

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

May 2025

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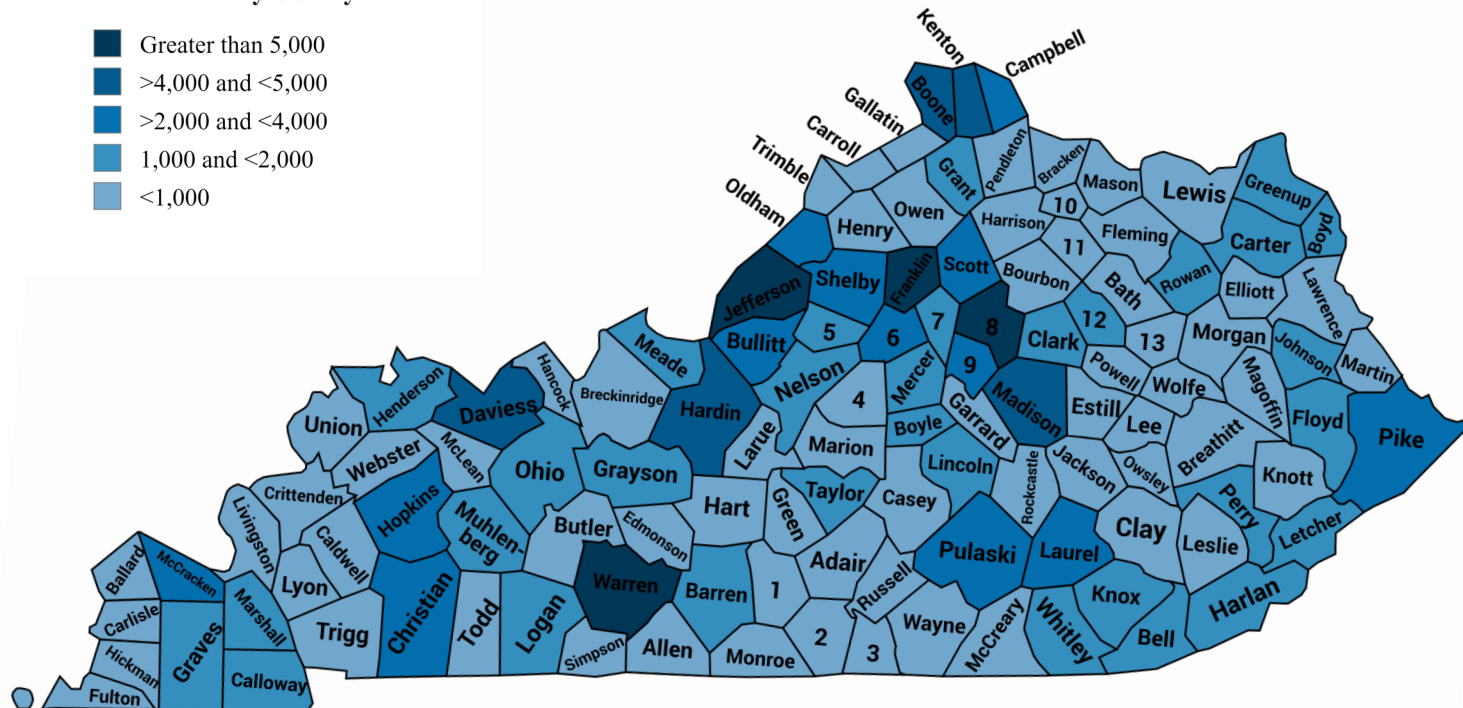
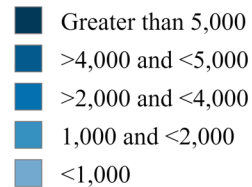
Paid data as of: March 2025
Incurred data as of: December 2024

Rolling Year Enrollment & LivingWell Promise Fulfillment

Enrollment	Jan 2023 - Dec 2023	Jan 2024 - Dec 2024	% Change
Planholders (Avg)	138,515	140,539	1.46%
Members (Avg)	257,953	261,319	1.31%
Family Size (Avg)	1.86	1.86	-0.15%
Member Age (Avg)	36.61	36.59	-0.04%

LivingWell Promise Fulfillment		
Period	YTD PY2025	PY2024
Required	145,095	149,878
Promise Complete	86,486	120,630
% Complete	59.6%	80.5%
Castlight Registrations	Planholders:	128,827
	Dependents:	10,823

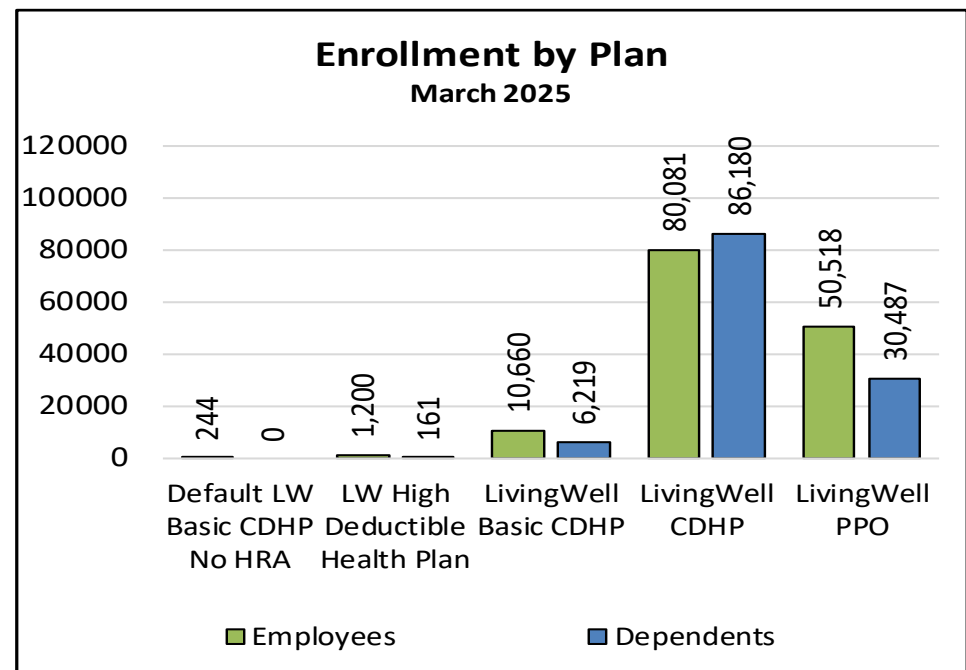
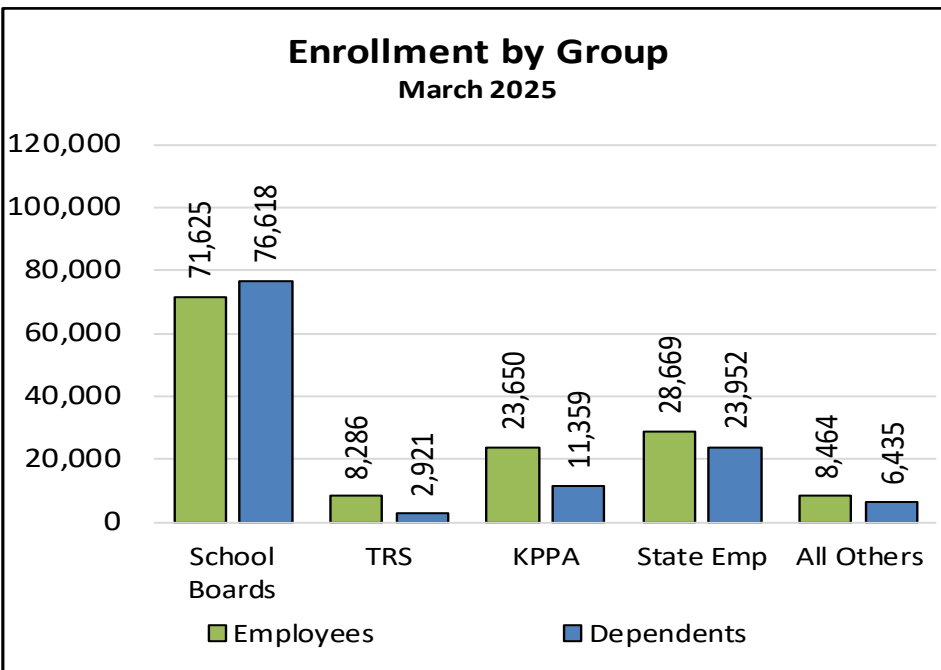
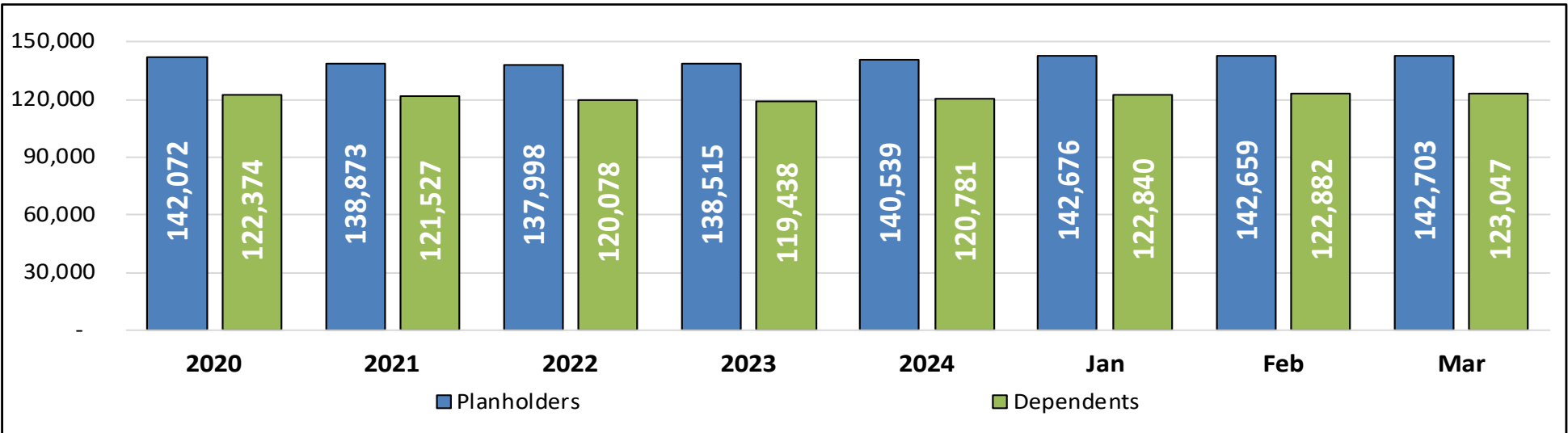
Planholders by County



Map as of 1/1/2025

Enrollment

The following chart shows planholder enrollment (contracts) for 2019-2024 and monthly in 2025. 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
Jan 2024	262,157	\$145,377,011.07	\$89,955,980.35	\$55,421,030.72	719,574	342,286	366,144
Feb 2024	261,735	\$156,575,792.55	\$99,405,616.22	\$57,170,176.33	710,764	349,477	349,874
Mar 2024	262,224	\$168,053,615.32	\$107,395,292.36	\$60,658,322.96	705,105	339,879	354,412
Apr 2024	261,872	\$178,683,056.93	\$113,903,549.58	\$64,779,507.35	702,334	338,947	352,621
May 2024	261,645	\$184,517,635.37	\$118,214,102.04	\$66,303,533.33	709,484	338,107	361,044
Jun 2024	261,303	\$182,973,347.51	\$118,196,615.03	\$64,776,732.48	665,319	323,053	332,182
Jul 2024	260,379	\$203,368,692.60	\$128,692,507.86	\$74,676,184.74	733,345	360,581	362,256
Aug 2024	258,938	\$192,882,103.12	\$118,982,620.54	\$73,899,482.58	714,081	342,575	360,625
Sep 2024	258,635	\$188,976,503.87	\$113,769,215.95	\$75,207,287.92	703,177	329,054	363,692
Oct 2024	262,164	\$212,103,888.24	\$129,512,156.18	\$82,591,732.06	796,134	381,609	403,364
Nov 2024	262,073	\$198,147,233.68	\$122,696,136.93	\$75,451,096.75	729,031	345,235	373,434
Dec 2024	262,705	\$227,618,359.36	\$140,699,530.95	\$86,918,828.41	781,887	358,020	413,182

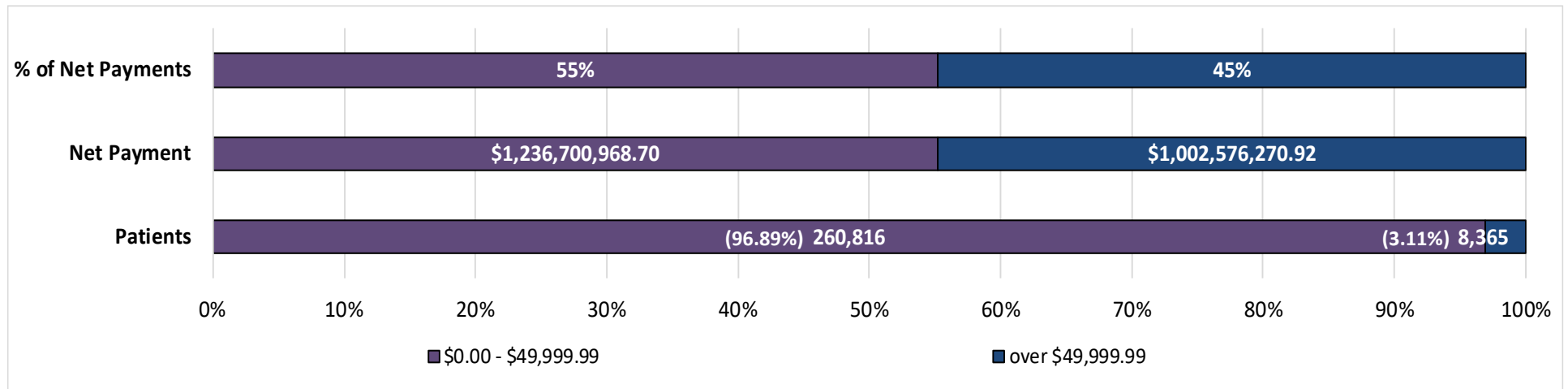
The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Jan 2023 - Dec 2023	257,953	\$2,017,419,109	\$1,290,792,955	\$726,626,154
Jan 2024 - Dec 2024	261,319	\$2,264,721,939	\$1,426,362,564	\$838,359,375
% Change (Roll Yrs)	1.31%	12.26%	10.50%	15.38%

Allowed Claims and High Cost Claimants

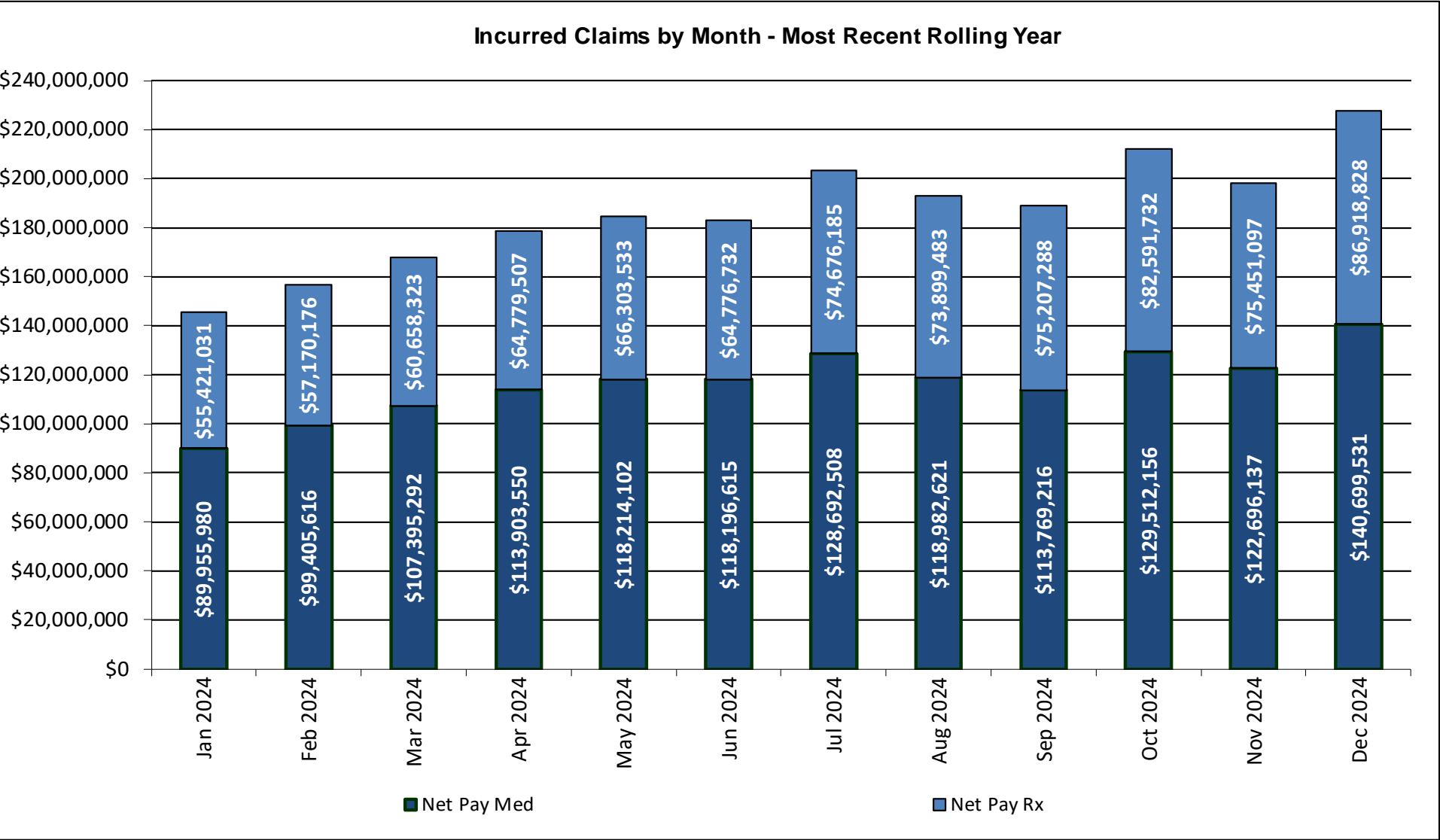
Allowed Claims Cost PMPY with Norms	Jan 2023 - Dec 2023	Jan 2024 - Dec 2024	% Change	Recent US Norms	Compared to Norm
Allowed Amount PMPY Medical	\$6,040.22	\$6,521.97	7.98%	\$6,135.27	5.93%
Allowed Amount PMPY IP Acute	\$1,398.55	\$1,459.11	4.33%	N/A	N/A
Allowed Amount PMPY OP Med	\$4,629.72	\$5,049.68	9.07%	\$4,613.77	8.63%
Allowed Amount PMPY OP Facility Medical	\$2,728.95	\$2,979.01	9.16%	N/A	N/A
Allowed Amount PMPY Office Medical	\$1,127.54	\$1,188.90	5.44%	N/A	N/A
Allowed Amount PMPY OP Laboratory	\$281.25	\$298.18	6.02%	N/A	N/A
Allowed Amount PMPY OP Radiation	\$609.08	\$655.96	7.70%	N/A	N/A
Out of Pocket PMPY Medical	\$971.53	\$1,000.43	2.97%	\$908.79	9.16%
Allowed Amount PMPY Rx	\$3,171.32	\$3,613.11	13.93%	\$2,201.16	39.08%
Out of Pocket PMPY Rx	\$286.46	\$240.69	-15.98%	N/A	N/A

High Cost Claimants (Nov 2023 - Oct 2024)

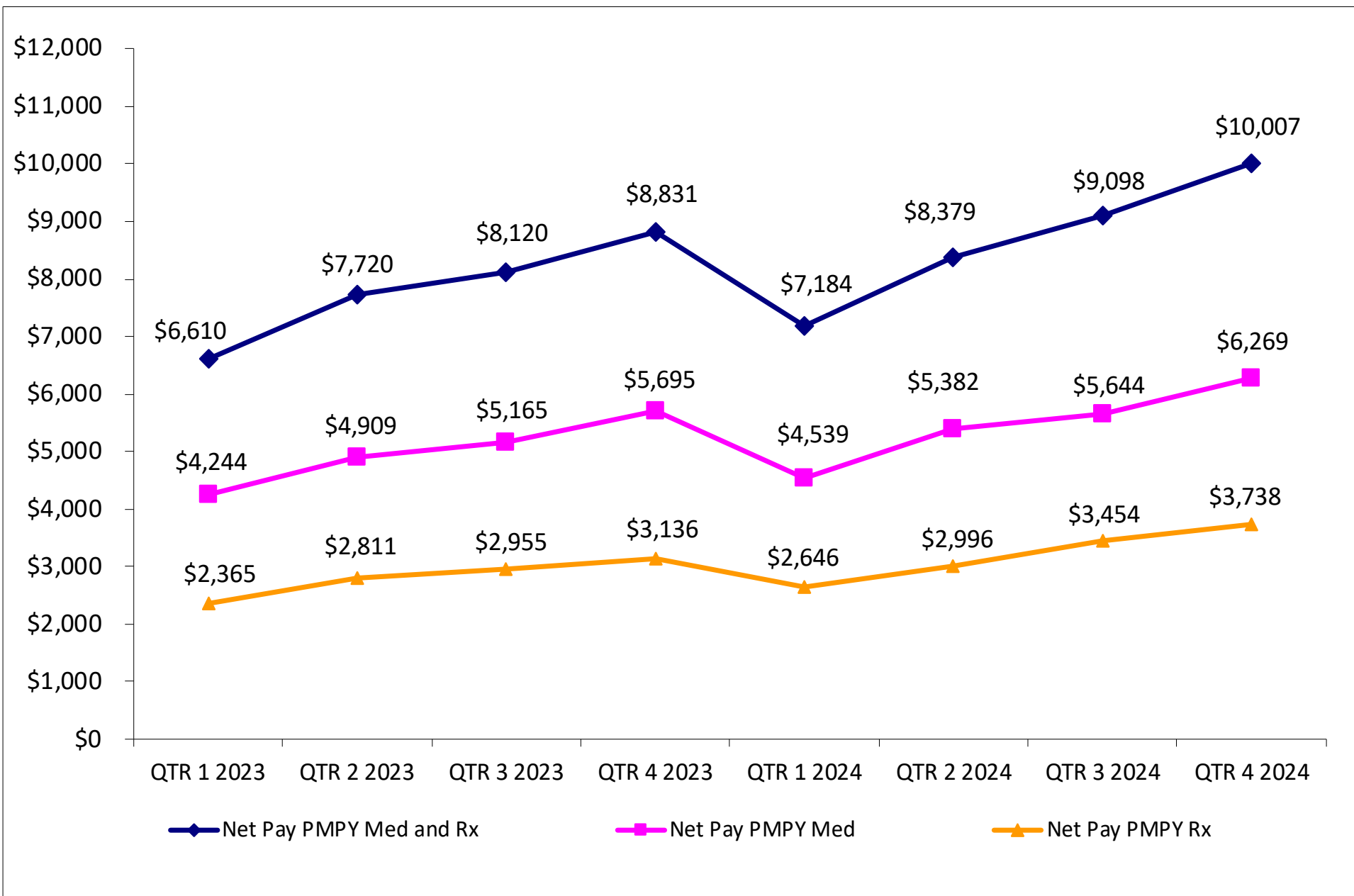


Claims Costs

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

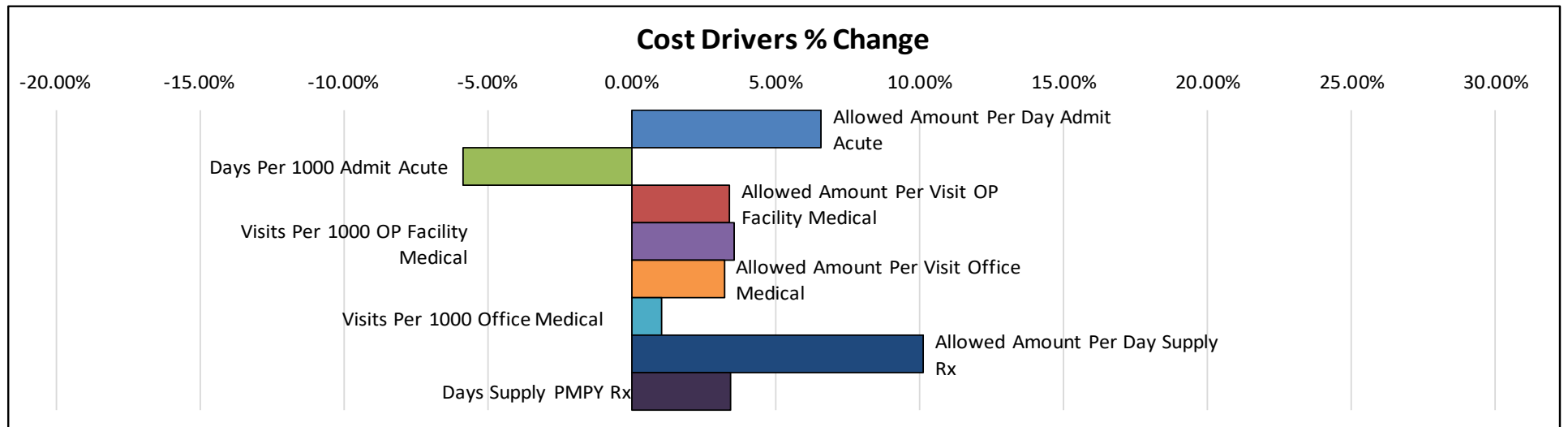


PMPY Costs as Calculated at the end of each Quarter



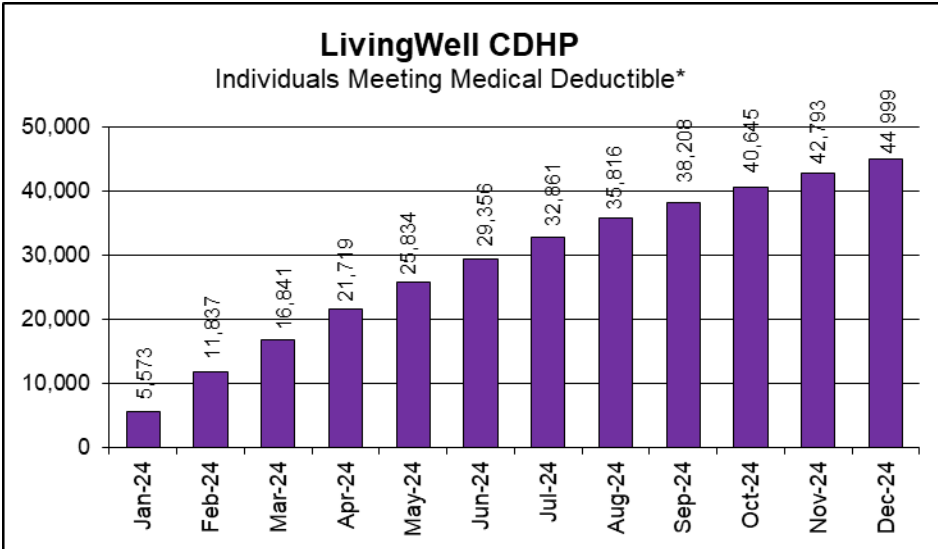
Cost Drivers

Cost Driver Support Table	Jan 2023 - Dec 2023	Jan 2024 - Dec 2024	% Change
Allowed Amount Per Day Admit Acute	\$5,612.24	\$5,981.06	6.57%
Days Per 1000 Admit Acute	252.18	237.36	-5.88%
Allowed Amount Per Visit OP Facility Medical	\$1,710.90	\$1,769.02	3.40%
Visits Per 1000 OP Facility Medical	1,594.08	1,650.94	3.57%
Allowed Amount Per Visit Office Medical	\$129.94	\$134.10	3.20%
Visits Per 1000 Office Medical	8,676.03	8,763.87	1.01%
Allowed Amount Per Day Supply Rx	\$4.91	\$5.41	10.11%
Days Supply PMPY Rx	645.99	668.05	3.42%

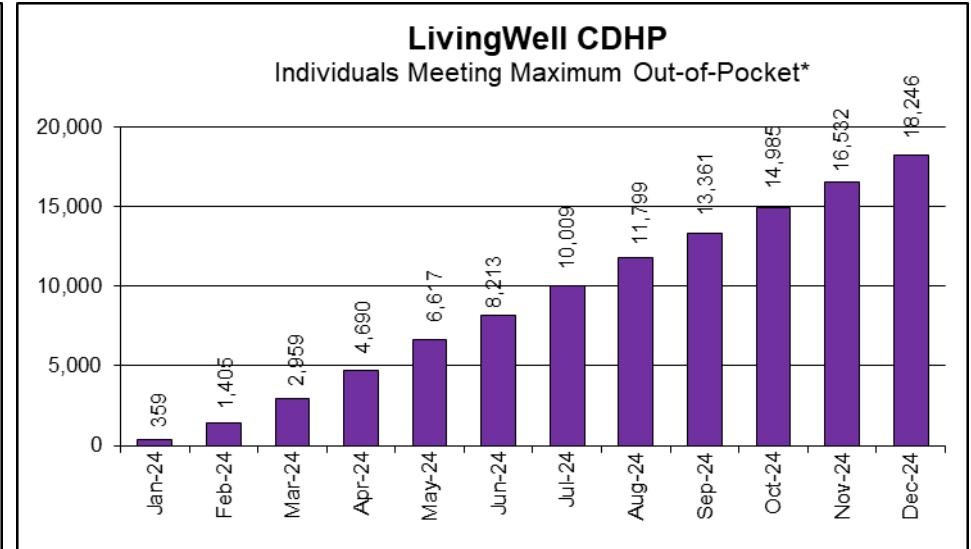


Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell CDHP

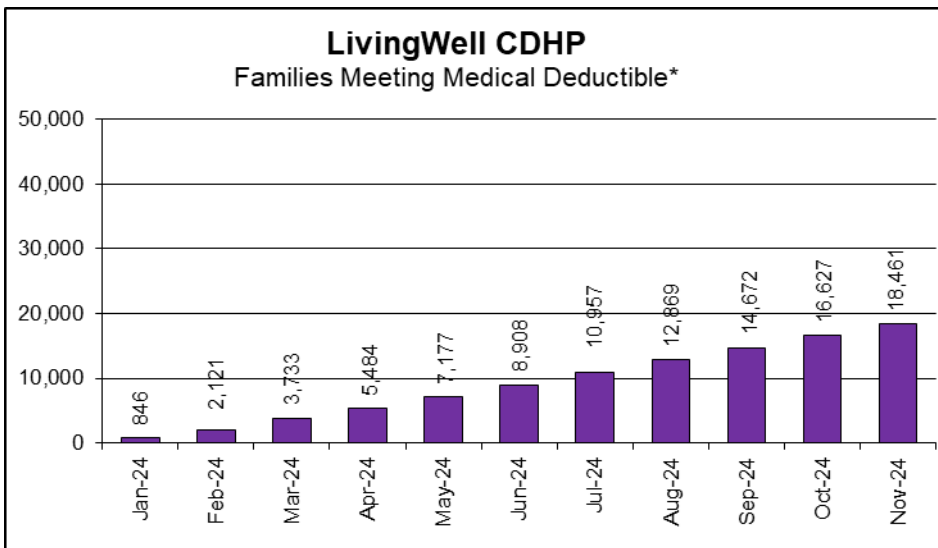
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



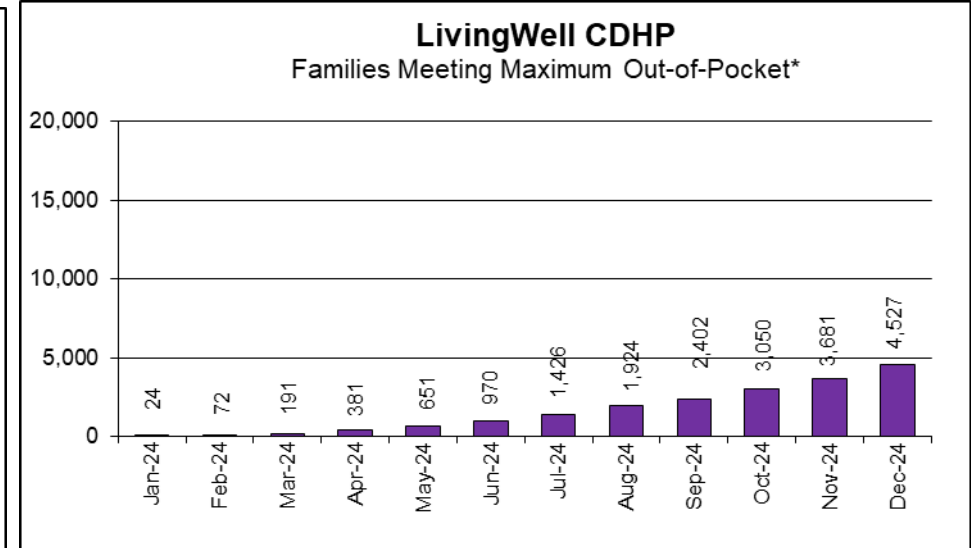
* 2020 - 2024 LivingWell CDHP Individual deductible is \$1,500



* 2020 - 2024 LivingWell CDHP Individual Maximum Out of Pocket is \$3,000



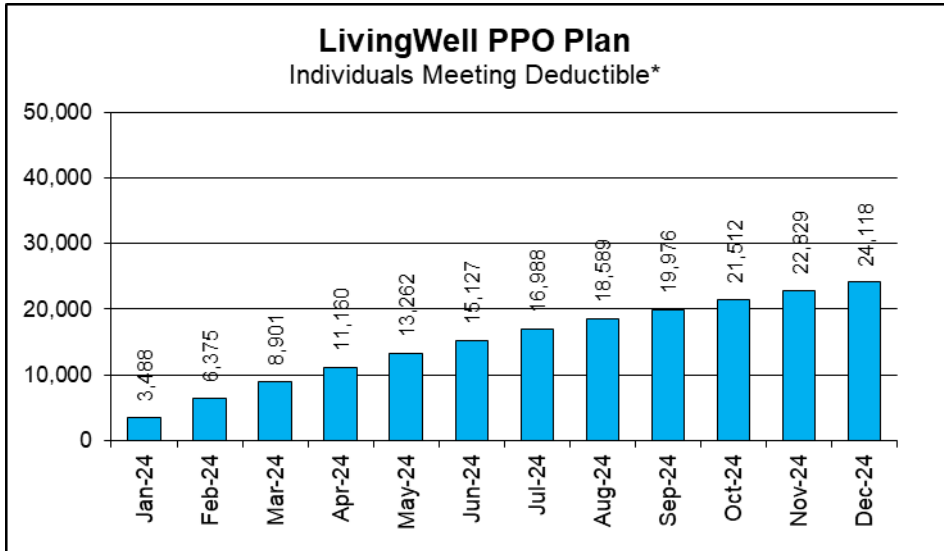
* 2020 - 2024 LivingWell CDHP Family deductible is \$2,750



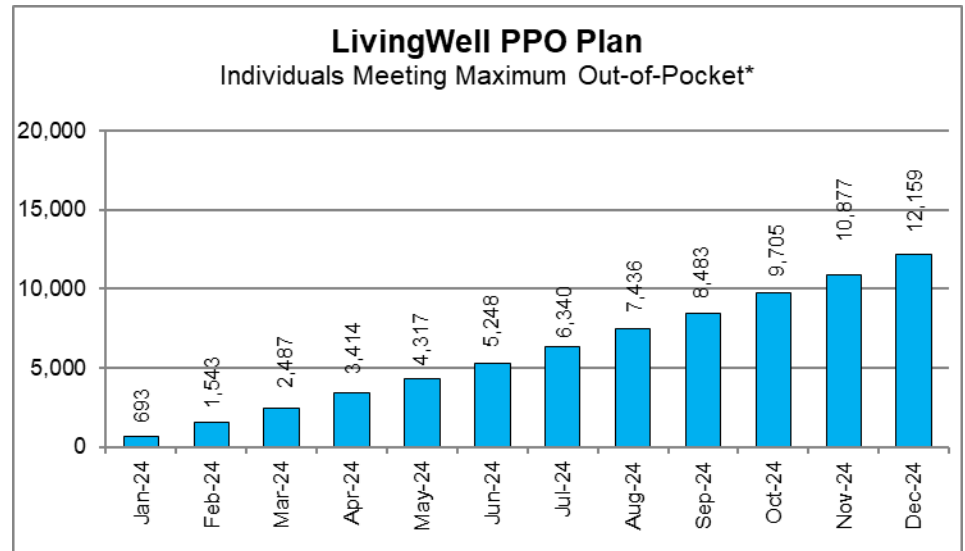
* 2020 - 2024 LivingWell CDHP Family Maximum Out of Pocket is \$5,750

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

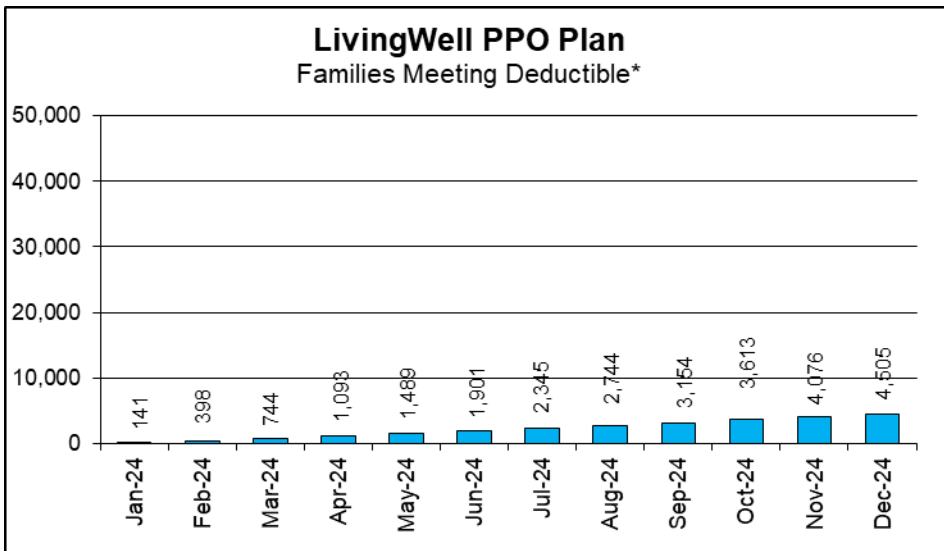
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



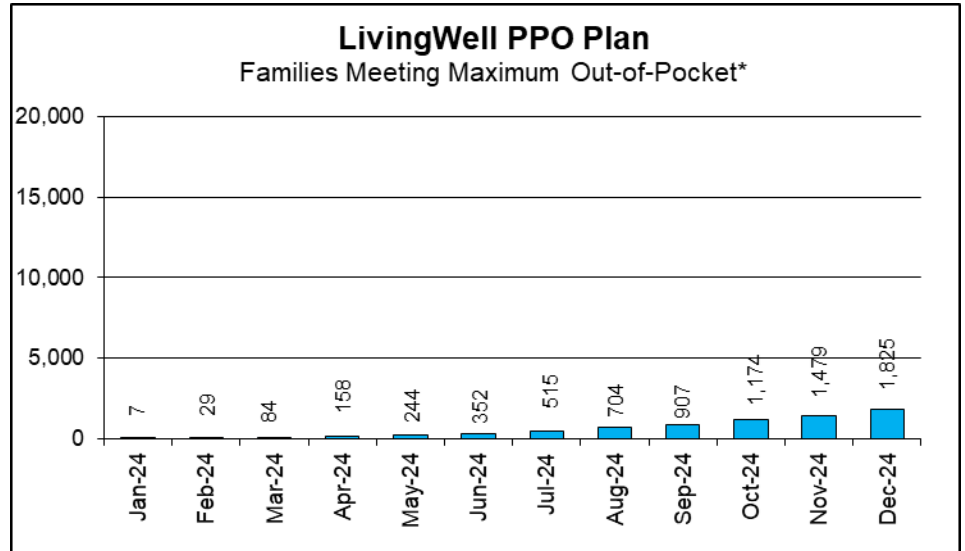
* 2020 - 2024 LW PPO Individual Deductible is \$1,000



* 2020 - 2024 LW PPO Individual Maximum Medical Out-of-Pocket is \$3,000



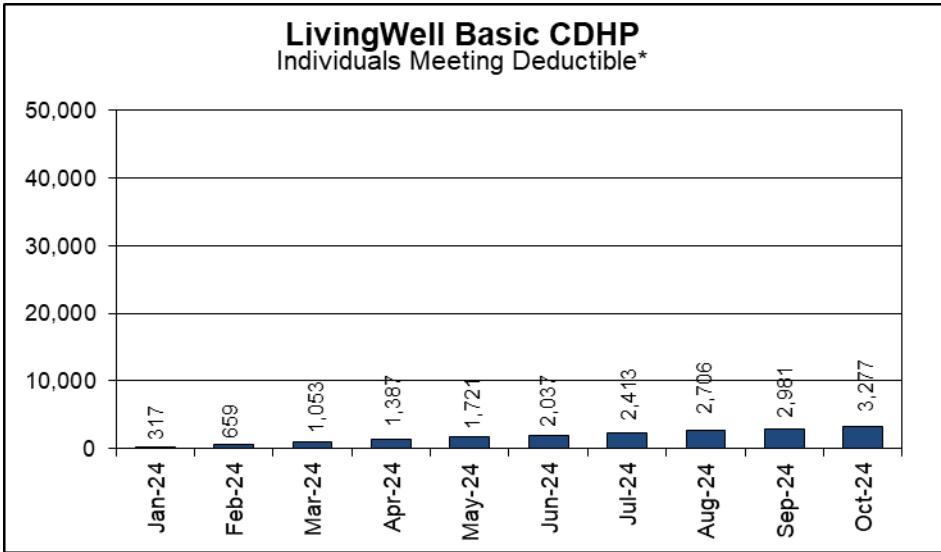
* 2020 - 2024 LW PPO Family Deductible is \$1,750



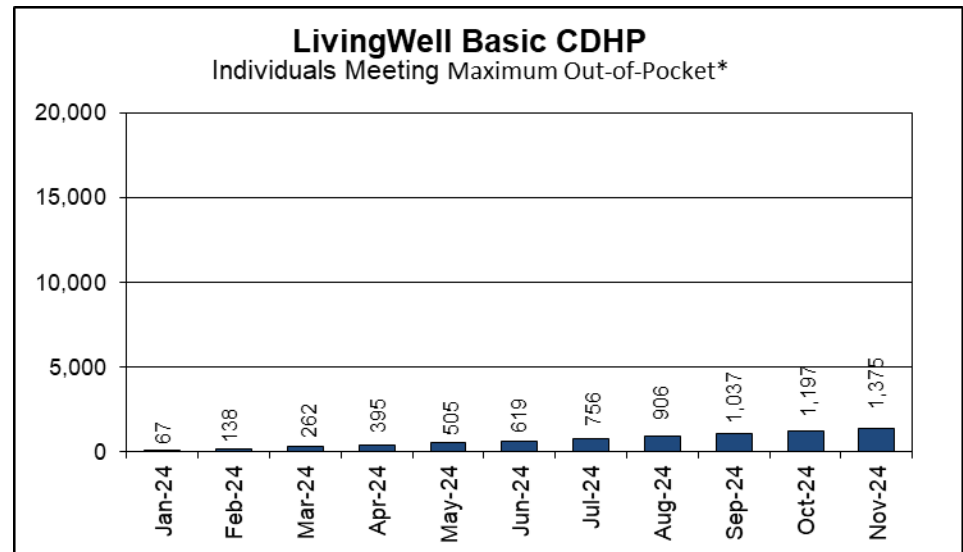
* 2020 - 2024 LW PPO Family Maximum Medical Out-of-Pocket is \$5,750

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

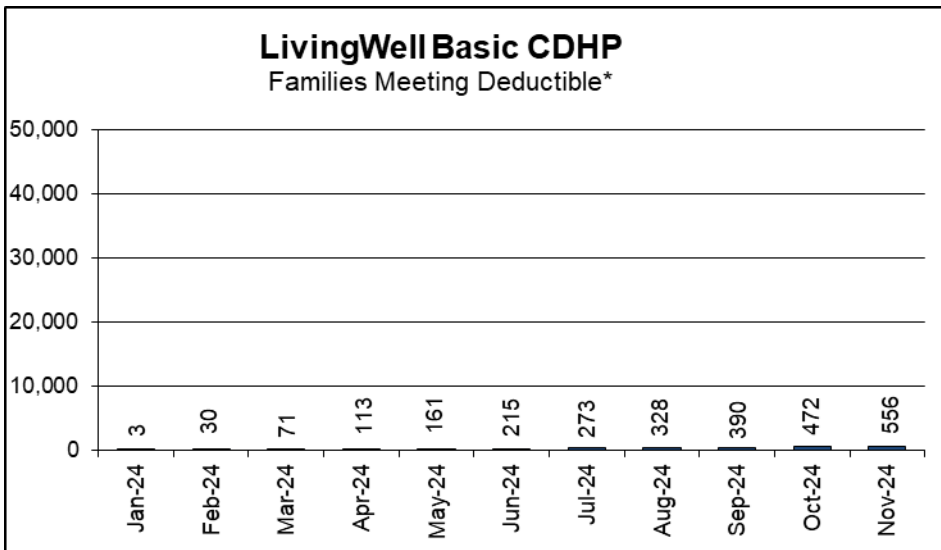
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



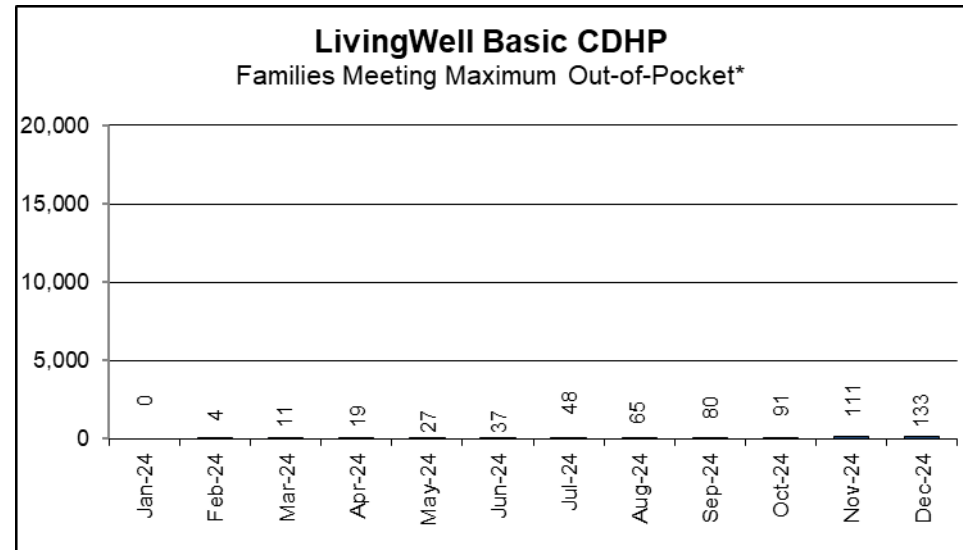
* 2020 - 2024 LW Basic CDHP Individual Deductible is \$2,000



* 2020 - 2024 LW Basic CDHP Individual Maximum Out-of-Pocket is \$4,000



* 2020 - 2024 LW Basic CDHP Family Deductible is \$3,750



* 2020 - 2024 LW Basic CDHP Family Maximum Out-of-Pocket is \$7,750

Prescription Drug Utilization

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from November 2024.

Prev Rank	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	Multisource generic	Hormones & Synthetic Subst	\$8,940,112.64	11.56%	6,740	\$1,506.08	5,936
2	2	MOUNJARO	Multisource generic	Hormones & Synthetic Subst	\$6,023,381.68	7.79%	5,797	\$1,184.07	5,087
3	3	OZEMPIC	Multisource generic	Hormones & Synthetic Subst	\$5,403,625.00	6.99%	5,405	\$1,083.98	4,985
4	4	STELARA	Multisource generic	Immunosuppressants	\$3,297,909.89	4.27%	132	\$24,428.96	135
5	5	SKYRIZI	Multisource generic	Immunosuppressants	\$2,836,385.04	3.67%	144	\$18,418.08	154
6	6	DUPIXENT	Single source brand	Immunosuppressants	\$2,281,325.78	2.95%	593	\$4,209.09	542
8	7	RINVOQ	Multisource generic	Immunosuppressants	\$1,815,901.46	2.35%	198	\$9,869.03	184
7	8	JARDIANCE	Multisource generic	Hormones & Synthetic Subst	\$1,627,607.93	2.10%	1,745	\$951.26	1,711
13	9	ENBREL	Single source brand	Immunosuppressants	\$1,416,223.73	1.83%	158	\$10,262.49	138
9	10	DEXCOM	Multisource generic	Diagnostic Agents	\$1,200,908.74	1.55%	2,573	\$583.53	2,058
10	11	TREMFYA	Multisource generic	Immunosuppressants	\$1,121,219.98	1.45%	85	\$12,597.98	89
12	12	UBRELVY	Multisource generic	Central Nervous System	\$1,106,868.72	1.43%	980	\$1,172.53	944
14	13	TRIKAFTA	Multisource generic	Respiratory Tract Agents	\$952,941.49	1.23%	34	\$35,294.13	27
11	14	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$935,654.42	1.21%	1,153	\$835.41	1,120
17	15	OTEZLA	Multisource generic	Enzyme Inhibitors	\$836,709.48	1.08%	130	\$6,640.55	126
15	16	QULIPTA	Multisource generic	Central Nervous System	\$794,061.95	1.03%	726	\$1,159.21	685
18	17	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$702,278.73	0.91%	959	\$765.01	918
21	18	EMGALITY	Single source brand	Central Nervous System	\$693,027.18	0.90%	942	\$791.13	876
22	19	KESIMPTA SENSOREADY PEN	Multisource generic	Antineoplastic Agents	\$664,345.08	0.86%	57	\$13,026.37	51
20	20	XARELTO	Multisource generic	Blood Form/Coagul Agents	\$646,080.59	0.84%	768	\$855.74	755
19	21	TRULICITY	Multisource generic	Hormones & Synthetic Subst	\$632,635.72	0.82%	637	\$1,081.43	585
25	22	LINZESS	Multisource generic	Gastrointestinal Drugs	\$625,045.61	0.81%	844	\$765.05	817
16	23	TALTZ	Multisource generic	Immunosuppressants	\$624,136.36	0.81%	83	\$8,321.82	75
24	24	VRAYLAR	Multisource generic	Central Nervous System	\$603,990.73	0.78%	333	\$1,899.34	318
23	25	RYBELSUS	Multisource generic	Hormones & Synthetic Subst	\$533,028.99	0.69%	494	\$1,117.46	477

*“Product Name” includes all strengths/formulations of a drug.

Prescription Drug Utilization (*continued*)

In summary, the top 25 drugs represent 8.04% of total scripts and 60.41% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$46,315,407	31,710	27,106
All Product Names	\$77,324,863	401,055	388,920
Top Drugs as Pct of All Drugs	59.90%	7.91%	6.97%

Prescription Drug Programs		Jan 2023 - Dec 2023	Jan 2024 - Dec 2024	% Change
Mail Order	Discount Off AWP %	55.00%	55.31%	0.56%
	Scripts Generic Effi-	98.95%	99.02%	0.07%
Retail	Discount Off AWP %	40.57%	38.46%	-5.21%
	Scripts Generic Effi-	99.12%	99.28%	0.17%
Total	Discount Off AWP %	46.35%	45.05%	-2.82%
	Scripts Generic Effi-	99.07%	99.21%	0.14%
	Scripts Maint Rx % Mail Order	32.41%	33.61%	3.70%

Utilization

The top 25 clinical conditions based on Total Incurred Medical Claims for November 2024.

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	\$108,800,307	\$213,251	\$108,570,148	0.00	2.00	1152.21	1.05	186,273	\$584.09
2	2	Chemotherapy Encounters	\$64,022,446	\$6,087,708	\$57,934,738	0.39	6.05	2.66	0.00	918	\$69,741.23
3	3	Osteoarthritis	\$59,736,610	\$2,425,067	\$57,307,511	0.12	2.78	173.05	0.49	19,905	\$3,001.09
4	4	Signs/Symptoms/Oth Cond,	\$55,803,693	\$5,214,955	\$50,461,048	0.63	6.35	452.29	12.99	93,966	\$593.87
5	5	Pregnancy without Delivery	\$42,053,829	\$30,783,897	\$11,236,435	0.48	3.14	90.20	8.38	5,922	\$7,101.29
6	6	Spinal/Back Disord, Low Back	\$39,989,885	\$12,156,789	\$27,805,646	0.54	3.73	578.71	4.30	34,223	\$1,168.51
7	7	Arthropathies/Joint Disord NEC	\$37,907,158	\$1,151,644	\$36,738,563	0.13	4.09	727.72	7.57	59,501	\$637.08
8	8	Respiratory Disord, NEC	\$32,891,622	\$12,408,871	\$20,352,588	0.24	5.48	80.50	10.29	29,066	\$1,131.62
9	9	Gastroint Disord, NEC	\$32,774,623	\$6,979,438	\$25,793,160	0.92	4.47	120.26	19.18	35,271	\$929.22
10	10	Coronary Artery Disease	\$32,307,633	\$17,548,717	\$14,729,803	1.54	4.42	26.84	1.62	5,798	\$5,572.20
11	11	Cardiac Arrhythmias	\$31,533,057	\$6,953,378	\$24,554,266	0.48	2.94	39.32	2.51	8,864	\$3,557.43
12	12	Infections, NEC	\$27,236,461	\$23,062,192	\$4,158,580	0.07	3.11	138.73	2.92	37,221	\$731.75
14	13	Condition Rel to Tx - Med/Surg	\$23,139,569	\$14,213,644	\$8,875,808	1.22	5.21	7.14	2.22	6,227	\$3,716.01
13	14	Newborns, w/wo Complication	\$22,909,678	\$22,092,805	\$816,609	9.16	3.31	9.33	0.24	3,020	\$7,585.99
15	15	Spinal/Back Disord, Ex Low	\$20,740,500	\$4,955,262	\$15,749,161	0.30	5.90	540.14	3.18	27,184	\$762.97
16	16	Diabetes	\$19,953,123	\$3,433,877	\$15,796,521	1.44	5.95	274.34	1.80	38,619	\$516.67
17	17	Neurological Disorders, NEC	\$19,702,893	\$5,187,330	\$14,468,140	0.41	7.63	74.57	1.71	10,568	\$1,864.39
18	18	Cancer - Breast	\$18,427,746	\$295,226	\$18,049,391	0.07	4.29	21.10	0.03	2,261	\$8,150.26
19	19	Cerebrovascular Disease	\$17,210,253	\$11,743,042	\$5,346,133	1.11	8.31	8.18	1.31	2,204	\$7,808.64
21	20	Cardiovasc Disord, NEC	\$17,103,855	\$2,519,820	\$14,557,112	0.27	4.89	75.00	8.96	20,969	\$815.67
20	21	Radiation Therapy Encounters	\$17,005,134	\$11,798	\$16,993,336	0.00	25.00	2.23	0.00	402	\$42,301.33
22	22	Cholecystitis/Cholelithiasis	\$16,457,930	\$3,192,374	\$13,265,556	0.54	3.51	4.26	2.08	2,131	\$7,723.10
24	23	Infections - ENT Ex Otitis Med	\$16,334,884	\$582,762	\$15,752,102	0.07	3.63	486.83	6.28	93,163	\$175.34
23	24	Hypertension, Essential	\$15,073,698	\$7,830,405	\$7,230,174	0.54	7.69	267.45	3.17	46,018	\$327.56
25	25	Renal Function Failure	\$14,511,188	\$4,871,817	\$9,562,482	0.20	5.81	15.53	0.72	3,458	\$4,196.41

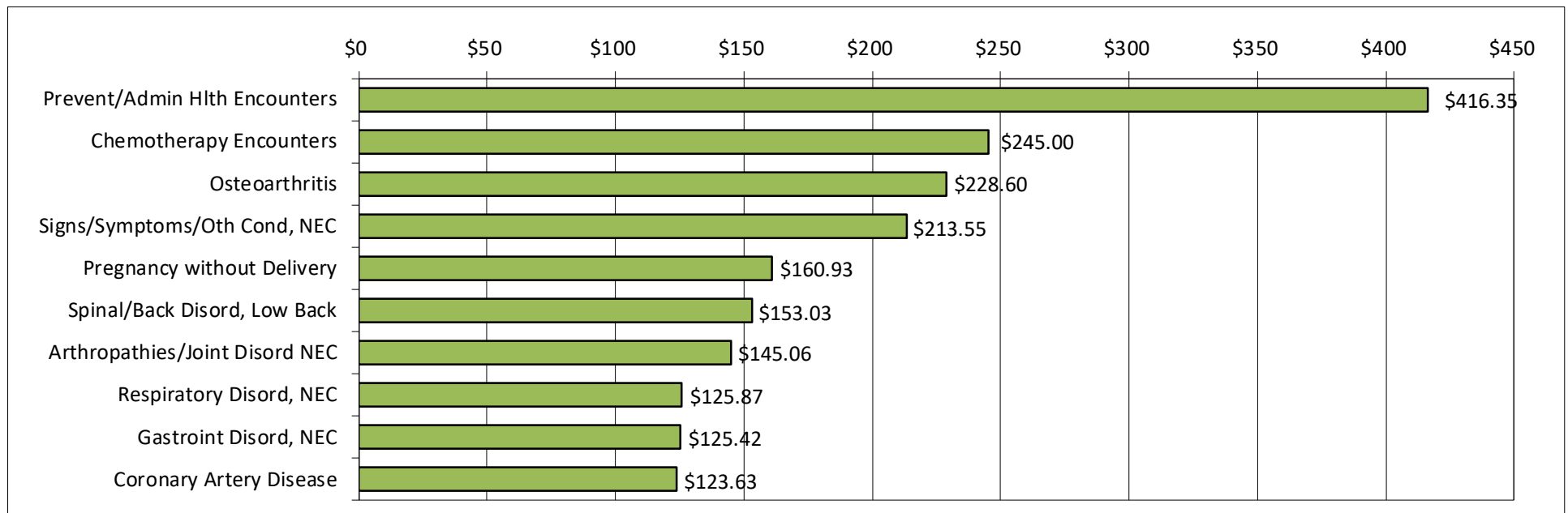
NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 57% 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	\$803,627,774	\$205,916,070	\$596,105,012	20.88	5.59	5,368.58	102.99
All Clinical Conditions	\$1,401,423,324	\$357,195,867	\$1,041,168,017	49.63	5.08	10,133.09	224.08
Top Clinical Conditions as Pct of All Clinical Conditions	57.34%	57.65%	57.25%	42.08%	110.03%	52.98%	45.96%

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.