Plan Utilization Summary

ABC Company



Date Range

Reporting Period: Paid May 2025 to April 2026

Comparison Period: Paid May 2024 to April 2025

Table of Contents

Financial Overview....1
Financial Dashboard....5
Health Plan Snapshot....6
High Cost Members....7
High Cost Member Summary....10
Top 20 Places of Service - Comparison....12
Top 20 Diagnosis Groups - Comparison....13
Top 20 Providers - Comparison....14
Top 20 Drugs - Comparison....15
ER Utilization Dashboard....16
Demographic Cost Distribution....17
Demographic Risk Analysis....18
Coverage Tier Risk Analysis....19
Savings Opportunities....20
Chronic Conditions Prevalence....22
Lifestyle Management....24

Financial Overview

Population:

This report is meant to surface insights related to key financial metrics of your reporting population through intuitive visualizations. It can be used as a starting point for the analysis of your population. All sections of this report follow the same logic as the Health Plan Snapshot report. All financial figures on this report consider all members in the reporting population regardless of whether they were active or termed during the reporting and/or comparison periods.

Key insights from this report:

- Among Medical and Pharmacy Paid Amounts, Pharmacy Claims Paid saw the greatest $ change ($1.7M) and Pharmacy Claims Paid saw the greatest % change (26.1%) between the comparison and reporting periods.
- The greatest change in Med+Rx Paid Amount can be attributed to Retained Members. Their Reporting Med+Rx Paid Amount exceeded their Comparison Med+Rx Paid Amount by $2.9M. The Med+Rx Paid PEPM for Retained Members increased by 17.0% from the comparison to the reporting period.
- As for the Medical/Pharmacy Utilization change and Unit Cost change sub-categories, the Rx Utilization Change increased from the comparison to the reporting period by $2.3M.
- From the PEPM figures of 6 key metrics - All Medical Claims, Inpatient, Outpatient, Office Visit, Post Acute, Pharmacy Claims - Pharmacy Claims was the outlier as it was $262 above the respective benchmark.

Time Period Comparison

Total Claims Paid = Total Medical Claims Paid + Total Pharmacy Claims Paid + Total Dental Claims Paid + Total Vision Claims Paid + Total Vendor Payments

The Employee Months chart on the top right corner of this section counts only those employee months when employees were eligible for the 'Medical & Rx' benefit type for at least one day of that month, as long as the effective date of eligibility is not the same as the termination date.

Total Claims Paid

increased by 14% *($ 2,077,669)*

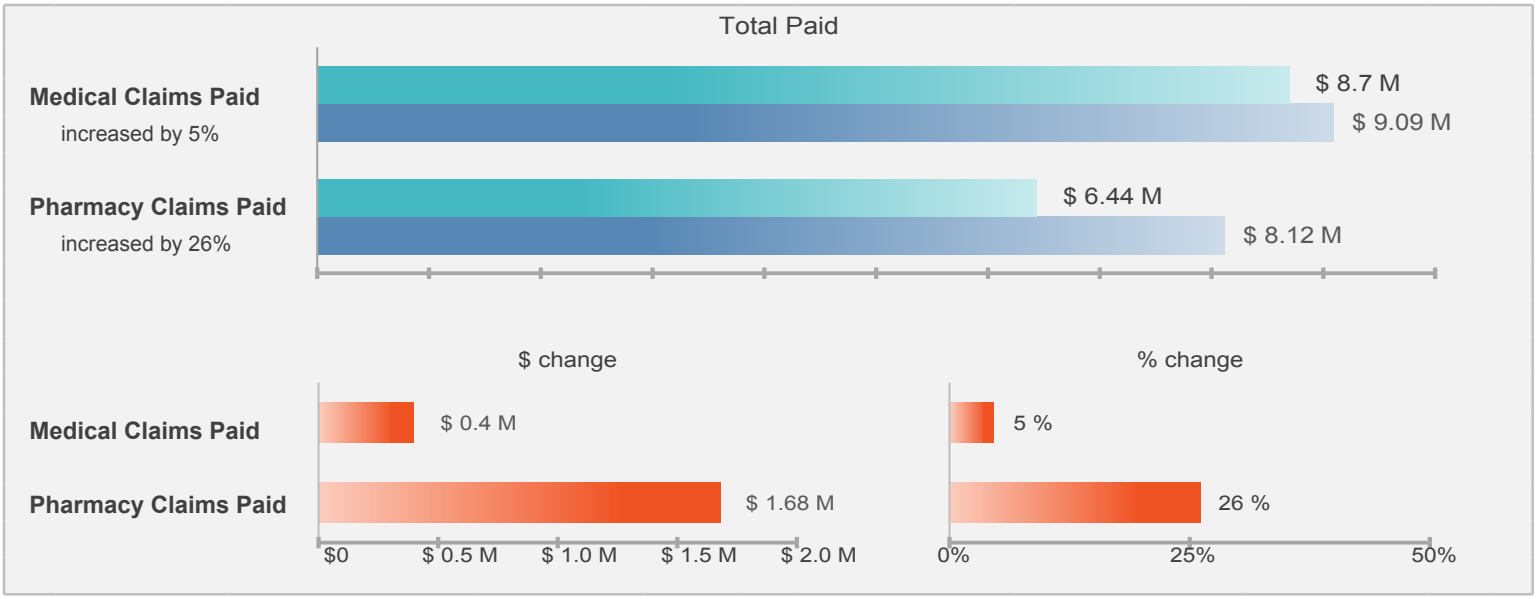


Employee Months

increased by 8% *(928 employee months)*



$ and % change of Pharmacy and Medical claims paid from Comparison Period to Reporting Period



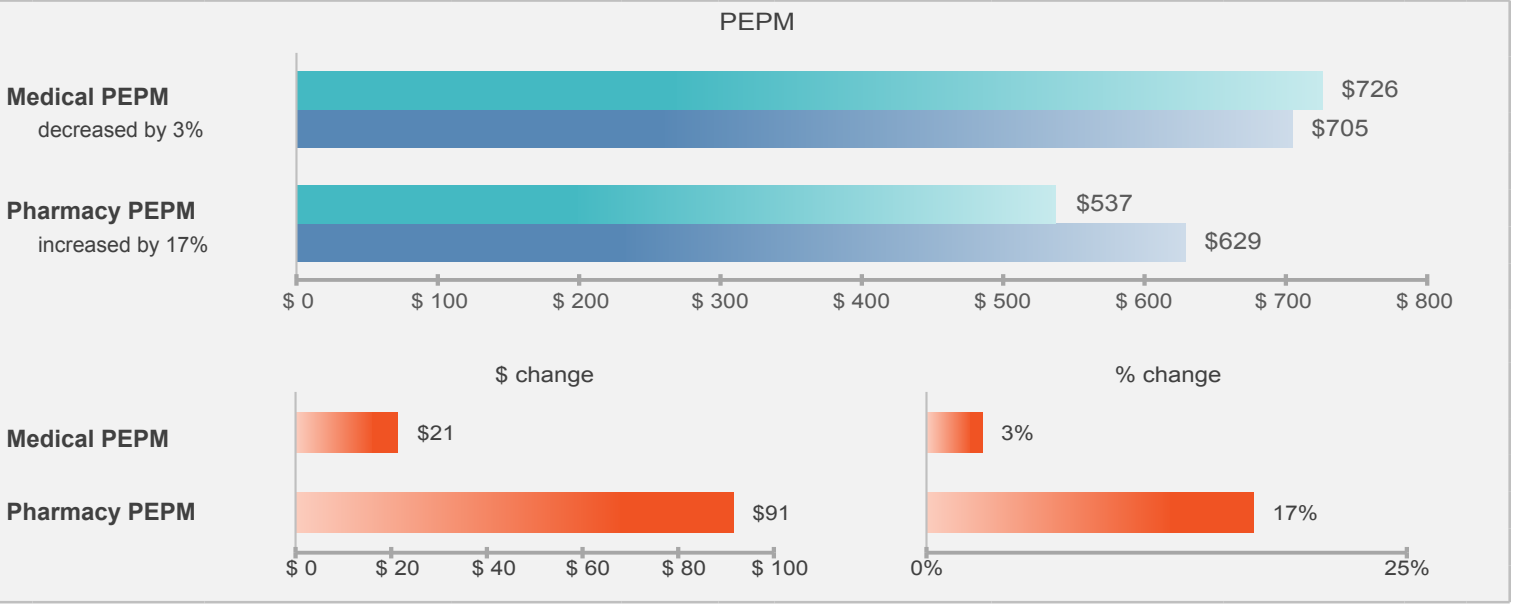
Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

June 01, 2026

Financial Overview

Population:

Time Period Comparison (cont)



45 High Cost Members

Threshold: $75,000

Tracking high cost members (HCMs) is crucial to understand the financial performance of your population. This section analyzes the following key HCM-related metrics based on a high cost threshold set through the “Limit” parameter in the report UI or the "High Cost Threshold" textbox if exporting from Report Manager.

1. Number of members whose Med+Rx Paid Amount in the reporting period exceeded the threshold
2. Paid Over Threshold: The margin by which the Paid Amount for an HCM exceeds the user-defined “Limit”, summed up across all HCMs
   a. Reporting Paid Over Threshold: Sum of Reporting Paid Amounts for HCMs - (High Cost Threshold * Reporting HCM Count)
   b. Comparison Paid Over Threshold: Sum of Comparison Paid Amounts for HCMs - (High Cost Threshold * Comparison HCM Count)

Members

9 more members
25% increase



Paid Over Threshold

$911.6 K increase
58% increase



Comparison Period Reporting Period

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

June 01, 2026

Financial Overview

Population:

Trend Drivers

This section identifies the key catalysts behind the increase/decrease in the total Medical + Rx paid amount of your reporting population. It analyzes the paid amount trends through a couple of lenses:

1. Changes in enrollment
2. Changes in Med/Rx utilization or unit costs.

The "Enrollment Total Change" category considers only those members who have had at least one member month for the "Medical & Rx" benefit type in the reporting period or comparison period. Member months are calculated the same way as they are in the Health Plan Snapshot report.

1. “New Members” are those who did NOT have even one “Medical & Rx” member month in the comparison period but who had at least one “Medical & Rx” member month in the reporting period.
2. “Terminated Members” are those who did NOT have even one member month for the “Medical & Rx” benefit type in the Reporting period but had at least one “Medical & Rx” member month in the Comparison period. Therefore, "Terminated Members" would have 0 as the Reporting Med+Rx Paid Amount and most likely a non-zero Comparison Med+Rx Paid Amount. As a result, the Enrollment Change (Reporting Med+Rx Paid Amount - Comparison Med+Rx Paid Amount) for Terminated Members is expected to be negative.
3. “Retained Members” are those who had at least one “Medical & Rx” member month in each of the 2 date periods - reporting and comparison.
   a. Comparison Period: Paid Amount for Retained members = Total Paid Amount - Paid Amount for Terminated members
   b. Reporting Period: Paid Amount for Retained members = Total Paid Amount - Paid Amount for New members
4. “Retained Members Claims PMPM/PEPM Trend” = [(Reporting Med+Rx Paid Amount PXPM for Retained Members - Comparison Med+Rx Paid Amount PXPM for Retained Members) / (Comparison Med+Rx Paid Amount PXPM for Retained Members)] * 100

The "Total Change in Claims Paid" category considers Medical and Pharmacy claims regardless of the active/termed status of the members who incurred the claims.

Total Change in Claims Paid = Change in Medical Claims Paid + Change in Pharmacy Claims Paid

1. Change in Medical Claims Paid = Medical Utilization change + Medical Unit Cost change
   a. Medical Utilization change = [Reporting # of Medical Claims - Comparison # of Medical Claims] * Comparison Paid Per Claim (Medical)
   b. Medical Unit Cost change = [Reporting Paid Per Claim (Medical) - Comparison Paid Per Claim (Medical)] * Reporting # of Medical Claims
2. Change in Pharmacy Claims Paid = Pharmacy Utilization change + Pharmacy Unit Cost change
   a. Pharmacy Utilization change = [Reporting Pharmacy Record Count - Comparison Pharmacy Record Count] * Comparison Paid Per Record Count (Pharmacy)
   b. Pharmacy Unit Cost change = [Reporting Paid Per Record Count (Pharmacy) - Comparison Paid Per Record Count (Pharmacy)] * Reporting Pharmacy Record Count

Enrollment sub-category

Retained Members — $2,890,801

the largest sub-category trend driver — more than Comparison

Medical/Rx sub-category

Rx Utilization Change — $2,278,669

the largest sub-category trend driver — more than Comparison

Total Change in Claims Paid*	$2,077,669
Enrollment Total Change*	$2,314,751
New Members	$1,252,212
Terminated Members	($1,828,261)
Retained Members	$2,890,801
Retained Member Claims PEPM Trend	17%
Change in Pharmacy Claims Paid	$1,679,324
Utilization Change	$2,278,669
Unit Cost Change	($599,345)
Change in Medical Claims Paid	$398,345
Utilization Change	$155,952
Unit Cost Change	$242,394

Total Change in Claims Paid	$2,077,669
Enrollment Total Change	$2,314,751
Change in Pharmacy Claims Paid	$1,679,324
Change in Medical Claims Paid	$398,345
sub categories	
Retained Members	$2,890,801
Pharmacy Utilization Change	$2,278,669
New Members	$1,252,212
Medical Unit Cost Change	$242,394
Medical Utilization Change	$155,952
Retained Member Claims PEPM Trend	17%
Pharmacy Unit Cost Change	($599,345)
Terminated Members	($1,828,261)

*Enrollment Total Change" may not always equal "Total Change in Claims Paid" mainly due to members no longer being eligible when their claims were paid

Reporting Period: Paid May 2025 to April 2026
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June 01, 2026

Financial Overview

Population:

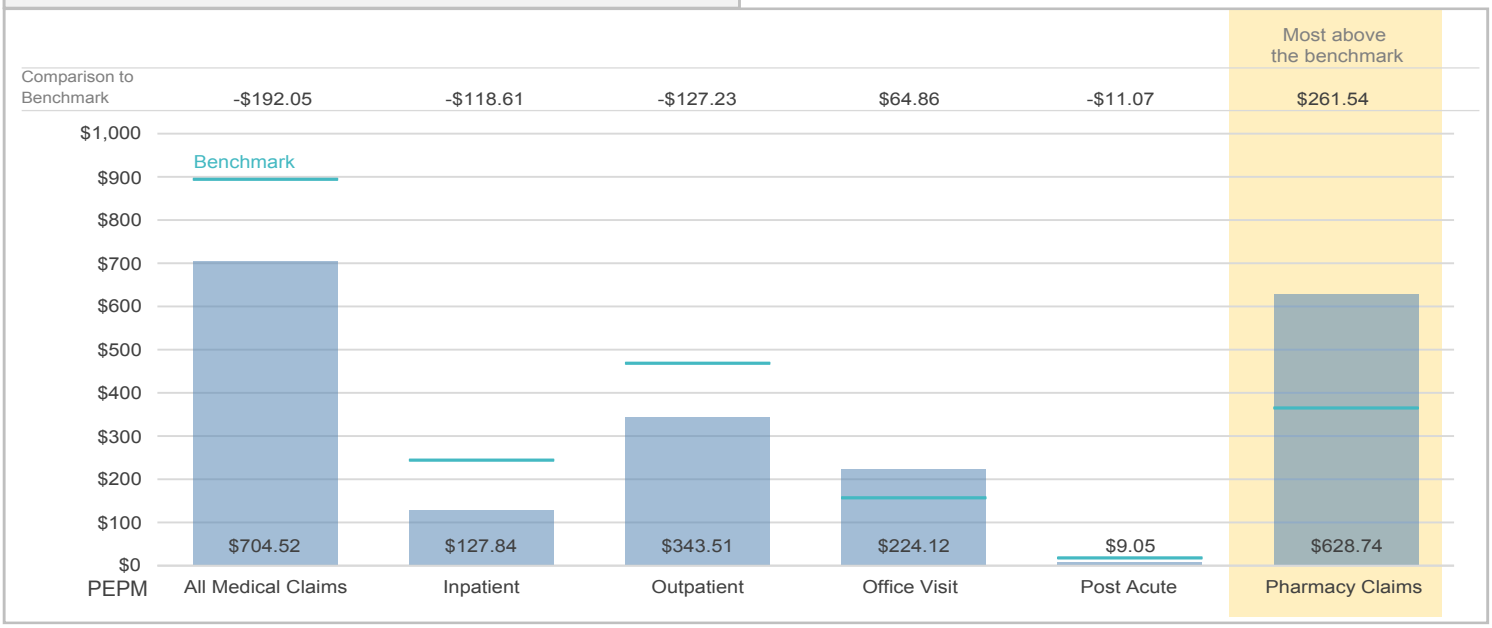
PEPM Benchmark Comparison

The 'outlier' in this section is the metric whose PEPM costs exceeded the corresponding benchmark by the maximum amount. In case none of the metrics exceeded the benchmark, the one that is closest to the benchmark and hence performed the worst, would be the outlier. Both the widgets in this section display the PEPM $ amount and the PEPM amount % above/below the benchmark for the same outlier.

$ above benchmark

Pharmacy Claims
PEPM was the greatest outlier

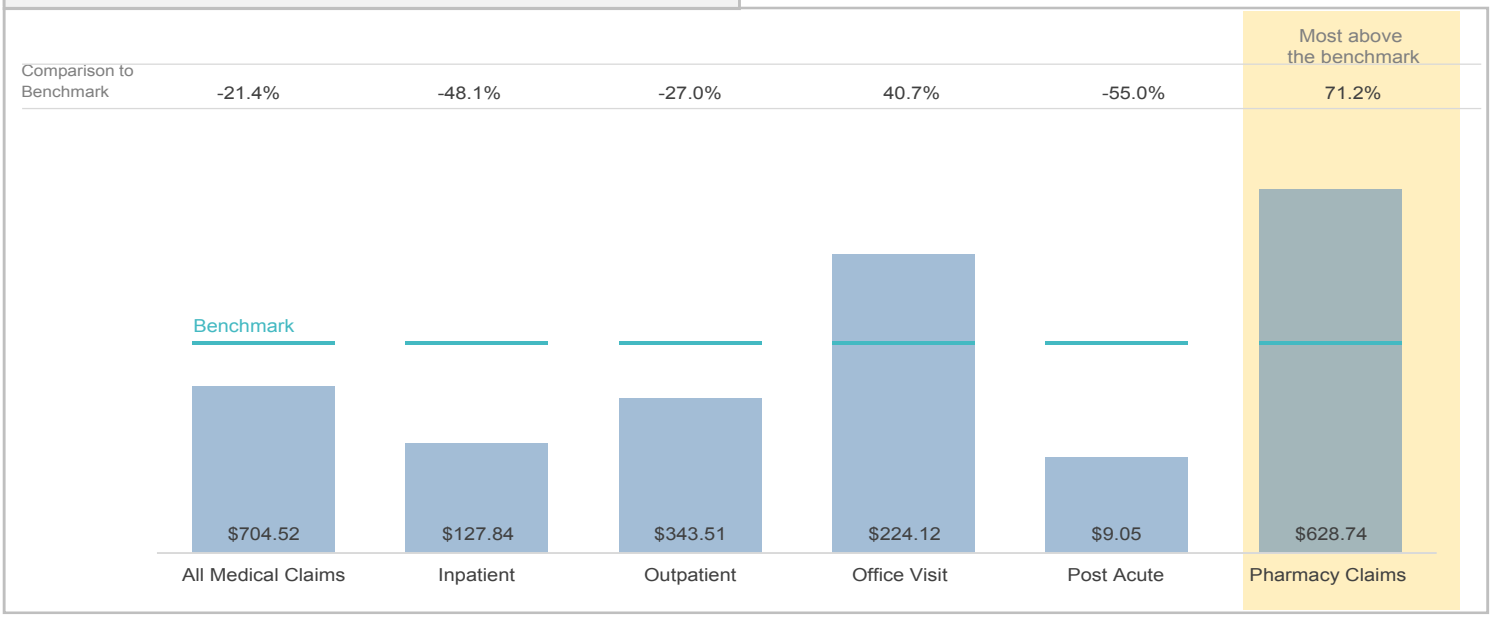
$261.54 PEPM
above the benchmark



% above benchmark

Pharmacy Claims
was the greatest outlier

71 %
above the benchmark



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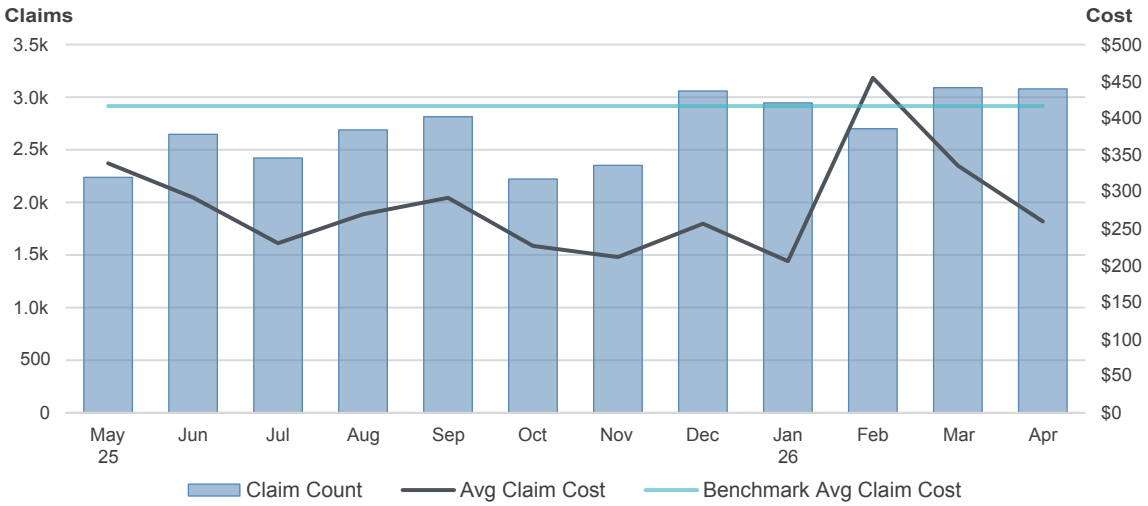
June 01, 2026

Financial Dashboard

Population:

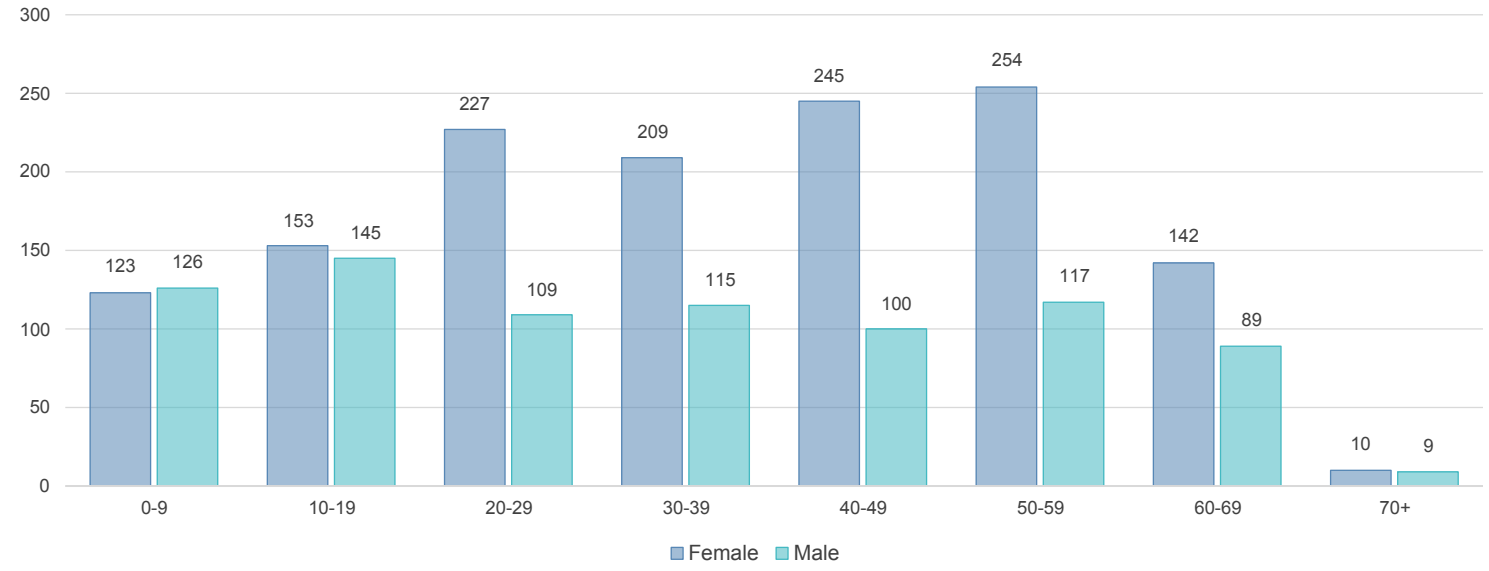
Medical Claims	Pharmacy Claims	Specialty Drugs	Admissions
$9,094,607	$8,116,441	$6,686,323	$1,766,426
PEPM / Benchmark: $705 / $897	PEPM / Benchmark: $629 / $367	% of Total Rx / Benchmark: 82% / 75%	Benchmark Rate $3,594,656

Paid Claims

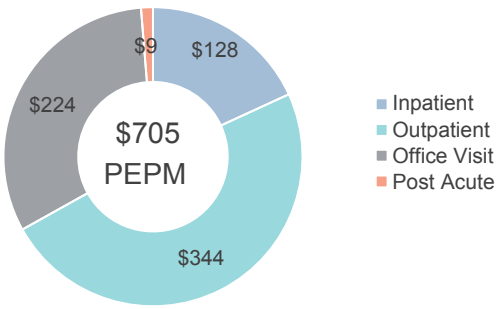


% Claimants to Members	Avg Claim Cost	Avg Cost Per Claimant
89%	$282	$4,001
Benchmark: 98%	Benchmark: $417	Benchmark: $5,008

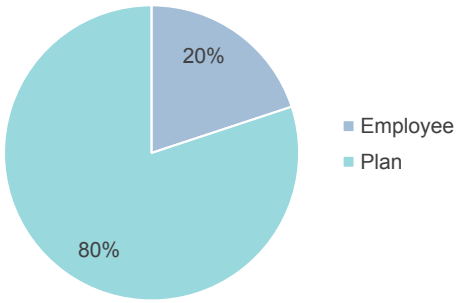
Membership Distribution



Medical PEPM by POS



Employee vs Plan Paid



	Amount Paid
Employee	$4,283,733
Plan	$17,211,048
Total	$21,494,781

Reporting Period: Paid May 2025 to April 2026
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June 01, 2026

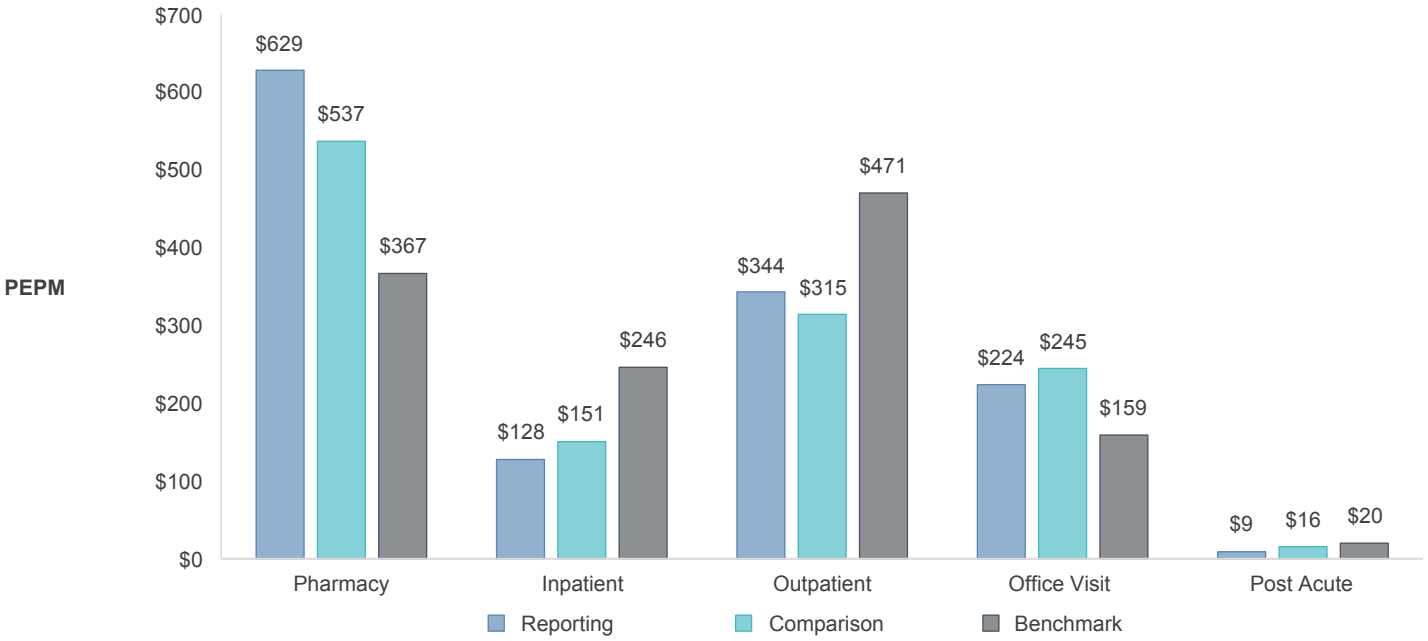
Health Plan Snapshot

Population:

This report provides a snapshot of health plan membership and costs compared to a prior period and a set of benchmark values. Performance relative to the comparison period can determine which cost drivers are growing and which are shrinking. Performance versus the benchmark may indicate untapped savings opportunities or indicate areas that are already performing well within the population.

- Medical claims have a trend of 4.58% and pharmacy claims have a trend of 26.09%
- Total membership increased by 7.75%
- Pharmacy was the worst performing Service Category when compared to the Healthcare Benchmark showing a variance of 71.23%
- Post Acute was the best performing Service Category when compared to the Healthcare Benchmark showing a variance of -55.02%

Plan Paid Amount by Service Category



Metric	Reporting	Benchmark	Comparison	%Δ
Medical Claims Paid	$9,094,607	- -	$8,696,262	4.58%
Pharmacy Claims Paid	$8,116,441	- -	$6,437,117	26.09%
Dental Claims Paid	$0	- -	$0	0.00%
Total Health Plan Claims Paid	$17,211,048	- -	$15,133,379	13.73%
Subscribers	1,120	- -	1,049	6.77%
Members	2,173	- -	2,078	4.57%
Employee Months	12,909	- -	11,981	7.75%
Average Family Size	1.94	1.89	1.98	-2.05%
Inpatient PEPM	$127.84	$246.45	$150.77	-15.21%
Outpatient PEPM	$343.51	$470.74	$314.56	9.20%
Office Visit PEPM	$224.12	$159.26	$244.95	-8.50%
Post Acute PEPM	$9.05	$20.12	$15.56	-41.83%
Medical PEPM	$704.52	$896.57	$725.84	-2.94%
Pharmacy PEPM	$628.74	$367.20	$537.28	17.02%
Dental PEPM	$0.00	- -	$0.00	0.00%
Medical and Rx PEPM	$1,333.26	$1,263.76	$1,263.11	5.55%

Reporting Period: Paid May 2025 to April 2026
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Benchmark: Healthcare

June 01, 2026

High Cost Members

Population:

This report identifies members whose total paid/allowed health care costs have exceeded the threshold during the reporting period. Both medical and pharmacy claims are included in this report. Costs for the individuals are broken-out by type of cost allowing for identification of which type of services are driving the members' costs.

Threshold: $75,000 **Amount: Paid** **Total Members: 45**

SN	Member ID	Rel Class	Gender	Age	Eligibility As of 04/30/26	Highest Paid Diagnosis	Risk Score	Medical Paid Amount	Pharmacy Paid Amount	Total Paid Amount
1	8c350854f257f613bb2315681dcb434d	- -	- -	- -	Active	Neurological Disorders	3.51	$753,350.67	$635.00	$753,985.67
2	42c9a4618e8006b8e9ad8c0948c3c759	- -	- -	- -	Active	Cardiac Disorders	1.58	$261,685.35	$43.56	$261,728.91
3	0ab61bb2a720b163c1f02941d79b51ef	- -	- -	- -	Active	Gastrointestinal Disorders	18.91	$1,144.08	$206,255.72	$207,399.80
4	033f61b6f2bd278b6d0242bf53d2ed57	- -	- -	- -	Active	Gastrointestinal Disorders	9.75	$39,798.38	$166,739.07	$206,537.45
5	9b6ed161db77ab8b32df2dff6e498d7d	- -	- -	- -	Active	Cancer	4.85	$2,941.13	$194,414.47	$197,355.60
6	89b0e614575c4913689206ff14d54bfd	- -	- -	- -	Active	Trauma/ Accidents	5.34	$170,044.91	$85.93	$170,130.84
7	7e7fbef23c26861c094cffa54c076ae1	- -	- -	- -	Active	Pulmonary Disorders	10.38	$6,218.68	$149,105.80	$155,324.48
8	599dfce01ba6cc9bb0538d696227c3c3	- -	- -	- -	Termed	Mental Health	7.71	$52,483.17	$95,883.73	$148,366.90
9	a9c4e5161fa9e3125b22a6d251f0a282	- -	- -	- -	Active	Health Status/ Encounters	2.21	$3,097.64	$137,135.66	$140,233.30
10	08a0ec5602b141a70e2a05d9c8efd5ff	- -	- -	- -	Active	Gastrointestinal Disorders	7.80	-$9,211.13	$144,446.66	$135,235.53
11	01f26fa315ee85ce323904daf8cf8e5c	- -	- -	- -	Active	Gastrointestinal Disorders	4.47	$942.75	$128,798.01	$129,740.76
12	2c940a0144408326113247c9d7c6a66c	- -	- -	- -	Active	Cardiac Disorders	2.37	$121,534.21	$6,793.01	$128,327.22
13	3db6874d66c875ac4b9fb92c1bdf6c83	- -	- -	- -	Active	Cardiac Disorders	2.95	$120,287.06	$8,016.49	$128,303.55
14	6d1631295ff7a783718a4b994f8992de	- -	- -	- -	Active	Musculoskeletal Disorders	1.01	$6,821.30	$120,938.75	$127,760.05
15	431d9c058cf5f2173a99f46f4755bd35	- -	- -	- -	Active	Gastrointestinal Disorders	9.40	$14,878.20	$111,451.15	$126,329.35

High Cost Members

Population:

SN	Member ID	Rel Class	Gender	Age	Eligibility As of 04/30/26	Highest Paid Diagnosis	Risk Score	Medical Paid Amount	Pharmacy Paid Amount	Total Paid Amount
16	a759fb4557e7f3d3f01763e0a2550a55	- -	- -	- -	Active	Gastrointestinal Disorders	8.47	$9,062.86	$113,454.97	$122,517.83
17	cbfdc756e8e4368db193b73561d7c323	- -	- -	- -	Active	Congenital/ Chromosomal	9.46	$2,651.23	$116,002.63	$118,653.86
18	5e949d766f0de9f31e54b5b23a3a28a1	- -	- -	- -	Active	Neurological Disorders	7.82	$9,042.23	$108,099.23	$117,141.46
19	bab040f12e9f604ba0fc5dab041bb7b7	- -	- -	- -	Active	Neurological Disorders	9.12	$1,515.03	$115,459.94	$116,974.97
20	bbd879daff4f825f7d1da68535ac5541	- -	- -	- -	Active	Gastrointestinal Disorders	5.72	$113,043.77	$1,666.37	$114,710.14
21	bee1fabedf84e85c613b77b735433ea8	- -	- -	- -	Active	Spine-related Disorders	1.95	$22,112.39	$88,251.26	$110,363.65
22	85689970de8452247d8ecc8bdeae615a	- -	- -	- -	Active	Health Status/ Encounters	4.49	$1,957.46	$107,733.53	$109,690.99
23	894d7435fc2c170856d5c1a5f70671ba	- -	- -	- -	Active	Infections	6.98	$4,478.74	$103,341.50	$107,820.24
24	f615cbc8aef615d7c688317ea3c1a62a	- -	- -	- -	Active	Dermatological Disorders	5.80	$1,005.71	$103,109.48	$104,115.19
25	a72ab85afd912b7f1eccf61a16c297ff	- -	- -	- -	Active	Musculoskeletal Disorders	5.43	$97,108.75	$6,206.29	$103,315.04
26	f27ff420fad15b2d60e8da402c34771f	- -	- -	- -	Active	Musculoskeletal Disorders	8.74	$2,368.33	$100,781.27	$103,149.60
27	8272209b58455b1e8bb2ae8b73dba4c6	- -	- -	- -	Active	Musculoskeletal Disorders	3.37	$10,860.97	$90,100.54	$100,961.51
28	812d5149b5ed7aaf84ee1234c0e25eaa	- -	- -	- -	Active	Gastrointestinal Disorders	10.58	$99,915.91	$52.80	$99,968.71
29	d91402387acaeacb3f3cfe884ba74d7a	- -	- -	- -	Active	Cancer	3.95	$97,388.70	$28.50	$97,417.20
30	e4146380e75a2f62eb1b0c2887e3de58	- -	- -	- -	Active	Health Status/ Encounters	1.27	$1,802.74	$88,990.16	$90,792.90
31	5a18e71f66398e70b37c00adeb8bb942	- -	- -	- -	Active	Gastrointestinal Disorders	4.53	$788.68	$88,108.09	$88,896.77

High Cost Members

Population:

SN	Member ID	Rel Class	Gender	Age	Eligibility As of 04/30/26	Highest Paid Diagnosis	Risk Score	Medical Paid Amount	Pharmacy Paid Amount	Total Paid Amount
32	18108206fa3a13f8dee39716bd0d95dc	- -	- -	- -	Active	Dermatological Disorders	3.61	$319.20	$88,096.49	$88,415.69
33	a72e7a00e79dc3f4ca09ee2a56e67a2b	- -	- -	- -	Active	Dermatological Disorders	6.26	$5,656.93	$81,502.48	$87,159.41
34	ed58729a02b730e3e88e60c39ec29c66	- -	- -	- -	Active	Health Status/ Encounters	1.59	$84,587.76	$31.70	$84,619.46
35	a45a77470669f9076c4e6e59fe6c2872	- -	- -	- -	Active	Health Status/ Encounters	0.60	$1,237.82	$81,963.39	$83,201.21
36	c7a7184dfc3d1d761f2297036e1fc5e2	- -	- -	- -	Active	Gastrointestinal Disorders	3.45	$81,020.56	$749.89	$81,770.45
37	eda82461c19859d17649e872af10e47a	- -	- -	- -	Active	Musculoskeletal Disorders	5.44	$1,703.06	$78,937.74	$80,640.80
38	9e50eb841a176543a979e110cdfb2c6b	- -	- -	- -	Active	Dermatological Disorders	5.03	$12,836.29	$67,645.63	$80,481.92
39	d32c4192a51a2f4bdb5aca26590dd2de	- -	- -	- -	Active	Non-malignant Neoplasm	5.66	$18,307.52	$60,543.69	$78,851.21
40	138660d6b3ccdf63053f34a4ec6de97e	- -	- -	- -	Active	Gastrointestinal Disorders	5.12	$2,367.13	$76,268.19	$78,635.32
41	bf56239d02debe517b74cd136239bacc	- -	- -	- -	Active	Pregnancy Related	2.22	$61,776.78	$16,595.47	$78,372.25
42	24cc6f98980ad6bfc29f0af2d935801f	- -	- -	- -	Active	Eye/ENT Disorders	6.57	$6,875.33	$70,177.75	$77,053.08
43	38bc99db88d4d2cc741aeb480c1d6ec9	- -	- -	- -	Active	Health Status/ Encounters	1.54	$4,428.03	$72,153.73	$76,581.76
44	d0f042a2e4725a0510f5e62f088ef1b4	- -	- -	- -	Active	Dermatological Disorders	3.87	$561.83	$75,647.63	$76,209.46
45	86dcc6de50adfa87f6e113a89ad13939	- -	- -	- -	Termed	Neurological Disorders	8.23	$60,248.71	$14,916.53	$75,165.24
Total								$2,363,046.85	$3,487,359.88	$5,850,406.73

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June 01, 2026

High Cost Member Summary

Population:

This report offers a summary of members who exceed a $75,000 paid amount, known as high cost members (HCMs). It provides insights on how this population differs from the total population as well as how the reporting period HCMs compares to the comparison period HCMs. The HCMs are denoted by the branding primary color for visuals and text throughout the report where as the grey color denotes the total population.

Insights

- The number of HCMs in the reporting period is 45. This is up 25.0% from the comparison period and accounts for only 1.8% of the total population.
- However, these same 45 members account for 34.0% ($5.85M) of all paid claims.
- The # 1 super grouper for spend in the high cost population was Neurological Disorders with a total of $797.3K, up 1313.6% from the comparison period.
- Total PMPM is $675.05. If you exclude the HCM population, this number decreases $229.46 to $445.59.

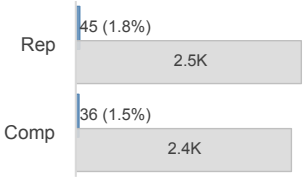
Legend | High Cost Population | Total Population | ▼▲ % change from Comparison | Threshold: $75,000

Demographics

of High Cost Members (HCM)

45

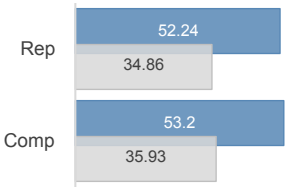
▲25.0%



Average Age

52.24

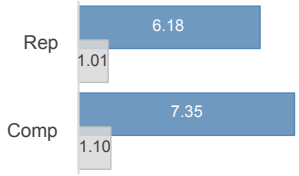
▼1.8%



Risk Score - Concurrent

6.18

▼15.9%

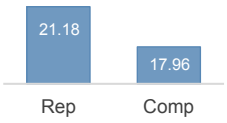


Relationship Class

of HCM per 1000

21.18

▲17.9%

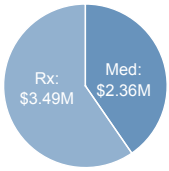


Financials

Total Paid

$5.85M

▲37.2% ($4.26M)



Average Paid

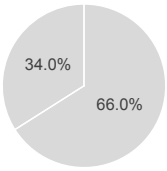
$130,009

▲9.8% ($118,440)

Total HCM Paid as a % of Total

34.0%

▲5.82 pts



Total PMPM

$675.05

▲7.3% ($629.27)

Med	Rx
$356.71	$318.34
▼1.4%	▲18.9%

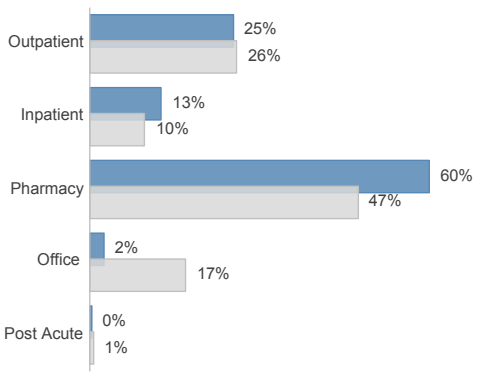
Total PMPM excluding HCM

$445.59

▼1.4% ($451.97)

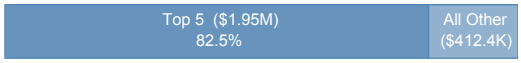
Med	Rx
$264.02	$181.56
▼6.5%	▲7.1%

Where Spend is Occurring



Top 5 Super Groupers by Total Paid

Super Grouper	Rep	% Change
Neurological Disorders	$797.3K	▲1,313.6%
Cardiac Disorders	$490.6K	▲884.7%
Gastrointestinal Disorders	$347.1K	▼19.7%
Trauma/Accidents	$179.4K	▲1,111.9%
Health Status/Encounters	$135.1K	▼28.1%
Top 5	**$1.95M**	**▲163.0%**
All Other	**$412.4K**	**▼64.5%**



Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Prior Period: Paid May 2023 to April 2024
Benchmark: Healthcare

June 01, 2026

High Cost Member Summary

Population:

Forecasting

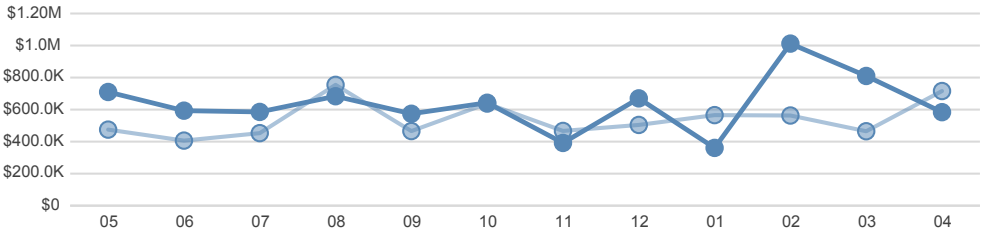
AI High Cost High Need Prediction

59.2%

The metric to the left represents a percentage of members who are predicted to remain high cost.To get to this figure, two metrics were identified using a machine learning model that predicts (1) active high-cost, high-need (HCHN) members from the date period, and (2) potential continuous HCHN members (members who were identified in (1) and have a likelihood of being HCHN in the 12 months following the identified period).

Even though there is overlap, these metrics do not reflect the identified HCM population above, but are meant to assist as a tool to forecast the HCM population.

HCM Spend by Month Year-over-Year with Forecast



Reporting - 12m	$7,617,251
Forecasted - 0m	$0
Comparison - 12m	$6,472,147

This graph will always show for 12 months. If the Reporting period is longer than 12 months, the most recent 12 months will be used. If the Reporting period is less than 12 months, forecasted metrics will appear for the reporting line. Forecasted metrics use the previous 12 months to anticipate spend. This is only one possible scenario and should be taken as such. Comparison period in this graph will use the same months as the reporting period minus 1 year. This period may differ from the report comparison period.

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Prior Period: Paid May 2023 to April 2024
Benchmark: Healthcare

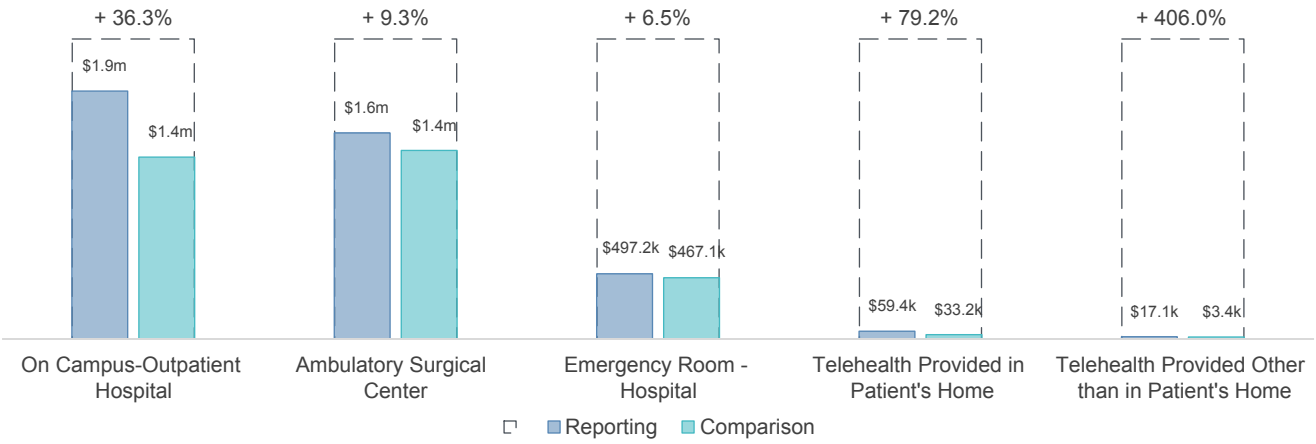
June 01, 2026

Top 20 Places of Service - Comparison

Population:

This report presents the top places of service by total amount paid during the reporting and comparison periods. This information helps to identify what places are driving healthcare costs the most. The chart shows the top places of service that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- On Campus-Outpatient Hospital had the largest change in the reporting period with an increase of $503,822 from the comparison period.
- Ambulatory Surgical Center has the most significant deviation from the benchmark in the reporting period at 535%

SN	Place of Service	Reporting Period (May 25 through Apr 26)			Comparison Period (May 24 through Apr 25)		%Δ	Prior Period Rank
		Total Paid Amount	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Office	$2,816,613	$218.19	$149.75	$2,898,118	$241.89	-3%	1
2	On Campus-Outpatient Hospital	$1,891,437	$146.52	$346.85	$1,387,615	$115.82	36%	4
3	Inpatient Hospital	$1,650,233	$127.84	$244.77	$1,806,351	$150.77	-9%	2
4	Ambulatory Surgical Center	$1,571,627	$121.75	$19.18	$1,438,523	$120.07	9%	3
5	Emergency Room - Hospital	$497,196	$38.52	$72.82	$467,058	$38.98	6%	5
6	Independent Laboratory	$449,752	$34.84	$8.69	$460,861	$38.47	-2%	6
7	Home	$116,834	$9.05	$19.27	$183,144	$15.29	-36%	7
8	Telehealth Provided in Patient's Home	$59,410	$4.60	$1.25	$33,162	$2.77	79%	8
9	Ambulance - Land	$18,770	$1.45	$3.14	$11,114	$0.93	69%	9
10	Telehealth Provided Other than in Patient's Home	$17,139	$1.33	$6.44	$3,387	$0.28	406%	10
11	Urgent Care Facility	$3,829	$0.30	$3.44	$3,296	$0.28	16%	11
12	Other Place of Service	$1,766	$0.14	$6.81	$300	$0.03	489%	13
	All Others	$0			$3,335		-100%	
	Total	**$9,094,607**	**$704.52**		**$8,696,262**	**$725.84**		

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

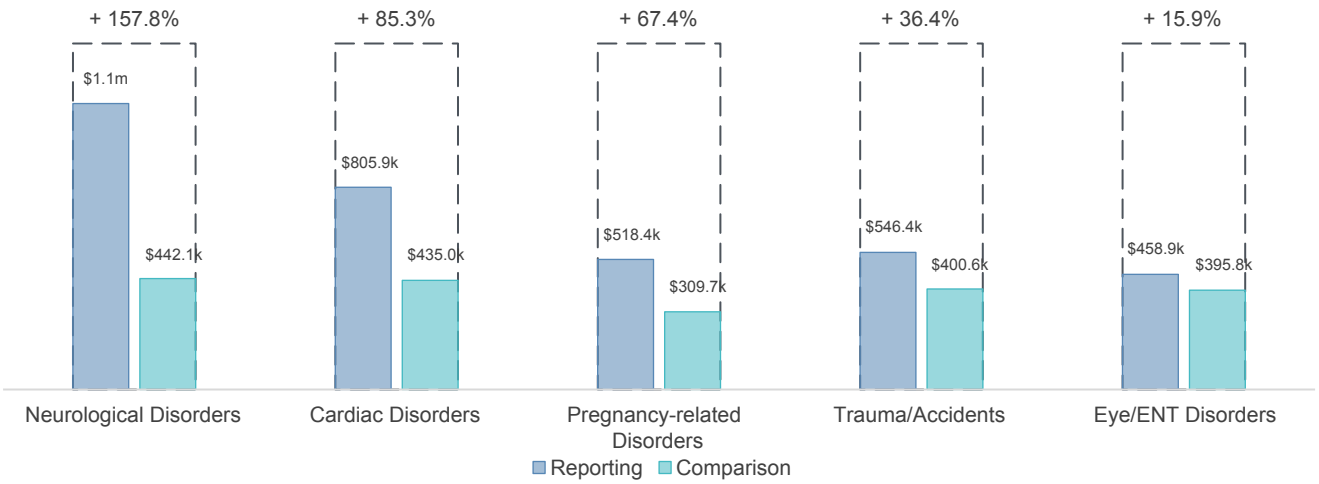
June 01, 2026

Top 20 Diagnosis Groups - Comparison

Population:

This report presents the top diagnosis groups by total amount paid during the reporting and comparison periods. This information helps to identify what conditions are driving healthcare costs the most. The chart shows the top diagnosis groups that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Neurological Disorders had the largest change in the reporting period with an increase of $697,457 from the comparison period.
- Neurological Disorders has the most significant deviation from the benchmark in the reporting period at 59%

SN	Diagnosis	Reporting Period (May 2025 through Apr 2026)			Comparison Period (May 2024 through Apr 2025)		%Δ	Prior Period Rank
		Total Paid Amount	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Health Status/Encounters	$1,192,175	$92.35	$80.02	$1,214,831	$101.40	-2%	1
2	Neurological Disorders	$1,139,515	$88.27	$55.60	$442,059	$36.90	158%	6
3	Gastrointestinal Disorders	$929,567	$72.01	$80.27	$907,818	$75.77	2%	2
4	Musculoskeletal Disorders	$820,329	$63.55	$56.37	$903,440	$75.41	-9%	3
5	Cardiac Disorders	$805,923	$62.43	$55.57	$434,951	$36.30	85%	7
6	Trauma/Accidents	$546,393	$42.33	$36.51	$400,573	$33.43	36%	8
7	Pregnancy-related Disorders	$518,361	$40.16	$74.16	$309,663	$25.85	67%	11
8	Eye/ENT Disorders	$458,881	$35.55	$30.64	$395,775	$33.03	16%	9
9	Mental Health	$404,771	$31.36	$50.28	$374,794	$31.28	8%	10
10	Gynecological/Breast Disorders	$312,058	$24.17	$30.10	$268,119	$22.38	16%	14
11	Cancer	$296,976	$23.01	$89.23	$689,689	$57.57	-57%	4
12	Pulmonary Disorders	$280,666	$21.74	$29.57	$307,568	$25.67	-9%	12
13	Spine-related Disorders	$270,969	$20.99	$36.31	$570,642	$47.63	-53%	5
14	Renal/Urologic Disorders	$193,618	$15.00	$26.05	$140,338	$11.71	38%	17
15	Miscellaneous	$135,466	$10.49	$14.90	$137,447	$11.47	-1%	18
16	Dermatological Disorders	$132,098	$10.23	$10.18	$162,925	$13.60	-19%	15
17	Non-malignant Neoplasm	$128,561	$9.96	$15.23	$116,591	$9.73	10%	19
18	Abnormal Lab/Radiology	$118,077	$9.15	$8.12	$106,628	$8.90	11%	21
19	Infections	$102,019	$7.90	$25.49	$286,058	$23.88	-64%	13
20	Endocrine/Metabolic Disorders	$100,011	$7.75	$21.69	$158,536	$13.23	-37%	16
	All Others	$208,172	- -	- -	$367,818	- -	-43%	- -
	Total	**$9,094,607**	**$704.52**	**- -**	**$8,696,262**	**$725.84**	**- -**	**- -**

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

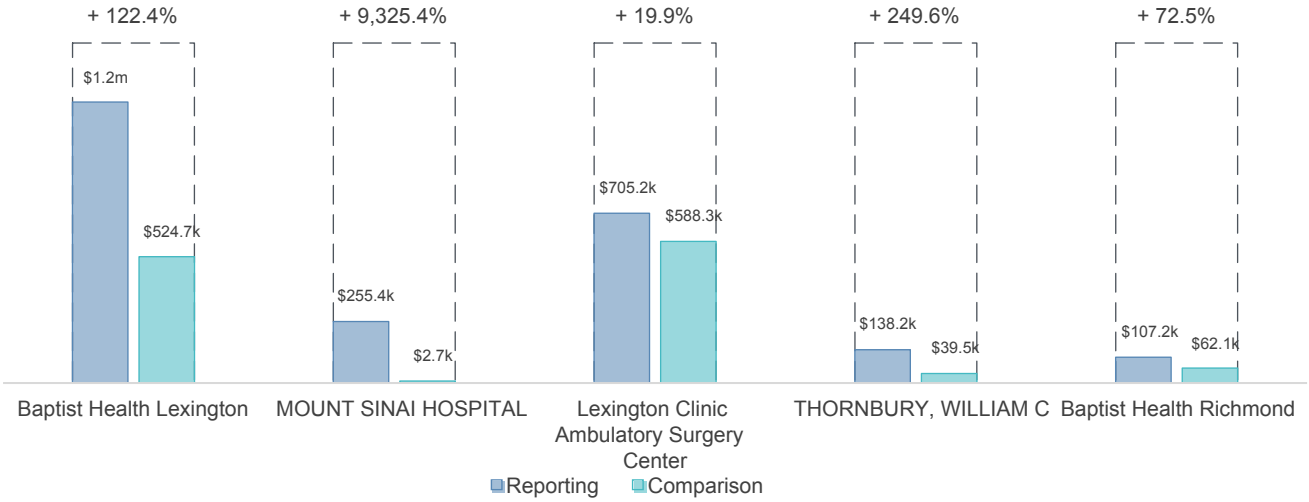
June 01, 2026

Top 20 Providers - Comparison

Population:

This report presents the top highest paid providers during the reporting and comparison periods. Claims paid for a single Provider ID are grouped under that provider in the report. Both institutional and individual providers are included in the ranking. The chart shows the top providers that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



• Baptist Health Lexington had the largest change in the reporting period with an increase of $642,390 from the comparison period.

• MOUNT SINAI HOSPITAL had the most significant growth percentage in the reporting period at 9,325% ($252,728)

Provider	Reporting Period May 2025 through Apr 2026 Total Paid Amount	Comparison Period May 2024 through Apr 2025 Total Paid Amount	%Δ	Prior Period Rank
Baptist Health Lexington	$1,167,099	$524,709	122%	4
CHI Saint Joseph Hospital	$714,098	$843,043	-15%	1
Lexington Clinic Ambulatory Surgery Center	$705,224	$588,266	20%	3
UNIVERSITY OF KENTUCKY	$451,584	$675,902	-33%	2
CHI Saint Joseph East	$425,657	$437,002	-3%	6
Endoscopy and Surgical Center of Lexington Clinic	$412,421	$510,410	-19%	5
Lexington Clinic	$311,708	$333,908	-7%	7
MOUNT SINAI HOSPITAL	$255,438	$2,710	9,325%	18
WEST, JOHN W.	$170,113	$229,150	-26%	8
THORNBURY, WILLIAM C	$138,193	$39,529	250%	16
CALLAHAN, SARAH HARTSOUGH	$109,437	$78,995	39%	11
Baptist Health Richmond	$107,182	$62,119	73%	13
Clark Regional Medical Center	$78,127	$64,377	21%	12
AVERION-MAHLOCH, TIMOTHY JAMES	$72,956	$226,100	-68%	9
St. Mary's Hospital	$71,651	- -		N/A
MEADE, RONALD J	$69,403	- -		N/A
EASON, LINDSEY HINES	$62,786	$44,548	41%	15
RODEN, KATHERINE SEBASTIAN	$61,304	$90,156	-32%	10
FRANKFORT REGIONAL MEDICAL CENTER	$58,818	$34,894	69%	17
NEACE, SASHA	$53,979	$56,609	-5%	14
All Others	$3,597,431	$3,853,834	-7%	
Total	**$9,094,607**	**$8,696,262**		
PEPM	$705	$726		

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

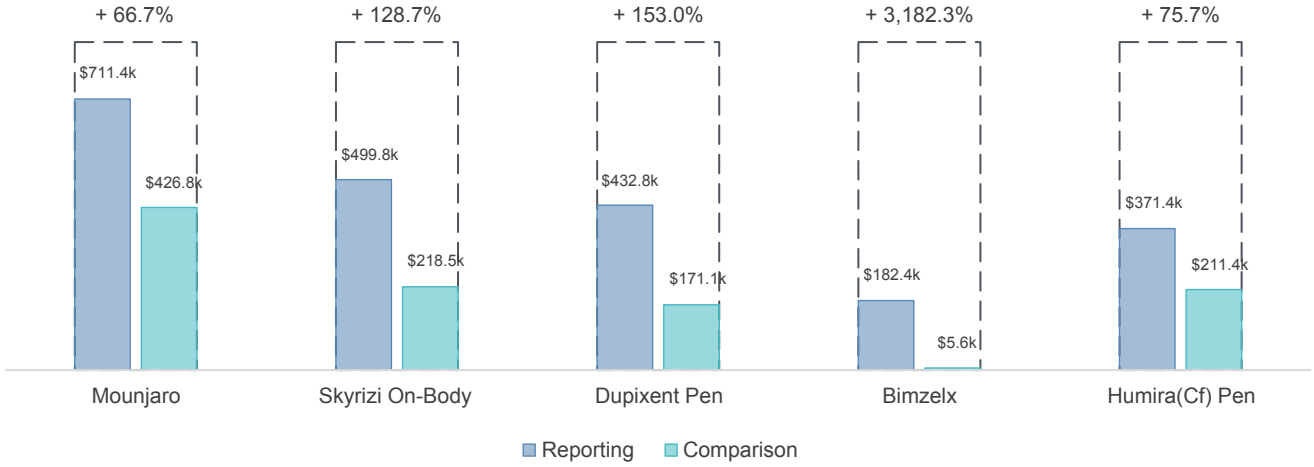
June 01, 2026

Top 20 Drugs - Comparison

Population:

This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a few individuals using a high cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Mounjaro had the largest change in the reporting period with an increase of $284,599 from the comparison period
- Bimzelx has the most significant growth percentage in the reporting period at 3,182% ($182,430)

SN	Drug	Generic	Reporting Period May 2025 - Apr 2026				Comparison Period May 2024 - Apr 2025	%Δ	Prior Period Rank
			Total Paid Amount	Script Count	Member Count*	PEPM	Total Paid Amount		
1	Mounjaro	No	$711,433	696	96	$55.11	$426,835	67%	1
2	Skyrizi On-Body	No	$499,847	35	4	$38.72	$218,527	129%	5
3	Dupixent Pen	No	$432,837	102	18	$33.53	$171,098	153%	8
4	Humira(Cf) Pen	No	$371,383	57	6	$28.77	$211,350	76%	6
5	Rinvoq	No	$351,636	54	8	$27.24	$282,350	25%	3
6	Ozempic	No	$247,749	269	55	$19.19	$395,328	-37%	2
7	Xtandi	No	$194,366	12	1	$15.06	$167,010	16%	10
8	Brukinsa	No	$192,452	12	1	$14.91	$134,203	43%	13
9	Tremfya One-Press	No	$191,429	22	3	$14.83	$266,007	-28%	4
10	Stelara	No	$187,389	18	3	$14.52	$210,107	-11%	7
11	Vraylar	No	$186,207	90	25	$14.42	$50,542	268%	29
12	Bimzelx	No	$182,430	17	2	$14.13	$5,558	3,182%	111
13	Cosentyx Sensoready (2 Pens)	No	$167,313	21	3	$12.96	$70,677	137%	23
14	Skyrizi Pen	No	$161,686	15	3	$12.53	$158,294	2%	11
15	Kesimpta Pen	No	$156,966	19	2	$12.16	$96,433	63%	17
16	Fasenra Pen	No	$156,369	39	6	$12.11	$90,267	73%	20
17	Jardiance	No	$147,990	190	37	$11.46	$157,393	-6%	12
18	Bimzelx Autoinjector	No	$134,316	10	1	$10.40	$33,363	303%	46
19	Vumerity	No	$115,920	12	1	$8.98	$123,064	-6%	15
20	Enbrel Sureclick	No	$113,099	14	2	$8.76	$55,502	104%	28
	All Others		$3,213,625	32,557	2,025		$3,113,209	3%	
	Total		**$8,116,441**	**34,261**	**2,026**		**$6,437,117**		

**Values are approximate.*

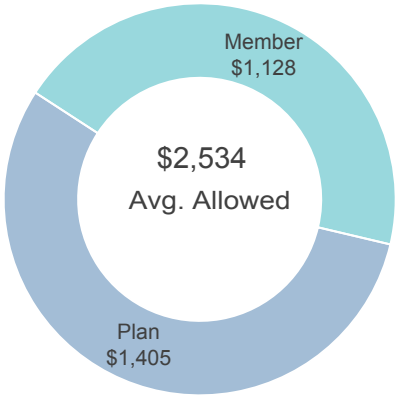
Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

June 01, 2026

Emergency Room Utilization Dashboard

Population:

Paid Amount - Member vs. Plan



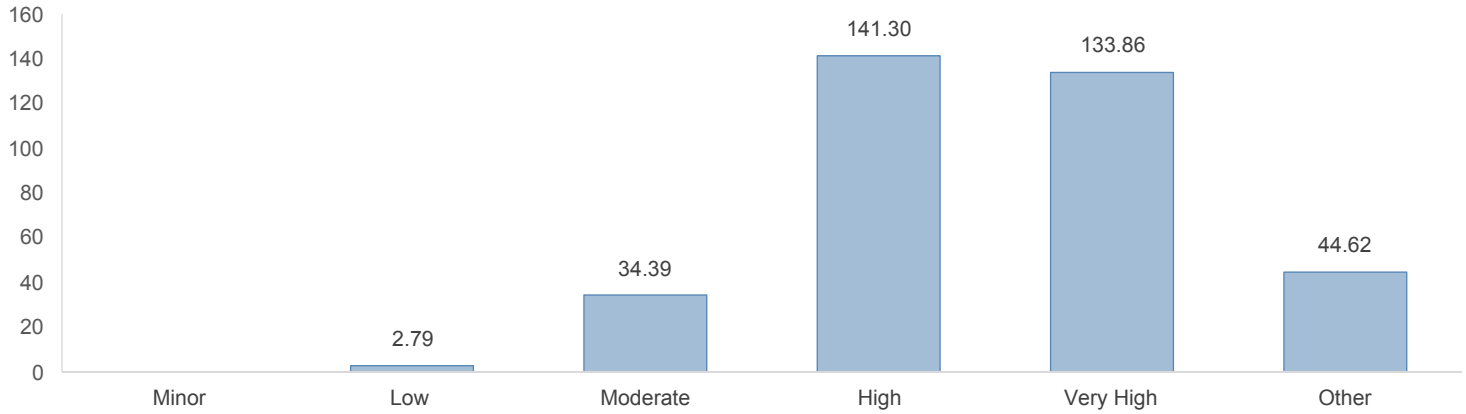
6 members had 6 or more ER visits. These members accounted for 62 visits, 16% of the total.

8% of ER visits were potentially avoidable.

Benchmark Comparison



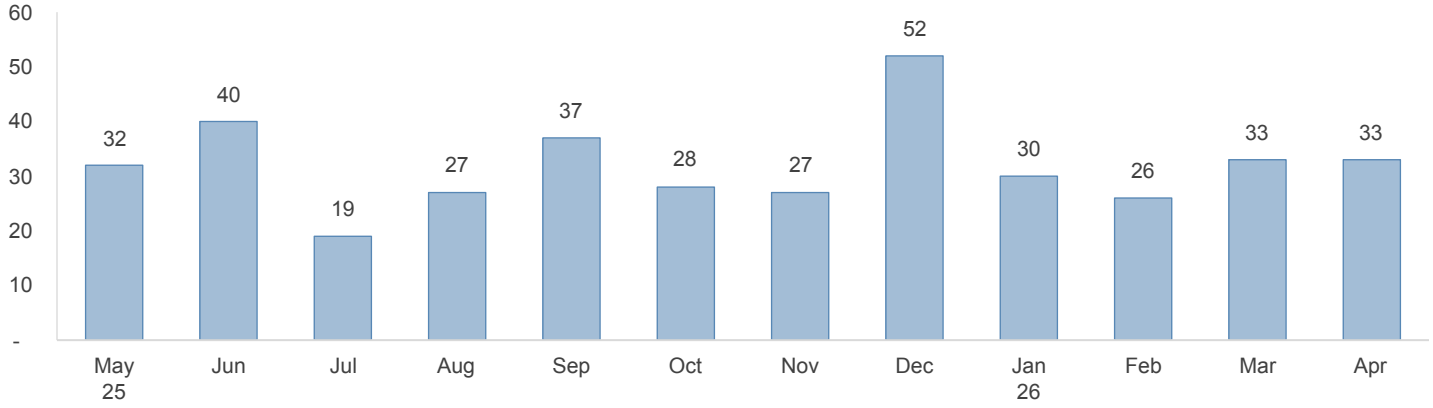
ER Visits/1000 by Severity



Most Common Diagnosis Grouper	Gastrointestinal Disorders, 20%

Most Common Avoidable Diagnosis	Urinary Tract Infection, 21%

Emergency Room Visits by Month



Reporting Period: Paid May 2025 to April 2026
Benchmark: Healthcare

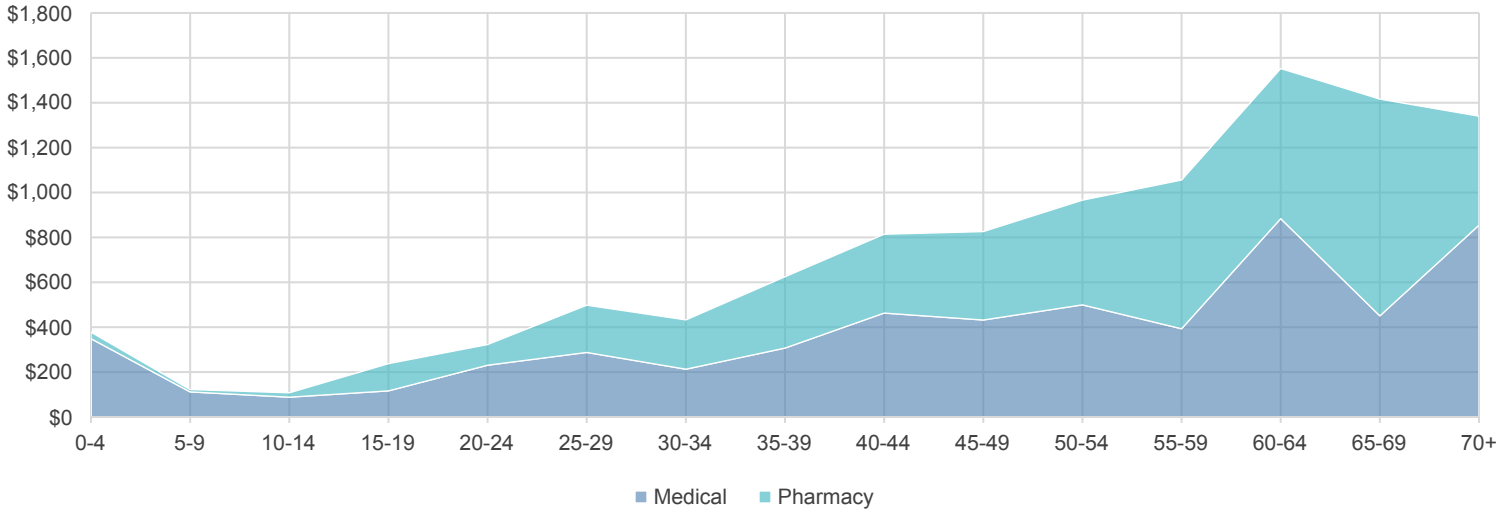
June 01, 2026

Demographic Cost Distribution

Population:

Age Band	Employee Months	Member Months	Plan Paid			Member Paid		
			Medical	Pharmacy	Total	Medical	Pharmacy	Total
0-4	0	1,160	$404,529	$33,793	$438,322	$119,495	$15,796	$135,291
5-9	0	1,601	$178,746	$16,863	$195,609	$78,778	$7,952	$86,730
10-14	0	1,869	$164,634	$36,276	$200,910	$72,461	$12,581	$85,042
15-19	8	1,730	$201,024	$209,717	$410,741	$91,563	$78,266	$169,829
20-24	383	2,159	$497,652	$198,952	$696,604	$177,244	$39,324	$216,567
25-29	1,262	1,897	$545,328	$399,345	$944,673	$224,268	$91,041	$315,309
30-34	1,255	1,590	$338,308	$349,047	$687,355	$123,126	$97,017	$220,143
35-39	1,423	1,931	$592,558	$613,672	$1,206,230	$209,000	$160,546	$369,546
40-44	1,518	1,968	$910,923	$691,258	$1,602,181	$166,529	$175,876	$342,405
45-49	1,594	2,095	$904,804	$825,343	$1,730,146	$220,639	$196,596	$417,235
50-54	1,578	2,144	$1,070,907	$999,891	$2,070,798	$238,015	$214,375	$452,391
55-59	1,703	2,264	$889,727	$1,500,036	$2,389,763	$225,278	$375,900	$601,178
60-64	1,428	2,084	$1,841,382	$1,393,635	$3,235,017	$226,683	$350,056	$576,739
65-69	594	752	$338,760	$726,234	$1,064,994	$72,255	$169,429	$241,684
70+	163	252	$215,325	$122,379	$337,704	$41,370	$12,272	$53,642
Total	**12,909**	**25,496**	**$9,094,607**	**$8,116,441**	**$17,211,048**	**$2,286,705**	**$1,997,028**	**$4,283,733**

Plan Paid PMPM



Age Band	Employee Months	Member Months	Plan Paid PEPM			Plan Paid PMPM		
			Medical	Pharmacy	Total	Medical	Pharmacy	Total
0-4	0	1,160	--	--	--	$348.73	$29.13	$377.86
5-9	0	1,601	--	--	--	$111.65	$10.53	$122.18
10-14	0	1,869	--	--	--	$88.09	$19.41	$107.50
15-19	8	1,730	$25,127.98	$26,214.58	$51,342.57	$116.20	$121.22	$237.42
20-24	383	2,159	$1,299.35	$519.46	$1,818.81	$230.50	$92.15	$322.65
25-29	1,262	1,897	$432.11	$316.44	$748.55	$287.47	$210.51	$497.98
30-34	1,255	1,590	$269.57	$278.13	$547.69	$212.77	$219.53	$432.30
35-39	1,423	1,931	$416.41	$431.25	$847.67	$306.87	$317.80	$624.67
40-44	1,518	1,968	$600.08	$455.37	$1,055.45	$462.87	$351.25	$814.12
45-49	1,594	2,095	$567.63	$517.78	$1,085.41	$431.89	$393.96	$825.85
50-54	1,578	2,144	$678.65	$633.64	$1,312.29	$499.49	$466.37	$965.86
55-59	1,703	2,264	$522.45	$880.82	$1,403.27	$392.99	$662.56	$1,055.55
60-64	1,428	2,084	$1,289.48	$975.94	$2,265.42	$883.58	$668.73	$1,552.31
65-69	594	752	$570.30	$1,222.62	$1,792.92	$450.48	$965.74	$1,416.22
70+	163	252	$1,321.01	$750.79	$2,071.80	$854.46	$485.63	$1,340.09
Total	**12,909**	**25,496**	**$704.52**	**$628.74**	**$1,333.26**	**$356.71**	**$318.34**	**$675.05**

Reporting Period: Paid May 2025 to April 2026
Benchmark: Healthcare

June 01, 2026

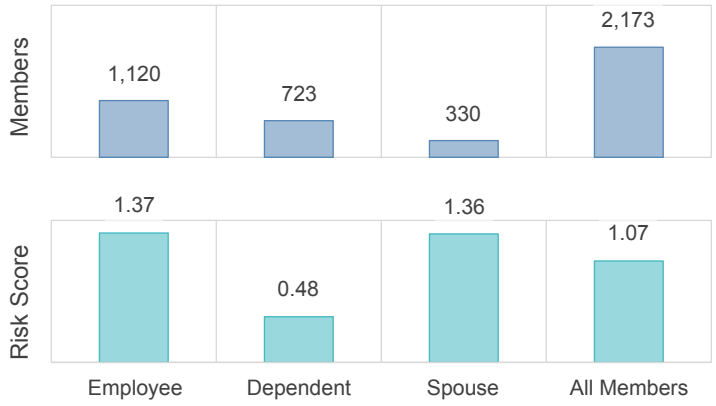
Demographic Risk Analysis

Population:

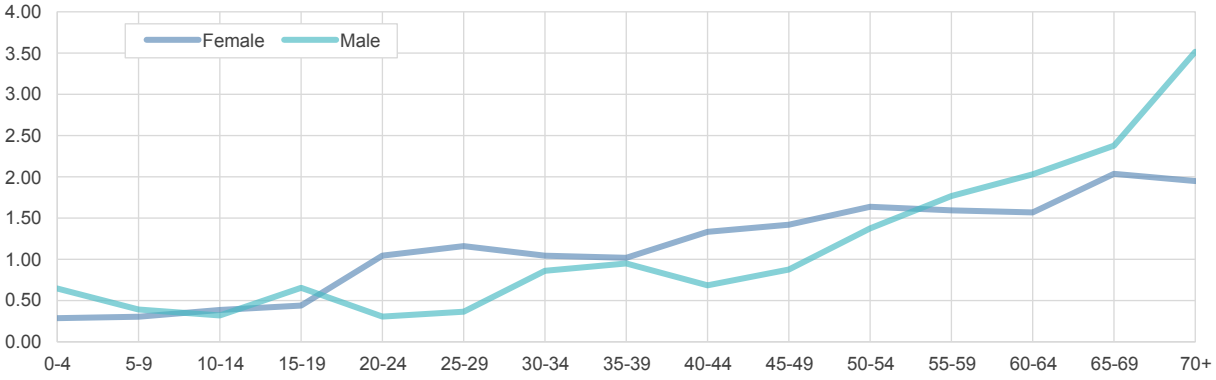
This report provides an overview of prospective risk by age, gender, and relationship. Risk scores are provided through Milliman's prospective MARA model and are generated based on medical and pharmacy claims incurred in the 12 month period prior to the end of the reporting period. The model is normalized so that the average risk is represented by a score of 1.0 with risk increasing as the score rises above that value.

Prospective Risk Distribution by Member Relationship to Employee

Relationship Class	Count	Average Risk
Employee	1,120	1.37
Dependent	723	0.48
Spouse	330	1.36
All Members	2,173	1.07



Prospective Risk Distribution by Member Age and Gender



Age Band	Female		Male		Total
	Count	Avg. Risk	Count	Avg. Risk	Avg. Risk
0-4	52	0.29	57	0.65	0.47
5-9	71	0.30	69	0.39	0.35
10-14	84	0.39	73	0.32	0.36
15-19	69	0.44	72	0.65	0.55
20-24	108	1.04	73	0.31	0.75
25-29	119	1.16	36	0.37	0.98
30-34	96	1.04	56	0.86	0.98
35-39	113	1.02	59	0.95	0.99
40-44	117	1.33	48	0.68	1.14
45-49	128	1.42	52	0.88	1.26
50-54	118	1.64	63	1.37	1.55
55-59	136	1.59	54	1.77	1.64
60-64	103	1.57	68	2.03	1.75
65-69	39	2.04	21	2.38	2.16
70+	10	1.95	9	3.52	2.69
All-Ages	1,363	1.15	810	0.93	1.07

Risk Analysis

Population:

Amount Type: Paid

Breakdown LOA: Coverage Tier

MARA uses medical and prescription drug claim history to predict an individual's relative healthcare cost risk as compared to an average population risk. There are two models, the concurrent and the prospective.

The concurrent model uses a given years claim data to calculate the individual risk scores for the same time period. Each risk score is a measurement of what an individual's assessment period risk typically would be, based on their condition profile, when compared to the average MARA calibration population. The risk score can also be normalized to a specific population, and the normalized score would show the individual's assessment period risk compared to that population. The concurrent risk score is used as an explanatory tool to identify the expected level of a given year's healthcare expenditures, which are known (actual costs).

The prospective model utilizes medical claim history from the assessment period to predict risk scores for each individual for a subsequent time period. The risk scores represent the predicted health status for a 12-month projection period. The MARA prospective model forecasts risk for the 12-month period immediately following the end of the report period.

Actual claims experience is always reported on an incurred basis.

Coverage Tier	Actual Paid	Actual PEPM	Expected Paid	Expected PEPM	Prospective Paid	Prospective PEPM	Risk Score	Risk Score
	05/25 - 04/26	05/25 - 04/26	05/25 - 04/26	05/25 - 04/26	05/26 - 04/27	05/26 - 04/27	Concurrent	Prospective
Employee Only	$5,285,690	$844.90	$4,908,148	$784.55	$5,887,578	$941.11	1.29	1.43
Family	$4,800,210	$2,188.88	$3,631,642	$1,656.02	$3,936,298	$1,794.94	0.71	0.73
Employee and Spouse	$2,852,694	$1,901.80	$2,609,048	$1,739.37	$3,144,303	$2,096.20	1.49	1.7
Employee and Children	$2,715,721	$1,345.08	$2,696,905	$1,335.76	$2,888,637	$1,430.73	0.84	0.83
Total	**$15,654,315**	**$1,308.01**	**$13,845,743**	**$1,156.90**	**$15,856,816**	**$1,324.93**	**1**	**1.07**

Savings Opportunities

Population:

Savings Type: Paid

Strategy with Largest Savings Opportunity ($)

$271,291

savings opportunity by switching Surgery place of service from Outpatient Hospitals to Ambulatory Surgical Centers (ASC)

Strategy with Largest Savings Opportunity (%)



of all Imaging costs were Outpatient Hospital Imaging costs

Savings Strategy ($0 $50k $100k $150k $200k $250k $300k)	Savings opportunity within strategy	Change between comparison and reporting
Surgery Place of Service Switch $271,291 — Prophylactic Measures; Breast Cancer; Spondylosis/Stenosis	26%	+9 (17% → 26%)
	26% of all Surgery Costs were Outpatient Hospital Surgery Costs	
Brand to Generic Drug Switch $64,327 — Res…	1%	-1 (2% → 1%)
	1% of all drug costs were costs of the brand drugs that can switch to generic	
Avoidable Admissions $43,801 — Bacterial Pneumonia	3%	+3 (0% → 3%)
	3% of all Admission costs were costs for the potentially avoidable diagnoses	
Avoidable ER Visits $36,768	8%	-4 (11% → 8%)
	8% of all ER Visit costs were costs for the potentially avoidable reasons	
Imaging Place of Service Switch $2,243	40%	-7 (48% → 40%)
	40% of all Imaging costs were Outpatient Hospital Imaging costs	
Injectable Drug Place of Service Switch $0	0%	0 (0% → 0%)
	0% of all Injectable Drug Costs were Outpatient Hospital Injectable Drug costs	

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

June 01, 2026

Savings Opportunities

Population:

Savings Type: Paid

Single Intervention with Largest Savings Opportunity ($)

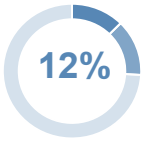
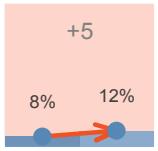
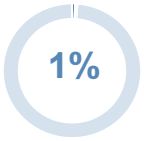
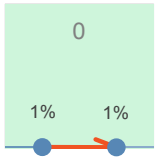
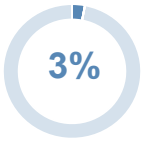
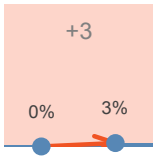
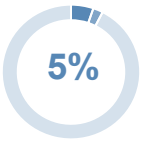
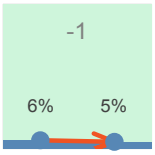
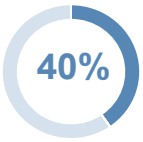
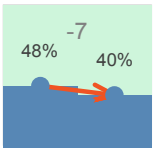
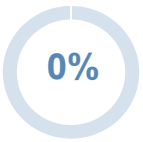
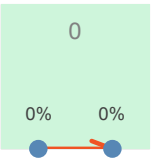
$67,495

savings opportunity by switching Surgery place of service for Prophylactic Measures from Outpatient Hospitals to Ambulatory Surgical Centers (ASC)

Interventions with Largest Savings Opportunity (%)



of all Imaging costs were savings eligible Imaging costs

Savings Strategy ($0 $10k $20k $30k $40k $50k $60k $70k $80k)	Savings opportunity within strategy	Change between comparison and reporting
Surgery Place of Service Switch showing the top 3 diagnosis groupers $67,495 Prophylactic Measures $52,688 Breast Cancer $44,009 Spondylosis/Stenosis	 12% of all Surgery Costs were Top 3 Outpatient Hospital Surgery Costs	
Brand to Generic Drug Switch showing top 3 Brand to Generic drugs $19,164 Restasis $13,830 Vascepa $9,759 Vagifem	 1% of all drug costs were costs of the Top 3 brand drugs that can switch to generic	
Avoidable Admissions showing top 3 diagnosis $30,725 Bacterial Pneumonia $13,076 Urinary Tract Infection $0 Perforated Appendix	 3% of all Admission costs were costs for the Top 3 potentially avoidable diagnoses	
Avoidable ER Visits showing top 3 avoidable reasons for ER visits $10,747 Constipation $10,595 Urinary Tract Infection $5,396 Headache	 5% of all ER Visit costs were costs for the Top 3 potentially avoidable reasons	
Imaging Place of Service Switch 2 scan types - - MRI - - CT	 40% of all Imaging costs were savings eligible Imaging costs	
Injectable Drug Place of Service Switch Showing the top 3 injectable drugs $0	 0% of all Injectable Drug costs were costs of the Top 3 savings eligible Injectable Drugs	

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

June 01, 2026

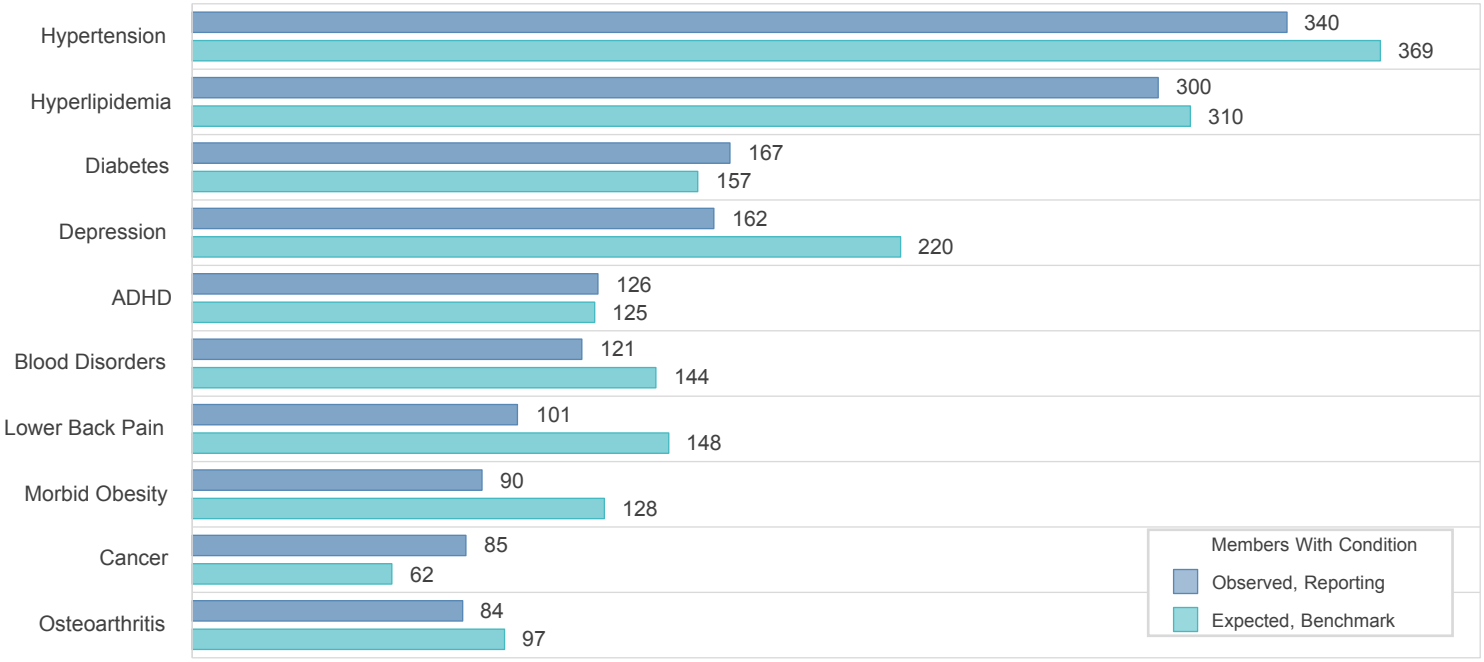
Chronic Conditions Prevalence

Population:

This report presents the prevalence of specific chronic conditions in the population. According to the Centers for Disease Control (CDC) more than 40% of Americans have one or more chronic conditions, and people with chronic diseases in the United States account for 75% of healthcare spending. In addition to driving up direct healthcare costs for employers, chronic conditions also adversely impact employee productivity, attendance, and morale. Chronic conditions are always identified on a service date basis.

- Hypertension is the most prevalent chronic condition in the reporting period with 340 members.
- Hypertension was also the most prevalent condition in the comparison period with 342 members.
- The condition with the greatest % increase in prevalence per 1000 is Chronic Pain with 183%.

Top Conditions by Prevalence



Chronic Condition	Reporting				Comparison			% Δ
	Members	% Members	per 1000	Benchmark	Members	% Members	per 1000	
ADHD	126	5.80%	59.30	58.77	120	5.77%	59.88	-0.96%
Affective Psychosis	25	1.15%	11.77	9.81	19	0.91%	9.48	24.11%
Alzheimer's	0	0.00%	0.00	0.21	0	0.00%	0.00	--
Asthma	83	3.82%	39.06	51.90	81	3.90%	40.42	-3.35%
Atrial Fibrillation	24	1.10%	11.30	9.24	24	1.15%	11.98	-5.68%
Autism	7	0.32%	3.29	5.89	7	0.34%	3.49	-5.68%
Blood Disorders	121	5.57%	56.95	67.61	116	5.58%	57.88	-1.61%
Bronchopulmonary Dysplasia	0	0.00%	0.00	0.11	0	0.00%	0.00	--
CAD	35	1.61%	16.47	21.50	36	1.73%	17.96	-8.30%
CKD	28	1.29%	13.18	9.81	29	1.40%	14.47	-8.93%
COPD	11	0.51%	5.18	6.96	9	0.43%	4.49	15.29%
Cancer	85	3.91%	40.01	29.03	72	3.46%	35.93	11.36%
Cerebral Palsy	1	0.05%	0.47	0.62	2	0.10%	1.00	-52.84%
Chromosomal Abnormalities	3	0.14%	1.41	1.10	3	0.14%	1.50	-5.68%
Chronic Pain	42	1.93%	19.77	34.38	14	0.67%	6.99	182.97%
Chronic Respiratory Failure	2	0.09%	0.94	1.07	2	0.10%	1.00	-5.68%

Reporting Period: Paid May 2025 to April 2026
Comparison Period: Paid May 2024 to April 2025
Benchmark: Healthcare

June 01, 2026

Chronic Conditions Prevalence

Population:

Chronic Condition	Reporting				Comparison			% Δ
	Members	% Members	per 1000	Benchmark	Members	% Members	per 1000	
Congestive Heart Failure	7	0.32%	3.29	7.01	6	0.29%	2.99	10.05%
Demyelinating Diseases	6	0.28%	2.82	2.44	7	0.34%	3.49	-19.15%
Depression	162	7.46%	76.25	103.10	136	6.54%	67.86	12.36%
Developmental Disorders Other	23	1.06%	10.83	10.35	19	0.91%	9.48	14.18%
Diabetes	167	7.69%	78.60	73.59	157	7.56%	78.34	0.33%
ESRD	0	0.00%	0.00	0.80	1	0.05%	0.50	-100.00%
Eating Disorders	9	0.41%	4.24	5.35	6	0.29%	2.99	41.49%
Epilepsy and Seizure Disorders	22	1.01%	10.35	8.11	21	1.01%	10.48	-1.18%
HIV/AIDS	3	0.14%	1.41	1.81	2	0.10%	1.00	41.49%
Hyperlipidemia	300	13.81%	141.20	145.70	317	15.26%	158.18	-10.73%
Hypertension	340	15.65%	160.03	173.48	342	16.46%	170.65	-6.23%
Immune Disorders	9	0.41%	4.24	5.44	8	0.38%	3.99	6.12%
Inflammatory Bowel Disease	15	0.69%	7.06	5.29	12	0.58%	5.99	17.91%
Intellectual Disabilities	0	0.00%	0.00	0.51	1	0.05%	0.50	-100.00%
Liver Diseases	49	2.25%	23.06	21.38	44	2.12%	21.96	5.04%
Lower Back Pain	101	4.65%	47.54	69.29	117	5.63%	58.38	-18.57%
Macular Degeneration	5	0.23%	2.35	2.17	7	0.34%	3.49	-32.63%
Metabolic Disorders	76	3.50%	35.77	53.28	61	2.94%	30.44	17.52%
Metabolic Syndrome	0	0.00%	0.00	2.39	2	0.10%	1.00	-100.00%
Morbid Obesity	90	4.14%	42.36	59.89	90	4.33%	44.91	-5.68%
Osteoarthritis	84	3.87%	39.54	45.55	85	4.09%	42.41	-6.79%
Paralysis Other	2	0.09%	0.94	1.20	2	0.10%	1.00	-5.68%
Peripheral Vascular Disease	9	0.41%	4.24	5.99	10	0.48%	4.99	-15.11%
Rheumatoid Arthritis	20	0.92%	9.41	7.27	22	1.06%	10.98	-14.25%
Schizophrenia	0	0.00%	0.00	0.83	0	0.00%	0.00	--
Sickle Cell Disease	1	0.05%	0.47	0.84	1	0.05%	0.50	-5.68%

Reporting Period: Paid May 2025 to April 2026
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June 01, 2026

Lifestyle Management

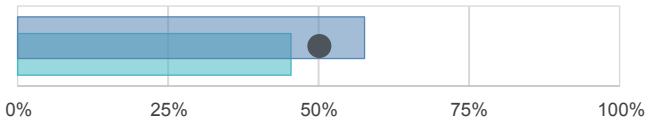
Population:

This overview shows how your population is performing vs the comparison period and vs the benchmark in 4 wellness metrics.

Colorectal Cancer Screens

Colorectal cancer screening ages 45-75 within the appropriate time period

The vast majority of new cases of colorectal cancer (about 90%) occur in people who are 50 or older. Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to a cure.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	786	453	57.63%
■	Benchmark	- -	- -	45.42%
■	Comparison	780	391	50.13%

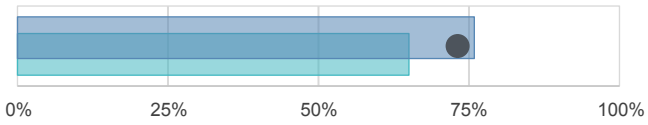
↑ **12.21%** from Benchmark

↑ **7.51%** from Comparison

Cervical Cancer Screens

Women age 21-65 with cervical cancer screen in last 36 months

All women are at risk for cervical cancer. It occurs most often in women over age 30. Long-lasting infection with certain types of HPV is the main cause of cervical cancer. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	958	727	75.89%
■	Benchmark	- -	- -	65.03%
■	Comparison	900	658	73.11%

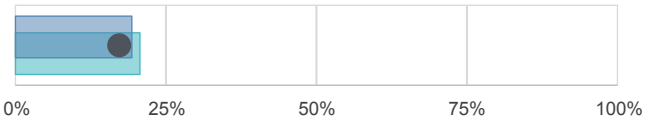
↑ **10.86%** from Benchmark

↑ **2.78%** from Comparison

Flu Vaccination

Annual Flu Vaccination (All Ages)

A flu vaccine is needed every season. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations, and even the risk of flu-related death in children.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	2,172	420	19.34%
■	Benchmark	- -	- -	20.68%
■	Comparison	2,077	358	17.24%

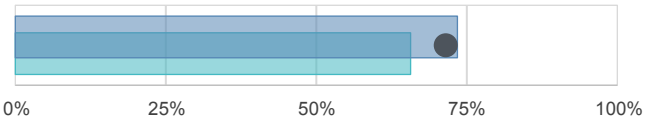
↓ **1.34%** from Benchmark

↑ **2.10%** from Comparison

Mammography

Women age 40 to 75 with a screening mammogram in last 24 months

Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. At this time, a mammogram is the best way to find breast cancer for most women.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	640	470	73.44%
■	Benchmark	- -	- -	65.66%
■	Comparison	621	444	71.50%

↑ **7.78%** from Benchmark

↑ **1.94%** from Comparison

*provided by cdc.gov

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Benchmark: Healthcare

June 01, 2026