\$216	25.5%	\$845	89.3%				
<b>Prior</b>	1,010	1,473	\$853	\$642	\$241	27.2%	\$883	103.7%				
<b>Change %</b>	2.9%	1.4%	11.1%	-1.9%	-10.5%	-1.7%	-4.3%	-14.4%				

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



Large Claimant Claim Progression - Most Recent 12 Months

Claimant Number	Age	Active (Y/N)	Health Condition Category	Primary Medical Diagnosis	Claim Type	Jul-25	Aug-25	Sep-25	Oct-25	Total	Grand Total
1	Ages 55-64	Y	Neoplasms - Malignant	Encounter For Other Aftercare	Medical Rx	\$309,340 \$1,020	\$7,037 \$0	\$9,494 \$17,122	\$1,614 \$111	\$327,485 \$18,252	\$345,737
2	Ages 45-54	Y	Neoplasms - Malignant	Malignant Neoplasm Of Brain	Medical Rx	\$2,483 \$1,600	\$447 \$1,612	\$2,472 \$0	\$204,155 \$52	\$209,557 \$3,264	\$212,820
3	Ages 18-25	Y	Behavioral Health	Other Anxiety Disorders	Medical Rx	\$38,646 \$866	\$46,821 \$1,319	\$21,816 \$771	\$6,030 \$1,051	\$113,313 \$4,007	\$117,320 16
4	Ages 45-54	Y	Circulatory System	Chronic Ischemic Heart Disease	Medical Rx	\$0 \$0	\$0 \$0	\$462 \$0	\$102,072 \$0	\$102,534 \$0	\$102,534
5	Ages 55-64	Y	Neoplasms - Malignant	Malignant Neoplasm Of Breast	Medical Rx	\$1,956 \$0	\$10,540 \$25	\$5,400 \$0	\$58,573 \$0	\$76,469 \$25	\$76,494
6	Ages 65+	Y	Neoplasms - Malignant	Malignant Neoplasm Of Prostate	Medical Rx	\$317 \$17,987	\$0 \$17,987	\$63 \$12,811	\$643 \$13,034	\$1,023 \$61,820	\$62,843
7	Ages 45-54	Y	Nervous System	Migraine	Medical Rx	\$23,697 \$136	\$5,088 \$1,634	\$929 \$87	\$25,863 \$1,408	\$55,577 \$3,264	\$58,841
8	Ages 55-64	Y	Neoplasms - Malignant	Malignant Neoplasm Of Breast	Medical Rx	\$2,939 \$9	\$23,753 \$614	\$13,004 \$669	\$17,546 \$25	\$57,242 \$1,317	\$58,560
9	Ages 45-54	Y	Diseases of the Skin	Other Follicular Disorders	Medical Rx	\$553 \$74	\$191 \$32,490	\$404 \$6,708	\$0 \$35	\$1,148 \$39,307	\$40,455
10	Ages 35-44	Y	Genitourinary System	Excess Frequent Irreg Menstruation	Medical Rx	\$825 \$0	\$35,221 \$0	\$0 \$0	\$457 \$0	\$36,503 \$0	\$36,503



Large Claimant Claim Progression - Most Recent 12 Months

Claimant Number	Age	Active (Y/N)	Health Condition Category	Primary Medical Diagnosis	Claim Type	Jul-25	Aug-25	Sep-25	Oct-25	Total	Grand Total
11	Ages 18-25	Y	Behavioral Health	Maj Depress D/O Recurrent	Medical	\$7,599	\$4,348	\$2,447	\$20,118	\$34,512	\$36,443
					Rx	\$25	\$33	\$0	\$1,874	\$1,931	
12	Ages 35-44	Y	Digestive System	Acute Pancreatitis	Medical	\$0	\$0	\$33,935	\$488	\$34,423	\$34,580
					Rx	\$34	\$0	\$123	\$0	\$157	
13	Ages 55-64	Y	Nervous System	Multiple Sclerosis	Medical	\$9,923	\$190	\$9,709	\$9,857	\$29,679	\$33,141
					Rx	\$0	\$13	\$13	\$3,435	\$3,462	
14	Ages 45-54	Y	Genitourinary System	Pain & Oth Cond Fe Gen Orgn & Menst	Medical	\$28,594	\$0	\$0	\$0	\$28,594	\$28,617
					Rx	\$23	\$0	\$0	\$0	\$23	
15	Ages 55-64	Y	Respiratory System	Respiratory Failure Nec	Medical	\$227	\$0	\$20,994	\$3,509	\$24,729	\$28,271
					Rx	\$1,846	\$0	\$713	\$983	\$3,542	
16	Ages 55-64	Y	Nervous System	Migraine	Medical	\$1,891	\$183	\$0	\$2,055	\$4,129	\$28,155
					Rx	\$5,382	\$5,339	\$7,321	\$5,985	\$24,027	
17	Ages 35-44	Y	Maternity	Spontaneous Abortion	Medical	\$23,688	\$1,224	\$339	\$1,979	\$27,229	\$27,966
					Rx	\$106	\$0	\$630	\$0	\$736	
18	Ages 45-54	Y	Digestive System	Cholelithiasis	Medical	\$364	\$8,173	\$17,941	\$882	\$27,360	\$27,891
					Rx	\$254	\$37	\$57	\$183	\$531	
19	Ages 35-44	Y	Health Status	Enc Oth Spcl Ex No Complnt Susp Dx	Medical	\$0	\$491	\$0	\$0	\$491	\$26,439
					Rx	\$6,677	\$6,673	\$6,246	\$6,352	\$25,947	
<b>Grand Total</b>						<b>\$489,081</b>	<b>\$211,482</b>	<b>\$192,681</b>	<b>\$490,367</b>	<b>\$1,383,610</b>	



Large Claimants Prior Plan Year							
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	\$19,571	\$312,081	\$210,865	\$101,216	\$331,652
2	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Yes	\$3,356	\$247,858	\$152,658	\$95,200	\$251,215
3	MALIGNANT NEOPLASM OF RETROPERITONEUM	Yes	\$6,796	\$240,451	\$208,416	\$32,034	\$247,246
4	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Yes	\$7,588	\$181,187	\$0	\$181,187	\$188,775
5	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Yes	\$17,410	\$156,998	\$69,425	\$87,573	\$174,408
6	MULTIPLE SCLEROSIS	Yes	\$17,637	\$156,246	\$0	\$156,246	\$173,883
7	MALIGNANT NEOPLASM OF PROSTATE	Yes	\$132,445	\$2,918	\$0	\$2,918	\$135,363
8	RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION	Yes	\$313	\$129,544	\$19,830	\$109,713	\$129,857
9	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Yes	\$1	\$118,687	\$0	\$118,687	\$118,688
10	END STAGE RENAL DISEASE	Yes	\$3,267	\$114,337	\$20,929	\$93,408	\$117,604

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Large Claimants Prior Plan Year							
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	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Yes	\$114,478	\$1,329	\$0	\$1,329	\$115,808
12	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	Yes	\$184	\$113,936	\$108,301	\$5,635	\$114,120
13	ACUTE DRUG-INDUCED INTERSTITIAL LUNG DISORDERS	Yes	\$635	\$111,599	\$91,606	\$19,993	\$112,234
14	DISEASE OF GALLBLADDER, UNSPECIFIED	Yes	\$12,669	\$91,083	\$37,547	\$53,536	\$103,752
15	OBESITY, UNSPECIFIED	Yes	\$8,247	\$91,044	\$79,875	\$11,169	\$99,291
16	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Yes	\$91,710	\$573	\$0	\$573	\$92,284
17	Patent foramen ovale	Yes	\$7,751	\$84,040	\$62,372	\$21,668	\$91,791
18	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Yes	\$14,843	\$76,795	\$0	\$76,795	\$91,638
19	JUVENILE OSTEOCHONDROSIS OF SPINE, THORACOLUMBAR REGION	No	\$664	\$84,390	\$83,109	\$1,281	\$85,053
20	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	No	\$83,971	\$383	\$0	\$383	\$84,354

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Large Claimants Prior Plan Year							
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	SUBMUCOUS LEIOMYOMA OF UTERUS	Yes	\$1,981	\$81,565	\$9,729	\$71,836	\$83,546
22	MALIGNANT NEOPLASM OF PROSTATE	No	\$60,792	\$22,430	\$0	\$22,430	\$83,222
23	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	Yes	\$2,239	\$76,449	\$50,092	\$26,357	\$78,689
24	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Yes	\$67,323	\$10,342	\$0	\$10,342	\$77,666
25	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Yes	\$10,718	\$65,898	\$52,753	\$13,145	\$76,616
26	PAROXYSMAL ATRIAL FIBRILLATION	Yes	\$6,710	\$68,707	\$0	\$68,707	\$75,417
27	MULTIPLE SCLEROSIS	Yes	\$175	\$73,605	\$0	\$73,605	\$73,780
28	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Yes	\$70,148	\$1,063	\$0	\$1,063	\$71,211
29	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Yes	\$9,323	\$61,883	\$56,969	\$4,914	\$71,206
30	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Yes	\$2,133	\$67,175	\$0	\$67,175	\$69,308

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Large Claimants Prior Plan Year							
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	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Yes	\$24,637	\$41,835	\$17,054	\$24,781	\$66,472
32	ILLNESS, UNSPECIFIED	No	\$0	\$65,707	\$64,914	\$793	\$65,707
33	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Yes	\$15,619	\$49,952	\$15,794	\$34,158	\$65,572
34	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Yes	\$357	\$63,803	\$0	\$63,803	\$64,160
35	ILLNESS, UNSPECIFIED	Yes	\$23,937	\$39,830	\$4,843	\$34,986	\$63,766
36	SPONDYLOLISTHESIS, LUMBAR REGION	Yes	\$1	\$63,114	\$0	\$63,114	\$63,116
37	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	Yes	\$61,610	\$970	\$0	\$970	\$62,580
38	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Yes	\$0	\$62,521	\$0	\$62,521	\$62,521
39	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Yes	\$7,203	\$55,022	\$0	\$55,022	\$62,225
40	VOLVULUS	Yes	\$114	\$61,035	\$52,318	\$8,717	\$61,149

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Large Claimants Prior Plan Year							
Claimant	Condition	Services Rendered in Last Quarter	Pharmacy Paid Amount	Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Total Medical/Rx Paid Amount
41	MECH COMPL OF INTERNAL LEFT KNEE PROSTHESIS, INIT ENCNT	Yes	\$118	\$59,666	\$55,203	\$4,463	\$59,784
42	OTHER FATIGUE	No	\$56,042	\$2,631	\$0	\$2,631	\$58,673
43	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Yes	\$2,311	\$55,638	\$12,633	\$43,005	\$57,949
44	VENTRICULAR PREMATURE DEPolarIZATION	Yes	\$421	\$57,149	\$0	\$57,149	\$57,571
45	ILLNESS, UNSPECIFIED	Yes	\$8,382	\$48,823	\$38,987	\$9,836	\$57,205
46	MALIGNANT NEOPLASM OF PROSTATE	Yes	\$37,572	\$18,531	\$0	\$18,531	\$56,103
47	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	No	\$49,045	\$5,719	\$0	\$5,719	\$54,764
48	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	Yes	\$5,998	\$47,691	\$39,617	\$8,074	\$53,690
49	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Yes	\$18,710	\$32,288	\$0	\$32,288	\$50,998
50	BENIGN NEOPLASM OF ASCENDING COLON	Yes	\$23	\$50,682	\$31,137	\$19,546	\$50,705

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Large Claimants Prior Plan Year								23
Claimant	Condition	Services Rendered in Last Quarter	Pharmacy Paid Amount	Medical Paid Amount	Inpatient Paid Amount	Ambulatory Paid Amount	Total Medical/Rx Paid Amount	
51	PAIN IN RIGHT ANKLE AND JOIN	No	\$49,863	\$596	\$0	\$596	\$50,459	
52	SEPSIS, UNSPECIFIED ORGANISM	Yes	\$22,236	\$28,202	\$24,914	\$3,289	\$50,438	
<b>Total</b>			<b>\$1,159,279</b>	<b>\$3,756,005</b>	<b>\$1,671,891</b>	<b>\$2,084,114</b>	<b>\$4,915,283</b>	



Top Inpatient Facilities by Incurred Claims

Rank	Provider Name	City	State	Unique Claimants	Amount Per Claimant	Admissions	Claim Amount	Percent Total Paid
1	UC DAVIS MEDICAL CENTER	SACRAMENTO	CA	*	*	*	\$280,713	45.6% <sup>24</sup>
2	RENOWN REGIONAL MEDICAL CENTER	RENO	NV	*	*	*	\$192,705	31.3%
3	CARSON TAHOE REGIONAL MEDICAL CENTER	CARSON CITY	NV	7	\$9,336	*	\$65,350	10.6%
4	SHORTRIDGE ACADEMY LLC	MILTON	NH	*	*	*	\$24,534	4.0%
5	RENO BEHAVIORAL HEALTHCARE HOSPITAL	RENO	NV	*	*	*	\$20,546	3.3%
6	BANNER CHURCHILL COMMUNITY HOSPITAL	FALLON	NV	*	*	*	\$12,346	2.0%
7	HOLYOKE CAPITAL JV	HOLYOKE	MA	*	*	*	\$10,053	1.6%
8	BANYAN CASTLE ROCK	CASTLE ROCK	CO	*	*	*	\$9,962	1.6%
9	NORTHERN NEVADA SIERRA MEDICAL CTR	RENO	NV	*	*	*	\$0	0.0%
<b>Total Inpatient Facility In-Network</b>							<b>\$616,208</b>	<b>100%</b>

\* - less than 5 unique claimants



**Top Outpatient Facilities by Incurred Claims**

Rank	Provider Name	City	State	Unique Claimants	Amount Per Claimant	Visits	Claim Amount	Percent Total Paid
1	RENOWN REGIONAL MEDICAL CENTER	RENO	NV	222	\$1,532	414	\$340,071	30.9%
2	CARSON TAHOE REGIONAL MEDICAL CENTER	CARSON CITY	NV	189	\$1,636	348	\$309,259	28.1%
3	BANNER CHURCHILL COMMUNITY HOSPITAL	FALLON	NV	54	\$2,257	122	\$121,867	11.1%
4	CARSON VALLEY HEALTH	GARDNERVILLE	NV	22	\$2,345	34	\$51,583	4.7%
5	RENOWN SOUTH MEADOWS MEDICAL CENTER	RENO	NV	41	\$1,175	56	\$48,161	4.4%
6	SOUTH LYON MEDICAL CENTER	YERINGTON	NV	47	\$966	78	\$45,385	4.1%
7	NORTHERN NEVADA MEDICAL CENTER	SPARKS	NV	*	*	*	\$28,138	2.6%
8	UC DAVIS MEDICAL CENTER	SACRAMENTO	CA	*	*	20	\$26,915	2.4%
9	NORTHERN NEVADA SIERRA MEDICAL CTR	RENO	NV	5	\$3,484	6	\$17,419	1.6%
10	THRIVE WELLNESS OF RENO	RENO	NV	*	*	21	\$13,182	1.2%
11	ADVENTHEALTH CASTLE ROCK	CASTLE ROCK	CO	*	*	*	\$12,449	1.1%
12	FRISBIE MEMORIAL HOSPITAL	ROCHESTER	NH	*	*	*	\$10,870	1.0%
13	BARTON MEMORIAL HOSPITAL	SOUTH LAKE TAHOE	CA	*	*	6	\$10,435	0.9%
14	CARSON ENDOSCOPY CENTER	CARSON CITY	NV	7	\$1,148	8	\$8,039	0.7%
15	CHARLIE HEALTH	LAS VEGAS	NV	*	*	17	\$5,215	0.5%
16	DIGESTIVE HEALTH CENTER	RENO	NV	10	\$507	11	\$5,073	0.5%
17	MEMORIAL HOSPITAL OF CONVERSE COUNTY	DOUGLAS	WY	*	*	*	\$5,059	0.5%
18	PORTSMOUTH REGIONAL HOSPITAL	PORTSMOUTH	NH	*	*	*	\$4,965	0.5%
19	SOUTH MEADOWS ENDOSCOPY CENTER	RENO	NV	7	\$699	8	\$4,896	0.4%
20	COMMUNITY HOSPITAL OF ANACONDA	ANACONDA	MT	*	*	*	\$4,684	0.4%
21	ST VINCENT HEALTHCARE	BILLINGS	MT	*	*	*	\$3,697	0.3%
22	EVOLENT SPECIALTY SERVICE	CARSON CITY	NV	*	*	*	\$3,319	0.3%
23	OCALA REGIONAL MEDICAL CENTER	OCALA	FL	*	*	*	\$3,315	0.3%
24	VANDERBILT UNIVERSITY MEDICAL CENTER	NASHVILLE	TN	*	*	*	\$3,311	0.3%
25	SAINT MARYS REGIONAL MEDICAL CENTER	RENO	NV	*	*	*	\$2,717	0.2%
26	ALL OTHERS	ALL OTHERS	NA	25	\$458	45	\$11,440	1.0%
<b>Total Outpatient Facility In-Network</b>							<b>\$1,101,464</b>	<b>100%</b>

\* - less than 5 unique claimants

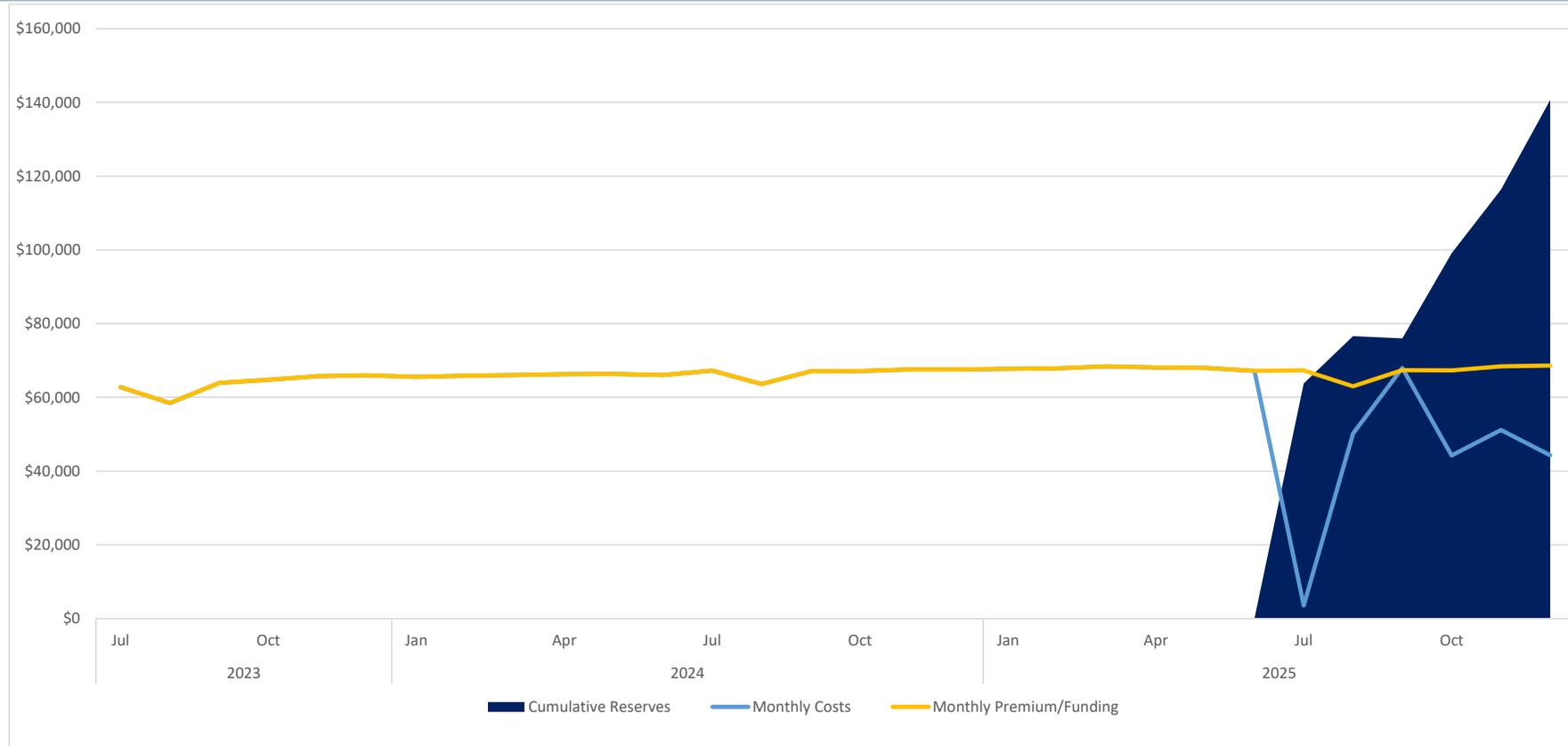


Top 25 Drugs - Paid

Rank	Drug Name	Primary Indication	Drug Type	Specialty (Y/N)	Unique Claimants	Claim Amount Total	Claim Amount % of Total Claims	Claim Amount Per Script	Claim Amount PMPM	Days Supply Per Script
1	OZEMPIC	DIABETES	BRAND	N	20	\$68,809	8.9%	\$962	\$11.59	48.48
2	IMBRUVICA	CANCER	BRAND	Y	*	\$61,815	8.0%	\$14,482	\$10.41	28
3	DUPIXENT	DERMATOLOGIC CONDITIONS	BRAND	Y	6	\$61,369	7.9%	\$3,194	\$10.34	31
4	MOUNJARO	DIABETES	BRAND	N	15	\$59,755	7.7%	\$1,018	\$10.06	38
5	COSENTYX SENSOREADY PEN	INFLAMMATORY CONDITIONS	BRAND	Y	*	\$39,082	5.0%	\$18,390	\$6.58	28
6	HUMIRA PEN	INFLAMMATORY CONDITIONS	BRAND	Y	*	\$38,647	5.0%	\$6,011	\$6.51	28
7	JARDIANCE	DIABETES	BRAND	N	11	\$26,141	3.4%	\$582	\$4.40	63
8	ELIQUIS	ANTICOAGULATION	BRAND	N	10	\$22,059	2.8%	\$573	\$3.72	426
9	RINVOQ	INFLAMMATORY CONDITIONS	BRAND	Y	*	\$21,514	2.8%	\$5,019	\$3.62	30
10	OTEZLA	INFLAMMATORY CONDITIONS	BRAND	Y	*	\$20,584	2.7%	\$4,822	\$3.47	30
11	LENALIDOMIDE	CANCER	GENERIC	Y	*	\$16,957	2.2%	\$15,958	\$2.86	28
12	ACTEMRA	INFLAMMATORY CONDITIONS	BRAND	Y	*	\$15,017	1.9%	\$4,684	\$2.53	28
13	LIVDELZI	OTHER MISC CONDITIONS	BRAND	Y	*	\$12,892	1.7%	\$12,133	\$2.17	30
14	VRAYLAR	PSYCHIATRIC/NEURO DISORDERS	BRAND	N	*	\$10,942	1.4%	\$1,138	\$1.84	54
15	LINZESS	GI DISORDERS	BRAND	N	6	\$10,033	1.3%	\$524	\$1.69	54
16	DEXCOM G7 SENSOR	DIABETES	BRAND	N	9	\$9,990	1.3%	\$359	\$1.68	49
17	EMGALITY	MIGRAINE HEADACHES	BRAND	N	*	\$9,141	1.2%	\$609	\$1.54	53
18	NURTEC	MIGRAINE HEADACHES	BRAND	N	5	\$8,834	1.1%	\$1,182	\$1.49	26
19	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	GENERIC	Y	*	\$8,746	1.1%	\$2,049	\$1.47	30
20	QULIPTA	MIGRAINE HEADACHES	BRAND	N	*	\$8,345	1.1%	\$1,114	\$1.41	30
21	TRULICITY	DIABETES	BRAND	N	*	\$8,041	1.0%	\$944	\$1.35	37
22	CAPLYTA	PSYCHIATRIC/NEURO DISORDERS	BRAND	N	*	\$7,112	0.9%	\$1,659	\$1.20	30
23	SYNJARDY XR	DIABETES	BRAND	N	*	\$6,722	0.9%	\$523	\$1.13	90
24	XARELTO	ANTICOAGULATION	BRAND	N	*	\$6,704	0.9%	\$572	\$1.13	64
25	BREO ELLIPTA	ASTHMA	BRAND	N	5	\$6,621	0.9%	\$365	\$1.12	46
<b>Totals - Top 25 Drugs</b>			-	<b>10</b>	-	<b>\$565,873</b>	<b>73%</b>	-	-	-

\* = Less than 5 claimants

Period	Subscribers	Administrative Fees	Paid Claims	Total Cost	Budgeted Funding	Cost to Funding Ratio
Jul-25	1,131	\$3,563	\$0	\$3,563	\$67,342	5%
Aug-25	1,047	\$3,298	\$46,920	\$50,218	\$63,031	80%
Sep-25	1,120	\$3,528	\$64,465	\$67,993	\$67,405	101%
Oct-25	1,124	\$3,540	\$40,686	\$44,227	\$67,322	66%
Nov-25	1,145	\$3,607	\$47,558	\$51,165	\$68,429	75%
Dec-25	1,151	\$3,626	\$40,679	\$44,305	\$68,637	65%
Jan-26						
Feb-26						
Mar-26						
Apr-26						
May-26						
Jun-26						
<b>Total</b>	<b>6,718</b>	<b>\$21,161</b>	<b>\$240,308</b>	<b>\$261,470</b>	<b>\$402,166</b>	<b>65%</b>



Period	Subscribers	Administrative Fees	Paid Claims	Total Cost	Budgeted Funding	Cost to Funding Ratio
Jul-25	1,145	\$2,061	\$0	\$2,061	\$7,443	28%
Aug-25	1,061	\$1,910	\$5,986	\$7,896	\$7,011	113%
Sep-25	1,136	\$2,045	\$12,725	\$14,769	\$7,462	198%
Oct-25	1,140	\$2,052	\$7,167	\$9,219	\$7,444	124%
Nov-25	1,162	\$2,092	\$5,163	\$7,255	\$7,555	96%
Dec-25	1,168	\$2,102	\$7,306	\$9,409	\$7,573	124%
Jan-26						
Feb-26						
Mar-26						
Apr-26						
May-26						
Jun-26						
<b>Total</b>	<b>6,812</b>	<b>\$12,261</b>	<b>\$38,347</b>	<b>\$50,609</b>	<b>\$44,489</b>	<b>114%</b>

