

# Health Insurance Program Monthly Reports



Prepared for:

**Kentucky Group Health Insurance  
Board Members**

**October 2025**

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Paid data as of: August 2025  
Incurred data as of: May 2025

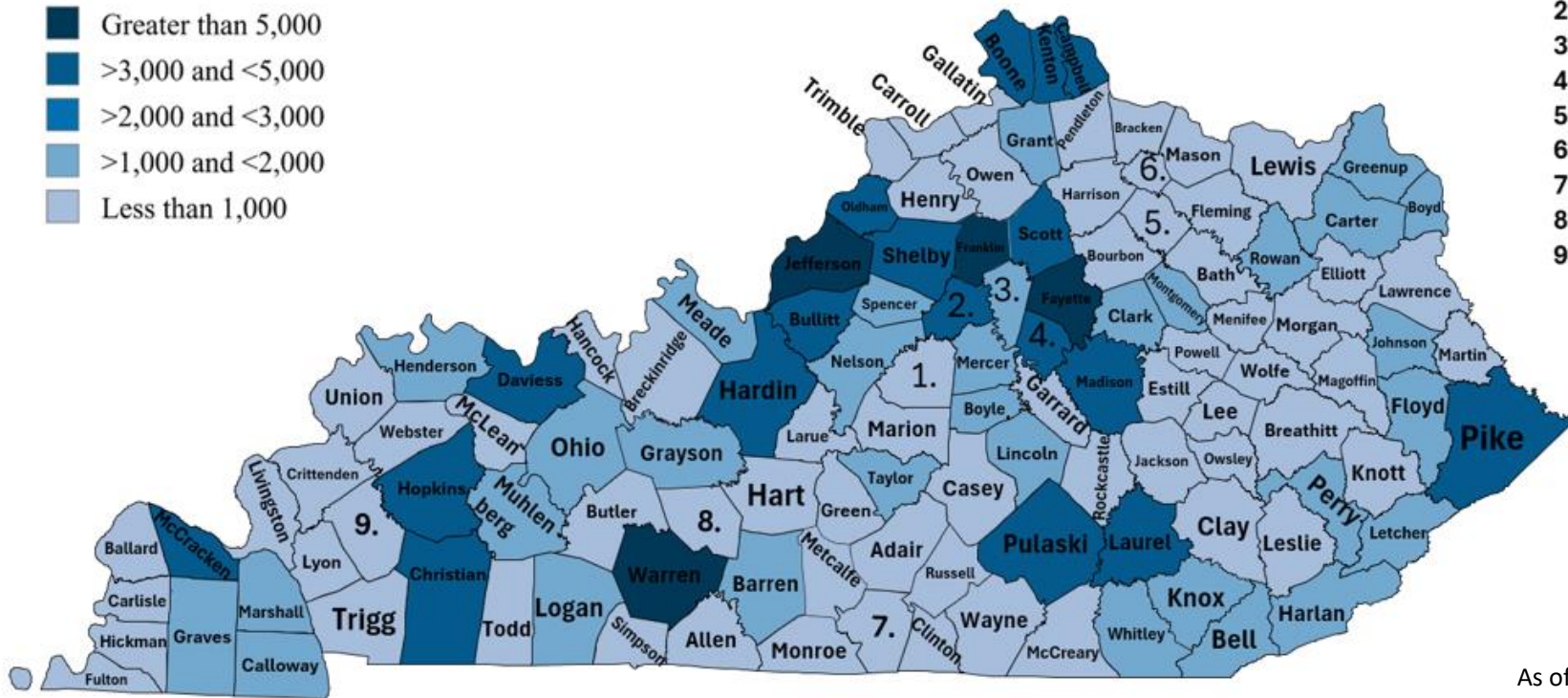
# Rolling Year Enrollment & LivingWell Promise Fulfillment

Enrollment	Jun 2023 - May 2024	Jun 2024 - May 2025	% Change
Planholders (Avg)	139,468	141,263	1.29%
Members (Avg)	259,528	262,859	1.28%
Family Size (Avg)	1.86	1.86	0.00%
Member Age (Avg)	36.59	36.58	-0.03%

LivingWell Promise Fulfillment		
Period	YTD PY2025	PY2024
Required	142,796	149,878
Promise Complete	121,647	120,630
% Complete	85.2%	80.5%
Castlight Registrations	Planholders:	135,326
	Dependents:	11,297

## Planholders by County

- Greater than 5,000
- >3,000 and <5,000
- >2,000 and <3,000
- >1,000 and <2,000
- Less than 1,000

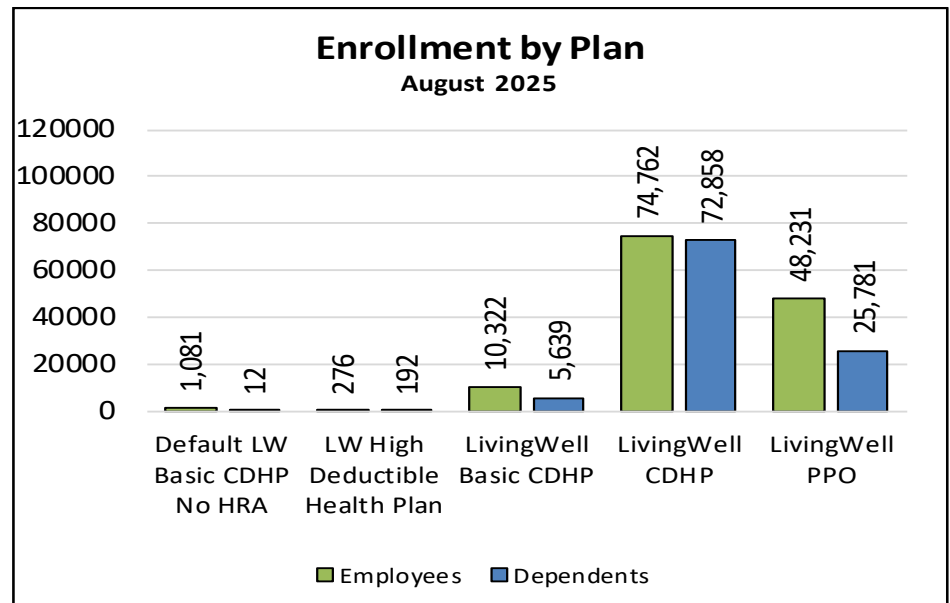
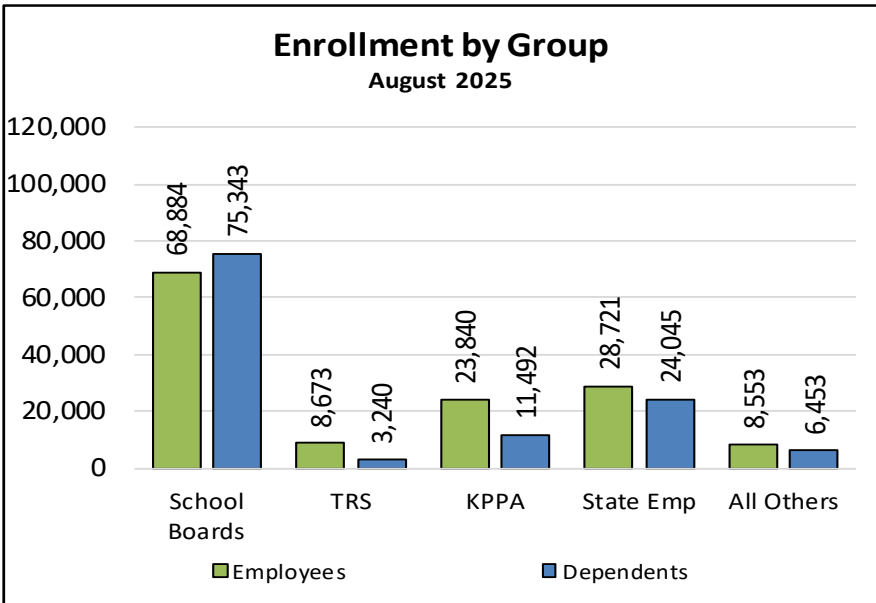
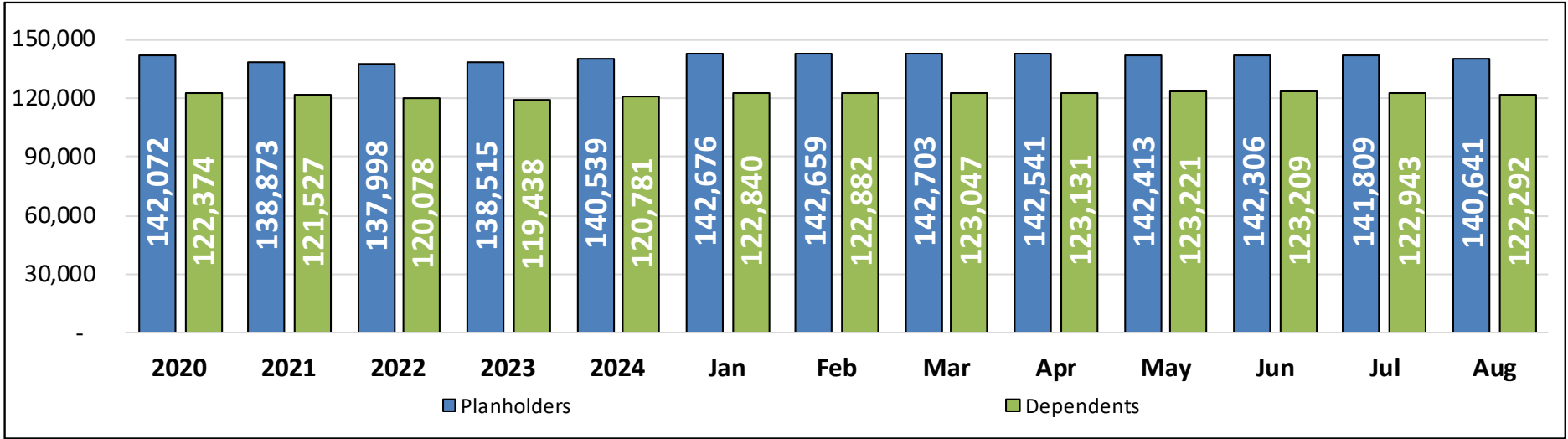


1. Washington
2. Anderson
3. Woodford
4. Jessamine
5. Nicholas
6. Robertson
7. Cumberland
8. Edmonson
9. Caldwell

As of: July 1, 2025

# Enrollment

The following chart shows planholder enrollment (contracts) for 2020-2024 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
Jun 2024	261,303	\$183,850,408.49	\$119,042,535.14	\$64,807,873.35	665,901	323,584	332,230
Jul 2024	260,379	\$204,213,065.22	\$129,480,471.34	\$74,732,593.88	734,157	361,336	362,309
Aug 2024	258,938	\$195,086,343.05	\$121,105,474.02	\$73,980,869.03	714,998	343,417	360,690
Sep 2024	258,635	\$190,049,474.04	\$114,799,057.76	\$75,250,416.28	704,375	330,198	363,742
Oct 2024	262,164	\$214,249,858.77	\$131,613,786.01	\$82,636,072.76	797,919	383,316	403,428
Nov 2024	262,073	\$200,565,229.78	\$125,081,223.35	\$75,484,006.43	731,319	347,268	373,690
Dec 2024	262,705	\$234,906,533.50	\$147,974,786.57	\$86,931,746.93	785,324	361,358	413,263
Jan 2025	265,516	\$168,189,296.95	\$98,554,265.96	\$69,635,030.99	745,438	347,819	385,111
Feb 2025	265,541	\$166,683,789.68	\$95,471,762.51	\$71,212,027.17	703,681	331,840	360,438
Mar 2025	265,750	\$196,981,411.14	\$114,322,481.38	\$82,658,929.76	756,329	359,462	385,829
Apr 2025	265,672	\$199,625,346.48	\$116,110,018.48	\$83,515,328.00	724,902	349,505	363,703
May 2025	265,634	\$206,333,502.46	\$117,579,579.52	\$88,753,922.94	718,899	334,549	373,540

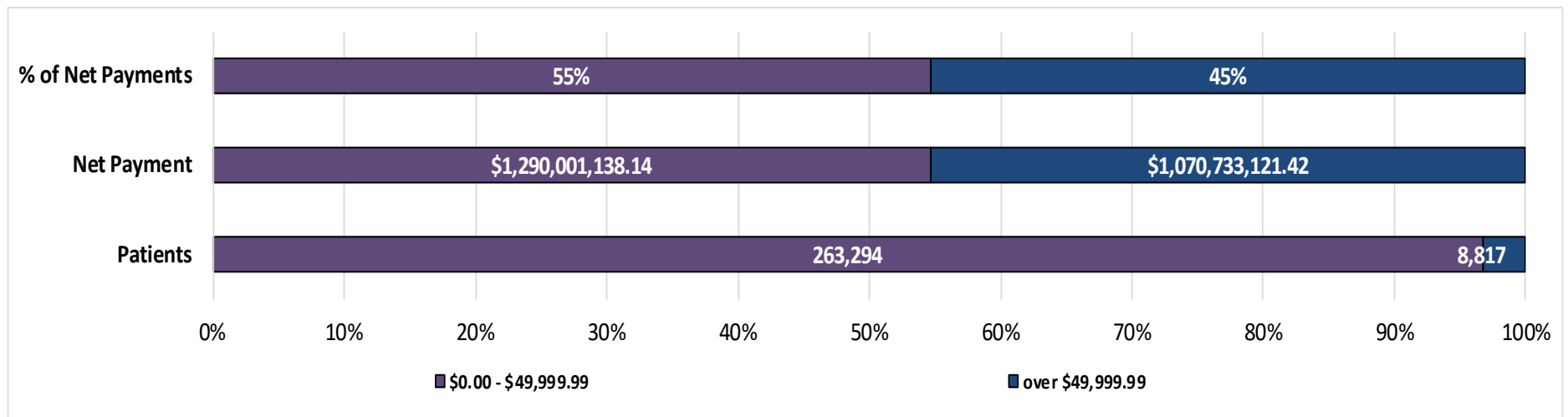
Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Jun 2023 - May 2024	259,528	\$2,109,131,629	\$1,348,804,275	\$760,327,354
Jun 2024 - May 2025	262,859	\$2,384,504,287	\$1,454,364,561	\$930,139,726
% Change (Roll Yrs)	1.28%	13.06%	7.83%	22.33%

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

## Allowed Claims and High Cost Claimants

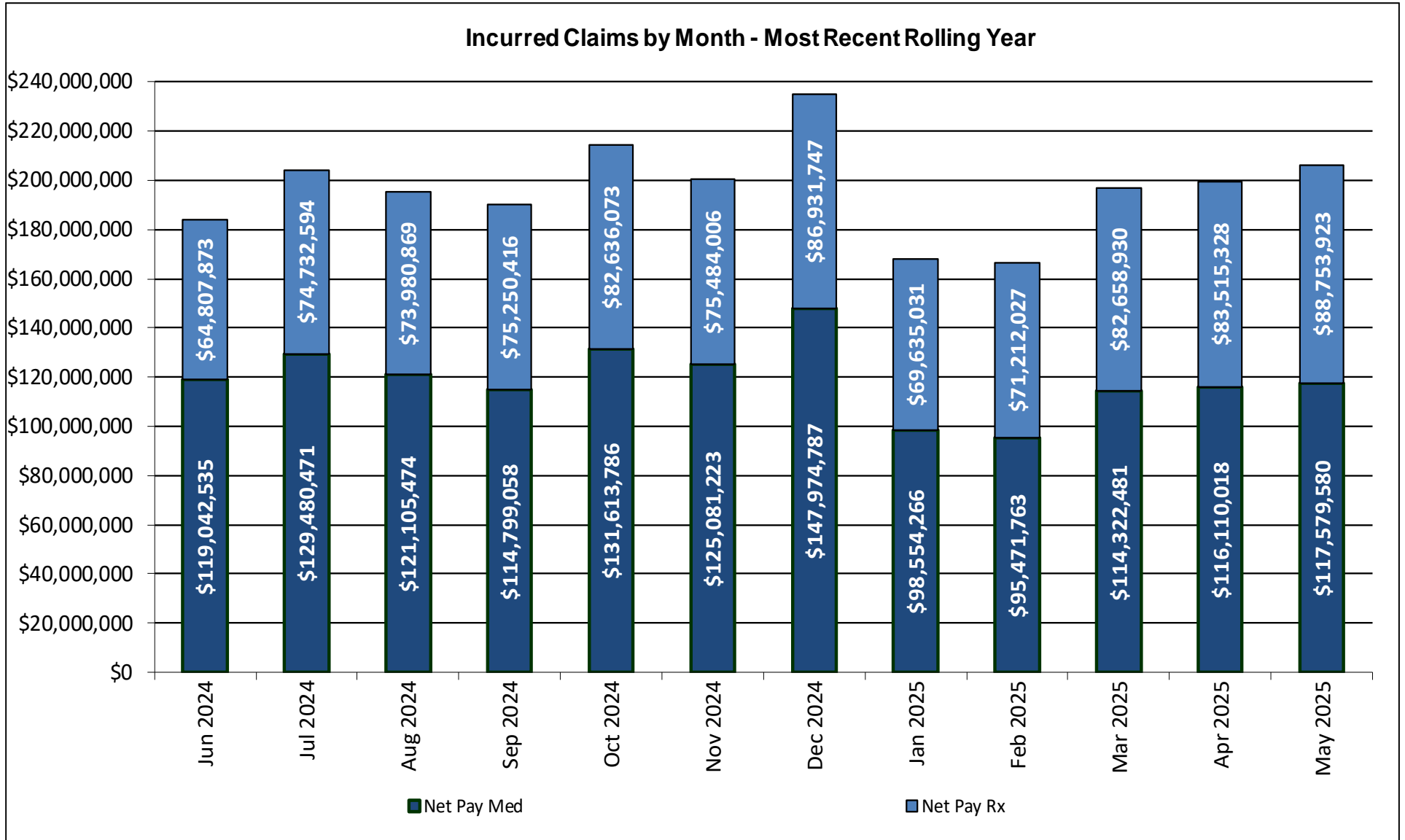
Allowed Claims Cost PMPY with Norms	Jun 2023 - May 2024	Jun 2024 - May 2025	% Change	Recent US Norms	Compared to Norm
Allowed Amount PMPY Medical	\$6,268.43	\$6,591.79	5.16%	\$6,126.37	7.60%
Allowed Amount PMPY IP Acute	\$1,454.71	\$1,496.66	2.88%	N/A	N/A
Allowed Amount PMPY OP Med	\$4,801.52	\$5,080.71	5.81%	\$4,607.59	10.27%
Allowed Amount PMPY OP Facility Medical	\$2,835.55	\$2,981.12	5.13%	N/A	N/A
Allowed Amount PMPY Office Medical	\$1,148.77	\$1,195.56	4.07%	N/A	N/A
Allowed Amount PMPY OP Laboratory	\$287.96	\$295.28	2.54%	N/A	N/A
Allowed Amount PMPY OP Radiation	\$629.60	\$663.52	5.39%	N/A	N/A
Out of Pocket PMPY Medical	\$999.89	\$993.08	-0.68%	\$908.25	9.34%
Allowed Amount PMPY Rx	\$3,310.11	\$3,914.24	18.25%	\$2,198.45	78.05%
Out of Pocket PMPY Rx	\$254.01	\$309.96	22.03%	N/A	N/A

## High Cost Claimants (Jun 2024 - May 2025)

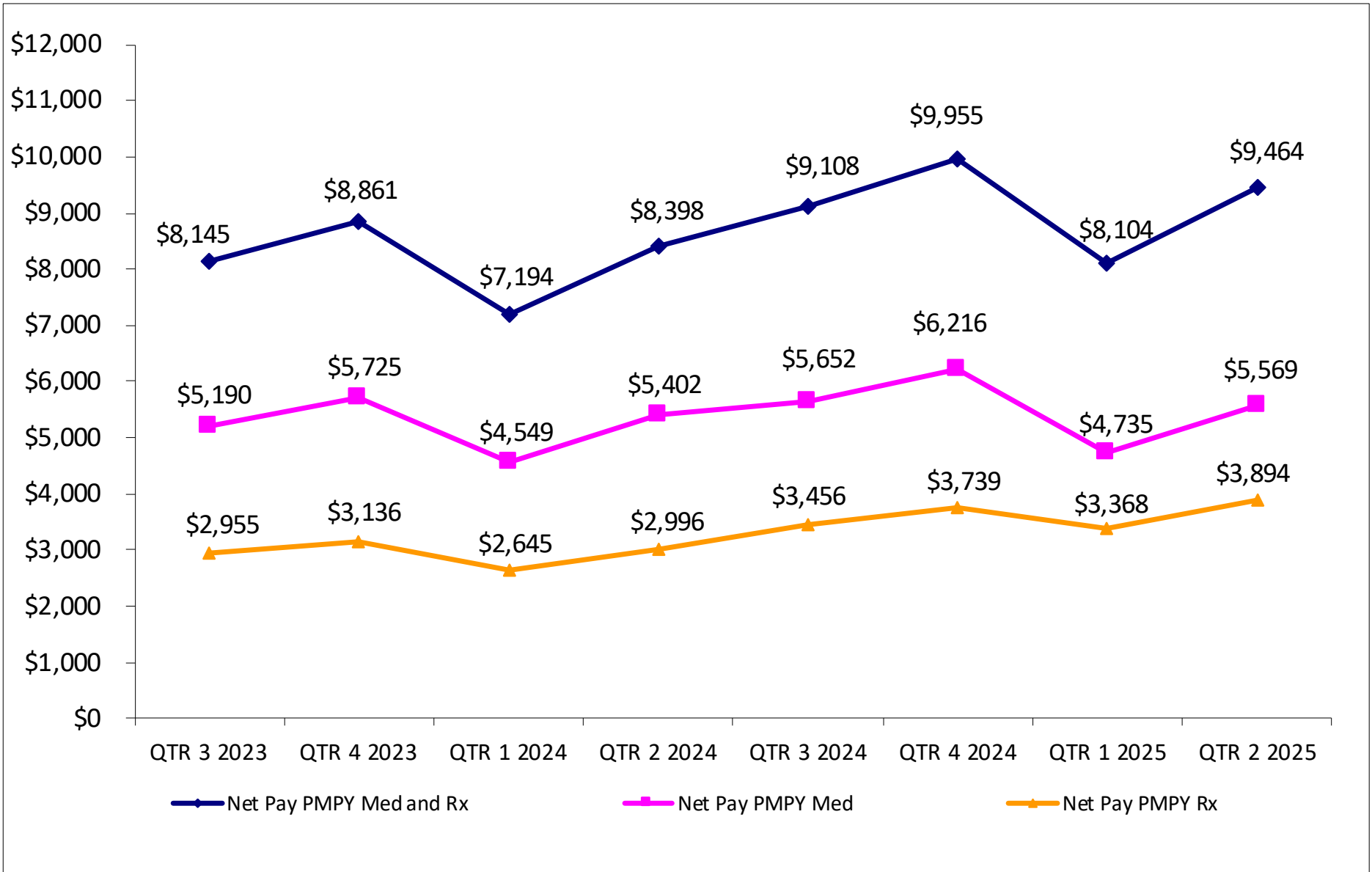


# Claim Costs

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

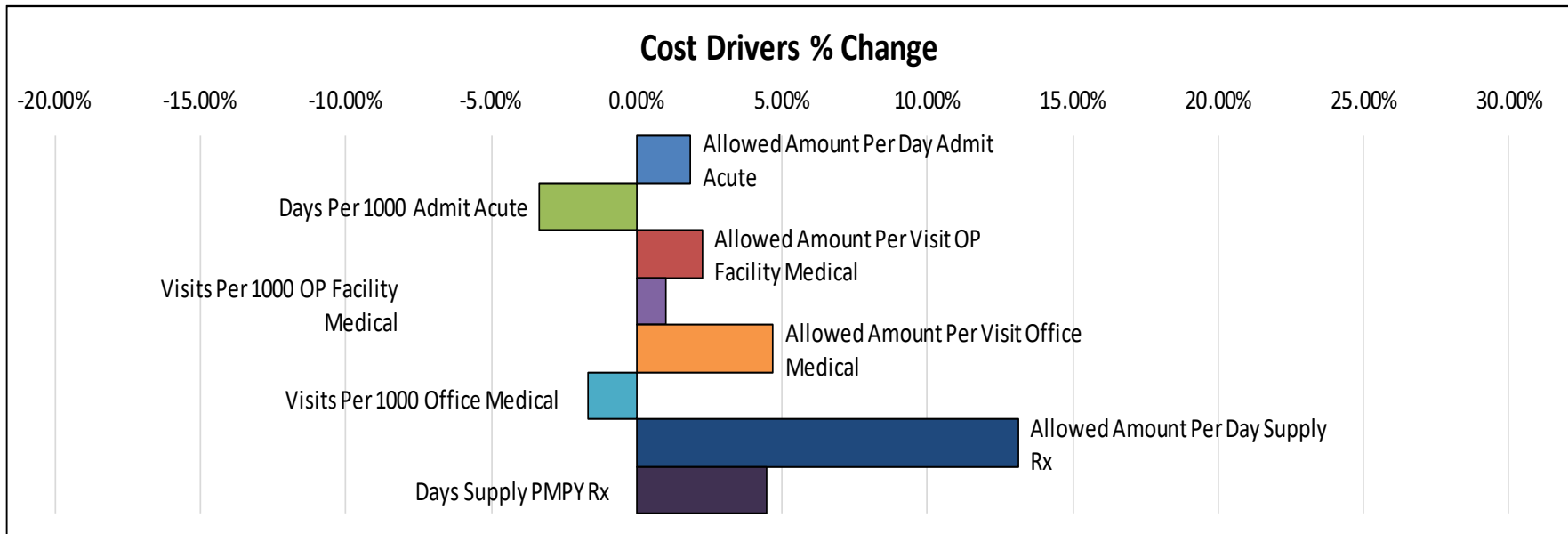


## PMPY Costs as Calculated at the end of each Quarter



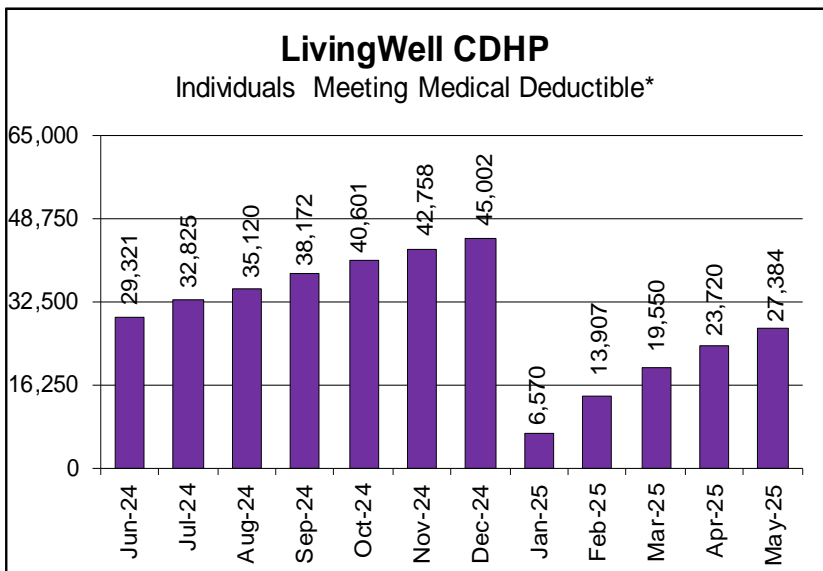
## Cost Drivers

Cost Driver Support Table	Jun 2023 - May 2024	Jun 2024 - May 2025	% Change
Allowed Amount Per Day Admit Acute	\$5,853.50	\$5,962.49	1.86%
Days Per 1000 Admit Acute	251.52	243.08	-3.36%
Allowed Amount Per Visit OP Facility Medical	\$1,734.54	\$1,773.59	2.25%
Visits Per 1000 OP Facility Medical	1,633.43	1,649.46	0.98%
Allowed Amount Per Visit Office Medical	\$131.06	\$137.22	4.70%
Visits Per 1000 Office Medical	8,763.85	8,618.38	-1.66%
Allowed Amount Per Day Supply Rx	\$5.07	\$5.73	13.11%
Days Supply PMPY Rx	653.24	682.61	4.50%

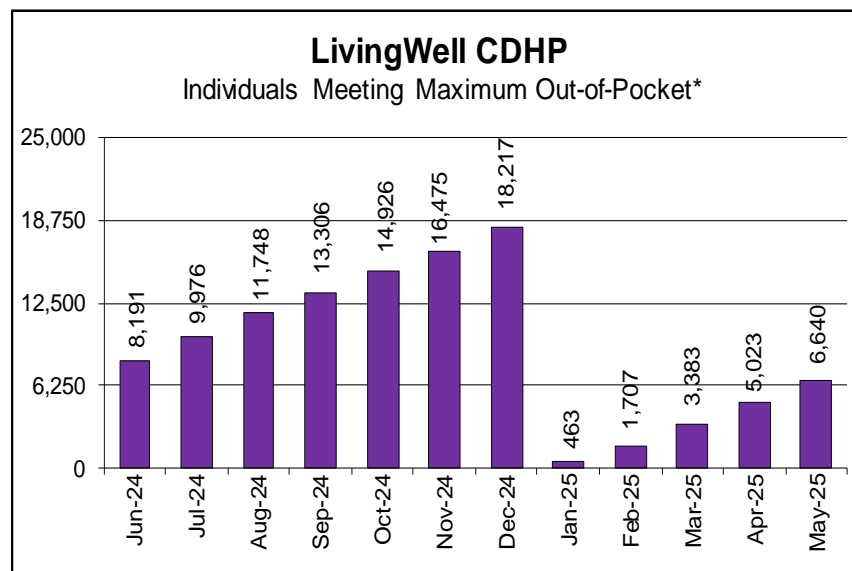


# Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell CDHP

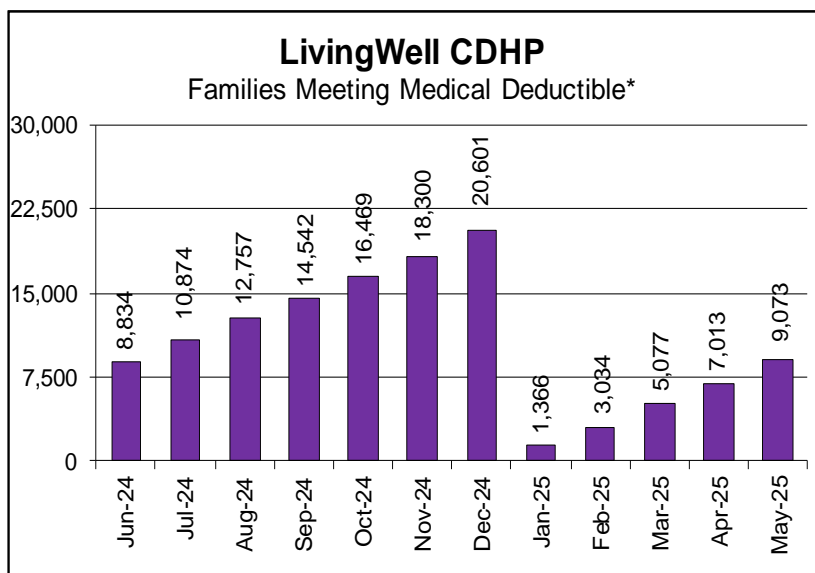
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



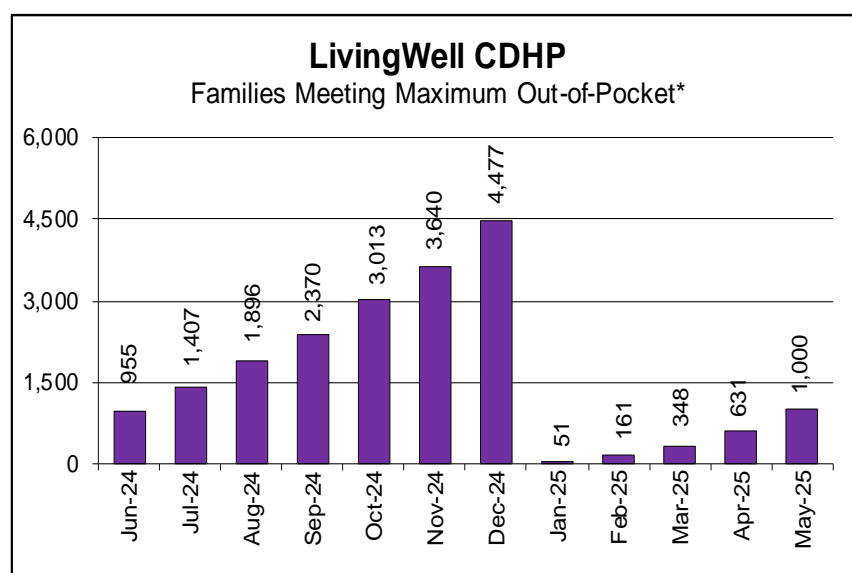
\*2020-2025 LivingWell CDHP Individual Deductible is \$1500



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



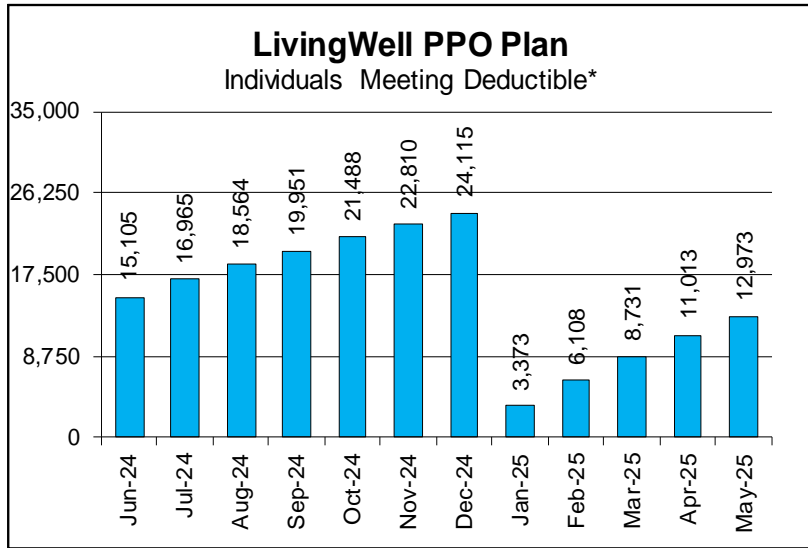
\*2020-2025 LivingWell CDHP Family Deductible is \$2,750



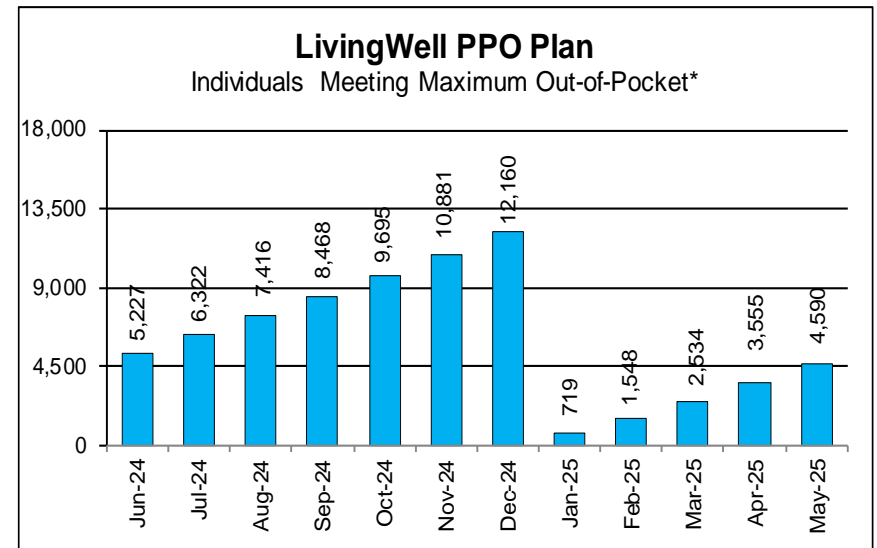
\*2020-2025 LivingWell CDHP Family Maximum Out of Pocket is \$5,750

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

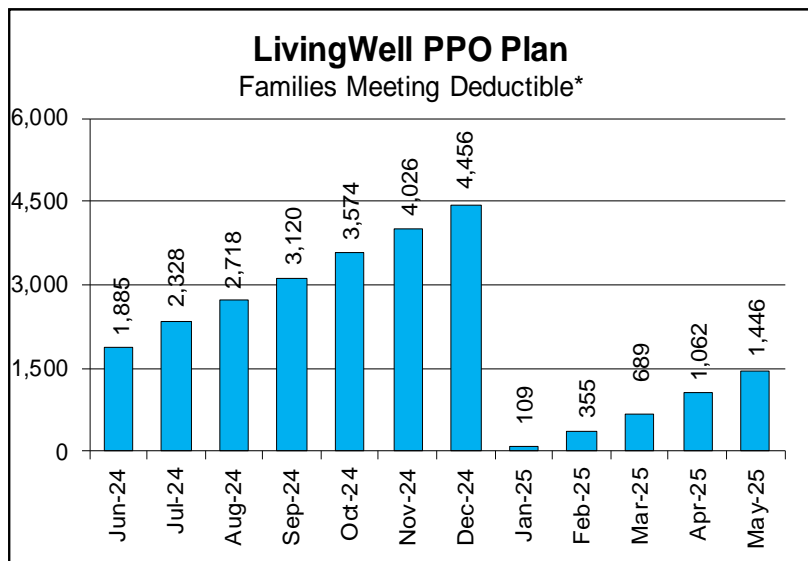
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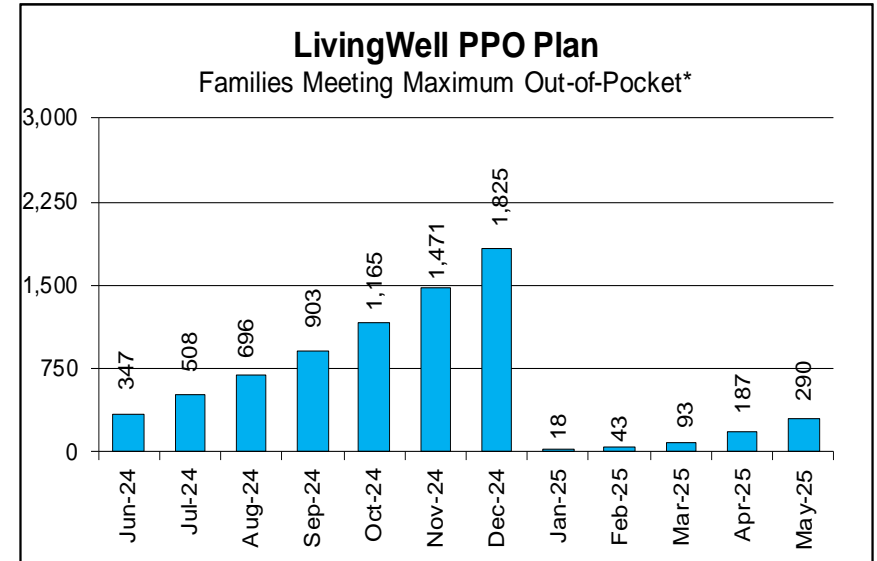
\*2020-2025 LW PPO Individual Deductible is \$1,000



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



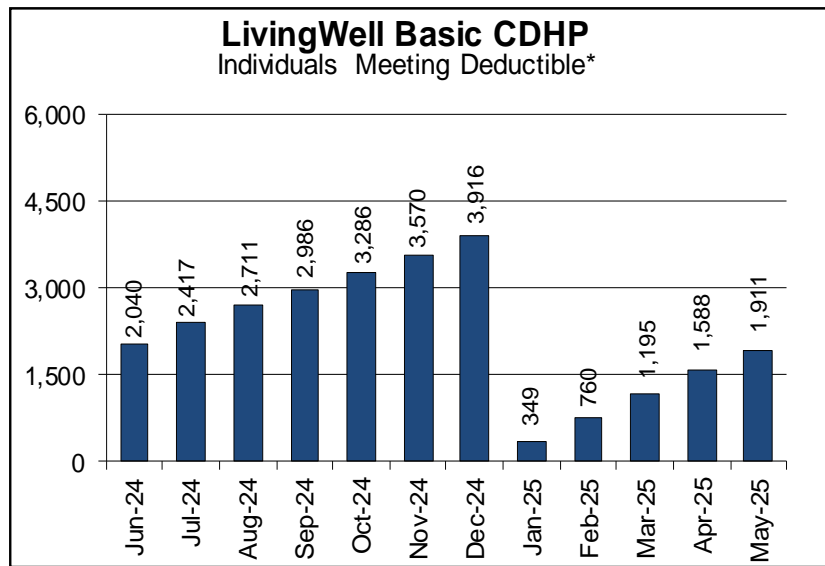
\*2020-2025 LW PPO Family Deductible is \$1,750



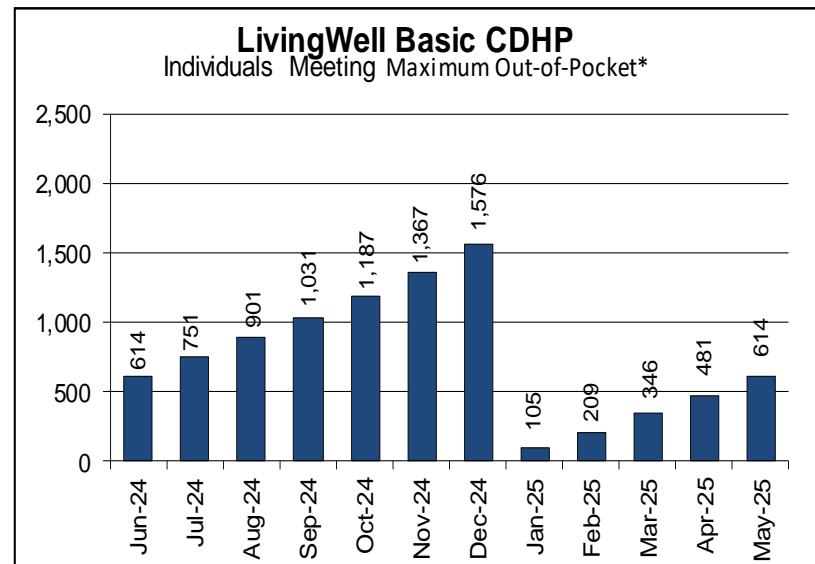
\*2020-2025 LW PPO Family Maximum Medical Out of Pocket is \$5,750

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

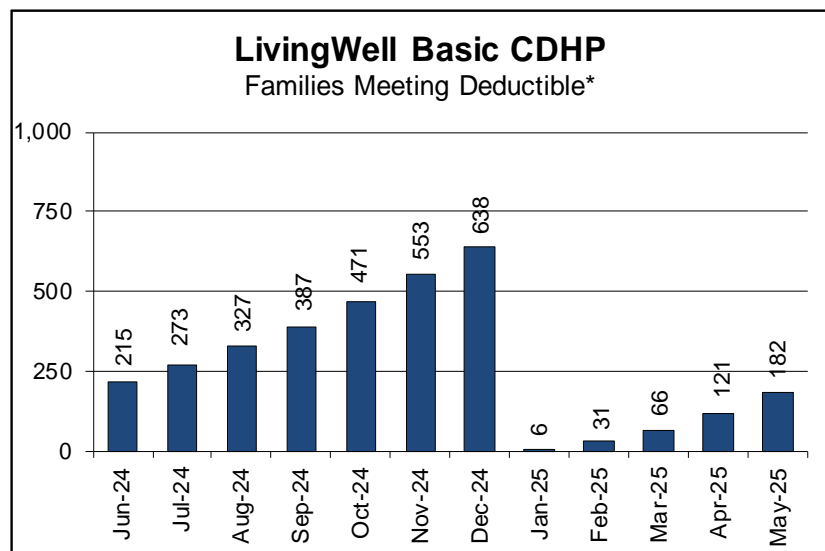
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



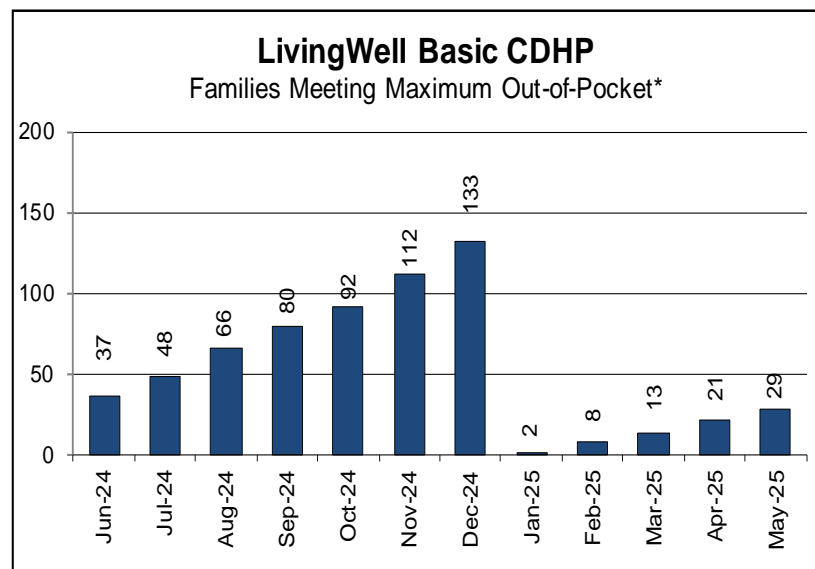
\*2020-2025 LW Basic CDHP Individual Deductible is \$2,000



\*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

# Prescription Drug Utilization

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

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
2	1	ZEPBOUND PEN	Multisource generic	Hormones & Synthetic Subst	\$7,759,195	9.3%	8190	\$1,070	7250
1	2	MOUNJARO	Multisource generic	Hormones & Synthetic Subst	\$7,207,353	8.7%	6827	\$1,157	6231
4	3	WEGOVY	Multisource generic	Hormones & Synthetic Subst	\$6,921,502	8.3%	5545	\$1,306	5300
3	4	OZEMPIC	Multisource generic	Hormones & Synthetic Subst	\$5,305,352	6.4%	5162	\$1,093	4853
5	5	SKYRIZI	Multisource generic	Immunosuppressants	\$3,448,245	4.1%	155	\$21,552	160
7	6	DUPIXENT	Single source brand	Immunosuppressants	\$3,379,224	4.1%	609	\$5,846	578
6	7	STELARA	Multisource generic	Immunosuppressants	\$3,164,060	3.8%	113	\$28,001	113
10	8	RINVOQ	Multisource generic	Immunosuppressants	\$1,923,775	2.3%	216	\$9,524	202
9	9	JARDIANCE	Multisource generic	Hormones & Synthetic Subst	\$1,822,305	2.2%	1754	\$1,044	1746
8	10	ENBREL	Single source brand	Immunosuppressants	\$1,806,178	2.2%	170	\$11,432	158
13	11	COSENTYX	Single source brand	Diagnostic Agents	\$1,431,931	1.7%	125	\$12,239	117
12	12	DEXCOM	Multisource generic	Immunosuppressants	\$1,337,051	1.6%	2648	\$622	2149
11	13	TREMFYA	Multisource generic	Immunosuppressants	\$1,069,367	1.3%	71	\$14,451	74
15	14	UBRELVY	Multisource generic	Hormones & Synthetic Subst	\$1,067,477	1.3%	979	\$1,103	968
17	15	TRIKAFTA	Multisource generic	Respiratory Tract Agents	\$1,058,047	1.3%	35	\$33,064	32
16	16	FARXIGA	Single source brand	Central Nervous System	\$992,398	1.2%	1073	\$937	1059
14	17	OTEZLA	Multisource generic	Enzyme Inhibitors	\$895,268	1.1%	122	\$7,461	120
18	18	KESIMPTA SENSOREADY PEN	Multisource generic	Blood Form/Coagul Agents	\$823,235	1.0%	61	\$14,701	56
22	19	VRAYLAR	Multisource generic	Central Nervous System	\$771,046	0.9%	421	\$1,823	423
19	20	ELIQUIS	Single source brand	Antineoplastic Agents	\$742,781	0.9%	970	\$781	951
20	21	BIMZELX AUTOINJECTOR	Multisource generic	Blood Form/Coagul Agents	\$732,494	0.9%	44	\$16,648	44
21	22	EMGALITY	Single source brand	Hormones & Synthetic Subst	\$663,903	0.8%	885	\$778	853
23	23	XARELTO	Multisource generic	Central Nervous System	\$572,856	0.7%	652	\$901	636
24	24	TRULICITY	Multisource generic	Immunosuppressants	\$556,118	0.7%	547	\$1,078	516
#N/A	25	LINZESS	Multisource generic	Antineoplastic Agents	\$533,003	0.6%	647	\$817	652

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

## Prescription Drug Utilization(*continued*)

In summary, the top 25 drugs represent 10% of total scripts and 67.20% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$55,984,162	38,021	26,187
All Product Names	\$83,315,008	380,085	372,283
Top Drugs as Pct of All Drugs	67.20%	10.00%	7.03%

Prescription Drug Programs		Jun 2023 - May 2024	Jun 2024 - May 2025	% Change
Mail Order	Discount Off AWP % Rx	55.26%	56.52%	2.29%
	Scripts Generic Efficiency Rx	98.98%	99.06%	0.08%
Retail	Discount Off AWP % Rx	40.27%	38.34%	-4.78%
	Scripts Generic Efficiency Rx	99.20%	99.28%	0.08%
Total	Discount Off AWP % Rx	46.31%	45.28%	-2.22%
	Scripts Generic Efficiency Rx	99.14%	99.21%	0.07%
	Scripts Maint Rx % Mail Order	33.08%	34.33%	3.78%

# Utilization

The top 25 clinical conditions based on Total Incurred Medical Claims for May 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	\$40,930,172	\$50,325	\$40,875,997	0.00	0.00	1002.93	0.87	98,457	\$415.72
2	2	Chemotherapy Encounters	\$24,417,606	\$1,246,215	\$23,171,391	0.34	4.87	2.73	0.02	581	\$42,026.86
3	3	Signs/Symptoms/Oth Cond, NEC	\$20,169,637	\$2,441,711	\$17,680,019	0.94	6.88	449.45	12.63	54,728	\$368.54
4	4	Pregnancy without Delivery	\$18,284,912	\$14,018,927	\$4,265,985	0.61	3.42	96.07	8.75	3,900	\$4,688.44
5	5	Osteoarthritis	\$18,230,454	\$1,002,956	\$17,227,412	0.14	4.69	159.90	0.42	11,225	\$1,624.09
8	6	Spinal/Back Disord, Low Back	\$14,620,099	\$5,380,074	\$9,225,126	0.61	3.54	539.74	4.11	19,854	\$736.38
6	7	Coronary Artery Disease	\$14,270,425	\$8,835,110	\$5,434,388	1.79	3.73	27.63	1.61	3,287	\$4,341.47
9	8	Arthropathies/Joint Disord NEC	\$13,294,843	\$542,854	\$12,735,461	0.15	2.71	705.44	6.93	32,975	\$403.18
7	9	Cardiac Arrhythmias	\$12,737,460	\$2,708,621	\$10,028,002	0.65	3.31	39.09	2.39	4,656	\$2,735.71
10	10	Gastroint Disord, NEC	\$12,722,637	\$2,674,439	\$10,043,816	0.98	4.05	116.89	20.19	17,098	\$744.10
11	11	Infections, NEC	\$12,465,438	\$11,093,055	\$1,319,288	0.08	3.00	120.76	2.75	16,060	\$776.18
12	12	Respiratory Disord, NEC	\$11,603,052	\$4,455,380	\$7,114,976	0.32	6.89	76.30	10.72	14,018	\$827.73
13	13	Condition Rel to Tx - Med/Surg	\$10,388,449	\$7,135,429	\$3,245,801	1.47	4.85	6.72	2.39	2,529	\$4,107.73
14	14	Newborns, w/wo Complication	\$9,845,227	\$9,618,105	\$227,122	9.33	3.23	9.48	0.42	1,389	\$7,088.00
15	15	Spinal/Back Disord, Ex Low	\$8,880,119	\$3,069,275	\$5,810,427	0.40	6.11	509.99	3.29	16,310	\$544.46
16	16	Cancer - Breast	\$8,517,214	\$171,896	\$8,286,863	0.06	3.43	23.77	0.05	1,621	\$5,254.30
17	17	Diabetes	\$8,285,187	\$1,895,536	\$6,122,326	1.43	5.00	267.41	1.72	25,378	\$326.47
18	18	Neurological Disorders, NEC	\$8,064,406	\$1,913,250	\$6,120,990	0.60	7.39	69.89	1.66	5,386	\$1,497.29
19	19	Mental Hlth - Substance Abuse	\$7,605,043	\$5,201,229	\$2,401,595	1.59	12.54	55.22	1.26	2,399	\$3,170.09
20	20	Cholecystitis/Cholelithiasis	\$7,398,175	\$1,537,968	\$5,860,207	0.70	2.91	3.94	2.38	1,052	\$7,032.49
21	21	Cerebrovascular Disease	\$6,273,630	\$4,203,051	\$2,002,242	1.15	6.30	7.00	1.12	1,072	\$5,852.27
22	22	Urinary Tract Calculus	\$6,172,274	\$338,423	\$5,833,851	0.49	2.74	21.57	5.85	2,202	\$2,803.03
23	23	Cardiovasc Disord, NEC	\$6,087,011	\$817,300	\$5,231,659	0.23	6.42	73.84	10.02	10,500	\$579.72
25	24	Fracture/Disloc - Upper Extrem	\$5,381,337	\$285,222	\$5,095,820	0.05	3.00	65.78	6.45	3,966	\$1,356.87
#N/A	25	Renal Function Failure	\$5,080,454	\$1,589,890	\$3,459,091	0.26	4.03	16.06	0.89	2,208	\$2,300.93

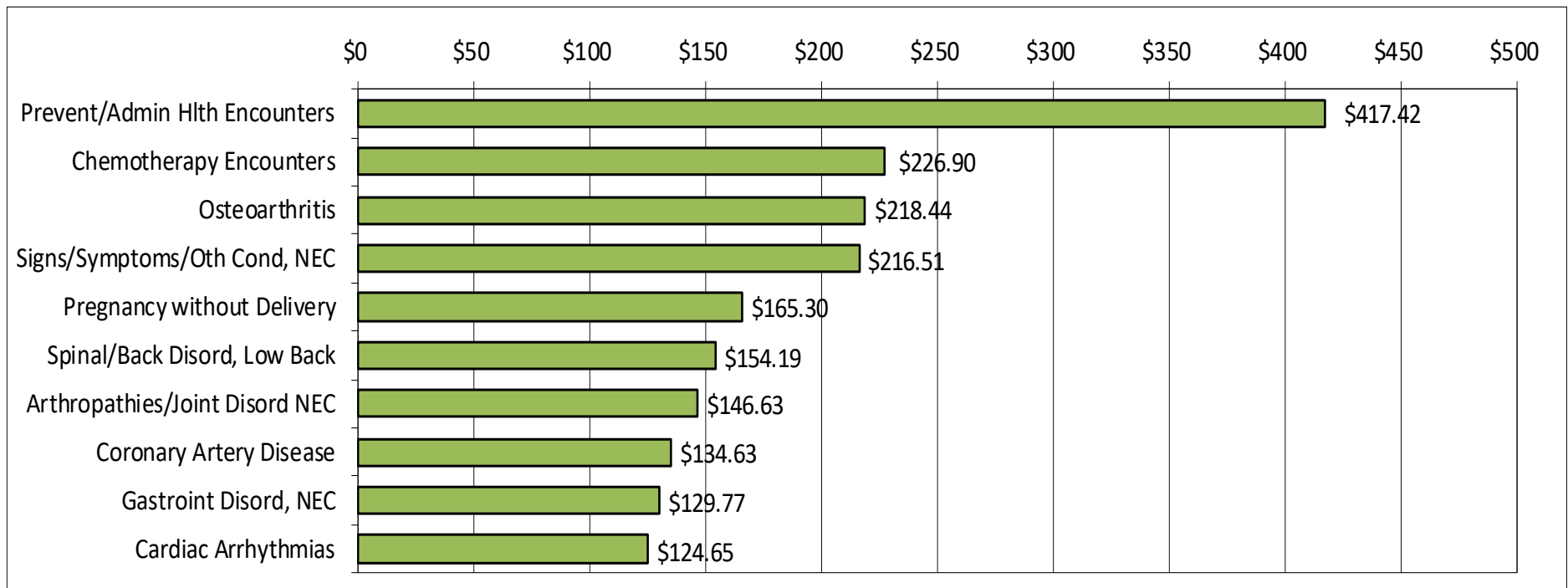
Note: Medical Payments represent only the payments made for the specific condition.

## Utilization (continued)

In Summary ,the top clinical conditions represent more than 57.51% 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	\$311,725,261	\$92,226,241	\$218,819,853	24.39	4.60	4,467.58	108.87
All Clinical Conditions	\$542,038,108	\$150,881,206	\$389,720,008	53.88	4.33	9,694.05	225.83
Top Clinical Conditions as Pct of All Clinical Conditions	57.51%	61.13%	56.15%	45.26%	106.36%	46.09%	48.21%

## 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.