



3rd Annual Dinner & Meeting

April 23, 2024

***SPECIAL THANKS TO INDEPENDENT
HEALTH FOR SPONSORING OUR MEETING***



Agenda

- **Welcome and Introductions**
Jim Fregelette, Trust Chair and John Rodgers, Independent Health
- **At Large Trustee Year in Review**
Jim Fregelette, Trust Chair, Donna Walters, Trust Vice Chair and Wayne Drescher (At Large Trustee)
- **Overview of Independent Health Programs**
Rich Argentieri, Independent Health
- **Email Communication, Brook+ and Healthcare Bluebook Updates**
Stacey Porter, Trust Benefits Specialist
- **Engagement Strategy Update**
Gretchen Heil, Oswald
- **Actuarial Overview**
Monica Cecilia, BPAS
- **NY44 Trust STAR Report and Stop-Loss Overview**
Medhat Kaldas, Oswald
- **Closing Remarks**
Donna Walters, Trust Vice Chair

Board of Trustees

MANAGEMENT TRUSTEES

Jim Fregelette, Chair

Candace Reimer

Elizabeth Freas

Michelle Okal-Frink

Christa McHale

LABOR TRUSTEES

Donna Walters, Vice Chair

John Pope

Deborah Piatek

Robert Giannicchi

David Scalzo

At Large Trustee Year in Review

Overview of Requirements

Jim Fregelette, Trust Chair

Thoughts from Outgoing Districts

Wayne Drescher, At Large Trustee



Overview of Requirements

- At Large Trustees Began July 1, 2023
- Current At-Large Trustees: (July 1, 2023, through June 30, 2024)
 - Niagara Falls: Maria Massaro (Management) and Alicia Savino (Labor)
 - Cheektowaga Sloan: Wayne Drescher (Management) and Michelle Struzik (Labor)
- The District and applicable Unions must sign a Participation Agreement agreeing to:
 - The District designating a Managerial At Large Trustee and the Unions collectively designating a Labor At Large Trustee who will attend all scheduled Board of Trustee Meetings and the Trust's Annual Meeting, and participate in applicable Trust subcommittees;
 - The District, Unions and individuals serving as At Large Trustees must sign a HIPAA Confidentiality Agreement;
 - The District, Unions and At Large Trustees understand and acknowledge that At Large Trustees must make decisions based on what is in the best interest of the Trust as a whole and not themselves and/or their own district or bargaining unit.

Next year's (July 1, 2024, through June 30, 2025) *At Large Trustees* will be announced soon!



The Year in Review

Thoughts from Outgoing District...

Overview of Independent Health Programs

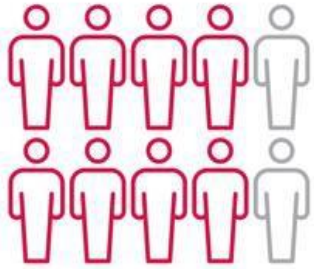
Rich Argentieri, Independent Health



One plan for integrated clinical care, innovation, access to care and the RedShirt® Treatment.

Getting Everyone Connected

A personalized member action plan drives recommended engagement



"80/20 Rule"



42% Open Rate

- MAP data drives relevant, automatic member messaging for screenings due and other topics members care about — with **click and open rates that show it's highly effective.**
- Annual Checkup, Flu, Cancer and more.

Constant Innovation

Closes gaps in the health care system by working with providers and members to create greater efficiencies and personalized care experiences.

care for you

- Home-centric care for chronically-complex members.



- Personalized, digital 1:1 member engagement.

Enhanced Network

National and regional network provides a highly-competitive option outside of WNY — plus the strongest local network.



- All WNY hospitals and labs, 98%+ of WNY physicians* and nearly all WNY pharmacies.**

* New York State Office of the Professions data and Independent Health contracted physicians.
** Independent Health's participating pharmacy directory as of August 2022.



RedShirt Service

The RedShirt Treatment means personalized, one-on-one attention our clients and members rely on.



Independent Health Service Team

- **89%** of all service calls are answered within **30 seconds**.*
- **88%** first call resolution.*

*August 2023 Independent Health Commercial Phone Performance Metrics.

Independent Health outperforms its largest local competitor in **Net Promoter Score (NPS)**.

CONSUMERS
recommended us

26

points* higher.

*2023 Independent Health Consumer Stakeholder Survey

EMPLOYERS
recommended us

20

points* higher.

*2023 Independent Health Employer Stakeholder Survey

carefor you

Patients with multiple chronic conditions:

- Require specific and numerous resources, presenting a significant time and resource challenge to primary care physicians (PCPs).
- Struggle getting proactive, comprehensive care in a fragmented system.
- One segment of these members cost more than \$240 million in claims with an estimated opportunity of \$50 million in avoidable readmission costs.

Better Care by Bringing It Home

Care for You is designed to improve quality of care delivery through a **personalized, technologically advanced, multi-disciplinary approach** that engages our members and caregivers while supporting primary care providers and decreasing overall costs.

WNY Coordinated Medical Care PC, works with each patient to create an individualized care plan based off their health goals and needs. A personal care team of doctors, nurse practitioners, nurses, pharmacists, dietitians, social workers and mental health counselors all work together with the patient's doctors. **Best of all, care will be provided in their home whenever possible.**

*2023 Independent Health Claims Data. **2023 Care For You Provider Satisfaction Survey



Program Results

- Only 40% of patients see their PCP 14 days of coming out of hospital. At CFY, **80% are seen within 5 days** of coming out of hospital.*
- **9 out of 10 providers** are satisfied and would recommend Care For You program.**



Updates on:

- Ongoing Email Campaign
- Brook+
- Healthcare Bluebook
- Plan Changes for July 1, 2024

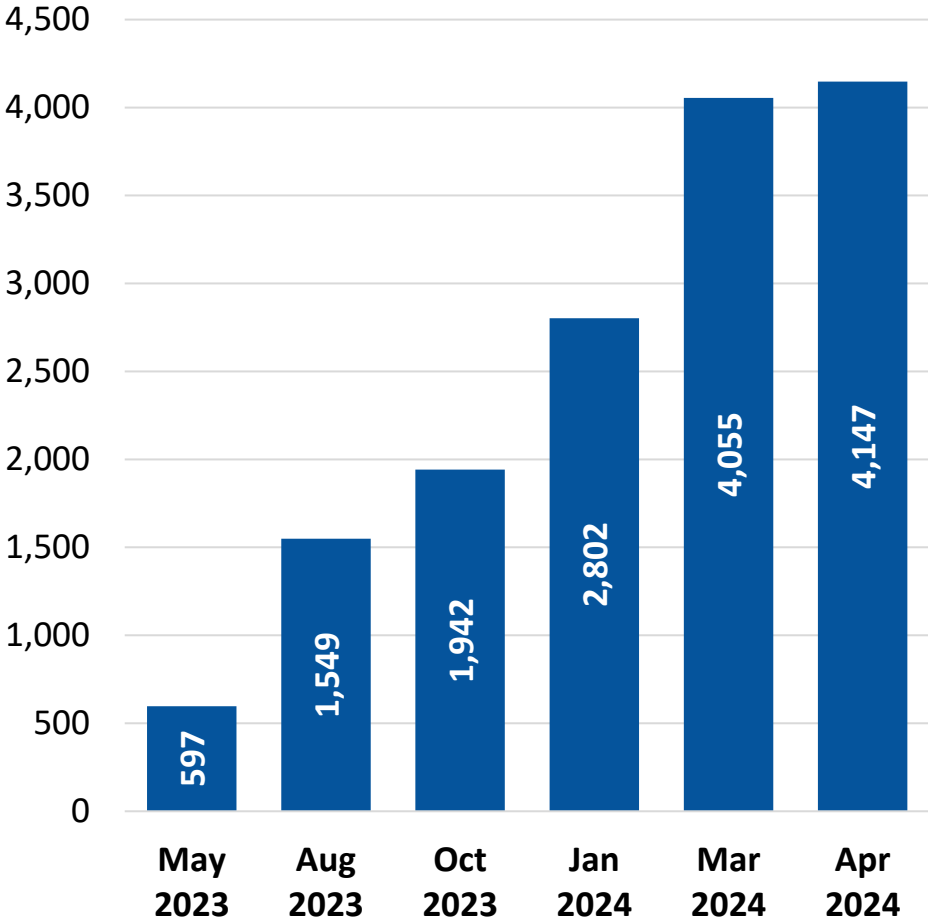
Stacey Porter, Trust Benefits Specialist



Personal Emails Received

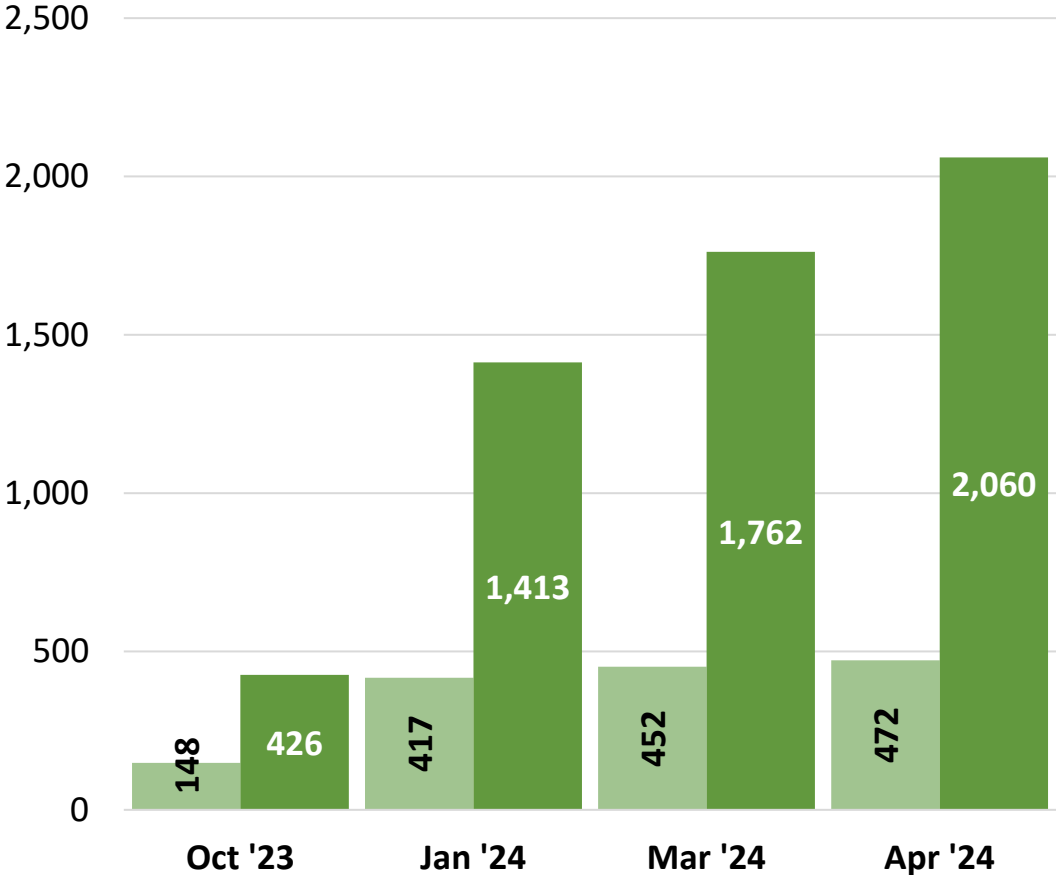
District	Number
Akron	109
Alden	165
Cheektowaga Central	165
Cheektowaga Sloan	138
E1B	902
Gowanda	96
Lackawanna	87
Maryvale	26
Niagara Falls	523
Niagara Wheatfield	8
North Collins	81
North Rockland	1,401
South Buffalo	75
Sweet Home	306
St. Mary's	54
West Seneca	11
TOTAL	4,147

Total Emails

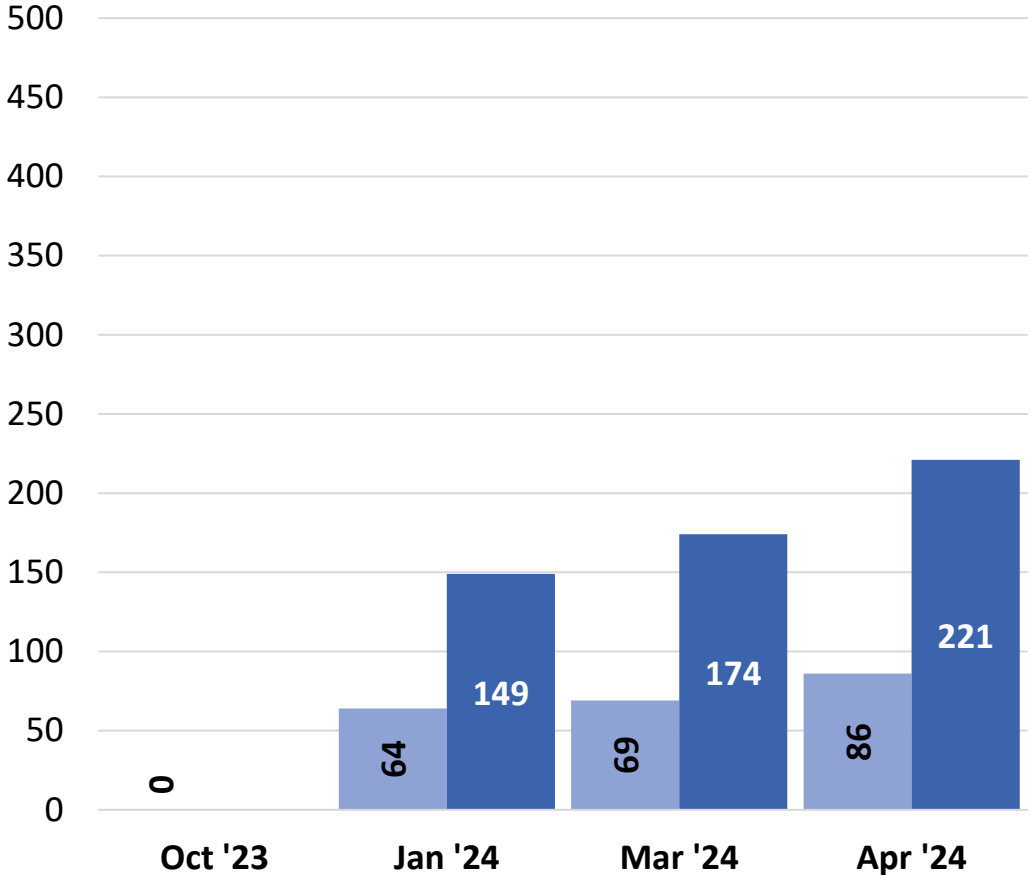


Brook+ Update

Independent Health (Cumulative Totals)



MVP (Cumulative Totals)



Healthcare Bluebook Update



Healthcare Bluebook™

Month	Rewards Issued	Dollar Amount
MAY - 23	1	\$35
JUN - 23	16	\$1,305
JUL - 23	14	\$1,030
AUG - 23	43	\$3,075
SEP - 23	0	\$0
OCT - 23	61	\$4,450
NOV - 23	18	\$1,230
DEC - 23	31	\$2,725
JAN - 24	62	\$3,860
FEB - 24	73	\$4,800
TOTALS	318	\$22,475

Plan Changes:

You Asked, We Listened

Dental Coverage: Effective January 1, 2024 *

- Periodontal cleanings were increased to **four (4)** per year.
- Regular cleaning remain the same at four (4) per year.

Medical Coverage: Effective July 1, 2024

- The ER Copay is being lowered to **\$200** for all three plans (unless you are admitted, then it is waived).

* Please disregard if your district does not offer the NY44 Dental Plan



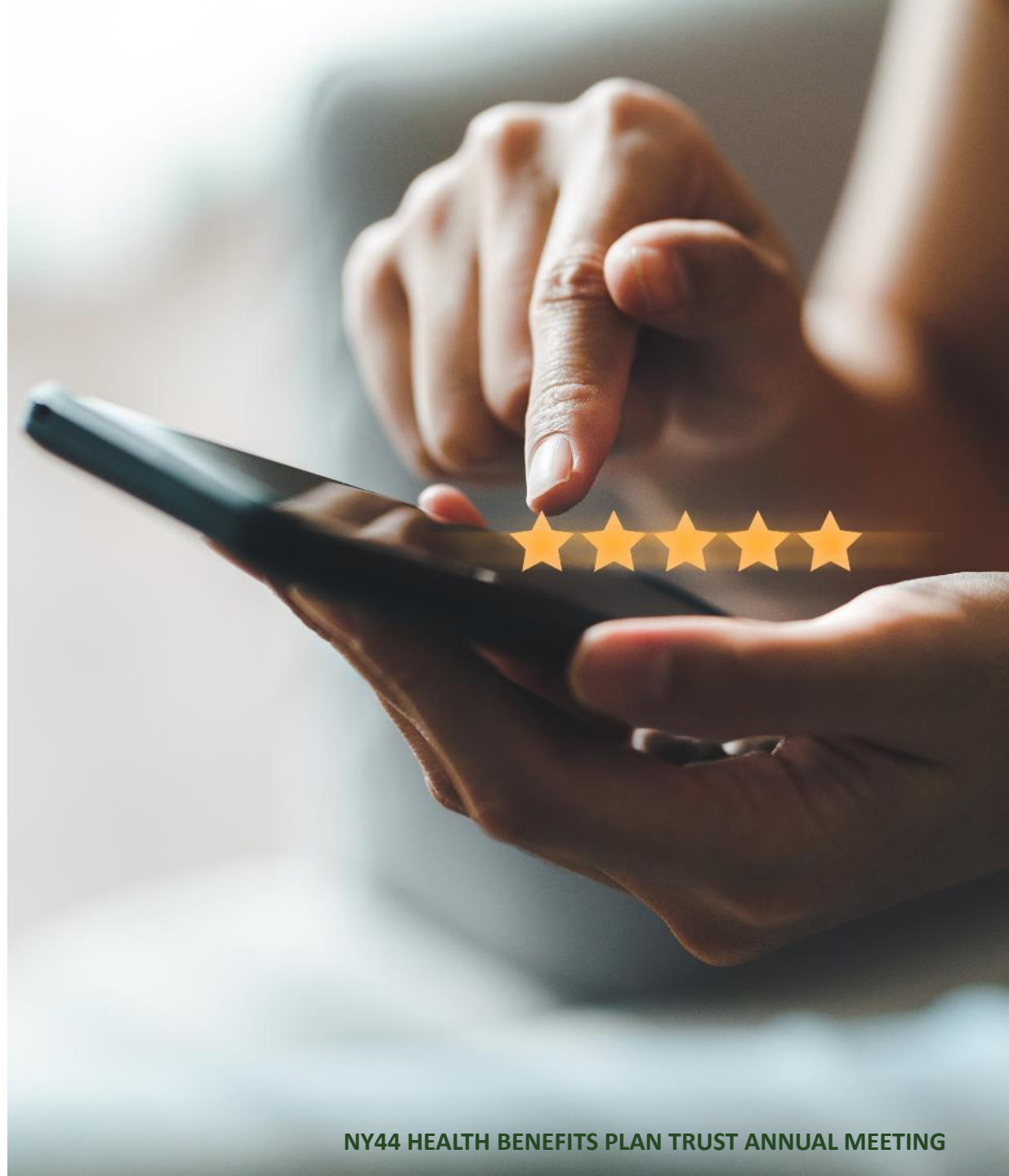
Our Survey:

We Need Your Input

After the Annual dinner, we will be sending out a 3-question survey. Your answers matter to us.



*Please let us know what you think we could do to make this an **even better** event.*



Overview of Engagement Strategy

Gretchen Heil, Oswald



2023-2024 Engagement Strategy

Meeting	Points
Population Health Dashboard (2/year)	40 each
Board Meetings (6/year)	50 each
Open Enrollment (1/year)	40
Annual Meeting (1/year)	50
Open Forum Subcommittee Meetings (10/year) -Communication -Finance -Population Health -Benefits -Innovation	40 each
Total Available	870 Total

Participate and engage in order to earn easy, *free* money for your district!

- Utilize funds for wellness-related activities
 - Potential Incentive Dollar Amount
 - 25% attendance (218 points) = earn 50% incentive
 - 50% attendance (435 points) = earn 75% incentive
 - 75% attendance (653 points) = earn 100% incentive
 - When?
 - July 1 - June 30
 - 1 management personnel (required) and 1 labor personnel (optional) to attend

Meetings may be subjected to change

**6 districts earned incentives in 2023
Congratulations & thank you for your participation!**

School District Population Health Dashboard Reports: 4 so far in 2024
There is still time to request these. Email: NY44@oswaldcompanies.com

2023-2024 Engagement Strategy To Date

Population Health Subcommittee Mission Statement

To help our members thrive by providing the proper tools and resources to better understand and navigate their health insurance, manage conditions, and improve overall wellbeing.

Points can still be earned through June 30, 2024.

SCHOOL DISTRICTS	POINT VALUE	SCHOOL DISTRICTS	POINT VALUE
Akron Central	0	Niagara Falls City	400
Alden Central	360	Niagara Wheatfield Central	280
Cheektowaga Central	0	North Collins Central	320
Cheektowaga-Sloan Union Free	280	North Rockland	230
Erie 1 Boces	440	South Buffalo Charter	80
Gowanda Central	140	St. Mary's School For The Deaf	230
Lackawanna City	0	Sweet Home Central	400
Maryvale Union Free	130	West Seneca	0

Monthly Wellness Tips & On-Demand Content

Complete the Wellness Tip Survey to see your tips: <https://forms.gle/z9vY9A4SrZswbMbt9>



FEBRUARY IS
AMERICAN
HEART
MONTH

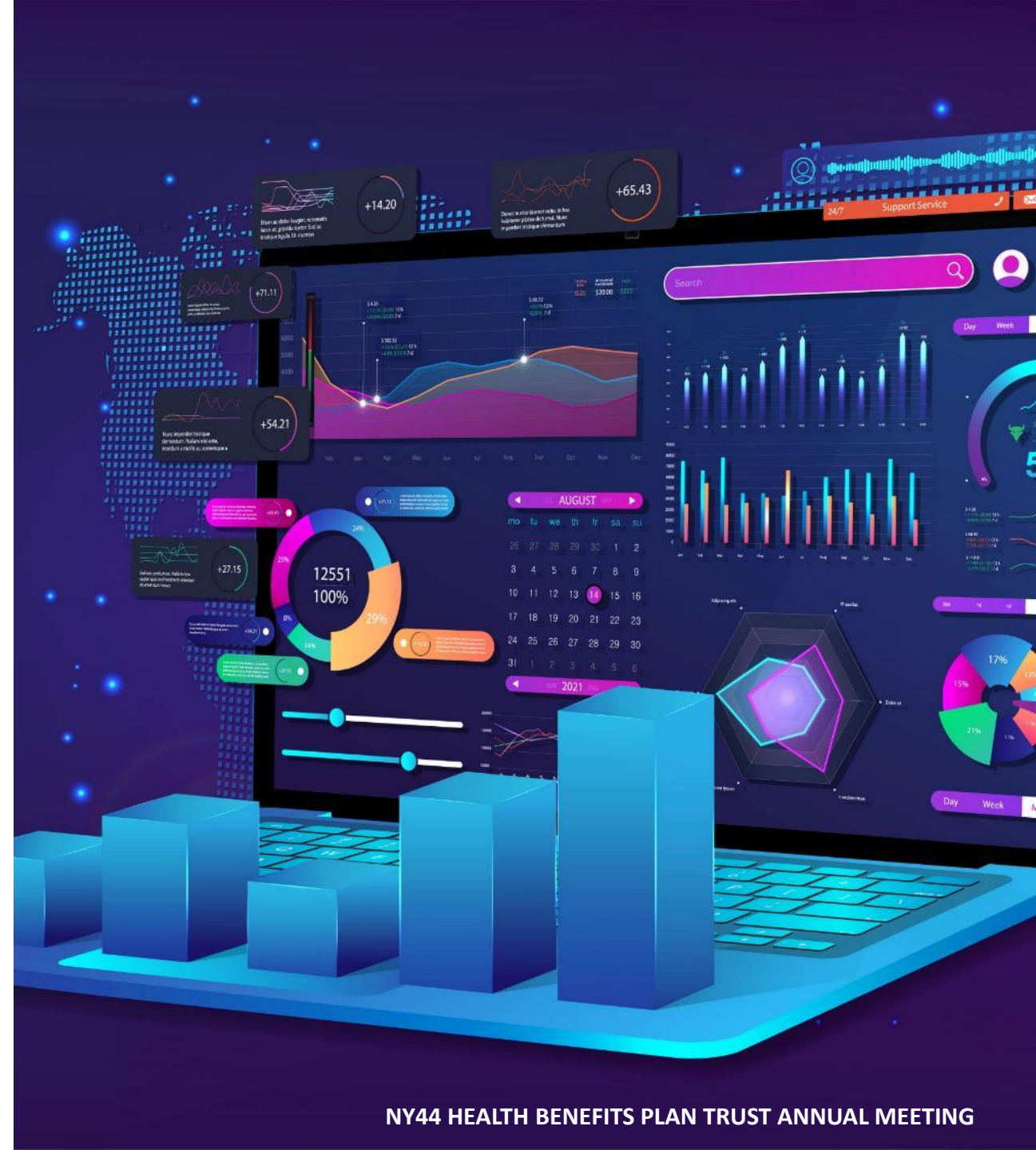


make
kindness
the norm.



Actuarial Overview

Monica Cecilia, BPAS





BPAS Overview



One Company. One Call.

- National provider of benefit plan actuarial and consulting services, fund administration, transfer agency, collective investment fund, and other institutional trust services
- Subsidiary of Community Bank System, Inc. (NYSE: CBU) 3,000 employees and more than \$11 Billion in assets
- BPAS Actuarial & Pension Services: Over 70 professional staff providing pension, OPEB and health benefit consulting and actuarial services for more than three decades



BPAS – Health Benefit Actuarial and Consulting Services

GASB 75 Valuation <ul style="list-style-type: none">Valuation of retiree healthcare plan benefits for governmental Employers	ASC 715-60 Valuation <ul style="list-style-type: none">Valuation of retiree healthcare plan benefits for private Employers
IBNP Valuations <ul style="list-style-type: none">Calculation of Incurred But Not Paid (IBNP) reserves for self-insured healthcare plans	Premium Equivalent Rate Development <ul style="list-style-type: none">Calculation of Premium Equivalent Rates for self-insured healthcare plans
Budgeting and Forecasting <ul style="list-style-type: none">Incorporating intricate benefit plan detail to develop rolling budgets with a scorecard throughout the year	Compliance Services <ul style="list-style-type: none">Provide information on benefit statutory and regulatory developments that may impact the Employer’s healthcare plans (HIPAA, COBRA, ACA, etc.)
Management of RFP Process <ul style="list-style-type: none">Assistance conducting healthcare RFP process employing our extensive knowledge of the local health markets, benchmarking and statistical analysis	Other Services <ul style="list-style-type: none">Vendor Performance ManagementStop-Loss Insurance assistanceMedicare Advantage implementationMedicare Part D attestation & strategies



Premium Equivalent Rate Setting

- Project expected cost of health plans for upcoming year
- Analysis based on 2.5 years of data through 12/31.
- Statistical analysis based on:
 - Medical, Pharmacy, and Dental claims experience
 - Population characteristics (age, geography)
 - Prevalence & severity of health risks
 - Number of employees & family members
 - Current plan design
- Also Consider:
 - Plan changes & new plan offerings
 - Administrative costs
 - Statistical analysis of trend, and benchmarking
 - Compliance with standards of practice and federal & state mandates



Claim Review

- Claims reviewed by geographical region
 - MVP claims higher per capita than WNY
 - Provider discounts
 - Underlying risk of enrolled population
 - Geographic cost differences within healthcare
 - Access to facilities (urgent care, free standing labs, etc)
- Claims reviewed by type of member
 - Spouse about 35% more expensive than employee
 - Children about 60% less expensive than employee



Claim Review (cont.)

- Claims reviewed for multiple years
 - Smooth for variability
 - Increase credibility of projection
- Claims reviewed for population expected to be covered
 - Districts joining or leaving, Early retirement incentives, etc.
- Claims reviewed in conjunction with benefit or program changes
 - ER copay lowered to \$200 for all plans
 - Increase in dental cleanings
 - Rx changes to home delivery provider and specialty
 - Brooks+ Diabetes program



2024-25 Traditional & Dental Rates

Independent Health/Nova 2024 -25

Plan	Coverage Tier	Monthly Cost	Annual Cost	% Change	Monthly COBRA Rate
Traditional	Single	\$ 849.00	\$ 10,188.00	8.0%	\$ 865.98
Traditional	Enrollee + Spouse/Domestic Partner	\$ 2,119.00	\$ 25,428.00	9.5%	\$ 2,161.38
Traditional	Enrollee + Child(ren)	\$ 1,570.00	\$ 18,840.00	9.9%	\$ 1,601.40
Traditional	Family	\$ 2,482.00	\$ 29,784.00	9.5%	\$ 2,531.64
*\$12.50 PEPM Admin Fee					

MVP 2024- 25

Plan	Coverage Tier	Monthly Cost	Annual Cost	% Chg	Monthly COBRA Rate
Traditional	Single	\$ 986.00	\$ 11,832.00	5.5%	\$ 1,005.72
Traditional	Enrollee + Spouse/Domestic Partner	\$ 2,250.00	\$ 27,000.00	9.5%	\$ 2,295.00
Traditional	Enrollee + Child(ren)	\$ 1,916.00	\$ 22,992.00	8.5%	\$ 1,954.32
Traditional	Family	\$ 3,038.00	\$ 36,456.00	6.5%	\$ 3,098.76
*\$12.50 PEPM Admin Fee					

Guardian Dental 2024 - 25

Plan	Coverage Tier	Monthly Cost	Annual Cost	% Change	Monthly COBRA Rate
Dental	Single	\$36.00	\$432.00	12.0%	\$ 36.72
Dental	Family	\$112.00	\$1,344.00	10.0%	\$ 114.24
*PEPM \$2.50 Admin Fee					



Key Take-aways

- Biggest drivers of increase for 2024-25
 - High claimants (none at the stop loss level)
 - Prescription drug claims - 14% per capita basis
 - Addition of new programs
 - Other externalities (GLP-1 drugs, post pandemic provider negotiations)



Contact Us



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Ryan MacCartney, ASA, MAAA

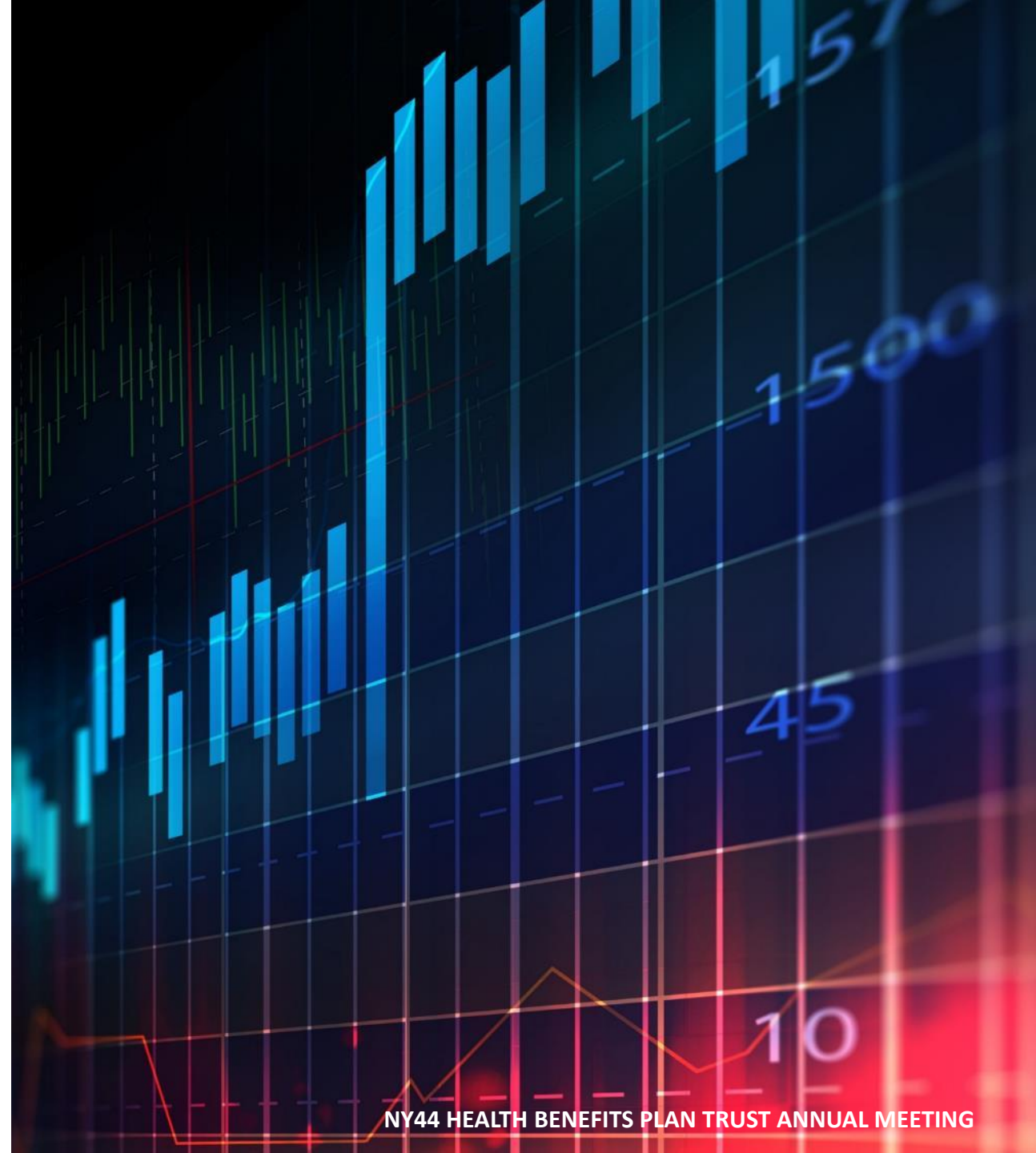
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NY44 Trust STAR Report

Medhat Kaldas, Oswald



Star Report

Strategic, Tactical Actions & Results

NY44 Health Benefits Plan Trust

Medical and Pharmacy Benefits

January 1, 2023 – December 31, 2023

January 1, 2022 – December 31, 2022

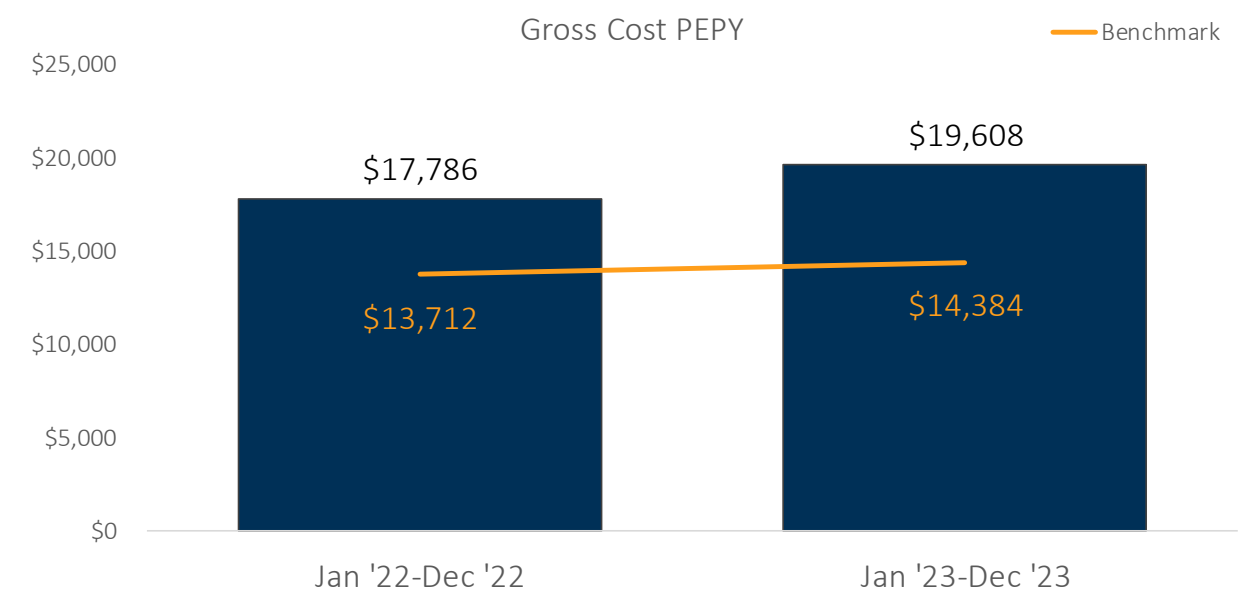
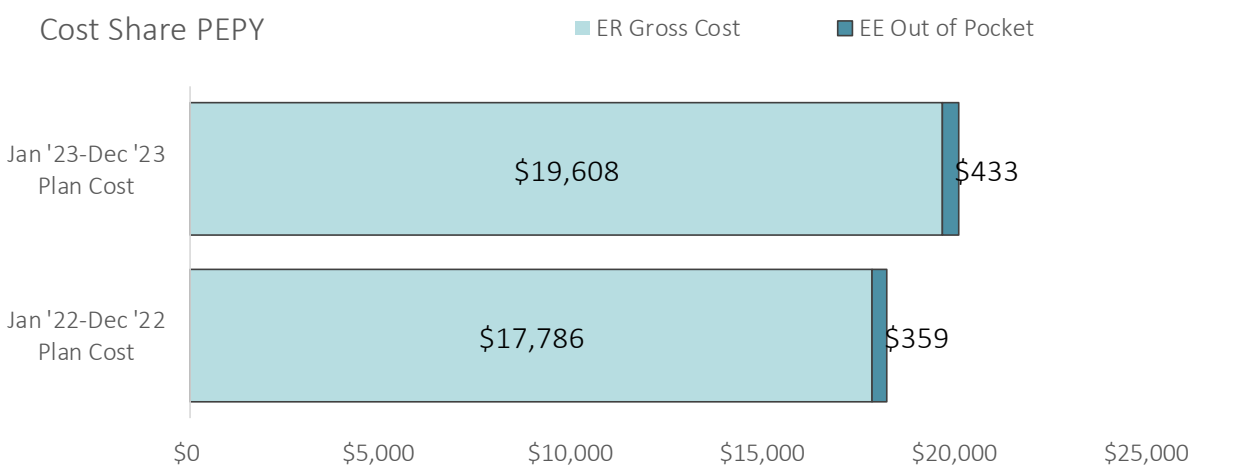


Financial Summary

	Annual Totals		
	Jan '23-Dec '23	Jan '22-Dec '22	Δ (%)
Average Enrolled	5,890	5,791	1.7%
Paid Medical Claims	\$81,850,515	\$73,489,133	11.4%
Paid Pharmacy Claims	\$31,172,594	\$25,203,764	23.7%
Stop Loss Reimbursements	\$0	\$0	N/A
Pharmacy Rebates	(\$8,702,982)	(\$6,129,127)	42.0%
Net Paid Claims	\$104,320,127	\$92,563,770	12.7%
Administration Fees	\$10,461,806	\$9,761,612	7.2%
Stop Loss Premium	\$708,479	\$676,037	4.8%
Total Fixed Fees	\$11,170,285	\$10,437,649	7.0%
Total Gross Cost	\$115,490,412	\$103,001,420	12.1%

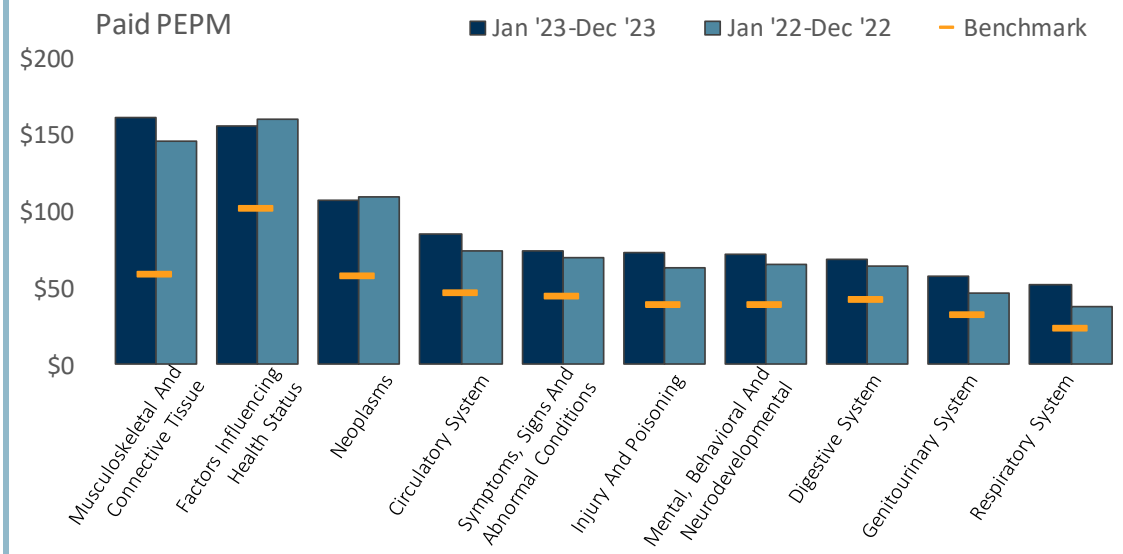
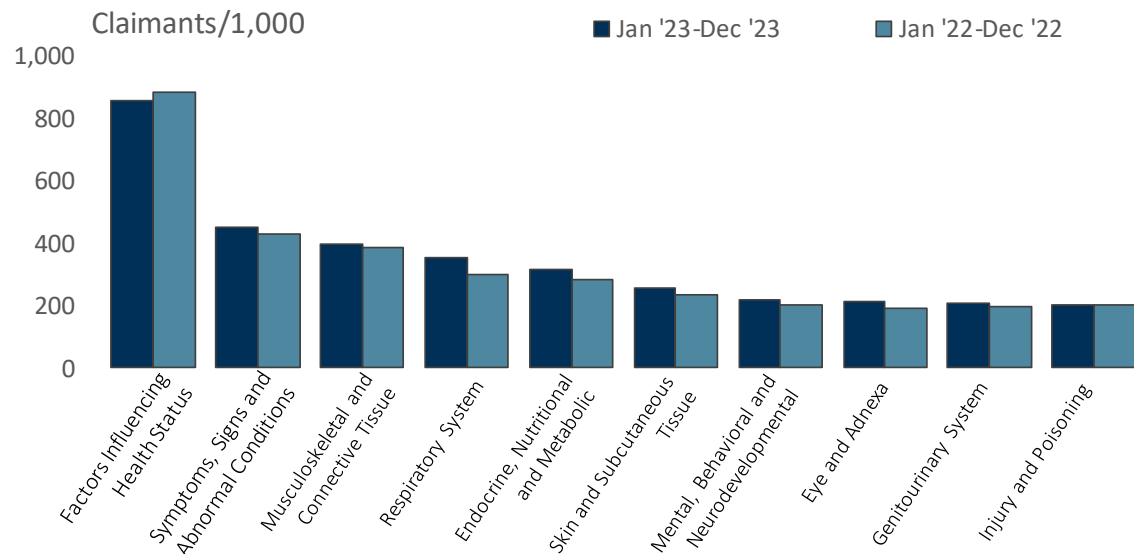
	Per Employee Per Year (PEPY)		
	Jan '23-Dec '23	Jan '22-Dec '22	Δ (%)
Average Enrolled	5,890	5,791	1.7%
Paid Medical Claims	\$13,897	\$12,690	9.5%
Paid Pharmacy Claims	\$5,292	\$4,352	21.6%
Stop Loss Reimbursements	\$0	\$0	N/A
Pharmacy Rebates	(\$1,478)	(\$1,058)	39.6%
Net Paid Claims	\$17,711	\$15,984	10.8%
Administration Fees	\$1,776	\$1,686	5.4%
Stop Loss Premium	\$120	\$117	3.0%
Total Fixed Fees	\$1,896	\$1,802	5.2%
Total Gross Cost	\$19,608	\$17,786	10.2%

On a PEPY basis, employer gross cost increased 10.2% year over year to \$19,608. This is 36.3% greater than the benchmark of \$14,384.



Diagnostic Categories

Diagnostic Category		Jan '23-Dec '23		Principal Diagnosis	Jan '23-Dec '23		Jan '22-Dec '22	
		Paid	Claimants		Paid	Claimants		
Musculoskeletal and Connective Tissue	Rank	1	2	Osteoarthritis Of Knee	\$1,703,259	472	\$1,687,021	442
	Paid	\$11,390,436	\$10,159,181	Dorsalgia	\$1,369,957	1,542	\$823,887	1,442
	Claimants	5,690	5,533	Other Joint Disorder, Not Elsewhere Classified	\$1,076,772	1,837	\$907,403	1,708
Factors Influencing Health Status	Rank	2	1	Encntr For General Exam W/O Complaint, Susp Or Reprtd Dx	\$2,439,567	8,988	\$2,172,961	8,611
	Paid	\$10,978,975	\$11,122,130	Encounter For Screening For Malignant Neoplasms	\$2,040,509	3,504	\$1,695,444	3,251
	Claimants	12,271	12,607	Encounter For Other Aftercare And Medical Care	\$1,406,793	153	\$1,423,209	125
Neoplasms	Rank	3	3	Malignant Neoplasm Of Breast	\$1,659,471	125	\$1,231,071	125
	Paid	\$7,596,784	\$7,617,712	Secondary Malignant Neoplasm Of Other And Unspecified Sit	\$573,232	19	\$479,731	12
	Claimants	2,610	2,476	Malignant Neoplasm Of Prostate	\$476,415	99	\$453,091	102
Circulatory System	Rank	4	4	Varicose Veins Of Lower Extremities	\$913,555	118	\$161,679	94
	Paid	\$6,068,314	\$5,144,771	Chronic Ischemic Heart Disease	\$795,811	412	\$617,316	363
	Claimants	2,771	2,597	Atrial Fibrillation And Flutter	\$687,303	233	\$579,031	212
Symptoms, Signs and Abnormal Conditions	Rank	5	5	Pain In Throat And Chest	\$659,235	726	\$502,805	696
	Paid	\$5,281,439	\$4,860,226	Abdominal And Pelvic Pain	\$651,034	1,049	\$602,359	1,020
	Claimants	6,441	6,110	Abnormal And Inconclusive Findings On Dx Imaging Of Breast	\$294,679	631	\$227,422	491



Cancer

Top Cancer Diagnoses

ETG Base	Claimants	Episodes	Paid	Paid/Episode	Benchmark Paid/Episode
Malignant Neoplasm Of Breast	196	196	\$2,931,483	\$14,957	\$14,048
Leukemia	21	21	\$1,142,653	\$54,412	\$33,267
Malignant Neoplasm Of Large Intestine	34	34	\$695,621	\$20,459	\$16,540
Malignant Neoplasm Of Prostate	124	124	\$558,827	\$4,507	\$6,671
Malignant Neoplasm Of Other Blood/Lymphnodes	40	40	\$531,352	\$13,284	\$1,965
Malignant Neoplasm Of Cns	15	15	\$476,307	\$31,754	\$37,246
Malignant Neoplasm Of Rectum Or Anus	21	21	\$413,258	\$19,679	\$24,977
Malignant Neoplasm Of Stomach & Esophagus	9	9	\$398,237	\$44,249	\$32,934
Malignant Neoplasm Of Genitourinary Exc Prostate	62	62	\$393,488	\$6,347	\$11,059
Malignant Neoplasm Of Thyroid Gland	39	39	\$344,262	\$8,827	\$3,284
Grand Total	775	877	\$9,262,624	\$10,562	\$12,349
Prior Period Total	800	923	\$11,096,946	\$12,023	

Totals include diagnoses not in top ten

Claimants/1,000



Paid Claims

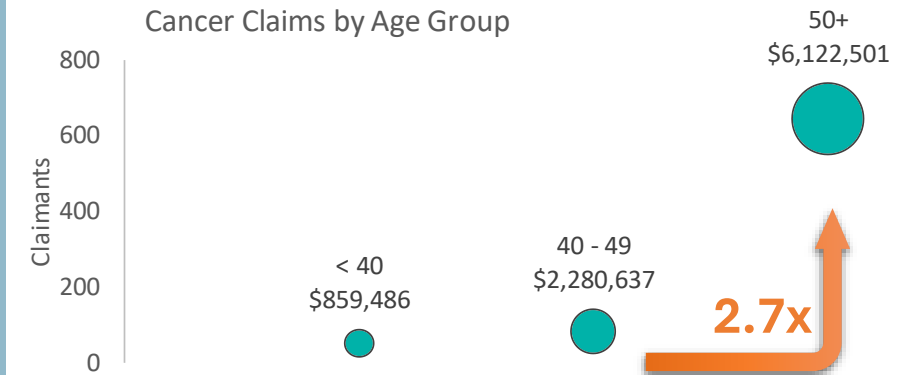


Paid Claims PEPY



Incurred data with two months of run-out

NY44 Health Benefits Plan Trust experienced 877 cancer-related episodes in Jan '23-Dec '23. These episodes cost the group \$9,262,624, for an average cost per episode of \$10,562 (14% less than benchmark). There were 6 cancer-related ETGs in the top ten that experienced a greater-than-benchmark cost per episode, highlighted in the table to the left. There were 775 members with cancer claims this year. 642 (83%) of those claimants were 50 years old or older.



The table below shows cancer claims by severity level. Severity level is determined by factors related to the episode. Cancer has four severity levels which are correlated to, but **do not exactly match**, the stage of cancer.

Cancer Claims by Severity Level

Severity Level	Claimants	Episodes	Paid	Paid/Episode
1	556	612	\$3,538,351	\$5,782
2	199	204	\$2,884,175	\$14,138
3	46	46	\$2,184,443	\$47,488
4	13	15	\$655,655	\$43,710
Grand Total	775	877	\$9,262,624	\$10,562

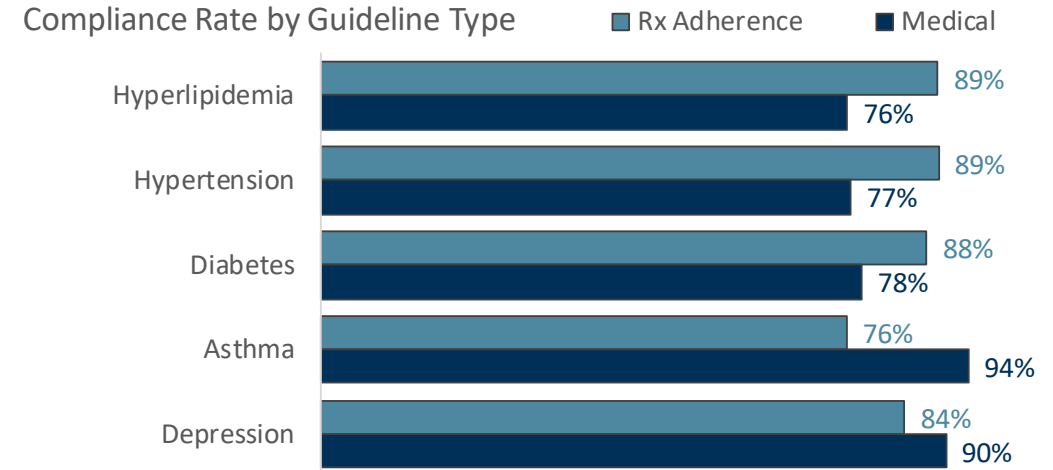
7.6x increase in paid amount from severity level 4 to severity level 2.

Chronic Condition Management

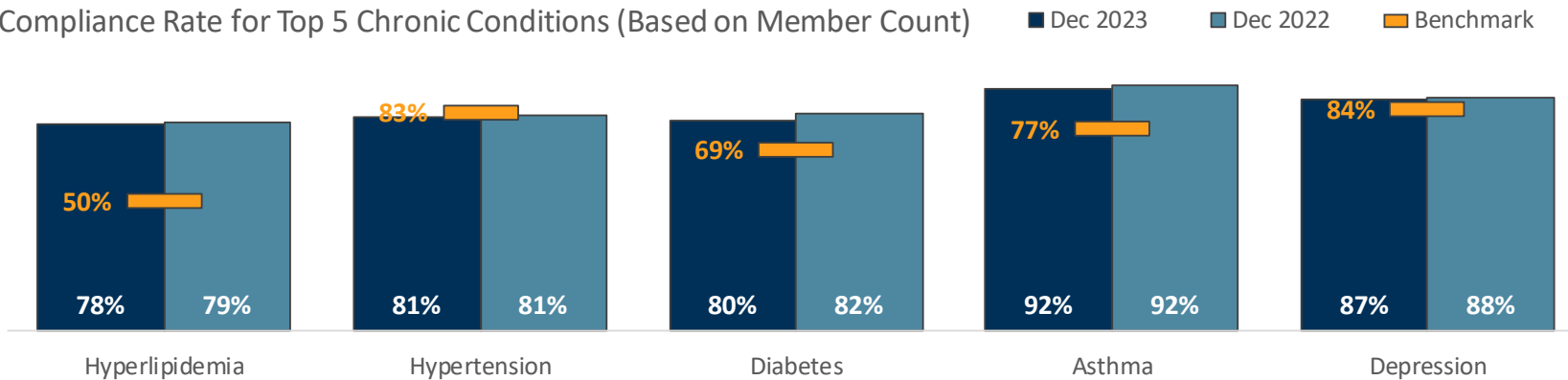
Condition	0 Gap	1-2 Gaps	3-5 Gaps	>5 Gaps	Total
Asthma	691	245	2	0	938
Atrial Fib	142	55	3	0	200
Coronary Artery Disease	87	205	127	3	422
CHF - Part 1	35	46	15	0	96
COPD - Part 1	120	41	0	0	161
CVA/TIA - Part 1	37	31	1	0	69
Chronic Kidney Disease	75	110	30	9	224
Depression	525	174	7	0	706
Diabetes	256	333	239	217	1,045
Hypertension	1,655	1,145	168	0	2,968
Hyperlipidemia	2,203	140	739	0	3,082
Inflammatory Bowel Disease	50	46	3	0	99
Multiple Sclerosis	10	28	0	0	38
Obesity and Overweight	3,357	243	752	0	4,352
Rheumatoid Arthritis	71	28	8	0	107
Grand Total	5,484	2,387	1,549	222	7,184

Members in the table above may be listed under more than one condition.

15% of non-compliant cases for the top five conditions below are related to medication adherence.



Compliance Rate for Top 5 Chronic Conditions (Based on Member Count)



A gap in care is a missed, expected maintenance appointment or treatment for a diagnostic category for which a member has been treated in the past. Gaps in care are based on nationally established guidelines for each specific condition.

The graph to the left is measured based on report end date. The data is incurred with two months of run-out ending in December 2023 and 2022.

Preventive Screening

Adult Compliance Rates

Condition	Cases	Compliant	Non-Compliant	Compliance Rate	Benchmark Rate
Preventive Care Visit	36,900	35,092	1,808	95.1%	81.4%
Breast Cancer Screening	2,058	1,595	463	77.5%	67.5%
Cervical Cancer Screening	7,491	5,865	1,626	78.3%	55.8%
Colorectal Cancer Screening	4,106	1,881	2,225	45.8%	32.7%
Grand Total	50,555	44,438	6,122	87.9%	

Incurred data with two months of run-out.

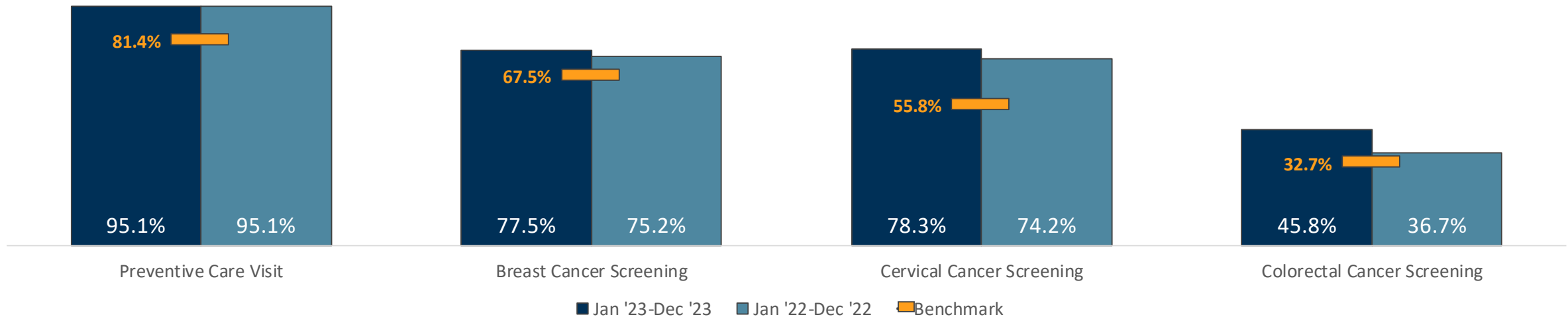
Compliance rates lower than benchmark are highlighted in red.

Compliance rate may be incomplete to the extent the data warehouse does not have enough claims history for a given member.

Oswald's data warehouse reviews medical claims for preventive care compliance. The system identifies members by age and gender and searches claims for appropriate screenings. Displayed here are adult screenings based on HEDIS (Health Effectiveness Data and Information Set) guidelines, which were developed by NCQA to measure quality of health plans.

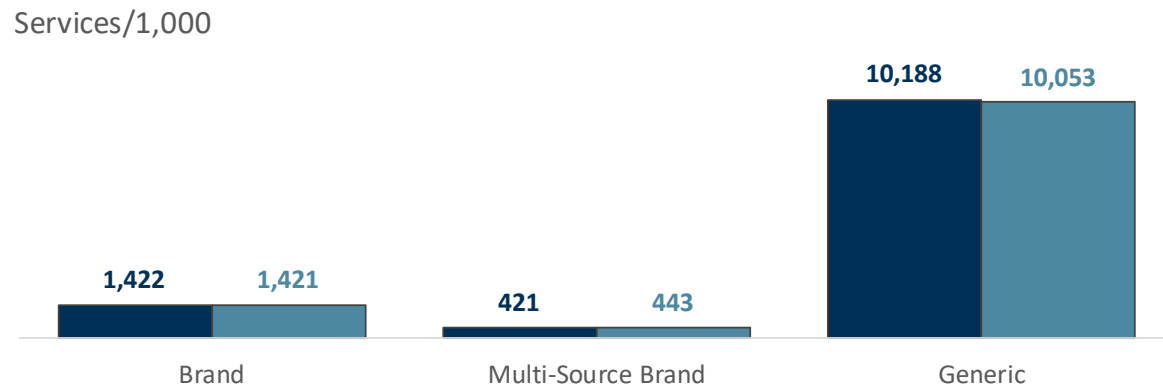
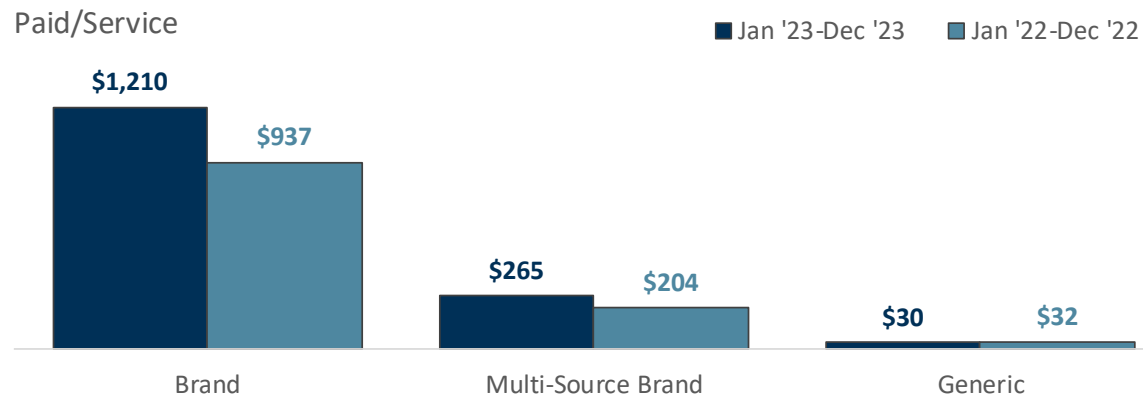
Not all screenings are recommended annually, however it is important to monitor population patterns over time as shown in the graph below.

Adult Compliance Rate by Condition by Year



Pharmacy Summary

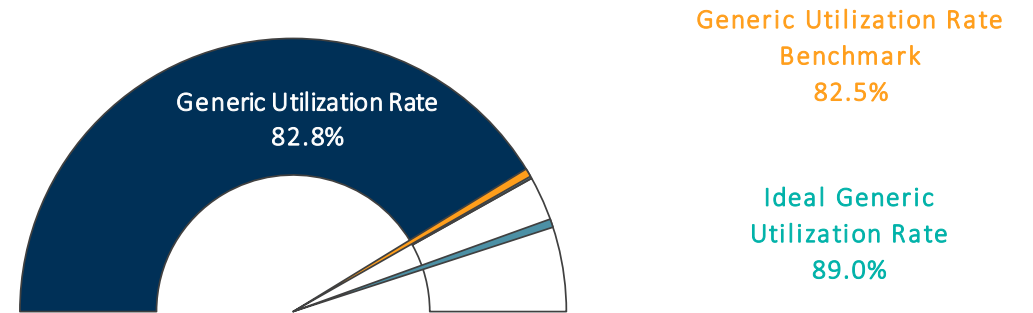
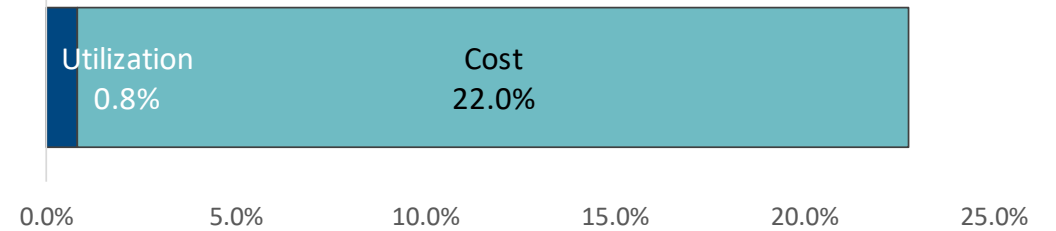
	Jan '23-Dec '23	Jan '22-Dec '22	Benchmark
Paid PMPM	\$182	\$149	\$162
Scripts/1,000	12,308	12,209	10,891
Paid/Script	\$176	\$145	\$179
Total Plan Paid	\$31,172,594	\$25,203,764	
Employee Cost Share	\$443,382 (1%)	\$359,184 (1%)	



Illustrations above do not include non-drug items or unclassified pharmacy claims.

Prescription Drug Cost Trend Drivers

Total Δ PMPM
22.2%



82.8% of prescriptions filled in Jan '23-Dec '23 were generic. Generic utilization in Jan '22-Dec '22 was 82.3%. Benchmark is 82.5%.

Benchmark represents the average generic utilization across the full benchmarking dataset. The Ideal Generic Utilization Rate is the average among plans with a transparent PBM, with a focus on driving utilization to the lowest net cost drugs.

Pharmacy Detail

GLP-1 Drugs for Diabetes and Weight Loss (Top 5) - Jan '23-Dec '23

Drug Name	Plan Paid	Paid/Script	Scripts	Claimants	% Diabetic
Wegovy	\$1,580,405	\$1,342	1178	202	5%
Ozempic	\$1,519,864	\$1,902	799	188	94%
Trulicity	\$1,158,816	\$2,154	538	129	99%
Mounjaro	\$439,800	\$1,653	266	72	82%
Saxenda	\$338,300	\$1,471	230	69	14%
Grand Total	\$5,321,743	\$1,695	3140	627	60%
Prior	\$3,065,585	\$1,876	1634	396	76%
Δ from Prior	74%	-10%	92%	58%	-21%

Historically taken via injection, these drugs treat diabetes by promoting healthy blood sugar levels and may also help with weight loss.

Biologicals and Biosimilars - Jan '23-Dec '23

Brand Name	Drug Group	Biosimilar		
		Launch Date	Scripts	Paid
Humira	Biological	Available	95	\$889,100
Enbrel	Biological	Exp. 2028/2029	75	\$458,590
Lantus	Biological	Available	5	\$4,242
Grand Total			175	\$1,351,932

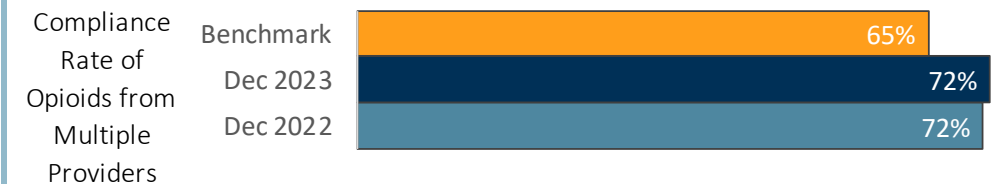
In Jan '23-Dec '23, there were 175 scripts for biologicals with biosimilars either available or expected soon, with total paid claims of \$1,351,932.

Generic Substitution Opportunities

Drug Name	Therapeutic Class	Claimants	Plan Paid
Revlimid	Antineoplastics	1	\$208,953
Tecfidera	Multiple Sclerosis Agents	2	\$146,161
Symbicort	Respiratory Therapy Agents	61	\$115,169
Restasis	Ophthalmic Agents	33	\$115,047
Aubagio	Multiple Sclerosis Agents	3	\$82,708
Synthroid	Endocrine	240	\$75,748
Vascepa	Cardiovascular Therapy Agents	27	\$67,160
Lamictal	Central Nervous System Agents	5	\$66,417
Cystadane	Metabolic Modifiers	1	\$45,138
Effexor Xr	Central Nervous System Agents	4	\$33,365
All Other			\$645,193
Grand Total		1,588	\$1,601,059

Opioid Drug-Group	Claimants	Scripts	Days Supply/Claimant	Allowed/Service
Buprenorphine	541	2,032	246.5	\$73.56
Hydrocodone	614	1,288	31.4	\$26.50
Oxycodone	526	1,202	56.7	\$53.76
Methylphenidate	170	964	176.7	\$66.74
Tramadol	284	714	40.6	\$8.57
Grand Total	1,947	6,721	120.7	\$57.87

Grand Total includes opioid drug-groups not included in top 5.

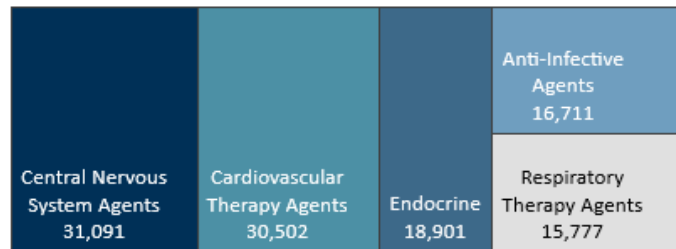


Top Prescription Drugs

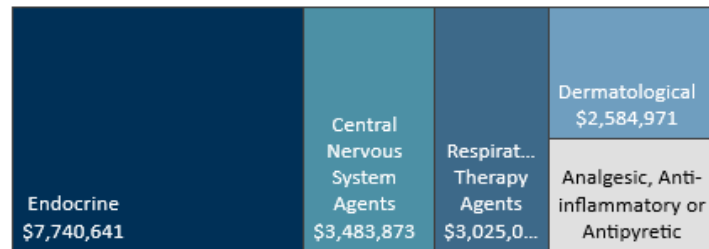
Drug Name	Most Common Therapeutic Class	Jan '23-Dec '23				Jan '22-Dec '22				Trend	
		Claimants	Scripts	Paid	Paid/Script	Claimants	Scripts	Paid	Paid/Script	Scripts	Paid/Script
1 Wegovy	Eating Disorder Therapy	202	1,186	\$1,591,315	\$1,342	31	152	\$211,000	\$1,388	680%	-3%
2 Ozempic	Endocrine	188	801	\$1,523,492	\$1,902	126	486	\$938,515	\$1,931	65%	-2%
3 Trulicity	Endocrine	129	538	\$1,158,816	\$2,154	141	557	\$1,150,283	\$2,065	-3%	4%
4 Trikafta	Respiratory Therapy Agents	4	47	\$1,050,396	\$22,349	5	54	\$1,189,594	\$22,030	-13%	1%
5 Jardiance	Endocrine	173	598	\$922,465	\$1,543	153	517	\$752,328	\$1,455	16%	6%
6 Stelara	Dermatological	8	35	\$885,551	\$25,301	11	40	\$978,489	\$24,462	-13%	3%
7 Eliquis	Hematological Agents	214	679	\$866,556	\$1,276	189	623	\$775,577	\$1,245	9%	3%
* 8 Humira(Cf) Pen	Analgesic, Anti-Inflammato	17	72	\$656,845	\$9,123	0	0	\$0	\$0	-	-
9 Nurtec Odt	Central Nervous System Ag	88	411	\$442,427	\$1,076	67	277	\$297,823	\$1,075	48%	0%
10 Mounjaro	Endocrine	72	266	\$439,800	\$1,653	0	0	\$0	\$0	-	-
11 Xarelto	Hematological Agents	92	300	\$385,030	\$1,283	87	304	\$359,953	\$1,184	-1%	8%
12 Farxiga	Endocrine	81	252	\$350,613	\$1,391	49	173	\$235,584	\$1,362	46%	2%
13 Saxenda	Eating Disorder Therapy	69	231	\$339,576	\$1,470	72	250	\$348,112	\$1,392	-8%	6%
14 Enbrel Sureclick	Analgesic, Anti-Inflammato	5	48	\$323,647	\$6,743	6	55	\$340,033	\$6,182	-13%	9%
* 15 Skyrizi Pen	Dermatological	8	17	\$321,814	\$18,930	0	0	\$0	\$0	-	-
16 Imbruvica	Antineoplastics	2	18	\$285,273	\$15,849	2	25	\$373,242	\$14,930	-28%	6%
17 Lenvima	Antineoplastics	2	13	\$275,173	\$21,167	3	11	\$201,504	\$18,319	18%	16%
18 Entresto	Cardiovascular Therapy Ag	42	157	\$252,532	\$1,608	35	121	\$174,764	\$1,444	30%	11%
19 Kalydeco	Respiratory Therapy Agents	1	10	\$252,526	\$25,253	1	16	\$404,041	\$25,253	-38%	0%
20 Lo Loestrin Fe	Contraceptives	165	848	\$248,558	\$293	182	778	\$255,123	\$328	9%	-11%
Subtotal			6,527	\$12,572,405	\$1,926		4,439	\$8,985,965	\$2,024	47%	-5%
All Others			170,122	\$18,797,135	\$110		169,773	\$16,539,789	\$97	0%	13%
Grand Total		12,457	176,649	\$31,369,540	\$178	12,405	174,212	\$25,525,754	\$147	1%	21%

Highlighted drugs are specialty medications.

Top Therapeutic Class by Scripts



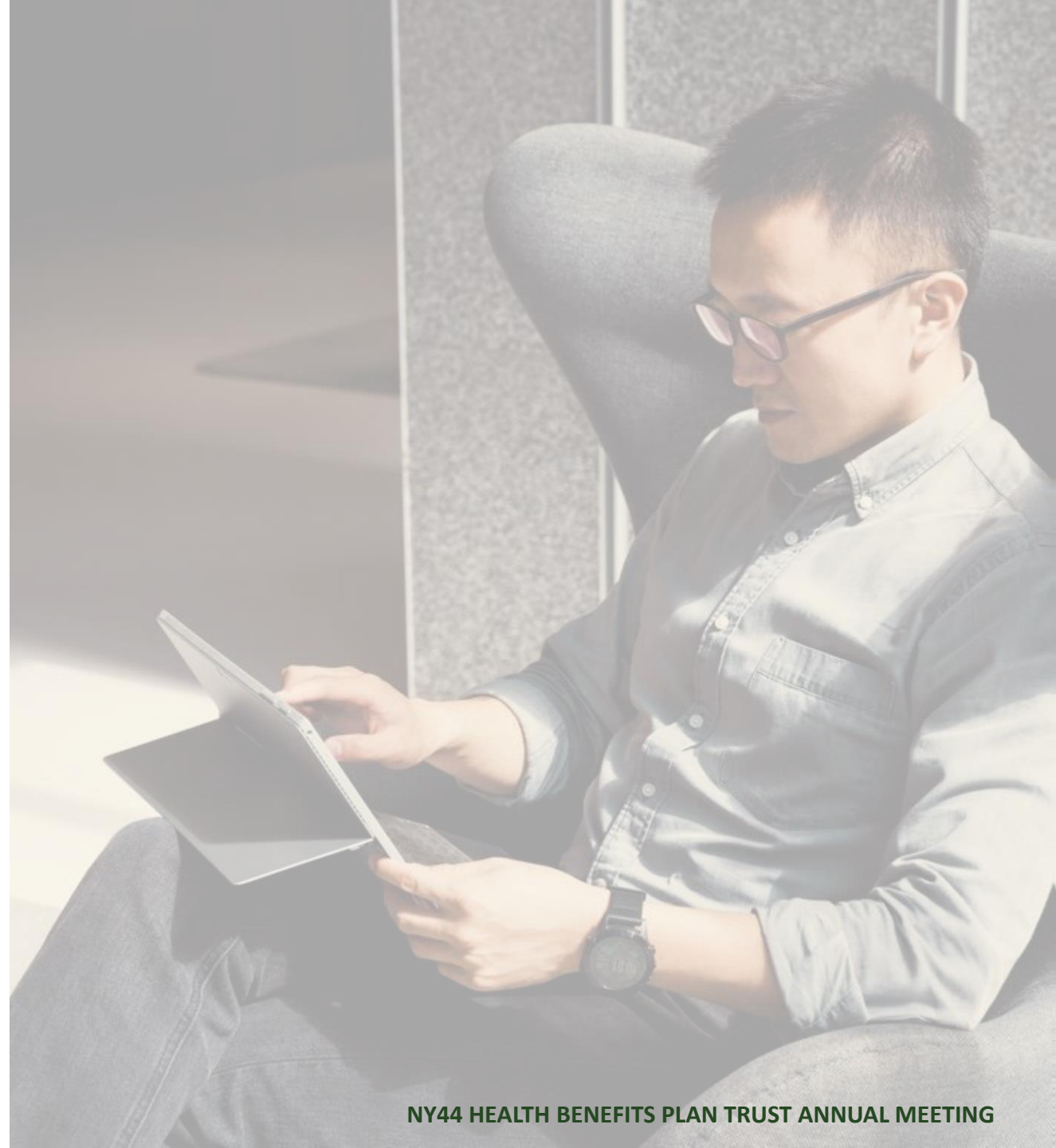
Top Therapeutic Class by Plan Paid Amount




Total \$3.4M
* Part of the PA Program

In Jan '23-Dec '23, there were 3 drugs in the top 20 by paid amount that did not have any prescriptions filled in the prior year. These drugs accounted for \$1,418,459 in paid claims.

Self-Funding Stop-Loss Overview



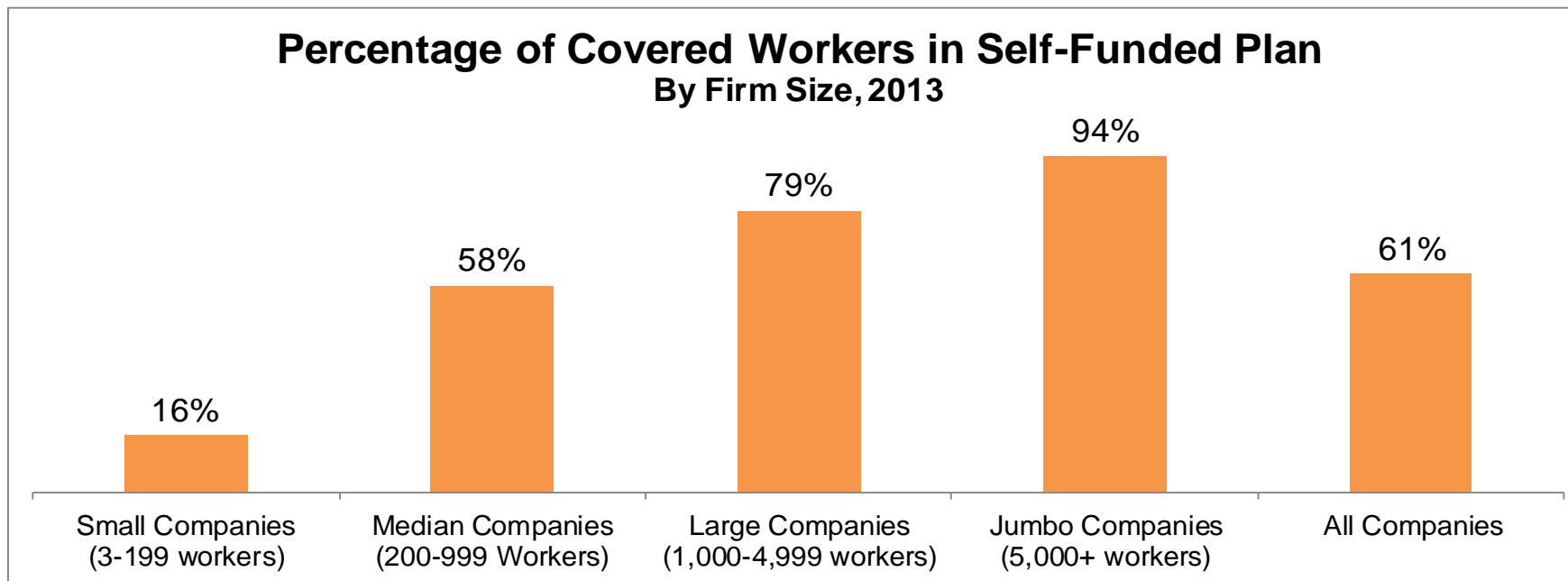
What is self-funding?

Self-insured: A funding arrangement where instead of **paying premiums to a health insurance carrier,**  [Fully insured]

the employer accepts the full financial risk of providing health coverage, including paying for both the cost of medical services and claims administration— traditionally, the employer hires a health plan administrator to manage claims (also referred to as “self-funded”)

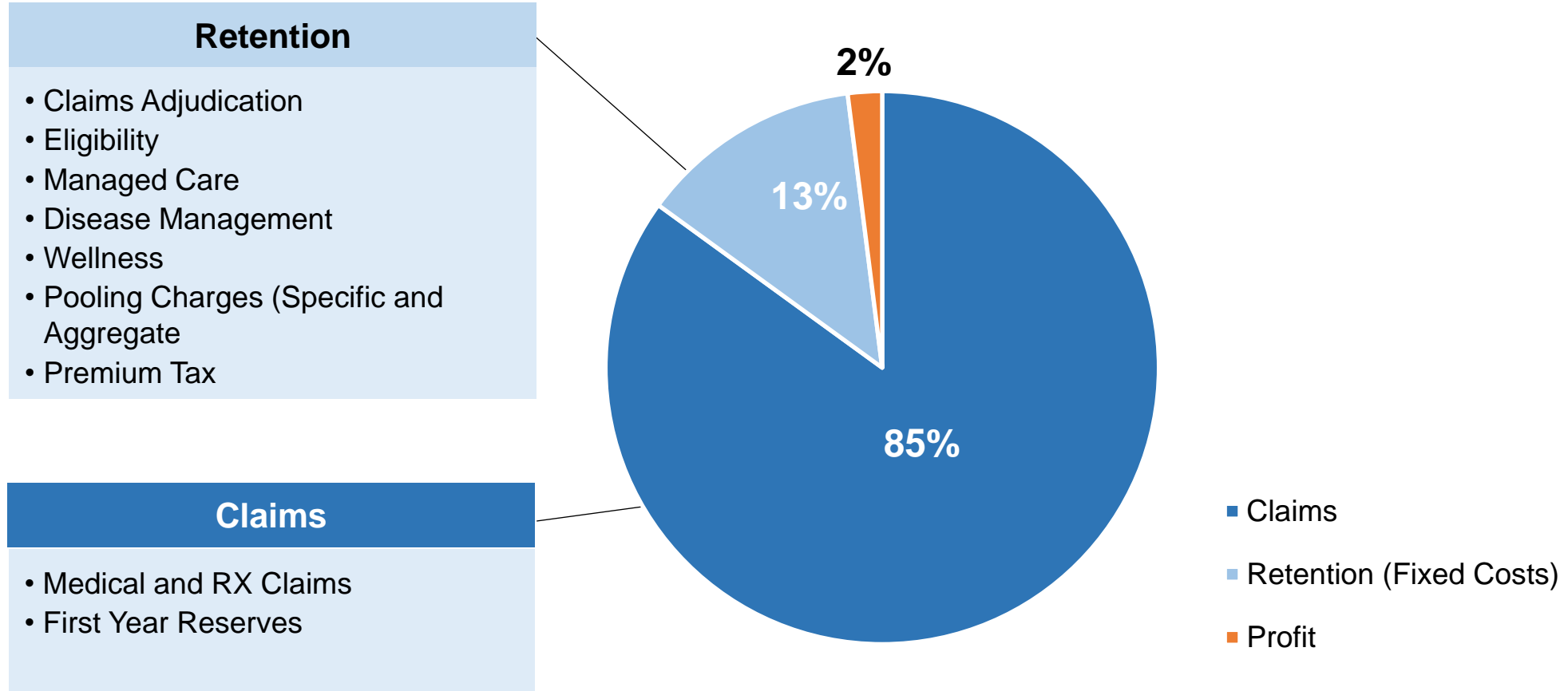
How Many Employers Self-Fund?

- More than half of U.S. workers are covered by some type of self-funded medical plan
- The larger the company/consortium, the more likely it is to self-fund

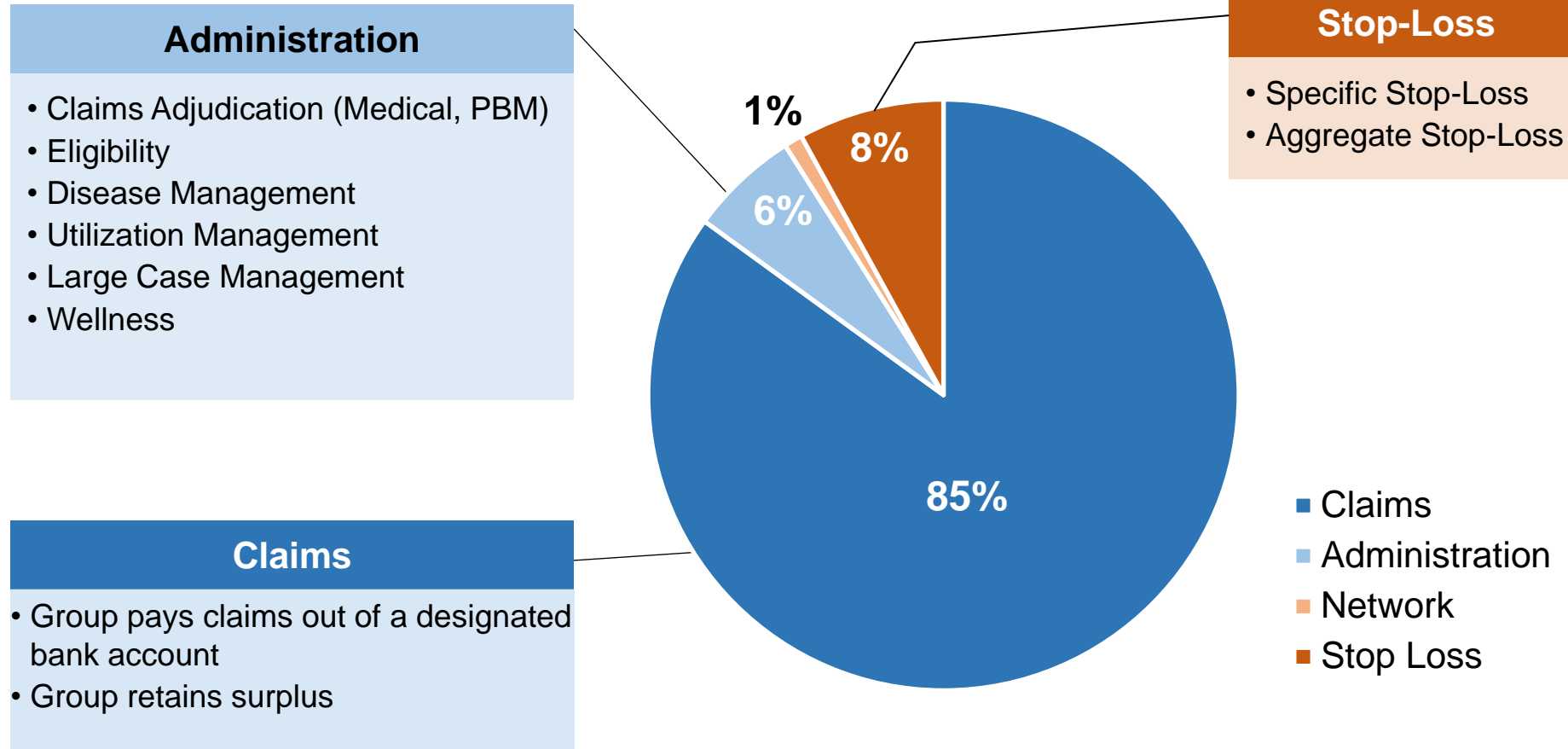


Partially or completely self-funded plans, source: Kaiser/HRET Employer Health Benefits Annual Survey, 2013, www.kff.org.

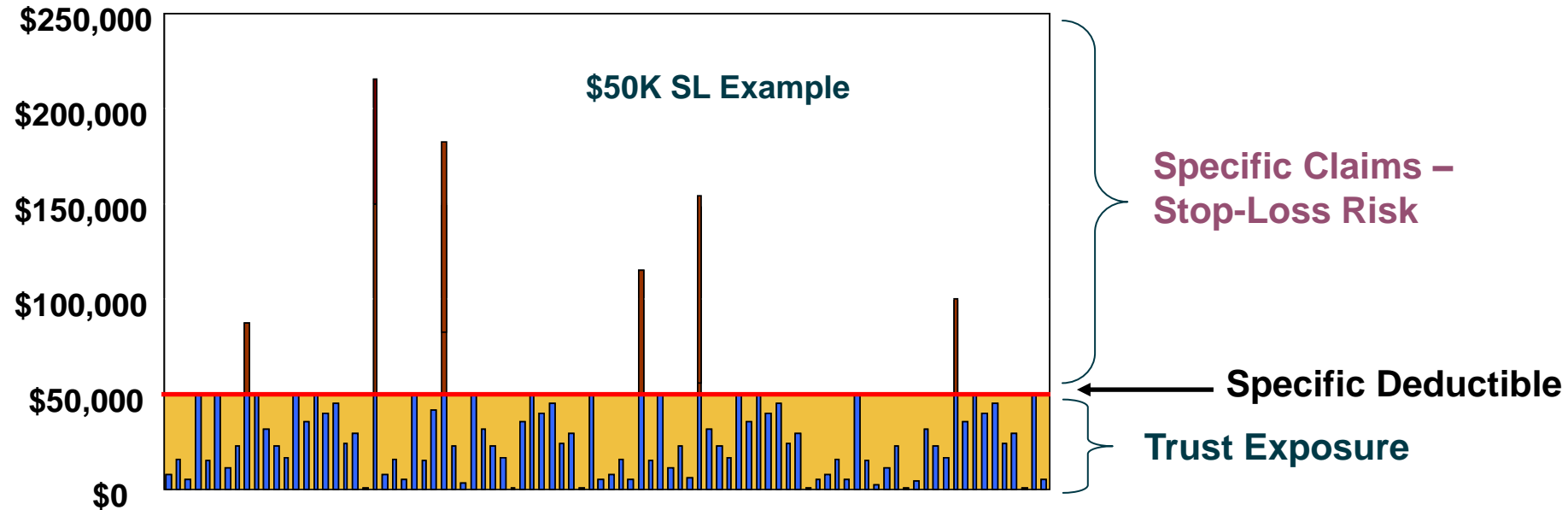
Cost Elements of a Self Funded Plan



Cost Elements of a Self Funded Plan



Specific Stop-loss: Example

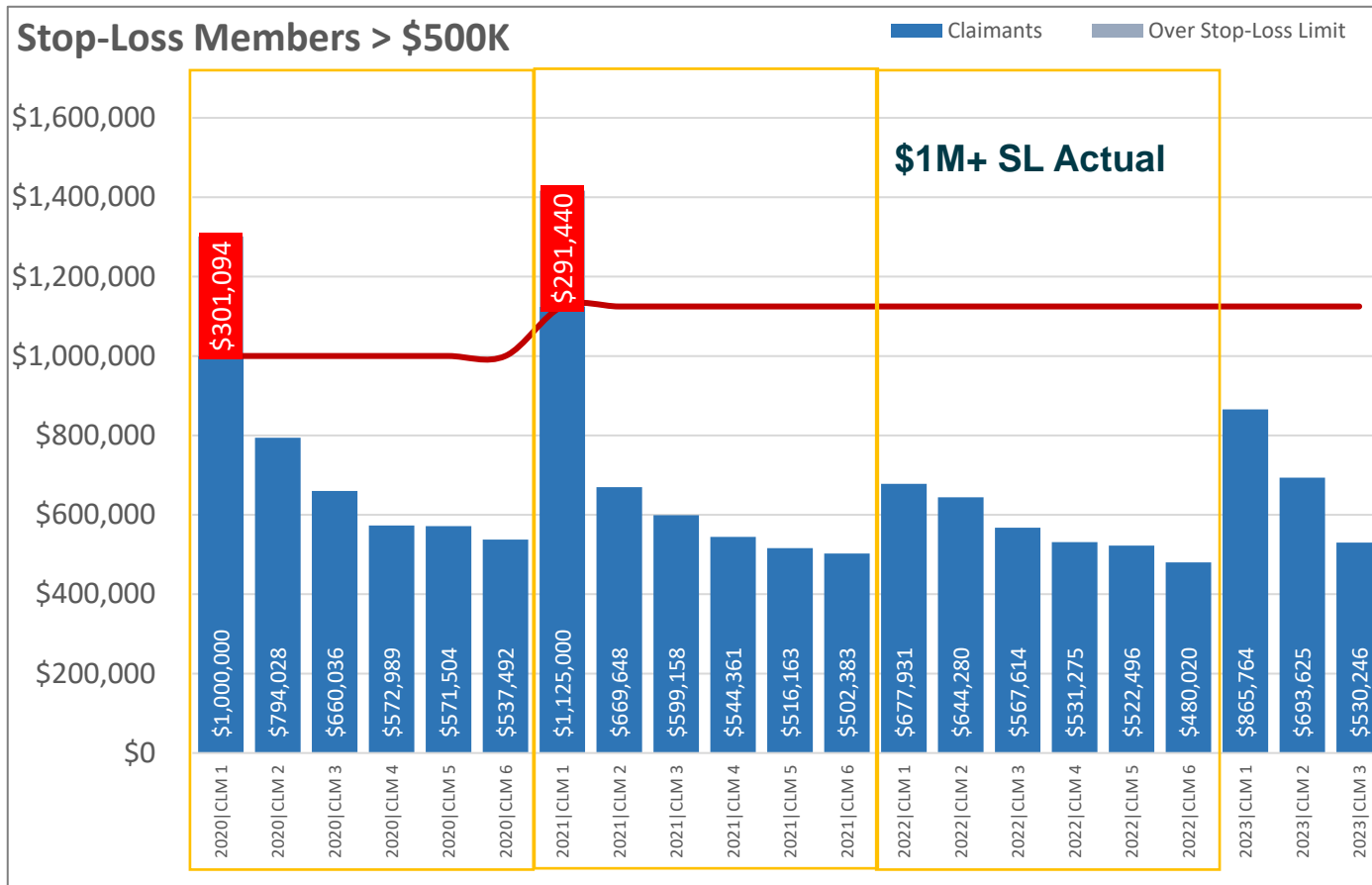


Specific Stop Loss Coverage

Insures The Trust against a catastrophic loss incurred by one individual over a certain dollar limit [Specific Deductible].

The specific deductible is pre-determined level where the stop loss carrier starts reimbursing The Trust for claims.

Specific Stop-loss: Actual



Specific Claims – Stop-Loss Risk

Specific Deductible

Trust Exposure

Stop Loss Buying Features

- **Financials** – Large claims must be backed by strong financials
- **Risk** – You want to place a group with a carrier that maintains all the risk which allows them to make the decision on a claim,
- **Solid Contracts** – Make sure your carrier (s) of choice have flexible plan designs to suit the ever-changing needs of stop loss client (no run-in caps, rate caps, mirroring provisions, laser methodology, rate caps, transplant language, etc.)
- **Renewal Philosophy** – A carrier's renewal philosophy may be the most important buying decision when placing a group.
 - Doesn't require disclosure @ renewal,
 - Doesn't laser or add the premium equivalency @ renewal, etc.

Changing Stop-Loss

Changing stop-loss insurance on a self-funded health plan is a decision that requires careful consideration. While stop-loss insurance provides protection against high claims costs, there are scenarios where increasing the level or removing it might make sense.

Here are some reasons to evaluate:

- 1. Cost Analysis:** Consider the cost of stop-loss premiums versus the potential claims savings. If your fund consistently experiences low claims and has a healthy cash reserve, the cost of stop-loss coverage may outweigh the benefits.
- 2. Risk Tolerance:** Assess the fund's risk tolerance. Some funds prefer to bear more risk and rely more on their financial reserves to cover unexpected claims.
- 3. Cash Flow Stability:** Evaluate your fund's cash flow stability. If we have consistent cash reserves and can manage fluctuations in claims payments.
- 4. Predictable Claims Patterns:** If your employee population has predictable claims patterns (e.g., low variability in utilization), increasing stop-loss might be reasonable. However, ensure you have robust data to support this decision.

Closing Remarks

Donna Walters, Trust Vice Chair



Questions & Comments



Please don't forget to respond to our survey!



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*3rd Annual
Dinner & Meeting*

April 23, 2024

Thank you for your attendance.