

# Blue Insight<sup>SM</sup> Monthly Financial Report

CENTER FOR LIFE RESOURCES: ALL

07/01/2024 to 06/30/2025



## PLAN PERFORMANCE

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**Current Period:** The current reporting period represents claims paid from July 1, 2024 through June 30, 2025.

**Prior Period:** The prior reporting period represents claims paid from July 1, 2023 through June 30, 2024.

The report includes medical claims, pharmacy claims and dental claims.

Reporting Segments: ALL

Characteristics: ALL

Group/Sections: ALL

### Reporting Support Contact Information

For reporting support, please contact Client Reporting Service Center

Email: [client\\_reporting@bcbsil.com](mailto:client_reporting@bcbsil.com)

Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

**Report prepared on 07/11/2025**

# Enrollment Overview

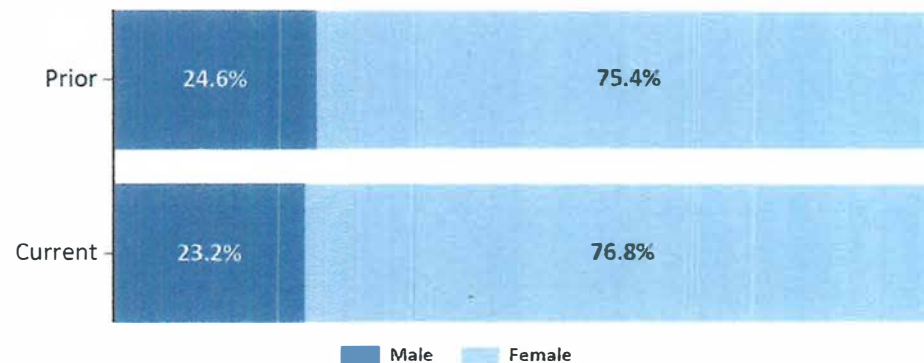
**Report Description:** Provides the current enrollment based on the current period.

Month	Medical Subscribers	Medical Members	Pharmacy Subscribers	Pharmacy Members	Dental Subscribers	Dental Members
Jul 2024	165	206	165	206	121	178
Aug 2024	163	199	163	199	120	174
Sep 2024	163	198	163	198	119	173
Oct 2024	157	190	157	190	112	166
Nov 2024	157	191	157	191	108	162
Dec 2024	155	187	155	187	109	161
Jan 2025	157	185	157	185	108	163
Feb 2025	159	187	159	187	110	165
Mar 2025	156	184	156	184	110	163
Apr 2025	152	180	152	180	110	163
May 2025	150	175	150	175	107	158
Jun 2025	148	173	148	173	105	156

Enrollment by Tier



Enrollment by Gender

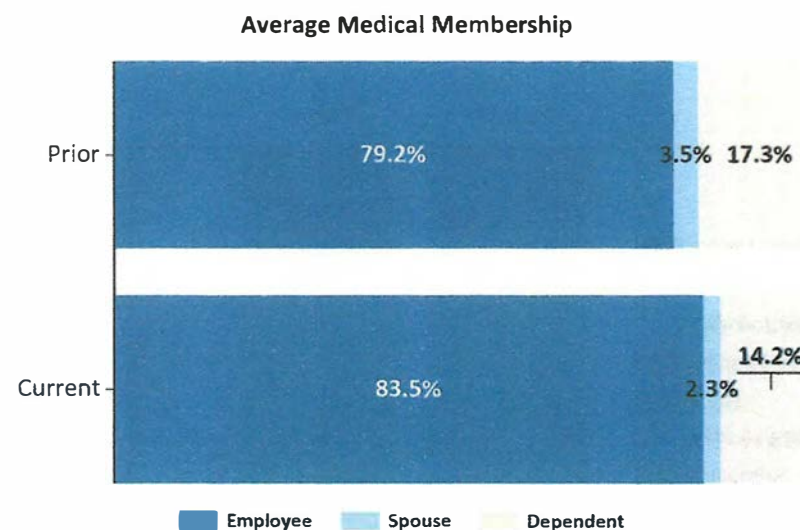


**Report Description:** Provides medical demographics for the current period compared to the prior period and percent change.

## Medical Demographics

	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
<b>Average Membership</b>	<b>199</b>	<b>188</b>	<b>-5.5%</b>
Employee	158	157	-0.6%
Spouse	7	4	-42.9%
Dependent	34	27	-20.6%
Average Contract Size	1.3	1.2	-7.7%
<b>Average Age</b>	<b>39.1</b>	<b>40.8</b>	<b>4.3%</b>
Employee	44.5	45.0	1.1%
Spouse	46.0	50.9	10.7%
Dependent	13.2	14.6	10.6%
% Under 30	28.2%	24.0%	
% 30 to 49	39.2%	42.5%	
% 50 to 64	28.7%	27.7%	
% 65+	3.9%	5.9%	
<b>Gender</b>			
Proportion of Males	24.6%	23.2%	
Proportion of Females	75.4%	76.8%	
Females Ages 20-44	33.9%	36.4%	

- Overall, membership **decreased by 5.5%** between reporting periods.
- The average age was 40.8 and **increased by 4.3%** between reporting periods.
- Contract size **decreased by 7.7%** between reporting periods.
- Females between the ages of 20 and 44 **increased from 33.9% to 36.4%** between reporting periods.



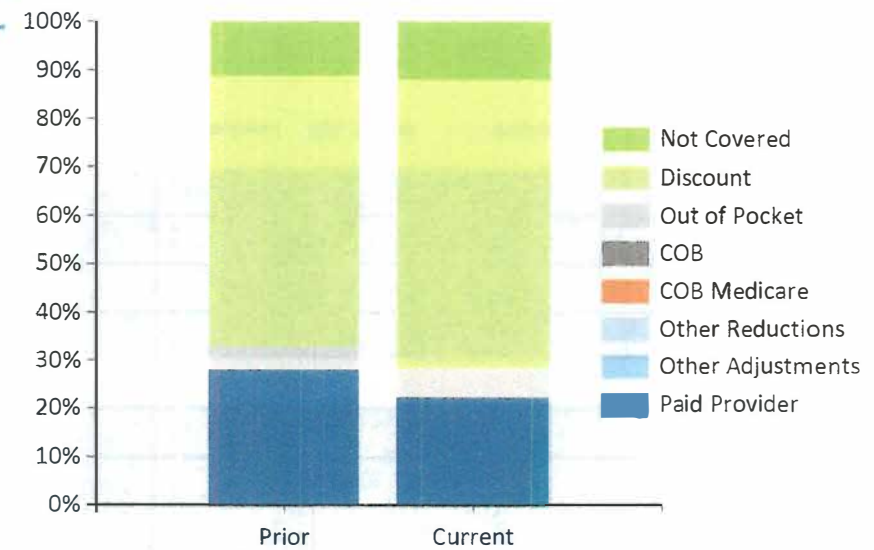
## Financial Overview: Financial Summary

**Report Description:** Provides a breakdown of the medical order of reduction from billed to paid for the current month, current period, prior period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

### Medical Order of Reduction

Paid Month	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Billed	\$207,055	\$5,445,108	\$3,781,898	-30.6%
Not Covered	\$51,720	\$609,176	\$452,602	-25.7%
Covered	\$155,335	\$4,835,933	\$3,329,297	-31.2%
Discount	\$95,822	\$3,045,645	\$2,249,785	-26.1%
Allowed	\$59,513	\$1,790,288	\$1,079,512	-39.7%
Out of Pocket	\$12,026	\$258,013	\$233,367	-9.6%
COB	\$0	\$4,690	\$1,102	-76.5%
COB Medicare	\$0	\$0	\$107	0.0%
Other Reductions	\$0	\$0	\$0	0.0%
Other Adjustments	\$0	\$0	\$0	0.0%
Paid - Provider	\$47,486	\$1,527,586	\$844,935	-44.7%
Other Payments	\$7	\$34	\$51	51.4%
Medical Paid	\$47,493	\$1,527,619	\$844,986	-44.7%

### Breakdown of Billed Amount



### Group Liability Breakdown

Paid Month	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Medical Paid	\$47,493	\$1,527,619	\$844,986	-44.7%
Pharmacy Paid	\$70,577	\$541,219	\$837,638	-54.8%
Dental Paid	\$3,353	\$30,614	\$28,399	-7.2%
VBC Payments	\$38	\$80	\$211	162.9%
Total Paid Claims	\$121,461	\$2,099,532	\$1,711,234	-18.5%
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$121,461	\$2,099,532	\$1,711,234	-18.5%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Capitation Paid	\$0	\$0	\$0	0.0%
Group Liability	\$121,461	\$2,099,532	\$1,711,234	-18.5%

**Other reductions** includes penalties, workers compensation savings, and subrogation savings.

**Other payments** includes Blue Card access fees and surcharges. Also displayed are other adjustments.

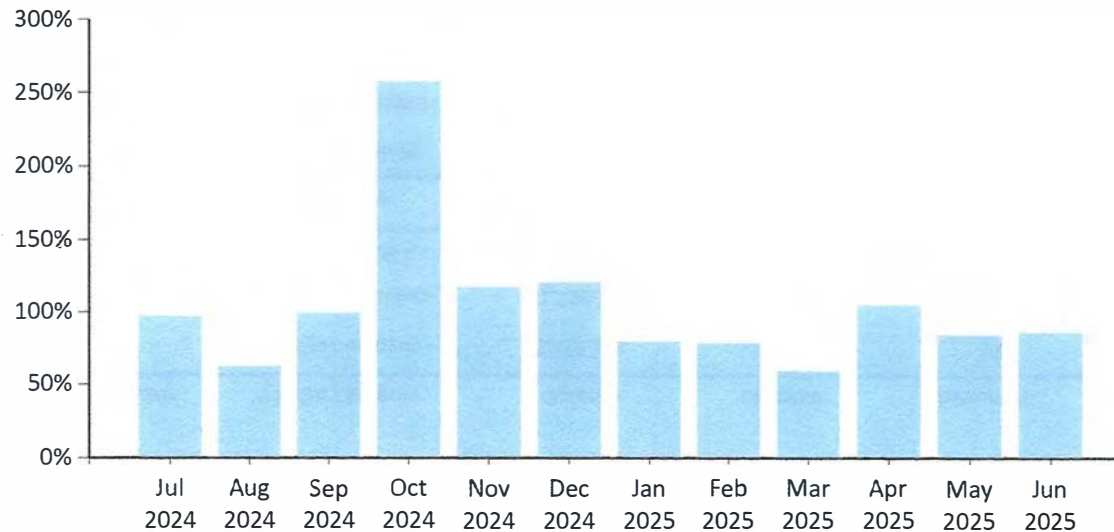


# Financial Overview: Medical & Pharmacy Loss Ratio

**Report Description:** Provides the medical and pharmacy loss ratio and claims for the most recent reported twelve months.

Month	Premium	Medical Paid Claims	Pharmacy Paid Claims	Capitation	VBC Payments	Total Paid	Medical and Pharmacy Loss Ratio
Jul 2024	\$136,161	\$97,791	\$34,373	\$0	\$10	\$132,174	97.1%
Aug 2024	\$133,560	\$51,660	\$31,492	\$0	\$8	\$83,159	62.3%
Sep 2024	\$133,021	\$37,250	\$94,562	\$0	\$8	\$131,820	99.1%
Oct 2024	\$127,919	\$209,342	\$120,049	\$0	\$10	\$329,401	257.5%
Nov 2024	\$128,459	\$52,838	\$97,747	\$0	\$14	\$150,599	117.2%
Dec 2024	\$126,357	\$45,926	\$106,204	\$0	\$14	\$152,143	120.4%
Jan 2025	\$147,149	\$75,676	\$40,479	\$0	\$14	\$116,169	79.0%
Feb 2025	\$148,941	\$59,640	\$56,954	\$0	\$14	\$116,608	78.3%
Mar 2025	\$146,279	\$40,888	\$45,472	\$0	\$21	\$86,380	59.1%
Apr 2025	\$142,748	\$88,583	\$60,768	\$0	\$28	\$149,379	104.7%
May 2025	\$139,625	\$37,898	\$78,963	\$0	\$33	\$116,894	83.7%
Jun 2025	\$137,832	\$47,493	\$70,577	\$0	\$38	\$118,108	85.7%
<b>Summary</b>	<b>\$1,648,051</b>	<b>\$844,986</b>	<b>\$837,638</b>	<b>\$0</b>	<b>\$211</b>	<b>\$1,682,835</b>	<b>102.1%</b>

Loss Ratio By Month



**Key Findings:** The medical and pharmacy loss ratio for the most recent reported month was **16.4% lower** than the average of the most recent reported twelve months, which was 102.1%.

## Financial Overview: Network Overview

**Report Description:** This report displays the discount amount, discount percent, paid amount and paid percent for medical claims split by Medicare/Non-Medicare, in/out of network and service category for the current period.

Medicare Primary Indicator	Network Indicator	Service Category	Covered	Discount	Discount %	Paid	% Of Paid
No	In Network	Facility Inpatient	\$662,341	\$512,247	77.3%	\$137,229	16.2%
		Facility Outpatient	\$1,720,347	\$1,145,928	66.6%	\$462,590	54.7%
		Professional	\$932,391	\$584,727	62.7%	\$245,130	29.0%
		Summary	\$3,315,079	\$2,242,901	67.7%	\$844,949	100.0%
	Out of Network	Facility Inpatient					
		Facility Outpatient					
		Professional	\$13,604	\$6,498	47.8%		
		Summary	\$13,604	\$6,498	47.8%		
	Summary		\$3,328,684	\$2,249,399	67.6%	\$844,949	100.0%
	Yes	In Network	Facility Inpatient				
Facility Outpatient							
Professional			\$613	\$386	62.9%	\$37	
Summary			\$613	\$386	62.9%	\$37	
Out of Network		Facility Inpatient					
		Facility Outpatient					
		Professional					
		Summary					
Summary		\$613	\$386	62.9%	\$37		
Summary		\$3,329,297	\$2,249,785	67.6%	\$844,986	100.0%	

**Key Findings:** The overall network savings discount (excluding Medicare) was **67.7%** for the current period. The in-network paid percent was **100.0%** for the current period.



# Financial Overview: Blue Card Savings Analysis

**Report Description:** The Blue Card Savings report illustrates the value of having access to other BCBS contracts within the United States through the Blue Card program. Savings from BCBS network discounts are passed to the client, providing savings on potentially costly out of state claims that would otherwise be paid at full provider billed amount.

Jul 2024 - Jun 2025

Par Plan State	Billed	Allowed	Effective Allowed Rate	Discount	Paid	Effective Paid Rate	Blue Card Access Fee
OK	\$2,139	\$417	19.5%	\$1,722	\$330	15.4%	\$0
BS CA	\$1,720	\$1,128	65.6%	\$592	\$918	53.4%	\$20
NJ	\$895	\$341	38.1%	\$554	\$359	40.2%	\$18
FL	\$854	\$701	82.0%	\$154	\$5	0.6%	\$5
Not Available	\$375	\$226	60.3%	\$149	\$231	61.6%	\$5
IL	\$7,910	\$7,237	91.5%	\$148	\$7,197	91.0%	\$0
TN	\$204	\$125	61.4%	\$79	\$128	62.7%	\$3
All Other Non-Blue Card	\$3,767,801	\$1,069,337	28.4%	\$2,246,387	\$835,818	22.2%	\$0
<b>Summary</b>	<b>\$3,781,898</b>	<b>\$1,079,512</b>	<b>28.5%</b>	<b>\$2,249,785</b>	<b>\$844,986</b>	<b>22.3%</b>	<b>\$51</b>

**Key Findings:** OK had the greatest Blue Card savings amount, with a Discount amount of **\$1,722**. The overall Effective Allowed Rate for the current period was **28.5%**.

## Financial Overview: Medical Claim Expense Distribution

**Report Description:** The distribution of medical paid expense by claimant and the average medical paid per claimant amount are shown for the current period.

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
Less than \$200	56	23.9%	\$2,311	0.3%	\$41
\$200 - \$1,000	75	32.1%	\$36,791	4.4%	\$491
\$1,001 - \$5,000	72	30.8%	\$167,929	19.9%	\$2,332
\$5,001 - \$10,000	18	7.7%	\$127,635	15.1%	\$7,091
\$10,001 - \$30,000	7	3.0%	\$110,118	13.0%	\$15,731
\$30,001 - \$50,000	2	0.9%	\$85,155	10.1%	\$42,578
<b>Summary &lt;= \$50,000</b>	<b>230</b>	<b>98.3%</b>	<b>\$529,940</b>	<b>62.7%</b>	<b>\$2,304</b>

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
\$50,001 - \$75,000	3	1.3%	\$192,196	22.7%	\$64,065
\$75,001 - \$100,000					
\$100,001 - \$150,000	1	0.4%	\$122,850	14.5%	\$122,850
\$150,001 - \$200,000					
\$200,001 - \$250,000					
\$250,001 - \$500,000					
\$500,001+					
<b>Summary \$50,001 or Greater</b>	<b>4</b>	<b>1.7%</b>	<b>\$315,047</b>	<b>37.3%</b>	<b>\$78,762</b>
<b>Combined Summary</b>	<b>234</b>	<b>100.0%</b>	<b>\$844,986</b>	<b>100.0%</b>	<b>\$3,611</b>

**Key Findings:** The proportion of claimants who received less than \$200 in services for the current period was **23.9%**. These claimants spent **0.3%** of the total paid expenses and the average paid expense per claimant was **\$41**. **1.7%** of claimants had expenses over \$50,001 for the current period. These claimants spent **37.3%** of the total paid expenses and the average paid expense per claimant was **\$78,762**.

# Financial Overview: High Cost Claimants

**Report Description:** This report provides a detailed listing of the top 20 high cost claimants with paid expenses of \$50,000 or more for the current period.

Jul 2024 - Jun 2025

Encrypted Member ID	Relationship	Age/Gender Band	Leading Diagnostic Category	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Paid	Currently Enrolled
6397393651863024179	Subscriber	Female 30-39	Not Available	\$8,164	\$100,271	\$14,416	\$437,032	<b>\$559,883</b>	Yes
4721492375842251485	Subscriber	Female 60-64	Neoplasms	\$51,565	\$3,394	\$10,970	\$1,300	<b>\$67,229</b>	No
863523589582040550	Subscriber	Female 50-59	Musculoskeletal	\$55,001	\$4,600	\$5,925	\$1,166	<b>\$66,692</b>	Yes
6644754596009026628	Subscriber	Female 40-49	Circulatory	\$0	\$56,582	\$4,160	\$504	<b>\$61,246</b>	No
7508780041123234676	Subscriber	Female 60-64	Not Available	\$0	\$857	\$2,102	\$55,555	<b>\$58,514</b>	Yes
6604039667687049180	Subscriber	Female 40-49	Not Available	\$0	\$2,722	\$1,398	\$48,156	<b>\$52,276</b>	Yes
<b>High Cost Claimant Total</b>				<b>\$114,730</b>	<b>\$168,426</b>	<b>\$38,971</b>	<b>\$543,713</b>	<b>\$865,840</b>	

# Financial Overview: Medical Out of Pocket

**Report Description:** Provides a distribution of claimants by their total medical out of pocket expenses for the current period compared to the prior period and percent change. This report helps determine the impact of any changes in plan design on out of pocket.

## Claimant Distribution by Out of Pocket Expense Bands

Out of Pocket Band	Jul 2023 - Jun 2024				Jul 2024 - Jun 2025				% Change	
	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants Change	Out of Pocket Change
Less than \$100	65	30.1%	\$2,642	1.0%	84	35.9%	\$2,705	1.2%	29.2%	2.4%
\$101 - \$200	37	17.1%	\$5,327	2.1%	35	15.0%	\$5,387	2.3%	-5.4%	1.1%
\$201 - \$300	11	5.1%	\$2,710	1.1%	20	8.5%	\$5,314	2.3%	81.8%	96.0%
\$301 - \$400	17	7.9%	\$5,991	2.3%	8	3.4%	\$2,744	1.2%	-52.9%	-54.2%
\$401 - \$500	13	6.0%	\$5,920	2.3%	5	2.1%	\$2,216	0.9%	-61.5%	-62.6%
\$501 - \$750	8	3.7%	\$4,919	1.9%	11	4.7%	\$6,332	2.7%	37.5%	28.7%
\$751 - \$1,000	7	3.2%	\$6,175	2.4%	14	6.0%	\$12,103	5.2%	100.0%	96.0%
\$1,001 - \$1,500	8	3.7%	\$10,220	4.0%	12	5.1%	\$15,121	6.5%	50.0%	48.0%
\$1,501 - \$2,000	6	2.8%	\$10,266	4.0%	10	4.3%	\$16,633	7.1%	66.7%	62.0%
\$2,001 - \$2,500	6	2.8%	\$13,693	5.3%	7	3.0%	\$15,604	6.7%	16.7%	13.9%
\$2,501 - \$3,000	7	3.2%	\$18,876	7.3%	2	0.9%	\$5,508	2.4%	-71.4%	-70.8%
\$3,001 - \$4,000	5	2.3%	\$17,676	6.9%	5	2.1%	\$16,942	7.3%	0.0%	-4.2%
\$4,001 - \$5,000	7	3.2%	\$31,276	12.1%	7	3.0%	\$30,839	13.2%	0.0%	-1.4%
\$Greater than \$5,001	19	8.8%	\$122,317	47.4%	14	6.0%	\$95,920	41.1%	-26.3%	-21.6%
<b>Summary</b>	<b>216</b>	<b>100%</b>	<b>\$258,013</b>	<b>100%</b>	<b>234</b>	<b>100%</b>	<b>\$233,367</b>	<b>100%</b>	<b>8.3%</b>	<b>-9.6%</b>

## Out of Pocket Expense by Coverage Tier

Coverage Tier	Jul 2024 - Jun 2025									
	Allowed	Deductible	Deductible % of Allowed	Copayment	Copay % of Allowed	Coinsurance	Coins % of Allowed	Out of Pocket	OPX % of Allowed	Paid
Employee Only	\$939,830	\$108,154	11.5%	\$31,441	3.3%	\$52,138	5.5%	\$191,732	20.4%	\$748,008
Employee + One	\$14,734	\$1,625	11.0%	\$1,682	11.4%	\$1,424	9.7%	\$4,731	32.1%	\$10,003
Employee + Dependent(s)	\$34,272	\$3,058	8.9%	\$4,061	11.8%	\$423	1.2%	\$7,542	22.0%	\$26,730
Family	\$90,676	\$21,129	23.3%	\$2,020	2.2%	\$6,214	6.9%	\$29,362	32.4%	\$60,245
<b>Summary</b>	<b>\$1,079,512</b>	<b>\$133,965</b>	<b>12.4%</b>	<b>\$39,203</b>	<b>3.6%</b>	<b>\$60,199</b>	<b>5.6%</b>	<b>\$233,367</b>	<b>21.6%</b>	<b>\$844,986</b>

This is a claimant analysis, where only members who had a claim are included. The tables exclude all medical enrolled members that did not submit a claim.

**This report is based on claim data and may not reflect client specific benefits being applied to member out of pocket. Please contact your Account Executive for ACCUMS reporting.**

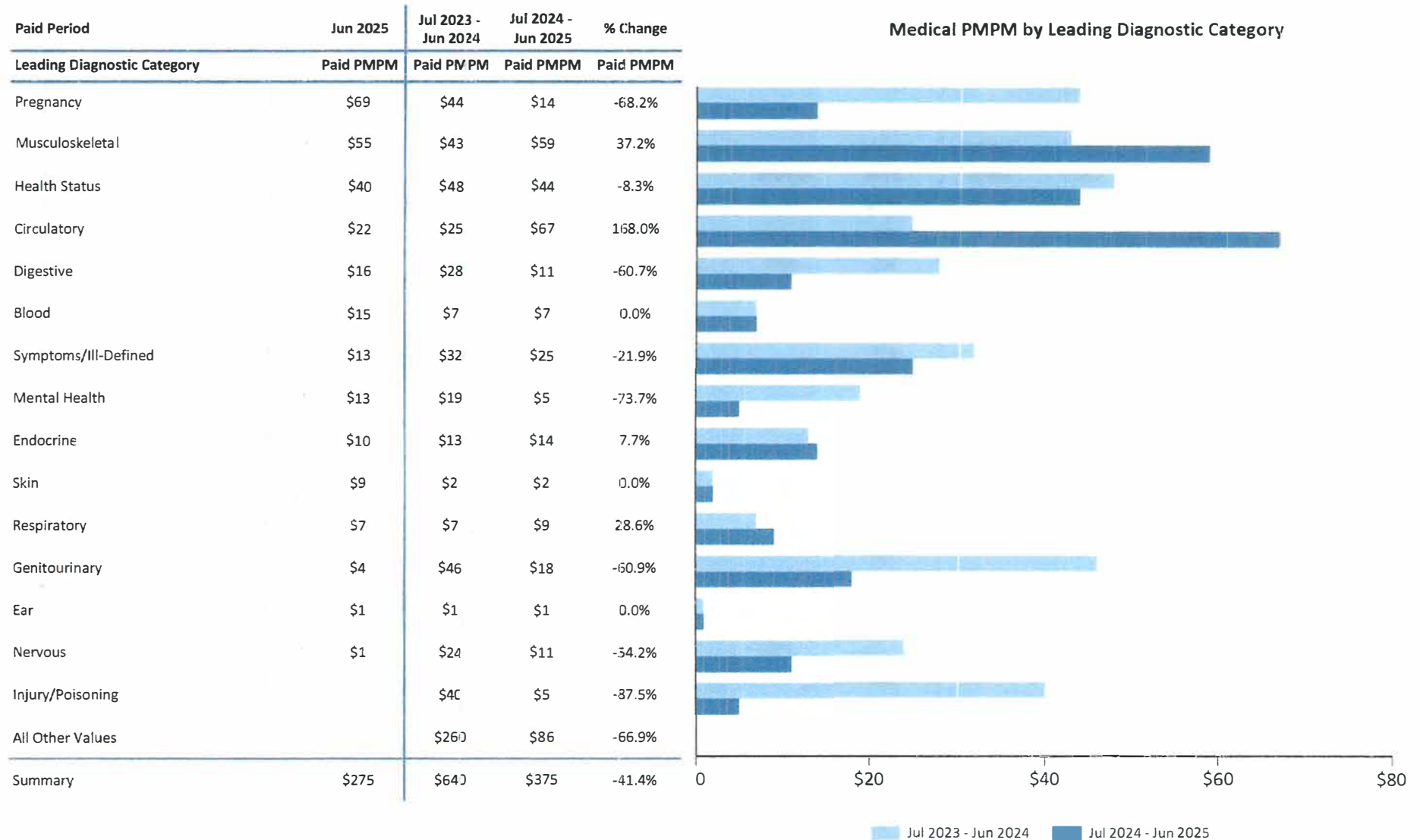
# Financial Overview: Lag Report

**Report Description:** Displays, by paid month, the medical dollars paid and the corresponding month incurred for a 12 month rolling paid period (if available for your account). This report provides insight into the monthly claim lag and can help identify IBNR.

Incurred Month	Paid Month												Summary
	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	
All Prior			\$2,240	\$251	\$240	\$925	\$56	\$209	\$8				\$3,929
Jul 2023				\$316	\$11	\$154		\$20					\$501
Aug 2023					\$153	\$42		\$28					\$223
Sep 2023					\$53		\$52		\$377				\$482
Oct 2023				\$177	\$1,302		\$136						\$1,615
Nov 2023					\$307			\$14	(\$785)				(\$464)
Dec 2023								\$41					\$41
Jan 2024		(\$114)	\$8		\$199	\$50		\$28					\$172
Feb 2024	\$39	\$437		\$260		\$39							\$775
Mar 2024	\$33	\$4,304	\$5	\$151	\$493		\$6	\$152					\$5,144
Apr 2024	\$2,942	\$1,013	\$65	\$17	\$403	\$52		\$69					\$4,561
May 2024	\$313	\$314	\$27		\$994			\$28	\$37		\$104		\$1,817
Jun 2024	\$71,682	\$384	\$1,464		\$1,393			\$41	(\$546)				\$74,418
Jul 2024	\$22,784	\$14,324	\$546	\$108				\$58					\$37,820
Aug 2024		\$30,998	\$8,992	\$695		\$1,803	\$2,811	\$28		(\$5,016)			\$40,312
Sep 2024			\$23,902	\$151,895	\$2,651	\$20		\$2,112		(\$8,932)			\$171,648
Oct 2024				\$55,472	\$28,645	\$5,246	\$533	\$39	(\$53)			\$101	\$89,982
Nov 2024					\$15,994	\$14,488	\$4,383	\$32			\$89	\$25	\$35,011
Dec 2024						\$23,107	\$17,815	\$803				(\$160)	\$41,565
Jan 2025							\$49,885	\$8,132	\$1,904	\$25	\$966	\$60	\$60,973
Feb 2025								\$47,806	\$12,077	\$721	\$2,834	\$55	\$63,492
Mar 2025									\$27,868	\$18,271	\$1,094	\$54	\$47,287
Apr 2025										\$83,513	\$3,684	\$856	\$88,054
May 2025											\$29,126	\$18,056	\$47,183
Jun 2025												\$28,446	\$28,446
<b>Summary</b>	<b>\$97,791</b>	<b>\$51,660</b>	<b>\$37,250</b>	<b>\$209,342</b>	<b>\$52,838</b>	<b>\$45,926</b>	<b>\$75,676</b>	<b>\$59,640</b>	<b>\$40,888</b>	<b>\$88,583</b>	<b>\$37,898</b>	<b>\$47,493</b>	<b>\$844,986</b>

# Financial Overview: Overall Medical Paid PMPM by Leading Diagnostic Category

**Report Description:** Lists the top 15 overall paid expense across inpatient facility, outpatient facility, and professional settings by leading diagnostic categories for the current month, current period, prior period and percent change.



**Key Findings:** The top three Leading Diagnostic Categories in the current reporting month based on Paid PMPM were **Pregnancy, Musculoskeletal, and Health Status**.

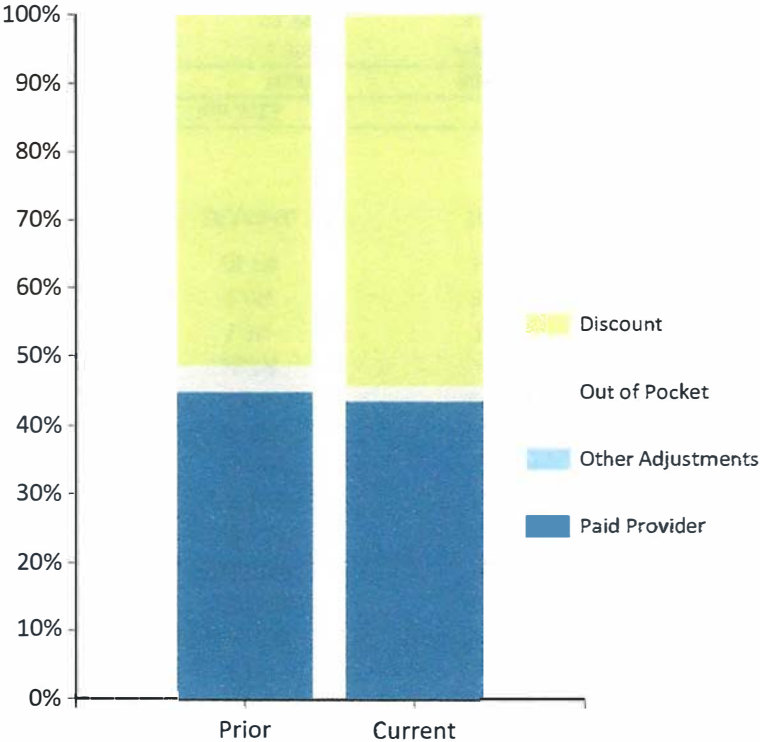


**Report Description:**  
This report provides an overview of the pharmacy order of reduction from billed to paid for the current month, current period, prior period, and percent change.

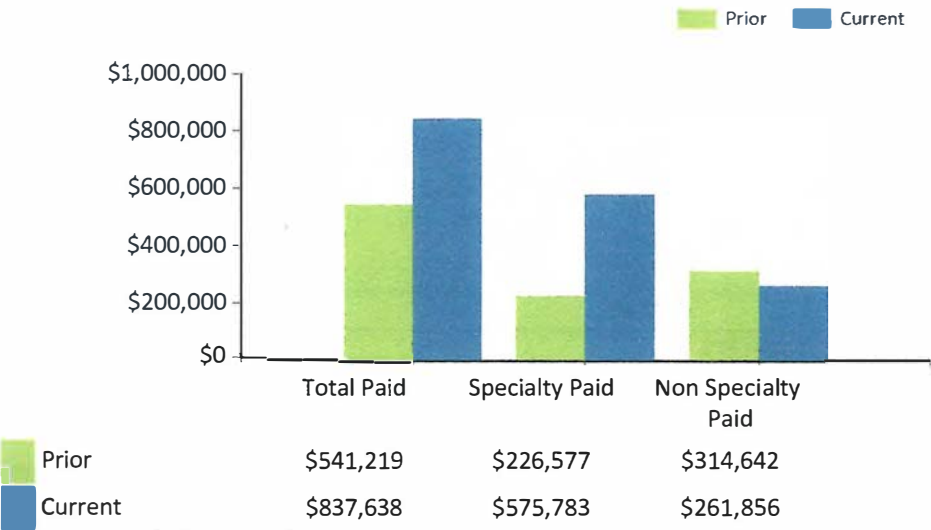
Pharmacy Order of Reduction

	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Billed	\$168,548	\$1,208,167	\$1,927,481	59.5%
Discount	\$94,927	\$621,206	\$1,047,168	68.6%
Allowed	\$73,621	\$586,961	\$880,314	50.0%
Out of Pocket	\$3,084	\$45,933	\$42,985	-6.4%
Other Adjustments	(\$40)	(\$191)	(\$310)	-62.3%
Paid - Provider	\$70,577	\$541,219	\$837,638	54.8%
Paid	\$70,577	\$541,219	\$837,638	54.8%

Breakdown of Billed Amount



Total Pharmacy Paid vs. Specialty Paid



# Pharmacy: Key Indicators

**Report Description:** This report provides an overview of the prescription expenses for the current month. Prescription expenses and percent changes between the current and prior reporting periods are provided as well.

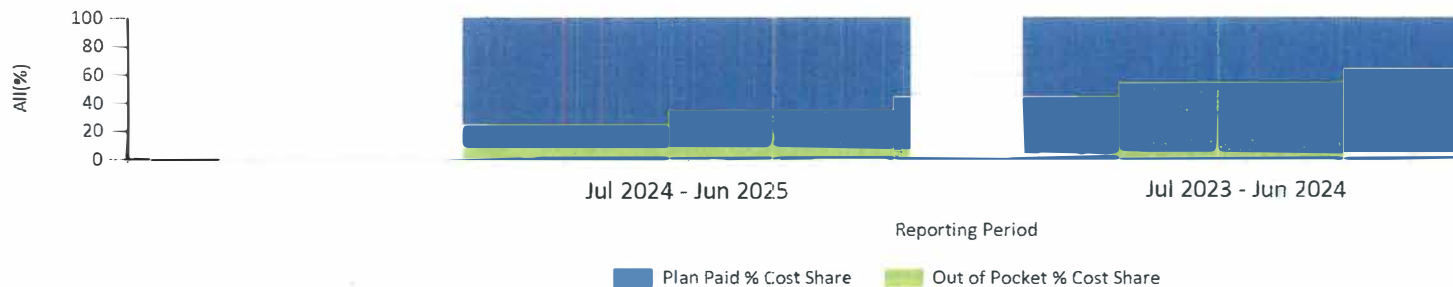
## Key Indicators Summary

Key Indicators Summary	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Unique Pharmacy Members	173	241	238	-1.2%
Claimants	88	185	189	2.2%
Prescriptions	321	5,109	4,798	-6.1%
Prescriptions PMPM	1.86	2.14	2.13	-0.6%
Paid	\$70,577	\$541,219	\$837,538	54.8%
Paid PMPM	\$407.96	\$226.74	\$371.46	63.8%
Allowed	\$73,621	\$586,961	\$880,314	50.0%
Allowed PMPM	\$425.56	\$245.90	\$390.38	58.8%
Avg. Ingredient Cost/Prescription	\$229.25	\$114.75	\$183.38	59.8%
Generic Dispensing Rate	89.4%	89.7%	90.2%	0.6%
Generic Substitution Rate	99.3%	99.8%	99.6%	-0.2%
Out of Pocket Percent of Allowed	4.2%	7.8%	4.9%	-37.6%
Retail as a Percent of Prescriptions	98.8%	99.0%	98.7%	-0.3%
Mail Order as a Percent of Prescriptions	1.2%	1.0%	1.3%	29.5%
Specialty Percent of Total Prescriptions	3.4%	1.5%	2.0%	30.0%
Specialty Percent of Total Paid	76.8%	41.9%	68.7%	64.2%
Specialty Average Ingredient Cost/Prescription	\$4,946.87	\$2,965.43	\$6,143.50	107.3%

## Cost Sharing Distribution

Cost Sharing Distribution	Jun 2025		Jul 2023 - Jun 2024		Jul 2024 - Jun 2025		% Change	
	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Member Out of Pocket	4.1%	100.0%	7.8%	10.9%	4.9%	6.3%	-37.5%	-42.5%
Plan Paid	95.9%	0.0%	92.2%	89.1%	95.1%	93.7%	3.2%	5.2%

## Cost Sharing Distribution



# Pharmacy: Generic vs. Formulary Experience

**Report Description:** For the current period, the prescription drug expenses are displayed below for retail and mail order providers and broken out by drug type and formulary indicator.

			Total Expense		Member Expense		Plan Expense	
		% of Total		Allowed /		Out of Pocket /		Paid/
Retail Prescriptions	Prescriptions	Prescriptions	Allowed	Prescription	Out of Pocket	Prescription	Paid	Prescription
Generic	4,276	90%	\$47,778	\$11.17	\$25,600	\$5.99	\$22,179	\$5.19
Brand	460	10%	\$822,938	\$1,789.00	\$16,786	\$36.49	\$806,463	\$1,753.18
Summary	4,736	100%	\$870,716	\$183.85	\$42,385	\$8.95	\$828,641	\$174.97
Brand Type Breakdown								
Single-Source Brand	407	9%	\$807,616	\$1,984.31	\$15,636	\$38.42	\$792,291	\$1,946.66
Multi-Source Brand	53	1%	\$15,322	\$289.09	\$1,150	\$21.70	\$14,172	\$267.40
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2	28	1%	\$8,000	\$285.70	\$530	\$18.93	\$7,470	\$266.78
Brand Formulary	459	10%	\$822,579	\$1,792.11	\$16,726	\$36.44	\$806,164	\$1,756.35
Brand Non-Formulary	1	0%	\$359	\$358.99	\$60	\$60.00	\$299	\$298.99
			Total Expense		Member Expense		Plan Expense	
		% of Total		Allowed /		Out of Pocket /		Paid/
Mail Prescriptions	Prescriptions	Prescriptions	Allowed	Prescription	Out of Pocket	Prescription	Paid	Prescription
Generic	44	71%	\$458	\$10.41	\$240	\$5.46	\$218	\$4.95
Brand	18	29%	\$9,139	\$507.73	\$360	\$20.00	\$8,779	\$487.73
Summary	62	100%	\$9,597	\$154.80	\$600	\$9.68	\$8,997	\$145.11
Single-Source Brand	15	24%	\$8,985	\$599.02	\$360	\$24.00	\$8,625	\$575.02
Multi-Source Brand	3	5%	\$154	\$51.32	\$0	\$0.00	\$154	\$51.32
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2								
Brand Formulary	18	29%	\$9,139	\$507.73	\$360	\$20.00	\$8,779	\$487.73
Brand Non-Formulary								
			Total Expense		Member Expense		Plan Expense	
		% of Total		Allowed /		Out of Pocket /		Paid/
Total Prescriptions	Prescriptions	Prescriptions	Allowed	Prescription	Out of Pocket	Prescription	Paid	Prescription
Generic	4,320	90%	\$48,236	\$11.17	\$25,840	\$5.98	\$22,396	\$5.18
Brand	478	10%	\$832,077	\$1,740.75	\$17,146	\$35.87	\$815,242	\$1,705.53
Summary	4,798	100%	\$880,314	\$183.48	\$42,985	\$8.96	\$837,638	\$174.58
Brand Type Breakdown								
Single-Source Brand	422	9%	\$816,601	\$1,935.07	\$15,996	\$37.90	\$800,916	\$1,897.90
Multi-Source Brand	56	1%	\$15,476	\$276.36	\$1,150	\$20.54	\$14,326	\$255.82
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2	28	1%	\$8,000	\$285.70	\$530	\$18.93	\$7,470	\$266.78
Brand Formulary	477	10%	\$831,718	\$1,743.64	\$17,086	\$35.82	\$814,943	\$1,708.48
Brand Non-Formulary	1	0%	\$359	\$358.99	\$60	\$60.00	\$299	\$298.99

# Pharmacy: Top Non-Specialty Drug Classes and Drugs

**Report Description:** The top 10 therapeutic and prescription drug classes and drugs for the current period are displayed below ranked by ingredient cost.

					Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Generic	Rank by Volume
Current/ Prior Rank		Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost			
1	1	Incretin Mimetic Agents	106	16	\$100,353	\$946.73	\$923.34	
2	2	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	34	8	\$37,917	\$1,115.20	\$1,203.37	
3	3	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	32	9	\$18,598	\$581.18	\$575.28	
4	4	Sympathomimetics	60	25	\$17,472	\$291.21	\$234.28	43.3%
5	5	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	28	3	\$9,591	\$342.53	\$440.23	50.0%
6	7	Serotonin Modulators	92	15	\$8,005	\$87.01	\$74.12	80.4%
7		Antiviral Combinations	5	6	\$6,712	\$1,342.43	\$342.94	
8	10	Amphetamines	85	15	\$6,193	\$72.85	\$74.24	98.8%
9		Combination Contraceptives - Oral	100	17	\$5,834	\$58.34	\$28.49	69.0%
10	9	Insulin	22	6	\$5,320	\$241.81	\$311.42	
		All Other	4,140	187	\$85,886	\$20.75	\$28.78	96.8%
		Summary	4,704	187	\$301,880	\$64.18	\$71.13	90.9%

Current/ Prior Rank		Brand Name	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient	Avg. Ingredient	Generic Indicator	Rank by Volume
							Cost/ Prescription (Current)	Cost/ Prescription (Prior)		
1	4	QULIPTA TAB 60MG	Calcitonin Gene-Related Peptide (CGRP) R	27	4	\$28,005	\$1,037.24	\$887.95	NO	15
2	1	OZEMPIC INJ 4MG/3ML	Incretin Mimetic Agents	29	7	\$26,595	\$917.05	\$888.55	NO	14
3	6	MOUNJARO INJ 5MG/0.5	Incretin Mimetic Agents	21	7	\$20,731	\$987.19	\$1,007.16	NO	23
4	9	OZEMPIC INJ 8MG/3ML	Incretin Mimetic Agents	19	5	\$17,771	\$935.33	\$820.51	NO	27
5	14	MOUNJARO INJ 10MG/0.5	Incretin Mimetic Agents	16	5	\$16,211	\$1,013.17	\$1,023.82	NO	44
6	12	TRELEGY AER 200MCG	Sympathomimetics	15	1	\$8,985	\$599.02	\$583.36	NO	51
7	3	JARDIANCE TAB 25MG	Sodium-Glucose Co-Transporter 2 (SGLT2	15	4	\$8,675	\$578.32	\$572.53	NO	53
8	2	OZEMPIC INJ 2MG/3ML	Incretin Mimetic Agents	10	4	\$7,987	\$798.71	\$887.56	NO	123
9	22	PAXLOVID TAB 300-100	Antiviral Combinations	5	6	\$6,712	\$1,342.43	\$1,371.77	NO	282
10	8	MYRBETRIQ TAB 25MG	Urinary Antispasmodics - Beta-3 Adrener	14	3	\$6,154	\$439.58	\$440.23	NO	62
		All Other		4,533	187	\$154,054	\$33.98	\$44.96		
		Summary		4,704	187	\$301,880	\$64.18	\$71.13		

**Report Description:** Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides specialty drug analysis for the current month, current period, prior period and percent change.

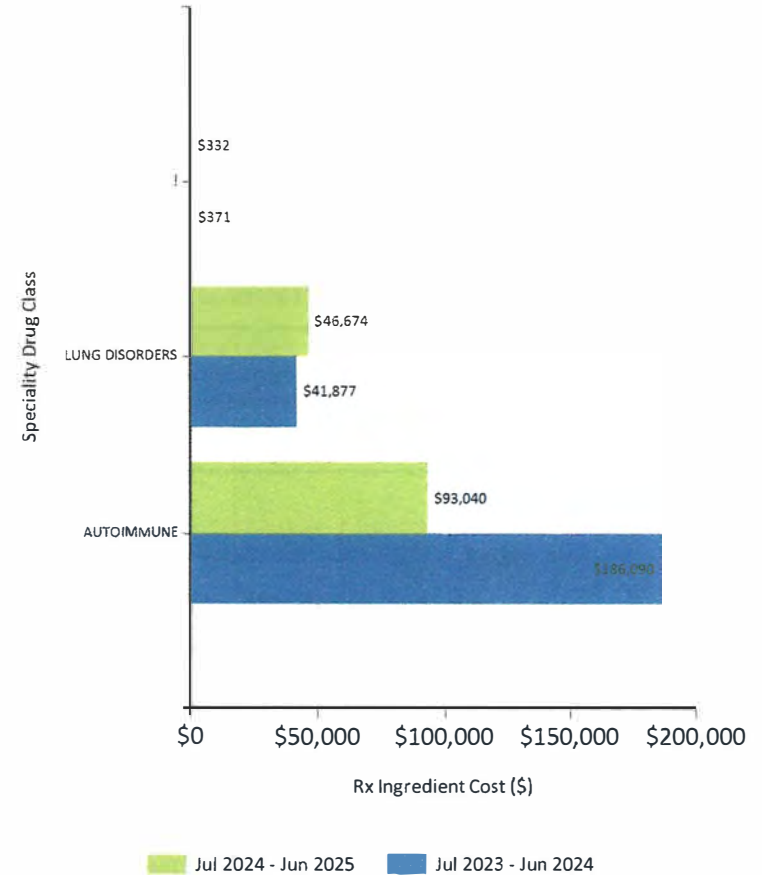
## Specialty Drug Key Indicators

	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Unique Pharmacy Members	173	241	238	-1.2%
Claimants	8	27	24	-11.1%
Percent of Utilizing Members	4.6%	11.2%	10.1%	-10.0%
Prescriptions	11	77	94	22.1%
Specialty Percent of Total Paid	76.8%	41.9%	68.7%	64.2%
Percent of Total Prescriptions Paid	3.4%	1.5%	2.0%	30.0%
Paid	\$54,178	\$226,577	\$575,783	154.1%
Paid PMPM	\$313.17	\$94.92	\$255.34	169.0%
Average Ingredient Cost/Prescription	\$4,947	\$2,965	\$6,148	107.3%

## Top 10 Specialty Drugs by Ingredient Cost for the Current Period

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/ Prescription	Specialty Claimants
UPTRAVI TAB 800MCG	PULMONARY HYPERTENSI	\$162,582	7	\$23,225.97	1
OPSUMIT TAB 10MG	PULMONARY HYPERTENSI	\$139,176	11	\$12,652.38	1
UPTRAVI TAB 200MCG	PULMONARY HYPERTENSI	\$102,116	3	\$34,038.58	1
NUCALA INJ 100MG/ML	LUNG DISORDERS	\$46,674	13	\$3,590.31	1
ENBREL SRCLK INJ 50MG/ML	AUTOIMMUNE	\$37,301	5	\$7,460.18	1
UPTRAVI TAB 200MCG	PULMONARY HYPERTENSI	\$34,039	1	\$34,038.58	1
RINVOQ TAB 15MG ER	AUTOIMMUNE	\$26,206	4	\$6,551.53	1
CIMZIA PREFL KIT 200MG/ML	AUTOIMMUNE	\$22,311	4	\$5,577.83	1
COSENTYX PEN INJ 300DOSE	AUTOIMMUNE	\$7,222	1	\$7,221.96	1
ONDANSETRON TAB 4MG ODT	!	\$110	8	\$13.70	4
All Other		\$223	37	\$6.02	18
<b>Summary</b>		<b>\$577,959</b>	<b>94</b>	<b>\$6,148.50</b>	<b>24</b>

## Top 5 Specialty Classes by Ingredient Cost for the Current Period



Prior period is reflected only as it pertains to the Top 5 Specialty Classes of current period.



# Dental Financial Analysis

## Financial Overview: Jul 2024 - Jun 2025

Service Category	Claimants	Claims	Average Cost per Claim	Previous Average Cost per Claim	% Change	PMPM	Benchmark	% Variance from Benchmark
ADJUNCTIVE GENERAL SERVICES	6	10	\$18.05	\$0.00	0%	\$0.09	\$0.27	-66%
DIAGNOSTIC	87	123	\$84.48	\$86.06	-2%	\$5.24	\$7.81	-33%
ENDODONTICS	4	4	\$286.52	\$224.88	27%	\$0.58	\$1.13	-49%
ORAL SURGERY	10	10	\$320.06	\$93.38	243%	\$1.61	\$1.49	8%
Other - Dental	1	1	\$0.00	\$0.00	0%	\$0.00	\$0.02	-100%
PERIODONTICS	8	10	\$91.76	\$105.56	-13%	\$0.46	\$1.27	-64%
PREVENTIVE	59	88	\$71.98	\$64.71	11%	\$3.20	\$5.10	-37%
PROSTHODONTICS, REMOVABLE	3	3	\$270.60	\$233.28	16%	\$0.41	\$0.24	70%
RESTORATIVE	22	32	\$169.30	\$295.47	-43%	\$2.73	\$6.06	-55%
<b>Totals</b>		<b>175</b>	<b>\$162.28</b>	<b>\$179.03</b>			<b>\$25.63</b>	

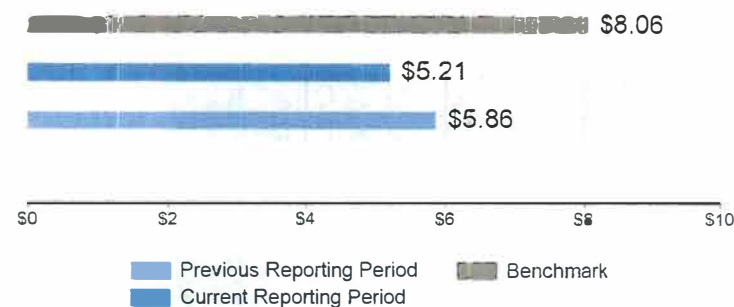
## Top 10 Procedure Service Type

Description	Counts	Prior Reporting period count	PMPM by Service Type	Service Type PMPM Benchmark
Clinical Oral Evaluation	112	102	\$2.55	\$3.57
Radiographs/Diagnostic Imaging	93	85	\$2.69	\$4.22
Dental Prophylaxis	86	85	\$2.87	\$4.28
Resin-based Composite Restorations	21	25	\$1.42	\$3.52
Topical Fluoride Treatment	18	19	\$0.23	\$0.54
Other Restorative Services	11	8	\$0.28	\$0.51
Anesthesia	7	11	\$0.09	\$0.18
Crowns - Single Restoration Only	6	8	\$1.03	\$1.97
Extractions	6	9	\$0.74	\$0.30
Non-Surgical Services	6	7	\$0.25	\$0.72

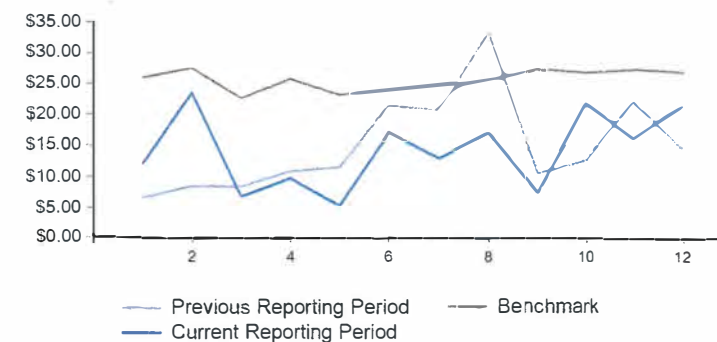
\* Service Type is the procedure detail of Service Category

- **DIAGNOSTIC** procedures accounted for **37% of total** dollars for the current reporting period.
- **Male PMPM** is **\$0.63** more than **Female PMPM** for the current reporting period.

## Member Average Out-of-Pocket



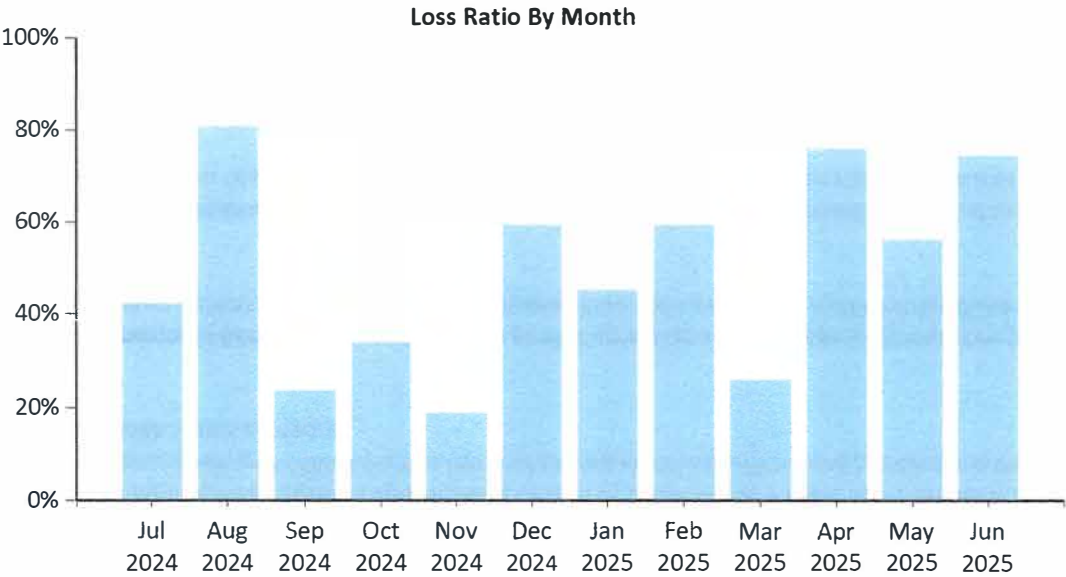
## PMPM trend ( Rolling month )





**Report Description:** Provides the dental loss ratio and claims for the most recent reported twelve months.

Month	Premium	Dental Paid Claims	Dental Loss Ratio
Jul 2024	\$5,143	\$2,173	42.3%
Aug 2024	\$5,063	\$4,095	80.9%
Sep 2024	\$5,031	\$1,194	23.7%
Oct 2024	\$4,808	\$1,630	33.9%
Nov 2024	\$4,680	\$881	18.8%
Dec 2024	\$4,664	\$2,763	59.2%
Jan 2025	\$4,696	\$2,130	45.4%
Feb 2025	\$4,760	\$2,821	59.3%
Mar 2025	\$4,712	\$1,225	26.0%
Apr 2025	\$4,712	\$3,574	75.8%
May 2025	\$4,568	\$2,561	56.1%
Jun 2025	\$4,504	\$3,353	74.5%
Summary	\$57,341	\$28,399	49.5%



**Key Findings:** The dental loss ratio for the most recent reported month was **24.9% higher** than the average of the most recent reported twelve months, which was 49.5%.

**Certain Conditions Original in the Perinatal Period:** Includes infant-related conditions associated with prematurity and the newborn period until one month of age. Example conditions include prematurity, low birth weight, multiple births, various birth-related injuries, respiratory distress syndrome, and jaundice.

**Certain Infectious and Parasitic Diseases:** Includes communicable or transmissible diseases caused by bacteria and viruses that commonly cause widespread infection. Example conditions include sepsis, infectious shock, tuberculosis, and COVID-19. Of note: immunization claims, which were previously in this category in the CCS diagnostic category system, are now in the *Factors Influencing Health Status* category.

**Congenital Malformations, Deformations, and Chromosomal Abnormalities:** Includes any genetic condition and/or organ malformations present at birth. Example conditions within this category include Down Syndrome, various heart defects, diaphragmatic hernia, spina bifida, cleft palate, polycystic kidney disease, and limb malformations.

**Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism:** Includes conditions related to white or red blood cells, platelets, or plasma. Example conditions include various types of anemias (e.g., iron deficiency, aplastic, sickle cell) and coagulation disorders such as hemophilia, and various immunodeficiency conditions.

**Diseases of the Circulatory System:** Includes conditions involving the heart, arteries, and veins. Example conditions within this category include hypertension, heart attack, coronary heart disease, congestive heart failure, arrhythmias, aneurysms, atherosclerosis, blood clots, and stroke.

**Diseases of the Digestive System:** Includes conditions involving the digestive organs, which includes the mouth, esophagus, stomach, intestines, gall bladder, liver, and pancreas. Example conditions within this category include stomach and intestinal ulcers, acid reflux, gallstones, cirrhosis, autoimmune hepatitis, pancreatitis, appendicitis, and various hernias.

**Diseases of the Ear and Mastoid Process:** Includes conditions involve in the ears, such as hearing loss, ear infection, earache, and tinnitus. Of note: This category is new within the CCSR system; these conditions were previously included in the *Diseases of the Nervous System and Sense Organs* category in the CCS system.

**Diseases of the Eye and Adnexa:** Includes conditions involving the eyes, such as cataracts, myopia, glaucoma, macular degeneration, and conjunctivitis. Of note: This category is new within the CCSR system; these conditions were previously included in the *Diseases of the Nervous System and Sense Organs* category in the CCS system.

**Diseases of the Genitourinary System:** Includes conditions involving the kidneys, bladder, and genitalia, including infertility diagnoses. Example conditions within this category include chronic kidney disease, kidney stones, incontinence, endometriosis, ovarian cysts, female and male infertility, and prostate enlargement. Of note: management related to infertility falls within the *Pregnancy, Childbirth and the Puerperium* category.

**Diseases of the Musculoskeletal System:** Includes conditions involving the bones, cartilage, joints, muscles, and connective soft tissue. Example conditions include osteoarthritis, osteoporosis, spinal stenosis, spondylosis, intervertebral disc disorders, radiculopathy, rheumatoid arthritis, and lupus.

**Diseases of the Nervous System:** Includes conditions involving the brain, spinal cord, and nerves. Example conditions include multiple sclerosis, sleep apnea, migraine, fibromyalgia, carpal tunnel syndrome, myasthenia gravis, Parkinson's disease, Guillain-Barre syndrome, and spinal muscular atrophy. Of note: In the CCS system, this category previously included conditions related to the ears and eyes, but those conditions are now reported in the *Diseases of the Ear and Mastoid Process* and *Diseases of the Eye and Adnexa* categories, respectively.

**Diseases of the Respiratory System:** Includes conditions related to the airway and breathing, which includes the nose, bronchial tree, and lungs. Example conditions within this category include respiratory failure, throat infections, sinusitis, bronchitis, asthma, COPD, and pneumonia.

**Diseases of the Skin and Subcutaneous Tissue:** Includes conditions involving the skin, hair, and nails. Example conditions would be various skin/decubitus ulcers, cellulitis, psoriasis, dermatitis, alopecia, and fungal infections.

**Endocrine, Nutritional and Metabolic Diseases:** Includes conditions related to immune system functioning, nutrition, metabolism, and function of the endocrine glands, which include the thyroid, pituitary, pancreas, adrenal glands, ovaries, and testes. Example conditions would be diabetes, cystic fibrosis, thyroid disease, malnutrition, obesity, and hyperlipidemia. Of note: The immunodeficiency conditions that were previously reported in this category in the CCS system are now reported in the *Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism* category.

**External Causes of Morbidity:** Includes conditions related to accidents and exposure to harmful substances. Examples of conditions include injuries from motor vehicle accidents, exposure to the elements, and wounds from weapons or firearms.

**Factors Influencing Health Status and Contact with Health Services:** Includes diagnosis codes that are used for preventive screenings, immunizations, contraceptive management, post-operative rehabilitation, monitoring of post-operative organ transplants, and personal or family history of certain hereditary conditions such as cancer and heart disease. Note: Chemotherapy claims technically fall within this CCSR category, but the logic in Blue Insight ignores these codes to ensure that chemotherapy claims are categorized based on the underlying diagnoses they are treating, most of which are in the Neoplasms category. Also note: diagnosis codes for COVID-19 testing were previously reported in the *Infectious and Parasitic Diseases* category in the CCS system, but they are now reported under the *Factors Influencing Health Status* category.

**Injury, Poisoning and Certain Other Consequences of External Causes:** Includes treatment for injuries to the body, including various poisonings, as well as any complications from medical procedures and devices. Example conditions include sprains and strains, fractures, burns, lacerations, various drug or environmental poisonings, and complications from surgery.

**Mental, Behavioral, and Neurodevelopmental Disorders:** Includes psychiatric and behavioral conditions related to thinking, feeling, social skills or substance abuse. Example conditions include depression, anxiety, schizophrenia, eating disorders, autism, learning disorders, speech delay, Tourette's syndrome, and substance use disorders.

**Neoplasms:** Includes any abnormal growth of cells, either benign or malignant (cancer). Includes various cancer conditions and any abnormal growth of cells, including related chemotherapy, immunotherapy, and radiation therapy services. Example conditions within this category would be Leukemia, Hodgkin's Disease, breast, lung, prostate, skin, and colon cancers. Of note: Diagnosis codes for personal or family history of cancer (as opposed to an active cancer diagnosis) were previously included in this category in the CCS system, but they are now included in the *Factors Influencing Health Status* category.

**Pregnancy, Childbirth and the Puerperium:** Includes vaginal and cesarean deliveries, maternally-related conditions associated with contraception and fertility management, and any complication of pregnancy. Example claims include fertility testing, artificial insemination, tubal ligation, IUD placement, pregnancy-induced hypertension, bleeding related to pregnancy, gestational diabetes, early or threatened labor, ectopic pregnancy, and delivery procedures. Of note: An actual diagnosis of infertility falls in the Diseases of the *Genitourinary System* category.

**Signs, Symptom and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified:** Includes abnormal lab results that may suggest, but do not always confirm, a more specific diagnosis, as well as general symptoms for which a more specific diagnosis cannot be found after medical evaluation, which is common for urgent care and emergency room claims. Example conditions include abdominal pain, shortness of breath, chest pain, fainting, nausea, fever, swelling, and abnormal test results. Note: Preventive screening claims were previously included in this category in the CCS system but are now included in the *Factors Influencing Health Status* category.

**Admin Fees:** The charge to an account for HCSC's operational cost of doing business.

**Administrative Services Only (ASO):** A contract between HCSC and a self-funded plan where HCSC performs administrative services only and does not assume any financial risk. Services usually include claims processing but may include other services such as actuarial analysis and utilization review.

**Aggregate:** Constituting or amounting to a whole. For example, an aggregate account report includes data for the entire account.

**Aggregate Stop Loss:** A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Aggregate stop loss provides protection against the accumulation of total claims for a group as a whole exceeding a stated level.

**Allowed:** Amount considered eligible for payment by the plan

**ASO Adjustments:** An amount added or deducted from ASO (Administrative Services Only) fees. This includes Stop Loss Reimbursements.

**Average Age:** The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members represented in the report.

**Average Contract Size:** The average number of members per subscriber. It is calculated as: Medical Members / Medical Subscribers

**Average Dependents:** Calculated using the measure Member Months (filtered on the Relationship = Dependents) divided by the number of months in the report.

**Average Ingredient Cost:** Represents the cost of the medication and is determined from the lowest submission of the pharmacy network rate, Usual & Customary amount, or Maximum Allowable Cost (MAC)

**Average Members:** Calculated using the measure Member Months divided by the number of months included in the report.

**Average Subscribers:** Calculated using the measure Subscriber Months divided by the number of months included in the report.

**Billed:** Amount submitted for payment by the provider

**Billing and Accounts Receivable System (BARS):** An HCSC financial system where all Administrative Services Only (ASO) customer bills are generated.

**Blue Card Access Fee:** Interplan Teleprocessing Services fee charged on out-of-state claims for accessing the local plan's provider network

**Brand Formulary:** Brand name medications that are listed on the formulary

**Brand Non-Formulary:** Brand name medications that are not listed on the formulary

**Claimants:** Number of individual members submitting a claim

**Claim Lag:** The amount of time between the date a claim is incurred and the date the claim payment is made.



**COB:** Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits)

**COB Medicare:** Portion of amount considered eligible for payment that has been paid by Medicare

**COBRA Members:** Consolidated Omnibus Budget Reconciliation Act - A federal law which requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) when coverage under the plan would otherwise end.

**Coinurance:** Portion of covered amount member is responsible to pay for the claim

**Co-payment:** Flat rate that the member is responsible to pay for the claim

**Coverage Tier:** Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.

**Covered Amount:** Amount eligible for payment based on the terms of the medical/dental benefits agreement.

**DAW/1:** Indicates that the physician has specified 'do not substitute' on the prescription.

**DAW2:** Indicates that the Physician has allowed a substitution, but the patient requested brand to be dispensed

**Deductible:** Portion of annual deductible amount member is responsible to pay applied to the claim.

**Dental Loss Ratio:** Calculated as the Dental Paid Claims Amount divided by the Billed Dental Premium Amount.

**Dental Paid Claims:** An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment.

**Discount:** Amount of reduction from billed amount that has been negotiated with the provider

**Discount %:** For medical claims, the discount percent is calculated as  $\text{Discount} / \text{Covered}$

**Dispensing Rate:** The proportion of total drugs claims a certain drug or drug type is being dispensed

**Drug Type:** An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.

**Effective Discount %:** The effective discount percentage is calculated as:  $\text{Discount} / (\text{Discount} + \text{Paid})$

**Fees and Credits:** Includes all account-specific member and account level fees. Can include Specific Stop Loss, Aggregate Stop Loss, Administration, Access Fees, ASO Adjustments (either debits or credits), Rx Credits and other miscellaneous fees.

**Females (20-44 years):** The total number of members who are women between the ages of 20 and 44 years. The proportion of females (20-44 years) is calculated as:  $\text{Member Months for Women between 20-44 years} / \text{Member Months}$

**Formulary Compliance Rate:** The percentage of drugs dispensed that were included in the formulary



**Generic Dispensing Rate:** Proportion of potential generic prescriptions that were filled as generic (excludes COVID claims).

**Generic Drugs:** A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name.

**Generic Substitution Rate:** The rate in which generics were dispensed when a generic was available (excludes COVID claims).

**Group Liability:** Total Claim Expense plus Fees and Credits

**HCC:** High Cost Claimant, a claimant with total paid amount over a specified threshold (e.g., \$30,000 or \$50,000) within the reporting period

**IBNR:** An acronym for 'incurred but not reported'. IBNR claims are that group which are incurred before the fund reserving date, but not reported until after that date.

**Ingredient Cost:** The cost of the drug including sales tax, excluding dispensing fees.

**In-Network Paid %:** Percent of total paid expenses for in-network claims. It is calculated as: In-Network Paid / Paid

**Inpatient Facility:** Refers to Facility Inpatient claims

**International Classification of Diseases (ICD):** An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO).

**Leading ICD Diagnostic Category:** For each patient, summarize total paid amount for each diagnosis and its corresponding MDC. The MDC with the greatest paid amount for the patient becomes the Leading ICD Diagnostic Category for the reporting period

**MAC Program Savings:** Savings achieved by using the MAC (maximum allowable cost) discount on generic medications

**Medical Paid Claims:** An amount paid to cover the Health Plan's liability for medical (healthcare) services provided to members for claims that have been processed and approved for payment

**Medical/Pharmacy Loss Ratio:** Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy, where appropriate

**Member Months:** Count of months of eligibility for members

**Multi-Source Brand:** Brand name medications with a generic equivalent

**Network Indicator:** An indicator that shows whether the claim was processed as in-network (e.g., in the Preferred Provider Organization network) or out-of-network and paid accordingly

**Network Savings Discount:** The discount that is applied when a member receives services from a contract provider.

**Not Covered:** Amount considered not eligible for payment by the plan (excludes the discount amount)

**Other Adjustments:** Minor payments or credits not captured in other specific expense measures

**Other Payments:** Combination of Blue Card access fees and surcharge expenses

**Other Reductions:** Combination of maximum reductions, penalties, workers compensation savings, and subrogation savings

**Out of Pocket:** Total amount that is the responsibility of the claimant. It is calculated as: (Copay + Deductible + Coinsurance)

**Outpatient Facility:** Refers to Facility Outpatient claims

**Paid:** Total amount paid by the plan, including access fees, adjustments, and surcharges

**Paid-Provider:** Amount paid to the provider by the plan

**Paid/Claimant:** Amount paid to the provider by the plan per claimant. It is calculated as: Paid / Claimants

**Paid/Service:** Amount paid to the provider by the plan per admission (inpatient facility), per visit (outpatient facility and professional) or per script (prescription Rx). It is calculated as: Paid / Services

**Paid PEPM:** Amount paid to the provider by the plan per employee per month. It is calculated as: Paid / Subscriber Member Months

**Paid PMPM:** Amount paid to the provider by the plan per member per month. It is calculated as: Paid / Member Months

**Penalty:** Amount charged to the user of health care services for a non-approved contractual service

**PEPM:** Per employee per month

**Pharmacy Discount %:** For pharmacy claims, the discount percent is calculated as Discount / (Discount + Allowed)

**Pharmacy Paid Claims:** An amount paid to pharmacies (or members where applicable) to cover the Health Plan's liability for pharmacy services provided to members for claims that have been processed and approved for payment. The calculation of "pharmacy paid claims" does not include pharmaceutical manufacturer rebates

**Pharmacy Tier:** An indicator on each Rx claim that tells whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other

**Plan Eligibility:** Eligibility derived directly from the plan's enrollment system. It excludes eligibility created during data processing for claims without matching records in the enrollment system.

**PMPM:** Per member per month

**Premium:** An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period and set intervals

**Professional:** Services provided by physicians or other professional providers.

**Recoveries:** Subrogation and/or Reimbursements for claims that are included in BARS but not in HCSC's data warehouse (since some of the reimbursements could be for members or claims that are no longer in our data warehouse). Recoveries are loaded from the BARS System and included in Blue Insight for reconciliation purposes.

**Rx Credit Fees:** Drug rebates that are credited back to the account.

**Rx Paid PEPM:** Prescription drug paid amount per employee per month

**Rx Paid PMPM:** Prescription drug paid amount per member per month

**Service Category:** A classification based on claim type

**Service Type:** Classification based on principal diagnosis or ICD Procedure Code

**Services:** Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts (prescription Rx)

**Services/1000:** Number of services per 1,000 members. It is calculated as:  $(\text{Services} / \text{Member Months}) * 1000 * 12$

**Single Source Brand:** Brand name medications with no generic equivalent

**Specialty Drugs:** Medications that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies.

**Specific Stop Loss:** A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Specific (or individual) stop loss limits the cost of eligible medical expenses for each covered individual.

**Subrogation Savings:** Portion of amount eligible for payment originally paid by the plan but that has since been recovered through a legal action

**Surcharge:** Amount charged as a tax by certain States on facility claims

**Therapeutic Drug Class:** Used to categorize or group prescription drugs which are considered similar by the disease they treat or by the effect they have on the body

**Total Paid:** The total amount of medical and pharmacy dollars paid to cover healthcare services provided to members for claims that have been processed and approved for payment

**Total Paid Claims + Recoveries:** The total amount paid by the plan plus any amount recovered through subrogation.

**Workers Compensation Savings:** Portion of amount eligible for payment that has been paid a third party Workers Compensation carrier