



Healthcare Update

April 14, 2025

Agenda



- Public Comment
- Financials (Rae-Ellen)
- Partnership (Bernie)
- High-level utilization (Josh)
- Communications (Betsy)
- Transparency Data Release (Appendix)
- RFP updates
- Flyte results
- Virta Results



Public Comment

Financials



FY 2024-2025 Anticipated Year End Health Account Balances	
Budget Review 3.15.25	
Active Employee Healthcare Appropriation	
Projected Appropriation Balance:	\$ 30,409,313.65
Active Employee Healthcare FAD Accounts	
Projected Active Health FAD	\$ 52,187,630.77
Projected Active Rx FAD	\$ -3,222,228.67
Combined FAD Balances:	\$ 48,965,402.10
Retired Employee Healthcare Appropriation	
Projected Appropriation Balance:	\$ -34,943,447.24
Retired Employee Healthcare OPEB FAD Accounts	
Projected Retiree Health	\$ 178,130,124.68
Projected Retiree Rx	\$ 48,066,722.41
Combined FAD Balances:	\$ 226,196,847.09

Partnership



Partnership 2.0

As of 4/1/25 we have 171 groups enrolled totaling just under 26,000 employees and over 61,000 members. One small group is confirmed for 5/1/25

We are in the process of sending out renewal letters to existing partnership groups as we just confirmed the dental rates and plan changes.

There are 2 quarterly update meetings for existing groups scheduled on 4/22 and 4/23.

There continues to be a strong interest for new groups joining the plan on 7/1/25. We have two groups confirmed (adding approximately 700 new employees) but several more that are going to make a decision by the end of this month.

Partnership 1.0

As of 4/1/25 we still have 5 groups remaining totaling approximately 2,500 employees and 3,500 members.

Actives & Non-Medicare Retirees

All Plans

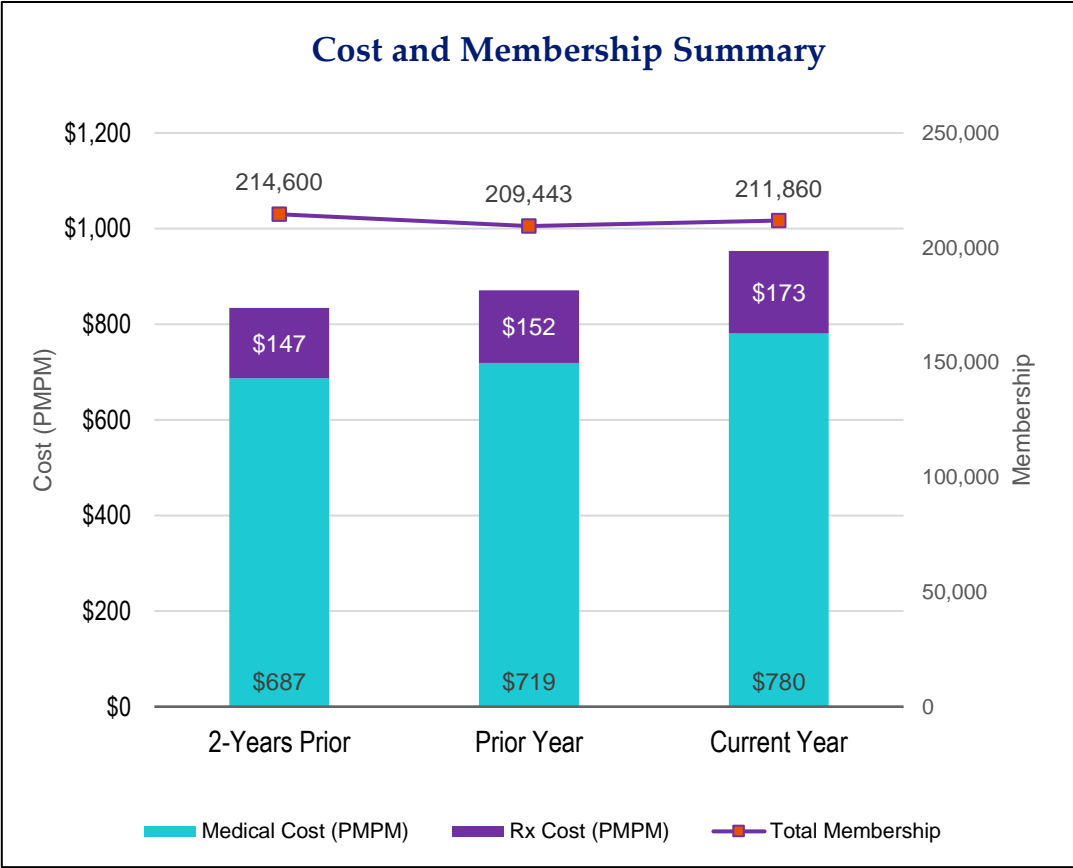
Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$780.41	82%	▲ 8.6%
Inpatient Facility	\$158.75	17%	▲ 11.3%
Outpatient Facility	\$305.02	32%	▲ 8.2%
Professional Services	\$294.42	31%	▲ 8.0%
Ancillary	\$22.23	2%	▲ 1.9%
Pharmacy ²	\$172.79	18%	▲ 13.7%
Total Cost	\$953.20		▲ 9.5%

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$95.21	\$83.89	▲ \$11.32
Pharmacy - Specialty	\$50.42	\$39.91	▲ \$10.51
Outpatient - Pharmacy	\$59.37	\$51.23	▲ \$8.13
Inpatient - Medical	\$48.58	\$41.05	▲ \$7.53
Outpatient - Surgery	\$96.29	\$89.51	▲ \$6.78

Cost and Membership Summary



Observations

- PMPM medical costs have increased 8.6% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 13.7% YoY and accounted for 18% of total spend.
- The second table above illustrates the top 5 drivers of trend. Prescription Drugs - Brand was the top driver of spend on a PMPM basis, increasing \$11.32 PMPM over last year.

1 Reflects paid claims through February 2025. Claims for the current period have been completed using a factor of 0.95
2 Pharmacy costs reflect PrudentRx savings. Estimated CY2024 PrudentRx savings is \$66,238,725.

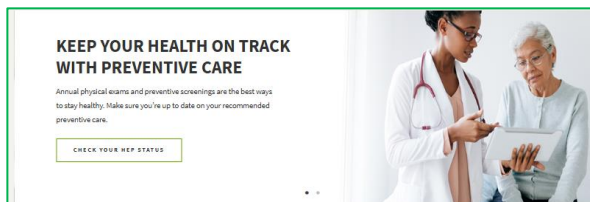
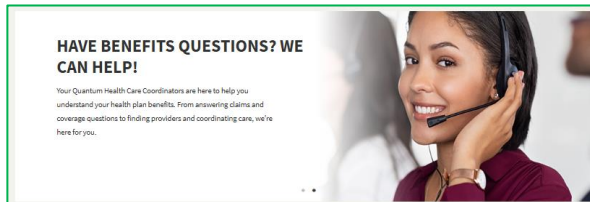
Communications



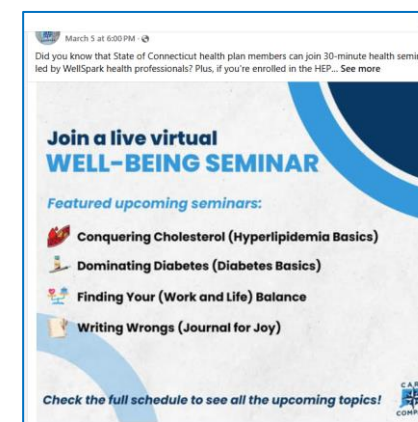
Email Topic	Sent*/Group	Subscribed Audience	Open Rate	Total Clicks	CTOR
Wellbeing /Chronic Condition HEP Seminars	State – March 4	31,369	11%	3,129	11%
	State personal – Mar 4	57,845	40%	844	5%
	SPP – March 4	21,826	44%	1,000	10%
Find Provider Tool – <i>new features</i>	State – March 12	31,356	16%	2,969	13%
	State personal – Mar 12	57,773	40%	1,198	7%
	SPP-March 12	21,774	52%	883	6%



Benefits Portal Sliders (April)



Benefits Facebook Ads (March-April)



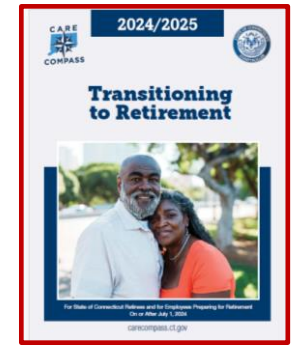
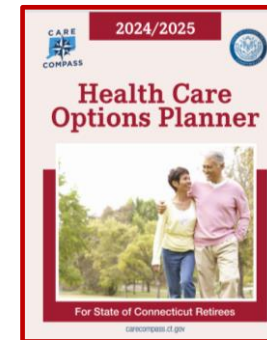
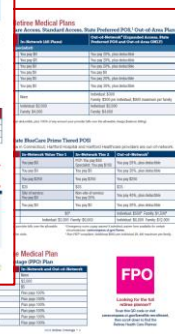
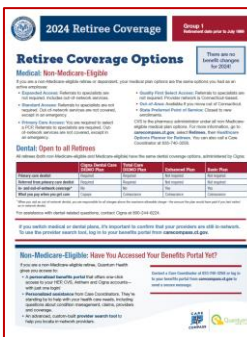
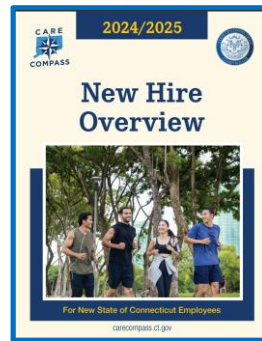
OPEN ENROLLMENT *is*
MAY 1-31, 2025

Kick-off: Agency HR/BC meeting, April 16



Deliverables to Members

- OE Active Newsletter Mailer (*landing around May 1*)
- OE Retiree Mailer (*landing May 5-15*)
- Live information sessions/ Webinars
 - May 8 & 22: Active Employees
 - May 15: Retirees
 - Recorded Presentations will be available on Care Compass
- Email Series: topics every week, *starting April 28*



Other OE Resources*

- All guidebooks for 2025-2026 plan year*
- Updated Benefits Enrollment Care Compass page
 - New Rates & plan comparisons charts
 - Key changes noted for upcoming plan year

**Will be available on Care Compass on May 1*

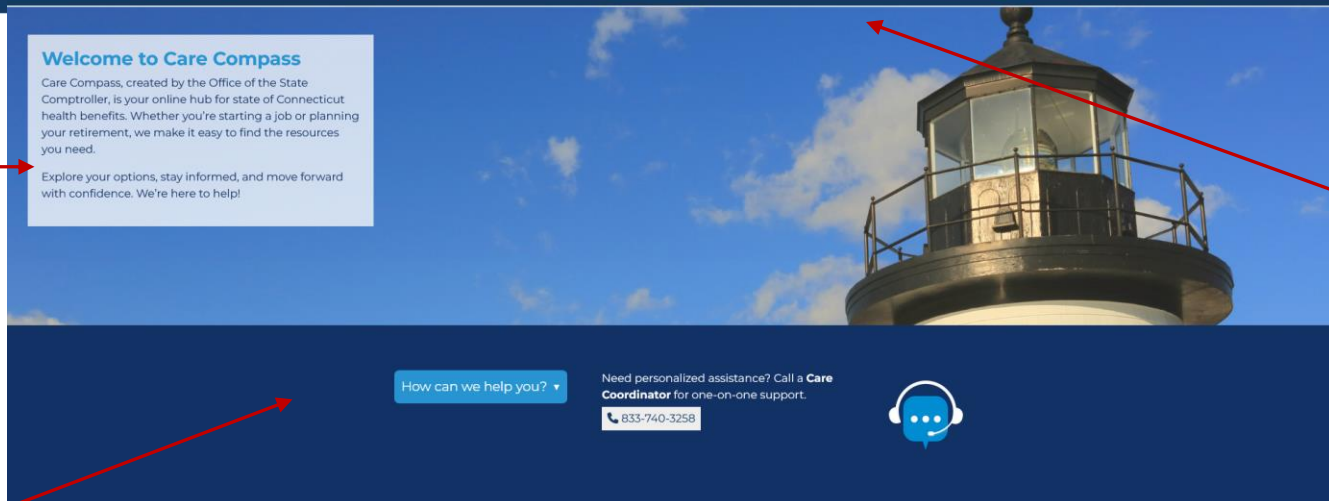
Drop down arrow next to each audience as a visual cue to click



Simplified header & Quantum benefits portal login button



Rotating carousel featuring important updates throughout the year, including Open Enrollment, plan announcements, and benefit highlights



Partnership plan pages on Care Compass *(new!)*

Secondary menu bar with actionable items-
Open to feedback on any other key actionable topics that aren't already on the page



FORMS

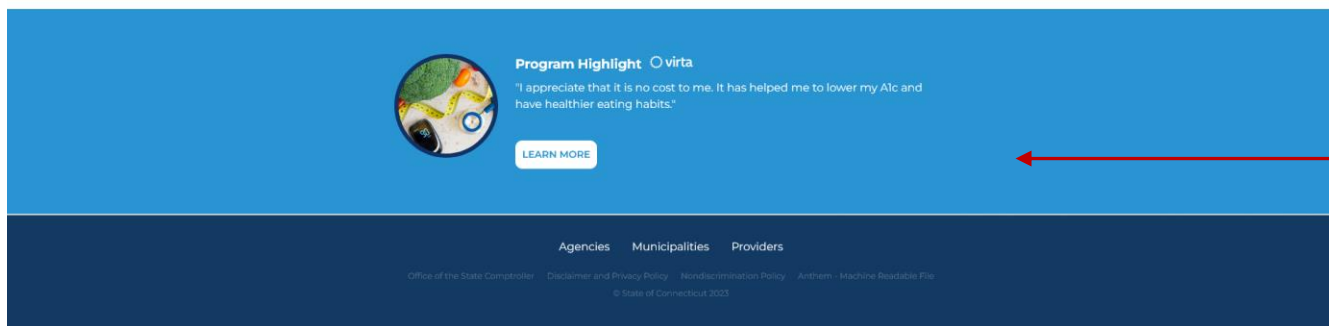


FIND A MEDICAL PROVIDER



HEALTH PROGRAMS

3 key call to actions



Testimonials about Healthy Living Programs



STATE OF CONNECTICUT Benefits Information

Personalized Benefits | HEP Status | Provider Search

Benefits Login

State Employee ▾

State Retiree ▾

Partnership ▾

State Employee

Medical

Pharmacy

Dental

Supplemental

Planners, Policies and Guides

Health Enhancement Program (HEP)

Forms

Healthy Living Programs

New Employee Information

Benefits Enrollment

Information for newly hired, qualifying life event changes and open enrollment. Compare plans, view premiums, and planners.

Find Medical Provider

Find Dental Provider

How can we help you? ▾

New State Employee

Ready to Retire

Life Events

Estimate My State Retirement

Other Benefits

Healthy Living Programs

How can we help you? ▾

Need personalized assistance? Call a **Care Coordinator** for one-on-one support.

833-740-3258

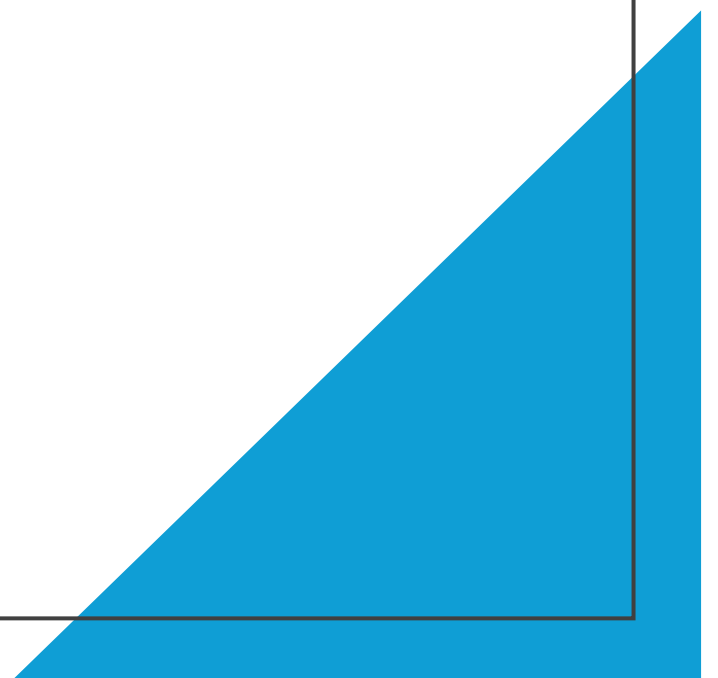


Secondary menu bar with actionable items- *Open to feedback on any other key actionable topics that aren't already on the page*

Transparency

CT Health Plan Experience - Public Dashboard

Link to State of CT [Health Plan Public Dashboard](#)





Virta & State of CT Business Review

Date: ~~Feb 27, 2025~~ March 5

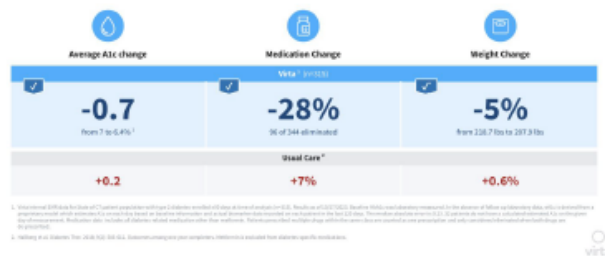


Type 2 Diabetes Reversal at State of CT

virta

Historical Business Review Summaries

State of CT patients see sustained clinical improvements at 90 days on Virta



State of CT members see sustained clinical improvements at 6 months on Virta



**Today's review: Latest clinical outcomes
among State of CT enrolled for 1 year or more**

1,229 members Enrolled Since Launch
545 in Diabetes Mgmt



State of CT members see sustained clinical improvements at 1 year on Virta



Average A1c change



Medication Change



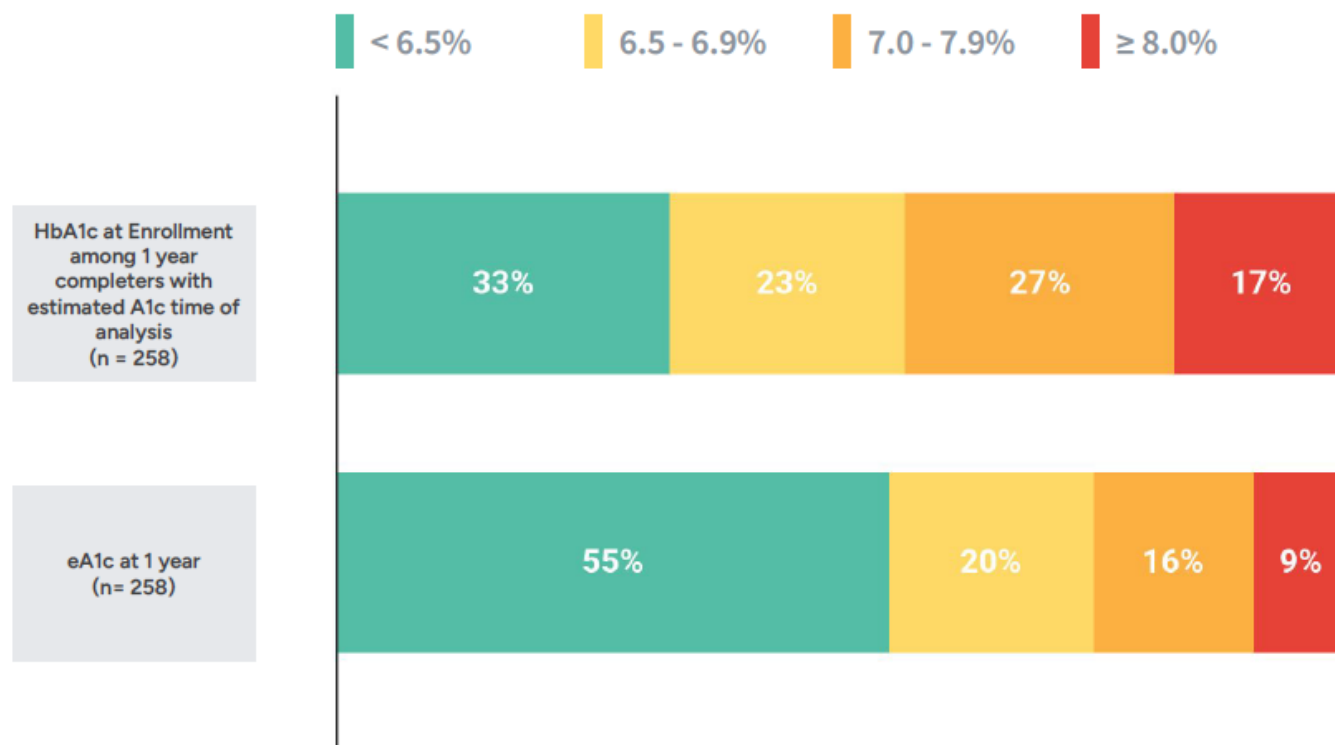
Weight Change

Virta ¹ (n=291)		
<div>✓</div> <div>-0.4</div> <div>from 7 to 6.6% ¹</div>	<div>✓</div> <div>-40%</div> <div>124 of 312 eliminated</div>	<div>✓</div> <div>-6.8%</div> <div>from 218.4 lbs to 203.6 lbs</div>
Usual Care ²		
<div>+0.2</div>	<div>+7%</div>	<div>+0.6%</div>

1. Virta internal EMR data for State of CT member population with type 2 diabetes enrolled ≥365 days at time of analysis (n=291). Results as of 2/18/2025. Baseline HbA1c was laboratory measured. In the absence of follow up laboratory data, eA1c is derived from a proprietary model which estimates A1c on each day based on baseline information and actual biomarker data recorded on each member in the last 120 days. The median absolute error is 0.23. 54 members do not have a calculated estimated A1c on the given day of measurement. Medication data includes all diabetes-related medication other than metformin. members prescribed multiple drugs within the same class are counted as one prescription and only considered eliminated when both drugs are de-prescribed.

2. Hallberg et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers. Metformin is excluded from diabetes-specific medications.

State of CT members are improving their blood sugar and eliminating diabetes-specific medications



Medication Change

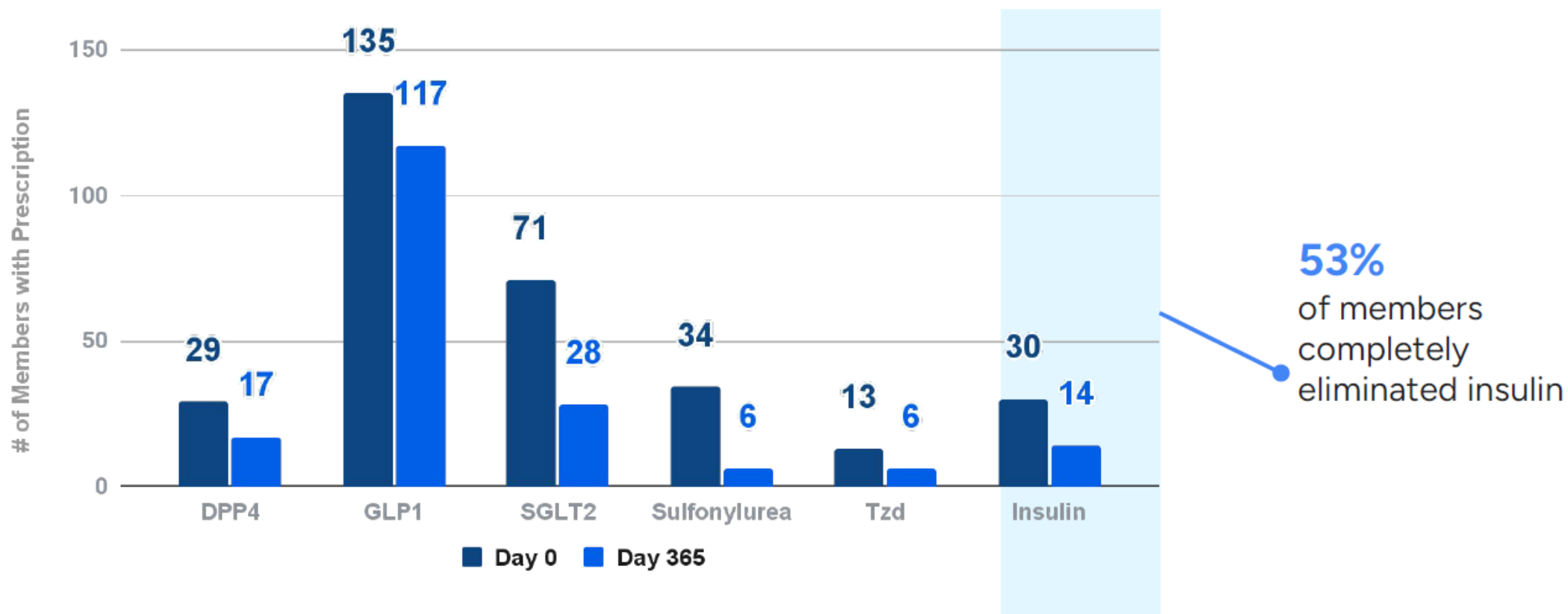
-40%

124 of 312 of diabetes-specific medications eliminated

Usual Care: 7% increase in T2D meds ³

Virta internal EMR data for State of CT member population with type 2 diabetes enrolled ≥365 days at time of analysis (n=291). Results as of 2/18/2025. Baseline HbA1c was laboratory measured. In the absence of follow up laboratory data, eA1c is derived from a proprietary model which estimates A1c on each day based on baseline information and actual biomarker data recorded on each member in the last 120 days. The median absolute error is 0.23. 54 members do not have a calculated estimated A1c on the given day of measurement. Medication data includes all diabetes-related medication other than metformin. Members prescribed multiple drugs within the same class are counted as one prescription and only considered eliminated when both drugs are de-prescribed.

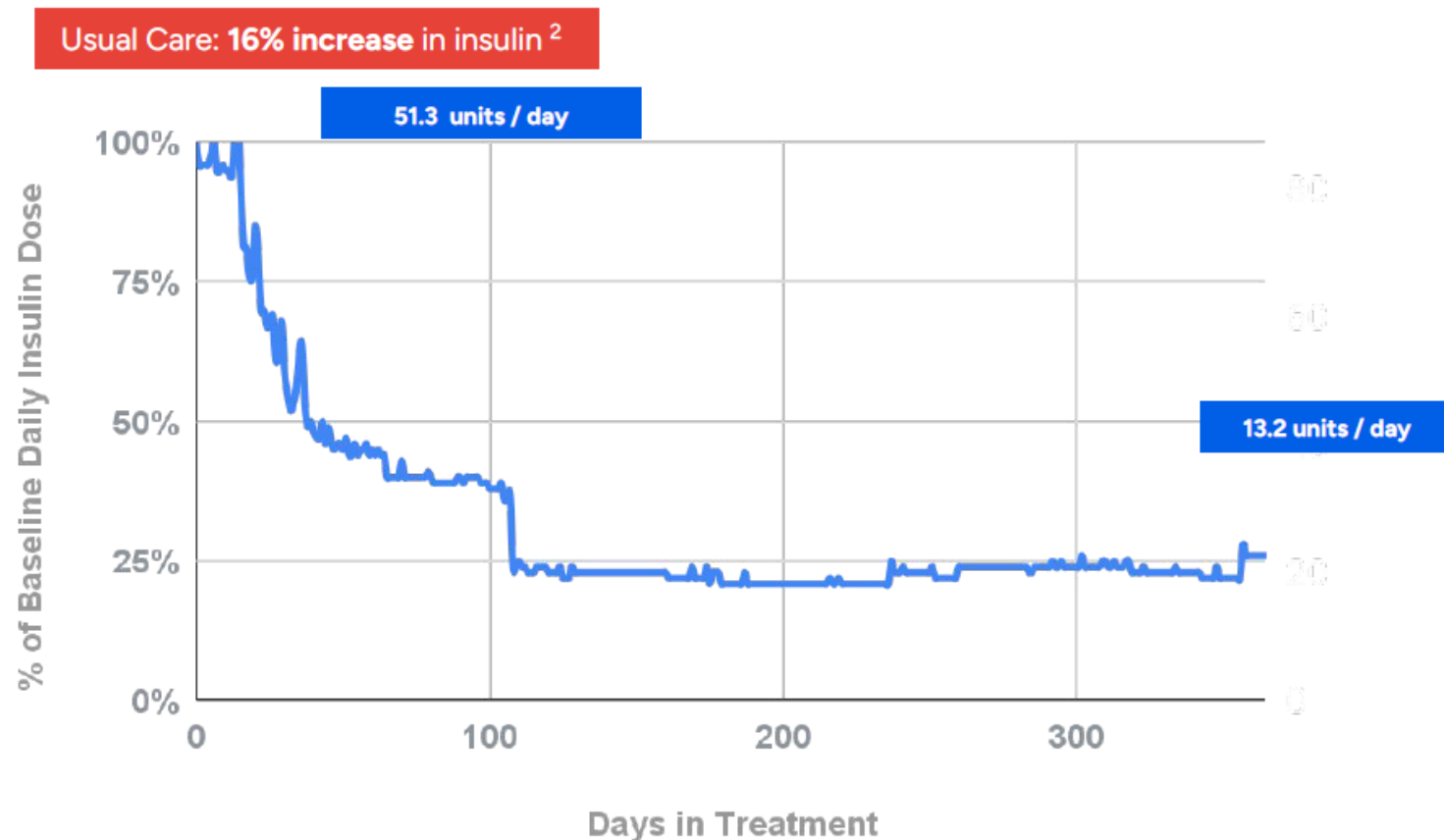
State of CT members are eliminating diabetes medications, including costly medications like insulin



Virta internal EMR data for State of CT member population with type 2 diabetes enrolled ≥365 days at time of analysis (n=291). Results as of 2/18/2025. Medication data includes all diabetes-related medication other than metformin. Multiple types of insulin prescribed to the same member were counted as one prescription and only considered eliminated when all insulin was discontinued. Meglitinides not charted due to member privacy.

TYPE 2 DIABETES REVERSAL

State of CT members have reduced their insulin dosages by 74%, or 38 units/day



Reducing insulin & other medications improves quality of life for members

“Virta offers a tremendous plan/opportunity. In just 2.5 months, I have lost 20+ pounds and reduced/eliminated diabetes medication. The program is very interactive and offers lots of support. The goal is to eliminate all my diabetes medications.

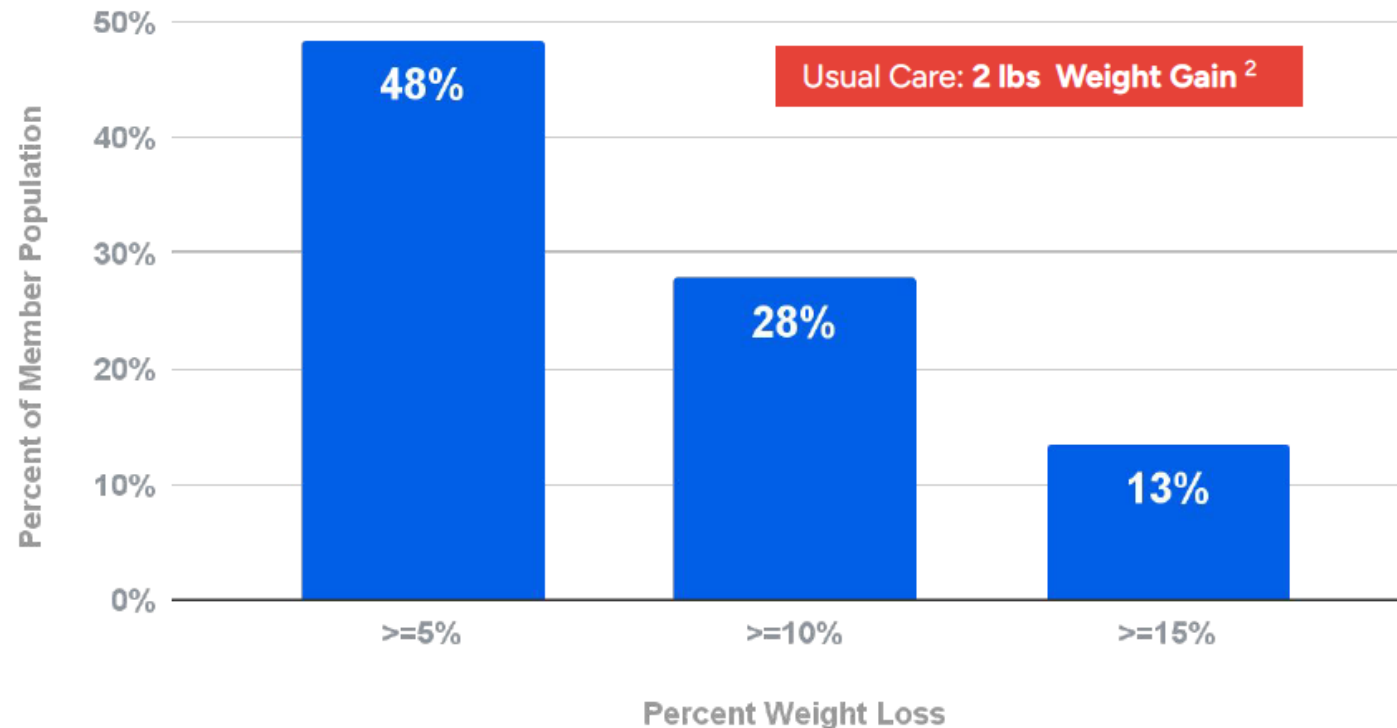
- State of CT Member

1. Virta internal EMR data for State of CT member population with type 2 diabetes enrolled ≥ 365 days at time of analysis (n=291). Results as of 2/18/2025.

2. Hallberg et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers.

TYPE 2 DIABETES REVERSAL

48% of State of CT members with type 2 diabetes have achieved clinically significant weight loss



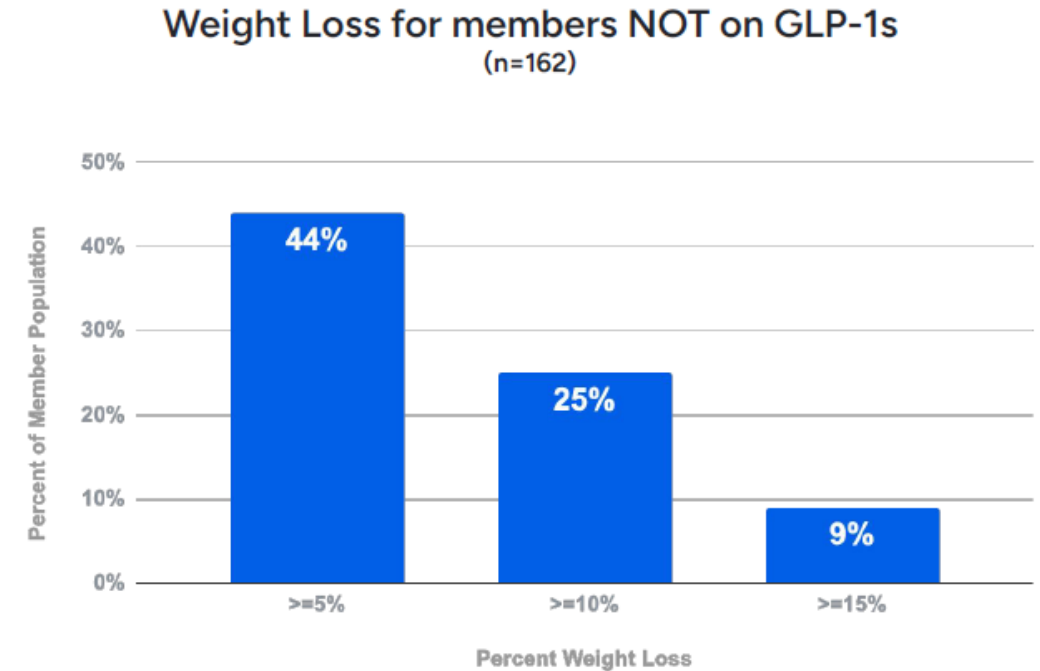
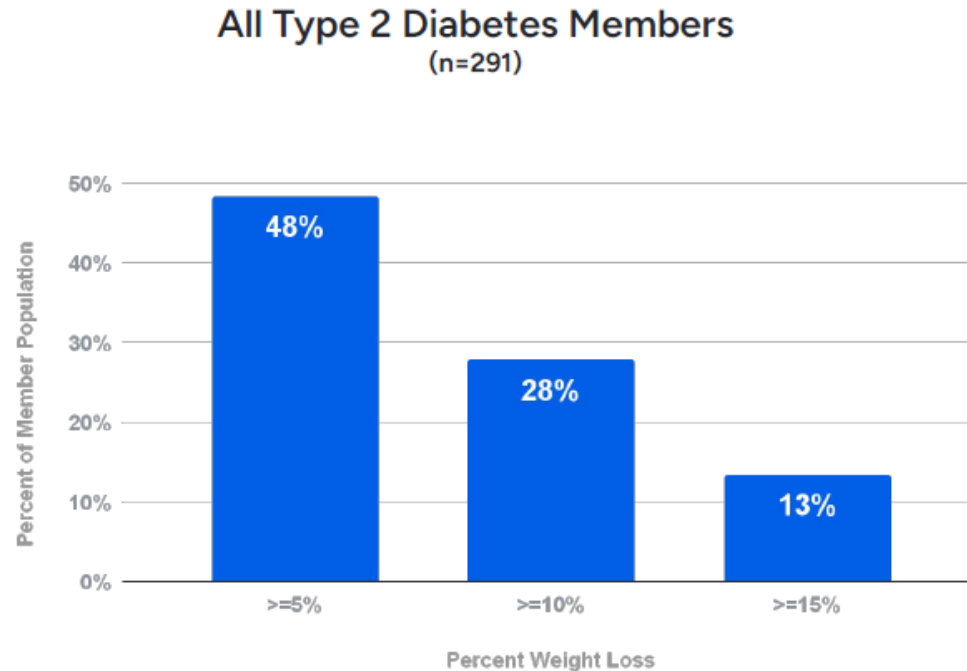
Members who lose clinically significant amount of weight (5%) typically experience:

- ✓ Better sleep
- ✓ Reduced inflammation
- ✓ Improved blood pressure
- ✓ Reduced risk of heart disease and other chronic conditions
- ✓ Positive impacts on arthritis and fatty liver disease

1. Virta internal EMR data for State of CT member population with type 2 diabetes enrolled ≥365 days at time of analysis (n=291). Results as of 2/18/2025. In the case of missing weight data, a 3-day average was carried forward until the next weight was logged.

2. Hallberg SJ et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers.

48% of State of CT members with type 2 diabetes have achieved clinically significant weight loss without the use of GLP1s



1. Virta internal EMR data for State of CT member population with type 2 diabetes enrolled ≥ 365 days at time of analysis (n=291). Results as of 2/18/2025. In the case of missing weight data, a 3-day average was carried forward until the next weight was logged.
2. Hallberg SJ et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers.

Performance Guarantees & Savings Analysis

Performance Guarantee Methodology

- Virta's unique value-based care model puts 100% of its fees at risk to three key metrics:
 - 1.0 Reduction in A1C
 - 40% Diabetes Medication Dosage Reduction
 - 5% Weight Loss

Performance Guarantee Inclusion Criteria

Conditions for inclusion in Performance Guarantee Analysis:

1. Members had to enroll during the measurement period of 04/01/2023-03/31/2024
2. *And* members must be enrolled for 6 months within the measurement period

The measurement period is defined in the contract as the 12-month period following the first new enrollment post launch.

311 Total Attributable Members that met the above criteria.

Performance Guarantee Analysis: State of CT

Type 2 Diabetes Reversal

eA1c Improvement

0.69

average eA1c decrease

**Performance Target:
1.0 Reduction**

Weight Loss

7.21%

average body weight
loss

**Performance Target:
5% Weight Loss**

T2D Rx Dosage Reduction

34.48%

reduction in type 2 diabetes
medication dosage

**Performance Target:
40% T2D Dosage Reduction**

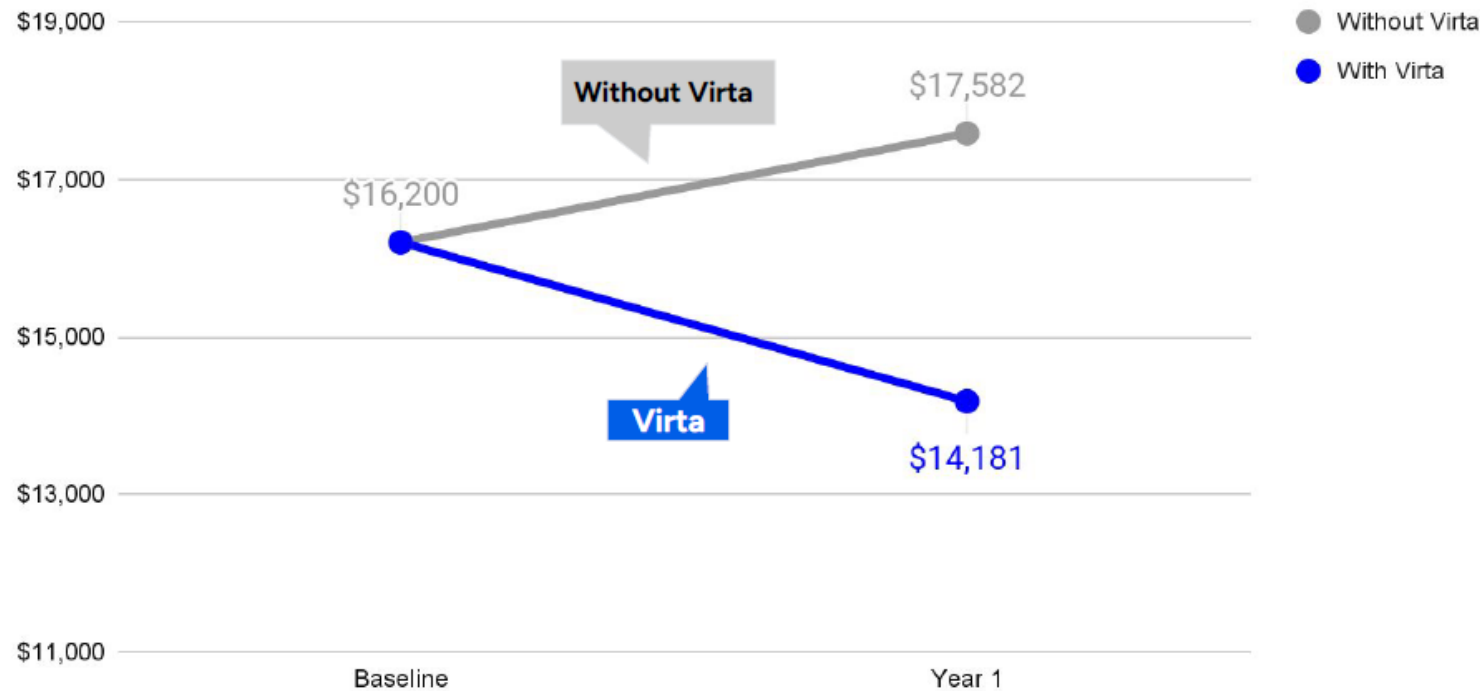
Source: Calculated from Virta internal EMR data for State of CT members with type 2 diabetes who were enrolled for at least 6+ months during the measurement period (n=311). eA1c improvement, weight loss, and diabetes elimination outcomes are calculated from Virta internal EMR data for State of CT members who were enrolled for at least 6+ months during the measurement period. Performance guarantee baseline by category are as follows: HbA1c = -1.0% or better, Weight Loss = -5.00% or better, and DM Rx Dosage Reduction = -40% or better.

Performance Guarantee Summary

- The A1c reduction of .69 is .31 below our 1.0 target (starting population well controlled A1C)
 - 10.39% fees paid rebate
- The Rx reduction of 34.48% is 5.52% below our 40% target.
 - 4.6% fees paid rebate

Virta drives health improvements for State of CT population leading to \$3.4K per member cost savings at one year

Total Spend Projections: With and Without Virta



\$3,401

1 Year Per Member
Gross Savings

Source: Based on 343 Type 2 Diabetes Reversal enrollees completing 6+ months as of 7/22/2024.

Pharmacy savings are estimated using medication deprescription data. Medical savings from complications are estimated based on observed reductions in State of CT member A1C. Replaced services are estimated based on observed data and expectations on replacement of medical services. Fees are based on contracted fees. Annual trend assumptions: 6.5% Medical from Aon's 2020 Global Medical Trend Rates; 11.9% for Rx from 2019 - 2021 MarketScan data for Diabetes Rx.

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State of CT & Virta ROI Executive Summary

1.42 to 1 ROI at 1 year with Virta

Per Participant

1 YEAR PROJECTIONS

Cost without Virta	\$17,582
Cost with Virta	\$14,181
Gross savings	\$3,401
Virta fees (less refund)	\$2,387
Net Savings	\$1,014
ROI	1.42 to 1.0

Source: Based on 311 Type 2 Diabetes Reversal enrollees completing 6+ months as of 1/20/2025.

Pharmacy savings are estimated using medication deprescription data. Medical savings from complications are estimated based on observed reductions in State of CT member A1C. Replaced services are estimated based on observed data and expectations on replacement of medical services. Fees are based on contracted fees. Annual trend assumptions: 6.5% Medical from Aon's 2020 Global Medical Trend Rates; 11.9% for Rx from 2019 - 2021 MarketScan data for Diabetes Rx.

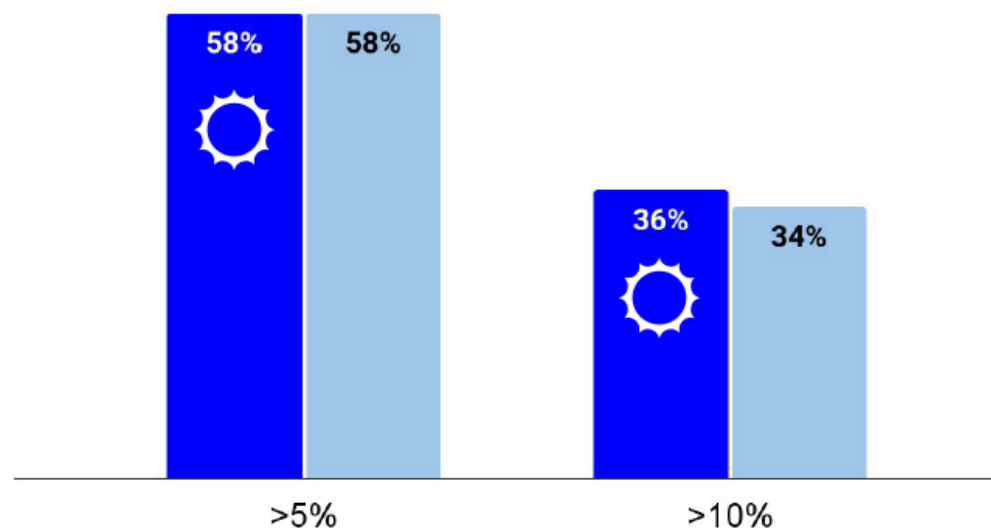


Virta's Nutrition Therapy is an alternative to GLP-1s with better results in the "real world"

Obesity & Prediabetes Members

Percent Achieving Weight Loss Threshold

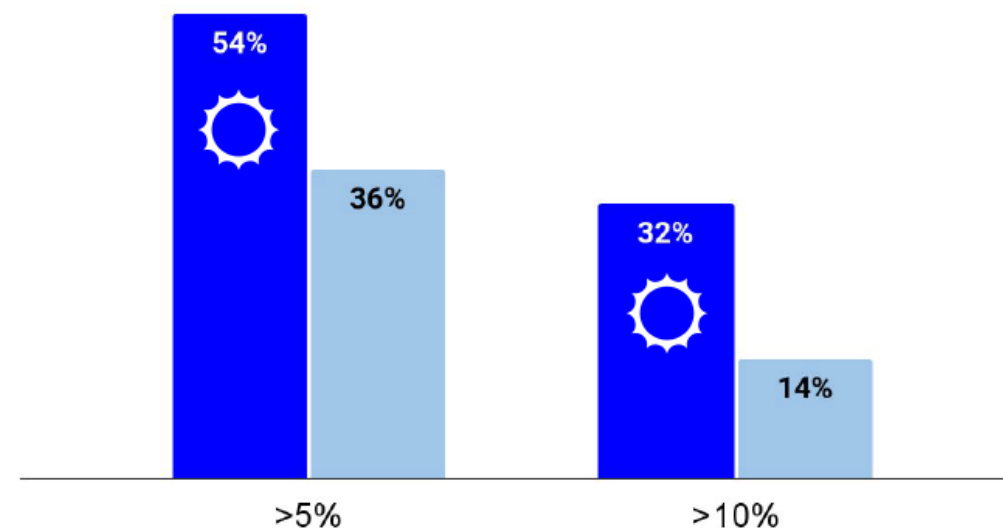
■ Virta Drug-Free Weight Loss¹ ■ GLP-1 Only²



Type 2 Diabetes Members

Percent Achieving Weight Loss Threshold

■ Virta Drug-Free Weight Loss¹ ■ GLP-1 Only²



1. Virta Health Registry for Remote Care of Chronic Conditions. Proportion of patients maintaining clinically significant weight loss after one year of care at Virta Health among commercially-referred patients not receiving concurrent GLP-1 therapy. June 30, 2023.

2. Powell W, Song X, Mohamed Y, et al. Medications and conditions associated with weight loss in patients prescribed semaglutide based on real-world data [published online ahead of print, 2023 Aug 18]. Obesity (Silver Spring). 2023;10.1002/oby.23859. doi:10.1002/oby.23859

Member Engagement & Satisfaction

State of CT Members Express Gratitude for Access to the Virta Program

"Lowered my A1C, lost 25 lbs, gained my energy, flexibility and strength back!"

This is such an incredibly helpful tool in managing/reversing Diabetes, and Weight! I've tried many before. This one is so doable!!!
Thank you!!!

"Fantastic coaching. Dramatically improved my energy and health in weeks! Ongoing coaching is key. Super supportive and knowledgeable team! Thank you."

"I'd like to thank you so much for the opportunity to use VIRTA! I have been following this program for about 6 weeks. My blood glucose is better than in many years, my weight is down, my energy levels are better than in years, and my attitude toward my health issues has taken a HUGE boost!!! My cardiologist is considering taking me off from one of the oldest drugs I take!!!
I can't thank you enough for this life saving opportunity!!!

State of CT members are highly satisfied and engaged with Virta



Member Retention

63%

retained at 1 year ¹



Member Net Promoter Score

88

reported in the last 90²

Scale -100 - 100

Good 0 - 50

Excellent 51 - 69

World Class Healthcare 70 - 100

Industry Average 38³

1. members who have completed ≥ 365 days in Virta treatment and registered before 2/19/2024

2. State of CT members who provided an NPS score 90 days before time of analysis. n = 16 responses

3. <https://www.retently.com/blog/good-net-promoter-score>

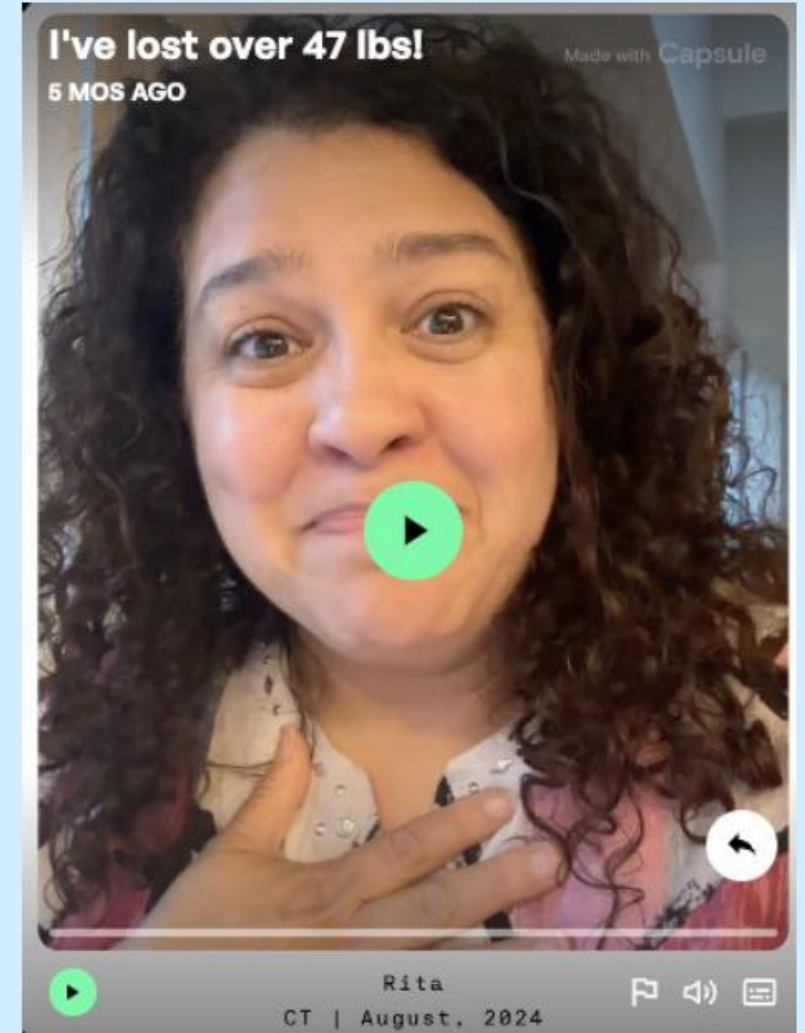
Virta reaches State of CT members when it matters most



"Virta is a life saver! I feel I have the best team, Samantha & Dr Caroline Roberts! They have been so beneficial in my progress. In just 2 months so far I've eliminated 3 medications and soon to be 4. I've also lost 24 lbs. Anyone with diabetes or who is overweight should be approved for this. Thank you so much!." -State of CT member

Rita

- ✓ Lost 47 pounds in approx 8 months
- ✓ With the support of her Virta Health Coach feels encouraged & empowered to continue succeeding



[Listen Here](#)

[Listen here](#)

Joe

Middletown, CT

"I wish I did this a long time ago."

Results on Virta in just 93 days:

- ✓ Lowered A1C from 9.0 to 6.6
- ✓ Lost 10 lbs

***Update as of Dec 2024**

- ➔ Lost 30 lbs
- ➔ Come off of 2 prescriptions
- ➔ Not eating sugar any longer



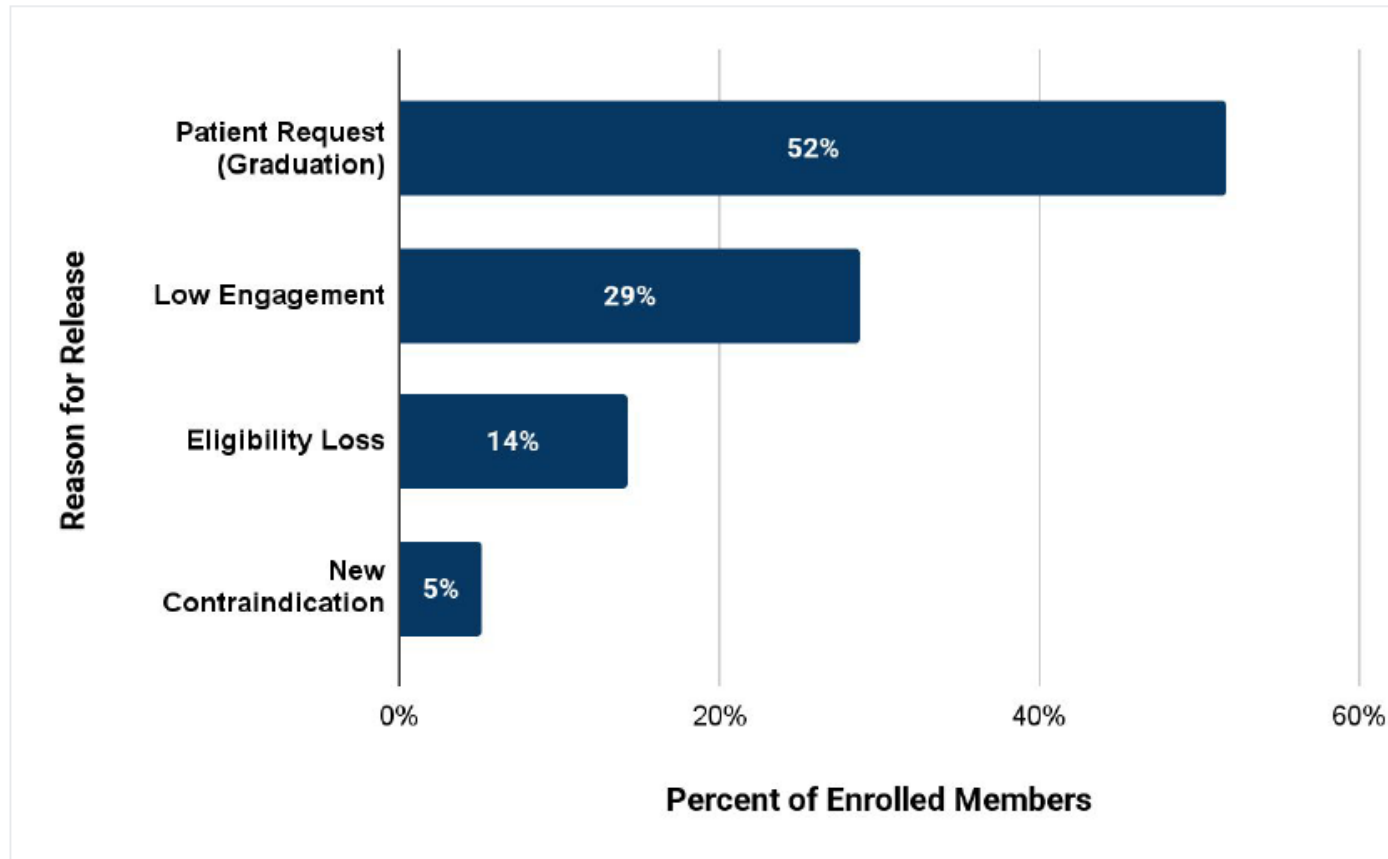
[Listen Here](#)

Appendix

Current Utilizers



52% of all members released from treatment elected personal graduation date



Average time in treatment for
released members: **188 days**



100%+

growth in Virta care
teams, including health
coaches & clinicians in
the last year



Virta continues to invest in powerful care team moments

110+

hours of initial training
for health coaches,
plus monthly
continuing education

**Super Power Sessions
on evergreen topics**

ex. mental health, women's health

Coaching Skills

ex. effective communication

New Knowledge Training

ex. GLP-1s

98.7% of SOC members in Diabetes Management remained engaged in care at 365+ days

SOC Members in Virta Diabetes Management

98.7%

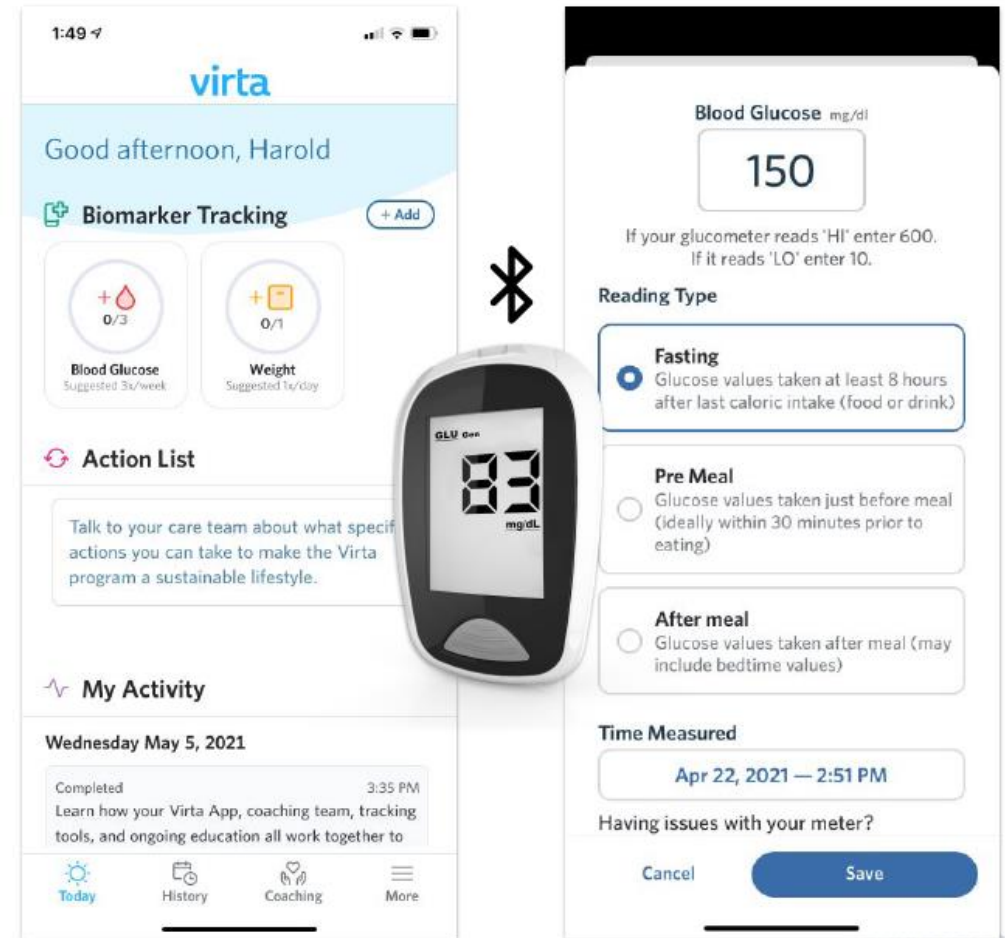
Retention at 365+ days

Typical Behavioral Program: 56% retention at 90 days¹

**Biomarker
Tracking**

**Nutrition
Education**

**Coaching &
Supplies**



1. Martin CK. Weight loss and retention in a commercial weight loss program. Int J Obesity. 2010 Apr; 34(4): 742-750

Retiree Health – Medicare RFP



2/27/25 Request for Proposal Request Released

3/4/25 Pre-Bid Conference Conducted

3/5/25 Written Questions Due

4/11/25 Proposal Technical Submissions Due

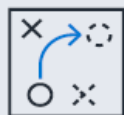
4/27/25 Proposal Financial Submissions Due

Requested Products:

- Fully Insured Medicare Advantage with Prescription (MAPD)
- Fully Insured Medicare Advantage with Self-funded EGWP Prescription
- Fully Insured Medicare Supplement with Self-funded EGWP Prescription

Flyte Pilot Period Savings Analysis

Key Outcomes from Milliman Conducted Study



Cost Avoidance

\$1.2M GLP-1 cost avoided
through FlyteHealth AOM
Medication Management¹

- \$1M cost avoidance based on rejected claims in baseline
 - \$770K from prescribing more cost effective GLP-1 on average compared to rejected claim
 - \$230K from prescribing non-GLP-1 AOM alternatives for those who had rejected claim
- \$167k from switching from GLP-1 to non-GLP-1 cost effective alternatives



Clinical Behaviors

86% of FlyteHealth SoCT
Participants that were Naïve
GLP-1 users were adherent to
treatment compared to **67%**
non-participant control group²

- Avoided waste spend of approximately \$114K³
- Members are considered adherent if they have a PDC >80%



Anti-Obesity Medications

FlyteHealth targets **most severe** BMI cohorts with GLP-1s while non-participants with **lowest BMI** had **highest** GLP-1 spend in both periods

- AOM PMPM rose 73%, with highest increase in participants with **highest BMI**

¹ See methodology section for additional considerations for underlying assumptions and data sources

² For members who started GLP-1 between 7/1/23 – 12/31/23

³ Assumes current net cost and GLP-1 Naïve Users from 7/1/23 and 12/31/23 continue current usage patterns for 12 months; https://www.milliman.com/-/media/milliman/pdfs/2023-articles/8-28-23_glp-1s-for-weight-loss_20230824.ashx

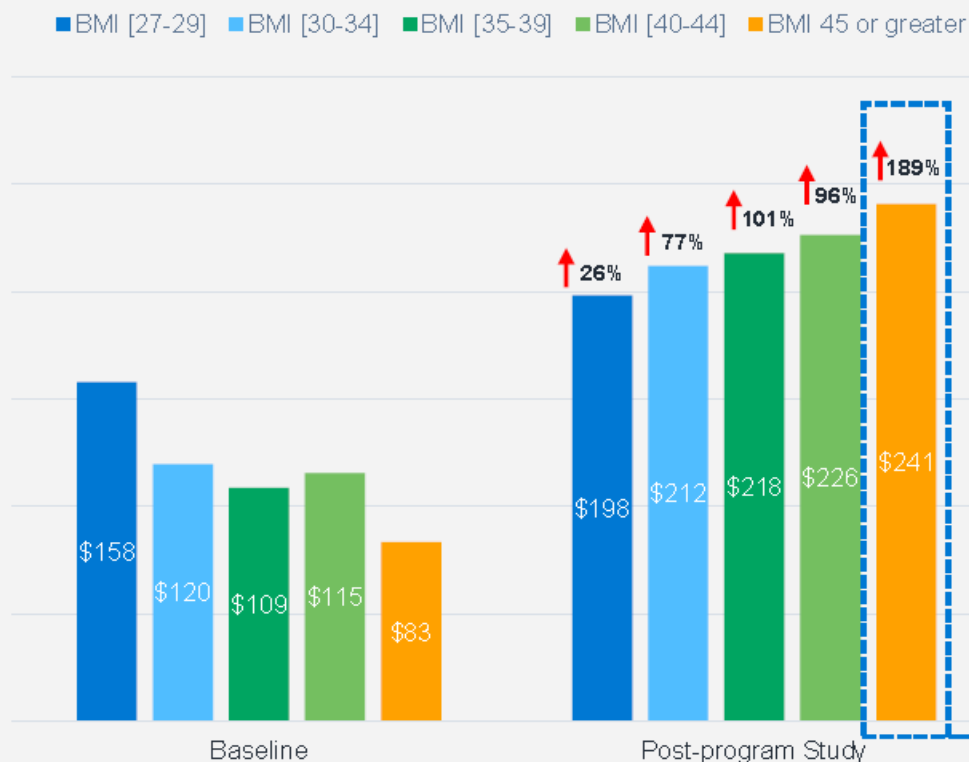
[†] Costs analyses provided herein are based on the claim amount paid by SoCT to CVS after member cost sharing and assumes net of rebates. Refer to Appendix 3 for details on member cost sharing.

⁺ Analysis did not include medical claims data. To the extent participants have higher acuity, they may experience higher trends from closer disease management in program.

GLP-1 PMPM by BMI

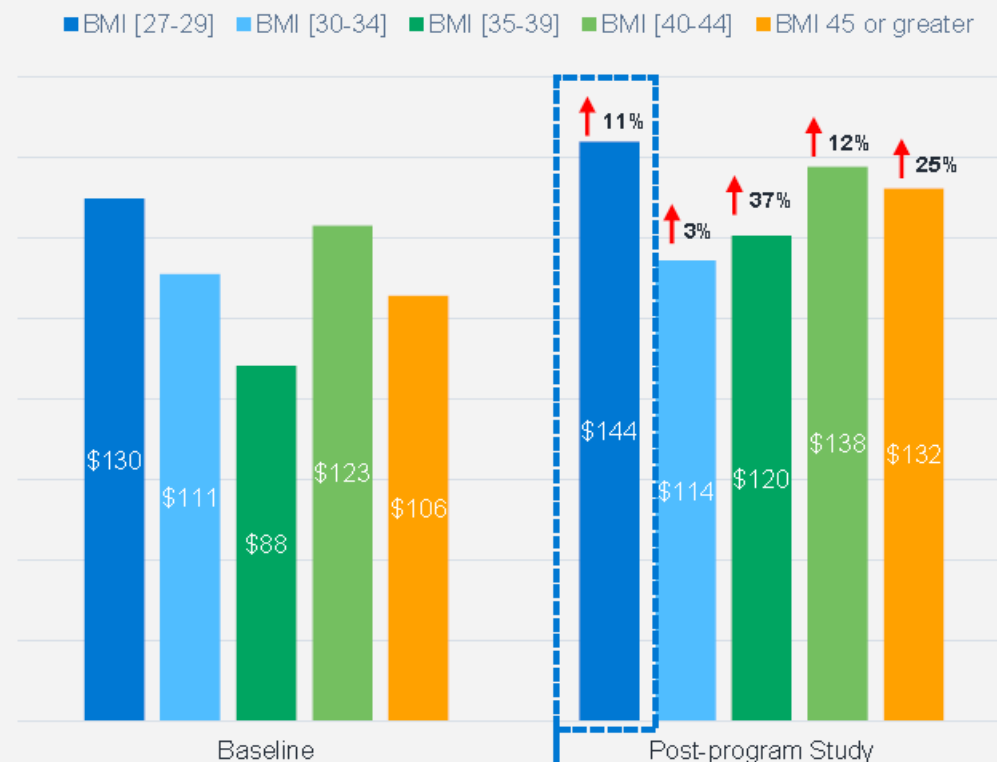
FlyteHealth targets most severe BMI cohorts with GLP-1s while non-participants with **lowest BMI** had highest GLP-1 spend in both periods

Participants GLP-1 PMPM



BMI 45 or greater cohort is ~6% of total participants

Non-Participants GLP-1 PMPM



Lowest BMI had highest GLP-1 spend for non-participants

Sources:

- Eligibility information provided by FlyteHealth on September 5.
- BMI and grandfathering information provided by FlyteHealth on October 29.
- Prescription drug claim data provided by CVS Caremark, claims incurred from July 1, 2022, and paid through June 30, 2024, are used in this study.

Notes:

- Costs analyses provided herein are based on the claim amount paid by SoCT to CVS after member cost sharing and assumes net of rebates. Refer to Appendix 3 for details on member cost sharing.
- Participant data shown is on post enrollment basis; non-participant data shown is on 12-month basis.
- Participant and non-participant data includes grandfathered and non-grandfathered.
- Medical data was not available, therefore participant and non-participant groups are not normalized for acuity.

Adherence for GLP-1 Naïve Users from 7/1/23 and 12/31/23

86% of participants were adherent on GLP-1s through 6/30/2024, resulted in avoided GLP-1 waste of ~ **\$114K**

GLP-1 Adherence Naïve GLP-1 Users 7/1/23 through 12/31/23								
GLP-1 Starting Month	Adherent Members		Non-adherent Members		Percent of Adherent Members		Average PDC	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
July 2023	16	5	8	0	67%	100%	80%	97%
August 2023	31	5	7	3	82%	63%	86%	72%
September 2023	40	10	6	5	87%	67%	88%	81%
October 2023	31	7	5	4	86%	64%	90%	72%
November 2023	69	10	7	1	91%	91%	94%	92%
December 2023	95	18	14	14	87%	56%	92%	76%
Total	282	55	47	27	86%	67%	90%	79%

67% of non-participants were adherent to GLP-1 treatment, with an average PDC of 79%.

86% of participants were adherent, with an average PDC of 90%

Avoided waste spend of ~ \$114K*
(approximately \$176K annualized, assuming same usage patterns for 12 months)

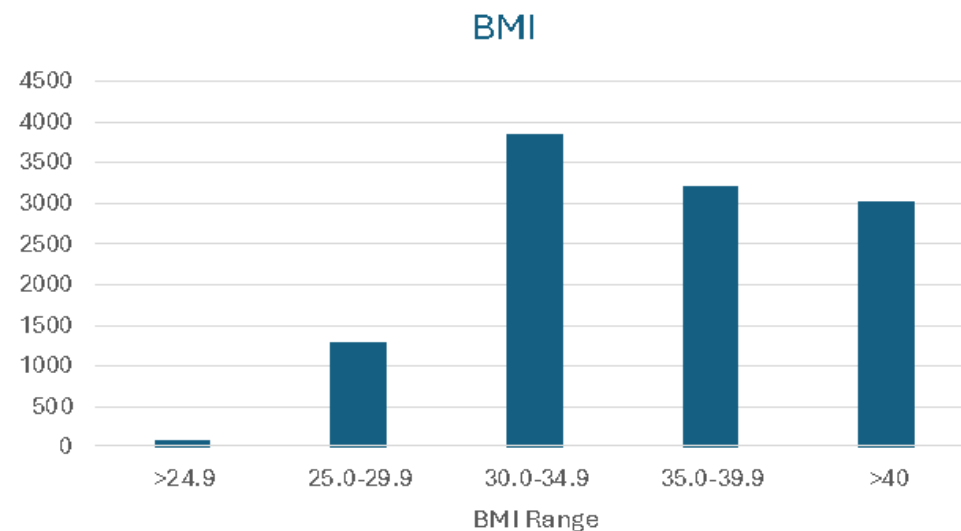
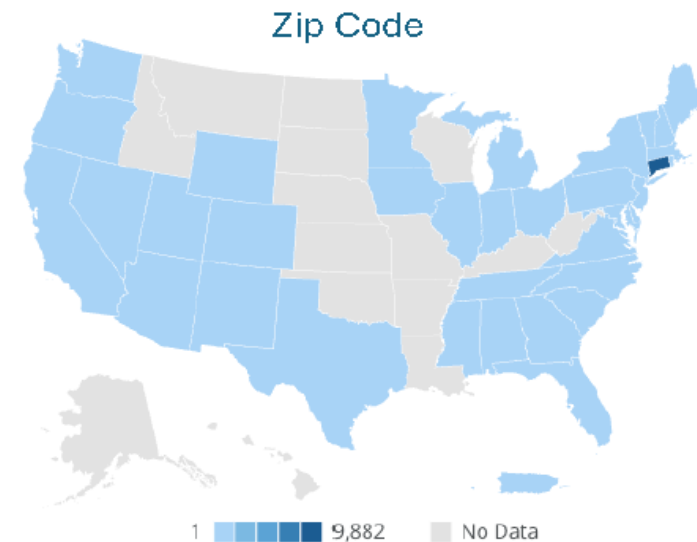
Notes:

- Adherence rate is calculated using the standard proportion of days covered (PDC) calculation and is averaged across all GLP-1 utilizers within each of the categories noted above.
- Participant and non-participant data includes grandfathered and non-grandfathered participants except for where it's broken out.
- A member is deemed adherent if the adherence rate is at least 80%.
- *Assumes current net cost and GLP-1 Naïve Users from 7/1/23 and 12/31/23 continue current usage patterns for 12 months; https://www.milliman.com/-/media/milliman/pdfs/2023-articles/8-28-23_glp-1s-for-weight-loss_20230824_ashv

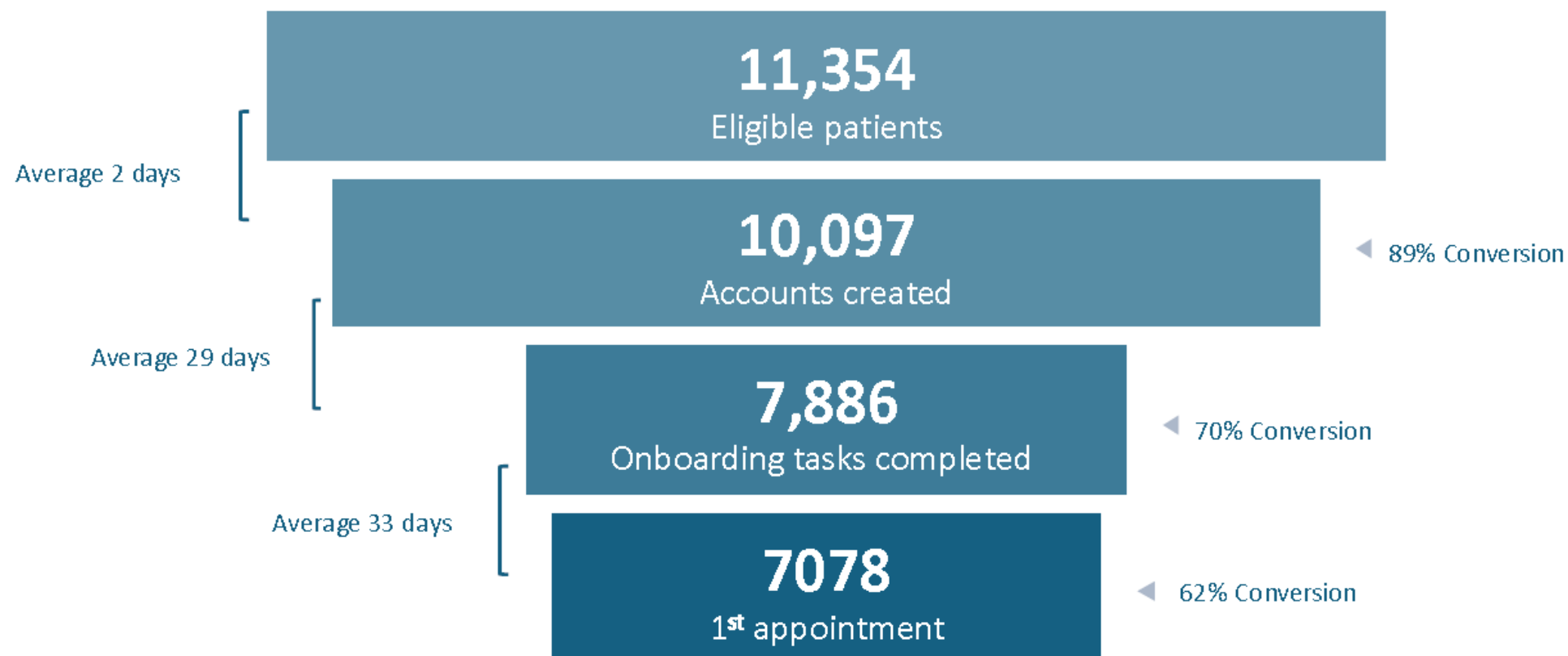
Sources:

- Eligibility information provided by FlyteHealth on September 5.
- BMI and grandfathering information provided by FlyteHealth on October 29.
- Prescription drug claim data provided by CVS Caremark, claims incurred from July 1, 2022, and paid through June 30, 2024, are used in this study.

Flyte 18 Month Report



Path to First Appointment



FlyteHealth Engagement

NPS*



App Engagement

56.5% Ave WAU/MAU
(Stickiness)

4m 56s Average daily time
on app

Testimonials

"Absolutely adore my provider. She was professional kind and understanding. Compassionate and knowledgeable. Great visit with a lot of questions and answers and guidelines. Will recommend highly to anyone. Looking forward to follow up with her. Thank you!"

"We had a very in depth conversation. I felt like she really wanted to understand me and my issues. Definitely not rushed. I was satisfied with the outcome of the discussion and the proposed treatment plan."

"She really heard me and was very compassionate. Gave me a plan that I am tackling. I am starting to feel better because of it."

*Over the last 12 months

**As of 1/32/25

Weight & BMI

Average BMI

At enrollment, for patients with appointments

37.15

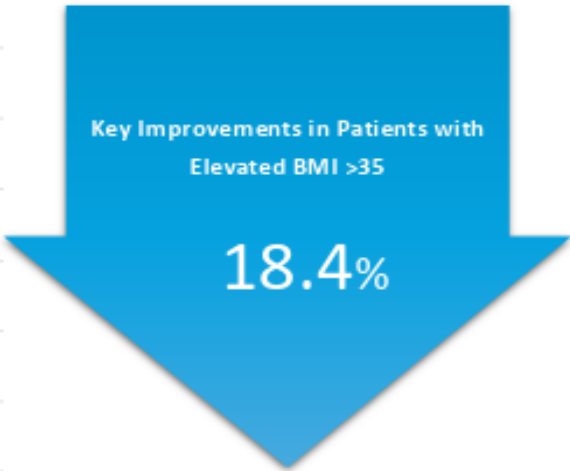
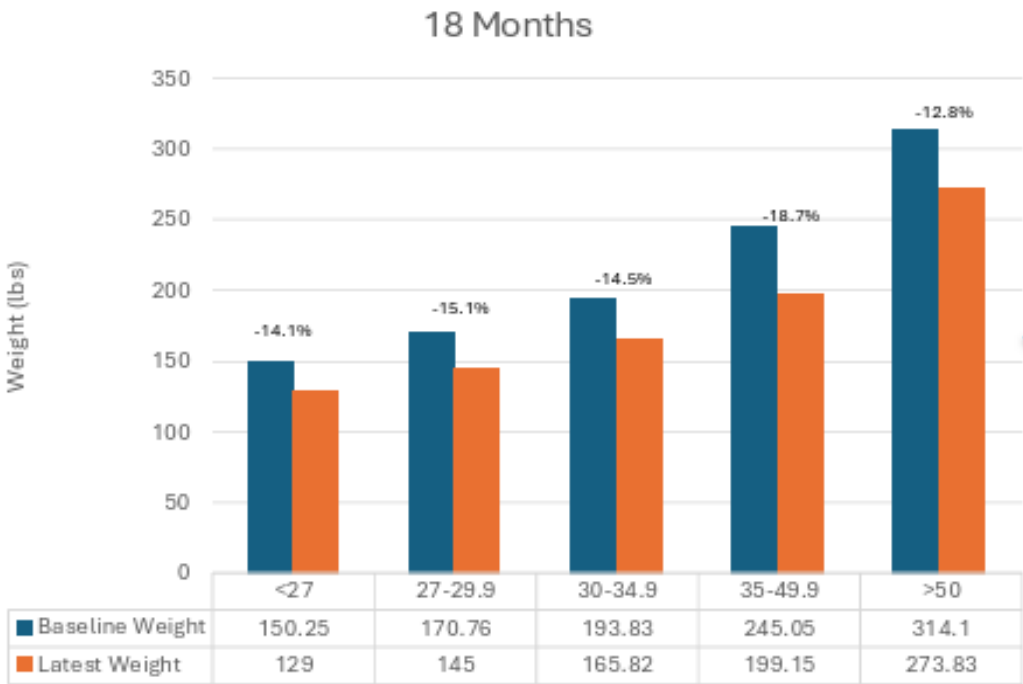
% of Patients with BMI 30 - 34.9 32.9%

% of Patients with BMI ≥ 35 55.7%

n=7003 PATIENTS

Change in Weight by BMI

For patients who have been enrolled ≥ 18 months and have data available



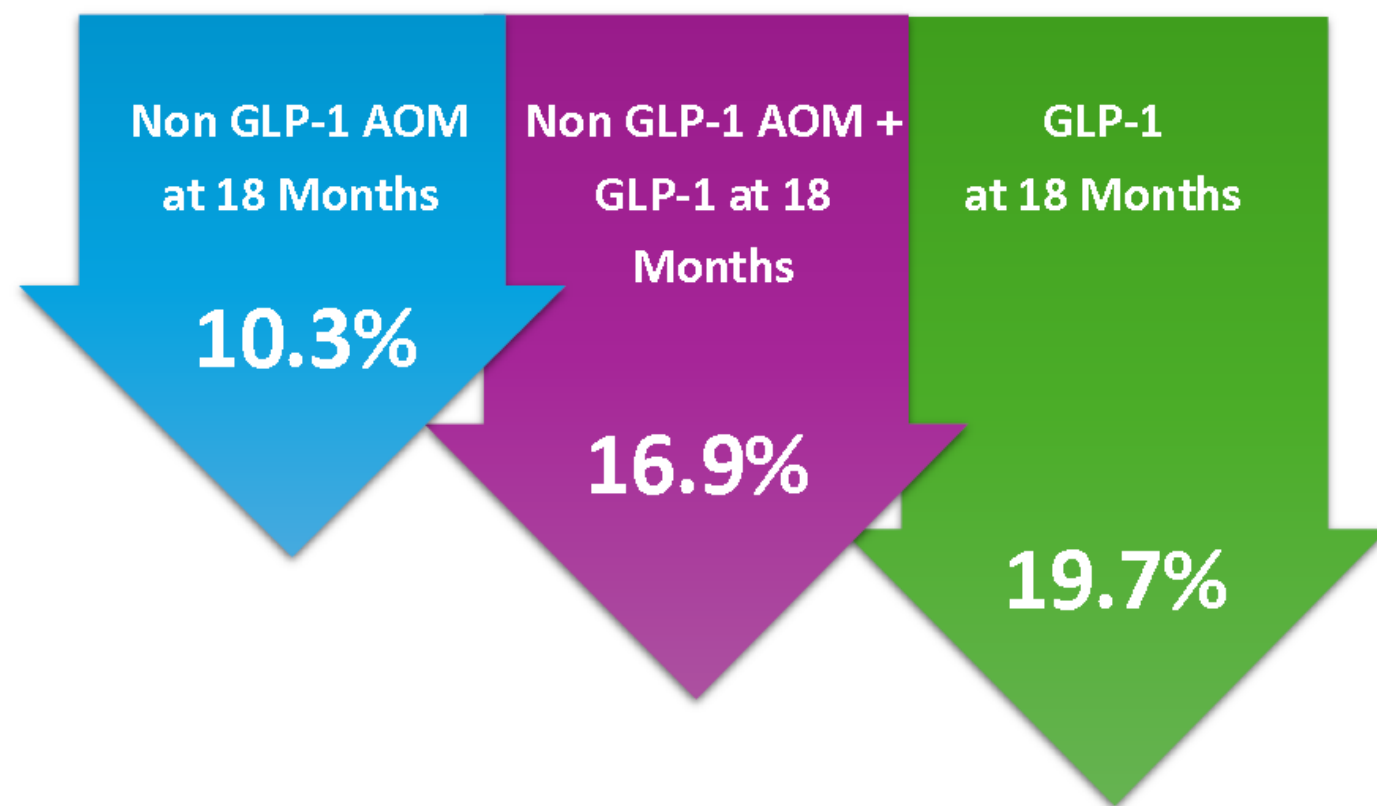
n=337 PATIENTS

* As of 1/31/25

Weight Loss & Medication

Patients on a GLP-1 vs Non GLP-1 AOMs

For patients who have been enrolled ≥ 18 months, weight data is available, and were *prescribed* a medication by a Flyte Provider



n=332 PATIENTS

*A large subset of patients in this cohort were already on a GLP-1 and had experienced weight loss prior to Flyte program enrollment.

*As of 1/31/2025



Questions and Comments



Adjourn



Appendix



Connecticut Health Plan

Public Dashboard

Reporting Period: January 2024 - December 2024 (Current Period) | January 2023 - December 2023 (Prior Period)

Includes all covered plan participants (Active, Non-Medicare Retirees and Medicare Retirees) unless otherwise noted



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Page 3 – Enrollment (Actives)

Page 4 – Enrollment (Retirees)

Page 5 – Plan Paid By Setting

Page 9 – Plan Paid By Age Band and Gender

Page 13 – Emergency Room Visits

Page 17 – Top 15 Drugs

Page 21 – Top 15 Prescription Drug Disease Indications

Page 25 – Top 15 Diagnosis Categories for Medical Claims

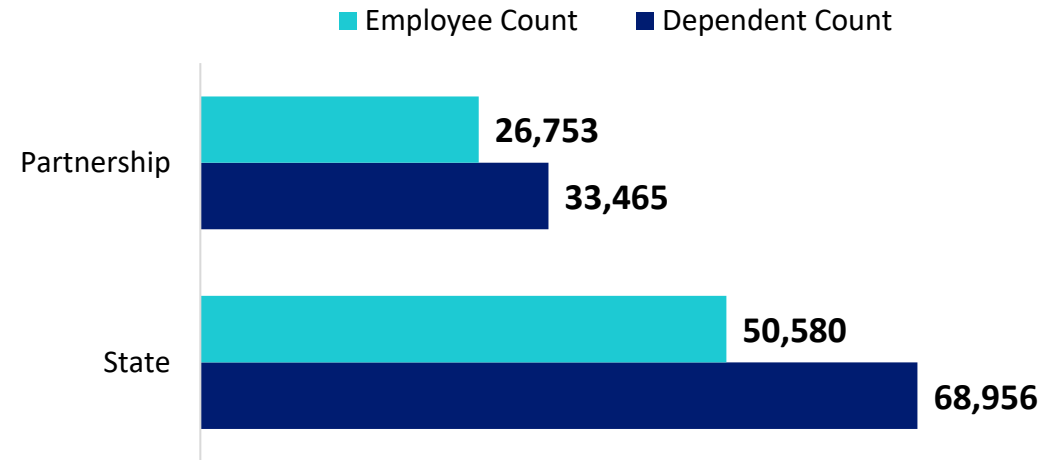
Page 29 – Distribution of Claims By Membership



Enrollment: Actives

January 2024 – December 2024

Average Employee and Dependent Counts



Average Employee and Dependent Counts				
Line of Business	Employee Count	Dependent Count	Total Count	PEPM ¹
Partnership	26,753	33,465	60,217	\$1,746.96 ²
State	50,580	68,956	119,536	\$1,629.06
Total	77,333	102,420	179,753	\$1,669.84

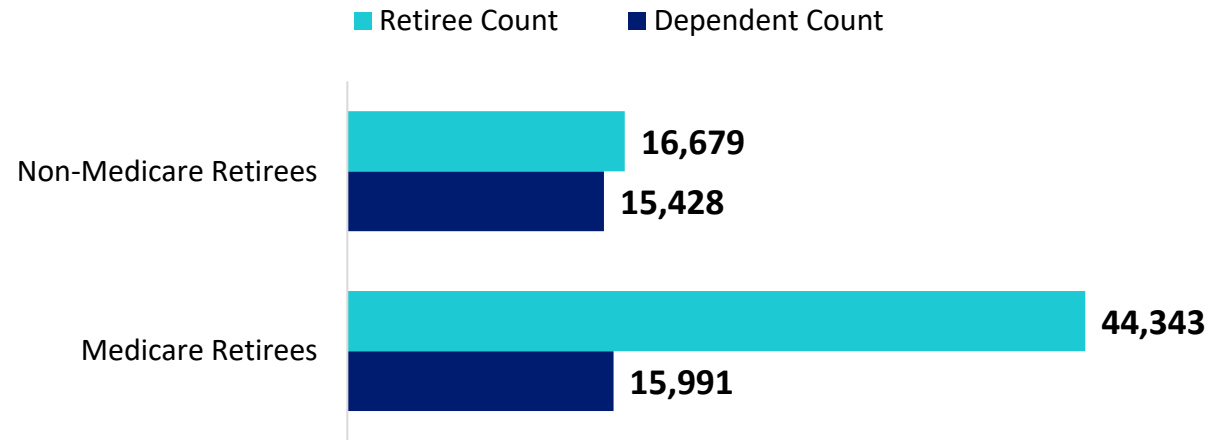
¹ Per Employee Per Month

² Partnership is higher due to membership located in counties that have a higher average cost of care, Regional pricing adjustments account for this disparity.

Enrollment: Retirees

January 2024 – December 2024

Average Retiree and Dependent Counts



Average Retiree and Dependent Counts				
Status	Retiree Count	Dependent Count	Total Count	PEPM ¹
Non-Medicare Retirees	16,679	15,428	32,107	\$1,813
Medicare Retirees	44,343	15,991	60,334	\$1,532

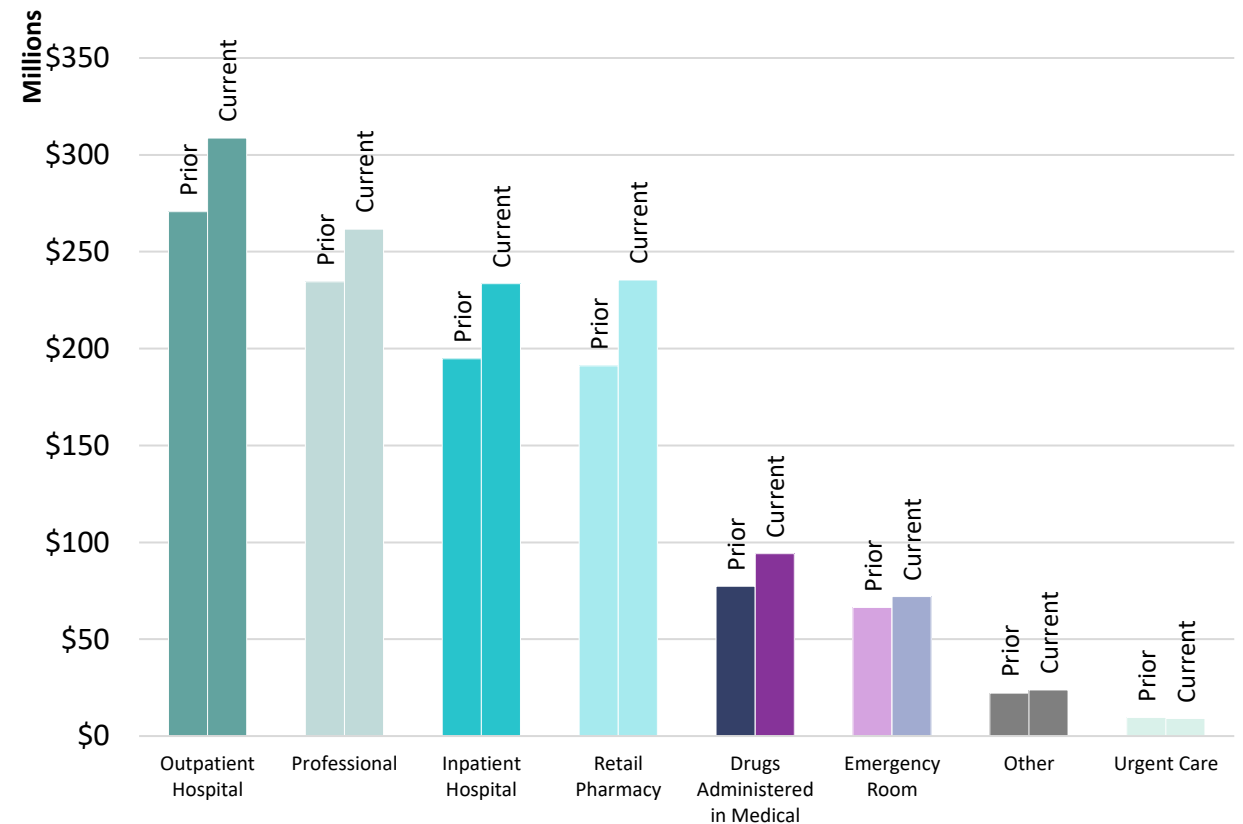
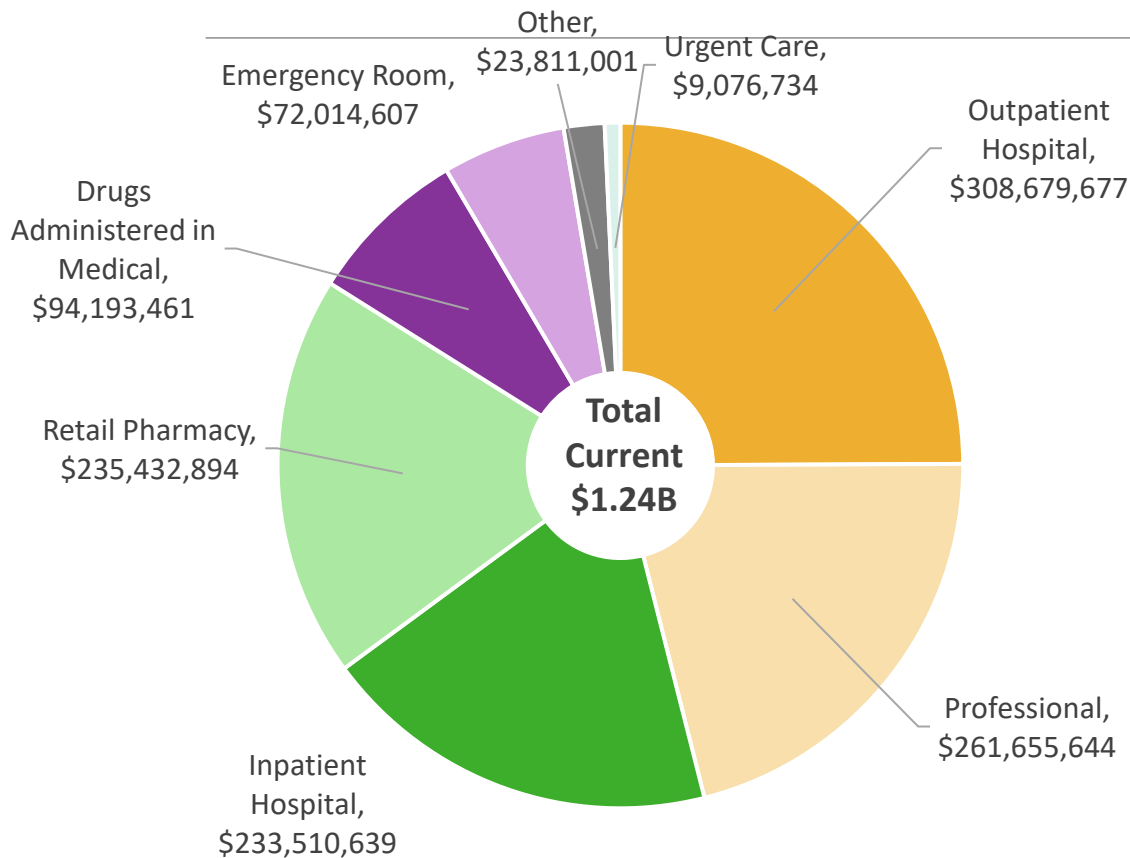
¹ Per Employee Per Month – these numbers include State and Partnership retirees. As Partnership retiree membership increases, they will be reported separately.

Plan Paid By Setting — State Plan Active Population

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

Current vs Prior

Total: Prior – \$1.07B Current – \$1.24B



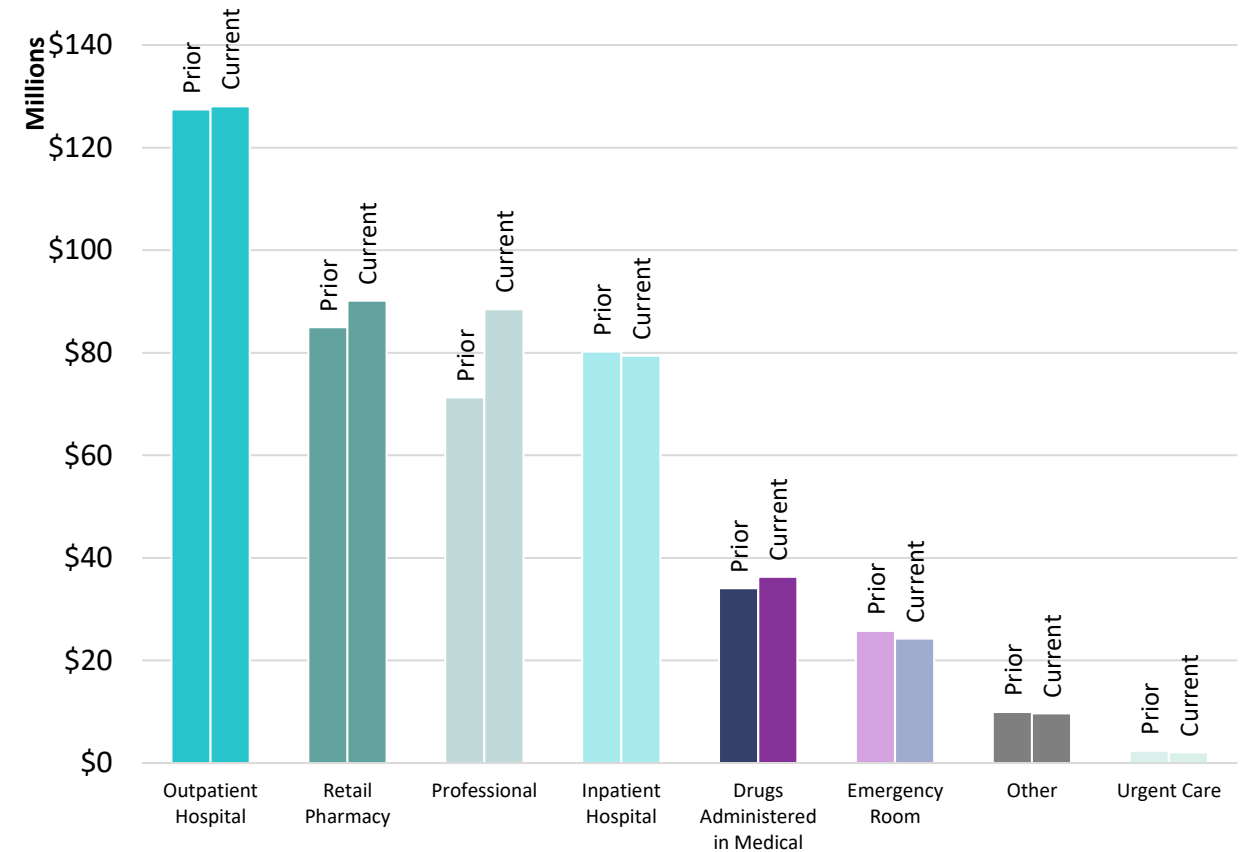
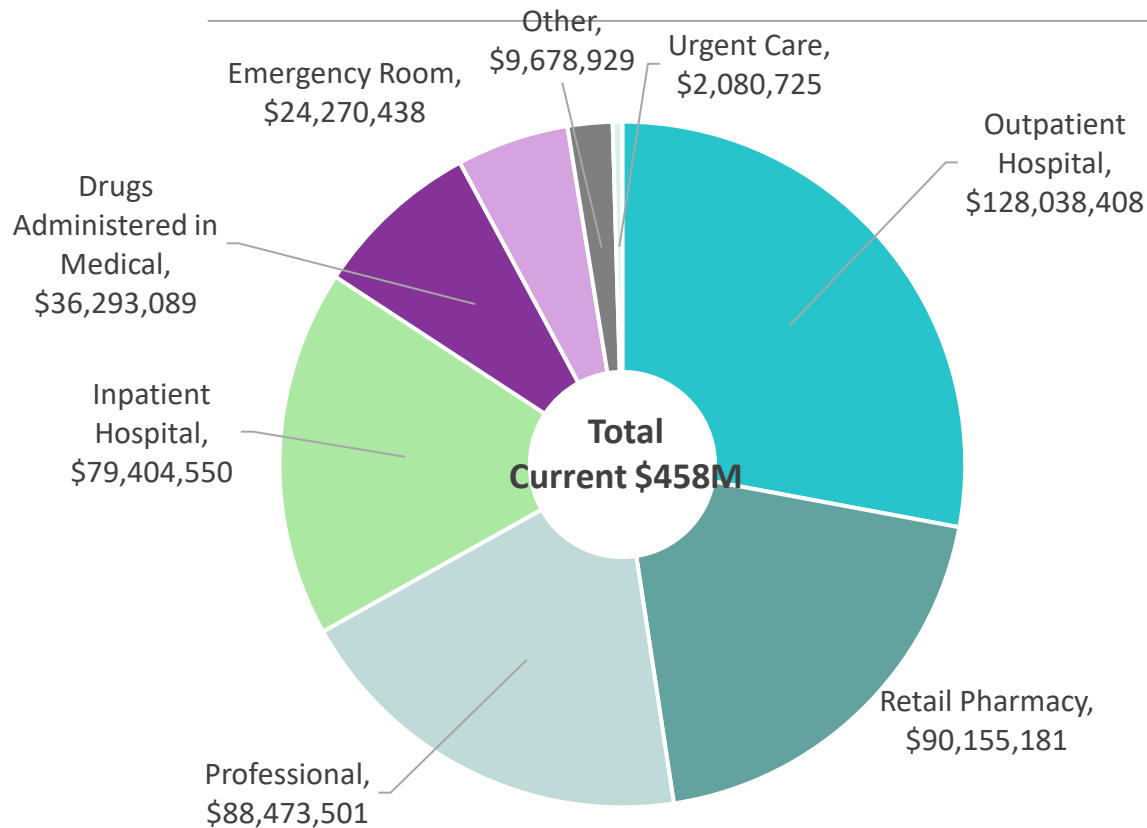
Other includes ancillary claims such as Home Health, Hospice, Durable Medical Equipment (DME), Ambulance etc.

Plan Paid By Setting — State Plan Non-Medicare Retirees

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

Current vs Prior

Total: Prior – \$436M Current – \$458M



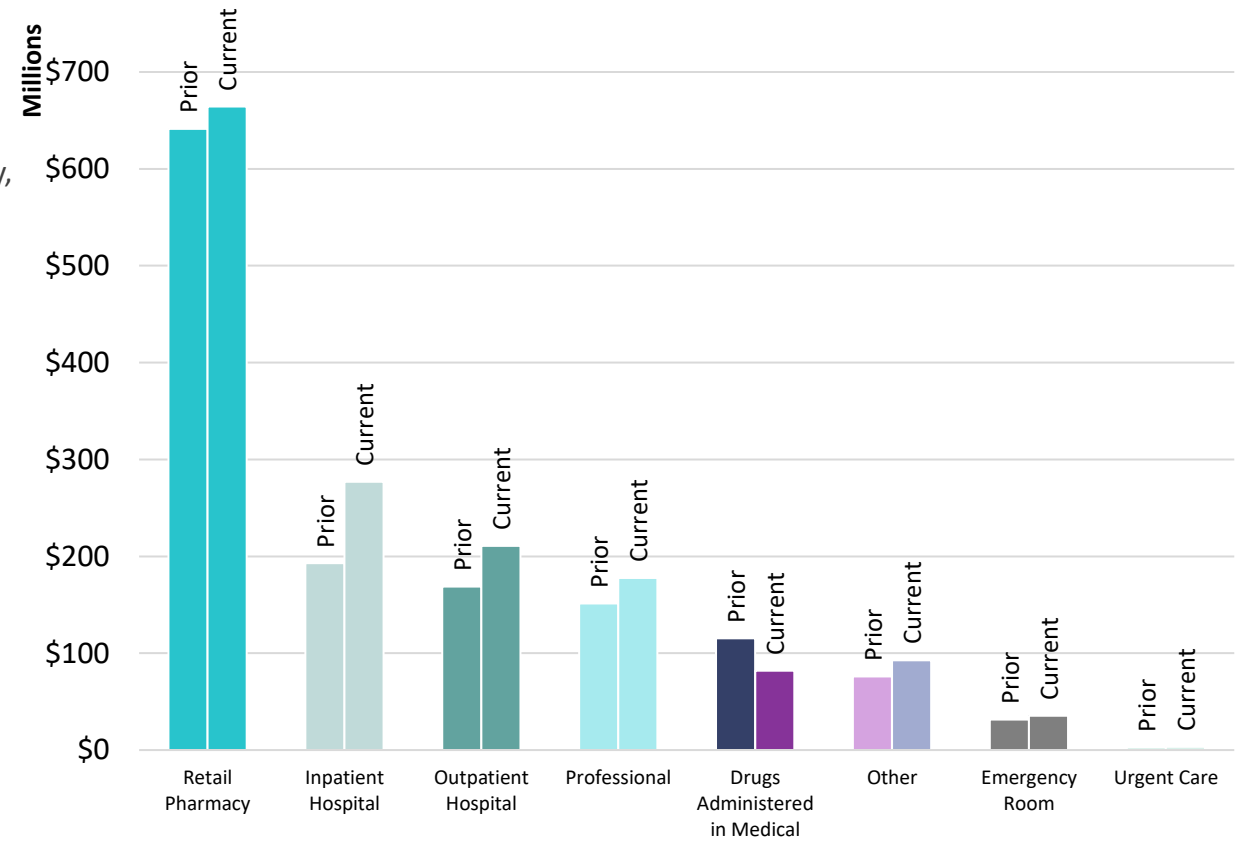
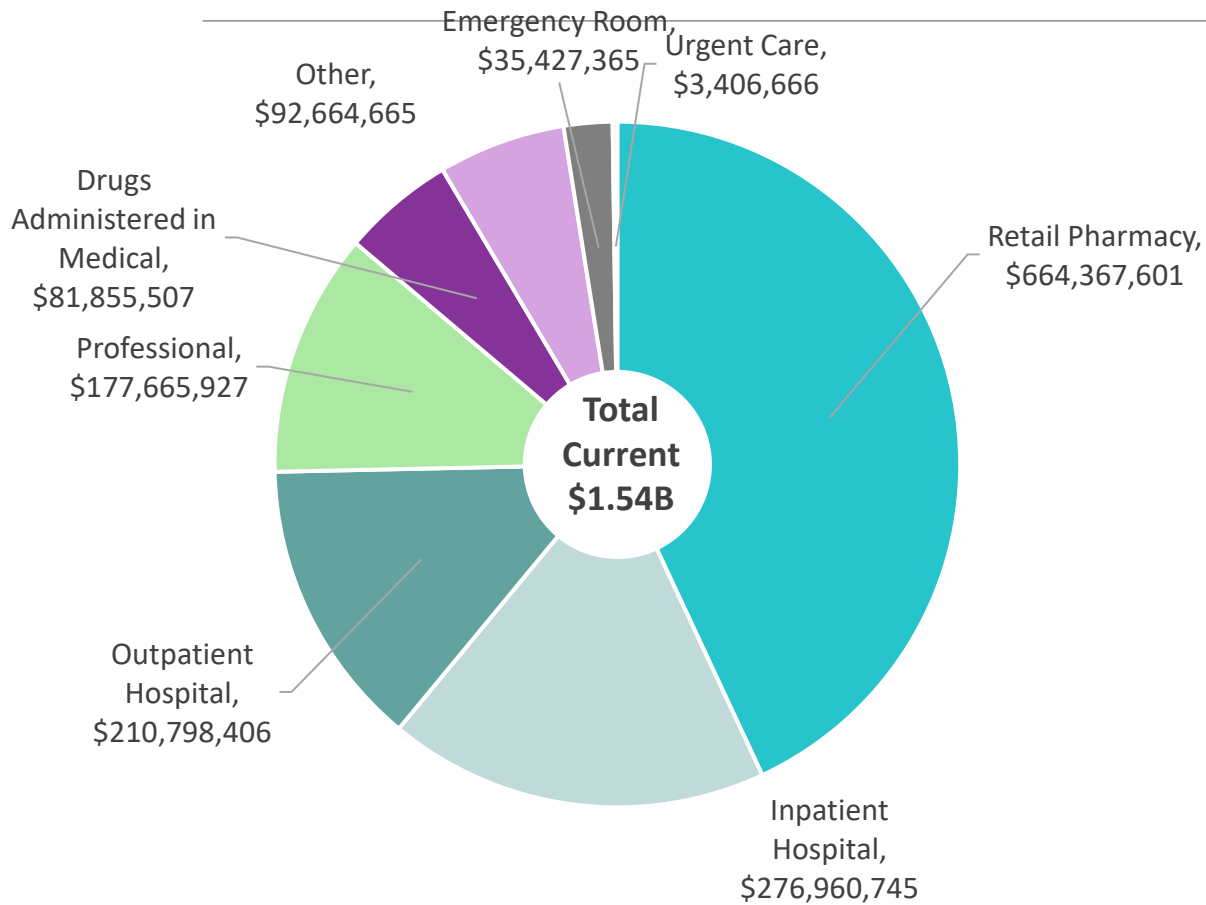
Other includes ancillary claims such as Home Health, Hospice, Durable Medical Equipment (DME), Ambulance etc.

Plan Paid By Setting — State Plan Medicare Retirees

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

Current vs Prior

Total: **Prior – \$1.38B** **Current – \$1.54B**

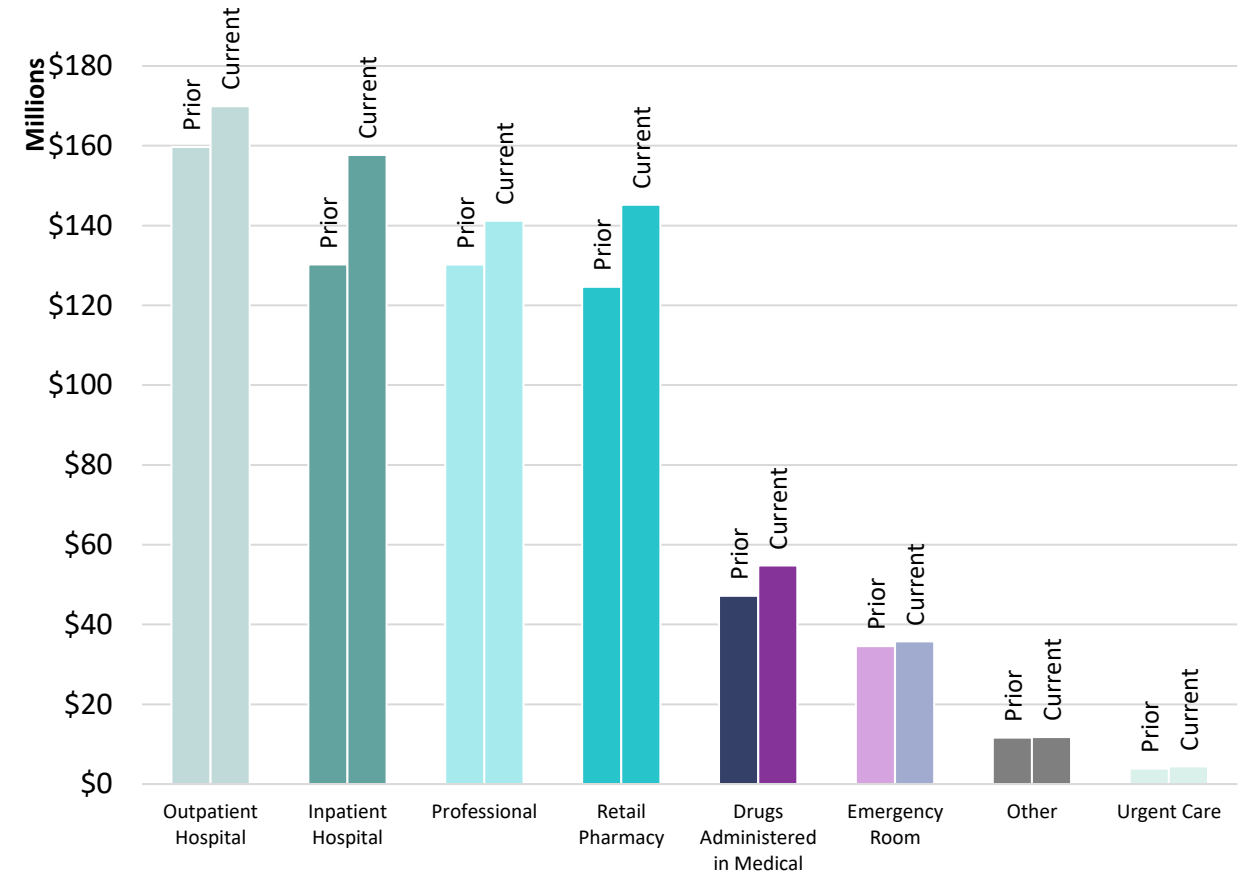
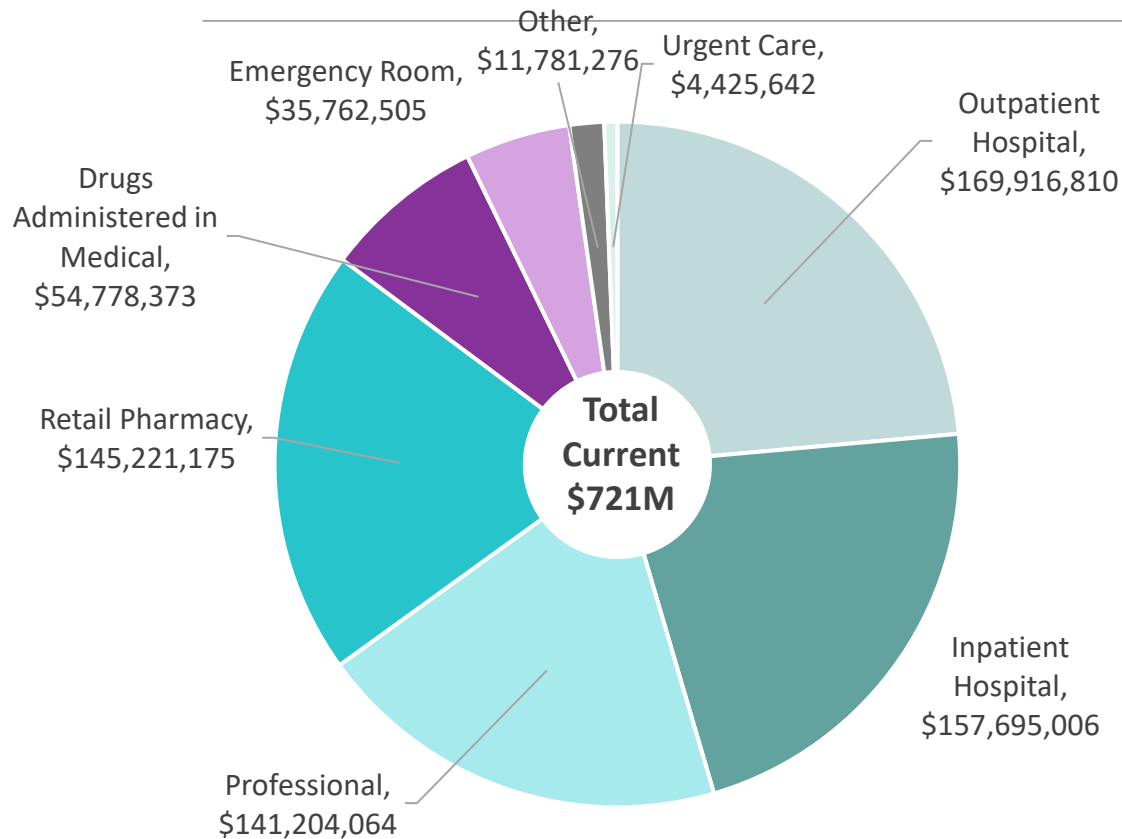


Plan Paid By Setting — Partnership Plan (includes retirees)

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

Current vs Prior

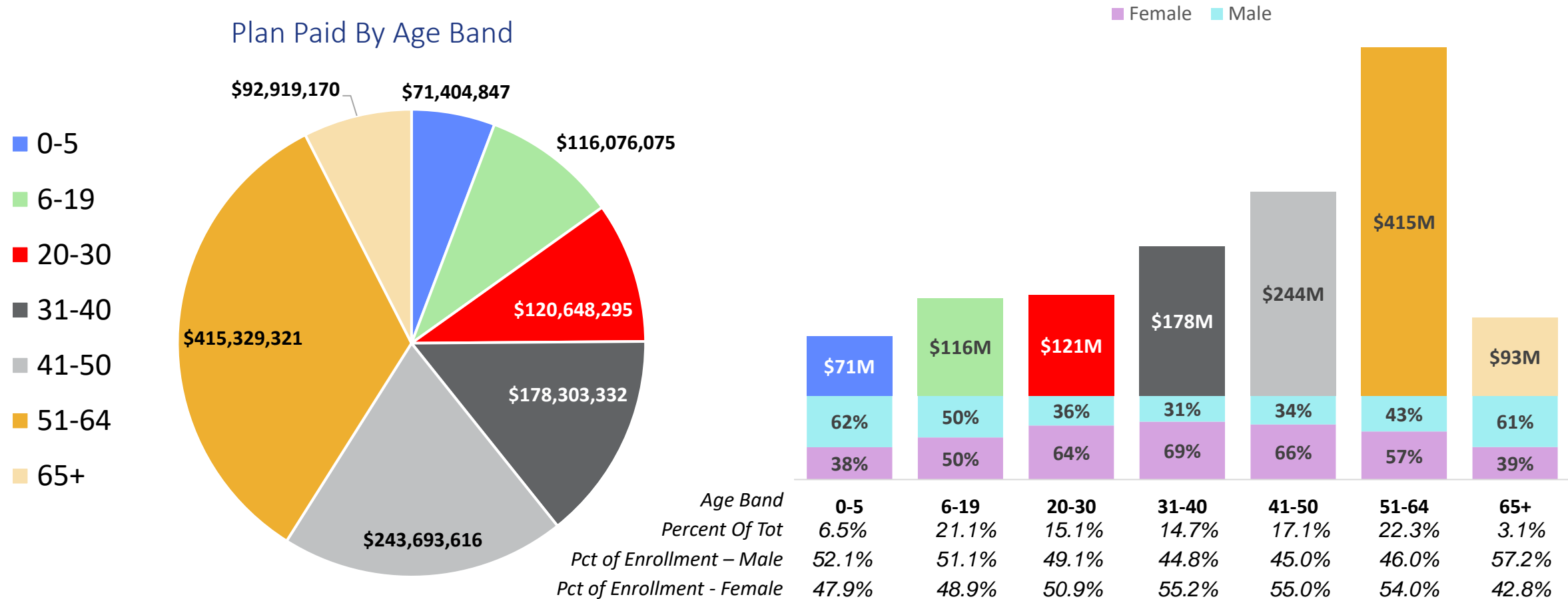
Total: **Prior – \$642M** **Current – \$721M**



Other includes ancillary claims such as Home Health, Hospice, Durable Medical Equipment (DME), Ambulance etc.

Plan Paid By Age and Gender – State Plan Active Population January 2024 – December 2024

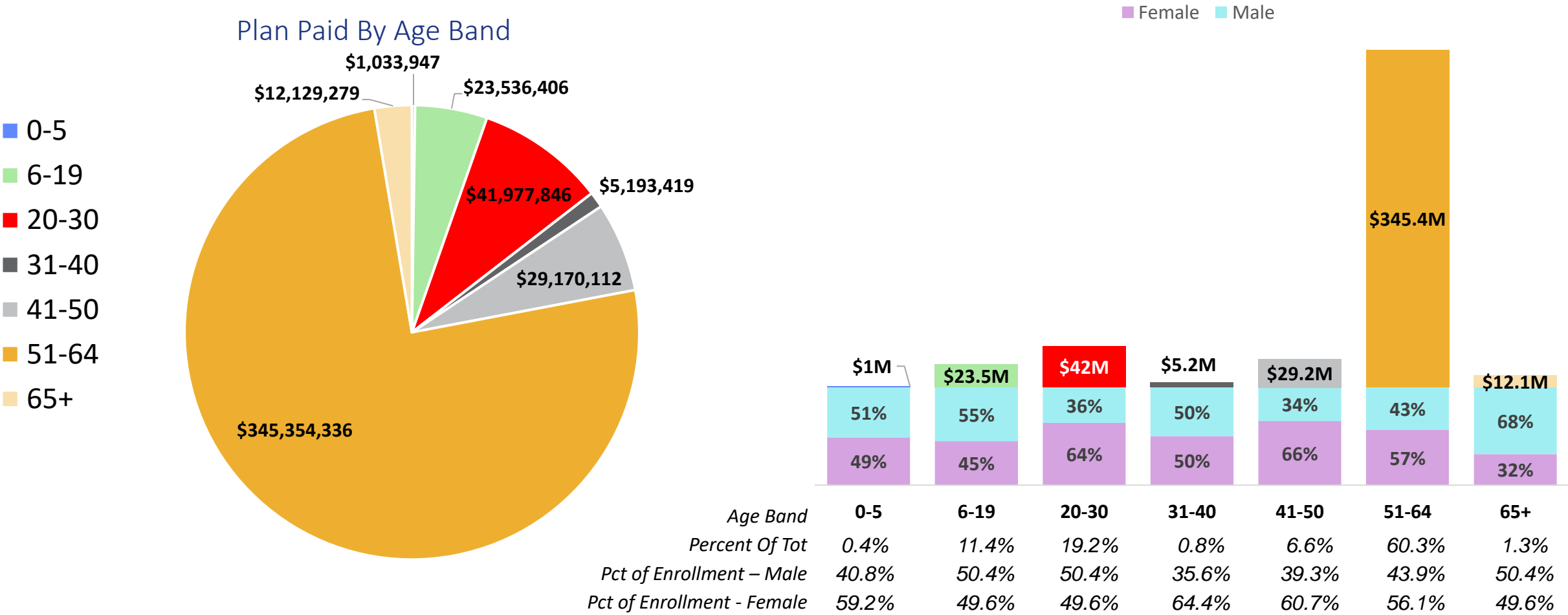
Plan Paid By Age Band and Gender



Plan Paid By Age and Gender — State Plan Non-Medicare

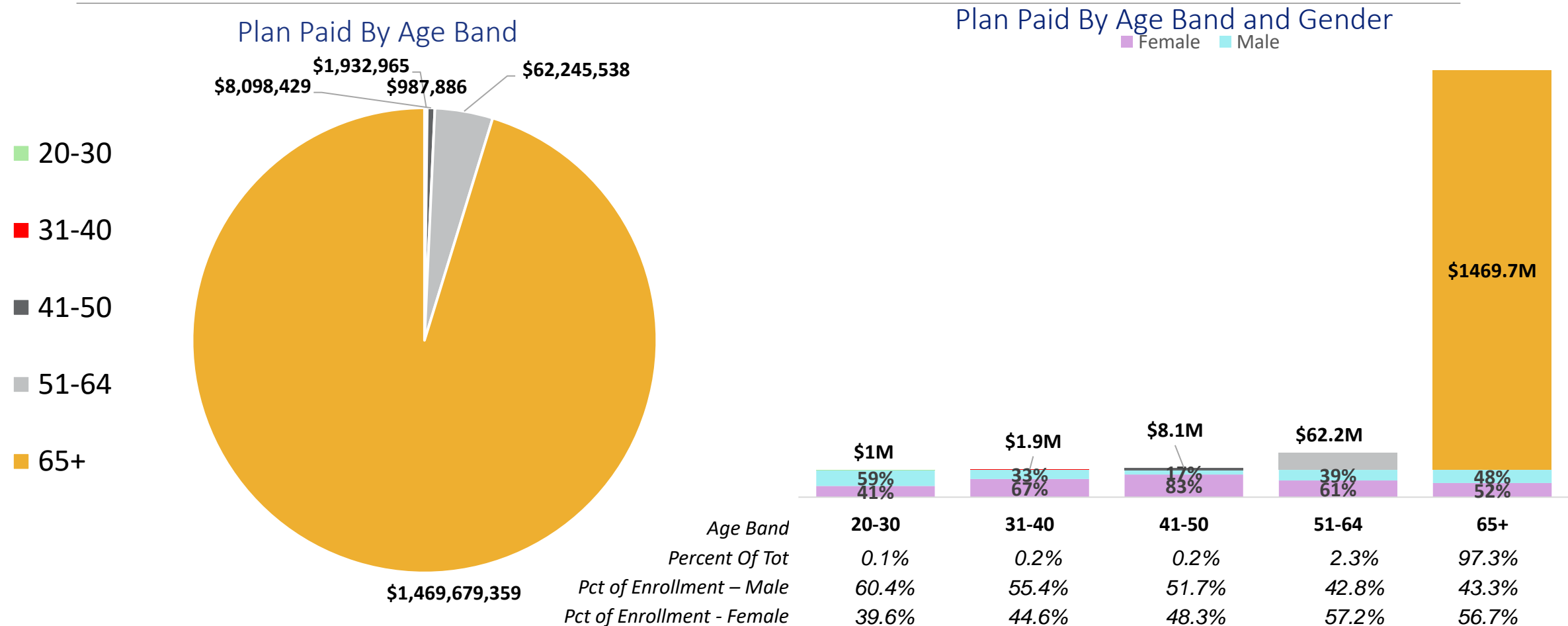
January 2024 – December 2024

Plan Paid By Age Band and Gender



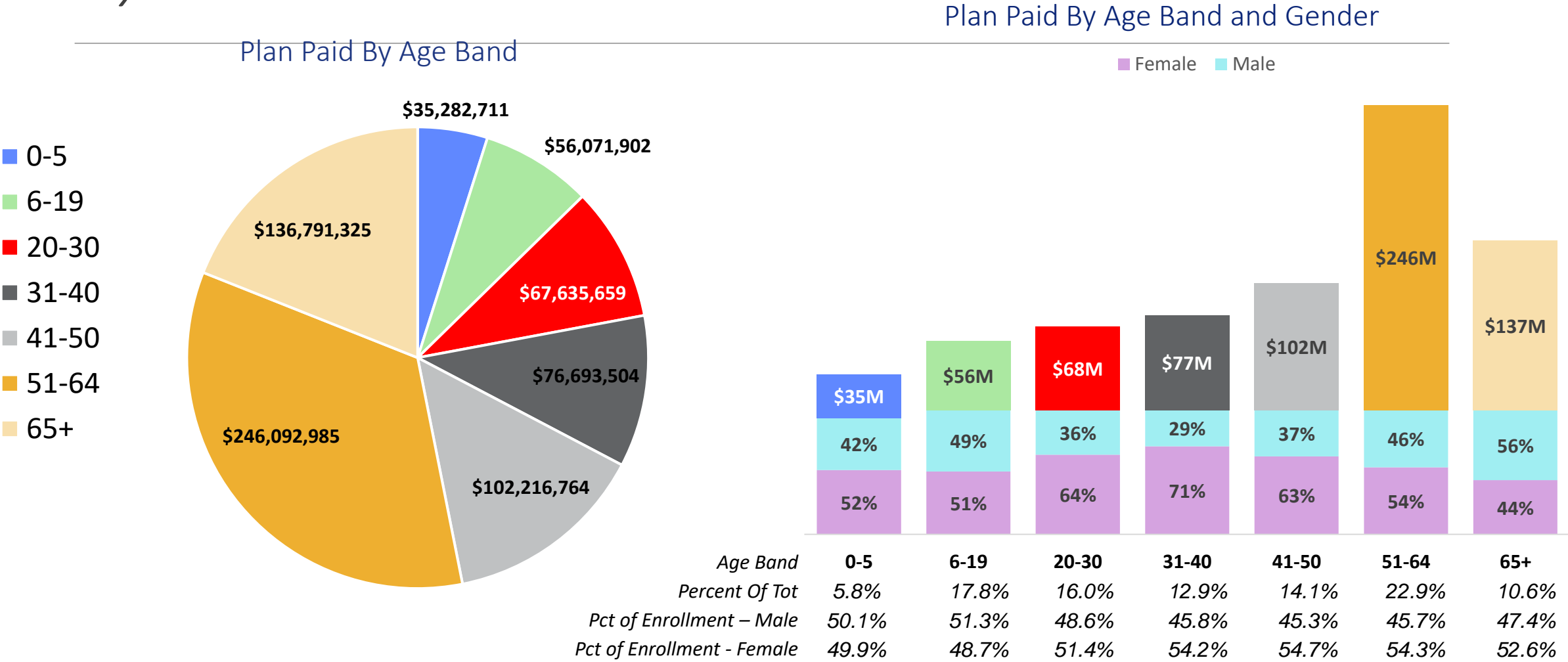
Plan Paid By Age and Gender — State Plan Medicare Retirees

January 2024 – December 2024



Plan Paid By Age and Gender — Partnership Plan (incl. retirees)

January 2024 – December 2024

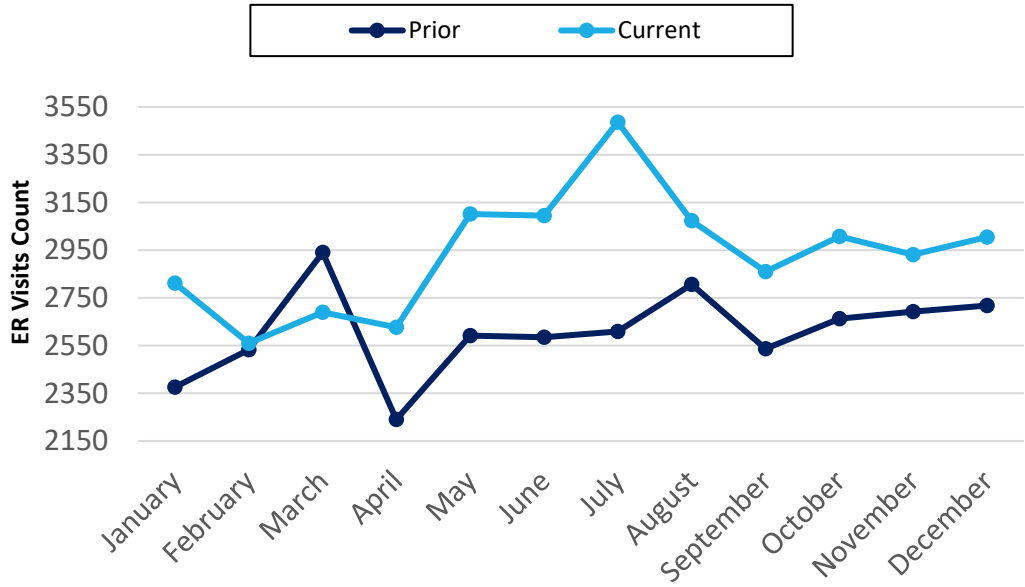


As results for Partnership retirees become more credible, they will be reported separately.

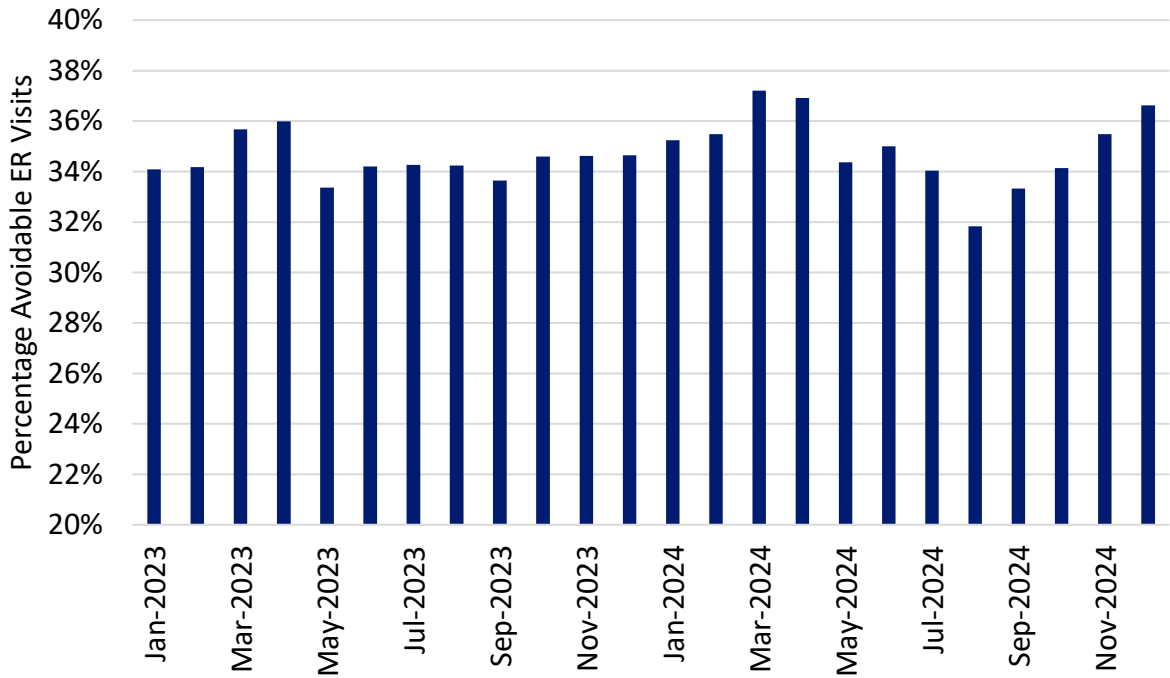
Emergency Room Visits – State Plan Active Population

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

ER Visits Per Month



Avoidable ER Visits*



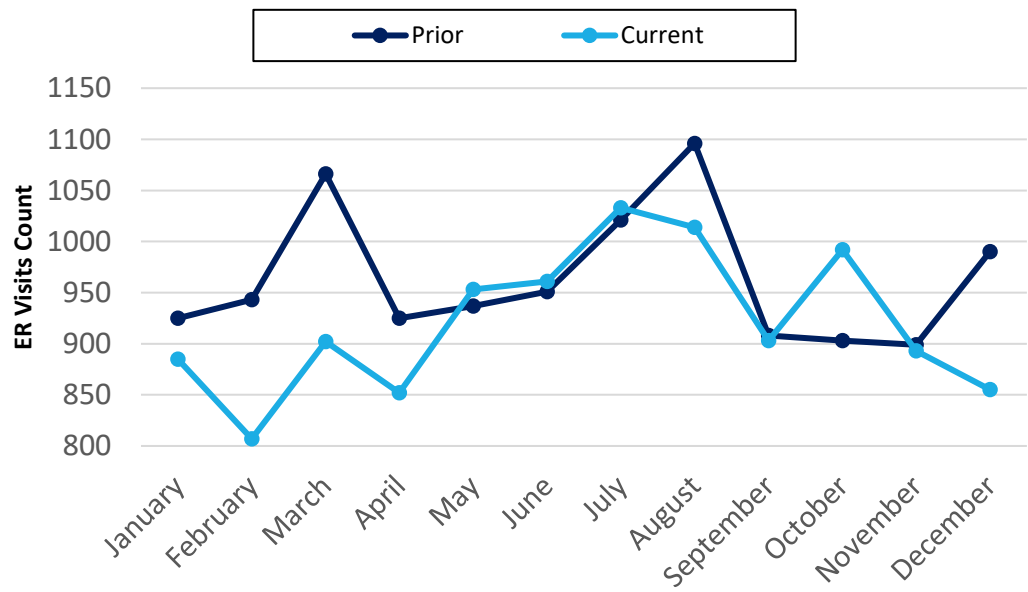
State Fiscal Year	Total ER Visits	Visits per 1,000 Covered Lives
Current	35,247	295
Prior	31,288	270

*Avoidable ER visits are those that could have been handled in a non-acute setting (e.g., a doctor's office, clinic, urgent care facility or telehealth)

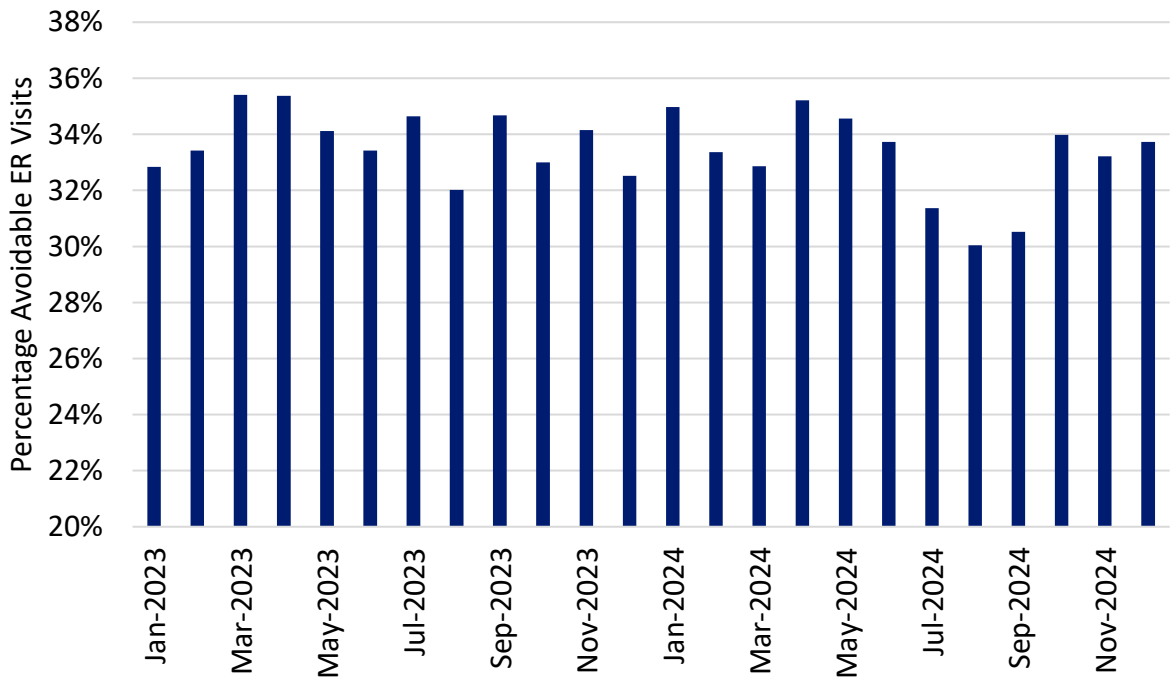
Emergency Room Visits – State Plan Non-Medicare Retirees

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

ER Visits Per Month



Avoidable ER Visits*



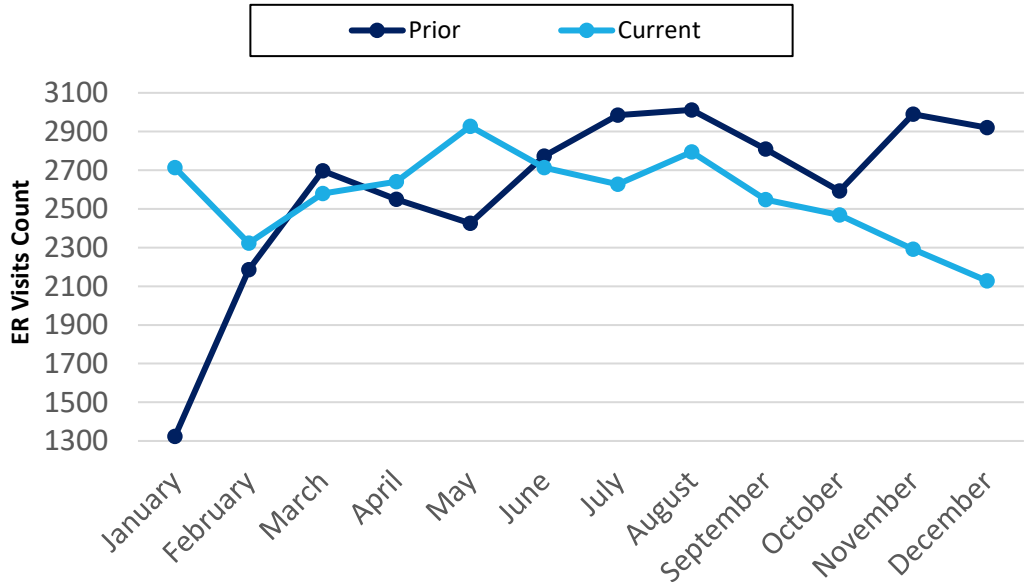
State Fiscal Year	Total ER Visits	Visits per 1,000 Covered Lives
Current	11,050	344
Prior	11,564	334

*Avoidable ER visits are those that could have been handled in a non-acute setting (e.g., a doctor's office, clinic, urgent care facility or telehealth)

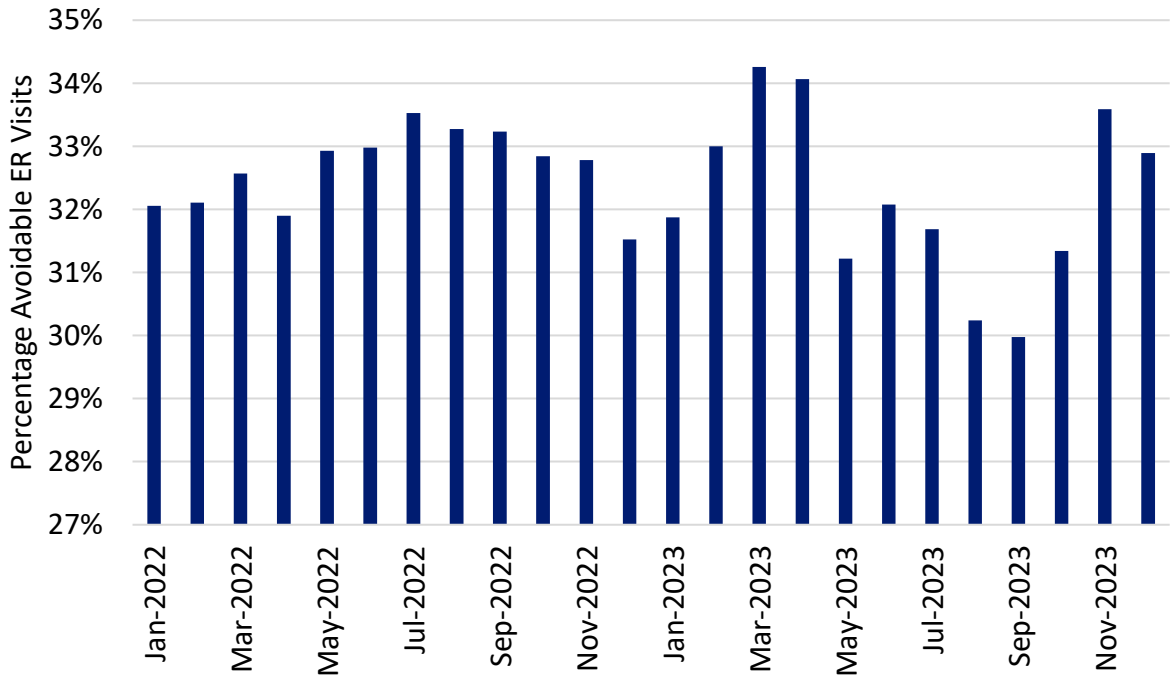
Emergency Room Visits – State Plan Medicare Retirees

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

ER Visits Per Month



Avoidable ER Visits*



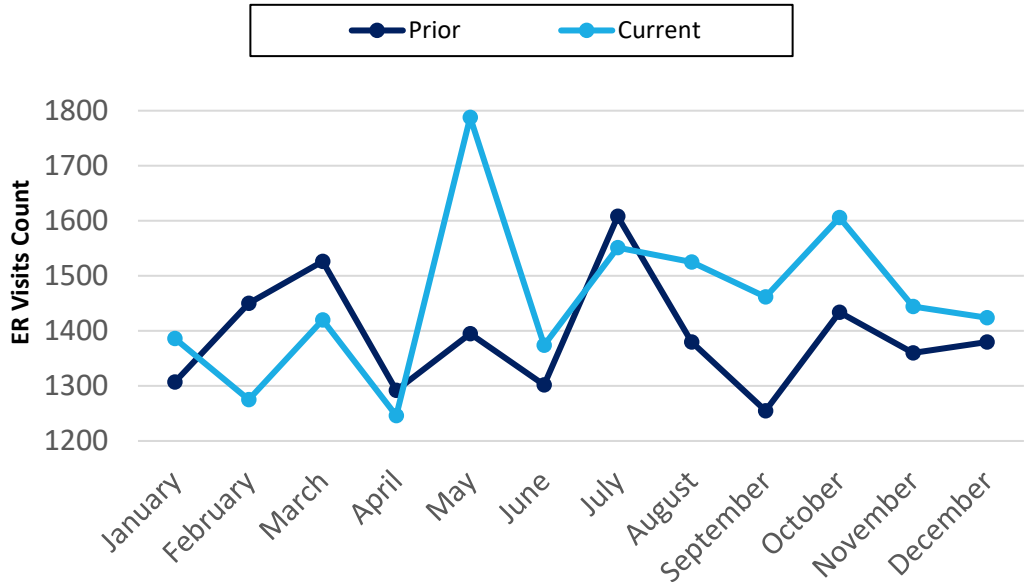
State Fiscal Year	Total ER Visits	Visits per 1,000 Covered Lives
Current	30,755	510
Prior	31,262	526

*Avoidable ER visits are those that could have been handled in a non-acute setting (e.g., a doctor’s office, clinic, urgent care facility or telehealth)

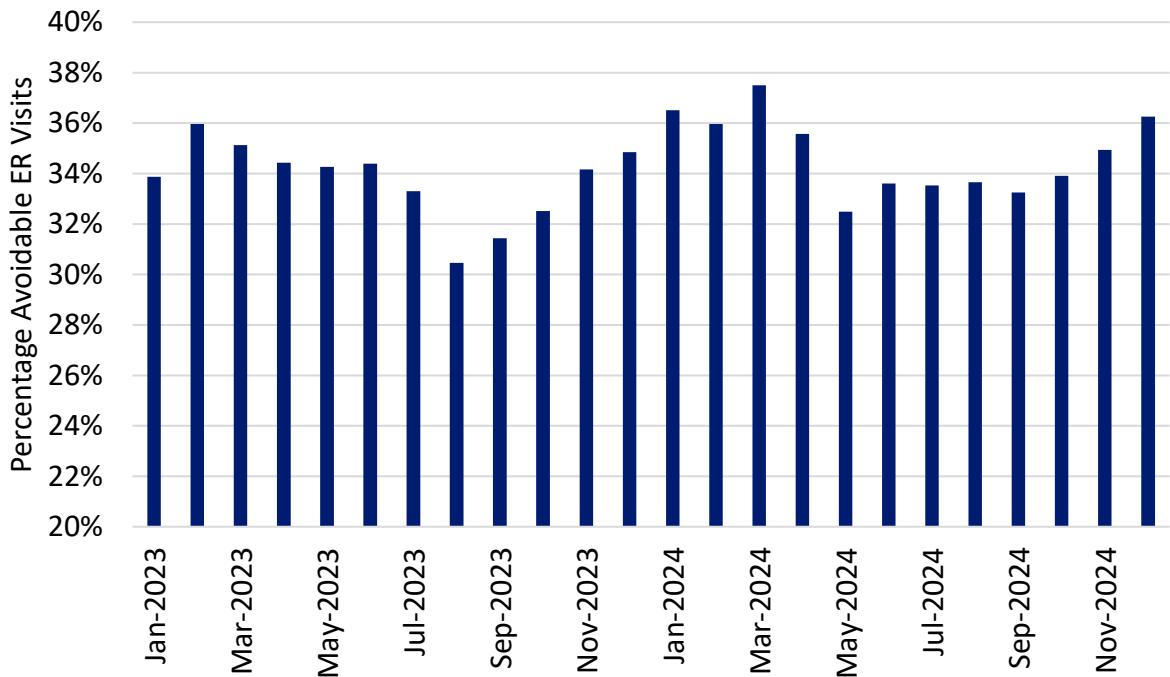
Emergency Room Visits – Partnership Plan (includes retirees)

January 2024 – December 2024 (Current Period); January 2023 – December 2023 (Prior Period)

ER Visits Per Month



Avoidable ER Visits*



State Fiscal Year	Total ER Visits	Visits per 1,000 Covered Lives
Current	17,501	276
Prior	16,689	268

*Avoidable ER visits are those that could have been handled in a non-acute setting (e.g., a doctor’s office, clinic, urgent care facility or telehealth). As Partnership retiree membership increases, they will be reported separately.

Top 15 Drugs – State Plan Active Population

January 2024 – December 2024 By Plan Paid

Rank	Drug	Disease Indication	Total Plan Paid	Script Count	Cost Per Script
1	OZEMPIC	Diabetes	\$16,789,444	35,915	\$467
2	DUPIXENT	Skin Disorders	\$9,317,883	4,018	\$2,319
3	MOUNJARO	Diabetes	\$8,225,633	18,404	\$447
4	SKYRIZI	Psoriasis	\$8,184,647	871	\$9,397
5	STELARA	Psoriasis	\$5,625,623	825	\$6,819
6	TRIKAFTA	Cystic Fibrosis	\$4,975,210	228	\$21,821
7	STRENSIQ	Rare Disorders	\$4,887,827	51	\$95,840
8	VYVANSE	ADHD/Narcolepsy	\$3,274,782	7,822	\$419
9	RINVOQ	Autoimmune Disease	\$2,648,691	797	\$3,323
10	XOLAIR	Asthma/COPD	\$2,555,486	1,113	\$2,296
11	VERZENIO	Oncology	\$2,474,284	235	\$10,529
12	PAXLOVID	Viral Infections	\$2,471,709	2,384	\$1,037
13	HUMIRA PEN	Autoimmune Disease	\$2,404,837	917	\$2,623
14	BIKTARVY	Viral Infections/HIV AIDS	\$2,141,055	721	\$2,970
15	VRAYLAR	Mental Health/Neurological Disorders	\$2,136,670	1,374	\$1,555

Top 15 Drugs – State Plan Non-Medicare Retirees

January 2024 – December 2024 By Plan Paid

Rank	Drug	Disease Indication	Total Plan Paid	Script Count	Cost Per Script
1	OZEMPIC	Diabetes	\$6,066,763	12,343	\$492
2	MOUNJARO	Diabetes	\$2,933,447	6,262	\$468
3	DUPIXENT	Skin Disorders	\$2,683,758	1,161	\$2,312
4	SKYRIZI	Psoriasis	\$2,668,397	256	\$10,423
5	STELARA	Psoriasis	\$1,468,035	219	\$6,703
6	TRIKAFTA	Cystic Fibrosis	\$1,356,307	71	\$19,103
7	XOLAIR	Asthma/COPD	\$1,263,418	512	\$2,468
8	BIKTARVY	Viral Infections/HIV AIDS	\$1,037,007	344	\$3,015
9	VERZENIO	Oncology	\$1,014,393	103	\$9,848
10	OTEZLA	Autoimmune Disease	\$993,434	443	\$2,243
11	JARDIANCE	Diabetes	\$942,685	3,077	\$306
12	ELIQUIS	Blood Disorders	\$927,617	1,904	\$487
13	PAXLOVID	Viral Infections	\$911,595	896	\$1,017
14	VYVANSE	ADHD/Narcolepsy	\$793,332	1,846	\$430
15	VRAYLAR	Mental Health/Neurological Disorders	\$787,680	495	\$1,591

Top 15 Drugs – State Plan Medicare Retirees

January 2024 – December 2024 By Plan Paid

Rank	Drug	Disease Indication	Total Plan Paid	Script Count	Cost Per Script
1	ELIQUIS	Blood Disorders	\$39,840,051	30,203	\$1,319
2	OZEMPIC	Diabetes	\$34,166,411	20,191	\$1,692
3	JARDIANCE	Diabetes	\$20,533,229	12,634	\$1,625
4	VYNDAMAX	Cardiovascular/Heart Disease	\$15,153,428	297	\$51,022
5	HUMIRA PEN	Autoimmune Disease	\$14,472,302	1,033	\$14,010
6	MOUNJARO	Diabetes	\$14,001,650	8,859	\$1,581
7	REVLIMID	Oncology	\$13,070,741	536	\$24,386
8	XARELTO	Blood Disorders	\$12,586,838	8,484	\$1,484
9	DUPIXENT	Skin Disorders	\$12,121,827	2,433	\$4,982
10	TRELEGY ELLIPTA	Asthma/COPD	\$10,003,423	8,553	\$1,170
11	STELARA	Psoriasis	\$9,744,506	328	\$29,709
12	SKYRIZI	Psoriasis	\$9,319,479	371	\$25,120
13	FARXIGA	Diabetes	\$9,055,908	5,900	\$1,535
14	JANUVIA	Diabetes	\$8,997,430	5,760	\$1,562
15	XTANDI	Oncology	\$8,749,475	460	\$19,021

Top 15 Drugs – Partnership Plan (includes retirees)

January 2024 – December 2024 By Plan Paid

Rank	Drug	Disease Indication	Total Plan Paid	Script Count	Cost Per Script
1	OZEMPIC	Diabetes	\$7,889,574	14,403	\$548
2	DUPIXENT	Skin Disorders	\$4,931,551	1,936	\$2,547
3	MOUNJARO	Diabetes	\$4,025,065	7,548	\$533
4	STELARA	Psoriasis	\$3,566,738	411	\$8,678
5	SKYRIZI	Psoriasis	\$3,276,164	333	\$9,838
6	ELIQUIS	Blood Disorders	\$2,923,510	3,671	\$796
7	HUMIRA PEN	Autoimmune Disease	\$2,242,519	509	\$4,406
8	JARDIANCE	Diabetes	\$1,890,316	3,511	\$538
9	XTANDI	Oncology	\$1,700,065	120	\$14,167
10	RINVOQ	Autoimmune Disease	\$1,607,369	453	\$3,548
11	REVLIMID	Oncology	\$1,469,608	98	\$14,996
12	ENBREL SURECLICK	Autoimmune Disease	\$1,417,239	387	\$3,662
13	PAXLOVID	Viral Infections	\$1,402,060	1,289	\$1,088
14	VYVANSE	ADHD/Narcolepsy	\$1,386,434	3,655	\$379
15	ENTRESTO	Cardiovascular/Heart Disease	\$1,237,771	1,024	\$1,209

Top 15 Prescription Drug Disease Indications

State Plan Active Population

January 2024 – December 2024 By Plan Paid

Rank	Disease Indication	Plan Paid	Script Count	Cost Per Script
1	Diabetes	\$32,523,631	100,876	\$322
2	Oncology	\$20,344,273	6,454	\$3,152
3	Psoriasis	\$19,104,385	4,622	\$4,133
4	Autoimmune Disease	\$18,864,734	8,812	\$2,141
5	Skin Disorders	\$14,388,117	63,661	\$226
6	ADHD/Narcolepsy	\$10,739,201	54,252	\$198
7	Asthma/COPD	\$9,693,928	64,604	\$150
8	Multiple Sclerosis/Neuromuscular Disorders	\$9,157,126	1,607	\$5,698
9	Rare Disorders	\$7,010,811	1,563	\$4,485
10	Viral Infections/HIV AIDS	\$6,339,092	3,659	\$1,732
11	Migraine	\$5,665,183	20,902	\$271
12	Cystic Fibrosis	\$5,556,182	359	\$15,477
13	Mental Health/Neurological Disorders	\$5,127,993	15,274	\$336
14	Depression	\$5,042,679	95,899	\$53
15	Blood Disorders	\$4,873,654	9,071	\$537

Top 15 Prescription Drug Disease Indications

State Plan Non-Medicare Retirees

January 2024 – December 2024 By Plan Paid

Rank	Disease Indication	Plan Paid	Script Count	Cost Per Script
1	Diabetes	\$13,756,651	41,916	\$328
2	Oncology	\$8,495,080	3,008	\$2,824
3	Autoimmune Disease	\$7,563,317	3,600	\$2,101
4	Psoriasis	\$5,901,307	1,395	\$4,230
5	Skin Disorders	\$4,394,668	20,881	\$210
6	Asthma/COPD	\$4,310,026	22,218	\$194
7	Multiple Sclerosis/Neuromuscular Disorders	\$3,065,915	694	\$4,418
8	ADHD/Narcolepsy	\$2,651,850	11,948	\$222
9	Viral Infections/HIV AIDS	\$2,480,799	1,227	\$2,022
10	Blood Disorders	\$2,452,060	5,301	\$463
11	Lipid/Cholesterol Disorders	\$2,334,136	39,643	\$59
12	Depression	\$2,224,836	34,851	\$64
13	Vaccines/Immunizing Agents	\$1,941,880	14,269	\$136
14	Seizure Disorder	\$1,941,658	16,159	\$120
15	Mental Health/Neurological Disorders	\$1,857,445	5,960	\$312

Top 15 Prescription Drug Disease Indications

State Plan Medicare Retirees

January 2024 – December 2024 By Plan Paid

Rank	Disease Indication	Plan Paid	Script Count	Cost Per Script
1	Diabetes	\$123,865,671	125,304	\$989
2	Oncology	\$108,033,903	14,347	\$7,530
3	Blood Disorders	\$61,265,059	56,771	\$1,079
4	Autoimmune Disease	\$48,681,319	7,108	\$6,849
5	Asthma/COPD	\$33,036,568	79,607	\$415
6	Psoriasis	\$31,573,031	2,124	\$14,865
7	Cardiovascular/Heart Disease	\$30,639,163	22,929	\$1,336
8	Vaccines/Immunizing Agents	\$24,814,137	77,234	\$321
9	Skin Disorders	\$16,418,332	44,169	\$372
10	Multiple Sclerosis/Neuromuscular Disorders	\$13,237,057	1,279	\$10,350
11	Overactive Bladder/Urinary Incontinence	\$11,776,344	18,663	\$631
12	Lipid/Cholesterol Disorders	\$11,765,433	190,090	\$62
13	Rare Disorders	\$8,508,423	3,331	\$2,554
14	Lung Disease	\$7,860,669	479	\$16,411
15	Anti-Infectives	\$7,654,074	113,969	\$67

Top 15 Prescription Drug Disease Indications

Partnership Plan (includes retirees)

January 2024 – December 2024 By Plan Paid

Rank	Disease Indication	Plan Paid	Script Count	Cost Per Script
1	Diabetes	\$20,011,389	49,463	\$405
2	Oncology	\$19,064,212	4,725	\$4,035
3	Autoimmune Disease	\$13,141,684	5,080	\$2,587
4	Psoriasis	\$10,121,022	2,143	\$4,723
5	Skin Disorders	\$7,448,235	32,208	\$231
6	Asthma/COPD	\$6,291,676	32,701	\$192
7	Blood Disorders	\$4,998,314	8,848	\$565
8	Vaccines/Immunizing Agents	\$4,875,185	22,800	\$214
9	ADHD/Narcolepsy	\$4,733,869	26,798	\$177
10	Cardiovascular/Heart Disease	\$4,270,171	3,596	\$1,187
11	Rare Disorders	\$4,183,775	1,038	\$4,031
12	Multiple Sclerosis/Neuromuscular Disorders	\$3,478,560	848	\$4,102
13	Mental Health/Neurological Disorders	\$2,676,425	8,155	\$328
14	Viral Infections/HIV AIDS	\$2,643,949	1,659	\$1,594
15	Depression	\$2,477,485	55,218	\$45

As Partnership retiree membership increases, they will be reported separately.

Top 15 Medical Diagnosis Categories

State Plan Active Population

January 2024 – December 2024 By Plan Paid

Rank	Diagnosis Description	Plan Paid
1	Encounter for other aftercare and medical care	\$ 37,646,603.88
2	Encounter for screening for malignant neoplasms	\$ 30,258,764.24
3	Encounter for general examination without complaint, suspected or reported diagnosis	\$ 24,363,948.57
4	Multiple sclerosis	\$ 17,616,955.16
5	Dorsalgia	\$ 16,956,732.09
6	Other anxiety disorders	\$ 16,135,389.39
7	Major depressive disorder, recurrent	\$ 13,917,745.15
8	Liveborn infants according to place of birth and type of delivery	\$ 13,493,762.51
9	Pervasive developmental disorders	\$ 12,896,055.82
10	Other joint disorder, not elsewhere classified	\$ 12,578,509.37
11	Reaction to severe stress, and adjustment disorders	\$ 12,210,771.34
12	Sleep disorders	\$ 11,084,231.67
13	Alcohol related disorders	\$ 10,727,042.16
14	Encounter for other special examination without complaint, suspected or reported diagnosis	\$ 10,665,809.45
15	Osteoarthritis of knee	\$ 10,395,226.69

¹This category captures admissions for cancer treatment, including chemotherapy, immunotherapy, and radiation therapy, as well as monitoring certain drug levels for patients on long-term drug therapy.

²This category captures routine physicals, well-child visits, and other general health examinations in patients who are currently not symptomatic.

Top 15 Medical Diagnosis Categories

State Plan Non-Medicare Retirees

January 2024 – December 2024 By Plan Paid

Rank	Diagnosis Description	Plan Paid
1	Encounter for other aftercare medical care	\$ 23,588,984.51
2	Encounter for screening for malignant neoplasms	\$ 12,958,347.14
3	Other Sepsis	\$ 6,855,347.50
4	Osteoarthritis of knee	\$ 6,607,512.97
5	Dorsalgia	\$ 6,024,791.18
6	Encounter for general examination without complaint, suspected or reported diagnosis	\$ 5,823,692.33
7	Atrial fibrillation and flutter	\$ 5,429,045.20
8	Osteoarthritis of hip	\$ 5,210,508.96
9	Other joint disorder, not elsewhere classified	\$ 4,823,639.89
10	Alcohol related disorders	\$ 4,695,606.36
11	Multiple sclerosis	\$ 4,600,533.75
12	Sleep disorders	\$ 4,432,761.45
13	Major depressive disorder, recurrent	\$ 4,296,679.55
14	Chronic ischemic heart disease	\$ 4,185,906.78
15	Malignant neoplasm of prostate	\$ 3,849,169.58

¹This category captures admissions for cancer treatment, including chemotherapy, immunotherapy, and radiation therapy, as well as monitoring certain drug levels for patients on long-term drug therapy.

²This category captures routine physicals, well-child visits, and other general health examinations in patients who are currently not symptomatic.

Top 15 Medical Diagnosis Categories

State Plan Medicare Retirees

January 2024 – December 2024 By Plan Paid

Rank	Diagnosis Description	Plan Paid
1	Encounter for other aftercare and medical care	\$ 41,229,498.32
2	Other sepsis	\$ 24,146,949.62
3	Osteoarthritis of knee	\$ 15,731,668.72
4	Atrial fibrillation and flutter	\$ 15,143,121.32
5	Type 2 diabetes mellitus	\$ 14,642,521.50
6	Other retinal disorders	\$ 12,880,509.67
7	Chronic kidney disease (CKD)	\$ 12,072,020.86
8	Dorsalgia	\$ 11,360,486.24
9	Chronic ischemic heart disease	\$ 10,182,258.90
10	Encounter for screening for malignant neoplasms	\$ 10,133,422.96
11	Other spondylopathies	\$ 10,076,257.80
12	Age-related cataract	\$ 9,633,937.47
13	Other joint disorder, not elsewhere classified	\$ 9,083,628.51
14	Encounter for general examination without complaint, suspected or reported diagnosis	\$ 8,873,696.39
15	Fracture of femur	\$ 8,705,016.72

¹This category captures admissions for cancer treatment, including chemotherapy, immunotherapy, and radiation therapy, as well as monitoring certain drug levels for patients on long-term drug therapy.

²This category captures routine physicals, well-child visits, and other general health examinations in patients who are currently not symptomatic.

Top 15 Medical Diagnosis Categories

Partnership Plan (includes retirees)

January 2024 – December 2024 By Plan Paid

Rank	Diagnosis Description		Plan Paid
1	Encounter for other aftercare and medical care	\$	25,006,103.54
2	Encounter for screening for malignant neoplasms	\$	16,151,116.23
3	Encounter for general examination without complaint, suspected or reported diagnosis	\$	13,294,298.40
4	Liveborn infants according to place of birth and type of delivery	\$	12,743,374.94
5	Other anxiety disorders	\$	8,877,194.69
6	Multiple sclerosis	\$	8,679,828.96
7	Dorsalgia	\$	8,588,595.73
8	Other sepsis	\$	8,568,668.14
9	Other joint disorder, not elsewhere classified	\$	6,494,070.13
10	Malignant neoplasm of breast	\$	6,370,472.00
11	Osteoarthritis of knee	\$	6,367,417.28
12	Reaction to severe stress, and adjustment disorders	\$	5,818,113.84
13	Encounter for other special examination without complaint, suspected or reported diagnosis	\$	5,764,495.30
14	Major depressive disorder, recurrent	\$	5,625,840.16
15	Atrial fibrillation and flutter	\$	5,045,475.63

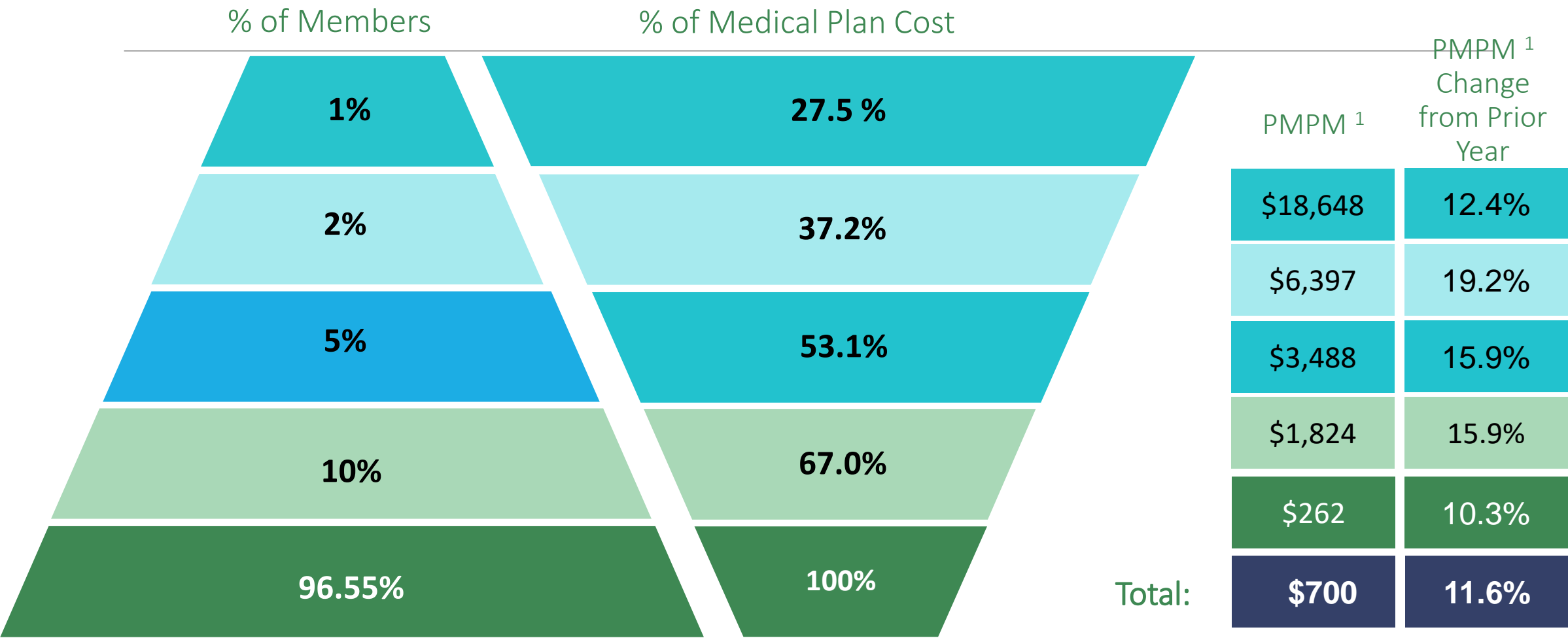
¹This category captures admissions for cancer treatment, including chemotherapy, immunotherapy, and radiation therapy, as well as monitoring certain drug levels for patients on long-term drug therapy.

²This category captures routine physicals, well-child visits, and other general health examinations in patients who are currently not symptomatic.

As Partnership retiree membership increases, they will be reported separately.

Distribution of Medical Claims By Membership

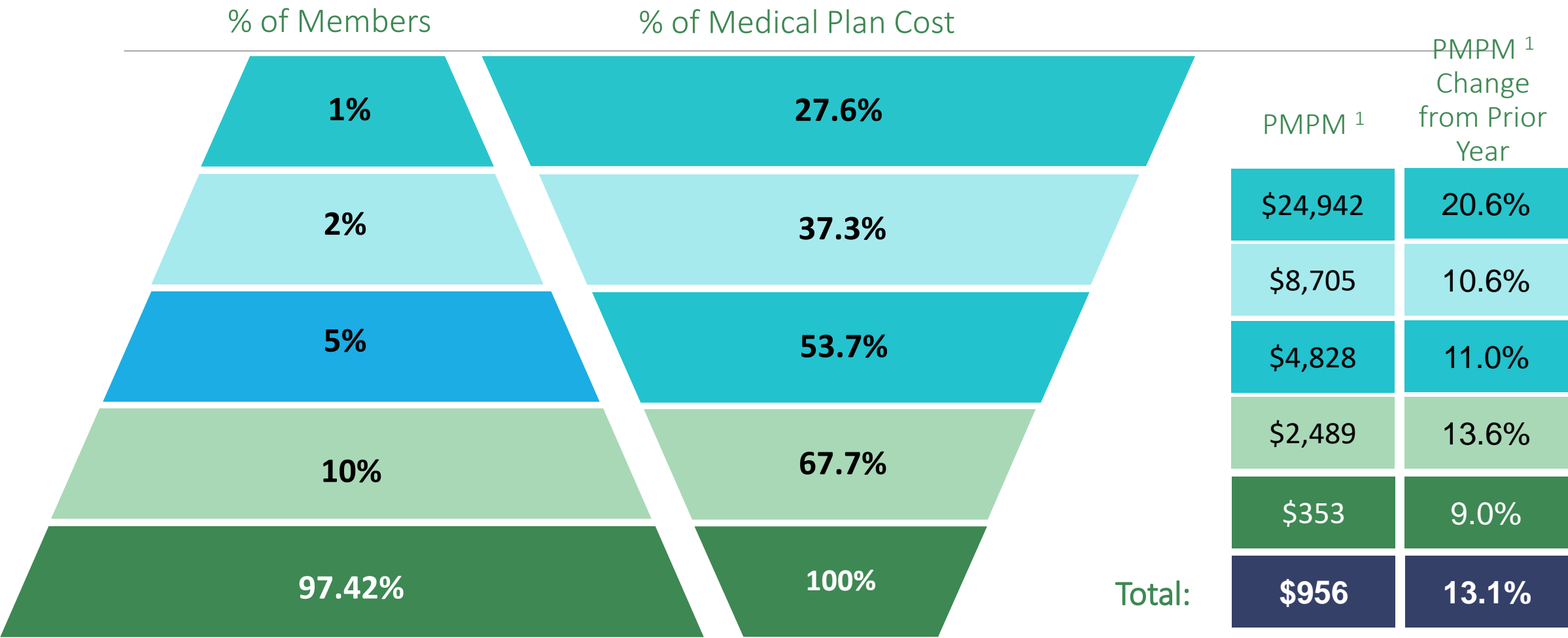
January 2024 – December 2024 By Plan Paid– State Plan Active Population



¹ Per Member Per Month

Distribution of Medical Claims By Membership

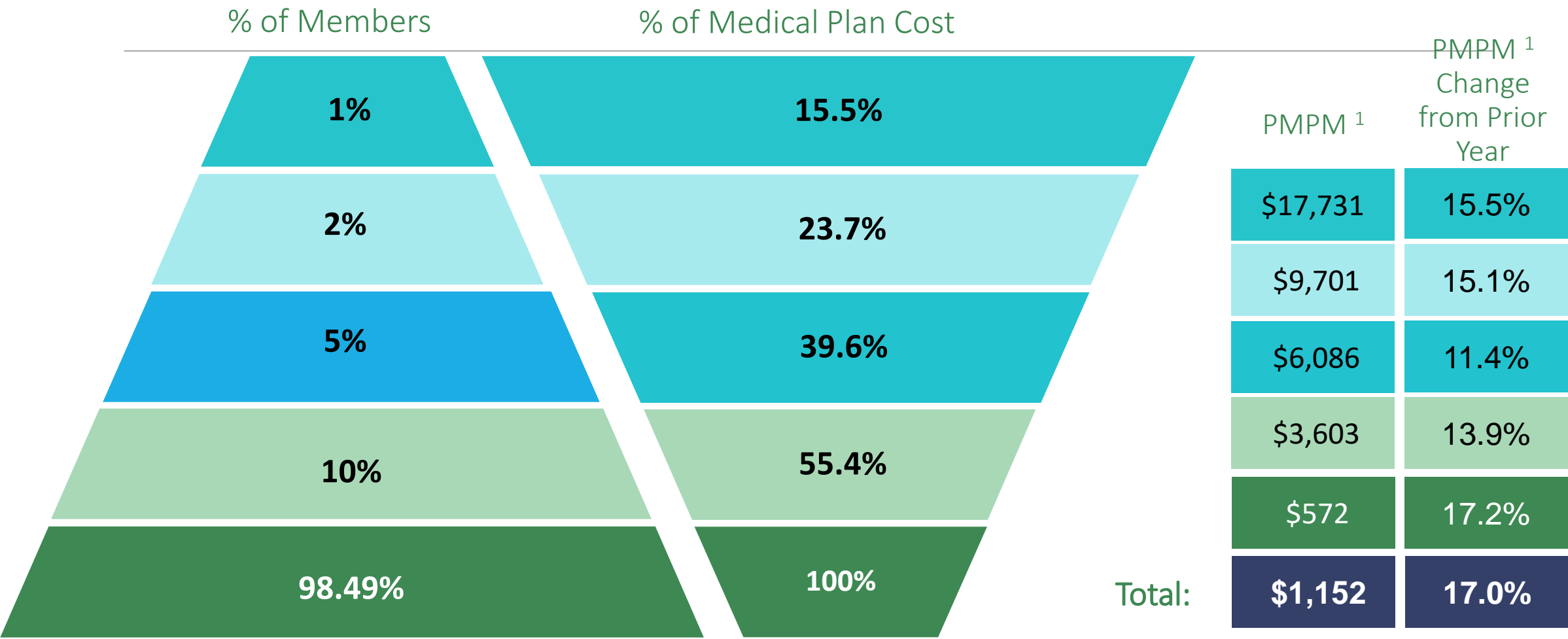
January 2024 – December 2024 By Plan Paid– State Plan Non-Medicare Population



¹ Per Member Per Month

Distribution of Medical Claims By Membership

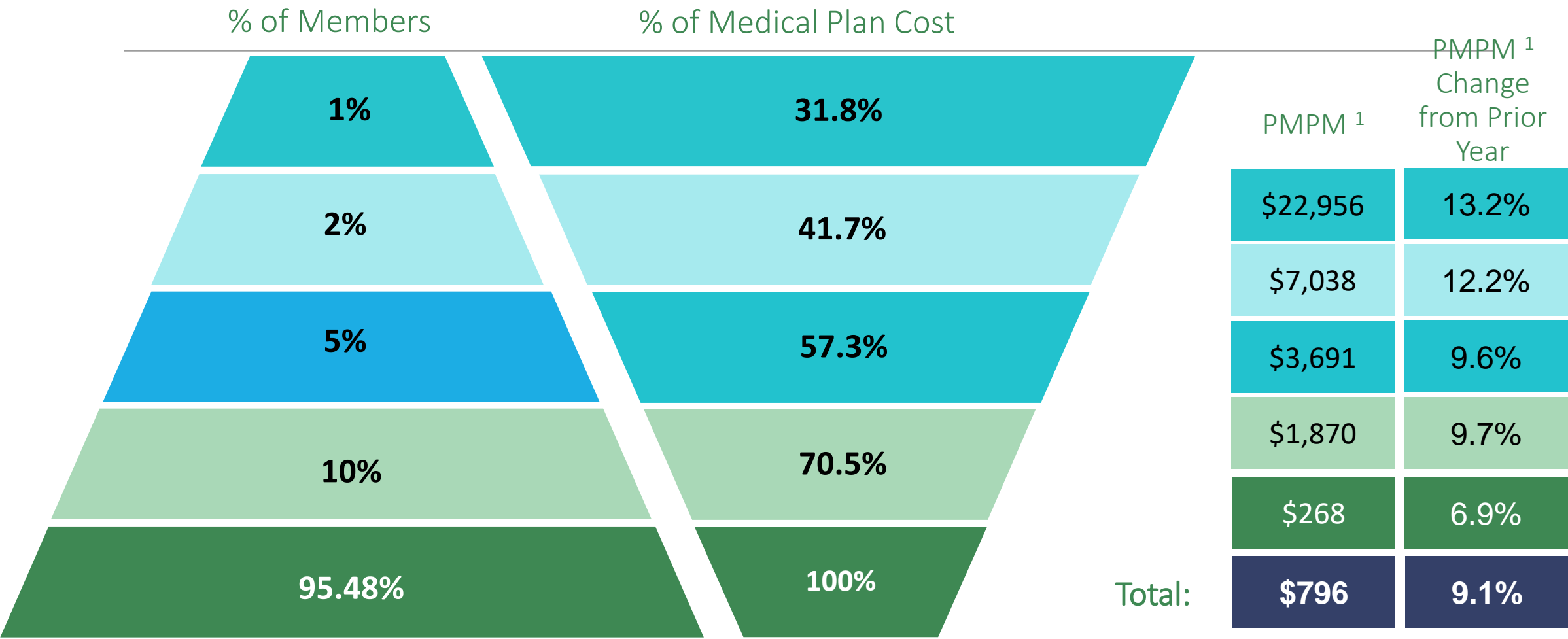
January 2024 – December 2024 By Plan Paid– State Plan Medicare Population



¹ Per Member Per Month

Distribution of Medical Claims By Membership

January 2024 – December 2024 By Plan Paid– Partnership Plan (includes retirees)



¹ Per Member Per Month
As Partnership retiree membership increases, they will be reported separately.