OKHEEI
2026 September Board Meeting

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September 2, 2026



Gallagher

Insurance | Risk Management | Consulting

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Agenda

- Plan Performance Reporting
- 2027 OE Planning
- Other News

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Plan Performance Reporting

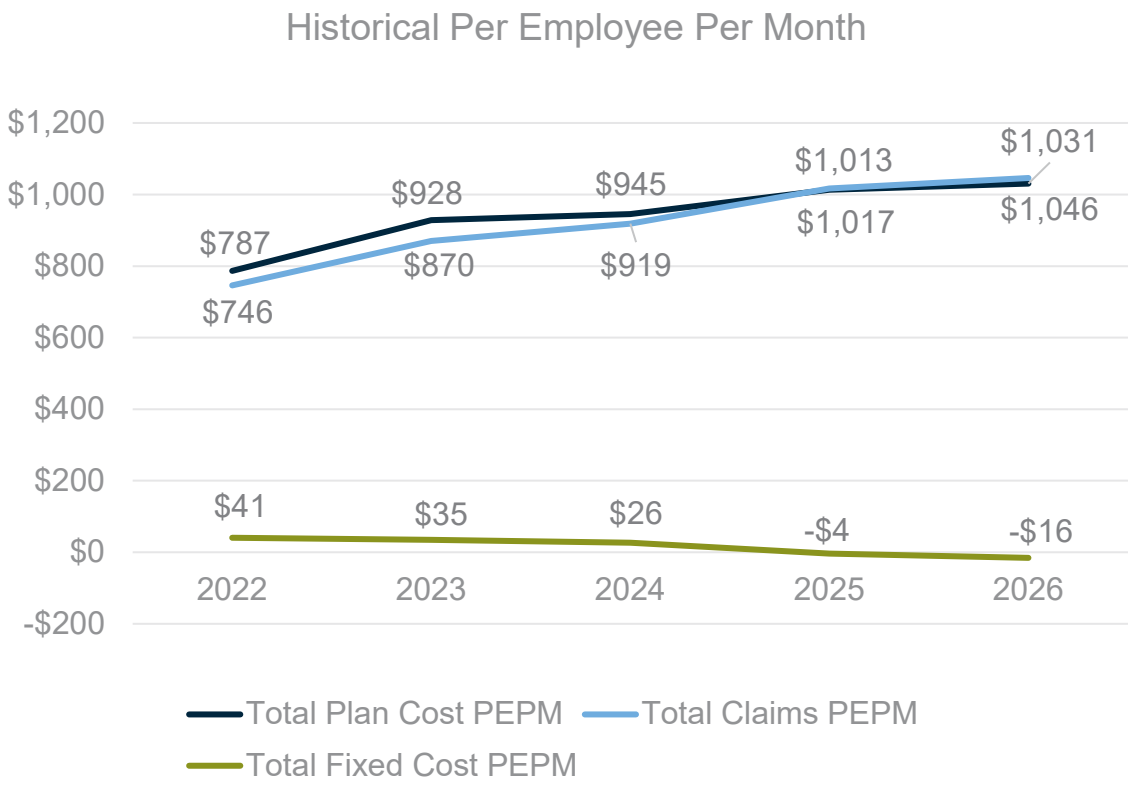
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Historical Plan Cost Summary

Month	2024	2025	2026
January	$2,651,862	$3,058,313	$3,106,080
February	$2,210,487	$2,648,866	$2,834,342
March	$3,108,191	$2,114,719	$3,186,262
April	$1,658,869	$2,796,411	$3,023,147
May	$2,191,666	$3,258,514	$2,581,507
June	$2,405,874	$3,056,060	$3,196,459
July	$3,211,351	$3,248,965	$3,962,095
August	$3,006,994	$3,455,324	
September	$2,784,221	$3,024,515	
October	$3,169,249	$3,391,030	
November	$3,273,793	$3,365,152	
December	$3,404,993	$3,159,101	
Net Claims	**$33,077,549**	**$36,576,970**	**$21,889,893**
Average Monthly Enrollment	**3001**	**2997**	**2989**
Net Claims PEPM	**$918.67**	**$1,017.19**	**$1,046.21**
% Increase/Decrease from Prior	**5.55%**	**10.72%**	**2.85%**
Admin Fees	**-$1,621,350**	**-$3,063,347**	**-$2,181,850**
Consulting Fees	**$144,000**	**$144,000**	**$84,000**
Stop Loss Fees	**$2,072,145**	**$2,309,647**	**$1,488,044**
Total Fixed Costs	**$594,795**	**-$609,701**	**-$609,807**
Total Fixed Costs PEPM	**$16.52**	**-$16.96**	**-$29.15**

Cost above does not include Empyrean or other administrative costs

Historical Analysis



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2026 Plan Cost Summary

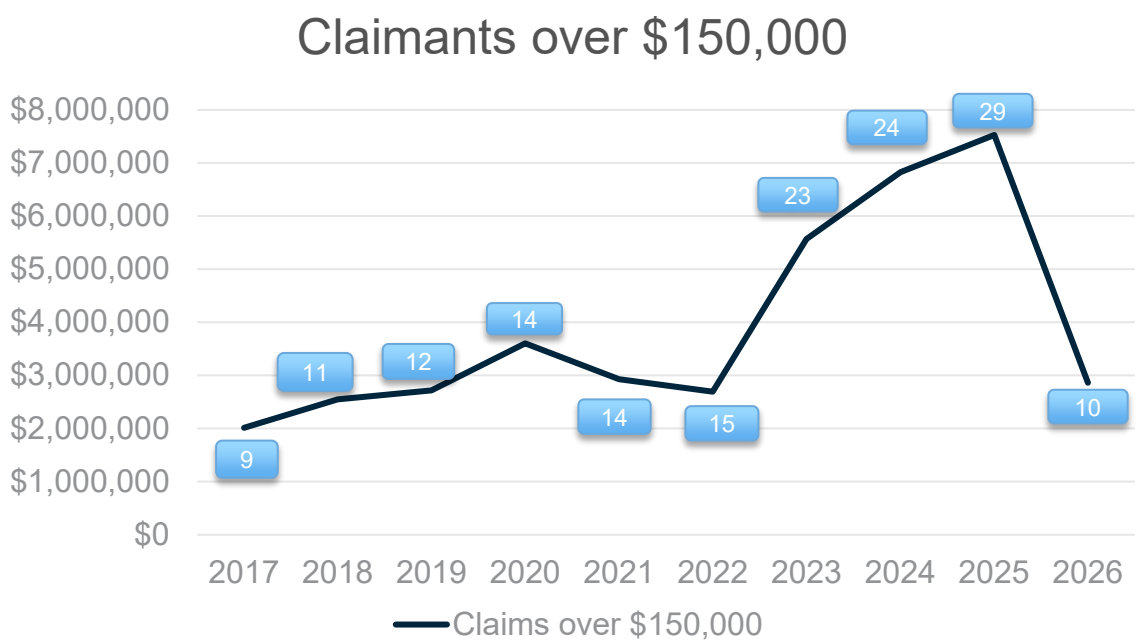
Paid Month	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Year-to-Date Total	Year-to-Date PEPM
Enrollment									
Subscribers	3,005	3,019	3,011	2,999	2,990	2,960	2,939	20,923	
Members	4,112	4,139	4,129	4,107	4,105	4,071	4,039	28,702	
Contract Size	1.37	1.37	1.37	1.37	1.37	1.38	1.37	1.37	
Claim Payments									
Medical Claims	$1,535,224	$1,388,947	$1,481,322	$1,583,448	$1,515,607	$1,551,861	$2,657,953	$11,714,361	$559.88
Pharmacy Claims	$1,368,325	$1,170,872	$1,321,690	$1,191,813	$1,719,023	$1,341,152	$1,679,660	$9,792,536	$468.03
Rx Rebates	$0	$0	$0	$0	($881,338)	$0	$0	($881,338)	($42.12)
Access Fees	$1,575	$96	$126	$174	$595	$1,106	$855	$4,527	$0.22
Claims Over Specific	$0	$0	$0	$0	$0	$0	($626,173)	($626,173)	($29.93)
Total Claim Payments	**$2,905,124**	**$2,559,915**	**$2,803,138**	**$2,775,435**	**$2,353,887**	**$2,894,119**	**$3,712,295**	**$20,003,913**	**$956.07**
Total Claim Payments PEPM	$966.76	$847.93	$930.97	$925.45	$787.25	$977.74	$1,263.11		
ZERO Card									
Claims	$200,956	$274,428	$383,124	$247,712	$227,620	$302,340	$249,801	$1,885,980	$90.14
Fee	$30,143	$41,164	$57,469	$37,157	$34,143	$45,351	$37,470	$282,897	$13.52
Total ZERO Card Cost	**$231,099**	**$315,592**	**$440,593**	**$284,868**	**$261,763**	**$347,691**	**$287,271**	**$2,168,877**	**$103.66**
Fixed Costs									
Administrative Fees	($313,361)	($314,821)	($313,987)	($312,736)	($311,797)	($308,669)	($306,479)	($2,181,850)	($104.28)
Consulting Fee	$12,000	$12,000	$12,000	$12,000	$12,000	$12,000	$12,000	$84,000	$4.01
Stop Loss Premiums	$213,716	$214,711	$214,142	$213,289	$212,649	$210,515	$209,022	$1,488,044	$71.12
Total Fixed Costs	**($87,646)**	**($88,110)**	**($87,845)**	**($87,447)**	**($87,148)**	**($86,154)**	**($85,457)**	**($609,807)**	**($29.15)**
Total Plan Cost	**$3,048,578**	**$2,787,396**	**$3,155,886**	**$2,972,857**	**$2,528,502**	**$3,155,657**	**$3,914,108**	**$21,562,983**	**$1,030.59**
Employee Contributions [1]	$406,036	$409,477	$406,215	$401,130	$402,770	$400,863	$397,236	$2,823,728	$134.96
Employer Cost	**$2,642,541**	**$2,377,919**	**$2,749,671**	**$2,571,727**	**$2,125,732**	**$2,754,794**	**$3,516,872**	**$18,739,255**	**$895.63**
Budget Comparison									
Budgeted Cost [1]	$2,978,620	$2,992,970	$2,982,583	$2,965,854	$2,959,830	$2,931,958	$2,908,974	$20,720,790	$990.34
Actual Cost	$3,048,578	$2,787,396	$3,155,886	$2,972,857	$2,528,502	$3,155,657	$3,914,108	$21,562,983	$1,030.59
Surplus/(Deficit)	**($69,958)**	**$205,573**	**($173,303)**	**($7,003)**	**$431,329**	**($223,699)**	**($1,005,133)**	**($842,193)**	**($40.25)**

- Membership has decreased from 3,005 to 2,939 since January.
- Large stop loss claim in July
- Medical claims PEPM in 2025 was $564.66
- Pharmacy Claims PEPM in 2025 was $412.03.
- Zero Card cost PEPM in 2025 was $99.04
- *Budget does not include Empyrean or other administrative costs to OKHEEI or assessment

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Year over Year Large Claim Trend

2017 – 2026



Note: Blue boxes represent # of members that exceeded $150k in claims
2023 – Above members represent $5,567,852 in paid claims
2024 – Above members represent $6,829,824 in paid claims
2025 – Above members represent $7,527,347 in paid claims
2026 Jan-July – 10 claimants represent $2,864,295 in paid claims

Top 20 Large Claim Trend

Jan 2026 - Jul 2026

Encrypted Member ID	Relationship	Age/Gender Band	Leading Diagnostic Category	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Paid	Currently Enrolled
6365224621760298047	Subscriber	Male 40-49	Neoplasms	$75,946	$816,802	$10,483	$3,167	**$906,398**	Yes
1239563844408761600	Subscriber	Female 60-64	Neoplasms	$0	$316,271	$3,400	$103	**$319,774**	Yes
8880115032550339391	Subscriber	Female 50-59	Not Available	$30,100	$46,346	$15,394	$139,091	**$230,931**	Yes
2720276096689917883	Subscriber	Female 50-59	Genitourinary	$26,399	$173,718	$22,356	$640	**$223,113**	Yes
596167636673027255	Spouse	Male 40-49	Circulatory	$195,976	$1,925	$10,434	$6,797	**$215,132**	Yes
2259907664559702781	Subscriber	Female 40-49	Not Available	$0	$78,534	$24,930	$104,323	**$207,787**	Yes
1330411596435899271	Spouse	Male 50-59	Neoplasms	$20,760	$112,321	$5,227	$63,001	**$201,309**	Yes
7342184672468066337	Subscriber	Male 50-59	Neoplasms	$0	$15,062	$178,926	$123	**$194,111**	Yes
1644650729104061293	Subscriber	Female 40-49	Nervous	$118,488	$88	$36,893	$37,858	**$193,327**	Yes
6847200099060149722	Subscriber	Male 40-49	Not Available	$0	$1,845	$617	$169,955	**$172,417**	Yes
7939553021259743220	Spouse	Female 50-59	Not Available	$0	$0	$152	$149,298	**$149,450**	Yes
1028897575946136215	Subscriber	Female 50-59	Neoplasms	$0	$75,405	$15,812	$51,642	**$142,859**	Yes
699753437261922151	Subscriber	Male 50-59	Not Available	$0	$0	$233	$130,328	**$130,561**	Yes
4889373513988770516	Dependent	Female <1-19	Perinatal	$112,670	$0	$17,097	$0	**$129,767**	Yes
7262772390996018847	Subscriber	Female 50-59	Not Available	$0	$12,518	$4,891	$108,466	**$125,875**	Yes
1810594546616492866	Subscriber	Female 50-59	Nervous	$0	$98,204	$3,497	$23,925	**$125,626**	Yes
8892446909409978230	Subscriber	Female 60-64	Not Available	$0	$7,942	$1,557	$111,868	**$121,367**	Yes
3292089519230858821	Subscriber	Male 50-59	Neoplasms	$46,566	$25,620	$28,455	$16,287	**$116,928**	Yes
7852468635486689091	Dependent	Female <1-19	Ear	$0	$112,234	$2,388	$115	**$114,737**	Yes
5562477789970886527	Subscriber	Female 50-59	Circulatory	$0	$80,588	$3,038	$28,236	**$111,862**	Yes
High Cost Claimant Total				**$626,905**	**$1,975,423**	**$385,780**	**$1,145,223**	**$4,133,331**	

11 claimants have cancer diagnosis. Plan had 9 this time last year

Top Non-Specialty Drugs by Plan Paid

January-July Comparison

Jan-May 2026

Current/ Prior Rank		Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Generic	Rank by Volume
1	1	Anti-Obesity Agents	1,616	324	$1,782,417	$1,102.98	$1,103.99	0.1%	3
2	2	Incretin Mimetic Agents	1,268	237	$1,306,369	$1,030.26	$985.29		5
3	3	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	423	79	$464,857	$1,098.95	$1,048.76		34
4	4	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	520	87	$176,609	$339.63	$561.40	6.0%	27
5	6	Sympathomimetics	782	308	$163,873	$209.56	$189.89	67.4%	15
6	5	Direct Factor Xa Inhibitors	283	56	$109,923	$388.42	$559.47	1.1%	44
7	7	Antipsychotics - Misc.	103	24	$102,455	$994.71	$868.08	36.9%	89
8	9	Digestive Enzymes	15	4	$73,888	$4,925.85	$7,549.20		169
9	8	Insulin	215	39	$59,372	$276.15	$396.85		54
10	10	Amphetamines	791	168	$53,905	$68.15	$94.26	98.9%	14
		All Other	38,356	3,030	$1,658,973	$43.25	$43.29	92.8%	
		Summary	**44,372**	**3,119**	**$5,952,640**	**$134.15**	**$121.12**	**83.3%**	

Jan- July 2025

Current/ Prior Rank		Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Generic	Rank by Volume
1	2	Anti-Obesity Agents	1,016	225	$1,121,655	$1,103.99	$1,122.91		8
2	1	Incretin Mimetic Agents	1,061	226	$1,045,397	$985.29	$956.50	0.1%	7
3	4	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	329	67	$345,041	$1,048.76	$1,053.68		35
4	3	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	442	82	$248,139	$561.40	$567.32		27
5	5	Direct Factor Xa Inhibitors	280	57	$156,652	$559.47	$558.51	1.1%	43
6	6	Sympathomimetics	811	355	$154,003	$189.89	$174.21	69.3%	14
7	9	Antipsychotics - Misc.	120	27	$104,169	$868.08	$988.61	41.7%	78
8	7	Insulin	184	32	$73,019	$396.85	$386.37		57
9	10	Digestive Enzymes	9	2	$67,943	$7,549.20	$3,578.39		184
10	8	Amphetamines	692	146	$65,229	$94.26	$132.33	95.5%	16
		All Other	35,751	3,064	$1,547,703	$43.29	$37.96	92.5%	
		Summary	**40,695**	**3,125**	**$4,928,950**	**$121.12**	**$94.85**	**84.4%**	

2027 Renewal and OE Reminders

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KeepWell Vida Program

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Clinical Obesity Management | Members follow a personalized pathway toward goal attainment



Program start	0-9 months	9-18 months	After ~18 months
Comprehensive medical assessment & assign care pathway	**Initiate personalized care plan and biomarker goal-directed Tx plan**	**Continue goal-directed therapy. Adjust as necessary**	**Goal attainment or re-assessment of progress**
Medical and social history, prior weight loss attempts SDOH screening, mental health screening Emotional drivers of obesity, binge eating disorder screening	Medical Nutrition Therapy sessions w/ intensive focus on prescriptive diet Self-directed CBT to support changes in eating, exercise, and emotional regulation Bundled devices; weight, food, & exercise logging; and frequent monitoring	Medication shared decision making As needed, evidence-based anti-obesity pharmacotherapy selection Medical monitoring and labs as needed	Long-term planning Shared decision making process to consider weaning and/or step down as appropriate Redeploy behavioral supports as necessary

How do members access the program?
After 1/1, members can get started by visiting vida.com/bcbsok. BCBS will also conduct member outreach and communications that include direct enrollment links and QR codes, making it easy for members to access the program and begin enrollment.

KeepWell Vida Program

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Clinical Obesity Management | Member Expectations for Medication Pathways

	0-6 months	9-18 months	After ~18 months
Provider Interaction *Registered Dietitian* *Health Coach* *Medical Provider*	• 1X per week with RD initially, then biweekly • Share/get required labs (from within 12m) • Medical intake visit with VMP; weight and blood pressure reading w/in past 24 hours	• Monthly then quarterly coaching sessions • RD sessions for side effect management, malnutrition assessment, etc. • VMP monthly sessions until treatment optimized (sync or async)	• Quarterly coaching sessions • Goal discussion/shared decision making with VMP
Key Lessons & Content *Includes lessons, audios, videos*	• 1 program unit/week, 3 of 4 weeks. Topics include; eating, exercise, taking medicine, self-monitoring, risk reduction/preventive care, problem solving, sd-CBT for weight loss/mgmt, copinh • Condition-specific content, obesity, hypertension, prediabetes	• Ongoing reinforcement of key behavior skills: (i.e. macronutrient targets, emotional regulation, preventive care/risk reduction) • Side effect monitoring/prevention, taking meds as directed	• Safe medication discontinuation • Metabolism without meds
Self-Monitoring *System audits, nudges reminders and reactivation*	• Weigh-ins, 1X/week min, 3 out of 4 weeks Condition-specific requirements for hypertension monitoring • Weekly side-effects form	• Ongoing self-monitoring • 6- and 12-month follow-up labs	• 3x/week weigh-ins encouraged • Additional tracking pending refill requirements • Condition-specific requirements for hypertension

KeepWell Vida Program

How do members access the program?
After 1/1, members can get started by visiting vida.com/bcbsok. BCBS will also conduct member outreach and communications that include direct enrollment links and QR codes, making it easy for members to access the program and begin enrollment.

Existing members are provided a transition period to help avoid disruption in therapy. Typically, members whose prior authorization expires between January 1 and March 31 must enroll in Vida by March 31 to support a smooth transition of care.

As existing prior authorizations expire, members transition their weight-management prescribing to Vida. Prime sends outreach to impacted transition members, and Vida conducts additional outreach to help ensure members understand the process and know how to get started.

Once the lockout takes effect, prescriptions for applicable GLP-1 medications must come through Vida in order to be covered under the plan. Prescriptions written by providers outside of Vida will be denied, and the member will be directed to Vida for support.

Open Enrollment

Active and Pre-65 Employees

As of 7/15, **ALL** have elected on-site OE Meetings

Meeting Reminders

- Goal is 99.9% participation of enrolled members. Recommend sign-ups
- Focus of OE meetings is strength of OKHEEI plans, Preventive Screenings, Zero Card, and other value-based programs.

Example Information given during OE:

- Only 36% of eligible participants have had a wellness exam. Coming from our board meetings, education is very important for members to know how to use their wellness benefits.
  - Zero Card is a GREAT place to wellness care such as colonoscopies and mammography's.
  - Only 7 members have had a colonoscopy through Zero Card this year. The cost to members is $0 regardless of diagnosis
  - 1 member has had a mammography this year through Zero Card. The cost to members is $0 regardless of diagnosis
- Impact of Cardiac and Cancer Cost. Early Screenings are very important.
- Costs are often 3-4 times higher at larger hospital facilities like St. Francis, OU, and Integris.
- We've had member services in CA, MO, FL, AR, IL, OR, TX, and OH in 2026. Members can compare the cost of services on the BCBS website regardless of where they live or seek services.
- 99 out of 800 members have sought services under Zero Card already this year.
  - The cost of an MRI in a hospital can be $3000 plus. Through Zero Card, it's $0 for a patient and an average of $600 cost to the Plan.

Open Enrollment

65+ Employees and Retirees

Effective 1/1/2027 – BCBS will transition the PBM from Prime to Health Spring

Medicare Education - Chris Ritchie

Understanding Medicare coverage and the various plan options can be time-consuming and a lot of information for anyone to process. There are countless complexities, numerous nuances, and a myriad of Medicare mysteries to navigate. This is precisely why having a reliable Medicare education matters.

On-Site Meetings Available

- Please communicate with Harmony regarding scheduling, or contact Chris Ritchie directly
- **Recommend sign-ups**

*Virtual Meetings are available, but often render low participation

Other News

- Train the Trainer Complete! Thank you to all that attended and participated!

- Contract Negotiations between BCBS and St. Anthony's/Oklahoma Spine Hospital
  - Term date is 1/29/27
  - 67 members have used SSM facilities in the past year. Mostly Main Campus and Shawnee

- Reminder – In an effort to keep OKHEEI from subsidizing and often losing money due to non-payment of premiums, Retirees will move to current billing effective 1/1. Dividing the catch-up amount by 12 and adding it to their monthly premium.

- All invoicing will move to Pay as Billed process. As part of our Mutual of Omaha package, Self Bill Pro will administer & reconcile all group life, Vlife, disability, and voluntary products providing administrative lift to HR.

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Coverage Disclaimer

This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

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This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

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The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

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