Central Jersey Health Insurance Fund

2026 Mid Year Review & 2027 Considerations

September 1, 2026

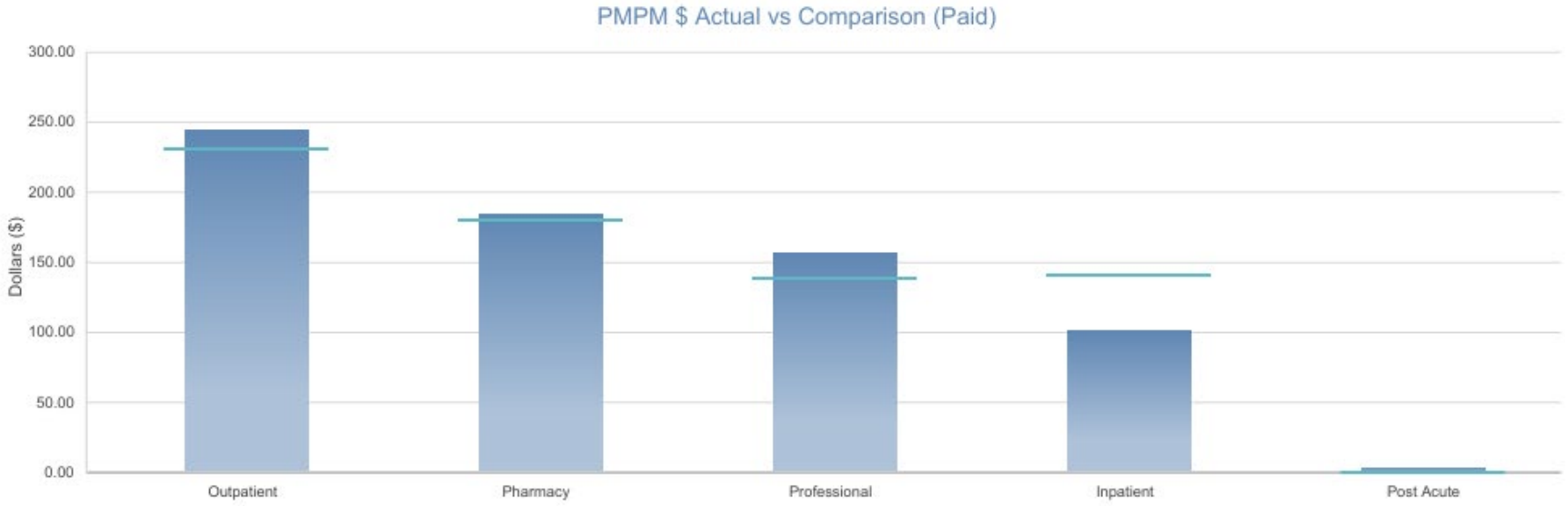
Central Jersey FUND

Agenda

CJHIF - Utilization Recap

Utilization – January-June 2026 - Medical

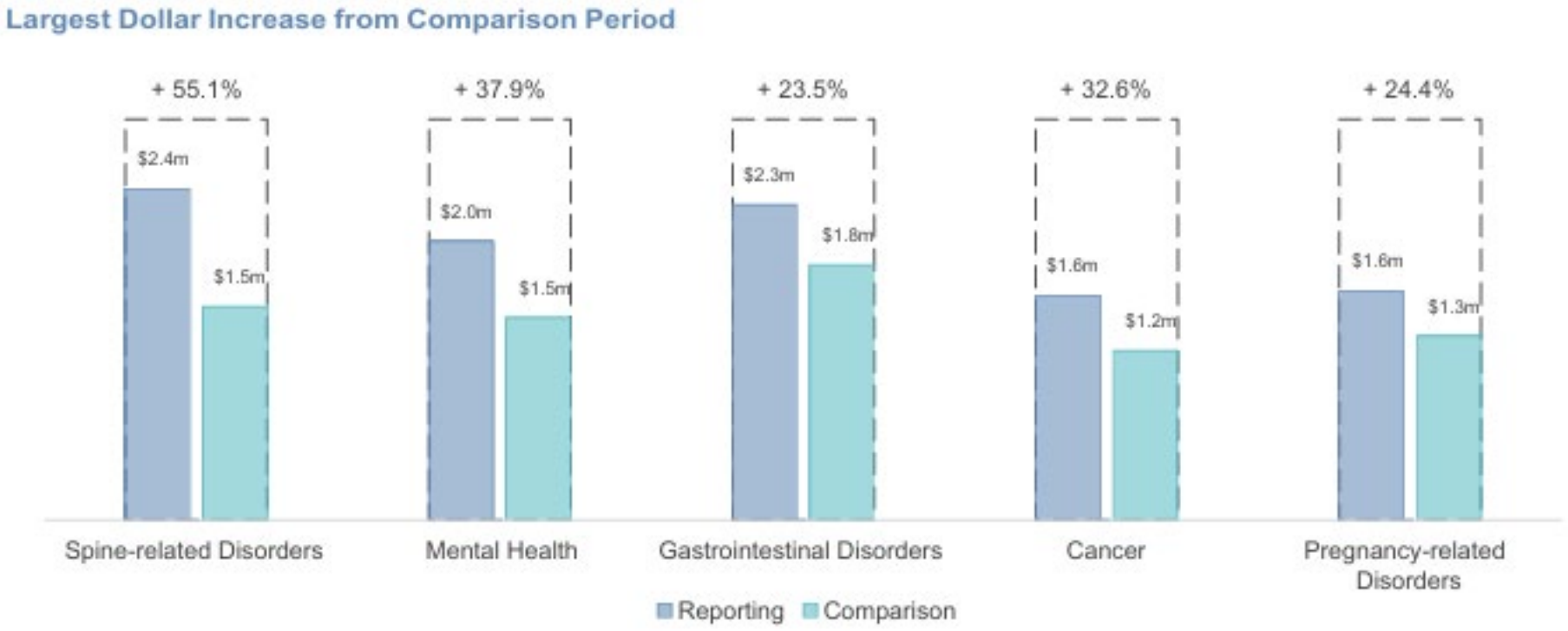
Member Avg Risk Score			Count of Members		Paid Claims Expense (PMPM)			Total Annual Spend - Paid	
1.59 Current	1.63 Comparison	-2.50% vs Previous ↓	5,735 Current	10.44% vs Previous ↑	$688.59 Current	$699.39 Comparison	-1.54% vs Previous ↓	$31.9M Current	4.26% vs Previous ↑



July 2025-June 2026 vs. July 2024-June 2025

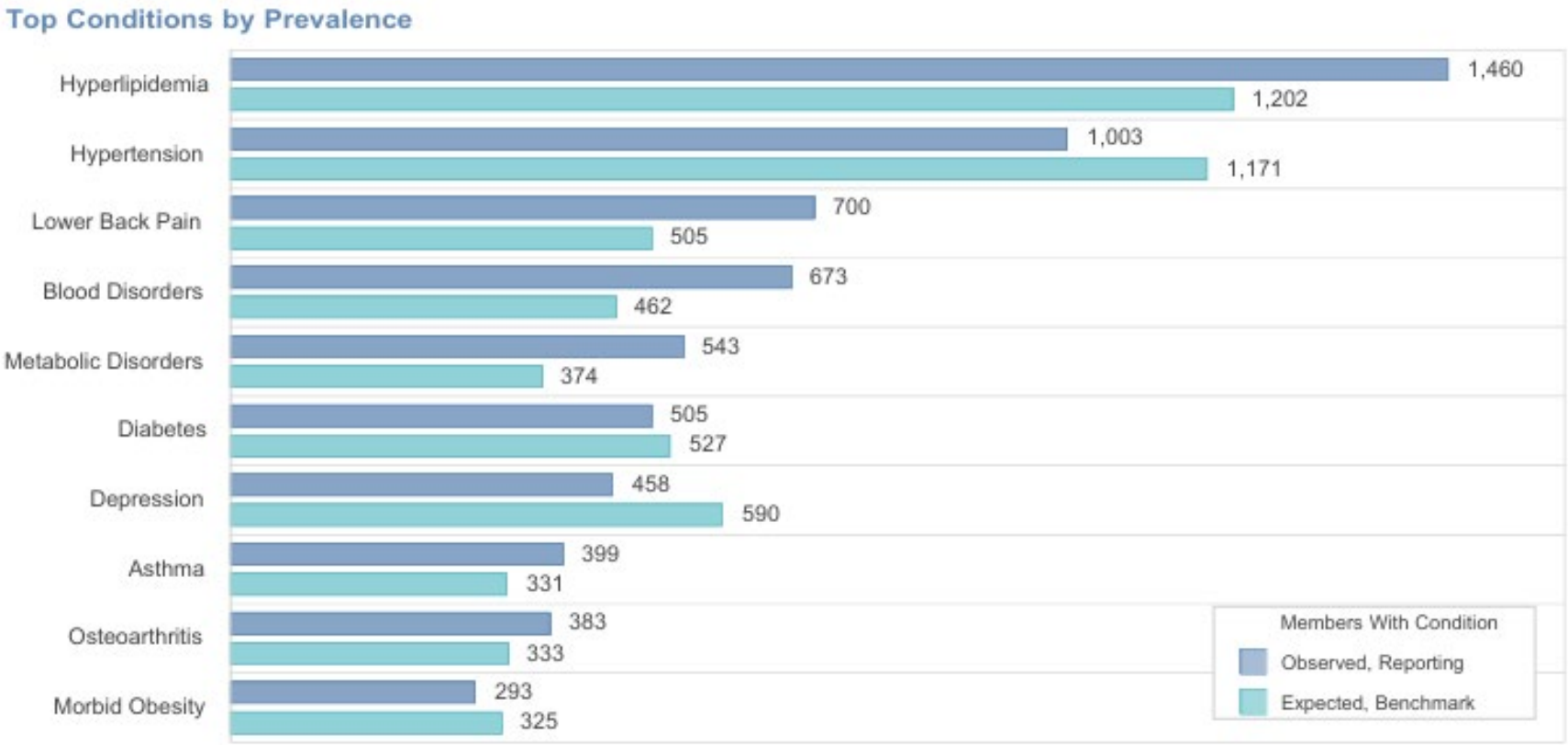
Outpatient - PMPM	$13.10	5.64%
Professional – PMPM	$16.04	11.45%
Pharmacy – PMPM	$1.43	0.78%
Inpatient – PMPM	($41.10)	(28.9%)
Post Acute – PMPM	($0.28)	(11.37%)

Utilization – January-June 2026 – Medical Top Dx



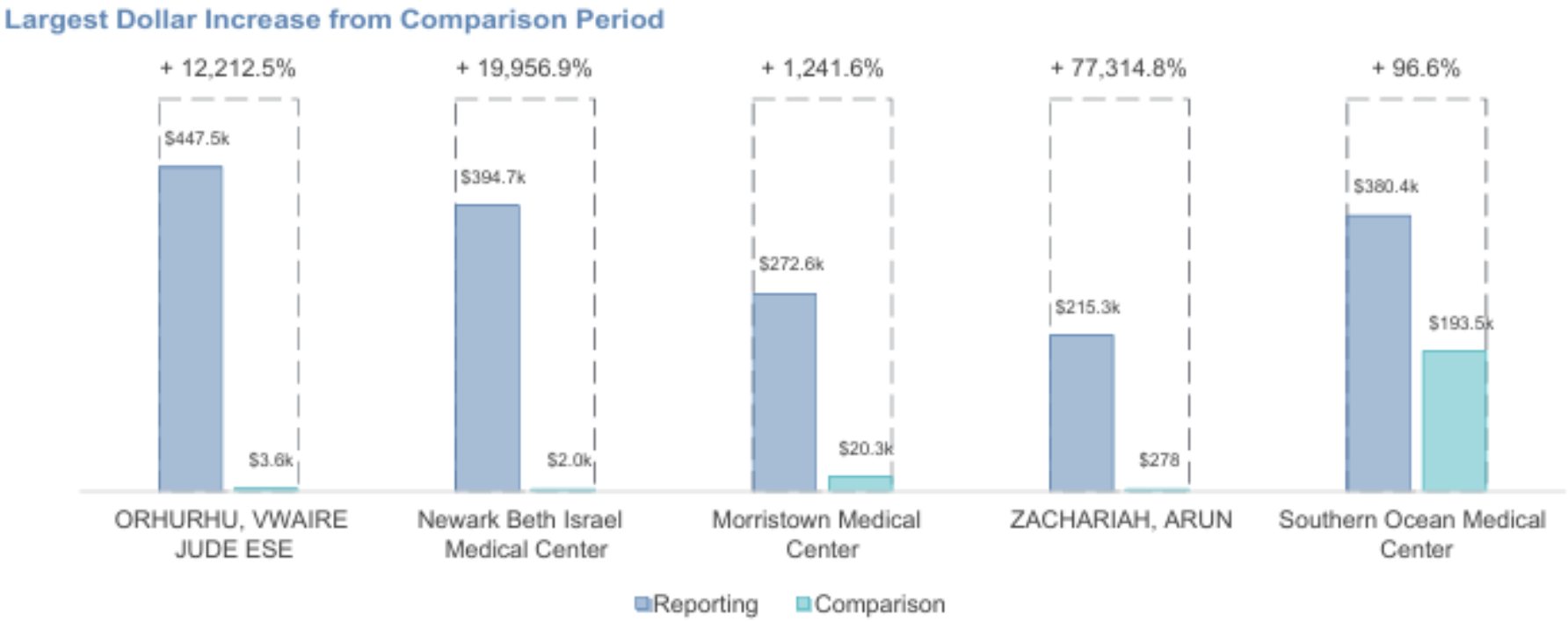
- Spine-related Disorders had the largest change in the reporting period with an increase of $846,068 from the comparison period

Utilization – January-June 2026 – Medical Top Conditions



- Hyperlipidemia is the most prevalent chronic condition in the reporting period with 1,460 members
- Hyperlipidemia was also the most prevalent condition in the comparison period with 1,456 members
- The condition with the greatest % increase in prevalence per 1000 is Chromosomal Abnormalities with 42%

Utilization – January-June 2026 – Medical Top Providers



- ORHURHU, VWAIRE JUDE ESE (pain management and regenerative medicine) had the largest change in the reporting period with an increase of $443,850 from the comparison period
- ZACHARIAH, ARUN (Interventional Sports and Spine Physician)had the most significant growth percentage in the reporting period at 77,315%
- Aetna is looking into any anomalies in billing & claims submissions for these two providers

Utilization – January-June 2026 – Rx Top Medications

SN	Drug	Generic	Reporting Period Jan 2026 - Jun 2026				Comparison Period Jan 2025 - Jun 2025	%Δ	Prior Period Rank
			Total Paid Amount	Script Count	Member Count*	PMPM	Total Paid Amount		
1	Zepbound	No	$821,717	584	157	$17.74	$409,188	101%	2
2	Mounjaro	No	$471,213	358	95	$10.17	$328,595	43%	5
3	Wegovy	No	$396,576	239	72	$8.56	$296,214	34%	6
4	Skyrizi Pen	No	$359,012	18	9	$7.75	$259,545	38%	8
5	Orladeyo	No	$352,316	7	1	$7.61	$230,875	53%	9
6	Ozempic	No	$310,098	192	72	$6.70	$332,743	-7%	4
7	Dupixent Pen	No	$278,264	43	16	$6.01	$270,302	3%	7
8	Xywav	No	$244,261	12	2	$5.27	$228,998	7%	10
9	Stelara	No	$163,046	5	3	$3.52	$413,791	-61%	1
10	Dupixent Syringe	No	$159,941	29	8	$3.45	$85,514	87%	22
11	Skyrizi On-Body	No	$147,242	7	2	$3.18	$107,962	36%	17
12	Rinvoq	No	$141,723	15	5	$3.06	$216,276	-34%	11
13	Scemblix	No	$127,684	7	1	$2.76	- -	- -	>5000
14	Nurtec Odt	No	$126,258	76	29	$2.73	$62,542	102%	25
15	Taltz Autoinjector	No	$109,602	13	4	$2.37	- -	- -	>5000
16	Zeposia	No	$100,051	4	2	$2.16	$39,423	154%	36
17	Calquence	No	$96,466	6	1	$2.08	$60,795	59%	27
18	Ubrelvy	No	$91,787	73	27	$1.98	$97,419	-6%	19
19	Enbrel Sureclick	No	$86,340	10	2	$1.86	$23,429	269%	56
20	Vyndamax	No	$81,227	4	1	$1.75	$63,406	28%	24
	All Others		$3,848,727	25,634	3,749		$4,450,142	-14%	
	Total		**$8,513,552**	**27,336**	**3,787**		**$7,977,160**		

- Zepbound had the largest change in the reporting period with an increase of $412,529 from the comparison period
- Enbrel Sureclick has the most significant growth percentage in the reporting period at 269%

Utilization – January-June 2026 – Lifestyle Mgt.

Colorectal Cancer Screens

Colorectal cancer screening ages 45-75 within the appropriate time period

The vast majority of new cases of colorectal cancer (about 90%) occur in people who are 50 or older. Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to a cure.*

	# Members in Group	# Meeting the Metric	% Meeting Metric
Reporting	3,100	957	30.87%
Benchmark	- -	- -	44.03%
Comparison	2,887	811	28.09%

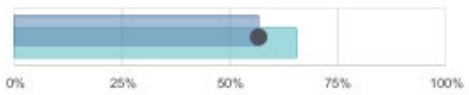
13.16% from Benchmark

2.78% from Comparison

Cervical Cancer Screens

Women age 21-65 with cervical cancer screen in last 36 months

All women are at risk for cervical cancer. It occurs most often in women over age 30. Long-lasting infection with certain types of HPV is the main cause of cervical cancer. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.*



	# Members in Group	# Meeting the Metric	% Meeting Metric
Reporting	1,913	1,087	56.82%
Benchmark	- -	- -	65.46%
Comparison	1,748	990	56.64%

8.64% from Benchmark

0.19% from Comparison

Flu Vaccination

Annual Flu Vaccination (All Ages)

A flu vaccine is needed every season. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations, and even the risk of flu-related death in children.*

	# Members in Group	# Meeting the Metric	% Meeting Metric
Reporting	7,872	849	10.79%
Benchmark	- -	- -	20.87%
Comparison	7,352	794	10.80%

10.08% from Benchmark

0.01% from Comparison

Mammography

Women age 40 to 75 with a screening mammogram in last 24 months

Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. At this time, a mammogram is the best way to find breast cancer for most women.*

	# Members in Group	# Meeting the Metric	% Meeting Metric
Reporting	1,724	706	40.95%
Benchmark	- -	- -	63.28%
Comparison	1,572	652	41.48%

22.33% from Benchmark

0.52% from Comparison

- This overview shows how your population is performing vs the comparison period and vs the benchmark in 4 wellness metrics

BMED Program Utilization – Cost Containment Opportunities

Program Utilization – Cost Containment - Medical

- Site of Care (SOC) - In Place
  - A site of care program encourages or requires patients to receive outpatient specialty treatments such as drug infusions or injections at lower-cost settings like home infusion, standalone ambulatory centers, or independent physician offices instead of high-cost hospital outpatient departments
- Aetna Smart Compare – Effective January 1, 2027
  - Beginning in 2027, the Aetna Smart Compare with Intelligent Matching will be a resource available to Fund members. Aetna Smart Compare uses a differentiated, data-driven methodology to guide members to high-performing, in-network physicians. Leveraging their advanced digital member platform, a robust dataset of provider quality outcomes and AI-powered behavioral engagement capabilities, Aetna Smart Compare identifies the best provider for each member based on their individual needs. This approach drives improved quality outcomes and meaningful cost savings
  - Aetna Smart Compare evaluates Aetna participating providers in certain specialties and identifies those that meet a higher standard of quality and cost-effectiveness. It is not a network product and will have no impact on a member's plan/ benefit design
  - Providers are evaluated on clinical quality measurements and cost effectiveness. Members will see the designation as a label indicating "Quality & Effective Care" on the Aetna Health website, mobile app and public directory. Designated providers are prioritized in provider searches

Program Utilization – Cost Containment - Medical

- Out of Network Provider Payment Schedule - In Place
  - Effective January 1, 2026, the Fund Executive Committee passed a resolution to amend the out of network provider reimbursement schedules for all Fund member plans to 150%-professional & 175%-facility of Medicare

		In Network				OON				OON TOTALS	
DOS	EE Count	Claimant Coun	Claim Count	Net Paid	PEPM	Claimant Coun	Claim Count	Net Paid	PEPM	% Utilization	% Net Paid
Jan-24	1,170	2009	7122	$2,578,912	$2,204	319	1186	$301,064	$257	14.3%	10.5%
Feb-24	1,175	1981	7076	$2,969,092	$2,527	316	1146	$273,306	$233	13.9%	8.4%
Mar-24	1,173	1986	6914	$2,828,174	$2,411	321	1143	$439,010	$374	14.2%	13.4%
Apr-24	1,179	1915	6712	$3,716,758	$3,152	309	1195	$421,718	$358	15.1%	10.2%
May-24	1,284	2052	7255	$3,116,938	$2,428	344	1392	$434,443	$338	16.1%	12.2%
Jun-24	1,280	1918	6588	$2,608,687	$2,038	351	1347	$472,162	$369	17.0%	15.3%
Jul-24	1,280	2002	7045	$3,199,732	$2,500	337	1395	$460,560	$360	16.5%	12.6%
Aug-24	1,281	2048	7084	$2,947,327	$2,301	338	1349	$443,109	$346	16.0%	13.1%
Sep-24	1,279	1985	6930	$2,729,090	$2,134	319	1236	$433,673	$339	15.1%	13.7%
Oct-24	1,278	1458	5220	$2,101,286	$1,644	259	1044	$288,745	$226	16.7%	12.1%
Nov-24	1,271	1438	4750	$2,195,776	$1,728	245	917	$231,953	$182	16.2%	9.6%
Dec-24	1,271	1424	4945	$1,832,344	$1,442	241	876	$206,209	$162	15.0%	10.1%
Jan-25	1,293	1493	5514	$2,396,866	$1,854	256	998	$175,778	$136	15.3%	6.8%
Feb-25	1,308	1451	5021	$1,988,474	$1,520	247	1006	$240,360	$184	16.7%	10.8%
Mar-25	1,307	1476	5276	$2,059,348	$1,576	274	1186	$361,187	$276	18.4%	14.9%
Apr-25	1,304	1422	5439	$2,370,909	$1,818	281	1179	$332,126	$255	17.8%	12.3%
May-25	1,304	1440	5216	$2,124,209	$1,629	256	1136	$273,435	$210	17.9%	11.4%
Jun-25	1,306	1423	5175	$2,088,364	$1,599	272	971	$289,047	$221	15.8%	12.2%
Jul-25	1,385	1539	5628	$2,654,716	$1,917	279	1033	$378,543	$273	15.5%	12.5%
Aug-25	1,382	1517	5021	$2,212,414	$1,601	274	957	$320,200	$232	16.0%	12.6%
Sep-25	1,381	1540	5412	$2,269,805	$1,644	270	971	$361,599	$262	15.2%	13.7%
Oct-25	1,382	1587	5819	$3,162,592	$2,288	284	1172	$402,520	$291	16.8%	11.3%
Nov-25	1,382	1451	5140	$2,476,931	$1,792	244	934	$301,930	$218	15.4%	10.9%
Dec-25	1,382	1561	5317	$2,992,473	$2,165	247	1031	$445,191	$322	16.2%	13.0%
Jan-26	1,410	1523	5276	$2,202,705	$1,562	260	947	$268,528	$190	15.2%	10.9%
Feb-26	1,400	1471	5061	$2,028,968	$1,449	257	998	$353,560	$253	16.5%	14.8%
Mar-26	1,523	1750	6079	$2,800,127	$1,839	272	1163	$459,920	$302	16.1%	14.1%
Apr-26	1,578	1739	6072	$2,638,621	$1,672	278	1053	$325,909	$207	14.8%	11.0%
May-26	1,575	1676	5359	$2,186,420	$1,388	230	844	$322,094	$205	13.6%	12.8%
Jun-26	1,576	1673	5610	$2,110,542	$1,339	231	816	$232,036	$147	12.7%	9.9%
Jul-26	1,576	1485	4173	$1,277,003	$810	140	308	$84,997	$54	6.9%	6.2%
Aug-26		0	0	$0	--	0	0	$0	--	--	--
Sep-26		0	0	$0	--	0	0	$0	--	--	--
Oct-26		0	0	$0	--	0	0	$0	--	--	--
Nov-26		0	0	$0	--	0	0	$0	--	--	--
Dec-26		0	0	$0	--	0	0	$0	--	--	--

Average 2024	1,243	1851	77641	$32,824,116	$2,209	308	14226	$4,405,953	$295	15.5%	11.8%
Average 2025	1,343	1492	63978	$28,797,102	$1,784	265	12574	$3,881,915	$240	16.4%	11.9%
Average 2026	1,520	943	37630	$15,244,386	$1,437	139	6129	$2,047,044	$194	13.7%	11.4%

Program Utilization – Cost Containment - Medical

- Expanded Wellness Strategy (Coordinated with Wellness Committee) – Expand Current
  - Communication Campaign to Address:
    - Falling preventive screening metrics
      - Colorectal Cancer Screenings
      - Cervical Cancer Screenings
      - Flu Vaccinations
      - Mammography's
    - Top conditions:
      - Hyperlipidemia
      - Hypertension
      - Lower back pain (MSK)
      - Mental Health
      - Pregnancy related disorders
    - Increase Aetna minute clinic utilization

Program Utilization – Cost Containment - Medical

- High performance provider network options – Aetna Whole Health (AWH) – In Place
  - AWH network is subset of Aetna broad network of providers and facilities
  - Shared model – coordinate doctors and hospital-led delivery systems to align with patients needs
  - Shared data to identify at-risk members sooner and manage all members more effectively
  - Provider network option on a voluntary or full replacement
  - Can be paired with current plan design (deductible/copay/coinsurance) or pair with new plan design to drive utilization toe AWH providers
  - Currently offering AWH plan options to Fund members
  - Savings to implement the AWH network, net benefit changes, is (10%-12%) of gross premium

Program Utilization – Cost Containment - Medical

- Channel Solutions: Grail Multi Cancer Early Detection Testing - Option

The Facts:

- 14% of cancers are diagnosed by the 4 recommended single-cancer screenings
- 65% of members diagnosed cancers do not have recommended screenings
- More than 1 in 3 members ages 50-64 face metastatic cancer diagnoses
- 85% survival rate when diagnosed in stages I-III
- 26% survival rate when diagnosed in stage IV
- Total cancer care costs are projected to rise 34% by 2030
- Cancers without recommended screenings account for more than 4X the number of $100K+ claims
- 19% of all cancer claims above $100K are caused by treatment for breast, colon and cervical cancers vs. 81% of all cancer claims above $100K are caused by treatment for cancers without recommended screening

The Solution:

- Multi-cancer early detection (MCED) blood test that checks cell-free DNA for unique patterns indicating the presence of more than 50 types of cancer before symptoms appear
- The test analyzes chemical modifications (methylation patterns) on DNA fragments shed by cells into the bloodstream
- If a cancer pattern is found, the result reports "cancer signal detected" and predicts the tissue or organ of origin to guide diagnostic workups
- It screens for over 50 cancer types—including aggressive ones like pancreatic, ovarian, and liver cancers that lack routine screening tools—but does not detect all cancers
- Test prescribed by provider at a cost of $749 per test
- Test can be paid through core medical benefits

Program Utilization – Cost Containment - Medical

- Channel Solutions: Grail Multi Cancer Early Detection Testing - Option

Program Utilization – Cost Containment - Medical

- Channel Solutions: Grail Multi Cancer Early Detection Testing - Option

The Galleri test is an investment in your people

Budget Impact (based on net cost per Galleri-screened person)

	EE Only Age 35+	EE Only Age 50+	References
Galleri Program Cost	$749	$749	assumption
Total Eligible Population	1,616	979	assumption
% uptake	10%	10%	assumption
Total tests	162	98	calculated
Galleri Program Cost	$121,038	$73,327	calculated
Galleri Program Offset			
Direct Medical Spend: Reduction in treatment spending	$48,642	$29,468	Data on file (cost-effectiveness modeling of annual screening of 50-64 population, commercial costs)
Indirect: Avoidance of lost productivity (presenteeism / absenteeism, short term dis / long term dis)	$52,695	$31,924	1. IBI Chronic Disease Profile Cancer (2014). https://www.ibiweb.org/wp-content/uploads/2018/01/CDP_Cance_20140321.pdf 2.Nobel et al. Cancer and the Workplace: The Employer Perspective. (2015). https://nebgh.org/wp-content/uploads/2015/10/CancerWorkplace_FINAL.pdf
Cost of Galleri Administration	$121,038	$73,327	calculated
Cost offset of early detection	-$101,337	-$61,391	calculated
Net cost of Galleri (negative values indicate cost saving)	$19,702	$11,936	calculated

US-CA-2200228.5

Program Utilization – Cost Containment - Medical

- Channel Solutions: Hinge Health - Option
  - Hinge Health - Musculoskeletal (MSK) Care Program
  - Care coordinated via a comprehensive care, all in one app
  - Address multiple MSK needs in the same platform without navigating separate apps or only treating one area at a time
  - AI-guided exercises
  - True Motion technology provides members with real-time feedback during exercises and measures progress with movement analysis
  - Drug-free pain relief on the go
  - For members experiencing chronic pain or flare-ups, Enso, an FDA-cleared, wireless wearable device designed to relieve muscle and joint pain using patented electrical nerve stimulation waveforms that soothes pain in minutes and makes exercise therapy more effective
  - Specialized care for many MSK needs
  - From acute injuries, chronic pain, women's pelvic health, pre- and post-surgery, and fall prevention

Program Utilization – Cost Containment - Medical

- Channel Solutions: Hinge Health - Option

NJHIF - Central | Hinge Health

Lower MSK spend and improve quality of life

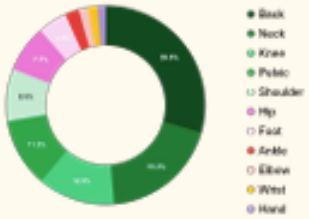
MSK spend = 16.1% of total medical spend

4,503 total covered lives
$7,020,000 MSK spend

Projected engagement

126

Members engaged



Industry-specific outcomes

51%
Pain reduction

44%
Reduction in surgery likelihood

Projected savings and ROI

Annual participation	**126**
Industry average participant cost	**$902**
Utilization fees	**$113,652**
Gross savings	**$354,251**
Average savings per participant	**$2,812**
Return on investment	**3.12x**

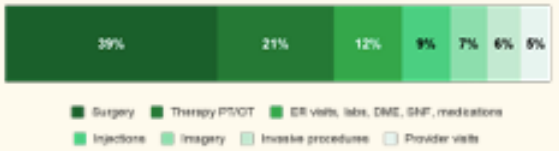
Proven surgery avoidance

50%
Fewer hip replacements[4]

56%
Fewer spinal fusions[4]

73%
Fewer knee replacements[5]

Validated share of savings by category[6]



Program Utilization – Cost Containment - Medical

- Channel Solutions: Hinge Health - Option

Performance Guarantees

Additional 25% fees at risk**

Metric	Measurement	Target Measure	Fees at risk
ROI	Cost savings are assessed based on the reduction of pain as measured by the visual analog scale (VAS)	1.5X ROI	Up to 100%*
Participant Satisfaction	Participant Satisfaction report	Equals or exceeds an average of 8/10	5%
Engagement	Number of completed treatment sessions on average across the cohort at the end of 12 months	20 treatment sessions	5%
Surgery Reduction	Average reduction in 1 year surgery likelihood	30% reduction from baseline	5%
Mental Health	Reduction in clinical depression levels	30% reduction from baseline	2.5%
Mental Health	Reduction in clinical anxiety levels	30% reduction from baseline	2.5%
Pain MCID	Percent that achieve MCID for pain >34% relative pain reduction or at least 23 point absolute decrease from baseline pain	50% achieve MCID for pain	5%

Program Utilization – Cost Containment - Medical

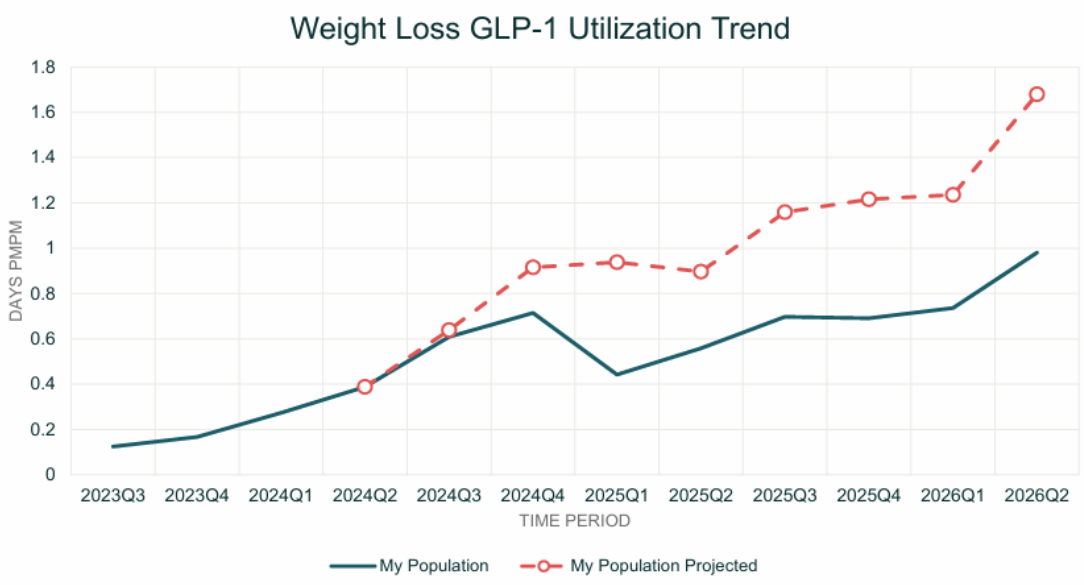
- Reference Based Pricing Model – Pending TPA RFP
  - A cost-containment insurance model, often used in self-funded plans, that pays providers a set fee—typically a percentage of Medicare rates (e.g., 120-300%) rather than using negotiated network contracts
  - Key aspects of Reference-Based Pricing include:
    - How it Works: Instead of relying on a PPO network, the employer (via a third-party administrator or TPA) establishes a "reference price" for a service, usually based on Medicare reimbursement rates
    - Provider Payment: The plan pays this set amount regardless of what the provider bills. If the provider charges more than the allowed amount, they may balance bill the patient for the difference
    - No Networks: RBP plans often allow members to see any provider, eliminating traditional "in-network" vs. "out-of-network" distinctions
    - Cost Savings: RBP can significantly lower premiums and overall medical spending by 20-40%
    - Risks: The model can cause friction, as providers may not accept the lower payment, leading to potential balance billing issues for employees
    - Support: Third-party administrators (TPAs) are typically used to handle claims, audits, and negotiations to mitigate these issues

Program Utilization – Cost Containment – Pharmacy

- Areas of opportunities to reduce cost include but are not limited to the following:
  - GLP-1 management
    - Behavioral Modification Program (Encircle) – In Place

ENCIRCLERX: WEIGHT LOSS

Program Performance: Trend



Trend Performance

GLP-1 UTILIZATION TREND

Your Weight Loss GLP-1 utilization trend is **180% lower** than your projected trend had you not enrolled in EncircleRx.

  - Drug class exclusion – Weight Loss (Fund & Fund Member Level) - Option
  - Formulary management – Oral Version* (Fund Level) – In Place
  - Direct to consumer alternative (Fund & Fund Member Level) – Under Review

*Potential impact to 2027 rebates contingent on PBM rebate audit

Program Utilization – Cost Containment - Pharmacy

- GLP-1 Management – Increase BMI requirement to ≥35 for weight loss (currently ≥32)
  - As we head into the new year, based on current utilization levels, we believe there is a need to implement tighter, clinically grounded utilization management for GLP-1 medications used specifically for weight loss
  - We are recommending that the Fund adopt a BMI ≥35 threshold for GLP-1 for weight loss
  - This is clinically appropriate, supports patient safety, and is one of the few levers available that can materially bend our near-term trend
  - The state's largest insurer as well as other in the marketplace have recently adopted this policy for all public entity business
  - In 2025, the FDA-labeling for both Zepbound and Wegovy removed any specific BMI-centric eligibility criteria from the indications section
  - Adopting BMI ≥35 for weight-loss GLP-1 coverage is clinically appropriate because it targets treatment to members with greater disease severity and higher risk, where the benefit is most compelling
  - It is financially necessary because without utilization management, GLP-1 costs will continue to surge and drive pharmacy renewals higher

Program Utilization – Cost Containment - Pharmacy

- GLP-1 Management – Increase BMI requirement to ≥35 for Weight loss
  - We are recommending implementing the amended BMI requirement for GLP-1s, for weight loss, to ≥35 (60-day implementation)
- Member Impact:
  - All current prior approvals (PA's) will be voided, and new PA's will be required for both new and existing scripts
- Existing Fills
  - Baseline BMI will be considered (BMI used for initial GLP-1 fill for weight loss) for prior approval
  - A baseline BMI of ≥35 will be approved, while a baseline BMI <35 will result in a denial
  - If comorbidities are documented, a baseline BMI of ≥27 will be accepted
  - Existing members do not have to open a new Omada (lifestyle modification program) account
  - Members who are denied the medication still can use the Omada application contingent on them meeting Omada's clinical criteria
- New Fills
  - Requires either a BMI of ≥35 or documentation of two cardiometabolic comorbidities with a BMI of ≥27 for prior approval
  - Enrollment in the Omada program
  - Members who are denied the medication still can use the Omada application contingent on them meeting Omada's clinical criteria

Program Utilization – Cost Containment – Pharmacy

- GLP-1 Management – Increase BMI requirement to ≥35 for weight loss
  - No impact to existing rebate structure
  - No additional ESI fees to amend the BMI criteria to ≥35 for weight loss
  - 60-day implementation timeline
  - Program savings guarantee:
  - 4:1 ROI savings guarantee - ESI guarantees Fund will achieve savings equal to or greater than three times the program service fee paid into the program

Program Utilization – Cost Containment - Pharmacy

- GLP-1 Management – Exclude Weight Loss Drug Category
  - Excluding weight loss drug category for all BMED members would result in an estimated savings of $22.55 PMPM or $987,870 annually
- GLP-1 Management – Formulary Management
  - Oral version of Wegovy & Zepbound have been approved by the FDA
  - Per ESI, oral versions of Wegovy & Zepbound are cost neutral when compared to injectable, but could increase utilization by +20%
  - ESI excludes the oral version of Wegovy & Zepbound if enrolled in the Encircle program for future evlaluation
- GLP-1 Management – Direct to Consumer
  - DIC solution would carve out GLP-1 coverage for weight loss medications redirecting the member to obtain them directly from manufacturer (Lilly/Novo Nordisk) at a reduced cost
  - Fund Member funds an account to cover the cost of the medication
  - New solution to marketplace with new vendors emerging to handle the administration of the plan
  - Currently evaluating solutions to determine feasibility and cost effectiveness

BMED Program Utilization – ACTION

ACTION

- Continue to promote programs & solutions currently in place to maximize clinical outcomes & plan savings
  - Aetna Site of Care
  - Aetna Smart Compare
  - Out of Network Provider Schedule – New & Existing Fund Members
  - Expanded Wellness Strategy – Focus on Preventative Testing
  - High Performance Provider Network
  - Fund Member Weight Loss Medication Exclusion Option
  - Continue Fund Wide GLP-1 oral pill exclusion
- Discuss for immediate action:
  - GLP-1 for weight loss clinical protocol amendment – BMI ≥ 32 to ≥ 35 effective 1/1/2027
  - Grail Multi Cancer Early Detection Testing
  - Hinge Health (MSK) Care Program
- Consider for future:
  - Reference Based Pricing Model
  - GLP-1 Management – Direct to Consumer

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