

**PEBA**<sup>SM</sup>  
SC Retirement Systems  
and State Health Plan

**South Carolina Public Employee Benefit Authority**  
*Serving those who serve South Carolina*

## Meeting Agenda

**| Health Care Policy Committee | Finance, Administration, Audit and Compliance Committee  
| Retirement Policy Committee | Board of Directors**

Wednesday, March 4, 2026 | 202 Arbor Lake Drive., Columbia, SC 29223 | 1<sup>st</sup> Floor Conference Room

### **Health Care Policy Committee | 9:30 a.m.**

- I. Call to order
- II. Approval of meeting minutes – December 4, 2025
- III. Successful transition to a new pharmacy benefit manager
- IV. State Health Plan benchmark review
- V. Hello Heart update
- VI. Old business/Director's report
- VII. Adjournment

### ***Notice of public meeting***

This notice is given to meet the requirements of the S.C. Freedom of Information Act and the Americans with Disabilities Act. Furthermore, this facility is accessible to individuals with disabilities, and special accommodations will be provided if requested in advance.

**PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM**  
**Health Care Policy Committee**

**Meeting Date:** March 04, 2026

---

**1. Subject:** Successful transition to a new pharmacy benefits manager

---

**2. Summary:** After the past 10 years with Express Scripts as the State's pharmacy benefits manager, Caremark won last year's competitive process to assume this role effective January 1, 2026. Laura Smoak will discuss the complexity of this business and the extensive efforts that took place to make this transition of a major contractor a successful one.

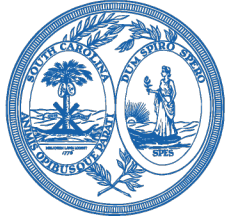
---

**3. What is Committee asked to do?** Receive as information

---

**4. Supporting Documents:**

(a) Attached: 1. Successful transition to a new pharmacy benefits manager



**PEBA**<sup>SM</sup>  
SC Retirement Systems  
and State Health Plan

# Successful transition to a new pharmacy benefits manager

Health Care Policy Committee

March 4, 2026

Serving those who serve South Carolina

# Complexity of State Health Plan pharmacy benefits

---

## Two programs for drug coverage

- Commercial for State Health Plan primary members (active employees and non-Medicare retirees).
- EGWP for Medicare primary members.

---

## Transitions

- In the last 31 years of contracting with a PBM, there have only been two transition periods.

---

## Large population

- State Health Plan covers more than 553,000 subscribers and their dependents.

---

## History

- The last transition was 10 years ago.
- We have never worked with Caremark.

---

## High utilization

- In 2025, 87.5% of members used their pharmacy benefit.
- Approximately 15 million prescriptions (adjusted<sup>1</sup>) filled each year, which is more than 1 million each month and 41,000 each day.

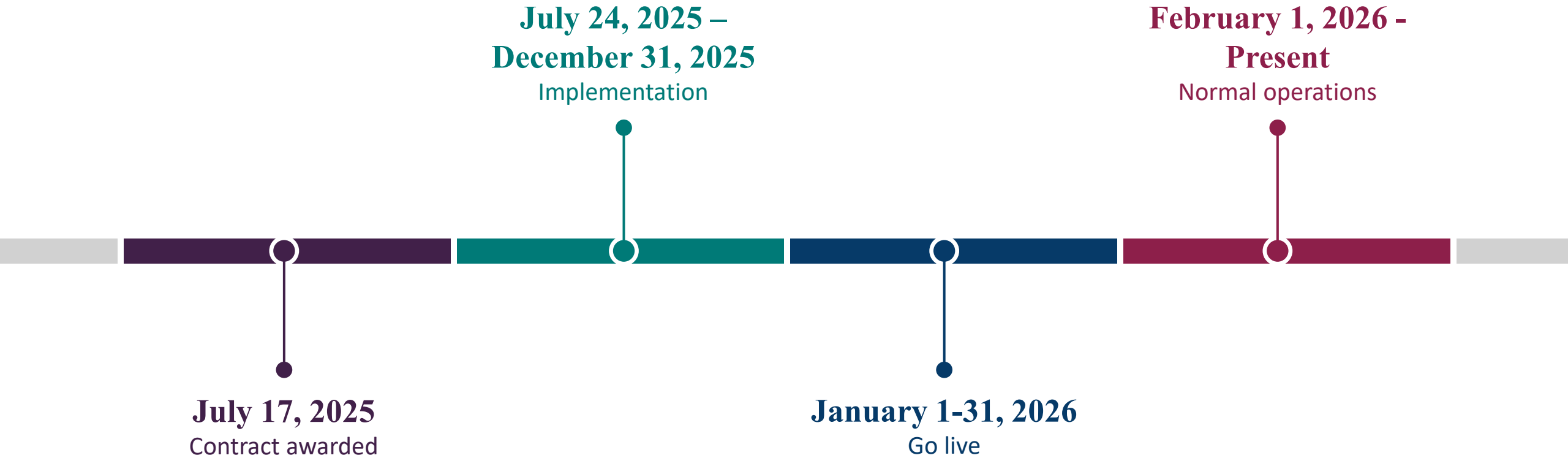
<sup>1</sup>Adjusted means one 90-day prescription equals three 30-day prescriptions.

---

## Partnerships

- The PBM is one of two major contractors with whom we partner.
- Also contract with BlueCross BlueShield of South Carolina as our medical claims administrator.

# Timeline



# Implementation

# Planning and collaboration

- PEBA compiled a list of priorities for the PBM transition from PEBA business units.
- PEBA hosted an onsite kick-off meeting with key players from PEBA and Caremark on July 24, 2025.
  - Discussed PEBA priorities and expectations for partnership with the PBM.
  - Established implementation plan.
  - Scheduled recurring small group meetings with business units.
- Introduced Caremark's key players at the Board retreat in August 2025.
- CVS Caremark voluntarily offered to brand as Caremark to make clear this not a CVS-oriented pharmacy benefit.

# External collaboration

- Connected Caremark with MUSC Health Plan key stakeholders, including the MUSC pharmacy clinical team.
- Continued ongoing dialogue with the S.C. Pharmacy Association about the new PBM.
- Conducted virtual outreach in October 2025 to several local pharmacists to work on pharmacy issues.

# Member and employer messaging

**July 17, 2025**

Launched transition webpage on PEBA's website to announce the new PBM.

Added FAQs and other information throughout Fall 2025, as needed.

**July 22, 2025**

Communicated transition to new PBM to employers in *PEBA Update*.

**July 24, 2025**

Announced transition to new PBM on social media.

Posted seven updates about the transition to social media throughout Fall 2025.

**Fall 2025**

Hosted 26 employer workshops beginning July 24 to discuss the PBM transition.

Five workshops were specific to the PBM transition with an average of 70 employers attending each session.

# Comprehensive testing by Caremark

- Multiple levels of testing of clinical and benefit setup to ensure accuracy and reliability.
  - All delivery channels (Retail/Retail90/Specialty pharmacy/mail).
  - Phases of benefit setup (copayment/deductible → out-of-pocket maximums → post out-of-pocket).
  - Benefit limits (e.g., specialty days of therapy limit, GLP-1 days of therapy limits, infertility benefit).
  - No-Pay Copay benefit.
- Claims testing compared expected outcomes with claims history from Express Scripts.
  - Tested more than 230,000 claims with 76% paid rate.
  - Reject reasons included non-covered, prior authorization required/termed and remaining quantity missing.
- Extensive eligibility file testing with PEBA key players.

# Completed implementation tasks

- ✓ Documented, coded, tested and deployed account structure, benefit setup and clinical requirements.
- ✓ Developed and launched microsite.
- ✓ Reviewed and approved communications.
  - Welcome kits with member ID cards.
  - CMS-required letters for change to SilverScript.
  - Targeted member mailings for prior authorization and formulary disruptions.
  - Marketing flyers for benefits fairs.
  - Ongoing letters to be used throughout the plan year (formulary disruptions, provider letters and appeal letters).
- ✓ Set up financial structure for claims and administrative fee payments, as well as rebates and EGWP subsidies to be received.

# Completed implementation tasks

- ✓ Loaded enrollment files for Commercial and EGWP members.
- ✓ Loaded files from Express Scripts for Commercial and EGWP.
  - Two years of claims history files (Caremark received files in October, November and January).
  - Prior authorization transfers and open refills (Caremark received files in October and January).
- ✓ Set up integrated pharmacy/medical accumulator.
- ✓ Set up data file exchanges with PEBA (claims, provider and limited medical files).
- ✓ Set up No-Pay Copay benefit structure.
- ✓ Mailed targeted letters to members with prior authorization and formulary disruptions in mid-November. Members received one letter that included all scenarios applicable to them.
  - Commercial: 107,255 unique members
  - EGWP: 34,485 unique members

Go live

# Go-live experience with PEBA and Caremark

- Caremark set up a command center January 1-15, 2026, for an “all-hands on deck approach” to monitor claims activity, as well as pharmacy and member issues.
- Key players from the account team, implementation team and other functional areas monitored and reviewed claims received starting at midnight on January 1.
- Monitored rejected claims for:
  - NDC not on formulary;
  - Refill too soon;
  - Fill prior to coverage effective date; and
  - Prior authorization required.
- Issue remediation available 24-hours a day based on severity level.
- Established after-hours contact list for issue resolution.
- Two-a-day status meetings beginning January 1 at 9:30 a.m. and 2 p.m., including weekends if needed, with key PEBA and Caremark staff.
  - Adjusted status meeting cadence to every other day January 19-30.

# BlueCross' role

- Appointed an implementation manager to oversee and coordinate project.
- Assigned dedicated Information Services resource to implementation project.
- Met with Caremark multiple times each week to facilitate implementation process for benefit alignment (touch base and topic specific).
- Conducted joint comprehensive testing of system connections, including single sign on, file transfers and accumulator functions.
- Hosted training with all BlueCross staff assigned to the State Health Plan, including Customer Service and Medical Management.
- Tracked Customer Service trends to proactively address potential issues.
- Established a virtual command center on December 31 that was staffed by Information Services and other stakeholders.
  - Commenced virtual support environment at 8 p.m. on December 31 that continued through morning of January 1.
- Performed validation checks and executed real-world scenarios to ensure seamless transition.
- Beginning January 1, monitored real-time processing of claims with Caremark to verify proper accumulator and system performance.
- Monitored calls and had weekly discussions with PEBA and Caremark to address concerns.

# Paid claims January 1, 2026, to year-to-date<sup>1</sup>

	Total	Daily average
<b>Commercial</b>	1,163,333	24,752
<b>EGWP</b>	719,709	15,313
<b>Total</b>	1,883,042	40,065

	Jan. 1	Jan. 2
<b>Commercial</b>		
<b>Paid claims</b>	9,947	29,728
<b>EGWP</b>		
<b>Paid claims</b>	6,406	18,828

<sup>1</sup>Adjusted for 90-day supplies; one 90-day prescription equals three 30-day prescriptions.

# Prior authorizations January 2026

	Count	Approved	Denied	No response
<b>Prior authorizations</b>	32,235	71.38%	19.12%	9.51%
<b>Exceptions</b>	4,461	21.50%	65.79%	12.71%
<b>All appeals</b>	784	65.18%	34.82%	0.00%

Responded to **93.02%** of prior authorizations requests less than 24 hours.

# Go-live Caremark Customer Care statistics

Caremark Customer Care is available 24 hours a day, seven days a week.

	Jan. 1	Jan. 2
<b>Commercial</b>		
Calls received	77	571
Calls answered	77	571
ASA in seconds	1.7	1.8
Service level	100.0%	100.0%
<b>EGWP</b>		
Calls received	57	464
Calls answered	57	464
ASA in seconds	1.5	1.9
Service level	100.0%	100.0%

Answered **6,359 Commercial** calls in an average of **3.3 seconds** in the first two weeks of January.

Answered **6,385 EGWP** calls in an average of **3.8 seconds** in the first two weeks of January.

# Normal operations

# Continued partnership

- Scheduled ongoing routine meetings for strategic planning and program performance discussions with PEBA departments:
  - Insurance Policy.
  - Communications.
  - Customer Service.
- Continue monitoring member experience with Customer Service teams at PEBA, Caremark and BlueCross.
- Continue to work collaboratively to maintain cost effective, sustainable pharmacy benefits.

# Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

**PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM**  
**Health Care Policy Committee**

**Meeting Date:** March 04, 2026

---

**1. Subject:** State Health Plan Benchmarks

---

**2. Summary:** Rob Tester will review the latest iteration of the State Health Plan's annual comparison with national and regional benchmarks.

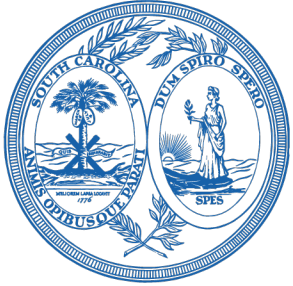
---

**3. What is Committee asked to do?** Receive as information

---

**4. Supporting Documents:**

(a) Attached: 1. SHP Benchmarks March 2026



**PEBA**<sup>SM</sup>  
SC Retirement Systems  
and State Health Plan

Serving those who serve South Carolina

# State Health Plan benchmarks

Health Care Policy Committee

March 4, 2026

# State Health Plan enrollment as of March 2026

Participants		
Subscribers		312,108
Actives	214,513	
Retirees	94,659	
Others	3,016	
Spouses		92,836
Children		148,701
<b>Total covered lives</b>		<b>553,725</b>

**Total employer groups: 874**

Active subscribers	
State agencies	35,474
Higher education	28,220
School districts	89,262
Charter schools	4,227
Local subdivisions	40,546
MUSC hospitals	14,026
Other	2,758
<b>Total employees</b>	<b>214,513</b>

Retirees	
Medicare	79,371
Non-Medicare	15,288
<b>Total retirees</b>	<b>94,659</b>
<b>Funded retirees</b>	<b>87,991</b>

Numbers represent enrollment in the State Health Plan, the MUSC Health Plan and TRICARE Supplement Plan.

# 2026 Composite monthly premiums<sup>1</sup>

	Employer	Employee	Total
<b>State Health Plan</b>	\$831.46	\$159.60	\$991.06
<b>South<sup>2</sup></b>	\$1,047.78	\$235.54	\$1,283.32
<b>United States</b>	\$1,269.76	\$219.00	\$1,488.76
<b>State Health Plan percentage of regional average</b>	79.4%	67.8%	77.2%
<b>State Health Plan percentage of national average</b>	65.5%	72.9%	66.6%

Survey uses most prevalent plan among state employee options for analysis.

<sup>1</sup>Composite monthly premiums: Weighted average of all PEBA health subscribers enrolled in each coverage level

<sup>2</sup>South includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the *PEBA 50-State Survey of State Employee Health Plans*

# 2026 State Health Plan member benefits, contributions compared to other State Health Plans in the Southeast

	State Health Plan more favorable	State Health Plan less favorable	Same
<b>Deductible</b>	7	6	
<b>Coinsurance max</b>	10	2	1
<b>Generic copay</b>	6	7	
<b>Brand copay</b>	5	8	
<b>Employer contribution</b>	10	3	
<b>Employee contribution</b>	10	3	
<b>Total contribution</b>	12	1	

Data from PEBA's 2026 50-State Survey

# Commonwealth Fund article – “Is Employer Coverage Affordable? How the States Stack Up” (February 11, 2026)

Insurance cost as a percentage of single-person household income in 2024

	Single premium	Single deductible	Single premium and deductible combined
United States (median)	4.0%	4.6%	8.6%
South Carolina (median)	4.6%	5.7%	10.3%
State Health Plan – teachers (mean)	1.8%	0.8%	2.6%
State Health Plan – state employees (median)	1.8%	0.8%	2.6%

Kristen Kolb, David C. Radley, and Sara R. Collins, “Is Employer Coverage Affordable? How the States Stack Up,” *To the Point* (blog), Commonwealth Fund, February 11, 2026. <https://doi.org/10.26099/b2me-yb04>

# Commonwealth Fund article – “Is Employer Coverage Affordable? How the States Stack Up” (February 11, 2026)

2024 monthly premiums for insurance coverage

	Employee premium		Total premium	
	Single coverage	Family coverage	Single coverage	Family coverage
<b>United States</b>	\$149.08	\$601.33	\$707.17	\$2,045.00
<b>South Carolina</b>	\$152.37	\$652.57	\$681.75	\$2,023.33
<b>State Health Plan</b>	\$97.68	\$306.56	\$574.68	\$1,577.90

Kristen Kolb, David C. Radley, and Sara R. Collins, “Is Employer Coverage Affordable? How the States Stack Up,” *To the Point* (blog), Commonwealth Fund, February 11, 2026. <https://doi.org/10.26099/b2me-yb04>

# State Health Plan versus national trends

Target is to maintain net expenditure growth at least two points below benchmark.

	Benchmark	State Health Plan
2021	8.5%	7.3%
2022	6.8%	1.1%
2023	8.7%	8.0%
2024	8.8%	4.1%
2025	9.2%	9.1% <sup>1</sup>
<b>5-year average (2021-2025)</b>	<b>8.4%</b>	<b>5.9%</b>

<sup>1</sup>Incurred in 12 months; paid in 13 months.

The benchmark is a blended number derived from annual health care cost trend surveys produced by national consulting firms including Aon, Buck, Mercer, PriceWaterhouseCoopers, Segal and Willis Towers Watson, when available.

# 2024 Average annual gross plan cost per active employee<sup>1</sup>

	Amount <sup>2</sup>
State Health Plan	\$14,660
Public employers	\$17,946
Private – manufacturing	\$16,758
Private – financial services	\$18,593
All employers	\$16,930
Employers – 500+	\$16,868
Employers – 20k+	\$15,645
South <sup>3</sup>	\$15,453

<sup>1</sup>Average cost in PPO (Preferred Provider Organization) and POS (Point of Service) plans

<sup>2</sup>Average annual gross plan cost per employee (medical and pharmacy only for active employees and their dependents) = (Claims cost for employee and dependents + administrative costs + employee contributions)/number of active employees

<sup>3</sup>South includes Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the 2024 Mercer National Survey of Employer-Sponsored Health Plans

# 2025 Average monthly total premiums<sup>1</sup>

	Single	Family
State Health Plan	\$625	\$1,756
Large employers <sup>2</sup>	\$819	\$2,355
South <sup>3</sup>	\$763	\$2,188
Public employers	\$789	\$2,204
Private – manufacturing	\$824	\$2,311
Private – financial services	\$914	\$2,589

<sup>1</sup>Average monthly total premiums in PPO (Preferred Provider Organization) plans

<sup>2</sup>Large employers: ≥ 200 employees in public and private sectors

<sup>3</sup>Employers in South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the Kaiser Family Foundation Employer Health Benefits 2025 Annual Survey

# 2025 Average monthly contribution by employees

	Single	Family
State Health Plan	\$98	\$307
Large employers <sup>1</sup>	\$133	\$548
Employers in South <sup>2</sup>	\$109	\$585

<sup>1</sup>Large employers: ≥ 200 employees Preferred Provider Organization (PPO) plans

<sup>2</sup>Public and private sector employers in South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the Kaiser Family Foundation Employer Health Benefits 2025 Annual Survey

# 2025 Average percentage of contribution by employer

	EE contribution	Total premium	ER contribution
<b>State Health Plan</b>			
Single	\$98	\$625	84.4%
Family	\$307	\$1,756	82.5%
<b>Large employers<sup>1</sup></b>			
Single	\$133	\$819	83.7%
Family	\$548	\$2,355	76.7%
<b>Employers in South<sup>2</sup></b>			
Single	\$109	\$763	85.7%
Family	\$585	\$2,188	73.3%

<sup>1</sup>Large employers: ≥ 200 employees in public and private sectors; Preferred Provider Organization (PPO)

<sup>2</sup>Public and private sector employers in South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the Kaiser Family Foundation Employer Health Benefits 2025 Annual Survey

# 2025 Average annual deductible<sup>1</sup>

	Amount
State Health Plan	\$515
Large employers <sup>2</sup>	\$1,145
All employers	\$1,337

<sup>1</sup>Average annual deductible in PPO (Preferred Provider Organization) plans

<sup>2</sup>Large employers: ≥ 200 employees in public and private sectors

Data from the *Kaiser Family Foundation Employer Health Benefits 2025 Annual Survey*

# 2024 Median individual in-network deductible amount<sup>1</sup>

	Amount
State Health Plan	\$515
Public employers	\$750
Private – manufacturing	\$750
Private – financial services	\$800
All employers <sup>2</sup>	\$1000
Employers – 500+	\$750
Employers – 20k+	\$750
Employers in South <sup>3</sup>	\$1,000

<sup>1</sup>Median deductible amount in PPO (Preferred Provider Organization) and POS (Point of Service) plans

<sup>2</sup>Public and private employers in South includes Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the 2024 *Mercer National Survey of Employer-Sponsored Health Plans*

# 2024 Median individual in-network coinsurance maximum amount<sup>1</sup>

	Amount
State Health Plan	\$3,000
Public employers	\$2,800
Private – manufacturing	\$3,500
Private – financial services	\$3,500
All employers	\$4,000
Employers – 500+	\$3,500
Employers – 20k+	\$4,000
Employers in South <sup>2</sup>	\$3,750

<sup>1</sup>Median coinsurance maximum amount in PPO (Preferred Provider Organization) and POS (Point of Service) plans

<sup>2</sup>Public and private employers in South includes Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Data from the 2024 Mercer National Survey of Employer-Sponsored Health Plans

# 2025 Average Rx copayment

	Amount
State Health Plan	\$13/\$46/\$77
All employers <sup>1</sup>	\$12/\$40/\$71

<sup>1</sup> All employers include small and large firms with all types of plans that provide pharmacy benefits through copayments

Data from the Kaiser Family Foundation Employer Health Benefits 2025 Annual Survey

# Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

**PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM**  
**Health Care Policy Committee**

**Meeting Date:** March 4, 2026

---

**1. Subject:** Hello Heart Program Review

---

**2. Summary:** Hello Heart was introduced to the State Health Plan membership three years ago to address hypertension in our population. Hypertension is the most common of all chronic conditions, and has been popularly dubbed “The Silent Killer”. We have seen excellent participation from our membership in this program. Cyrus Walker and Jamie Leeper of Hello Heart will present findings and outcomes from the third year of the Plan’s experience with this initiative.

---

**3. What is Committee asked to do?** Receive as information

---

**4. Supporting Documents:**

(a) Attached: 1. Hello Heart Program Review



# Health Care Policy Committee Meeting

March 4, 2026



# Executive summary



As of December 31, 2025

- Heart disease is the **most prevalent and expensive chronic condition** in South Carolina. In 2023, heart disease accounted for 59,399 hospitalizations costing more than \$5.9 billion. More than 12k South Carolinians die from heart disease annually.
- **Targeting and engaging the highest risk members:** Since launching in February 2023, 38k eligible members of the State Health Plan members have enrolled in Hello Heart; The State Health Plan is reaching its highest-risk members, with 80%+ starting with elevated or uncontrolled BP.
- **Outstanding clinical outcomes:** Since launch, 81% of the State Health Plan's Stage 2 Hello Heart users have reduced systolic BP by an average of 17.9 mmHg, with 70% of those moving to a lower BP category.
- **Cost savings and financial outcomes:** PEBA's actuarial consultant, Mike Madalena, is conducting a program evaluation to assess Hello Heart's impact on the State Health Plan population over the past three years; the findings will be presented to PEBA once the analysis is complete.

# Three years of engagement, outcomes, and reducing risk



## Reach

- ~**38k** members enrolled
- >**80%** of enrollees had elevated or uncontrolled BP
- >**73%** year 3 users tracking their BP - Sustained engagement and healthy habits.

## Clinical Impact

- 17.9 mmHg** average systolic reduction among Stage 2\* users
- 70%** moved to a lower BP category
- 13.0 mmHg** average diastolic reduction among Stage 2\* users

## Risk Mitigation

- 25k+** critically high readings detected
- 77k+** irregular heart beats detected
- 61k+** clinician reports shared, strengthening the patient-provider relationship



## The heart disease burden facing South Carolina



**12k\***

South Carolinians die from heart disease each year

**\$5.9B\***

In annual hospitalization charges for heart disease.



**Cyrus Walker**

Sr. Director, Client  
Success - Public Sector



**Jamie Leeper**

Associate Director, Client  
Success - Public Sector



# Our Mission

Help people take control  
of their heart health  
using technology and  
behavioral science

# Hello Heart is a simple, digital hub to manage heart health



Driving behavior change to lower blood pressure, cholesterol, and other CVD risk factors



**Tracking**  
blood pressure,  
cholesterol, medication,  
activity, and weight



**Detecting**  
irregularities in  
blood pressure and  
pulse readings



**Women's heart health**  
features to support  
maternity and  
menopause



**Personalized digital coaching**  
to drive engagement and  
long-term behavior change



**Reporting**  
shareable with  
physicians and care  
managers



# Targeting and engaging the highest-risk population



## Eligible Population

---

State Health Plan  
primary members  
ages 18+

## Clinical Qualifications

---

Blood pressure  
readings of **130/80**  
**mmHg +**

Diagnosis of  
**hypertension**

Taking blood  
pressure  
**medication**

## Targeted Communications

---

Mailers (x3/yr)

Text messages

Social media posts

Webinars

In-person wellness  
fairs

## How to enroll

---

Online at  
[join.helloheart.com](https://join.helloheart.com/PEBA2)  
[/PEBA2](https://join.helloheart.com/PEBA2)

Scan QR code on  
in-home mailers

Text messages

Call the Hello Heart  
support team



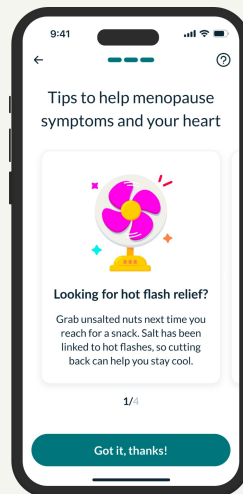
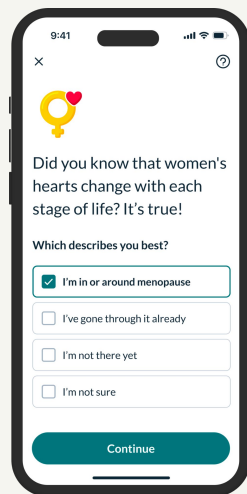
# Support for women during key life milestones



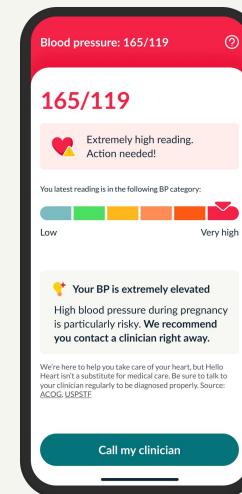
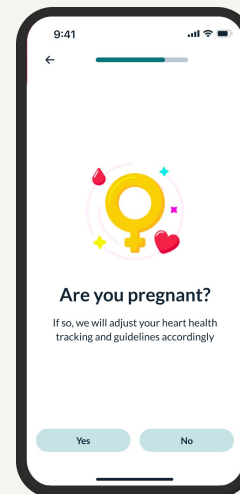
Menopausal women face **3x higher risk** of heart attacks than premenopausal peers

**1 in 7 women** are affected by hypertension in pregnancy

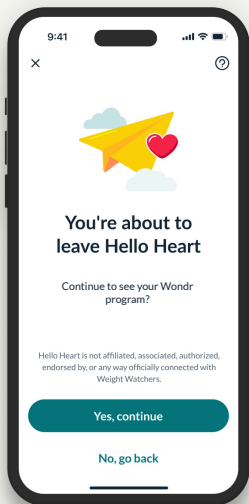
## Understand and feel in control during menopause



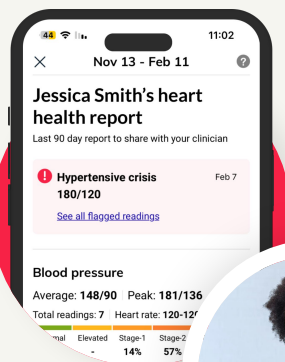
## Support the management of hypertension in pregnancy



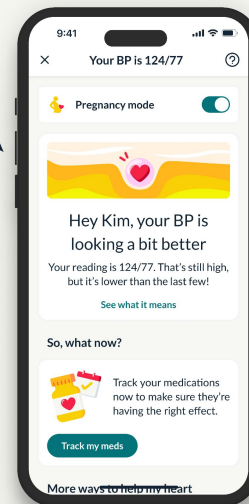
# Seamless connection into the State Health Plan's ecosystem



**Integrated access to PEBA Perks programs**



**Monthly high-risk user reports**



**Pregnancy related hypertension management**

# Cumulative Program Outcomes

Reporting period: 2/1/2023 - 12/31/2025



# We're impacting a meaningful amount of your population



**37,991**

Total members enrolled

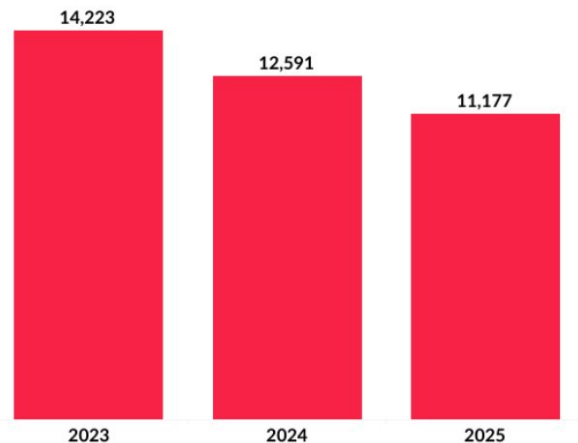


**10%**

Of eligible\* population  
currently enrolled

\*Total users divided by # of potential members  
on most recent eligibility file

## Annual new enrollment trend



# 3-Year cumulative engagement

Since launch on February 1, 2023



**38K**  
enrolled users



## Engagement Highlights

**3.1M**

Blood pressure  
readings taken

**1.6M**

Digital insights read

**61K**

Clinician reports  
shared



# Clinical Outcomes: 2023-2025

All members since launch



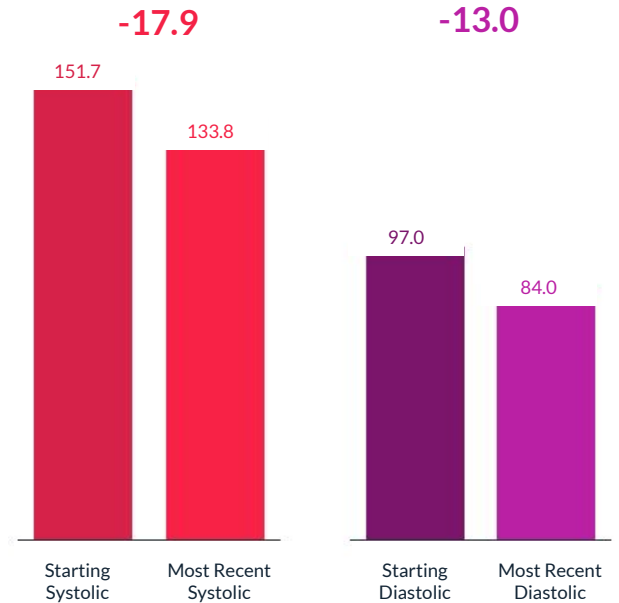
## 81%

of Stage 2 users  
reduced their  
Systolic BP

## 70%

of Stage 2 users in a  
better BP category<sup>2</sup>

### Average BP reduction for Stage 2 users<sup>1</sup>



1. Stage 2 users are members with an average first-week BP  $\geq 140/90$  mmHg; 2. BP category movement reflects those Stage 2 users who reduced their BP and moved to a lower category.

# We flag risk early...

Cumulative: 2/1/23 - 12/31/25

## Critically high readings

12%

of members experienced at least one critically high reading

25,630

total critically high readings

## Irregular heartbeats

21%

of members experienced with 5+ irregular heartbeats

197K


total irregular heartbeats recorded



200/90





You latest reading is in the following BP category:



 Extremely high reading. Please read carefully.



### Choose what to do next

-  Call my doctor >
-  Take my BP meds >
-  Call the nurse line >
-  Contact my nearest urgent care >

# And reinforce cost savings behaviors for these high-risk members

Cumulative: 2/1/23 - 12/31/25



91%

Follow-up  
BP Reading\*



43%

Generated  
clinician report



43%


Tracked  
Medications



200/90





You latest reading is in the following BP category:



 Extremely high reading.  
Please read carefully.



Choose what to do next

-  Call my doctor >
-  Take my BP meds >
-  Call the nurse line >
-  Contact my nearest urgent care >

# 2025 Program Outcomes

Reporting period: 1/1/2025 - 12/31/2025



# 2025 enrollment and engagement

Members registered Jan 1 - Dec 31, 2025



**11.7 K**

newly enrolled  
users



## Engagement Highlights

**266 K**

Blood pressure  
readings taken

**109 K**

Digital insights read

**11 K**

Clinician reports  
shared



# Clinical Outcomes: 2025

## Newly enrolled members



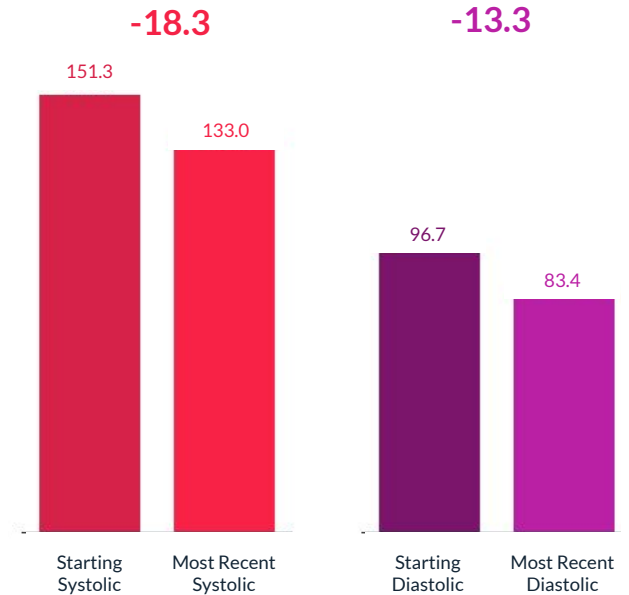
# 81%

of stage 2 users  
reduced their  
Systolic BP

# 71%

of Stage 2 users in a  
better BP category<sup>2</sup>

### Average BP reduction for Stage 2 users<sup>1</sup>



1. Stage 2 users are members with an average first-week BP  $\geq 140/90$  mmHg; 2. BP category movement reflects those Stage 2 users who reduced their BP and moved to a lower category.

# We flag risk early...

Cumulative: 1/1/25 - 12/31/25

## Critically high readings

7%

of members experienced at least one critically high reading

7,614

total critically high readings

## Irregular heartbeats

15%

of members experienced with 5+ irregular heartbeats

77.1K

total irregular heartbeats recorded



200/90

You latest reading is in the following BP category:



Extremely high reading.  
Please read carefully.



### Choose what to do next



Call my doctor



Take my BP meds



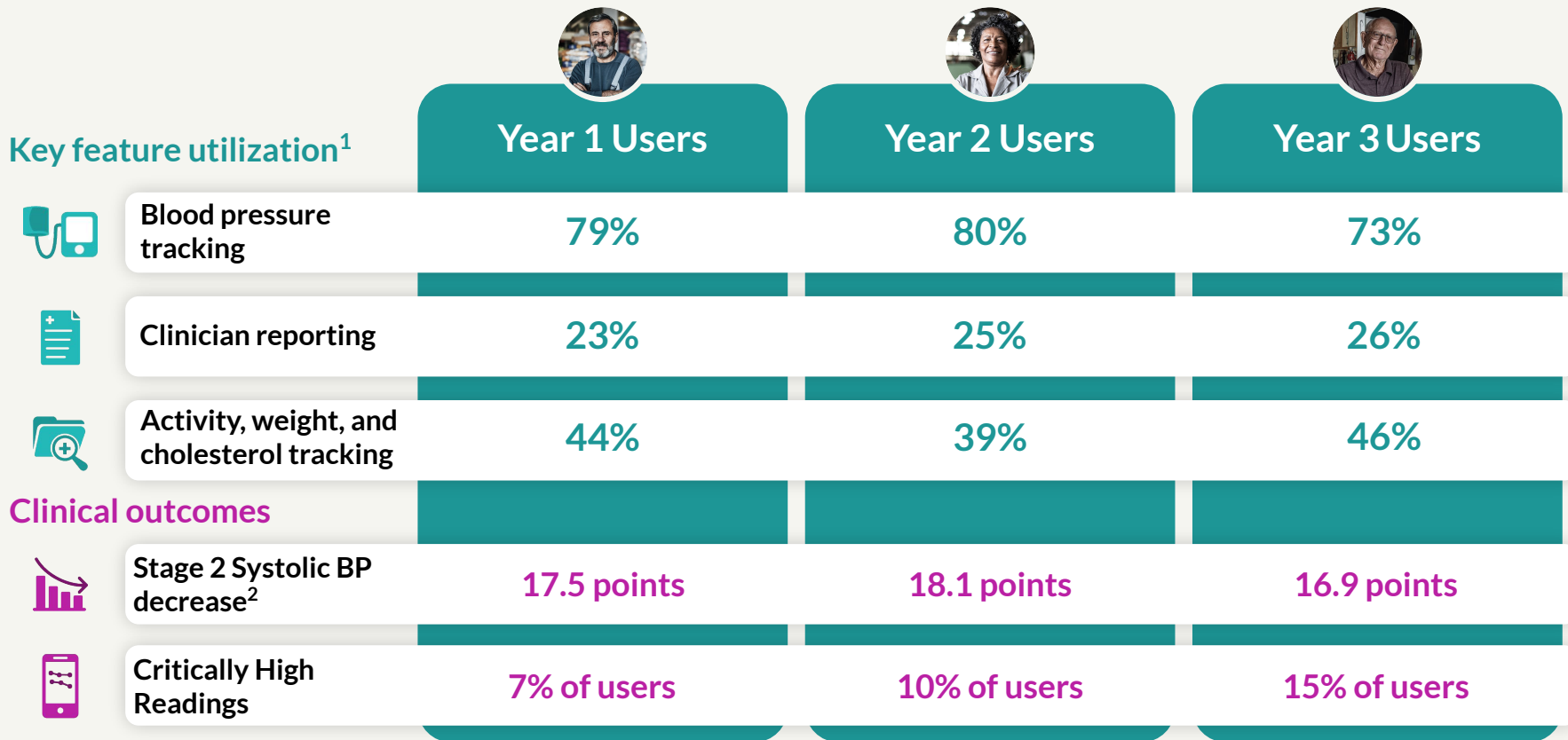
Call the nurse line



Contact my nearest  
urgent care



# Sustained program engagement is leading to long-term outcomes



Reporting period 2/1/2023 - 12/31/2025

1. Percent of users; 2. Average of users who made a decrease

# Users are strengthening their clinician relationships and improving heart health



This **State Health Plan member** has been using Hello Heart since May 2023. She started the program in the **Stage 2 hypertension category** and has lowered her systolic blood pressure by **16 points**, putting her most recent reading in the **Elevated** category!

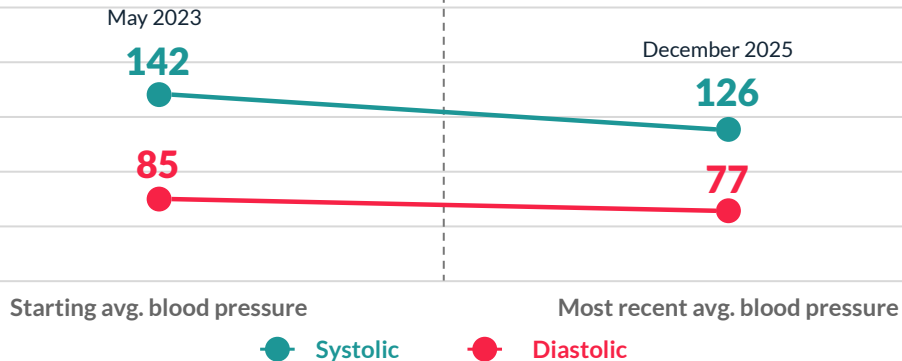
**61** Years Old

**91** Digital insights read

**2** Medications tracked

**5** Clinician reports shared

## Systolic and Diastolic Change



“This app was helpful in my last visit to my primary care. I always take a higher BP in office. I **downloaded my BP records** from the app and **sent them to my physician**. They were able to see from **past readings** that my BP was usually in a normal range and not high as in the office reading.”

*State Health Plan Hello Heart User  
(Dec. 2025)*

# Hello Heart looks forward to continued partnership with the State Health Plan to reduce heart health risk



## Expand High-Risk Penetration



Target **untreated/ uncontrolled** hypertensive members

Leverage **social determinants of health** to proactively identify high risk members

## Deepen Clinical Integration



Strengthen clinician integration and **care manager workflows**

Advance **medication adherence** monitoring and **pharmacist support**

## Advance Women's & Maternal Heart Health



**Proactive** OBGYN and provider **outreach**

Advance **pregnancy and postpartum** hypertension management to reduce **maternal risk**

# Thank You

