

Health Insurance Program Monthly Reports



Prepared for:

**Kentucky Group Health Insurance
Board Members**

March 2026

Table of Contents

Enrollment 3-5

Claims 6-8

Cost Drivers 9

Analysis Deductibles & Out of Pocket Expenses 10-13

Rx Utilization 14-15

Utilization 16-17

Appendix – A 18

Appendix – B Definitions 19

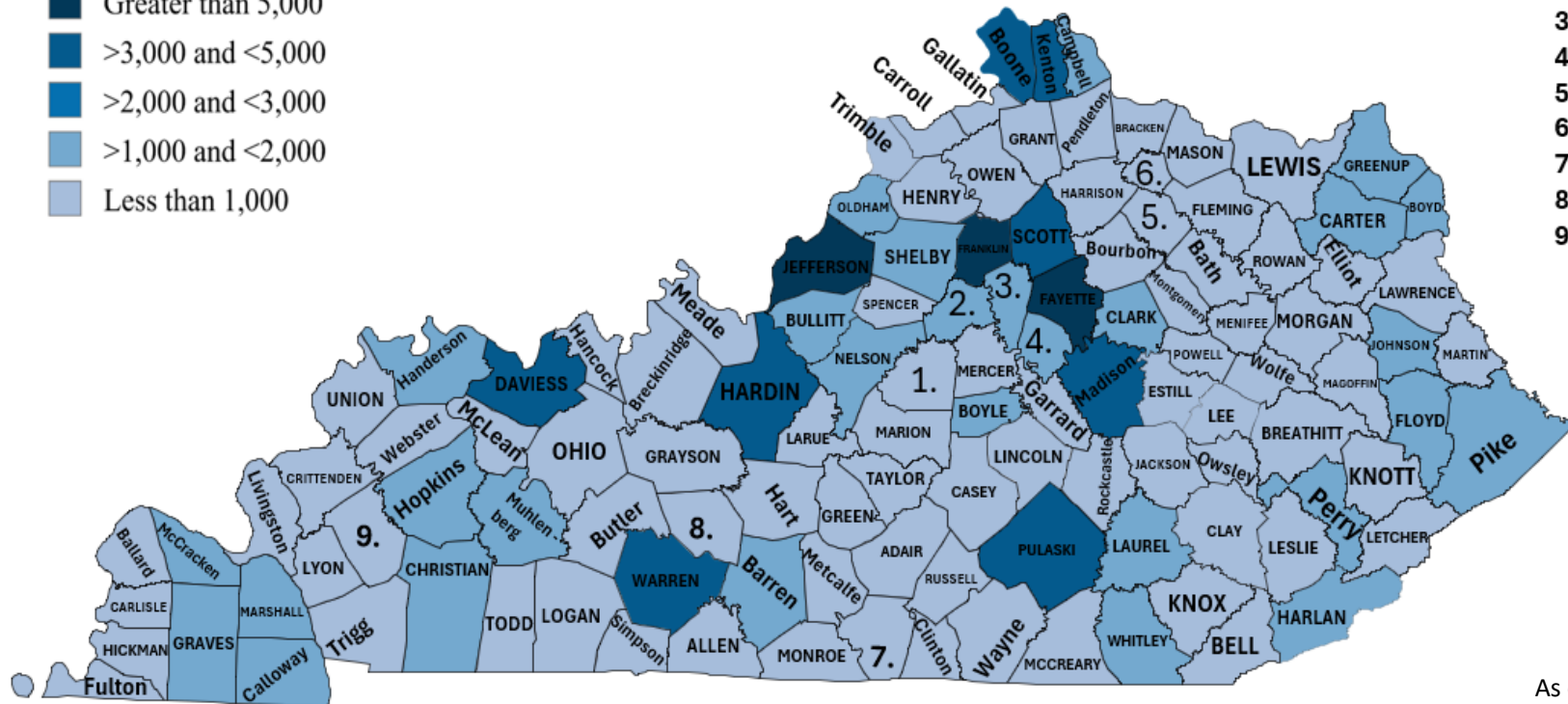
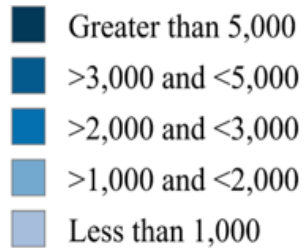
Paid data as of: January 2026
Incurred data as of: October 2025

Rolling Year Enrollment & LivingWell Promise Fulfillment

Enrollment	Nov 2023 - Oct 2024	Nov 2024 - Oct 2025	% Change
Planholders (Avg)	140,265	141,927	1.18%
Members (Avg)	260,865	264,585	1.43%
Family Size (Avg)	1.86	1.86	0.24%
Member Age (Avg)	36.59	36.56	-0.08%

LivingWell Promise Fulfillment		
Period	YTD PY2026	PY2025
Required	147,910	142,796
Promise Complete	36,853	121,647
% Complete	24.9%	85.2%
Castlight Registrations	Planholders:	134,078
	Dependents:	11,851

Planholders by County

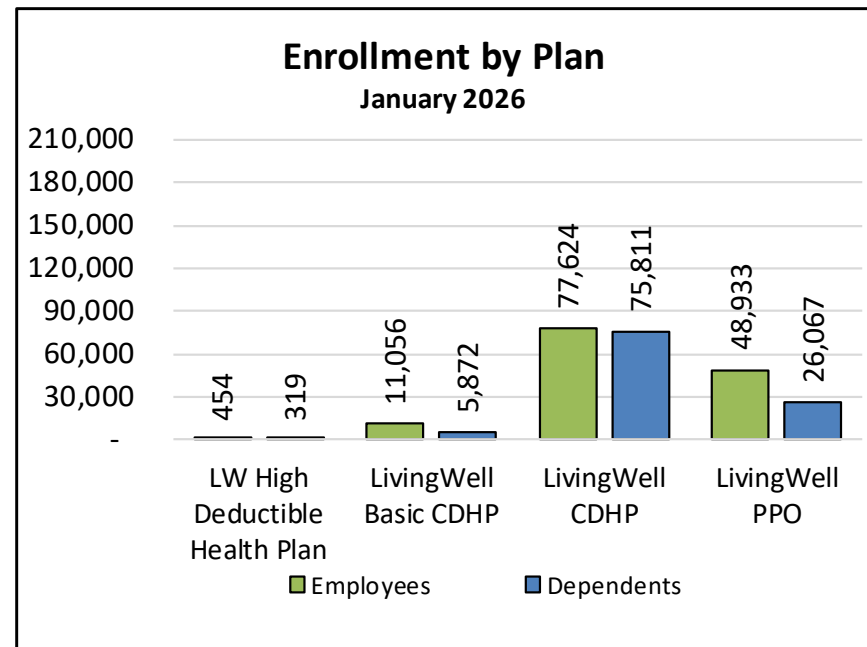
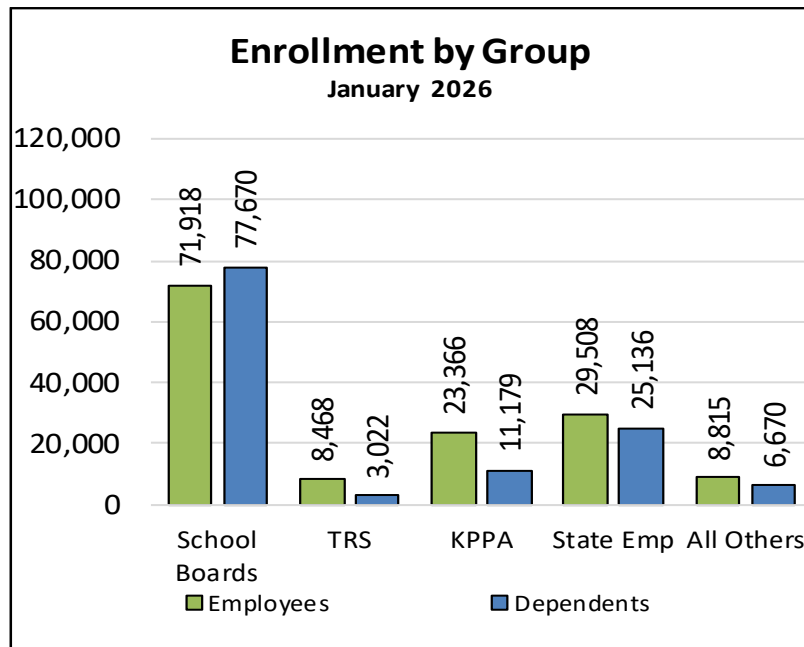
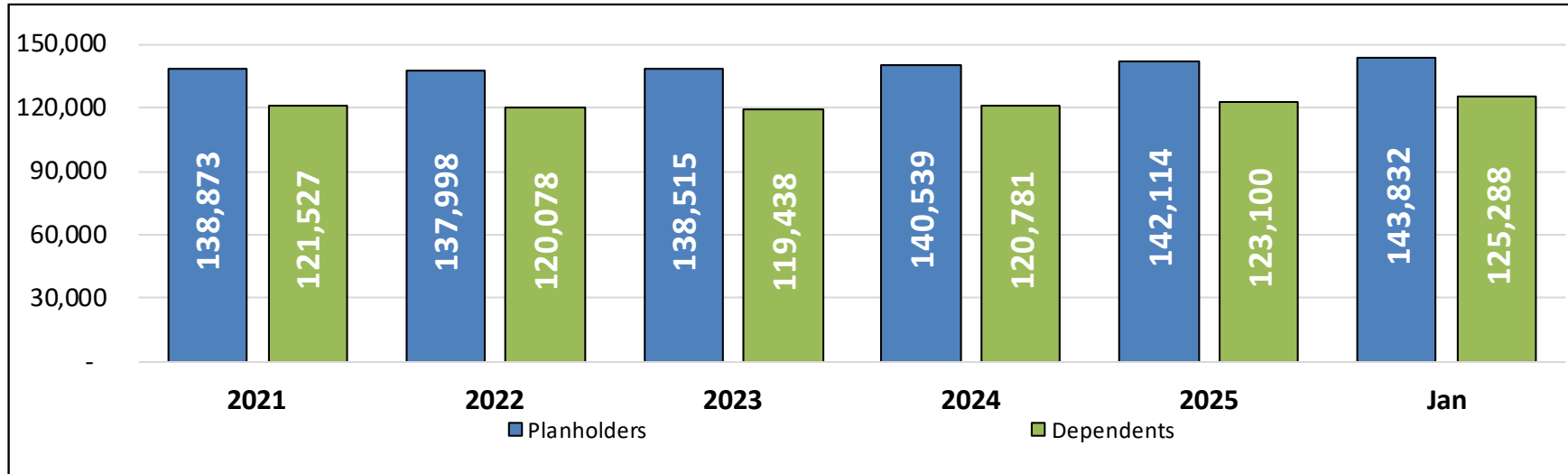


1. Washington
2. Anderson
3. Woodford
4. Jessamine
5. Nicholas
6. Robertson
7. Cumberland
8. Edmonson
9. Caldwell

As of: January 6, 2026

Enrollment

The following chart shows planholder enrollment (contracts) for 2021-2025 and monthly in 2026. Enrollment will fluctuate on a monthly basis. (Approximately 7,000 Cross-Reference spouses in any given month are counted as dependents.)



Summary of Enrollment and Claims

The following provides a summary of Members (planholders and dependents), Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Nov 2024	262,073	\$201,408,937.93	\$125,923,542.43	\$75,485,395.50	731,712	347,632	373,714
Dec 2024	262,705	\$236,012,309.90	\$149,079,603.24	\$86,932,706.66	785,805	361,790	413,311
Jan 2025	265,516	\$168,739,834.63	\$99,097,323.80	\$69,642,510.83	746,119	348,440	385,166
Feb 2025	265,541	\$167,858,870.44	\$96,639,819.38	\$71,219,051.06	704,376	332,479	360,490
Mar 2025	265,750	\$198,023,424.52	\$115,361,907.34	\$82,661,517.18	757,330	360,393	385,893
Apr 2025	265,672	\$202,578,495.10	\$119,046,586.84	\$83,531,908.26	726,226	350,764	363,745
May 2025	265,634	\$212,477,714.82	\$123,715,292.35	\$88,762,422.47	721,049	336,629	373,588
Jun 2025	265,515	\$226,258,618.39	\$133,372,953.12	\$92,885,665.27	731,092	352,955	364,815
Jul 2025	264,752	\$235,551,297.19	\$141,212,321.40	\$94,338,975.79	761,874	378,434	369,688
Aug 2025	262,933	\$220,232,741.75	\$128,018,202.84	\$92,214,538.91	709,961	341,337	357,094
Sep 2025	262,780	\$232,701,537.11	\$134,720,612.95	\$97,980,924.16	751,759	359,408	380,674
Oct 2025	266,149	\$250,713,976.30	\$148,153,857.79	\$102,560,118.51	797,170	389,452	395,810

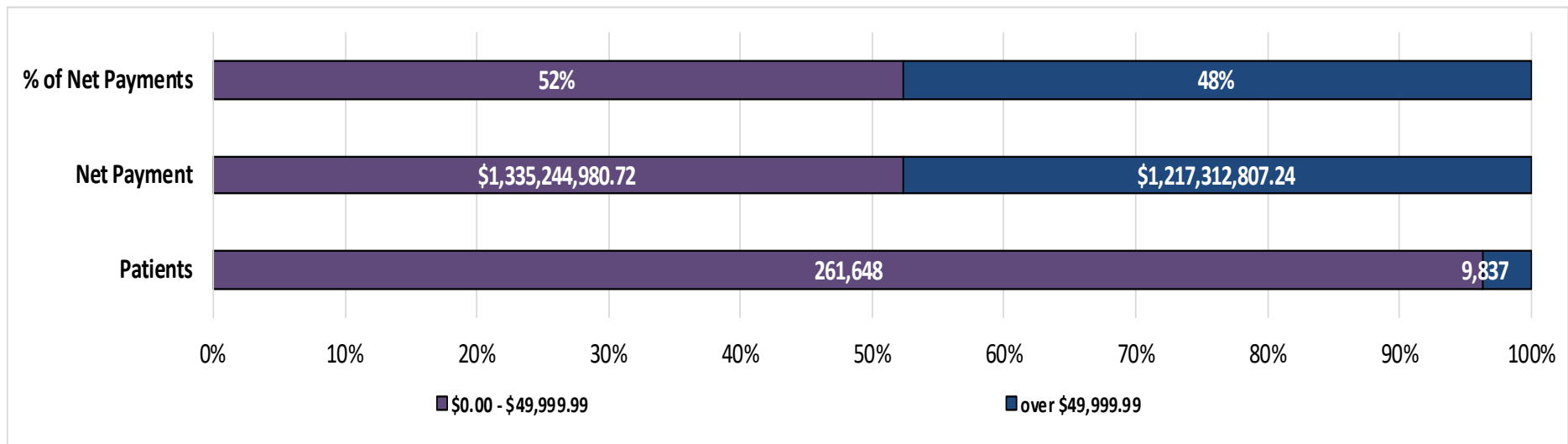
Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Nov 2023 - Oct 2024	260,865	\$2,213,394,474	\$1,402,451,182	\$810,943,291
Nov 2024 - Oct 2025	264,585	\$2,579,177,211	\$1,540,392,290	\$1,038,784,921
% Change (Roll Yrs)	1.43%	16.53%	9.84%	28.10%

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Allowed Claims and High Cost Claimants

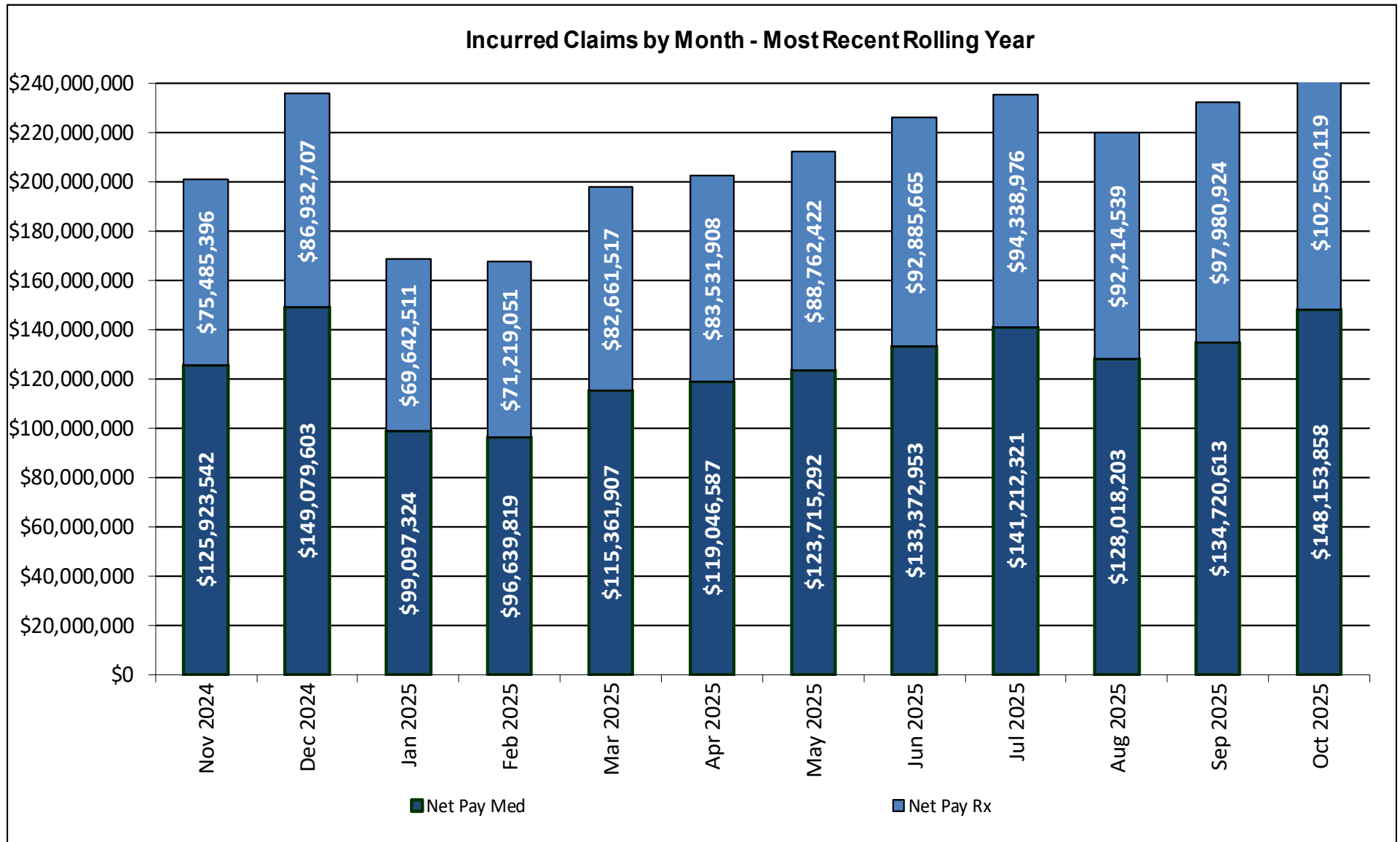
Allowed Claims Cost PMPY with Norms	Nov 2023 - Oct 2024	Nov 2024 - Oct 2025	% Change	Recent US Norms	Compared to Norm
Allowed Amount PMPY Medical	\$6,445.43	\$6,885.69	6.83%	\$6,121.34	12.49%
Allowed Amount PMPY IP Acute	\$1,471.78	\$1,621.41	10.17%	N/A	N/A
Allowed Amount PMPY OP Med	\$4,959.81	\$5,249.88	5.85%	\$4,601.75	14.08%
Allowed Amount PMPY OP Facility Medical	\$2,913.07	\$3,094.49	6.23%	N/A	N/A
Allowed Amount PMPY Office Medical	\$1,175.14	\$1,225.11	4.25%	N/A	N/A
Allowed Amount PMPY OP Laboratory	\$294.72	\$298.36	1.24%	N/A	N/A
Allowed Amount PMPY OP Radiation	\$644.40	\$683.57	6.08%	N/A	N/A
Out of Pocket PMPY Medical	\$997.39	\$985.78	-1.16%	\$907.82	8.59%
Allowed Amount PMPY Rx	\$3,506.89	\$4,259.36	21.46%	\$2,195.20	94.03%
Out of Pocket PMPY Rx	\$243.12	\$317.70	30.67%	N/A	N/A

High Cost Claimants (Nov 2024 - Oct 2025)

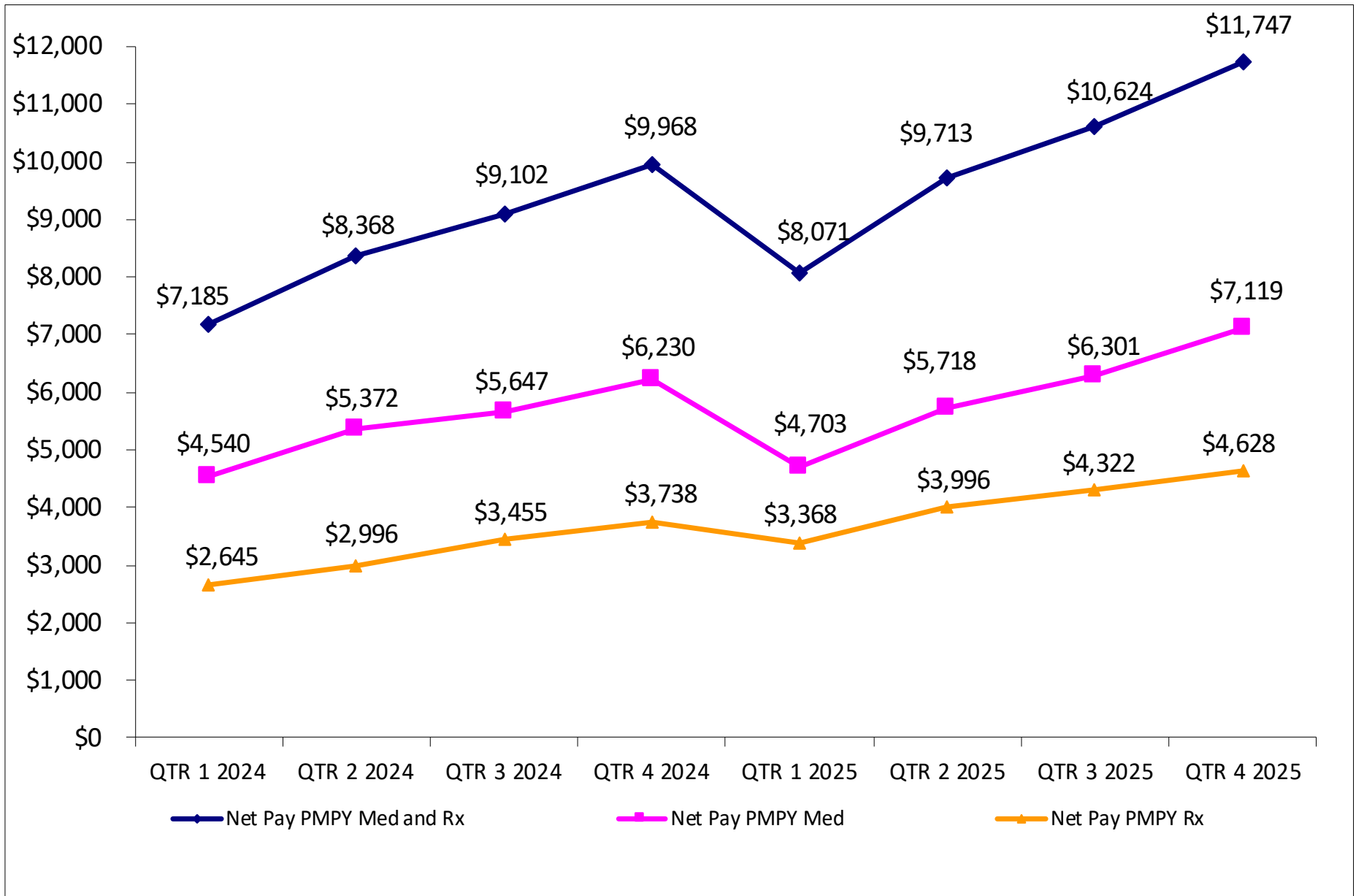


Claim Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.

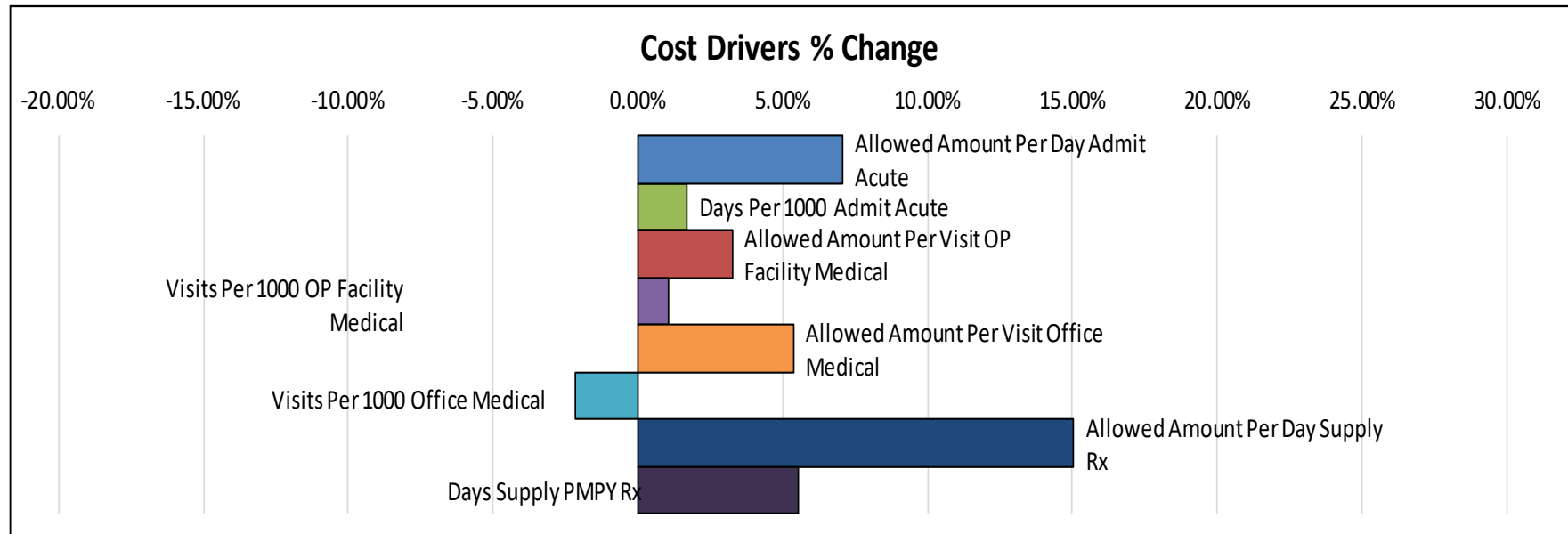


PMPY Costs as Calculated at the end of each Quarter



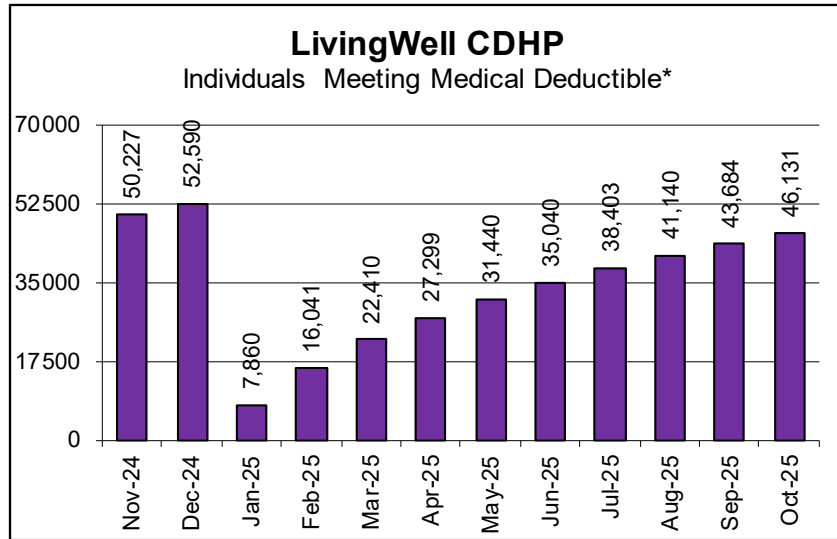
Cost Drivers

Cost Driver Support Table	Nov 2023 - Oct 2024	Nov 2024 - Oct 2025	% Change
Allowed Amount Per Day Admit Acute	\$5,912.99	\$6,330.67	7.06%
Days Per 1000 Admit Acute	248.84	253.08	1.70%
Allowed Amount Per Visit OP Facility Medical	\$1,750.51	\$1,807.43	3.25%
Visits Per 1000 OP Facility Medical	1,663.08	1,680.59	1.05%
Allowed Amount Per Visit Office Medical	\$133.17	\$140.32	5.37%
Visits Per 1000 Office Medical	8,822.57	8,631.01	-2.17%
Allowed Amount Per Day Supply Rx	\$5.29	\$6.08	15.04%
Days Supply PMPY Rx	663.50	700.19	5.53%

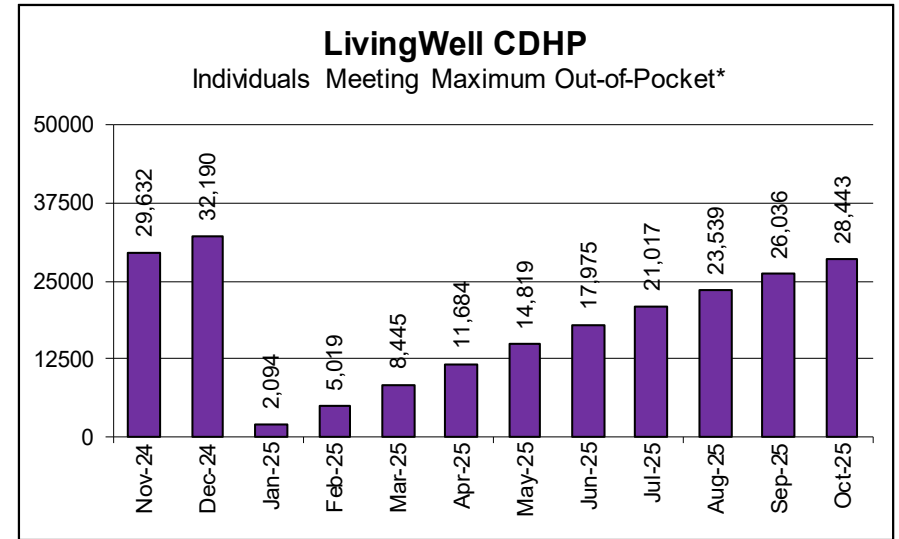


Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell CDHP

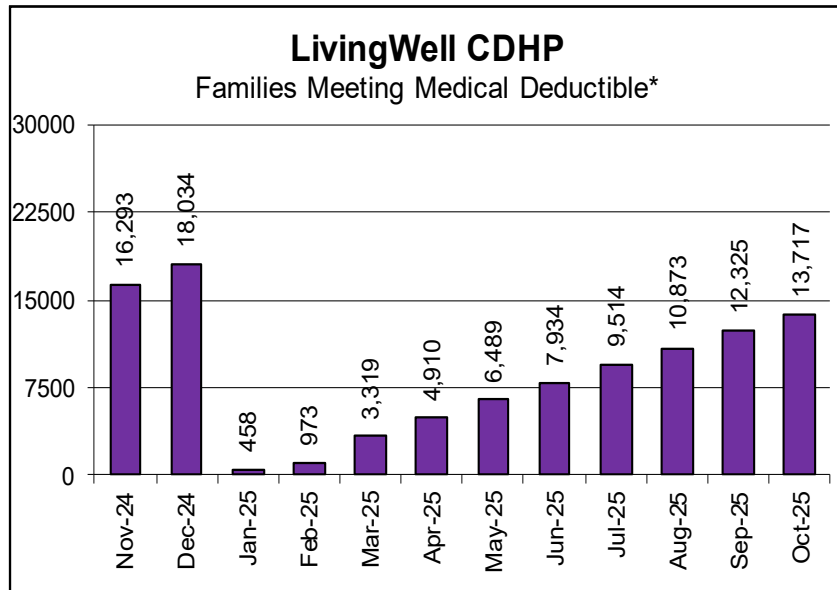
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



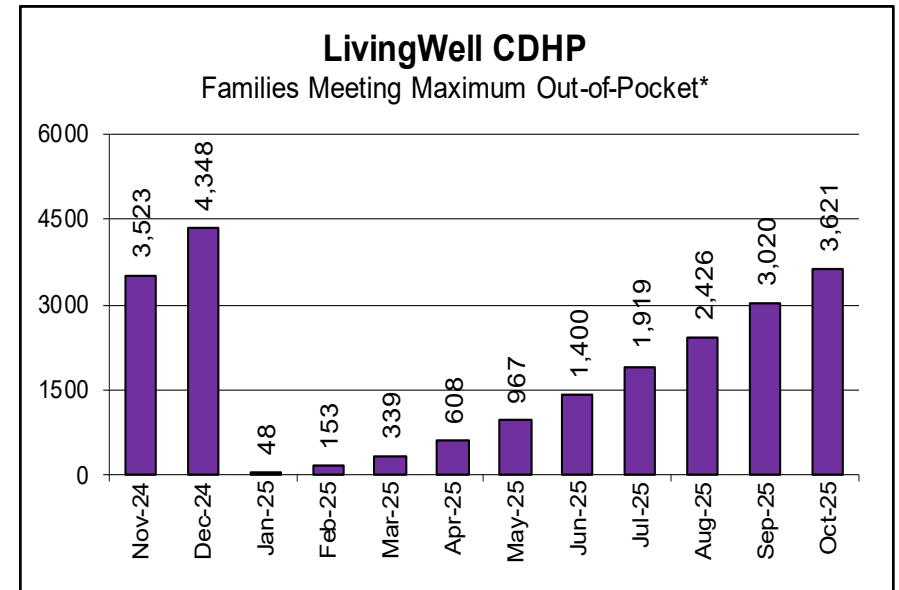
*2020-2025 LivingWell CDHP Individual Deductible is \$1500



*2020-2025 LivingWell CDHP Individual maximum Out of Pocket is \$3000



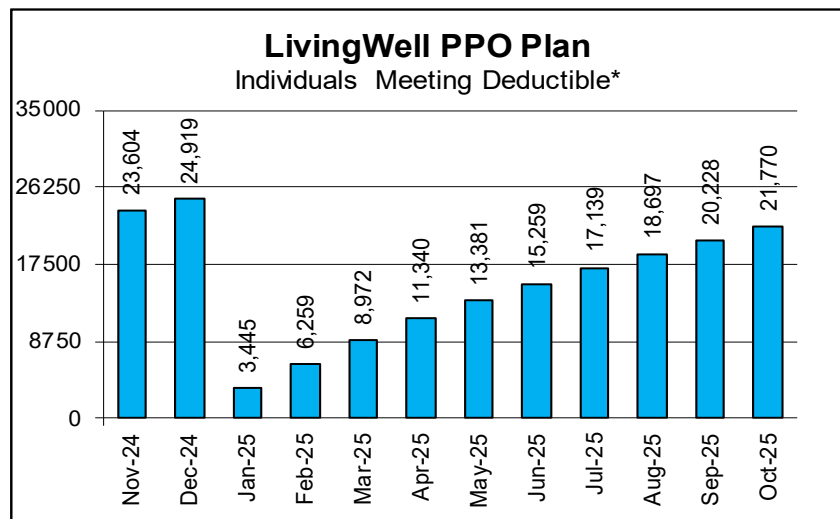
*2020-2025 LivingWell CDHP Family Deductible is \$2,750



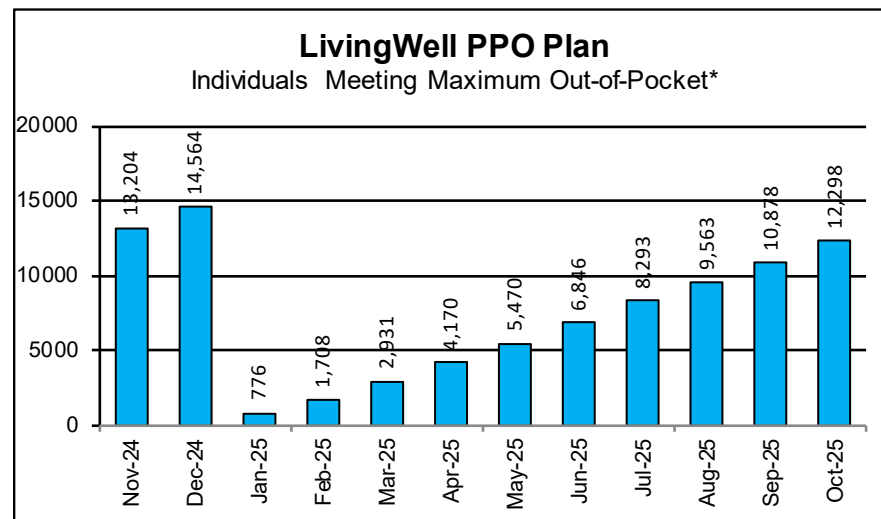
*2020-2025 LivingWell CDHP Family Maximum Out of Pocket is \$5,750

Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell PPO

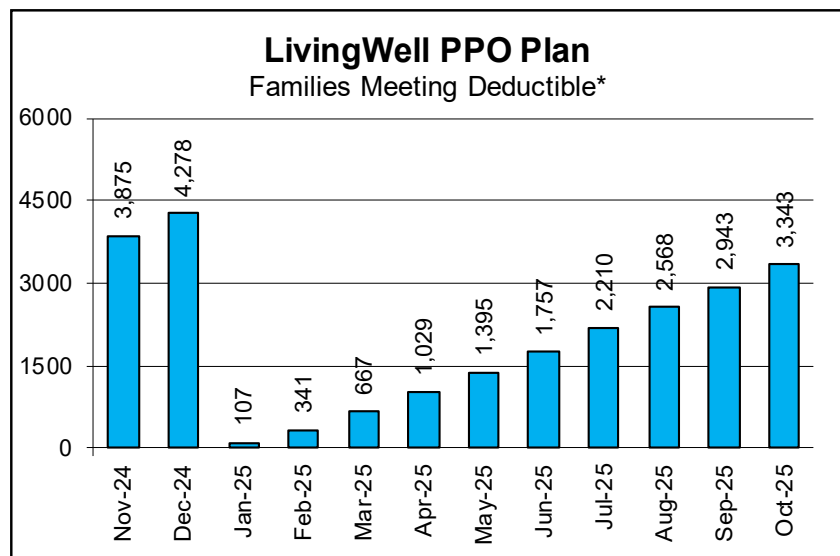
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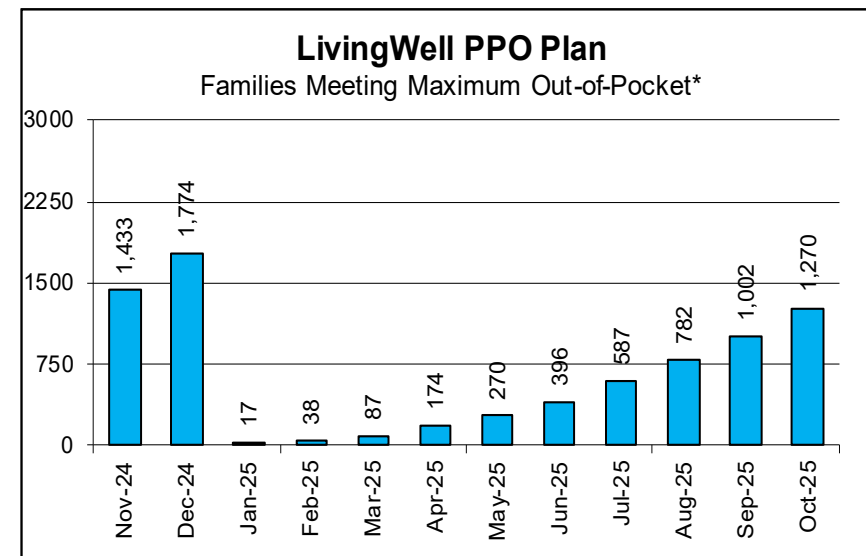
*2020-2025 LW PPO Individual Deductible is \$1,000



*2020-2025 LW PPO Individual Maximum Medical Out of Pocket is \$3,000



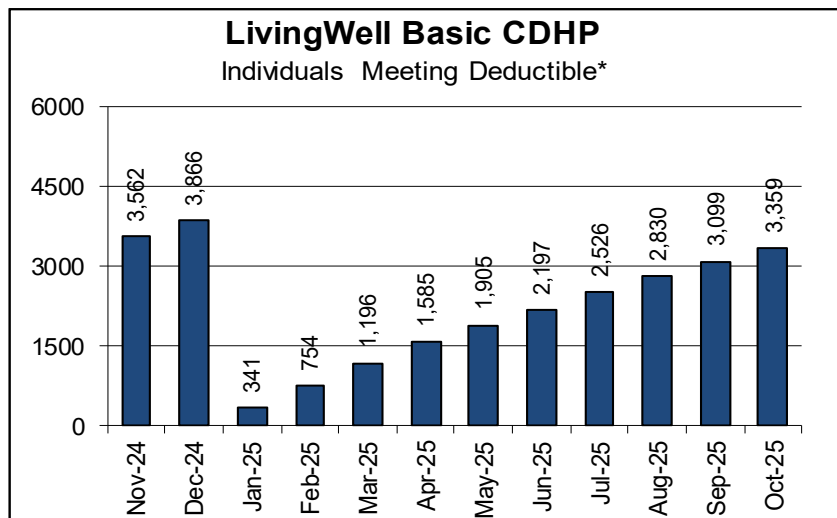
*2020-2025 LW PPO Family Deductible is \$1,750



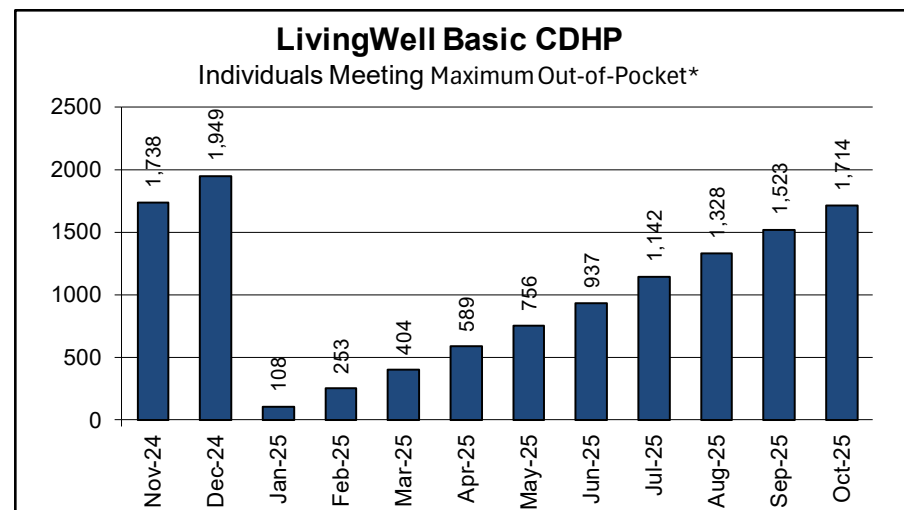
*2020-2025 LW PPO Family Maximum Medical Out of Pocket is \$5,750

Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell Basic CDHP

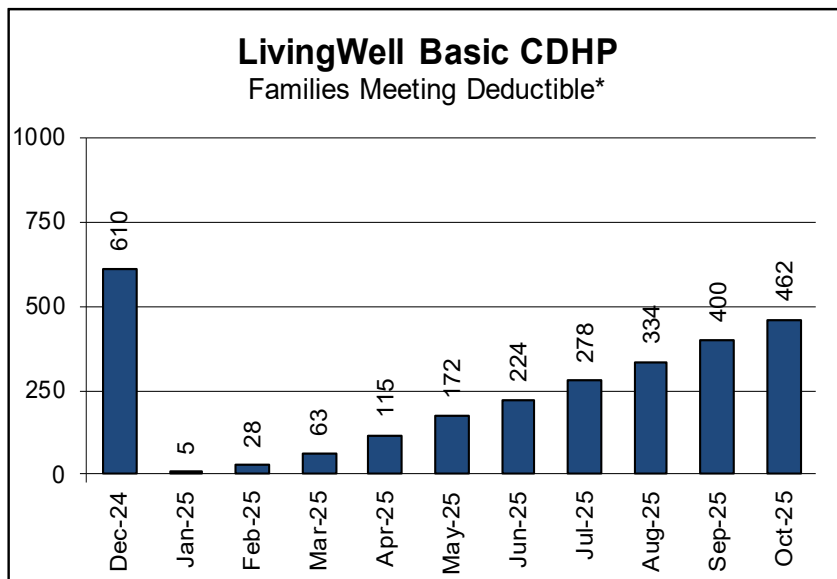
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



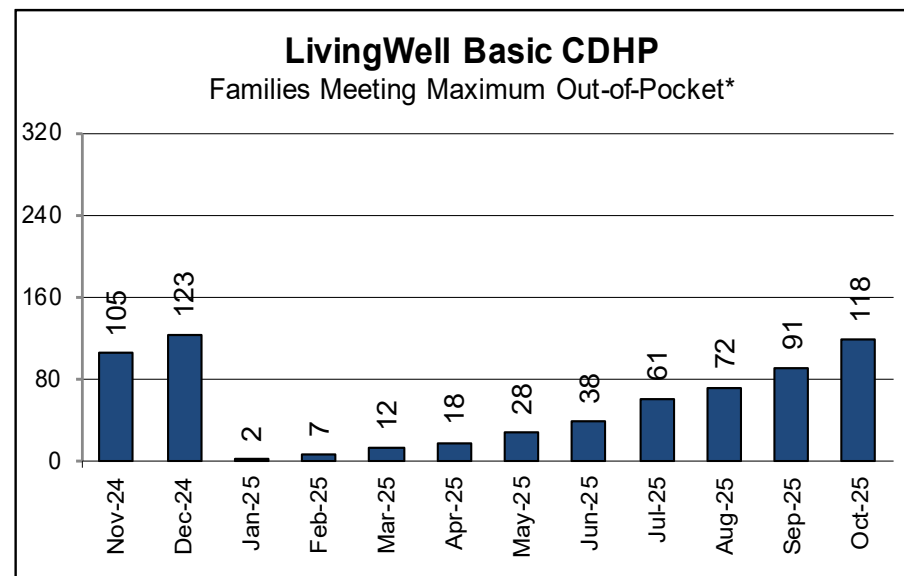
*2020-2025 LW Basic CDHP Individual Deductible is \$2,000



*2020-2025 LW Basic CDHP Individual Maximum Out of Pocket is \$4,000



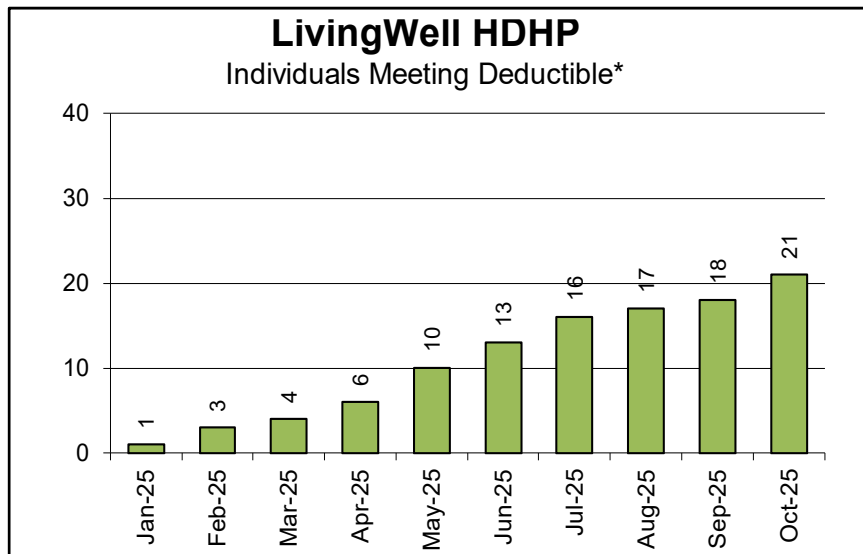
*2020-2025 LW Basic CDHP Family Deductible is \$3,750



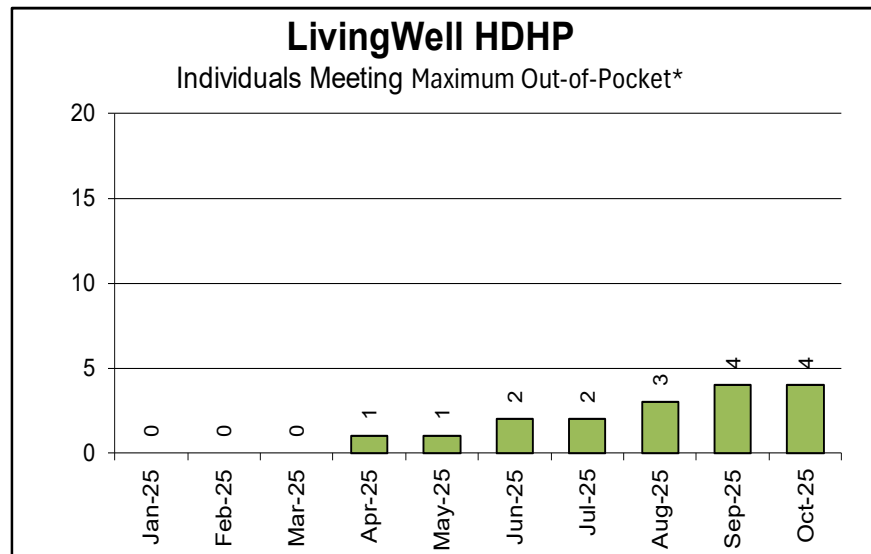
*2020-2025 LW Basic CDHP Family Maximum Out of Pocket is \$7,750

Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell HDHP

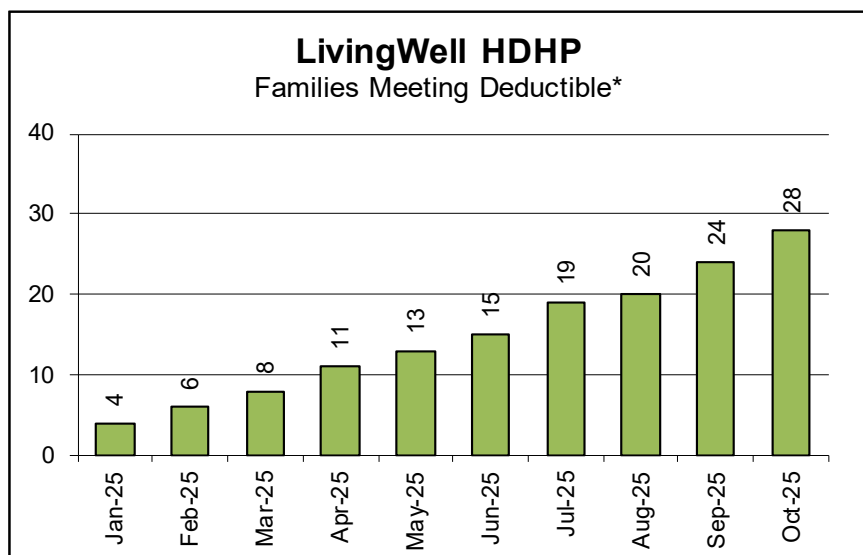
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



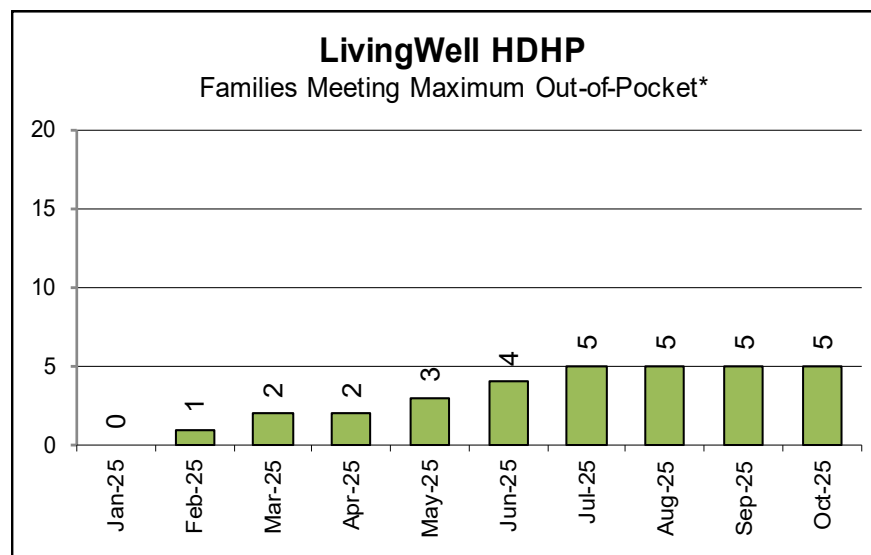
*2025 LW HDHP Individual Deductible is \$2,000



*2025 LW HDHP Individual Maximum Out of Pocket is \$8,050



*2025 LW HDHP Family Deductible is \$4,000



*2025 LW HDHP Family Maximum Out of Pocket is \$16,100

Prescription Drug Utilization

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Oct 2025.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients
1	1	WEGOVY	Single source brand	Hormones & Synthetic Subst	\$15,876,767	19.8%	11,507	\$1,047	10,600
2	2	MOUNJARO	Single source brand	Hormones & Synthetic Subst	\$11,552,481	14.4%	10,075	\$569	9,045
3	3	OZEMPIC	Multisource generic	Hormones & Synthetic Subst	\$5,389,463	6.7%	4,868	\$852	4,530
4	4	DUPIXENT	Multisource generic	Immunosuppressants	\$3,900,486	4.9%	664	\$3,324	634
5	5	RINVOQ	Single source brand	Immunosuppressants	\$2,112,961	2.6%	211	\$8,927	204
6	6	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$1,901,695	2.4%	1,669	\$783	1,653
8	7	UBRELVY	Single source brand	Central Nervous System	\$1,378,895	1.7%	1,088	\$1,030	1,082
10	8	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$1,166,896	1.5%	1,142	\$934	1,115
12	9	VRAYLAR	Single source brand	Central Nervous System	\$1,088,377	1.4%	548	\$1,834	540
9	10	TRIKAFTA	Multisource generic	Respiratory Tract Agents	\$990,970	1.2%	34	\$29,989	32
11	11	OTEZLA	Single source brand	Enzyme Inhibitors	\$970,596	1.2%	134	\$6,526	138
13	12	BIMZELX AUTOINJECTOR	Single source brand	Immunosuppressants	\$904,294	1.1%	56	\$14,999	55
14	13	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$870,787	1.1%	998	\$802	974
15	14	KESIMPTA SENSOREADY PEN	Single source brand	Antineoplastic Agents	\$782,205	1.0%	51	\$15,348	47
17	15	EMGALITY	Single source brand	Central Nervous System	\$765,638	1.0%	857	\$800	820
16	16	COSENTYX	Single source brand	Immunosuppressants	\$659,452	0.8%	52	\$11,971	53
18	17	LINZESS	Single source brand	Gastrointestinal Drugs	\$670,832	0.8%	727	\$810	747
24	18	VERZENIO	Single source brand	Antineoplastic Agents	\$605,267	0.8%	36	\$18,858	32
19	19	XARELTO	Multisource brand, generic	Blood Form/Coagul Agents	\$648,319	0.8%	610	\$974	597
21	20	REPATHA SURECLICK	Single source brand	Cardiovascular Agents	\$620,767	0.8%	770	\$747	733
20	21	STRENSIQ	Single source brand	Enzymes	\$547,984	0.7%	6	\$131,999	4
23	22	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$552,380	0.7%	497	\$1,074	464
#N/A	23	NURTEC ODT	Single source brand	Central Nervous System	\$515,519	0.6%	339	\$1,554	309
#N/A	24	DESCOVY	Single source brand	Anti-Infective Agents	\$480,473	0.6%	135	\$3,881	123
22	25	RYBELSUS	Single source brand	Hormones & Synthetic Subst	\$498,506	0.6%	420	\$1,154	406

* "Product Name" includes all Strengths/Formula of a Drug

Prescription Drug Utilization(*continued*)

In summary, the top 25 drugs represent 10.02% of total scripts and 69.09% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$55,452,009	37,494	23,499
All Product Names	\$80,255,956	374,190	366,302
Top Drugs as Pct of All Drugs	69.09%	10.02%	6.42%

Prescription Drug Programs		Nov 2023 - Oct 2024	Nov 2024 - Oct 2025	% Change
Mail Order	Discount Off AWP % Rx	55.49%	56.82%	2.39%
	Scripts Generic Efficiency Rx	99.01%	99.11%	0.10%
Retail	Discount Off AWP % Rx	39.19%	37.89%	-3.31%
	Scripts Generic Efficiency Rx	99.26%	99.33%	0.07%
Total	Discount Off AWP % Rx	45.64%	45.18%	-1.02%
	Scripts Generic Efficiency Rx	99.19%	99.26%	0.07%
	Scripts Maint Rx % Mail Order	33.51%	35.87%	7.05%

Utilization

The top 25 clinical conditions based on Total Incurred Medical Claims for October 2025.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$95,380,349	\$117,783	\$95,233,145	0.00	1.00	1182.95	1.02	174,772	\$545.74
2	2	Chemotherapy Encounters	\$53,438,404	\$5,991,365	\$47,447,040	0.43	6.99	2.57	0.02	828	\$64,539.14
3	3	Signs/Symptoms/Oth Cond, NEC	\$50,404,462	\$6,017,744	\$44,253,080	1.01	6.64	446.97	13.30	85,109	\$592.23
4	4	Osteoarthritis	\$44,358,493	\$2,630,192	\$41,723,091	0.17	4.05	171.42	0.54	18,532	\$2,393.62
5	5	Pregnancy without Delivery	\$38,743,553	\$28,750,767	\$9,992,538	0.72	2.73	97.70	9.97	5,541	\$6,992.16
6	6	Spinal/Back Disord, Low Back	\$34,324,638	\$12,253,602	\$22,043,115	0.67	3.62	559.38	4.51	31,021	\$1,106.50
7	7	Arthropathies/Joint Disord NEC	\$33,305,208	\$1,149,317	\$32,116,513	0.15	3.53	748.64	7.45	55,304	\$602.22
8	8	Coronary Artery Disease	\$29,653,904	\$17,698,230	\$11,951,133	1.76	3.69	28.82	1.59	5,559	\$5,334.40
9	9	Gastroint Disord, NEC	\$28,838,338	\$5,729,093	\$23,099,998	1.02	3.98	113.83	20.09	30,238	\$953.71
10	10	Cardiac Arrhythmias	\$28,110,547	\$5,792,712	\$22,309,269	0.64	2.85	41.82	2.46	8,234	\$3,413.96
11	11	Respiratory Disord, NEC	\$25,431,214	\$8,777,817	\$16,617,221	0.36	6.06	72.79	10.49	23,861	\$1,065.81
13	12	Newborns, w/wo Complication	\$24,348,002	\$23,702,407	\$645,595	9.61	3.41	9.77	0.44	2,673	\$9,108.87
12	13	Infections, NEC	\$24,025,915	\$20,974,254	\$2,975,078	0.10	5.70	106.91	2.86	26,737	\$898.60
14	14	Condition Rel to Tx - Med/Surg	\$23,370,436	\$15,458,331	\$7,896,294	1.53	4.69	7.18	2.56	5,152	\$4,536.19
15	15	Spinal/Back Disord, Ex Low	\$19,648,260	\$6,160,941	\$13,457,091	0.37	6.73	525.83	3.53	24,689	\$795.83
16	16	Neurological Disorders, NEC	\$19,630,235	\$6,125,096	\$13,394,033	0.73	7.45	68.98	1.83	9,510	\$2,064.17
17	17	Diabetes	\$19,274,733	\$3,895,756	\$14,798,020	1.53	4.97	271.76	1.69	37,461	\$514.53
18	18	Cancer - Breast	\$18,904,855	\$295,953	\$18,460,430	0.07	3.88	23.14	0.05	2,169	\$8,715.93
20	19	Cholecystitis/Cholelithiasis	\$15,862,842	\$3,478,703	\$12,384,139	0.76	3.32	3.84	2.37	1,956	\$8,109.84
19	20	Mental Hlth - Substance Abuse	\$15,794,232	\$10,325,567	\$5,465,570	1.81	11.46	52.71	1.50	3,950	\$3,998.54
21	21	Cardiovasc Disord, NEC	\$14,862,344	\$2,175,019	\$12,619,575	0.34	4.95	76.67	9.97	18,803	\$790.42
23	22	Cerebrovascular Disease	\$14,517,577	\$9,730,633	\$4,638,616	1.24	6.20	7.36	1.30	1,975	\$7,350.67
22	23	Urinary Tract Calculus	\$13,774,962	\$728,264	\$13,045,771	0.47	2.55	22.09	6.38	4,002	\$3,442.02
24	24	Fracture/Disloc - Upper Extrem	\$12,861,505	\$1,142,410	\$11,710,350	0.11	3.46	69.91	6.96	7,383	\$1,742.04
25	25	Renal Function Failure	\$11,674,317	\$3,750,944	\$7,862,751	0.29	4.51	16.55	0.89	3,381	\$3,452.92

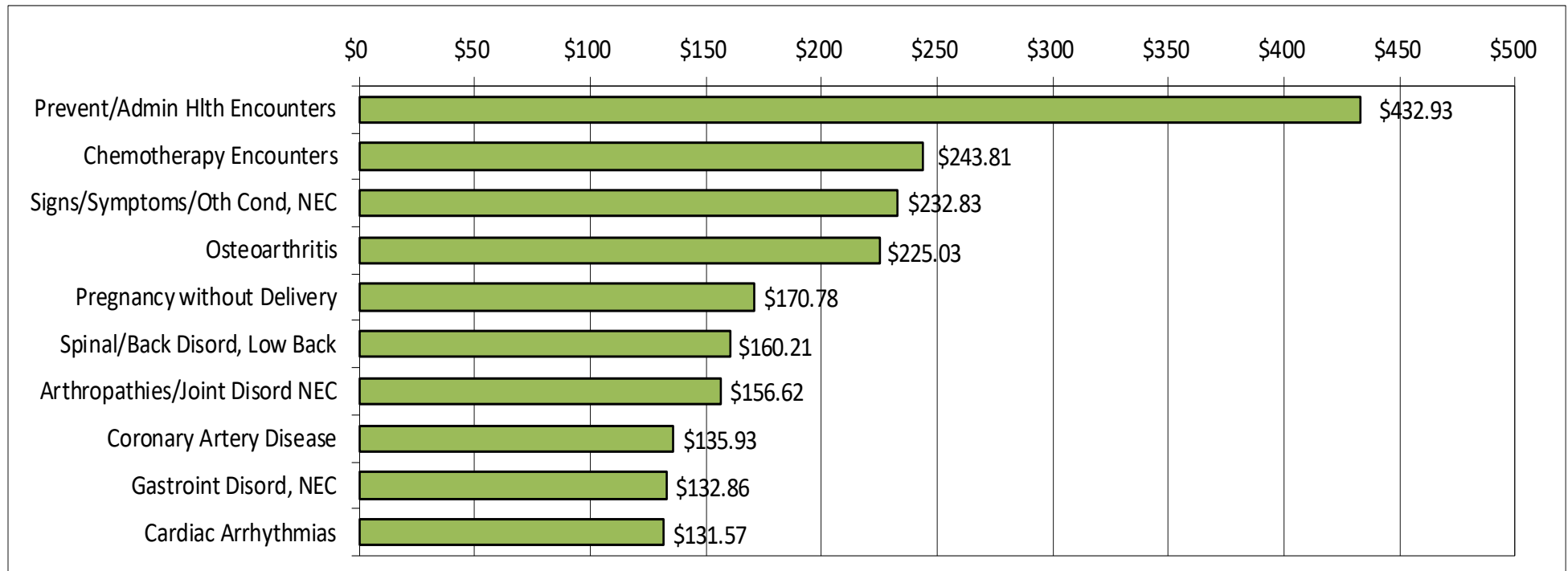
Note: Medical Payments represent only the payments made for the specific condition.

Utilization (continued)

In Summary ,the top clinical conditions represent more than 57.33% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$710,539,321	\$202,852,901	\$506,139,457	25.90	4.74	4,729.60	113.78
All Clinical Conditions	\$1,239,338,878	\$334,837,553	\$901,507,154	55.24	4.62	9,994.58	233.36
Top Clinical Conditions as Pct of All Clinical Conditions	57.33%	60.58%	56.14%	46.89%	102.43%	47.32%	48.76%

Top 10 Clinical Conditions by PMPY Net Pay Medical



Appendix A

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Merative warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. During 2021, Advantage Suite processed enrollment information for a total of 286,425 members as well as 8,140,128 claims (3,881,180 Medical claims and 4,258,948 prescriptions). When dealing with such large numbers it is impossible to tag every claim to a corresponding group, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

Appendix B—Definitions

- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Employee** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **Incurred Claims** refers to paid amounts for claims that were incurred in a specified timeframe.
- **High Cost Claimants** refers to patients with claims \$50,000 or more.
- **IP** refers to inpatient procedures and/or claims.
- **LOS** refers to length of stay of an acute admission.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Norms (Allowed Amount with Norms or Recent US)** refer to the benchmark representing Allowed Amount PMPY for the total US population based on 2020 MarketScan data, adjusted for age and gender of the eligibility population.
- **OP** refers to outpatient procedures and/or claims.
- **Paid Claims** specify the paid amount for claims regardless of when the claims may have been incurred.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Patients Rx** is the unique count of members who had a prescription filled (but not necessarily picked up).
- **Plan** is LivingWell Basic CDHP, LW High Deductible Plan, LivingWell PPO and LivingWell CDHP.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.
- **Scripts Rx** is the number of prescriptions filled based on the Rx Count field, which is generally equal to the number of original or replacement pharmacy claims minus the number of voided pharmacy claims.