CONIFER
HEALTH SOLUTIONS®

Operating Engineers Local 77
Plan Performance Report

3rd Quarter 2025

Today’s Agenda

1. Executive Summary

2. Population Overview
    a. Key Indicators
    b. Risk Stratification
    c. Categories of Care
3. Personal Health Management (PHM)
    a. Outreach
    b. Outcomes
    c. Cost Savings
    d. Case Study
4. Utilization Management (UM)
5. Appendix

Executive Summary

Population Overview	▪ This report is based on paid claims data from January 1 through September 30, 2025 with historical data from January 1, 2023 through December 31, 2024. This report excludes Medicare Retiree plans. ▪ 2025 total health care claims (medical & pharmacy) increased 15% in the first three quarters of 2025 when compared to 2024 calendar year results. Medical claims increased 12% while Rx claims increased 21%. Quarter over quarter, total claims have increased each quarter this year. ▪ There were 6 members that had claims of $250,000 through the first three quarters of 2025, representing 22% of total claims. Although two of the members are now showing inactive on the plan, a new high cost claimant of over $1 million appeared in the third quarter.
Engagement	▪ **99% engagement** for Q3 2025 is consistently higher than Conifer's Book of Business average. ▪ PHNs were **able to reach 80**% of members identified for management, which is higher than Conifer's Book of Business average.
Results	▪ There was a **decrease in all modifiable Priority Risk and High-Risk triggers** for engaged members quarter over quarter indicating improvements in health management and utilization of benefits. ▪ Medical Management **savings ratio is 5.36:1** for Q3 2025 with the top categories including savings based on improved health related behaviors and averted inpatient admissions.

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Monitoring Key Indicators

3-Year Review

- **Average enrollment** has remained consistent the past three years. At the end of the third quarter 2025, there were 1,169 employees (2,975 total members) on the plan.
- **Total Medical/Rx PMPM** increased about 15% through the first three quarters of 2025 when compared to the 2024 plan year. Third quarter claims were significantly higher than the previous two quarters due to a high cost claimant.
- **Rx PMPM** increased 21% through September of 2025 when compared to 2024. Expenses averaged $165 pmpm in the second and third quarters of 2025 compared to $114 pmpm in the first quarter; Gattex, Hemlibra, and Skyrizi were the top three drugs by paid claims. Generic drugs represented 90% of total scripts and 18% of total Rx spend. 90-day supplies represented 34% of total scripts and 17% of Rx spend.
- **High-Cost Claimants** – there were 46 claimants that utilized $50,000+ (Medical and Rx) through the third quarter of 2025. These members represented 1.5% of membership and 56% of total paid claims.
  - There were 6 claimants with paid claims over $250,000 through September. Two are showing as inactive on the plan at the end of the quarter. All 6 claimants were outreached by the PHN.

Metric	CY 2023	CY 2024	Thru Q3 2025
Number of Employees (avg)	1,223	1,228	1,212
Number of Members (avg)	3,038	2,990	3,001
Medical PMPM	$261.44	$298.64	$334.95
RX PMPM	$100.36	$118.29	$143.49
Total PMPM	**$361.80**	**$416.93**	**$478.44**
General COC PMPM			
Hospital Related	$149.80	$177.56	$195.15
Professional	$104.99	$113.73	$132.93
Other	$6.65	$7.35	$6.87
Rx	$100.36	$118.29	$143.49
Total	**$361.80**	**$416.93**	**$478.44**
Claimants over $50,000 (Med/Rx)			
Number of Claimants	56	62	46
% of Population	1.9%	2.0%	1.5%
% of Total Paid	54.8%	60.5%	56.2%
Largest Claimant Cost	$451,751	$1,054,523	$1,187,971
Claimant Breakdown:			
$1 million+	0	1	1
$500k - $999k	0	1	0
$250k - $499k	5	7	5
$100k - $249k	22	16	18

Monitoring Key Indicators *(continued…)*

Members eligible at the end of each year and 9.30.2025

Predicted Trend	CY 2023		CY 2024		Q3 2025	
	#	%	#	%	#	%
Number of Members	2,977	n/a	2,990	n/a	2,953	n/a
Priority Risk	9	0.3%	5	0.17%	5	0.17%
High Risk	166	5.6%	176	5.9%	176	5.9%
Predicted to Spend $5,000+ in next 12 Months	657	22.1%	689	23.0%	706	23.9%
~Prevalent Chronic Conditions*	344	52.4%	322	46.7%	337	47.7%
High-Cost Cancers**	15	0.5%	17	0.57%	14	0.47%

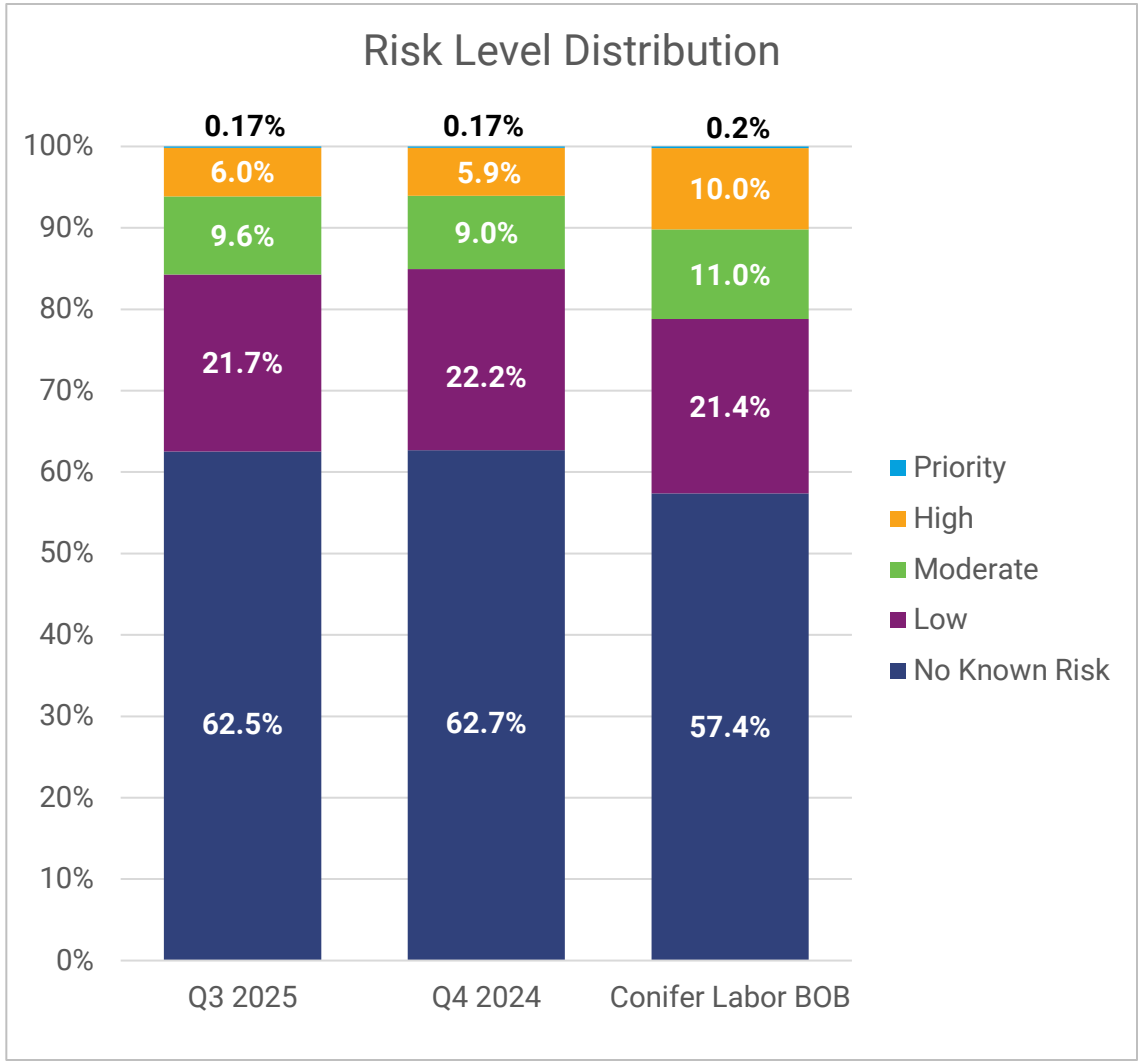
- Priority Risk members continue to represent a small portion of the overall; after increasing to 10 members in the first quarter, the number decreased to 5 at the end of the third quarter. The percentage of members considered High Risk has remained flat.
- Of the participants predicted to spend over $5,000 in the coming year, the main risk markers are screening & preventative care, cardiovascular risk, and metabolic disease. Nearly half of these members have chronic conditions.
- There were 14 high-cost cancers on the plan at the end of the third quarter of 2025. Breast cancer is the most prevalent high-cost cancer.

** Prevalent Chronic Conditions include Diabetes, Hypertension and Ischemic Heart Disease*
*** High-Cost Cancer(s) include breast, soft tissue, lung, leukemia, colon, liver, lymphoma, brain/spinal cord, multiple myeloma, pancreatic and prostate*

Comparing Risk Stratification

Members eligible on 12.31.2024 and 9.30.2025

- **Overall**, 15.7% of the membership is considered to be a moderate risk or higher. This is well below Conifer's Labor Book of Business (LBoB) of approximately 21%.
- **The Priority Risk** population had 5 members at the end of the third quarter of 2025. Examples of this category are readmission risks, newly identified cancer diagnoses, and high-cost prescription drugs.
- Members considered **High Risk** have remained steady in 2025, with 176 identified at the end of the quarter. Examples of this category are members predicted to incur $25,000, members with greater than $25,000 in the past 6 months, members with a high number of provider or prescribing physician interactions, and major illnesses (e.g. cancer, renal failure, congestive heart failure).
- The **Moderate and Low Risk** combined populations are lower than the Conifer LBoB, while the **No Known Risk population** is higher. "No Known Risk" members are participants that have some medical and pharmacy claims (but none that would stratify to a higher risk) or participants with no claim history in the past 12 months. The Fund's overall low average age is a contributing factor to this. Any encouragement to members to see a Primary Care Physician would assist in lowering this number.



Identifying Cost Drivers by Category of Care (COC)

PMPM Year over Year Comparison

- **Overall, the key medical cost drivers** increased 12% through the first three quarters of 2025 when compared to 2024 calendar year results. Quarter over quarter, the third quarter was the highest of the year due to a high cost claimant paid in September.
- **Inpatient Hospital** remains the highest cost driver. Although demand has remained steady this year, a high cost claimant increased the overall PMPM in the third quarter.
- **Facility** costs have increased 15% through the third quarter, with the second quarter being 42% higher than the first quarter. Outpatient Services comprise 90% of this category and have increased in the second and third quarters of 2025.
- **Medicine** expenses have increased 16% so far in 2025, mainly due to increases in expenses for chemotherapy and dialysis. Claims for this category have increased in the second and third quarters of 2025.
- Expenses related to **Procedures** increased 31% overall in the first three quarters of 2025 but were lower in the third quarter. The increase in this category was driven by increases in costs and demand for the Respiratory System category.

COC	CY 2024	Thru Q3 2025	Δ
Inpatient Hospital	$102.59	$113.27	+10%
Facility	$51.81	$59.36	+15%
Medicine	$42.33	$49.17	+16%
Evaluation & Management	$28.54	$33.29	+17%
Emergency Room	$23.16	$22.52	-3%
Procedures	$16.62	$21.75	+31%
Outpatient Radiology	$12.77	$15.02	+18%
Outpatient Laboratory	$5.78	$5.62	-3%
Anesthesia	$5.16	$5.23	+1%
Other Outpatient Services	$3.44	$4.47	+30%
Outpatient Pathology	$2.53	$2.85	+13%
Ambulance	$3.42	$1.28	-63%
Undefined Services	$0.22	$0.20	-9%
Totals	**$298.37**	**$334.03**	**+12%**

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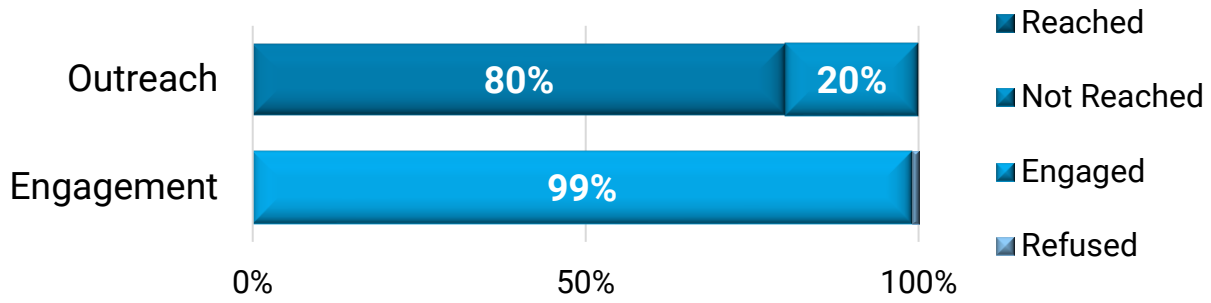
Targeting and Engaging Members

Q3 2025

	Total Population	Outreached	Not Reached	Reached	Refused	Engaged
Number of Unique Members	2,953	126	43	85	2	83
Number of Episodes	NA	140	43	97	2	95
Total Healthcare Costs last 12 months	$17.2M	$6.8M	$2.9M	$5.1M	$46.5K	$5.1M
Healthcare Costs/Member last 12 months	$1.6K	$54K	$67.4K	$60K	$23.3K	$61.4K
Average Risk Score	9.91	73.78	75.29	74.51	61.40	74.84



Quarterly Engagement Trend

Q3 2025: 99%

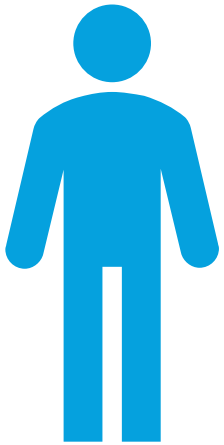
Q2 2025: 100%

Q1 2025: 100%

Q4 2024: 99%

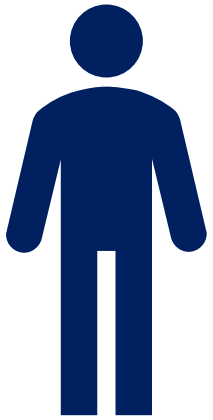
Comparing Outreach Members Who Do Not Engage

Q3 2025



Not reached- 43

Utilization Risk Triggers	Primary Health Conditions	Average Health Care Costs	Outreach Results	Ongoing Focus
▪ Claims Utilization GT $5K in RX in prior 6 months ▪ Predicted claims GT $25K ▪ Unique Prescribing Physician Interactions 9+ in the prior 12 months	• Diabetes ▪ Hypertension ▪ Obesity ▪ Hyperlipidemia	▪ $67.4K per member in the last 12 months	▪ 67% No response to outreach (i.e., no answer) ▪ 33% Unable to locate (i.e. no valid number)	▪ Utilize providers, pharmacies, and online resources for contact information ▪ Continue to outreach while inpatient, as applicable ▪ Updated Conifer Corners for name recognition

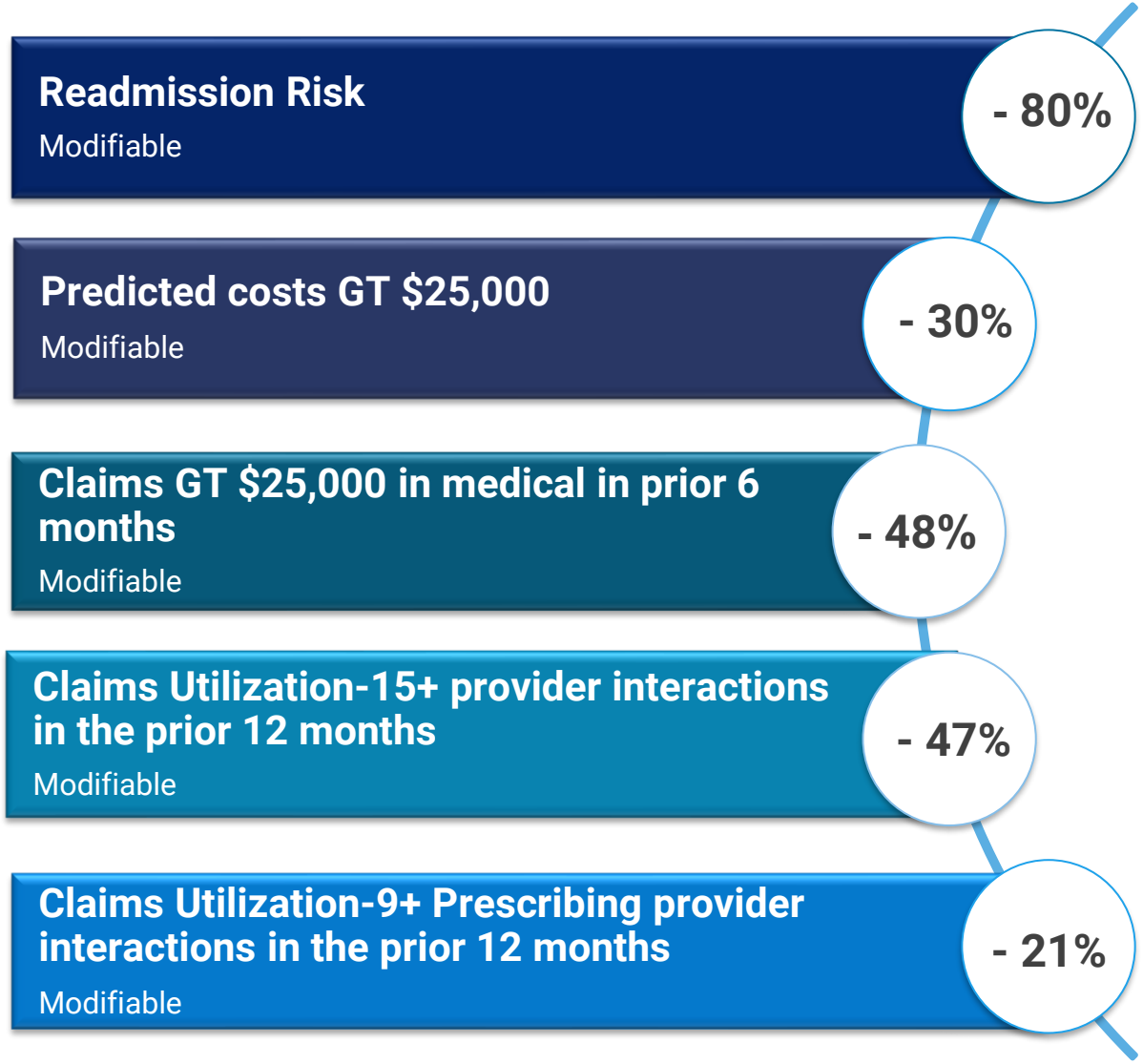


Refused- 2

Utilization Risk Triggers	Primary Health Conditions	Average Health Care Costs	Outreach Results	Ongoing Focus
▪ Claims Utilization- GT $25K in medical in prior 6 months ▪ Unique Prescribing Physician Interactions 9+ in the prior 12 months	• Hypertension ▪ Hyperlipidemia	▪ $46.5K per member in the last 12 months	▪ 100% Hung up prior to conversation	▪ Adjusting clinical scripts based on reason for refusal ▪ Including Conifer updates in newsletters for increased program awareness

Identifying the Most Prevalent High-Risk Triggers

Members Engaged Q3 2024 with High-Risk Triggers for Q3 2024 v. Q3 2025



Interventions Driving Change

- Collaboration with In-Network providers
- Education of complex chronic and acute disease management
- Encourage provider and specialist adherence
- Coordination with pharmacies to assist with prescription costs and barriers
- Resource integration addressing social determinants of health

Observations and Next Steps

- Monitor adherence to providers and treatment plan
- Continue to assess risk triggers and provide needed education and resources to modify these triggers
- Gaps in care are identified and coordinated as needed for all members who are outreached

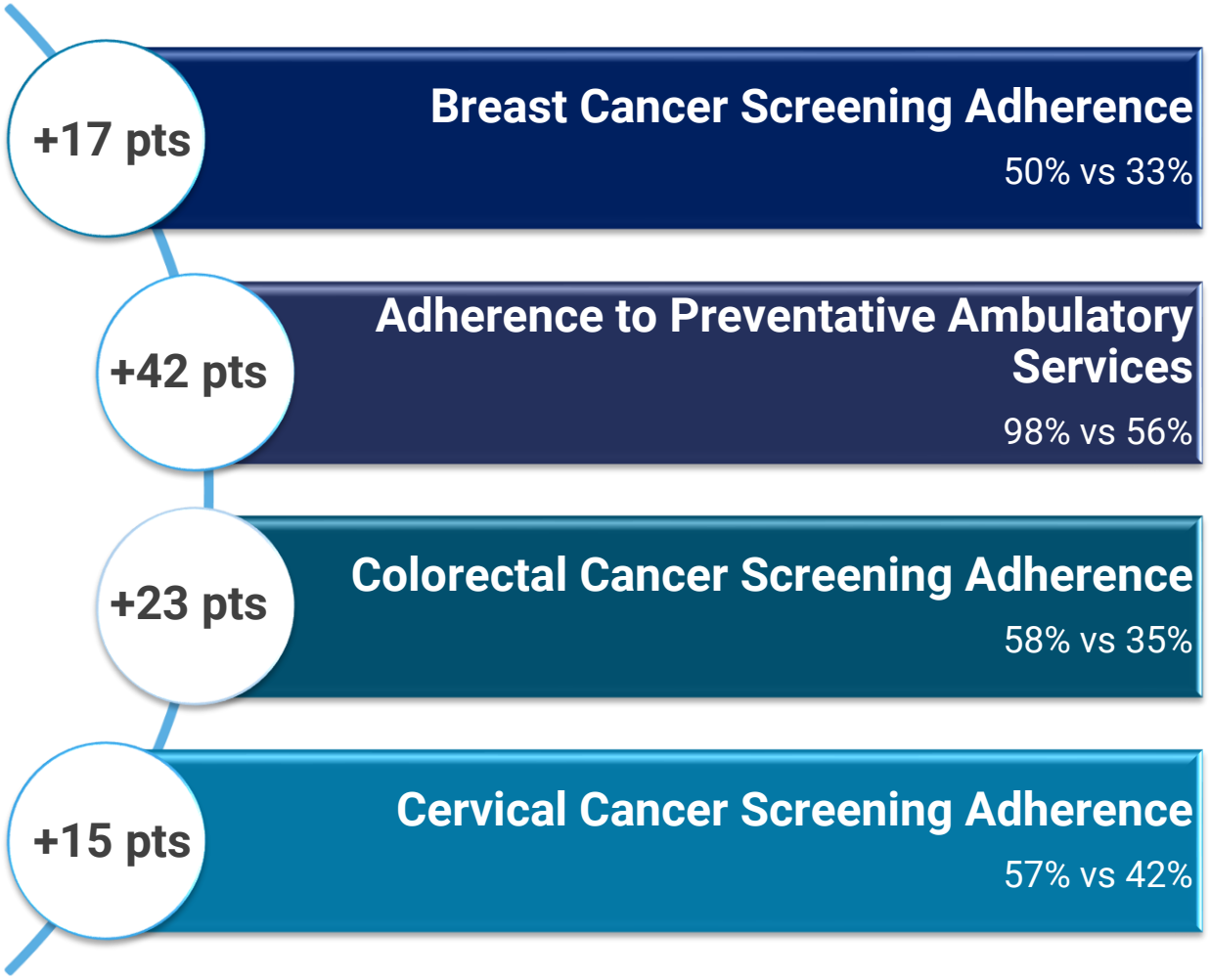
Monitoring Preventive Screening Adherence

Members Engaged Q3 2025 v. Total Population Q3 2025

The Personal Health Nurse impacts compliance to preventive screenings while assisting members with chronic and acute health needs. There is still a potential to impact adherence with the overall population.

Recommendations:

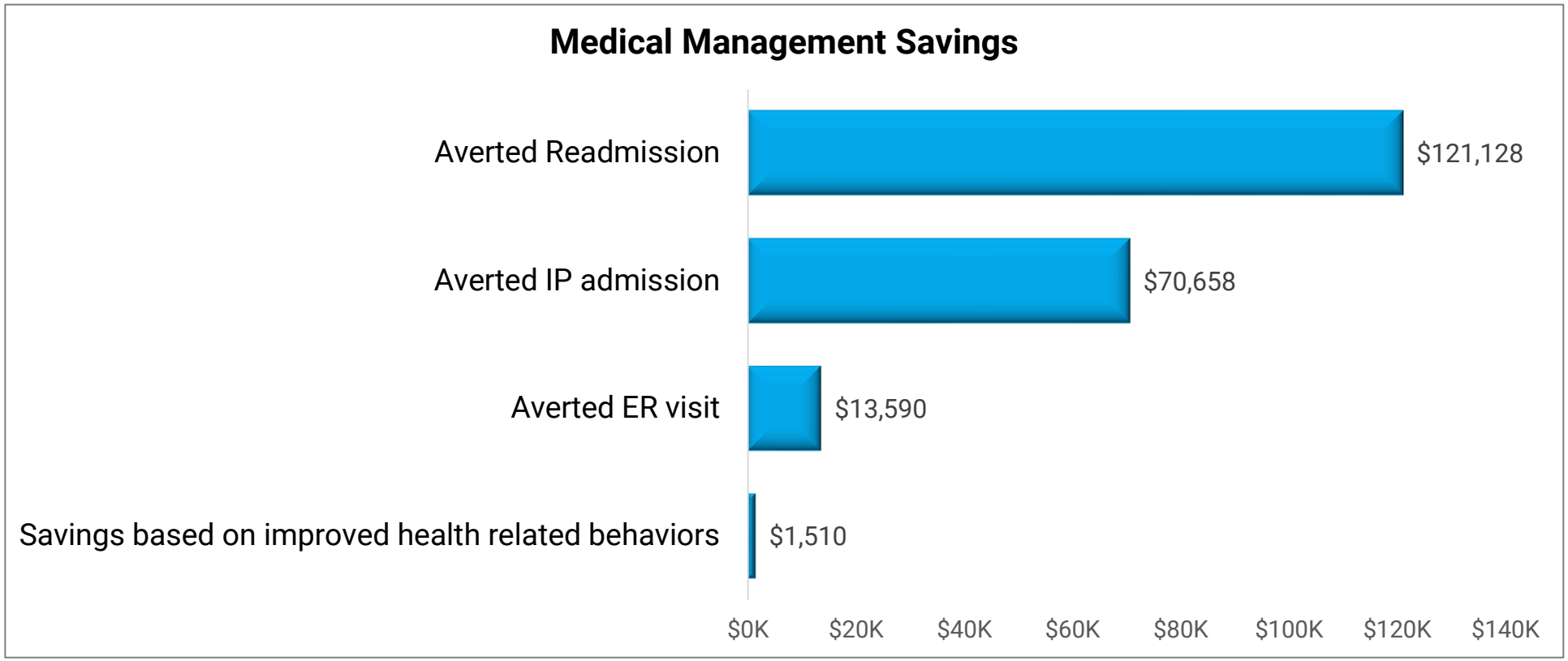
- Focus member education on the importance, benefits, and recommended frequency of preventive screenings
- Assess barriers to completion of recommended screenings and coordinate resources as needed
- Possibly send educational mailings to all members who are nonadherent to recommended screenings i.e. a gaps in care campaign/no claims campaign



Saving on Services while Helping Members

Q3 2025

Savings Ratio	5.36
Cost of medical management services	$38,520
Savings from medical management services	$206,886



Going the Distance Every Day

Preventing admissions through resource coordination

Member Situation

- 63-year-old male
- Member had a kidney transplant in 2013
- History of high blood pressure, hyperlipidemia, benign prostatic hyperplasia and noncompliance
- Failure of kidney transplant requiring resuming of dialysis
- Member moved to a new town and failed to establish care with new providers.

How a Conifer VBC Personal Health Nurse (PHN) Helped

- PHN educated member on importance of medication compliance and treatment plan adherence
- PHN ensured member was filling his prescriptions on time and adherence to prescription schedule
- PHN educated on care of central venous catheter (CVC) and arteriovenous (AV) fistula to prevent infection and complications
- PHN assisted member with finding new providers and assisted with setting up appointments with Urology and new PCP

Member's Results

- Member has established care with hemodialysis (HD) provider near his new home and sees provider there every 4 weeks
- Member has been able to get his medications at a reduced cost through HD clinic pharmacy
- Member has been adherent to medications, treatment plan, HD schedule and appointment follow ups
- Member advised he is feeling well and has demonstrated proper care of his AV fistula and CVC with no complications of infection

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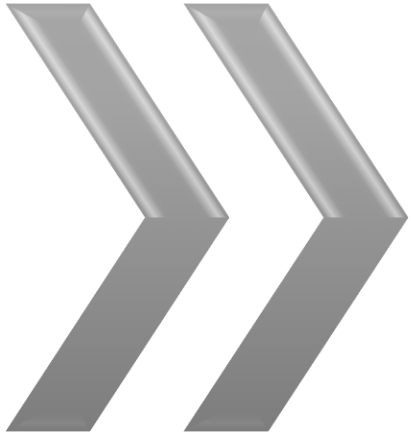
Utilization Management

Q3 2025

Top Authorizations	Q3 2025
Total UM Referrals	160
Inpatient Acute Care	30
Outpatient Surgery	37
Outpatient Behavioral Health Services/PHP	32
Home Health Care: Skilled Nursing, PT/OT, Infusions	21
Approvals	142
Partial Approvals	4
Denials	14

Adverse Determinations	Category of Care	Reason for Denial
Denials	▪ Bariatric ▪ Chiropractic care ▪ DME: orthotics ▪ Habilitative service ▪ IP Hospital stay ▪ Outpatient surgery ▪ Psychological testing ▪ PT ▪ Behavioral Health	▪ Does not meet standard of practice ▪ Not a covered benefit ▪ Not medically necessary
Partial Approvals	▪ Outpatient surgery ▪ Continued IP stay	▪ Partially not medically necessary ▪ Lack of information

Working Together to Support Your Members



- Partnership to increase awareness and participation
- Chronic condition adherence
- Priority and high-risk member outreach
- Continue to engage members identified from Utilization file feed

- Possible Gaps in Care campaign targeting members without a PCP and/or members without claims utilization.
- Link Gaps in Care letter to Introduction Letters
- Conifer contributions to Newsletters

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Conifer Team Structure

		Interaction	
Regional VP, Client Delivery Population Health	Joe Sears	**Operations** *Weekly/Monthly/Quarterly*	Account Lead, escalation point; manage overall account performance
Manager, Population Health	Lindsey Luma	***Daily***	Direct oversight of clinical operations and PHN team; Only resourced through Client Delivery request
Director, Population Health	Allyson Pierce	**Operations** *Weekly/Monthly/Quarterly*	Operational oversight of PHN teams
Sr Director Clinical Operations	Michele Hamilton	**Operations** *Quarterly/As Needed*	Operational oversight of clinical operations
VP, Population Health	Justin Berry	**Sr. Leadership** *Quarterly/As Needed*	Executive Oversight for Client Delivery

Acronyms

Acronym	Expansion
A1C or HgbA1C	Hemoglobin A1c
ALOS	Average Length of Stay
BMI	Body Mass Index
BOB	Book of Business
CAD	Coronary Artery Disease
CHF	Congestive Heart Failure
COC	Category of Care
CMI	Case Mix Index
EBM	Evidence Based Medicine
ED	Emergency Department
EOS	Episode of Service
ER	Emergency Room
GT	Greater Than
ICD	International Classification of Diseases
IP	Inpatient
LDL	Low Density Lipids

Acronym	Expansion
LOS	Length of Stay
PEPM	Per Employee Per Month
PHM	Personal Health Management
PHN	Personal Health Nurse
UM	Utilization Management

Glossary of Terms

Term	Definition
Case Mix Index (CMI)	a means to measure the relative health of a population where each Episode of Care (EOC) for a patient is assigned an Episode Treatment Grouping (ETG) and each ETG is assigned a relative value or weight to calculate the rate by summing the relative values for the population and then dividing that number by the number of episodes encountered for the population
Eligible	the total unique members who are eligible for medical management
Engaged	the total unique reached members who agreed to engaged in medical management
Hemoglobin A1c (HgbA1C)	Diabetic Control Measurement
ICD-10	patient diagnosis or procedure codes (i.e., ICD-10-CM or ICD-10-PCS, respectively); the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO)
Not Reached	the total unique members who a personal health nurse (PHN) attempted to reach by phone but were either unable to locate (UTL) because of a bad phone number or were unresponsive and did not pick up the phone
Outreached	the total unique members who a personal health nurse (PHN) attempted to reach by phone and were either reached or not reached
Pending	the total unique triggered members a personal health nurse (PHN) is still attempting to reach by phone
Reached	the total unique triggered members with whom a personal health nurse (PHN) has spoken on the phone and who either agreed to engaged in medical management or refused to participate at the given time

Glossary of Terms

Term	Definition
Refused	the total unique reached members who refused to participate in medical management at the given time
Targeted	the total unique members identified as “Priority” or “High” risk in Conifer’s proprietary “Risk Stratification” application

Cost Savings Definitions

Cost Savings Description	Definition
Averted ER Visit	Averted ER Visit category is appropriate when the Medical Management Nurse directly works with the member/member caregiver to address acute health issue(s) to avoid need for emergent care.
Savings based on improved health related behaviors	After engagement with PHN, member shows improvement in clinical and behavioral outcomes.
Averted IP admission	Medical Management Nurse directly works with member/member caregiver and healthcare team to address acute health issue(s) that would likely result in an inpatient admission without intervention.
Averted Readmission	Averted Readmission category is appropriate when the Medical Management Nurse directly works with member/member caregiver and healthcare team following an acute inpatient admission. MMN is actively involved in the Transitions of Care process. MMN works with healthcare team to ensure instructions are in place, and member safely transitions to home.

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Thank You