MINUTES OF THE CHURCHILL COUNTY INSURANCE ADVISORY COMMITTEE

155 N. Taylor St., Fallon, NV 89406
November 18, 2025

Call to Order:

The regular meeting of the Insurance Advisory Committee was called to order at 1:30 PM on November 18, 2025.

PRESENT:	Chair Shannon Perez
	Vice Chair Lacie McAfee
	Member Jill Manha
	Member Kim Brontsema
	Member Leslie Notestine
ABSENT:	Member Preston Denney
	Member Wendy Bullock

Verification of the posting of the agenda:

It was verified by Jill Manha, Secretary, that the Agenda for this meeting was posted on the 12th of November between the hours of 1:00 p.m and 5:00 p.m. at all of the locations listed on the Agenda, in accordance with NRS 241.

Public Comment:

Chair Shannon Perez asked if there was any public comment but there was none.

Consideration and possible action re: Approval of Agenda as submitted or revised:

Motion made by Leslie and seconded by Kim to approve the Agenda as submitted, motion carried.

Consideration and possible action re: Approval of Minutes of the meeting held on:

A- October 21, 2025

Two corrections from draft minutes, Leslie was absent, spelling error in public comment, with corrections motion made by Leslie seconded by Kim, motion carried.

Review of Monthly Status Reports:

Chair Shannon Perez stated that Tim from LP Insurance would not be at the meeting today as he had another obligation at another location. Jill had in notes that Tim was going to call in. Shannon stated that he was going to text if he was able to attend, but she had not heard from him. Shannon believed Tim was attending some sort of Fire meeting, possibly in Gardnerville. Page 1 current 12-month run, loss ratio is 139%. There was a loss ratio that fell off the report of 104%, causing concern that a 59% is going to fall off next month, which could possibly be replaced with a higher number. If it is another large loss ratio month, it could really affect our rolling 12 month loss. Kim inquired if the report included CC Comm employees. Shannon stated yes, it is where the line separates the top 12 months. That break is where the CC Comm employees come onto the report. There are three new large claims that have been added to our report. On page 2, member #1 is a benign tumor in liver/spleen/pancrease area. Another new claimant, Member #2 is Diverticulitis; these are both subscribers. And the last new claimant, Member #7 is psoriasis. From October to this month, we have increased $312,000 in large claims. So there is a significant large increase and most of the large claimants will be

ongoing claims. Only 1 is terminated and that is member #3, which increased a small amount and is probably just final claims coming in from before. Most large claimants will continue, and after reviewing the numbers, the only one that is not going up still is #9, which is a complication during childbirth. Kim pointed out that the two new claims are mostly prescription claims. That has been an ongoing discussion regarding adding additional tiers to cost sharing on prescriptions, and without that, it is part of what is driving the claims on the plan. Cap report was printed out for everyone to review. On page 3 of the loss document is the prior year large claims loss. The final page is dental claims as requested. We are at 74% loss. Joe inquired about the large claimant from last year, if possibly it is the same person. Discussion continued about End Stage Renal disease, after 24 months, they are eligible for Medicare at any age, which is less of a cost than our plan. This is a spouse, so the cost would definitely be less. Page 16 of the CAP report, high-cost prescriptions on the claims, first one is a cancer drug at $22,000, then the MS drug that appeared on our large claim report, $9200 per script. Discussion from the last meeting regarding Ozempic and Monjaro was on the list, and they are close in rank for cost. On the list there is the number of members on these prescriptions and the number of times it has been dispensed. Page 19, emergency room care steerable, this would be people who are going to the ER in lieu of either urgent care or elsewhere. There is a cost savings of approximately $1000 per visit; 19 people could've gone somewhere else for care. When you think of the average cost that is $19,000 to the plan. We need to educate people about the use of urgent care, we have them locally. There is urgent care in Fernley, Banner and a Renown urgent care here in Fallon. Discussion ended regarding the CAP report. Discussion as a committee regarding a greater cost share, even adding up to Tier 5 on prescriptions. We could be educating about generic vs name brand, and even ordering from Amazon as the cost is less. The committee discussed possible changes to the insurance to keep the an increase in premium reasonable for members.

Old Business:

A. Consideration and possible action re: review of county employee nominations for expiring terms of Preston Denney and Kim Brontsema.

Kim provided all the nomination forms: Victoria Hagerty, Jamie Hyde, Kim Brontsema, Tara Adams, Preston Denney, Desarae Bernard. Lacie inquired if any of the nominations were from CC Communications. Joe Sanford provided information that Victoria Hagerty (HR) and Jamie Hyde (CFO) are both from CC Communications. Next step is to have an election. We will need to compile names on ballot forms, Kim has the ballot forms, and return them prior to the next meeting on December 16, possibly the Friday prior, on the 12th. Shannon will set up the ballots, Kim will get them out to the departments to return to the HR Dept. Motion made by Lacie, seconded by Leslie to send the ballots out on December 6, and return to HR by December 12th, carried unanimously.

New Business:

A- Consideration and possible action re: part-time employees enrolling in MASA and/or other possible employee paid benefits.

Shannon introduced this as needing Tim to discuss, and with his absence at this meeting, this may need to be tabled. Motion by Lacie, seconded by Leslie to table to next meeting under old business, motion carried.

Member Reports:
Shannon asked for member reports., there were none.

Consider and schedule future meeting dates (tentatively 12/16/2025) and future Agenda items:
Next meeting set for December 16, 2025, next agenda, old business, election counting, MASA. Election of officers will be in January.

Public Comment:
Chair Shannon Perez asked if there was any public comment but there was none.

Adjournment:
The meeting was adjourned at 1:58 p.m.

Monthly Reporting Package

Prepared For:

Churchill County

Incurred Through:
November 2024 - October 2025

Paid Through:
October 2025

Presented By:

INSURANCE

Current 12 Months

Period	Employees	Members	Premium	Premium PEPM	Medical Claims	Medical Claims PEPM	Rx Claims	Rx Claims PEPM	Rx % of Total Claims	Total Claims	Total Claims PEPM	Paid Loss Ratio
Nov-24	235	381	$260,875	$1,110	$103,770	$442	$50,727	$216	33%	$154,497	$657	59%
Dec-24	232	380	$258,941	$1,116	$145,009	$625	$46,941	$202	24%	$191,950	$827	74%
Jan-25	229	372	$254,508	$1,111	$298,771	$1,305	$65,584	$286	18%	$364,355	$1,591	143%
Feb-25	228	369	$253,138	$1,110	$295,403	$1,296	$60,004	$263	17%	$355,407	$1,559	140%
Mar-25	230	372	$255,903	$1,113	$162,068	$705	$47,374	$206	23%	$209,442	$911	82%
Apr-25	229	369	$254,655	$1,112	$216,905	$947	$45,526	$199	17%	$262,431	$1,146	103%
May-25	230	366	$253,828	$1,104	$238,736	$1,038	$59,696	$260	20%	$298,432	$1,298	118%
Jun-25	232	367	$256,505	$1,106	$178,214	$768	$106,059	$457	37%	$284,273	$1,225	111%
Jul-25	273	414	$316,073	$1,158	$172,981	$634	$83,415	$306	33%	$256,396	$939	81%
Aug-25	277	423	$321,817	$1,162	$141,340	$510	$89,862	$324	39%	$231,202	$835	72%
Sep-25	275	421	$319,909	$1,163	$260,943	$949	$94,066	$342	26%	$355,009	$1,291	111%
Oct-25	272	419	$323,977	$1,191	$346,609	$1,274	$102,528	$377	23%	$449,137	$1,651	139%
Total			$3,330,130		$2,560,749		$851,783		25.0%	$3,412,532		102%
Average	245	388		$1,130		$874		$287			$1,161	

Prior 12 Months

Period	Employees	Members	Premium	Premium PEPM	Medical Claims	Medical Claims PEPM	Rx Claims	Rx Claims PEPM	Rx % of Total Claims	Total Claims	Total Claims PEPM	Paid Loss Ratio
Nov-23	235	380	$238,759	$1,016	$330,233	$1,405	$56,789	$242	15%	$387,022	$1,647	162%
Dec-23	240	387	$244,511	$1,019	$210,473	$877	$50,927	$212	19%	$261,400	$1,089	107%
Jan-24	242	395	$247,197	$1,021	$114,385	$473	$40,911	$169	26%	$155,296	$642	63%
Feb-24	241	393	$245,674	$1,019	$232,172	$963	$46,858	$194	17%	$279,030	$1,158	114%
Mar-24	243	394	$247,263	$1,018	$151,130	$622	$32,876	$135	18%	$184,006	$757	74%
Apr-24	240	394	$244,819	$1,020	$242,640	$1,011	$47,940	$200	16%	$290,580	$1,211	119%
May-24	240	396	$245,708	$1,024	$180,190	$751	$74,868	$312	29%	$255,058	$1,063	104%
Jun-24	237	391	$245,221	$1,035	$115,819	$489	$60,832	$257	34%	$176,651	$745	72%
Jul-24	232	382	$258,963	$1,116	$275,856	$1,189	$52,895	$228	16%	$328,751	$1,417	127%
Aug-24	228	375	$254,613	$1,117	$143,380	$629	$41,260	$181	22%	$184,640	$810	73%
Sep-24	233	378	$259,223	$1,113	$136,885	$587	$55,003	$236	29%	$191,888	$824	74%
Oct-24	230	372	$255,107	$1,109	$213,367	$928	$52,472	$228	20%	$265,839	$1,156	104%
Total			$2,987,058		$2,346,530		$613,631		20.7%	$2,960,161		99%
Average	237	386		$1,052		$827		$216			$1,043	

Average Membership and PEPM Premium and Claims by Experience Period

Period	Employees	Members	Premium PEPM	Medical Claims PEPM	Rx Claims PEPM	Rx % of Total Claims	Total Claims PEPM	Paid Loss Ratio
Current	245	388	$1,130	$874	$287	25.0%	$1,161	102.5%
Prior	237	386	$1,052	$827	$216	20.7%	$1,043	99.1%
Change %	3.4%	0.3%	6.9%	5.4%	24.5%	16.9%	10.1%	3.3%

Churchill County/CC Communications - Large Claimants - Current Plan Year

July 2025 thru October 2025

MEMBER ID	STATUS	REL	GENDER	AGE	ICD DESCRIPTION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
1	ACTIVE	SB	M	50-59	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	$90,826	$19,650	**$110,475**
2	ACTIVE	SB	F	50-59	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	$421	$149,754	**$150,175**
3	TERMINATED	SB	M	18-29	TRAUM HEMOR CEREB, W LOC W DTH D/T BRAIN INJ BF CONSC, INIT	$0	$162,442	**$162,442**
4	ACTIVE	SB	F	50-59	OTHER CONSTIPATION	$47,616	$633	**$48,249**
5	ACTIVE	SB	M	40-49	PAIN IN RIGHT HAND	$42,904	$1,196	**$44,100**
6	ACTIVE	SB	F	50-59	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	$31,823	$26,915	**$58,737**
7	ACTIVE	SB	F	18-29	PSORIASIS VULGARIS	$30,142	$1,578	**$31,720**
8	ACTIVE	SP	M	30-39	END STAGE RENAL DISEASE	$251	$150,277	**$150,529**
9	ACTIVE	SB	F	30-39	GESTATNL HTN WITHOUT SIGNIFICANT PROTEIN, COMP CHILDBIRTH	$196	$35,976	**$36,171**
					Total	$244,178	$548,420	**$792,598**

Churchill County - Large Claimants - Prior Plan Year

July 2024 thru June 2025

MEMBER ID	STATUS	REL	GENDER	AGE	ICD DESCRIPTION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
1	ACTIVE	SB	M	50-59	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	$47,360	$89,914	**$137,275**
2	ACTIVE	SB	M	50-59	ANAL FISTULA, UNSPECIFIED	$287	$28,630	**$28,917**
3	ACTIVE	SB	F	40-49	ADENOMYOSIS OF THE UTERUS	$3	$27,162	**$27,165**
4	ACTIVE	SB	M	50-59	TRAUMATIC PNEUMOTHORAX, INITIAL ENCOUNTER	$3,233	$68,850	**$72,083**
5	ACTIVE	SC	M	18-29	OTHER ACUTE APPENDICITIS WITHOUT PERFORATION, WITH GANGRENE	$0	$41,937	**$41,937**
6	ACTIVE	SB	F	50-59	REVERSIBLE CEREBROVASCULAR VASOCONSTRICTION SYNDROME	$483	$55,281	**$55,764**
7	ACTIVE	SP	M	65+	SECONDARY MALIGNANT NEOPLASM OF BONE	$8,642	$28,923	**$37,565**
8	RETIREE	SB	F	65+	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	$7,567	$36,015	**$43,582**
9	ACTIVE	SB	M	30-39	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	$19	$40,408	**$40,427**
10	ACTIVE	SB	F	40-49	BENIGN NEOPLASM OF LEFT BREAST	$583	$53,074	**$53,658**
11	ACTIVE	SB	M	65+	PYOTHORAX WITHOUT FISTULA	$16	$57,098	**$57,114**
12	ACTIVE	SB	M	30-39	SINUS, FISTULA AND CYST OF BRANCHIAL CLEFT	$0	$27,548	**$27,548**
13	ACTIVE	SP	M	60-64	CHRONIC PAIN SYNDROME	$16	$51,805	**$51,821**
14	ACTIVE	SB	F	30-39	SEVERE PRE-ECLAMPSIA COMPLICATING CHILDBIRTH	$1,106	$38,140	**$39,245**
15	ACTIVE	SB	F	30-39	PRECORDIAL PAIN	$7,217	$24,108	**$31,326**
16	TERMINATED	SB	M	40-49	IDIOPATHIC ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	$112	$37,410	**$37,521**
17	TERMINATED	SB	M	18-29	AVULSION OF SCALP, INITIAL ENCOUNTER	$0	$32,933	**$32,933**
18	ACTIVE	SB	F	50-59	CONSTIPATION, UNSPECIFIED	$112,210	$8,896	**$121,107**
19	ACTIVE	SB	M	40-49	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INIT	$1,158	$29,415	**$30,574**
20	ACTIVE	SP	F	30-39	SYNCOPE AND COLLAPSE	$11,741	$43,432	**$55,174**
21	ACTIVE	SB	M	40-49	OTHER SHOULDER LESIONS, RIGHT SHOULDER	$96,719	$4,519	**$101,238**
22	TERMINATED	SB	F	50-59	CALCULUS OF URETER	$25	$33,774	**$33,799**
23	ACTIVE	SB	F	50-59	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	$622	$63,649	**$64,271**
24	ACTIVE	SB	F	40-49	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	$0	$45,842	**$45,842**
25	ACTIVE	SB	F	18-29	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	$108,575	$1,992	**$110,567**
26	ACTIVE	SP	M	30-39	END STAGE RENAL DISEASE	$809	$394,905	**$395,715**
27	ACTIVE	SB	F	50-59	PNEUMONIA, UNSPECIFIED ORGANISM	$2,128	$23,851	**$25,979**
28	TERMINATED	SB	F	30-39	CELLULITIS OF BUTTOCK	$17,119	$75,528	**$92,647**
					Total	$427,752	$1,465,038	**$1,892,790**

Churchill County

Dental Claims Exhibit

Current 12 Months							
Period	Subscribers	Members	Premium	Composite Subscriber Premium	Dental Claims	Composite Subscriber Claims	Paid Loss Ratio
Nov-24	257	457	$16,961	$66	$10,351	$40	61%
Dec-24	254	454	$16,827	$66	$13,491	$53	80%
Jan-25	253	450	$16,607	$66	$12,128	$48	73%
Feb-25	252	446	$16,485	$65	$7,932	$31	48%
Mar-25	256	450	$16,632	$65	$20,084	$78	121%
Apr-25	255	448	$16,575	$65	$14,979	$59	90%
May-25	257	451	$16,476	$64	$12,794	$50	78%
Jun-25	259	451	$16,573	$64	$9,135	$35	55%
Jul-25	258	450	$16,718	$65	$16,839	$65	101%
Aug-25	263	457	$17,033	$65	$11,803	$45	69%
Sep-25	261	454	$16,936	$65	$10,650	$41	63%
Oct-25	259	455	$17,316	$67	$8,021	$31	46%
Total	3,084	5,423	$201,139	-	$148,207	-	
Average	257	452	$16,762	$65	$12,351	$48	74%

Churchill County

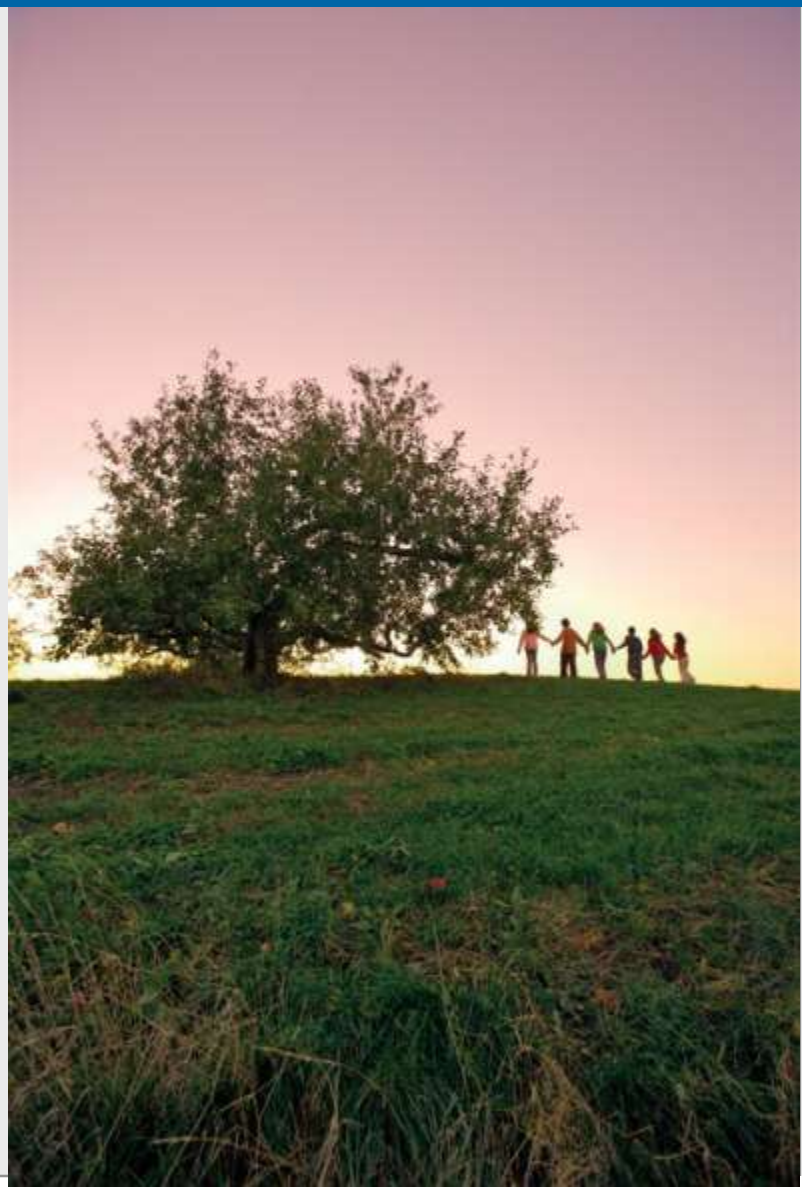
CONSULTATIVE ANALYTICS℠

Month Day, Year
Presenter Name

Together, all the way.®

cigna healthcare

Table of Contents



Financial Dashboard
Churchill County

Demos and Trend Analysis

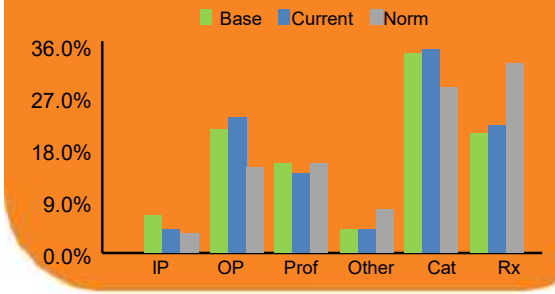
Employees & Dependents

	Base	Current	Trend	Norm
Avg. Employees	236	234	-0.7%	
Avg. Members	384	376	-2.1%	
% of Pop over 40	39.6%	41.3%	1.7%	43.6%
Avg. Member Age	33.6	33.9	1.1%	35.7
Avg. Emp Age	44.3	44.5	0.5%	45.2
% Female	54.0%	52.9%	-1.1%	50.1%
Turnover	23.7%	21.6%	-2.2%	

Trend Analysis PMPM

	Base	Current	Trend	Norm
Med Spend	$555	$614	10.7%	$431
Rx Spend	$139	$168	21.0%	$200
Total	$694	$782	12.7%	$631

Plan Spend Distribution



Medical Highlights

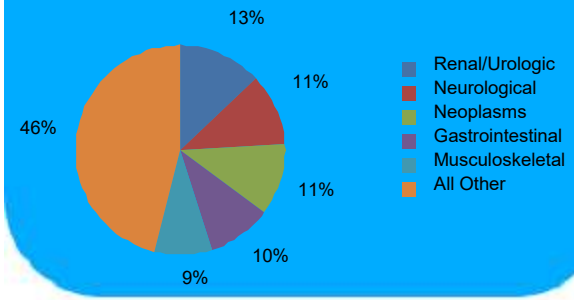
Catastrophic Summary

	Base	Current	Trend	Norm
Cat Claimants per K	26.0	31.9	22.6%	18.7
Cat as % of Total $	33.4%	34.2%	0.8%	34.0%
Avg. Cat Spend	$122.3k	$124.2k	1.5%	$138.7k

Medical Key Metrics

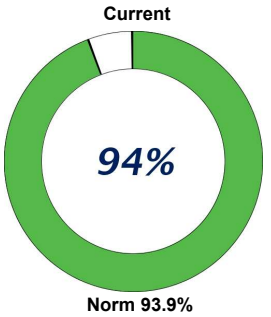
	Base	Current	Trend	Norm
Total Med Spend	$2.5m	$2.7m	8.4%	
Med Cost Share	13.4%	12.2%	-1.3%	12.3%
In Network Util	95.9%	96.5%	0.6%	96.9%
Preferred Lab Util	10.1%	7.1%	-3.0%	51.5%
SP/Total OV	45.8%	42.7%	-3.0%	41.9%
Total Spend by Relationship Type				
Employee	$776	$906	16.7%	$565
Spouse	$2,597	$2,681	3.2%	$725
Dependent	$250	$261	4.4%	$314

Medical Plan Spend Distribution by Condition

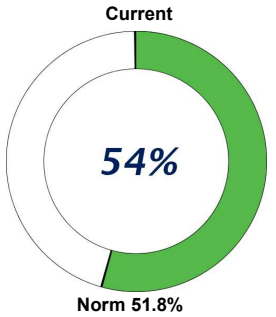


Pharmacy Highlights

Generic Dispensing



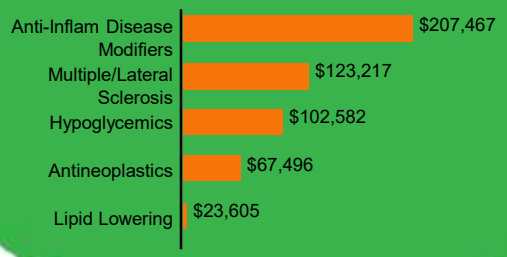
Specialty Rx Spend as % of Total Rx Spend



Pharmacy Key Metrics

	Base	Current	Trend	Norm
Total Rx Spend	$640.3k	$758.5k	18.5%	
Rx Cost Share	8.2%	6.3%	-1.9%	6.8%
Avg. $ per Script	$184	$236	28.2%	$255
Scripts PMPY	9.1	8.6	-5.6%	9.4
Generic Dispensing	95.2%	94.4%	-0.7%	93.9%
Generic Substitution	98.4%	98.7%	0.2%	98.1%
SRx as % of Total	42.7%	54.3%	11.6%	51.8%

Top 5 Therapeutic Classes by Total Cost



Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Health & Wellness Dashboard

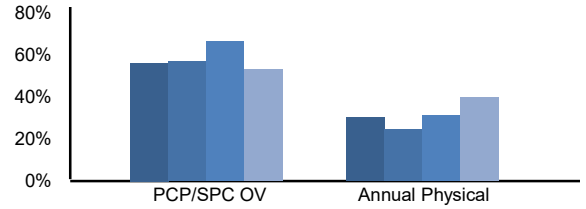
Churchill County

Member Population

Employees & Dependents

	Base	Current	Trend	Norm
Avg. Employees	236	234	-0.7%	
Avg. Members	384	376	-2.1%	
% of Pop Over 40	39.6%	41.3%	1.7%	43.6%
Avg. Member Age	33.5	33.9	1.1%	35.7
Avg. Emp Age	44.2	44.4	0.4%	45.2
% Female	54.0%	52.9%	-1.1%	50.1%
Turnover	23.7%	21.6%	-2.2%	

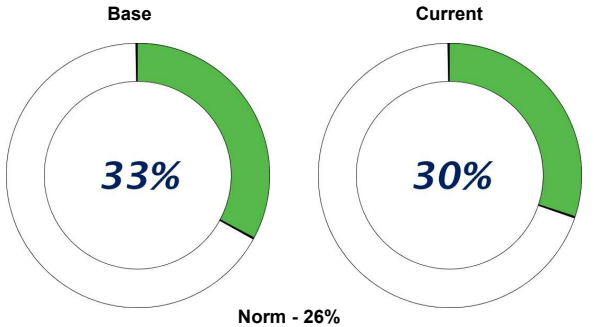
Preventive & ER/UC Utilization



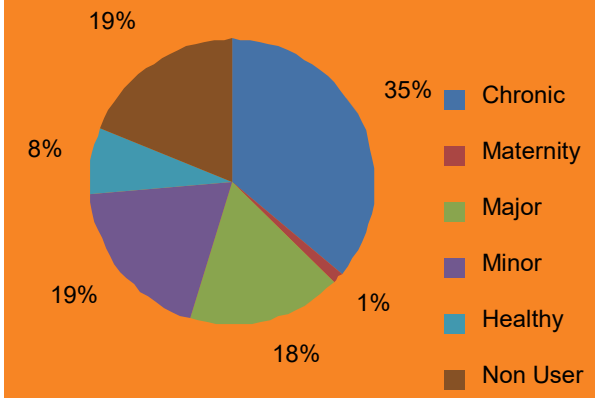
	PCP/SPC OV	Annual Physical
Total	57.1%	30.6%
Employee	57.8%	25.2%
Spouse	66.7%	32.1%
Dependent	53.9%	40.5%

Health Engagement

Total Health Engagement as a % of Population



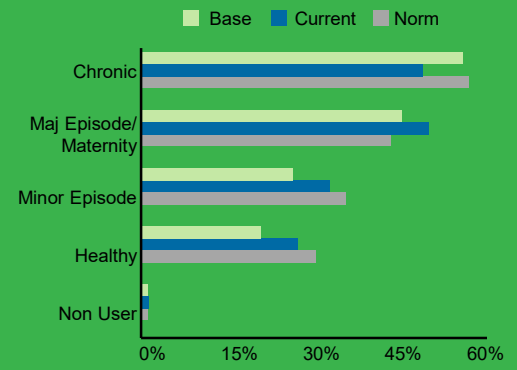
Health Status - Population Profile



ER/UC Utilization

Emergency Room	Base	Current	Trend	Norm
Visits per K	262.8	287.0	9.2%	159.6
Avg Cost per Visit	$2,681	$2,971	10.8%	$2,680
Most Prevalent Day	Tue	Sat		
Steerable ER as % of Total	16.8%	17.6%	4.5%	14.4%
Urgent Care				
Visits per K	18.2	13.3	-27.1%	196.7
Avg Cost per Visit	$159	$203	27.6%	$202
Most Prevalent Day	Wed	Mon		
Convenience Care				
Visits per K	0.0	2.7	0.0%	29.3
Avg Cost per Visit	$0	$79	0.0%	$88

Engagement by Population Segment



Top Engagement Opportunities

Health Maintenance

Preventive Care

Health Improvement

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Executive Summary
Churchill County

Medical & Rx Spend

Medical & Rx Trend

	Current PMPM	Trend	Variance from Norm
Total Plan Spend	$782.43	12.7%	24.0%
Total Employer Paid	$697.18	14.6%	23.6%
Total Member Paid	$85.25	-0.7%	27.7%
Medical Spend PMPM	$614.42	10.7%	42.7%
Employer Paid - Medical	$539.72	12.3%	43.0%
Pharmacy Spend PMPM	$168.01	21.0%	-16.1%
Employer Paid - Pharmacy	$157.47	23.5%	-15.6%

Demographics & Financial

	Base	Current	Trend	Norm
Members				
Average Number of Employees	236	234	-0.7%	
Average Number of Members	384	376	-2.1%	
Average Employee Age	44.2	44.4	0.4%	
Demographic Factor	0.86	0.80	-7.0%	0.92
Cost Trend				
Plan Spend - Medical	$2,559,673	$2,774,118	8.4%	
Plan Spend - Pharmacy	$640,374	$758,572	18.5%	
Total Plan Spend	$3,200,046	$3,532,689	10.4%	
Medical Plan Spend PMPM	$555.12	$614.42	10.7%	$430.55
Pharmacy Plan Spend PMPM	$138.88	$168.01	21.0%	$200.21
Total Plan Spend PMPM	$694.00	$782.43	12.7%	$630.77
Performance Indicators				
Cat Claimants in Excess Per K	26.0	31.9	22.6%	18.7
Cat Plan Spend PMPM(Med+Rx)	$291.48	$364.81	25.2%	$270.28
Non-Cat Plan Spend PMPM(Med + Rx)	$402.52	$417.62	3.8%	$360.48
Network Penetration	95.9%	96.5%	0.6%	96.9%

Population Health & Pharmacy

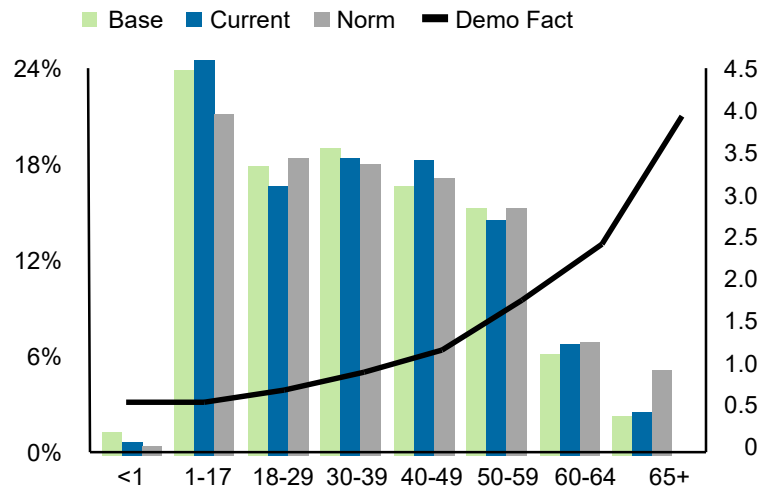
	Base	Current	Trend	Norm
Population Health Measures				
Chronic Percent of Population	31.0%	36.1%	5.1%	32.2%
Chronic Percent of Cost	69.1%	72.6%	3.5%	73.8%
Total Health Engagement - % of Pop	32.5%	30.0%	-2.5%	26.2%
Preventive Care Utilization	35.9%	43.1%	7.2%	42.9%
Well Visit Completions	28.1%	30.6%	2.5%	36.2%
Health Assessment Completions	1.0%	0.0%	-1.0%	3.8%
Gaps in Care Rule Compliance	74.0%	76.6%	2.6%	77.7%
Pharmacy Indicators				
Generic Dispensing Rate	95.2%	94.4%	-0.7%	93.9%
Generic Substitution Rate	98.4%	98.7%	0.2%	98.1%
Specialty Plan Spend PMPM (Rx Only)	$59.25	$91.15	53.8%	$103.67
Specialty Plan Spend PMPM (Med Only)	$20.37	$23.00	12.9%	$33.97
Non-Specialty Plan Spend PMPM (Rx only)	$79.63	$76.86	-3.5%	$96.54
Prescriptions PMPY(Retail adjusted)	14.77	15.41	4.3%	14.45

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

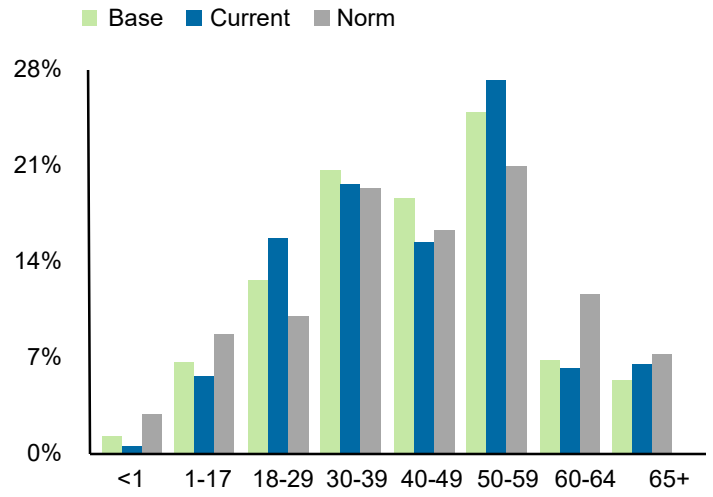
Population Demographic Summary

Churchill County

Percent of membership by age band



Percent of plan spend by age band



Key metrics overview

	Base	Current	Trend	Norm
Percent of Pop. Age 40+	39.6%	41.3%	1.7%	43.6%
Average Member Age	33.5	33.9	1.1%	35.7
Average Employee Age	44.2	44.4	0.4%	45.2
Percent of Population Male	46.0%	47.1%	1.1%	49.9%
Percent of Population Female	54.0%	52.9%	-1.1%	50.1%

Average spend by age band

	Base	Current	Trend	Norm
All Members				
40-49	$824	$702	-14.8%	$517
50-59	$1,195	$1,546	29.4%	$741
60-64	$807	$750	-7.1%	$904
65+	$1,550	$1,949	25.8%	$741
Excluding Catastrophic				
40-49	$367	$509	38.6%	$304
50-59	$637	$750	17.7%	$387
60-64	$747	$600	-19.6%	$427
65+	$1,134	$1,349	19.0%	$343

Comments

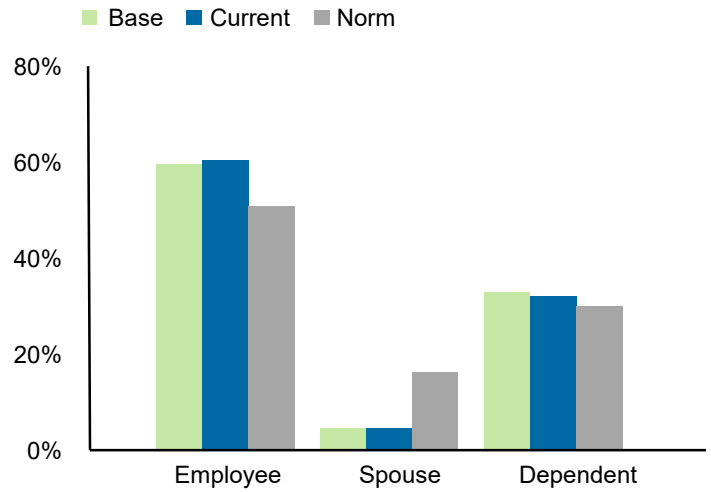
- Average member age increased from 33.5 years to 33.9 years, an increase of 1.1%
- The percentage of members in the 40+ age range increased from 39.6% to 41.3%, and compares to a norm of 43.6%

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

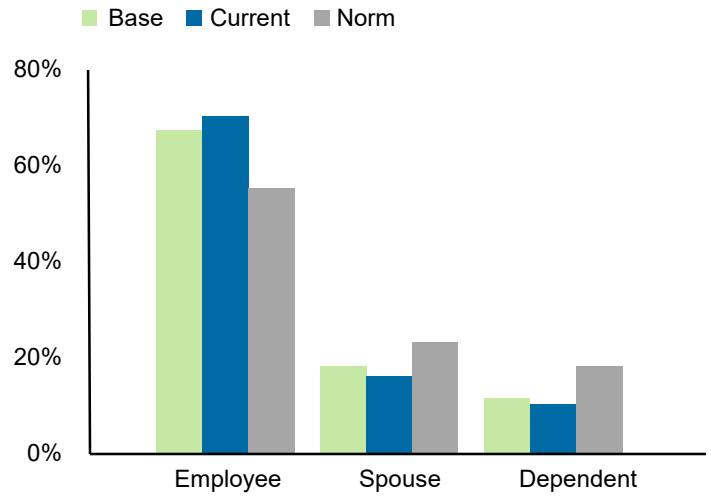
Population Demographics by Relationship

Churchill County

Percent of members by relationship



Percent of plan spend by relationship



Average spend by relationship

	Base	Current	Trend	Norm
All Members				
Employee	$776	$906	16.7%	$565
Spouse	$2,597	$2,681	3.2%	$725
Dependent	$250	$261	4.4%	$314
Excluding Catastrophic				
Employee	$503	$508	1.1%	$334
Spouse	$1,120	$1,027	-8.3%	$403
Dependent	$197	$241	22.3%	$200

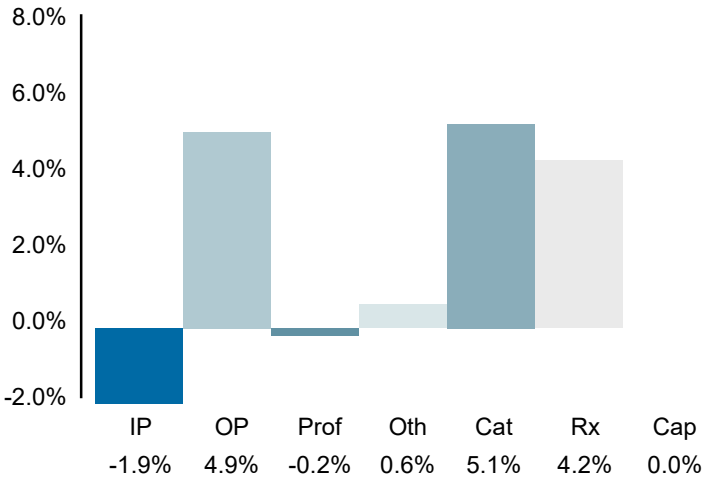
Comments

- Employees represented 62.2% of the population and 72.0% of spend for the current period, versus norms of 51.6% and 56.7%
- By relationship type, spouses incurred higher per member costs than employees, $2,681 PMPM for the current period
- Excluding Catastrophic Claimants, spouses incurred higher per member costs compared to employees, $1,027 PMPM for the current period

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Medical Service Category Trend Analysis
Churchill County

Trend contribution



Account summary (PMPM basis)

	Base	Current	Trend	Trend Contribution	Norm
Non-Catastrophic Plan					
Inpatient	$45	$32	-29.2%	-1.9%	$22
Outpatient	$144	$178	23.7%	4.9%	$91
Professional	$106	$105	-1.2%	-0.2%	$96
Other	$28	$32	14.2%	0.6%	$20
Total Non-Cat Plan	$323	$347	7.4%	3.4%	$229
Capitation	$0	$0	0.0%	0.0%	$27
Catastrophic Plan	$232	$268	15.3%	5.1%	$175
Total Plan Spend - Medical	**$555**	**$614**	**10.7%**	**8.5%**	**$431**
Cost Share - Medical	$74	$75	0.3%	0.0%	$53
Net Employer Paid - Medical	**$481**	**$540**	**12.3%**	**8.5%**	**$377**
Total Plan Spend - Pharmacy	$139	$168	21.0%	4.2%	$200
Cost Share - Pharmacy	$11	$11	-7.3%	-0.1%	$14
Net Employer Paid - Pharmacy	$128	$157	23.5%	4.3%	$187
Medical and Pharmacy Plan Spend	**$694**	**$782**	**12.7%**		

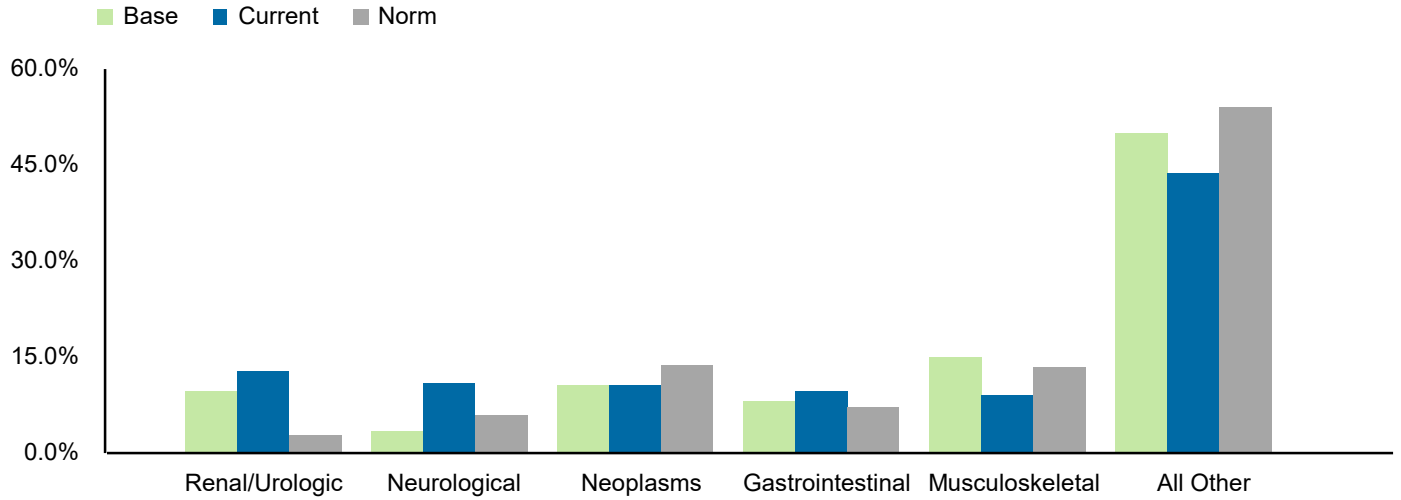
Comments

- Plan spend increased from $694 PMPM to $782 PMPM, an increase of 12.7%
- Net employer paid increased from $609 PMPM to $697 PMPM, an increase of 14.6% while member cost share increased from $85 PMPM to $86 PMPM, a decrease of 0.7%
- Catastrophic Plan was the largest contributor to trend, contributing 5.1% of the overall 12.7% plan trend
- Trend contribution is a measure of each individual line item's impact on the overall cost change. It is calculated by subtracting the current period result for the item minus the base period result, and dividing this amount by the base period total plan spend

Top Major Diagnostic Groups

Churchill County

Percent of plan cost by diagnostic



Top diagnostic categories (PMPM)

	Base	Current	Trend	Norm
Renal/Urologic	$56	$82	45.6%	$13
Neurological	$21	$70	230.0%	$26
Neoplasms	$61	$68	10.9%	$57
Gastrointestinal	$46	$62	34.9%	$30
Musculoskeletal	$86	$58	-32.9%	$56
All Other	$284	$275	-3.3%	$223
Total	**$555**	**$614**	**10.7%**	**$404**

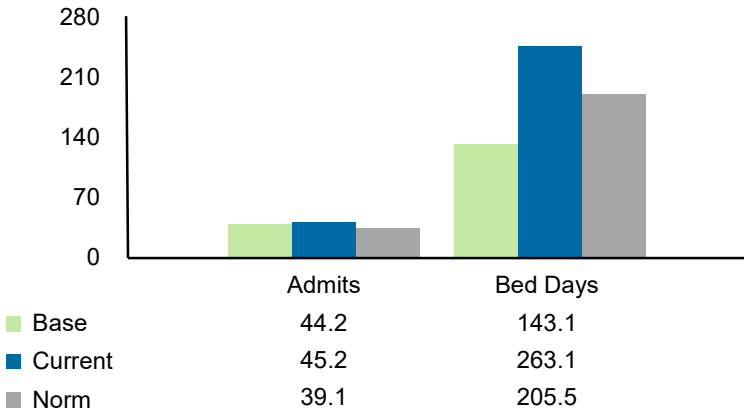
Comments

- Renal/Urologic was the largest cost contributor in the current period, at 13.3% of total plan cost
- The top five diagnostic groups contributed 55.2% of overall plan cost in the current period
- Renal/Urologic cost increased from $56 PMPM to $82 PMPM, and compares to a norm of $13 PMPM

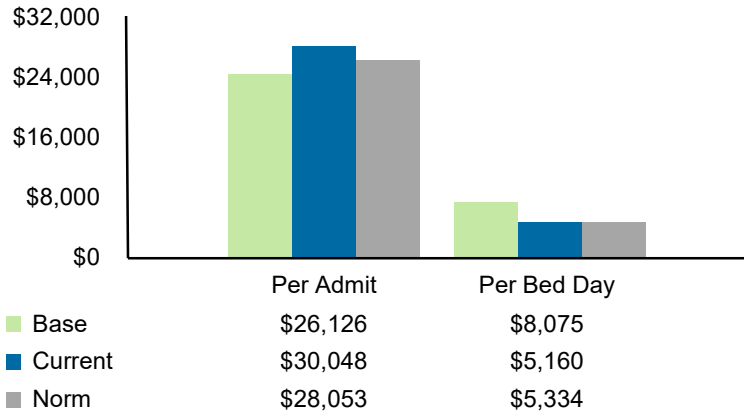
Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Inpatient Summary
Churchill County

Utilization metrics per 1,000 members



Average cost metrics



Account summary (PMPM basis)

	Base	Current	Trend	Trend Contribution
Non-Catastrophic Inpatient	$45.03	$31.90	-29.2%	-1.9%
Catastrophic Inpatient	$80.50	$81.24	0.9%	0.1%
Total Inpatient	**$125.53**	**$113.14**	**-9.9%**	**-1.8%**
All Other Service Categories	$568.47	$669.30	17.7%	14.5%
Total Plan Cost	**$694.00**	**$782.43**	**12.7%**	

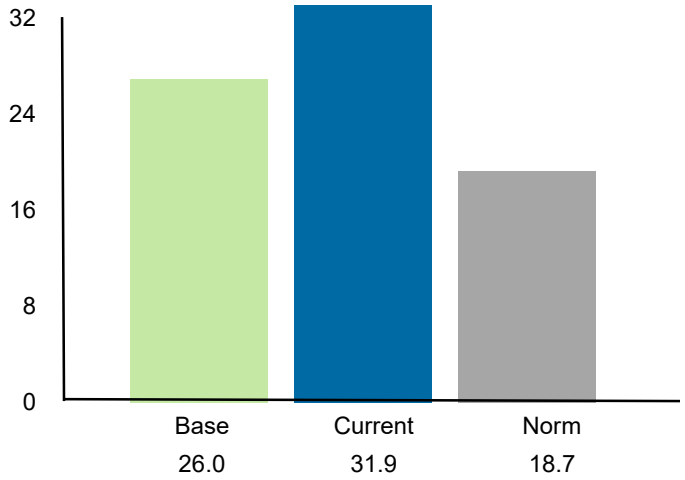
Comments

- Non-catastrophic inpatient costs decreased from $45.03 PMPM to $31.90 PMPM, contributing -1.9% of the overall 12.7% plan trend
- Utilization increased from 44.2 to 45.2 admits per thousand and increased from 143.1 to 263.1 bed days per thousand
- Cost per admit increased from $26,126 to $30,048 and decreased for bed days from $8,075 to $5,160

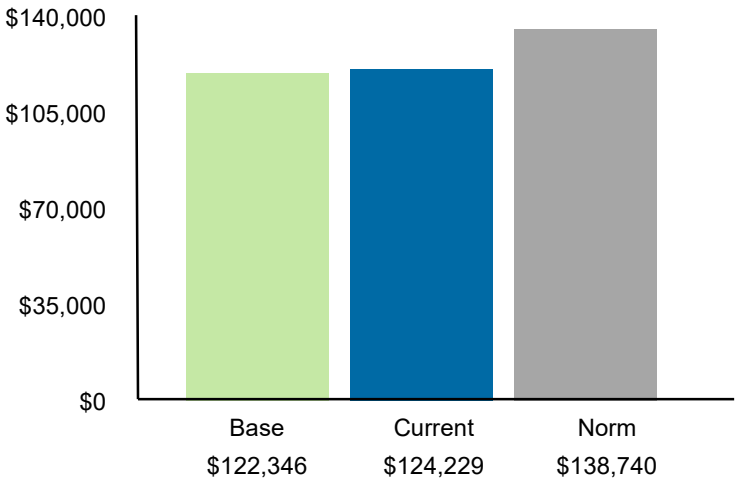
Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Catastrophic Claim Summary
Churchill County

Catastrophic claimants in excess per 1,000 members



Average plan cost per catastrophic claimant



Account Summary (PMPM Basis)

	Base	Current	Trend	Trend Contribution
Catastrophic Plan Costs				
Inpatient	$80.50	$81.24	0.9%	0.1%
Outpatient	$49.14	$55.98	13.9%	1.0%
Professional	$77.82	$96.44	23.9%	2.7%
Other	$24.67	$33.99	37.8%	1.3%
Capitation	$0.00	$0.00	0.0%	0.0%
Pharmacy	$59.34	$97.16	63.7%	5.4%
Total Catastrophic Plan Cost	$291.48	$364.81	25.2%	10.6%
Non-Catastrophic Plan Cost	$402.52	$417.62	3.8%	2.2%
Total Plan Cost	**$694.00**	**$782.43**	**12.7%**	**12.7%**

Comments

- Plan cost for catastrophic claimants was $364.81 PMPM in the current period, or 46.6% of the total plan cost of $782.43 PMPM
- Plan cost for catastrophic claimants increased from $291.48 PMPM to $364.81 PMPM, contributing 10.6% of the overall 12.7% plan trend
- Catastrophic claimants per thousand increased from 26.0 to 31.9, and compares to a norm of 18.7
- Average cost per claimant increased from $122,346 to $124,229, and compares to a norm of $138,740
- Catastrophic claimant threshold of $50,000 was used for this analysis

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Catastrophic Detail (Integrated Medical and Pharmacy)

Churchill County

	M/F	Age	Relshp	ICD Major	ICD Minor	Medical	Pharmacy	Med Srx	Pharm Srx	Total ($)	Out of Net %	Last Date of Eligibility	Cat in Base?	Clinical Programs
1	M	30-39	SP	Renal/Urologic	Upper Urinary	$307,125	$1,805	$0	$0	$308,930	0%	10/25	Y	TRN,WI
2	M	18-29	EE	Neurological	Head Trauma	$202,548	$0	$0	$0	$202,548	16%	05/25	N	
3	M	50-59	EE	Neoplasms	Respiratory	$98,949	$3,559	$0	$66,517	$169,026	2%	10/25	N	COM,ONC,WI
4	F	50-59	EE	Gastrointestinal	Stom/Int/Pan	$8,523	$3,257	$0	$120,274	$132,054	3%	10/25	Y	WI
5	M	40-49	EE	Musculoskeletal	Muscle/Conne	$2,813	$200	$0	$114,550	$117,564	2%	10/25	N	WI
6	F	30-39	EE	Skin	Infections	$78,532	$17,728	$6,959	$0	$103,218	1%	05/25	N	COM
7	F	50-59	EE	Neoplasms	Female Breast	$72,151	$1,075	$26,073	$0	$99,299	1%	10/25	N	ONC,WI
8	F	18-29	EE	Mental Disorder	Child Mental	$2,365	$362	$0	$94,119	$96,846	0%	10/25	N	WI
9	M	50-59	EE	Int/Ext Injury	Chest/Abdom	$75,521	$2,495	$0	$0	$78,015	1%	10/25	N	COM,WI
10	M	65+	EE	Respiratory	Oth Lower Resp	$66,292	$30	$0	$0	$66,322	1%	10/25	N	WI
11	F	50-59	EE	Neurological	Cerebrovascular	$63,849	$539	$0	$0	$64,389	9%	10/25	N	COM,WI
12	M	60-64	SP	Neurological	Neuro PNS	$52,493	$38	$0	$0	$52,530	0%	10/25	N	WI

Acronym Key

CM/SPCM Programs (Case Mgmt)
- CAT-Catastrophic
- COM-Complex
- INP-Inpatient
- NIC-Neonatal Intensive Care
- ONC-Oncology
- REH-Rehabilitation
- TRN-Transplant
- CKD-Chronic Kidney Disease
- HRM-High Risk Maternity
- MIR-Medical Injectable Redirection

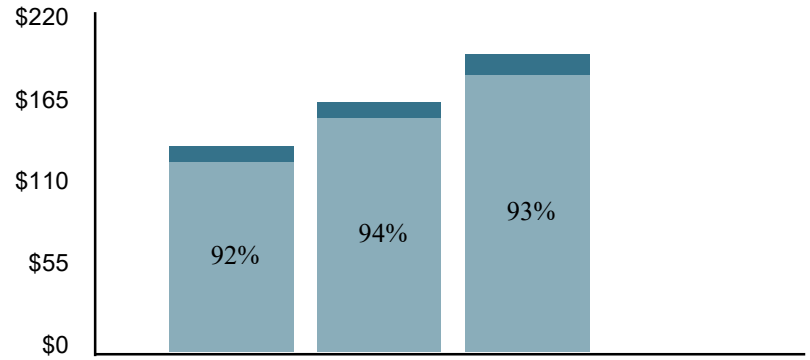
Chronic Coaching Programs
- AST-Asthma
- CAD-Coronary Heart Disease
- CHF-Chronic Heart Failure
- CPD-Chronic Obstructive Pulmonary Disorder
- DEP-Depression
- DIA-Diabetes Mellitus
- LBP-Low Back Pain
- OST-Osteoarthritis
- PAD-Peripheral Artery Disease
- WGT-Weight Complications

Additional Programs
- CCS-Cancer Care Support Program
- EAP-Employee Assistance Program
- HPHB-Healthy Pregnancies Healthy Babies
- LMP-Lifestyle Management Programs
- OL-Online Programs
- TDS-Treatment Decision Support
- WC-Wellness Coaching
- WI-Well Informed (Gaps In Care)

Executive Summary - Pharmacy

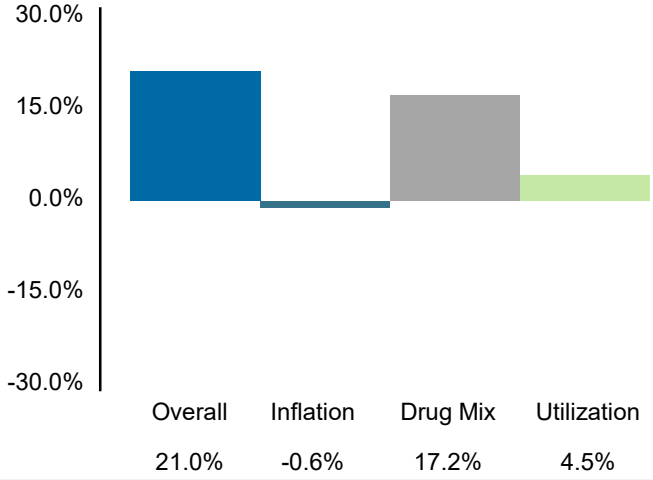
Churchill County

Plan cost & trend



	Base	Current	Norm	Trend
Cost Share PMPM	$11.38	$10.54	$13.59	-7.3%
Paid Amount PMPM	$127.50	$157.47	$186.62	23.5%
Plan Spend PMPM	$138.88	$168.01	$200.21	21.0%

Trend impact



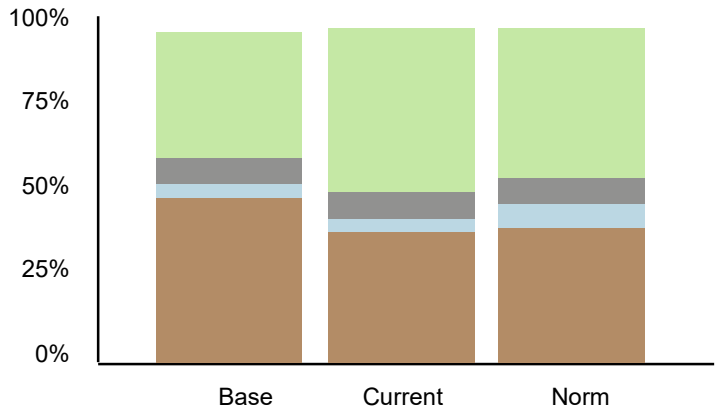
Pharmacy performance

	Base	Current	Trend	Norm
Members				
Average Number of Employees	236	234	-0.7%	
Average Number of Members	384	376	-2.1%	
Average Utilizers	76.0%	76.0%	0.0%	
Average Member Age	33.5	33.9	1.1%	35.7
Cost Trend				
Plan Spend	$640,374	$758,572	18.5%	
Employer Paid	$587,913	$710,967	20.9%	
Member Cost Share	$52,461	$47,605	-9.3%	
Drug Mix				
Generic Dispensing Rate	95.2%	94.4%	-0.7%	93.9%
Preferred Brand	4.0%	4.2%	0.2%	4.7%
Non-Preferred Brand	0.9%	1.4%	0.5%	1.4%
Generic Substitution Rate	98.4%	98.7%	0.2%	98.1%
Formulary Brand Compliance Rate	64.0%	64.4%	0.4%	88.0%
Utilization				
Total Prescriptions	3,483	3,219	-7.6%	
Retail Adjusted Scripts	5,675	5,798	2.2%	
% Mail Order	7.9%	6.6%	-1.3%	13.3%
% Retail	41.7%	33.8%	-8.0%	46.1%
% Retail 90	50.3%	59.6%	9.3%	40.6%
Days Supply PMPM	32.53	33.98	4.5%	31.43
Specialty Pharmacy				
Pharmacy Plan Spend PMPM	$59.25	$91.15	53.8%	$103.67
Medical Plan Spend PMPM	$20.37	$23.00	12.9%	$33.97
Pharmacy Plan Spend as % of Total	42.7%	54.3%	11.6%	51.8%
Specialty Utilizers	43	33	-23.3%	
Specialty Scripts PMPY	0.13	0.17	30.7%	0.19

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Specialty Pharmacy Executive Summary
Churchill County

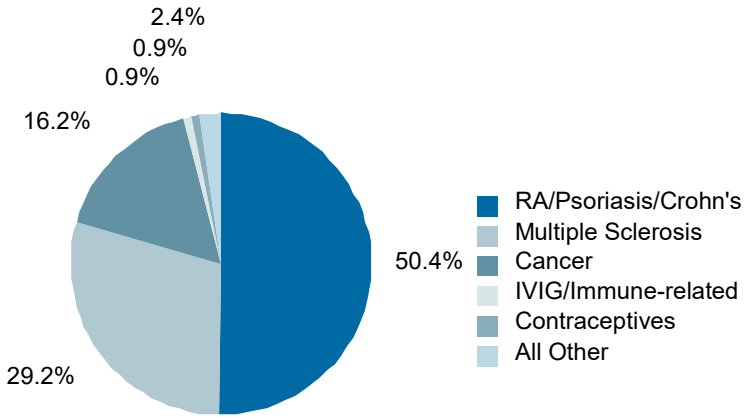
Pharmacy and medical drug plan spend



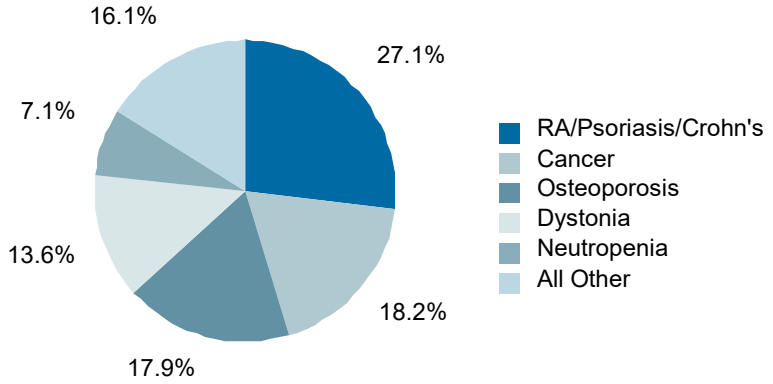
Account summary(PMPM basis)

Plan Spend	Base	Current	Trend	Norm
Pharmacy Specialty Rx	$59.25	$91.15	53.8%	$103.67
Medical SRx HCP/Home Infusion	$13.40	$15.54	16.0%	$18.14
Medical SRx Outpatient/Inpatient	$6.98	$7.46	6.9%	$15.87
Total Specialty Rx	$79.62	$114.15	43.4%	$137.68
Other Pharmacy	$79.63	$76.86	-3.5%	$96.54

Pharmacy Specialty Rx - Percent of current plan spend by condition



Medical Specialty Rx-HCP / Home Infusion & OP/IP Percent of current plan spend by condition



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Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Top Therapeutic Class Trend

Churchill County

Therapeutic class trend driver analysis by plan spend

Rank				Plan Spend PMPM				Unique Members	Utilizing Members	Days Supply PMPM	Inflation
Base	Current	Therapeutic Class	Condition	Base	Current	Trend	Norm	Current	Trend	Trend	Trend
1	1	Anti-Inflam Disease Modifiers	INFLAMMATORY CONDITIONS	$28.03	$45.95	64.0%	$33.81	2	0.0%	57.1%	-1.6%
2	2	Multiple/Lateral Sclerosis	Multiple Sclerosis	$26.26	$27.29	3.9%	$3.97	2	0.0%	22.9%	4.0%
3	3	Hypoglycemics	Diabetes	$22.96	$22.72	-1.0%	$31.30	20	42.9%	8.1%	-5.6%
62	4	Antineoplastics	Cancer	$0.06	$14.95	26411.1%	$14.79	5	25.0%	406.8%	-0.0%
6	5	Lipid Lowering	Cholesterol	$4.88	$5.23	7.1%	$4.09	39	8.3%	2.0%	-0.9%
9	6	Anticoagulants	Blood thinner	$2.95	$4.91	66.3%	$3.64	7	133.3%	53.6%	4.8%
7	7	Estrogenic/Androgenic/Progest	Hormone Replacement	$4.40	$4.51	2.6%	$1.25	32	23.1%	43.0%	5.5%
4	8	Asthma Related	Asthma	$5.96	$4.45	-25.3%	$12.78	41	-16.3%	-3.2%	-0.0%
22	9	Kidney/Urinary	Overactive Bladder	$1.19	$3.49	191.8%	$1.32	18	-5.3%	12.0%	-5.0%
35	10	Eye	Dry Eyes	$0.43	$3.20	644.7%	$1.53	25	13.6%	142.3%	6.4%
8	11	Contraceptives	Contraception	$3.13	$2.94	-6.1%	$1.80	22	-29.0%	-28.0%	-0.3%
12	12	Diabetic Supplies	Diabetes	$2.32	$2.28	-1.8%	$3.07	7	0.0%	-19.5%	1.4%
10	13	Vaccines	Vaccine	$2.45	$2.06	-16.0%	$2.41	43	-25.9%	-18.5%	5.9%
33	14	Antipsychotic/Manic	Psychosis	$0.45	$1.99	340.0%	$2.31	8	33.3%	46.8%	0.0%
13	15	Stimulants	ADHD	$1.96	$1.90	-2.7%	$5.23	11	-15.4%	19.7%	-0.8%
		All Other		$31.45	$20.15	-35.9%	$76.91	274	1.9%	1.5%	-1.3%
		Total		**$138.88**	**$168.01**	**21.0%**	**$200.21**	**291**	**-1.7%**	**4.5%**	**-0.6%**

Comments

- The top 15 therapy classes accounted for 88.0% ($147.86) of total plan spend PMPM $168.01 in the current period

High Cost Prescriptions

Churchill County

High cost prescriptions ranking

Rank				Plan Spend PMPM				Cost per Script	Unique Members		Scripts	
Base	Current	Drug Name	Condition	Base	Current	Trend	Norm	Current	Base	Current	Base	Current
-	1	Lorbrena (SRx)	Cancer	$0.00	$14.73	0.0%	$0.08	$22,172	0	1	0	3
1	2	Avonex (4 Pack) (SRx)	Multiple Sclerosis	$26.09	$26.64	2.1%	$0.09	$9,252	1	1	14	13
-	3	Enbrel Sureclick (SRx)	Arthritis	$0.00	$23.05	0.0%	$2.94	$8,671	0	1	0	12
2	4	Tremfya One-Press (SRx)	INFLAMMATORY CONDITIONS	$28.03	$20.58	-26.6%	$2.32	$7,743	2	1	17	12
-	5	Otezla (SRx)	Psoriasis	$0.00	$2.32	0.0%	$1.66	$5,247	0	1	0	2
-	6	Rexulti	Psychosis	$0.00	$1.00	0.0%	$0.54	$1,510	0	1	0	3
366	7	Paxlovid	Antivirals	$0.00	$0.65	0.0%	$1.39	$1,461	1	3	0	2
-	8	Kyleena (SRx)	Contraception	$0.00	$0.27	0.0%	$0.02	$1,202	0	1	0	1
11	9	Qulipta	Migraine	$2.25	$0.97	-56.8%	$0.86	$1,096	2	1	10	4
13	10	Xdemvy (SRx)	EYE INFECTION	$0.85	$0.47	-45.1%	$0.10	$1,053	1	1	4	2
12	11	Mounjaro	DIABETES	$1.56	$4.31	177.2%	$11.26	$1,025	2	2	7	19
10	12	Nurtec Odt	Migraine	$1.69	$0.22	-87.0%	$1.82	$990	2	1	7	1
15	13	Trulicity	Diabetes	$1.86	$2.05	10.4%	$1.95	$925	1	1	9	10
16	14	Ozempic	Diabetes	$10.33	$7.51	-27.3%	$9.02	$788	5	6	51	43
19	15	Miebo	Dry Eyes	$0.17	$1.21	627.1%	$0.23	$778	1	1	1	7
-	16	Eucrisa	Atopic Dermatitis	$0.00	$0.17	0.0%	$0.07	$757	0	1	0	1
-	17	Annovera	Contraception	$0.00	$0.50	0.0%	$0.02	$754	0	1	0	3
-	18	Xiidra	Dry Eyes	$0.00	$0.60	0.0%	$0.29	$678	0	1	0	4
21	19	Trelegy Ellipta	COPD	$1.59	$1.19	-25.1%	$0.86	$671	1	1	12	8
359	20	Breztri Aerosphere	COPD	$0.00	$0.14	0.0%	$0.24	$640	1	1	0	1

Comments

- The top 20 high cost drugs accounted for 2.6% (151 scripts) of the overall prescription volume, and 64.6% ($108.57) of total plan spend PMPM in the current period

Top Drugs by Volume

Churchill County

Top drugs by volume

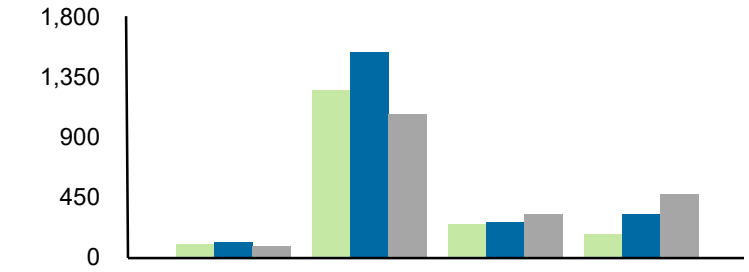
Rank				Prescriptions Dispensed			Unique Members		Cost per Script
Base	Current	Drug Name	Condition	Base	Current	Trend	Base	Current	Current
2	1	atorvastatin calcium	Cholesterol	170	171	0.6%	16	19	$28.08
7	2	gabapentin	Seizures	100	161	61.0%	22	23	$11.44
1	3	levothyroxine sodium	Thyroid	215	150	-30.2%	25	20	$4.50
6	4	lisinopril	Hypertension	116	140	20.7%	13	14	$4.37
3	5	trazodone hcl	Depression	130	125	-3.8%	12	15	$6.47
8	6	omeprazole	Ulcer / Heartburn	100	115	15.0%	20	19	$4.82
4	7	losartan potassium	Hypertension	126	111	-11.9%	14	15	$7.70
5	8	rosuvastatin calcium	Cholesterol	117	107	-8.5%	11	10	$80.88
12	9	metoprolol succinate	Heart/Hypertension	84	92	9.5%	10	10	$13.36
11	10	amlodipine besylate	Hypertension	95	90	-5.3%	12	11	$2.95
13	11	fluoxetine hcl	Depression	68	89	30.9%	9	9	$6.16
17	12	escitalopram oxalate	Depression	57	87	52.6%	7	11	$7.08
10	13	meloxicam	Arthritis / Pain	97	86	-11.3%	21	23	$3.50
25	14	montelukast sodium	Asthma	50	73	46.0%	10	11	$11.14
16	15	sertraline hcl	Depression	58	71	22.4%	10	12	$6.31
61	16	dotti	Estrogen replacement	25	67	168.0%	5	6	$53.76
26	17	progesterone	Hormone Replacement	50	65	30.0%	7	11	$30.93
30	18	lovastatin	Cholesterol	45	63	40.0%	5	4	$9.09
31	19	metformin hcl er	Diabetes	44	62	40.9%	5	9	$5.84
49	20	estradiol	Vaginal Atrophy	31	61	96.8%	7	15	$21.32

Comments

- The top 20 drugs by volume accounted for 34.3% (1,986) of all prescriptions dispensed but only 4.1% ($758,572) of total plan spend in the current period

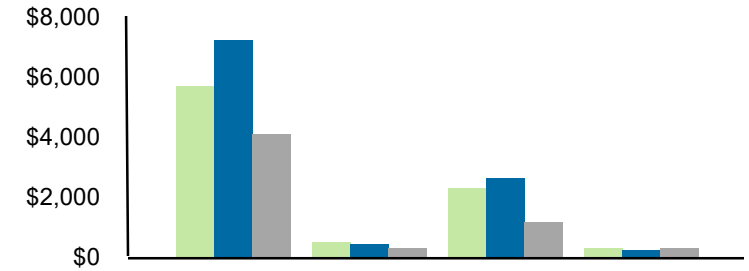
Outpatient Summary
Churchill County

Facility outpatient utilization per 1,000 members



	Surgery	Diagnostic	ER/UC	Other
Base	124.9	1,342.9	281.1	203.0
Current	127.6	1,655.8	300.3	350.8
Norm	104.7	1,151.5	356.4	517.7

Facility outpatient cost per service



	Surgery	Diagnostic	ER/UC	Other
Base	$6,137	$569	$2,518	$378
Current	$7,776	$513	$2,849	$313
Norm	$4,412	$376	$1,312	$412

Account summary (PMPM basis)

	Base	Current	Trend	Trend Contribution
Non-Catastrophic Outpatient	$143.80	$177.95	23.7%	4.9%
Catastrophic Outpatient	$49.14	$55.98	13.9%	1.0%
Total Outpatient	$192.94	$233.93	21.2%	5.9%
All Other Service Categories	$501.06	$548.51	9.5%	6.8%
Total Plan Cost	**$694.00**	**$782.43**	**12.7%**	**12.7%**

Comments

- Non-catastrophic outpatient costs increased from $143.80 PMPM to $177.95 PMPM, contributing 4.9% of the overall 12.7% plan trend
- Diagnostic was the largest category of utilization. Utilization per thousand increased from 1,342.9 to 1,655.8, and compares to a norm of 1,151.5
- Emergency room and urgent care was the next largest category of utilization. Utilization per thousand increased from 281.1 to 300.3, and compares to a norm of 356.4
- Surgery was the largest average cost category. Cost per service increased from $6,137 to $7,776, and compares to a norm of $4,412
- Emergency room and urgent care was the next largest average cost category. Cost per service increased from $2,518 to $2,849, and compares to a norm of $1,312

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

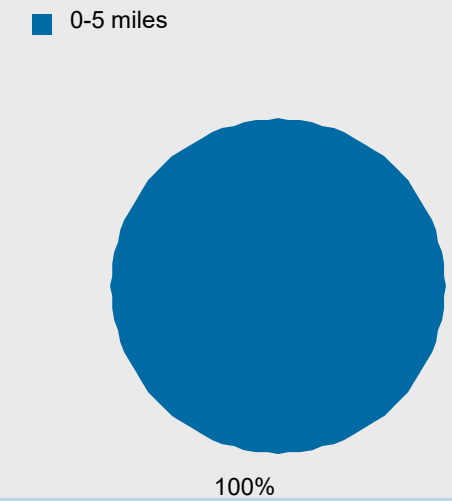
Emergency Room/Urgent Care Opportunity

Churchill County

Cost & utilization trends

	Visits Per 1000			Cost Per Visit			PMPM			Cost Share %
	Base	Current	Trend	Base	Current	Trend	Base	Current	Trend	Current
Emergency Room										
Non-Steerable	218.6	236.5	8%	$3,016	$3,372	12%	$55	$66	21%	7.8%
Steerable	44.2	50.5	14%	$1,030	$1,096	6%	$4	$5	21%	36.8%
Urgent Care	18.2	13.3	-27%	$159	$203	28%	$0	$0	-7%	24.7%
Office Visits	2,581.7	2,724.3	6%	$227	$223	-2%	$49	$51	4%	21.9%
Convenience Care	0.0	2.7	0%	$0	$79	0%	$0	$0	0%	25.3%
Virtual Care- Medical	153.5	101.0	-34%	$63	$63	0%	$1	$1	-39%	13.8%
Total	**3,016.3**	**3,128.2**	**4%**				**$109**	**$122**	**13%**	

Urgent Care - nearest facility



Emergency Room Steerable

Primary Opportunity for Urgent Care	Plan Cost	PMPM	Total Visits	Cost Per Visit
Musculoskeletal	$6,223	$1.38	6	$1,037.21
Ear,Nose,Throat	$3,835	$0.85	3	$1,278.40
Renal/Urologic	$2,976	$0.66	3	$992.08
Eye	$2,109	$0.47	1	$2,109.00
Respiratory	$2,032	$0.45	2	$1,015.84
Infect/Parasit	$1,654	$0.37	1	$1,654.00
Gen Med Diag	$1,417	$0.31	2	$708.48
Skin	$571	$0.13	1	$571.20
Total	**$20,818**	**$4.61**	**19**	**$1,095.66**
UC Average Cost Per Visit				**$202.69**
Per Visit Redirect Savings				**$892.96**
Opportunity Redirect Savings				
10% Redirect to Urgent Care				$1,697
25% Redirect to Urgent Care				$4,242

**UC Average Cost per visit calculation for steerable opportunity excludes outliers* > $1,500

Comments

- Urgent care facilities are an accessible low cost alternative to emergency room care for many conditions
- Information on the urgent care facility network is available via the provider directory on myCigna.com
- Current period urgent care cost per visit was $203, compared to emergency room steerable cost per visit of $1,096
- In the current period, 19 emergency room visits were steerable representing potential redirect savings of up to $16,966
- Of the steerable emergency room visits, 100% had a contracted urgent care facility within 10 miles
- Steerable emergency room cost share percentage is 36.8%, compared to urgent care at 24.7%

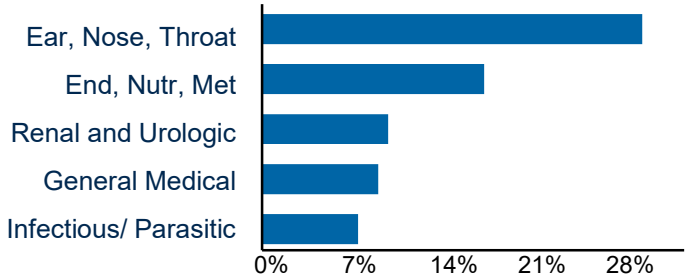
Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Virtual Care
Churchill County

Utilization & Trend

	Base	Current	Trend
Total Visits	305	404	32%
Total Unique Members	96	102	6%
Members with Multiple Visits	41	56	37%
% of Total Member Utilization	25%	27%	2%

Top 5 Medical Virtual Care Conditions (Current)



Visits & Trend by Provider (Current)

MDLive Provider
91
11% ⬆

Cigna Provider
66
74% ⬆

Behavioral Provider
247
34% ⬆

Estimated Savings of **$3,646** if 10% of acute medical visits (Office, Urgent, Convenience Care) were redirected to MDLIVE

Demographic Summary

	Current	Norm
Employee	71%	58%
Spouse	10%	20%
Dependent	20%	21%
% of Total Membership	27%	17%
% Male	31%	39%
% Female	69%	61%
Average Member Age	37.0	38.2

Virtual Care – *Convenient, Not Costly*

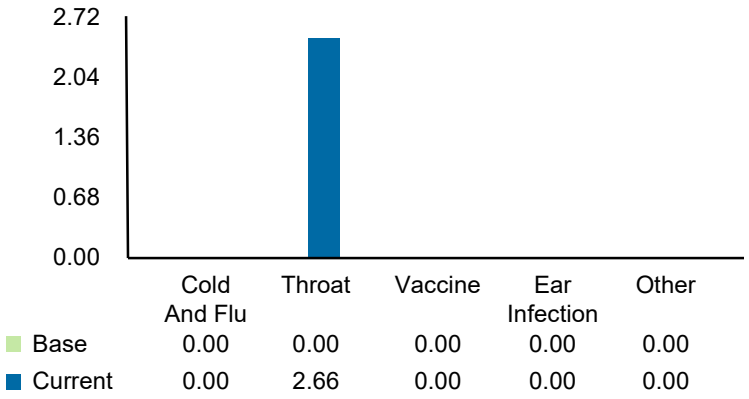
- A simplified experience so a member can get the best care both virtually and in person through an integrated ecosystem of providers when and where they need it most.
- Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 - even on weekends and holidays.
- MDLIVE virtual wellness screenings give customers convenient access to preventive care at $0 copay. **1 members utilized virtual wellness screenings in the current period.**

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Outpatient - Convenience Care Opportunity

Churchill County

Convenience care visits per 1,000



Convenience care opportunities

Office Visit Type	Plan Cost($)	Plan Cost PMPM	Total Visits	Visits/1000	Cost/Visit
Vaccine	$4,681	$1.04	59	156.8	$79
Throat	$4,462	$0.99	24	63.8	$186
Pain	$3,700	$0.82	35	93.0	$106
Urinary Tract	$2,520	$0.56	16	42.5	$158
Skin	$2,225	$0.49	15	39.9	$148
Ear Infection	$1,995	$0.44	12	31.9	$166
Allergy	$1,749	$0.39	14	37.2	$125
Cold And Flu	$1,401	$0.31	11	29.2	$127
Other	$14,456	$3.20	117	311.0	$124
Total	**$37,189**	**$8.24**	**303**	**805.3**	**$123**

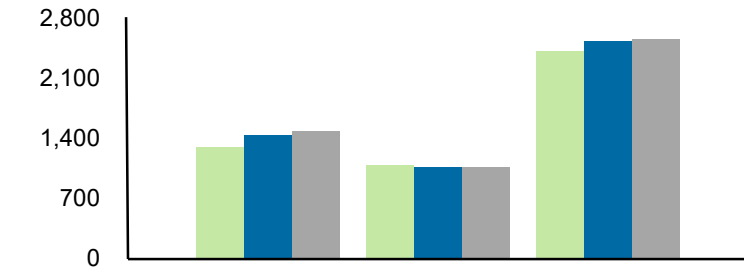
Comments

- Convenience care clinics offer a low cost option for common conditions
- Convenience care clinic utilization per thousand increased from 0.0 to 2.7
- 303 visits in the current period could have been treated at a clinic, representing $37,189 in plan cost, or $8.24 PMPM
- Average unit cost for these visits was $123; clinics often cost $40 - $70 per visit

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

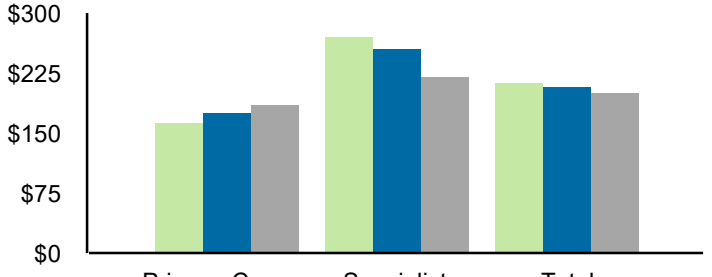
Office Visits
Churchill County

Office visits per 1,000 members



	Primary Care	Specialist	Total
Base	1,400.1	1,181.5	2,581.7
Current	1,560.1	1,164.1	2,724.3
Norm	1,586.0	1,147.3	2,736.2

Average plan cost per office visit



	Primary Care	Specialist	Total
Base	$175	$287	$227
Current	$186	$273	$223
Norm	$199	$236	$214

Specialist plan spend

Specialist Plan Spend PMPM	Base	Current	Trend
E&M	$13.37	$14.71	10.0%
Injectable Rx	$0.81	$3.88	379.8%
Surgery	$1.89	$1.38	-27.1%
Cardiology	$0.01	$0.00	-100.0%
X-ray	$0.32	$0.43	32.5%
Other	$11.90	$6.07	-49.0%
Total Specialist	$28.30	$26.47	-6.5%
Total Primary Care	$20.43	$24.12	18.1%
Total	**$48.73**	**$50.59**	**3.8%**

Comments

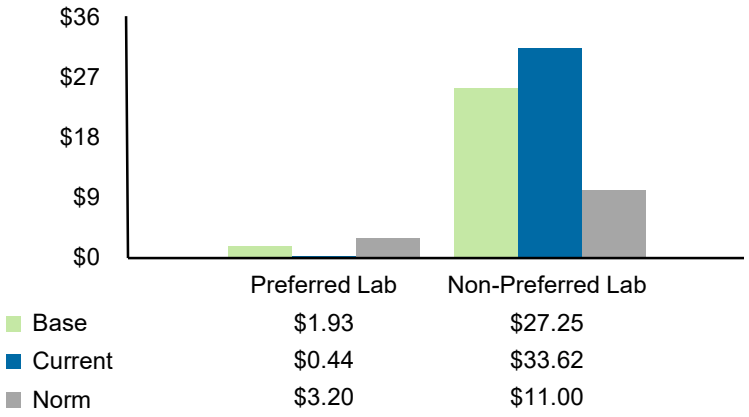
- Office visits per thousand increased from 2,581.7 to 2,724.3, and compares to a norm of 2,736.2
- Cost per visit decreased from $227 to $223, and compares to a norm of $214
- Plan spend for Specialists in the current period was $26 PMPM compared to $24 PMPM for Primary Care Physicians
- Specialist Evaluation & Management cost increased from $13 PMPM to $15 PMPM, an increase of 10.0%

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Laboratory Steerage - Cost & Utilization

Churchill County

Plan spend PMPM

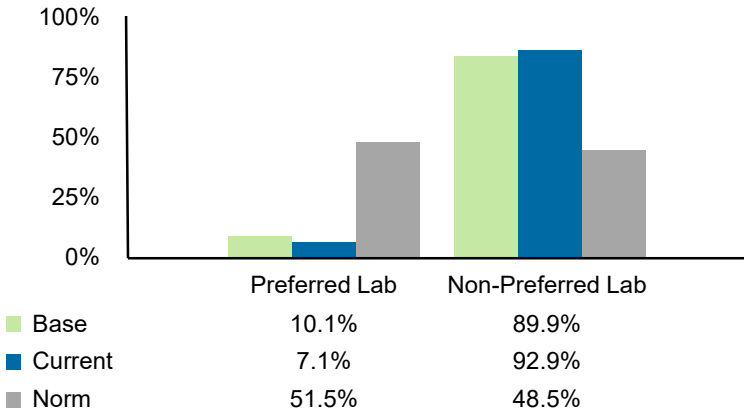


Account summary

	Plan Spend($)	Plan Spend PMPM	Total Services	Services/ 1000	Cost/Service
National	$1,973	$0.44	173	459.8	$11.40
Preferred Subtotal	$1,973	$0.44	173	459.8	$11.40
Ancillary	$16,717	$3.70	287	762.8	$58.25
Outpatient Hospital	$123,134	$27.27	1,718	4566.1	$71.67
Professional	$11,961	$2.65	256	680.4	$46.72
Non-Preferred Subtotal	$151,812	$33.62	2,261	6009.3	$67.14
Total	**$153,785**	**$34.06**	**2,434**	**6469.1**	**$63.18**

Opportunity Targets	Savings($)	Savings PMPM
10% Shift to Preferred	$12,603	$2.79
25% Shift to Preferred	$31,506	$6.98

Percent of total services by type



Comments

- Cost-effective preferred lab services are available across nearly 100% of Cigna's geographic network
- Information on the preferred lab network is now available via the provider directory on myCigna.com
- Preferred lab as a percent of total services decreased from 10% to 7% and compares to a norm of 52%
- Outpatient Hospital had the highest plan cost per service during the current period at $71.67, 528% greater than preferred labs, at $11.40

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Health Matters Care Management - Summary

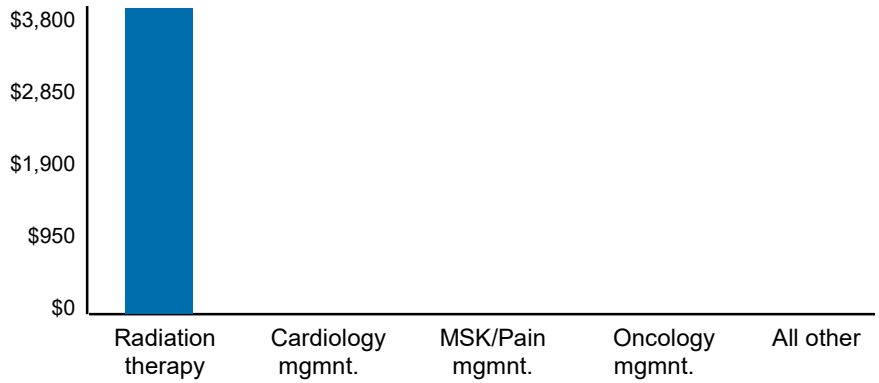
Churchill County

Total savings from care management programs

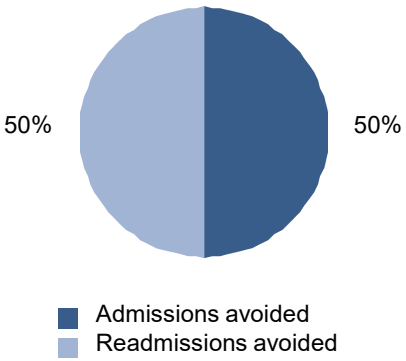
	Base	Current	Savings($) Base	Savings($) Current
IP utilization mgmt. (events)	5	2	$19,969	$27,245
Case mgmt. (members)	13	11	$38,485	$23,141
OP utilization mgmt. (events)	20	22	$51,983	$91,604
Total medical cost (events)	2	1	$4,869	$3,800
Total savings			**$115,306**	**$145,790**

Site of care savings are included in OP utilization mgmt.

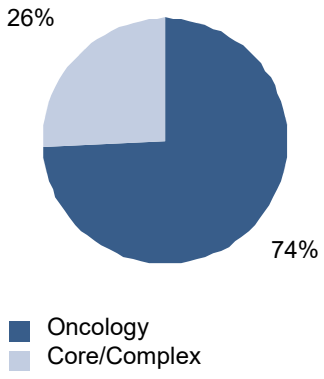
Total medical cost savings by program



IP utilization mgmt. savings % by event



Case mgmt. savings % by program



Comments

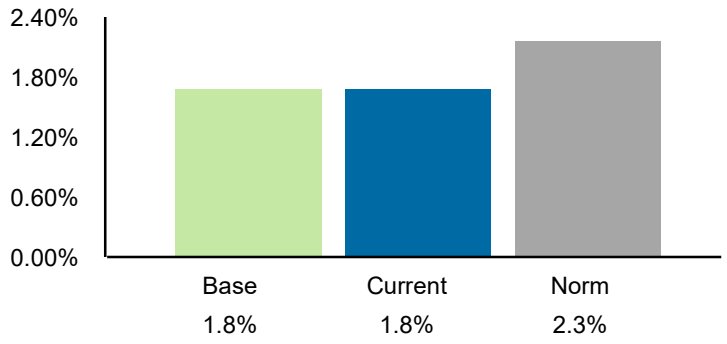
- Inpatient pre-certification and utilization management generated $27,245 in savings in the Current Period, impacting 2 events primarily driven by readmissions avoided at 50.0%.
- Case management generated $23,141 in savings, impacting 11 members in the Current Period; savings were primarily driven by oncology at 74.0%.
- Outpatient utilization management generated $91,604 in savings from 22 events in the Current Period. Savings are derived from programs such as home health care, speech therapy and durable medical equipment.
- Outpatient Total Medical Cost Management (TMC) savings were primarily driven by radiation therapy that generated $3,800 in savings from 1 events in the Current Period.

* Readmissions avoided are examined at a client level and compared to national readmission rates, therefore unique member counts are unavailable

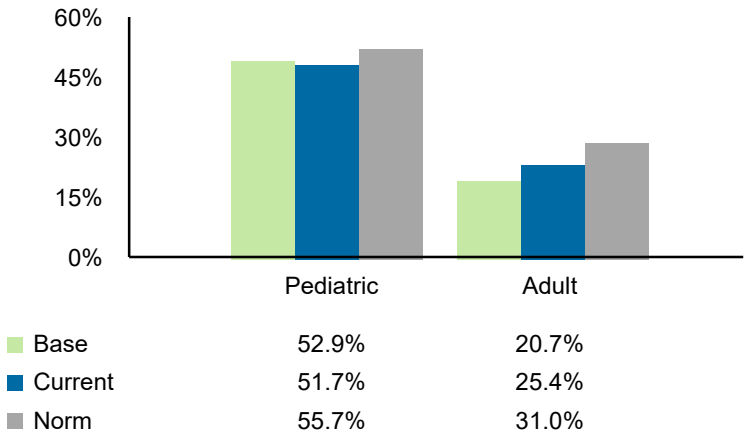
Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Preventive Care Summary
Churchill County

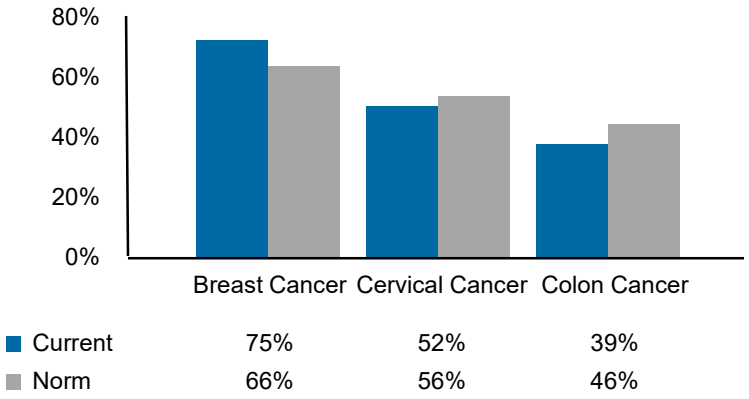
Preventive care as % of total spend



Well visit completion rates



Cancer screening rates



Comments

- Preventive care as a percent of total spend remained at 1.8%, and compares to a norm of 2.3%
- Well visit completion rate for adults increased from 20.7% to 25.4%, and compares to a norm of 31.0%
- Breast cancer screening rate was 75%, 9% greater than the norm of 66%
- Cervical cancer screening rate was 52%, 4% less than the norm of 56%
- Colon cancer screening rate was 39%, 7% less than the norm of 46%

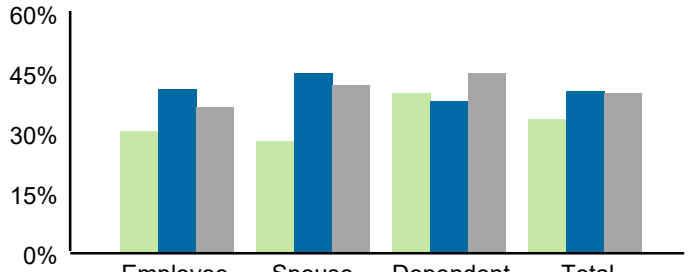
*Results are based on HEDIS ® technical specifications, but some variance will exist due to differences in claims data availability compared with specification criteria
-Breast Cancer Age Criteria: 40-74 24 Month Eligibility
-Cervical Cancer Age Criteria: 21-64 24 Month Eligibility
-Colon Cancer Age Criteria: 45-75 24 Month Eligibility

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

Preventive Care - Population Profile

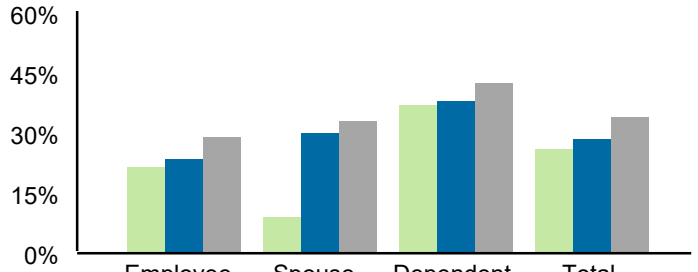
Churchill County

Preventive care utilization (all services)



	Employee	Spouse	Dependent	Total
Base	32.7%	30.3%	42.7%	35.9%
Current	44.0%	48.2%	40.5%	43.1%
Norm	39.2%	44.9%	47.9%	42.9%

Well visit completion rates



	Employee	Spouse	Dependent	Total
Base	23.3%	10.1%	39.6%	28.1%
Current	25.2%	32.1%	40.5%	30.6%
Norm	31.1%	35.3%	45.3%	36.2%

Comments

- The largest category of preventive care utilization is spouses. The utilization rate increased from 30.3% to 48.2%, and compares to a norm of 44.9%
- The next largest category of preventive care utilization is employees. The utilization rate increased from 32.7% to 44.0%, and compares to a norm of 39.2%
- The largest category of well visit utilization is dependents. The utilization rate increased from 39.6% to 40.5%, and compares to a norm of 45.3%
- The next largest category of well visit utilization is spouses. The utilization rate increased from 10.1% to 32.1%, and compares to a norm of 35.3%

Cigna Health Matters - Engagement Index

Churchill County

Cigna understands that people engage with their health differently at different stages of their life. We also understand that if customers are highly involved in their health then those actions can lead to improved health and ultimately lower costs.

Cigna has launched a new way to measure **population engagement,** called **Cigna Health Matter Engagement Index,** that is grounded in science and provides greater insight into engagement across all of the health and wellness programs and services Cigna offers.

Individuals are considered engaged based on evidence of actions for Health Maintenance and Health Improvement using the following criteria:

2+ Health Maintenance

Health protection: Activities that allow an individual to **maintain health and improve** health behaviors
Health detection: Tests and procedures that allow an individual to **identify** illness

Examples

- Completed preventive service
- Goal set – phone, online or onsite
- Onsite wellness campaigns
- Gaps in Care - 100% compliance or credited closure
- Called into EAP
- Called 24 health information line

OR

Engaged

1+ Health Improvement

Activities that allow an individual to manage and improve their current illness

Examples

- Goal set – phone, online or onsite
- Gaps in Care – credited closure
- Pre/Post admission counseling
- Case Management
- Treatment Decision Support
- Health Pregnancies Healthy Babies
- Onsite lunch & learns

Cigna Health Matters - Engagement Index Summary

Churchill County

Total health engagement as a % of population

Comments

- Cigna's Health Matters Engagement Index provides greater insight into engagement across all of the health and wellness programs and services Cigna offers
- In the current period 30% of the total population has engaged in two or more Health Maintenance actions or one or more Health Improvement actions. This is a decrease of 3% from the base period of 33%. This compares to a norm of 26%
- When engagement is split into Health Maintenance and Health Improvement activities, 28% of the population has completed 2 or more Health Maintenance activities, and 3% of the population completed 1 or more Health Improvement activities during the current period, compared to 31% and 5% respectively in the base period
- When the population is split into segments using ETG methodology, the Major Episode* / Mat segment had the greatest overall engagement at 48% for the current period

Engagement by behavior type and population segment

Segment	Health Maintenance (HM) (2+)			Health Improvement (HI) (1+)			Total Engagement (2+ HM or 1+ HI)		
	Base	Current	Norm	Base	Current	Norm	Base	Current	Norm
Chronic Illness	49%	43%	50%	12%	8%	10%	54%	47%	55%
Major Episode* / Maternity	43%	48%	41%	5%	3%	2%	44%	48%	42%
Minor Episode**	26%	32%	34%	0%	1%	0%	26%	32%	34%
Healthy***	20%	26%	29%	0%	0%	0%	20%	26%	29%
Non User	1%	1%	1%	0%	1%	0%	1%	1%	1%
Total	31%	28%	25%	5%	3%	3%	33%	30%	26%

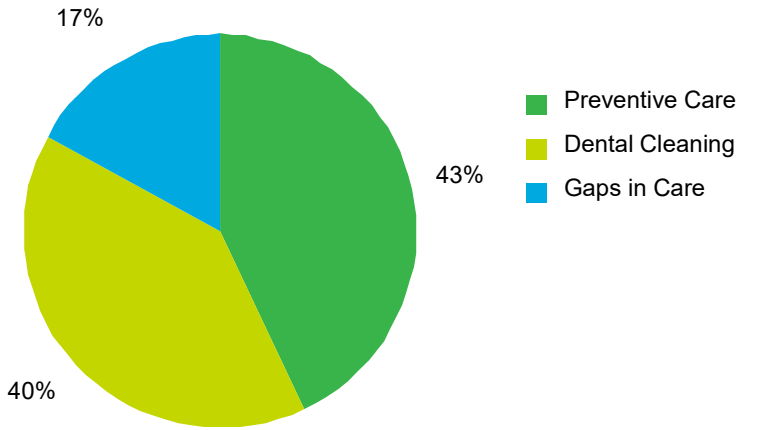
*Major Episode >$500 per episode
**Minor Episode <$500 per episode
*** Healthy - only preventive claims

Current Period reflects claims incurred between Aug. 2024 and Jul. 2025, paid through Oct. 2025
Base Period reflects claims incurred between Aug. 2023 and Jul. 2024, paid through Oct. 2024

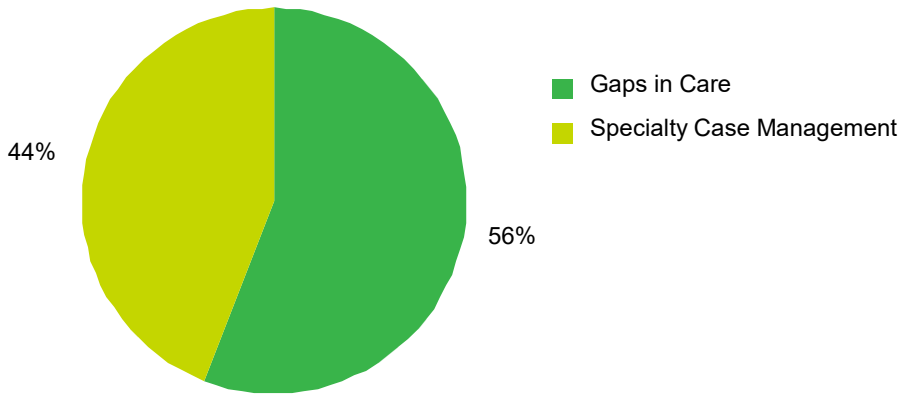
Engagement Index - Top Activities
Churchill County

Top engagement activities

Health Maintenance



Health Improvement



Comments

- It is important to understand the activities that drive engagement. The graph above illustrates the activities most often completed for both Health Maintenance and Health Improvement for those individuals meeting the engagement criteria.

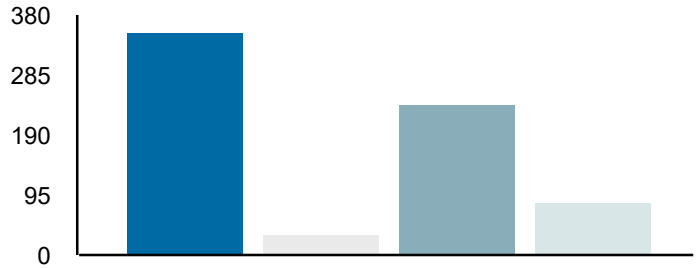
- Top Health Maintenance activities for those meeting the engagement criteria in the current period were, Preventive Care at 43% , Dental Cleaning at 40% and Gaps in Care at 17% . Top Other activities include

- Top Health Improvement activities for those meeting the engagement criteria in the current period were, Gaps in Care at 56% , Specialty Case Management at 44% and at 0% .

Well Informed Gaps in Care - Summary

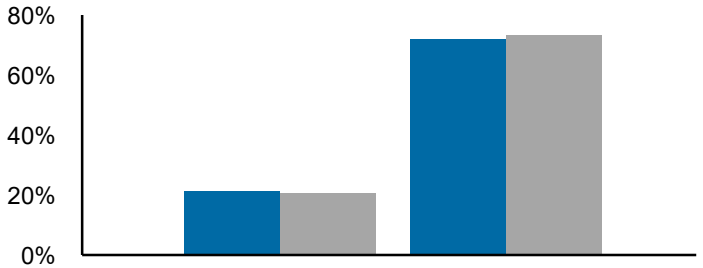
Churchill County

Member compliance summary



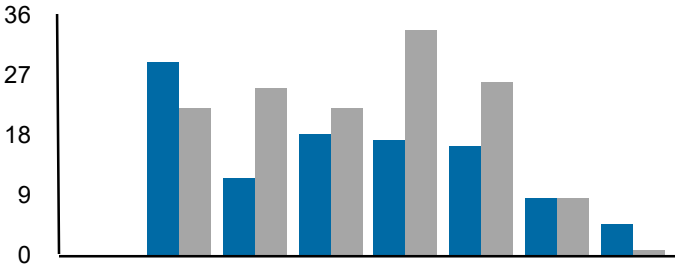
	Mbrship	Non-Qualified	Non-Compliant	Compliant
Members	376	34	254	88

Rule compliance summary



	Non-Compliant	Compliant
Current	23.4%	76.6%
Norm	22.3%	77.7%

Demographics - members with gaps



	<01	01-17	18-29	30-39	40-49	50-59	60-64	65+
Male	0	30	12	19	18	17	9	5
Female	0	23	26	23	35	27	9	1

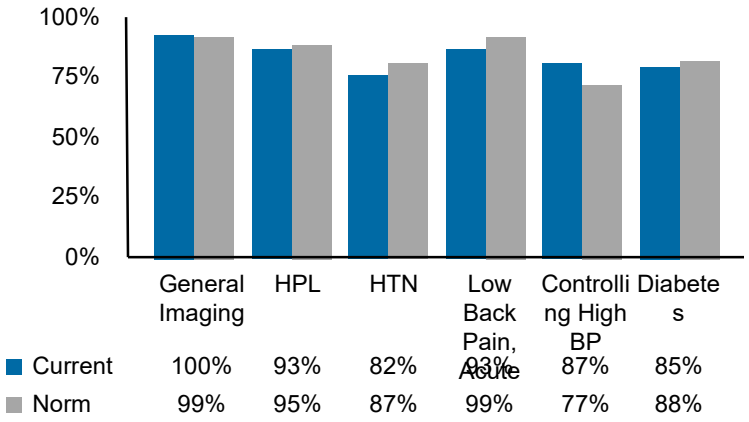
Comments

- 342 members qualified for a gap in care evaluation, with 88 compliant and 254 non-compliant with evidence-based medicine guidelines
- 76.6% of rules evaluated were compliant with evidence-based medicine guidelines, compared to a norm of 77.7%
- The greatest number of members with gaps was found in the 40-49 age band, with 53 total members

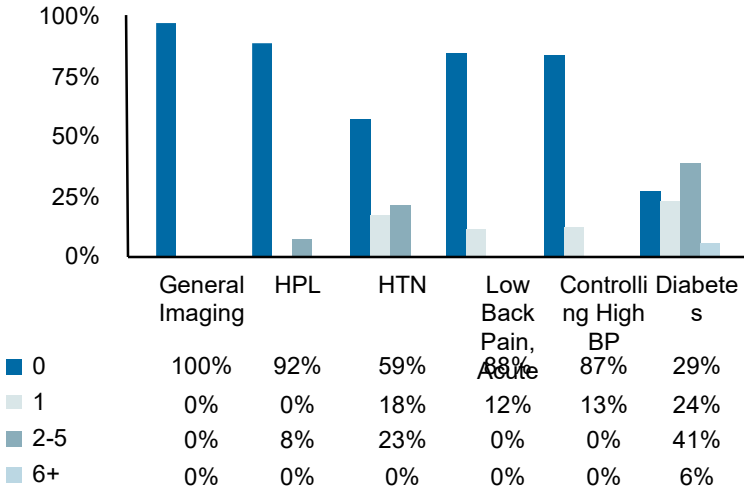
Well Informed Gaps in Care - Conditions

Churchill County

Compliance by condition



Gap count by condition



Gap condition statistics

Clinical Category	Gap Count	Prevalence	Gaps/Mbr	Compl. Rate
General Imaging	0	34%	0.00	100%
Hyperlipidemia	12	13%	3.00	93%
Hypertension	32	18%	1.52	83%
Low Back Pain, Acute	3	7%	1.00	93%
Hypertension	32	18%	1.52	83%
Diabetes	34	5%	2.83	85%
Upper Respiratory Infection	1	5%	1.00	95%
Sinusitis	0	3%	0.00	100%
Asthma	3	3%	1.00	88%
LBP Imaging	11	3%	2.20	69%

Comments

- General Imaging has the highest prevalence by category at 34%. Compliance rate for this category was 100%, 1% greater than the norm of 99%
- HPL has the next highest prevalence by category at 13%. Compliance rate for this category was 93%, 2% less than the norm of 95%
- The Diabetes category had the greatest rate of multiple gaps (2 or more), 47%

Glossary

ACE inhibitors
Inhibitors of Angiotensin-Converting Enzyme are a group of pharmaceuticals that are used in treatment of hypertension and congestive heart failure.

Acute
An illness of short duration (as opposed to chronic illness).

Admission
An overnight confinement to a facility.

Asthma Inhaled Corticosteroids
Asthma Inhaled Corticosteroids are often prescribed as a treatment for asthma.

Brand Name
The proprietary or trade name of the medication.

Breast Cancer Screening
Measures the percent of qualified women 52-74 years of age that are compliant with mammogram screening.

Capitation
Arrangement where network providers receive a set dollar amount of money per covered member assigned to their practice, even if no services rendered.

Cardiac catheterization
A medical procedure used to diagnose and treat certain heart conditions.

Catastrophic
Term used to describe when a member has accumulated claims, in excess of a specific threshold, during the reported time periods. For the specific threshold used in this report, please refer to the Catastrophic Claim Summary page.

Centers of Excellence
Cigna's defined network of facilities deemed superior in status due to their clinical and financial performance in providing patient care.

Cervical Cancer Screening
Measures the percent of qualified women 24-64 years of age who received at least one pap smear.

Chronic
Defined as an illness or sickness that is not curable but may be controlled with treatment.

Chronic Obstructive Pulmonary Disease (COPD)
Defines a group of diseases characterized by airflow obstruction and includes chronic bronchitis and emphysema.

Churn
Those members who either enrolled or disenrolled or did both during the analysis period (includes newborns).

Coinsurance
The percentage of covered expenses paid by the member when costs are being shared by both the plan and the individual member.

Colon Cancer Screening
Colorectal Cancer Screening (CRC) can detect pre-malignant polyps and guide their removal, which in theory can prevent the development of colon cancer.

Convenience Care
Treatment for common family ailments such as strep throat, pinkeye and athlete's foot

Coordination of Benefits (COB)
The amount saved when Cigna is the secondary insurer. It represents the difference between what Cigna pays and (COB) what it would have paid if it were primary.

Copay
Predetermined fees for medical services covered by a benefit plan, which are paid by the member at the time of service.

Glossary

Coronary angioplasty
A medical procedure in which a balloon is used to open a blockage in a coronary (heart) artery narrowed by atherosclerosis, improving blood flow.

Coronary Artery Bypass Graft (CABG)
Surgery where blood flow is rerouted through a new artery or vein that is grafted around diseased sections of coronary arteries.

Cost Share
Benefit plan arrangement requiring that the participant pay a portion of the costs. This includes copayments, coinsurance and deductibles.

Covered Charges
Net charges minus the items not covered by the benefit plan. Items not covered include charges for ineligible services, network discounts, etc.

CT
A diagnostic imaging scan also called a Cat Scan (computed tomography).

Deductible
An amount specified in plan design that must be paid by member for covered expenses in a benefit period before the plan will pay benefits.

Denied Charges
Amounts not covered due to lack of information about the claim.

Diabetes retinopathy
Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults.

Diagnostic Testing
Refers to other significant testing procedures not named - examples include: doppler electrocardiograph, cardiac ultrasound and sleep studies.

Discounts
Amounts reduced by a contractual fee arrangement with network participating providers, prompt pay arrangements, or Hospital Savings Program (HSP).

Emergency Room - Diagnostic Groupings
Musc - Musculoskeletal
ENT - Ear/Nose/Throat
Skin - Skin
Resp - Respiratory
Circ - Circulatory
Dig - Digestive
Inj - Injury

Episode Treatment Group (ETG)
An illness classification methodology derived by analyzing actual claim experience and clinical review.

Esophagitis (digestive)
Inflammation of the lining of the esophagus, the tube that carries food from the throat to the stomach.

Evaluation and Management (E&M)
E&M services refer to visits and consultations furnished by physicians.

Facility
A site where health care services are delivered including hospitals, convalescent units, skilled nursing facilities, and birthing centers.

Facility Outpatient
Refers to services and costs that are incurred at a facility but did not result in an admission.

Fee for Service
Compensating providers for rendering patient care which is based on an as services are rendered basis.

Glossary

Gaps In Care
Occurs when individuals do not receive or adhere to care that is consistent with medically proven guidelines for prevention and treatment.

Gastroenteritis (digestive)
A condition that causes irritation and inflammation of the stomach and intestines (the gastrointestinal tract).

Generic Drug
A prescription drug that has the same active-ingredient formula as a brand-name drug.

Generic Efficiency
This metric illustrates the rate of generic utilization for drugs in which a generic option is available.

HbA1c Test
Glycohemoglobin blood test measures the average blood glucose level over the past 120 days.

Health Advocacy
Health Advocacy is the term Cigna uses to describe the process we use to improve health and lower costs for our customers and members.

Health Engagement Index
Cigna's health engagement metric that considers individuals engaged based on evidence of actions for Health Maintenance and Health Improvement activities across all of the health and wellness programs and services Cigna offers. This metric is a total population measure.

Health Improvement
Health Improvement engagement is based on activities that help an individual manage or improve their illness. One Health Improvement activity deems an individual as engaged.

Health Maintenance
Health Maintenance engagement is based on two types of activities. Health protection: Activities that allow an individual to maintain health and improve health behaviors. Health detection: Tests and procedures that allow an individual to identify illness. Two Health Maintenance activities deems an individual as engaged.

Health Maintenance/Health Improvement Opportunity
A metric that calculates the percent of the eligible population that has an opportunity to perform a given activity. The 'N' value is the eligible population, which can be different based on the specific activity, and the percent is the portion of the eligible population who has an opportunity to complete the activity.

Inpatient
Refers to services and costs that are incurred during a facility admission.

LDL-C Screening
Blood test which measures low-density lipoprotein cholesterol.

Lipotropics
Drugs which are designed to lower cholesterol and triglyceride levels which help reduce amount of overall fatty substances in the blood.

Mail Order Drugs
A feature of a pharmacy program that enables a participant to send their prescription (and any applicable copay) directly to a mail-order vendor.

Maintenance Drugs
Medications that are prescribed for long-term treatment of chronic conditions, such as diabetes, high blood pressure or asthma.

Major Diagnostic Categories (MDC)
Industry standard groupings of ICD diagnostic codes which relate to various body systems for inpatient and outpatient claims.

Glossary

Major Joint (musculoskeletal)
Examples of what comprises this category are: major joint and limb reattachments, hip or knee replacement.

Medication Adherence
Reflection of the degree to which the patient is adhering to the prescribed medication treatment regimen.

MRI
Magnetic Resonance Imaging - a type of diagnostic test

Network Dollar Penetration
All charges submitted by in-network providers as a percentage of overall charges.

Non-Preferred Brand Drug
Drugs in the third tier of a pharmacy program, brand-name drugs that either have generic equivalents or may have one or more preferred brand options.

Norm
Norm refers to the comparison group based on book of business or industry experience for the defined parameters. Norms are annualized unless otherwise stated.

Office visit
Services delivered by a physician, clinician, or practitioner within the confines of a professional office setting.

Orthopedic
A branch of medicine concerned with the correction or prevention of deformities, disorders, or injuries of the skeleton (tendons and ligaments)

Other Medical (cardiac)
Some examples of what comprises this category: hypertension, vascular procedures and angina.

Other Surgical (cardiac)
Some examples of what comprises this category: major cardiovascular procedures, circulatory disorders and pacemaker.

Outpatient
Refers to services and costs that are incurred outside of a facility admission.

PET scan
Positron Emission Tomography scan (specialized imaging)

Pharmacy Payments
Includes prescription drug expenses paid under a pharmacy program. These expenses would not include drugs covered under the medical benefit plan.

Preferred Brand Drug
Drugs in the second tier of a Cigna HealthCare two or three tier pharmacy program which have no generic equivalent.

Preventive Care
Measures taken to prevent illness or injury and may include examinations/screening tests tailored to an individual's age, health, and family history.

Primary Care Practitioner
Include physicians and nonphysician primary care practitioners whom members are able to select as primary care practitioners.

Professional
This category includes primary care physicians, specialists (oncologists, cardiologists, neurologists, obstetricians, etc.), surgeons, etc..

Rebate Discount
The dollar value of pharmaceutical manufacturer rebates used to lower prescription drug ingredient cost.

Glossary

Retail
Relates to services rendered by participating retail pharmacies.

Script
A dispensed prescription.

Spinal fusion
A surgical procedure used to correct problems with the bones (vertebrae) of the back (spine).

Therapeutic Class
Major therapeutic classes include Central Nervous System, Cardiovascular, Hormonal, Anti-infectives, Pain, Allergy/Respiratory and other drugs.

Unique Claimants
A count of members who had one or more claims processed for a benefit plan during a specified time period.

Valve Replacement
Example of what comprises this category: cardiac valve and other major cardiothoracic procedures.

Well Visits
Designed to discuss general health and any problems, then focus on general disease prevention and health maintenance on a regular basis

SaveOnSP tertiary
Part of the SaveOnSP program fee, for any residual copay required by the manufacturer program billed back to the plan, any remaining drug cost after program benefits are exhausted, or pass through claims for ineligible members.

Report Parameters

CHURCHILL COUNTY:0607947

Global Parameters

Overall Dates

	Current	Base
Incurred	08/2024 to 07/2025	08/2023 to 07/2024
Incurred Runout	08/2024 to 10/2025	08/2023 to 10/2024

Catastrophic Threshold	$50,000
Exclude Pharmacy	No

Package :1962464

Package Name:	**Churchill County**
Structure:	Status = *, Division = *, Product Codes = DPPO,DPPO0002,DPPO0041,MED,MHDP0004,MHDP0122,MHDP0123,MHDP0125,MHDP0134,MHDPS004,MOAP0002,MOAP0003,MOAP0006,MOAP0007,MOAP0029,MOAP0030,MOAPS002,MOAPS003,OAP,O
Package Parameters	PMPM,BCN,Override:No
Normative Values	202504