

HealthTrust, Inc.

Audited Financial Statements with Required Supplementary Information

*Years ended June 30, 2025 and 2024
with Report of Independent Auditors*

HealthTrust, Inc.

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Years ended June 30, 2025 and 2024

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Report of Independent Auditors

Board of Directors
HealthTrust, Inc.

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of HealthTrust, Inc. (HealthTrust) and its discretely presented component unit, Center at Triangle Park, Inc. (CTP), which comprise the statements of net position as of June 30, 2025 and 2024 and the related statements of revenues, expenses and changes in net position and cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise HealthTrust's financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the respective financial position of HealthTrust and CTP as of June 30, 2025 and 2024, and the changes in net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (Government Auditing Standards). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of HealthTrust and CTP and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about HealthTrust's and CTP's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of HealthTrust's and CTP's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about HealthTrust's and CTP's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

GAAP requires that the Management's Discussion and Analysis on pages 4 - 17, the Reconciliation of Claims Liabilities by Type of Contract on pages 57 - 58, the Ten-Year Schedule of Claims Development Information on pages 59 - 60 and the Ten-Year Schedule of Employer Pension Information on page 61 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 7, 2025 on our consideration of HealthTrust's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of HealthTrust's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HealthTrust's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Johnson Lambert LLP". The signature is written in a cursive, flowing style.

Williston, Vermont

October 7, 2025

Firm registration: 092-0000267

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited)

Years ended June 30, 2025 and 2024

Introduction:

As management of HealthTrust, Inc. (HealthTrust), we offer readers of the financial statements this narrative overview and analysis of the financial activities of HealthTrust for the fiscal years ended June 30, 2025, 2024 and 2023. This section, the management's discussion and analysis, is intended to provide an overview of HealthTrust's financial condition, results of operations, and other key information.

During FY2020 and FY2021, HealthTrust experienced a significant reduction in claims due to the COVID-19 pandemic. HealthTrust's capital adequacy target was fully funded and, as required by our governing legislation (NH RSA 5-B), a combined excess of \$57 million was returned to our Member Groups. Conversely, FY2022 and FY2023 were defined by a significant increase in claims, fueled in large part by individuals returning to care, a spike in cancer claims, and new technologies coming to market. Due to claims greatly exceeding rating projections, HealthTrust experienced a combined loss in FY2022 and FY2023 of \$66.3 million, ending FY2023 with a net position of \$23.7 million. The significant volatility of the 4-year COVID and post-COVID period (during which \$57 million was required to be returned to Members only to have a shortfall of \$66.3 million) was a significant challenge for the organization.

During FY2024, claims remained at elevated levels but, importantly, were closely aligned with updated actuarial predictions that took place at the end of FY2023. The Premium Deficiency Reserve (PDR) booked at the end of FY2023 appropriately accounted for the increased claims volume and, along with the Capital Risk Charge implemented to begin rebuilding reserves, resulted in an overall gain of \$10.0 million for FY2024. FY2025 continued to build upon this progress. The PDR analysis completed at the end of FY2024 showed that rates were expected to cover claims for FY2025 and therefore no PDR was required to be booked.

The continued Capital Risk Charge, along with a number of operational changes, fueled an additional gain of \$9.5 million for FY2025, even after an increase of \$4.1 million to the Incurred But Not Paid (IBNP) reserve. The PDR analysis completed at the end of FY2025 indicates that rates for FY2026 are sufficient to cover claims and therefore no PDR is required to be booked as of June 30, 2025.

The \$10.0 million gain in FY2024, the \$9.5 million gain in FY2025, and the PDR analysis for as of June 30, 2025 indicates that rates have been sufficient to cover claims along with measured progress on the capital rebuild plan. These results indicate that the rating disruptions during the COVID and post COVID periods have returned to more normal fluctuations, rates are sufficient, and the capital rebuild will continue to progress. As discussed further in this report, HealthTrust has also taken further action to adapt to the changing industry and protect against severe adverse impacts such as the unprecedented volatility that occurred during the COVID and post COVID periods.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Introduction (Continued):

These financial statements also include Center at Triangle Park Inc. (CTP). CTP's primary business is to provide office space to related entities. CTP has been excluded from management discussion and analysis.

HealthTrust's basic financial statements are comprised of four components, 1) the statement of net position, 2) the statement of revenues, expenses and changes in net position, 3) the statement of cash flows and 4) the notes to the financial statements. This report also contains required supplementary information in addition to the basic financial statements.

The financial statements contained within this report are reflective of the years ending June 30, 2025 and 2024.

Overview:

HealthTrust is governed by its Board of Directors and operates on a fiscal year ending June 30.

HealthTrust's mission is to provide high quality, cost-effective employee benefit products and services for public employers and employees in New Hampshire in order to reduce costs through pooling strategies with a commitment to education, health promotion and disease prevention.

HealthTrust offers employee benefit coverage lines and related services to its Member Groups (hereafter "Members"). HealthTrust operates in accordance with New Hampshire RSA 5-B. This statute and the HealthTrust Bylaws permit political subdivisions of the State of New Hampshire, and their instrumentalities, to participate in its pooled risk management program.

HealthTrust is a New Hampshire voluntary corporation, with its income not subject to federal income taxation under Internal Revenue Code Section 115. HealthTrust believes that operating without profit seeking contributes to its ability to deliver products to public sector employers and through them to their employees at lower rates than might otherwise be obtained for comparable products within the commercial marketplace.

As part of its pooled risk management program HealthTrust offers its Members medical (including prescription drug), dental, short and long term disability, and life coverage lines. HealthTrust bears the financial risk of the coverage agreements with Members for medical, dental and short term disability coverage. In this relationship, HealthTrust is the self-insured party (holding the risk) and the Member Groups are in a fixed-cost arrangement throughout the period of coverage, commonly referred to as fully-insured in the wider marketplace. In the event that claims and other costs exceed contributions, the Member is not responsible for mid-year rate increases or assessments. HealthTrust bears the risk of loss and can only rebuild capital through prospective rate increases in future coverage periods. In contrast, HealthTrust does not bear the risk of loss for long term disability and life coverage, as both are provided to HealthTrust on a fully insured basis through a third party insurer.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Overview (Continued):

HealthTrust has administrative service contracts with Anthem Blue Cross and Blue Shield (Anthem), CaremarkPCS Health LLC (CVS Caremark), and Delta Dental Plan of New Hampshire (Delta Dental) to provide access to a comprehensive provider network and third party claims administration and related services for HealthTrust's medical, prescription and dental coverage lines.

HealthTrust works collaboratively with these vendors to provide a full range of medical, prescription and dental benefit options to meet the evolving demands of the New Hampshire public sector. Together we bring focus to public sector issues and concerns to better meet the public sector's healthcare needs.

Statement of Net Position:

This statement provides information about HealthTrust's assets, deferred outflows of resources, liabilities, deferred inflows of resources and net position as of June 30, 2025 and 2024. The majority of HealthTrust's assets are cash, can be converted to cash quickly, or are expected to become cash soon.

The liabilities reflect claims paid by contracted third party administrators in the audit period, but not reported to HealthTrust until after year end, amounts owed to outside companies for services within the period that were paid after year end, amounts calculated by qualified actuarial consultants as reasonable estimates for claims incurred but not yet reported to the claims administrators, premium deficiency reserves, and other accrued expenses.

Net position identifies the difference between assets, deferred outflows of resources, liabilities and deferred inflows of resources and represents the equity interest in CTP, capital assets along with unrestricted net position. HealthTrust's governing board, with advice from its consulting actuary, annually reviews the proper level of capital adequacy reserve it needs (also known as the designated total net position target level).

Statement of Revenues, Expenses and Changes in Net Position:

The results of HealthTrust's operating activity are shown on this statement. This statement provides information about the level of contributions, and operating expenses for the fiscal years ending June 30, 2025 and 2024. Information about other sources of income and other expenses is provided. Lastly, this statement sets forth HealthTrust's change in net position for each year.

Statement of Cash Flows:

This statement reviews how HealthTrust's cash balance changed during the fiscal year. It is divided into three different areas explaining where HealthTrust generated or used cash during the year. These areas relate to HealthTrust's operations, investing activities and capital and related financing activities (sale and acquisition of capital assets). It substantiates and reconciles the increase or decrease in HealthTrust's cash position.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Net Position and Changes in Net Position:

HealthTrust's total assets as of June 30, 2025, 2024 and 2023 are \$94.4 million, \$78.9 million and \$94.3 million, respectively. The increase in assets as of June 30, 2025 is primarily due to capital risk charges included in the rating to rebuild our capital adequacy reserve. The decrease in assets as of June 30, 2024 is primarily due to more claims experience than expected, which required the liquidation of investments to ensure adequate cash and cash equivalents. The value of HealthTrust's investments decreased by \$4.4 million during the year ended June 30, 2025, due to investment maturities as compared to a decrease of \$36.5 million during the year ended June 30, 2024, primarily due to the liquidation of equities and a portion of the fixed income securities.

HealthTrust's total liabilities as of June 30, 2025, 2024 and 2023 are \$51.4 million, \$46.0 million and \$72.9 million, respectively. The increase in liabilities as of June 30, 2025 is primarily the result of an increase in the IBNP, claims payable and unearned contributions. The decrease in liabilities as of June 30, 2024 is primarily the result of no premium deficiency reserve and a decrease in claims payable and IBNP.

HealthTrust's total net position as a result of the combined effects of assets, deferred outflows of resources, liabilities and deferred inflows of resources as of June 30, 2025, June 30, 2024 and 2023 totaled \$43.3 million, \$33.8 million and \$23.7 million respectively.

The following table shows HealthTrust's condensed net position as of June 30:

	2025	2024	% Chg	2023	% Chg
Assets					
Property and equipment, net	\$ 87,306,881	\$ 70,519,059	24 %	\$ 84,693,828	(17)%
Subscription and right of use assets	430,361	276,067	56 %	98,503	180 %
Investment in Center at Triangle Park, Inc.	1,856,104	3,333,147	(44)%	4,535,254	(27)%
	<u>4,798,266</u>	<u>4,795,744</u>	- %	<u>4,960,990</u>	(3)%
Total Assets	94,391,612	78,924,017	20 %	94,288,575	(16)%
Deferred Outflows of Resources	2,054,804	2,602,782	(21)%	3,472,514	(25)%
Liabilities	50,433,354	43,889,898	15 %	69,869,802	(37)%
Subscription and lease liabilities	<u>863,863</u>	<u>2,075,400</u>	(58)%	<u>3,004,208</u>	(31)%
Total Liabilities	51,297,217	45,965,298	12 %	72,874,010	(37)%
Deferred Inflows of Resources	1,838,245	1,806,739	2 %	1,158,272	56 %
Unrestricted net position	37,090,086	27,425,204	35 %	17,138,268	60 %
Majority interest in Center at Triangle Park, Inc.	4,798,266	4,795,744	- %	4,960,990	(3)%
Investment in capital assets, net	<u>1,422,602</u>	<u>1,533,814</u>	(7)%	<u>1,629,549</u>	(6)%
Total Net Position	<u><u>\$ 43,310,954</u></u>	<u><u>\$ 33,754,762</u></u>	28 %	<u><u>\$ 23,728,807</u></u>	42 %

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Net Position and Changes in Net Position (Continued):

Consistent with the Governmental Accounting Standards Board's requirements, HealthTrust reflects net position in three categories: restricted, unrestricted and invested in capital assets. The amount of capital assets held, reflects the Organization's majority interest in CTP and the amount invested in property, equipment (equipment, computer software, hardware, furniture, etc.) and subscription and lease right of use assets, net of accumulated depreciation and amortization and related capital obligations. The amount in unrestricted net position reflects all other categories of net position, including the net unrealized gain/(loss) on marking investments to fair value. As described in Note 4 of the audited financial statements, these amounts are segregated into several categories as recognized by the HealthTrust Board of Directors. The categories include amounts for designated total net position target to protect HealthTrust's Members from unanticipated events such as larger than expected claims volume, unexpected decline in the value of invested funds, or other similar unforeseen events.

Liabilities:

Liabilities totaled \$51.3 million at June 30, 2025, as compared to \$46.0 million at June 30, 2024 and \$72.9 million at June 30, 2023. Liabilities at June 30, 2025 are primarily comprised of IBNP and claims payable totaling \$41.0 million, accounts payable and accrued expenses, unearned contributions, lease and subscription liabilities totaling \$8.3 million, and a net pension liability of \$2.1 million. The change in liabilities is primarily related to an increase in claims payable and IBNP of \$5.4 million.

In accordance with GASB Statement No. 30, "Risk Financing Omnibus," premium deficiencies are required to be calculated and reported by public entity risk pools. As GASB is not specific to healthcare entities, in establishing a premium deficiency reserve, HealthTrust also looks to generally accepted accounting principles issued by the Financial Accounting Standards Board (FASB) as well as applicable National Association of Insurance Commissioners (NAIC) relative to prepaid health care services contracts. Such guidance provides premium deficiency reserve guidance specific to health insurance entities, and has been used by HealthTrust to clarify and supplement GASB GAAP guidance issued within GASB Statement No. 30 which is specific to property liability insurance coverage. A premium deficiency can result when expected costs for coverage obligations as of the financial statement date exceed expected contributions (based on rates set prior to the financial statement date) for such coverage. As further described in Note 6, HealthTrust recorded no premium deficiency reserve as of June 30, 2025 and 2024. HealthTrust recorded a premium deficiency reserve of \$17.2 million as of June 30, 2023.

Operating Results:

HealthTrust's operating results for the years ended June 30, 2025, 2024 and 2023 totaled \$6.6 million, \$7.1 million, and \$(43.9) million, respectively. Including non-operating revenues and expenses and majority interest in CTP, net position during FY2025, FY2024 and FY2023 increased by \$9.5 million, \$10.0 million, and decreased by \$(40.5) million, respectively. The operating results are impacted by claims experience as compared to estimates made during the rating process and the premium deficiency expense. The changes in net position from non-operating revenues are due to investment income and changes in the fair value of investments resulting from market fluctuations.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Operating Results (Continued):

After finalizing the results for each year end, the governing board reviews the total net position to identify the amount above the designated total net position target to be returned to participating Member Groups. There was no return of surplus for the years ended June 30, 2025 and 2024.

The following table summarizes HealthTrust's operations, as shown in the Statement of Revenues, Expenses and Changes in Net Position, for the years ended June 30:

	<u>2025</u>	<u>2024</u>	<u>% Chg</u>	<u>2023</u>	<u>% Chg</u>
Operating Revenues					
Contributions earned from Member Groups	\$533,771,066	\$487,027,148	10 %	\$465,359,371	5 %
Other revenues	<u>12,799,805</u>	<u>11,471,751</u>	<u>12 %</u>	<u>5,063,526</u>	127 %
Total operating revenues - net	546,570,871	498,498,899	10 %	470,422,897	6 %
Operating Expenses					
Claims incurred	478,938,954	461,705,308	4 %	465,475,640	(1)%
Anthem EPHC provider payments	2,971,405	2,760,091	8 %	2,378,050	16 %
Premium deficiency (gain) expense	-	(17,155,508)	(100)%	8,466,669	(303)%
Claims administrative fees paid	39,517,622	29,132,770	36 %	22,525,802	29 %
Affordable Care Act - Federal Taxes	183,118	161,346	13 %	149,870	8 %
General and administrative expenses	15,701,517	14,814,860	6 %	15,363,146	(4)%
Stop loss premiums	<u>2,603,281</u>	<u>-</u>	<u>100 %</u>	<u>-</u>	- %
Total operating expenses	<u>539,915,897</u>	<u>491,418,867</u>	<u>10 %</u>	<u>514,359,177</u>	(4)%
Operating income (loss)	6,654,974	7,080,032	(6)%	(43,936,280)	(116)%
Non-Operating Revenues (Expenses)					
Net investment income	2,109,308	10,119,164	(79)%	5,776,379	75 %
Change in fair value of investments	<u>789,388</u>	<u>(7,119,062)</u>	<u>(111)%</u>	<u>(2,320,622)</u>	207 %
Total non-operating revenues	<u>2,898,696</u>	<u>3,000,102</u>	<u>(3)%</u>	<u>3,455,757</u>	(13)%
Change in net position before investment in subsidiary	9,553,670	10,080,134	(5)%	(40,480,523)	(125)%
Change in investment in Center at Triangle Park, Inc.	<u>2,522</u>	<u>(54,179)</u>	<u>(105)%</u>	<u>(57,835)</u>	6 %
Change in net position	9,556,192	10,025,955	(5)%	(40,538,358)	(125)%
Net position, beginning of year	<u>33,754,762</u>	<u>23,728,807</u>	<u>42 %</u>	<u>64,267,165</u>	(63)%
Net position, end of year	<u>\$ 43,310,954</u>	<u>\$ 33,754,762</u>	<u>28 %</u>	<u>\$ 23,728,807</u>	42 %

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Operating Revenues:

Net operating revenues for FY2025, FY2024 and FY2023 totaled \$546.6 million, \$498.5 million and \$470.4 million, respectively. FY2025 net operating revenues increased by 9.6% primarily due to rate increases and enrollment changes. FY2024 net operating revenues also increased 6.0% due to rate increases and enrollment changes.

Operating revenues are primarily comprised of contributions earned from participating Members. The cash provided by operating activities is detailed in the Statements of Cash Flows.

Operating Expenses:

Total operating expenses for FY2025, FY2024 and FY2023 totaled \$539.9 million, \$491.4 million and \$514.4 million, respectively. FY2025 operating expenses increased \$48.5 million over the prior year primarily as a result of an increase in claims incurred of \$17.44 million due to increased claims paid and IBNP. Claims Administration increased by \$9.1 million due to the implementation of the new Medicare Advantage program. Additionally, the introduction of stop loss coverage increased expenses by \$2.6 million. General and Administrative expenses also increased by \$2.1 million due to the reallocation of wellness expense and the premium deficiency change decreased by \$17.2 million. FY2024 operating expenses decreased \$22.9 million over the prior year primarily as a result of \$25.6 million decrease of premium deficiency expense combined with a decrease in claims reserves of \$6.9 million offset by increased claims of \$3.5 million and an increase of \$5.9 million in Ancillary Services FSA claims from prior year.

FY2025 operating expenses primarily include claims and provider payments incurred totaling \$481.9 million, claims administration fees totaling \$39.5 million, general and administrative expenses totaling \$15.6 million, stop loss premiums totaling \$2.6 million.

Operating expenses as a percentage of contributions earned from Members are as follows for the years ended June 30:

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Claims incurred	89.7 %	94.8 %	100.0 %
Anthem EPHC provider payments	0.6 %	0.6 %	0.5 %
Premium deficiency (gain) expense	- %	(3.5)%	1.8 %
Stop loss premium	0.5 %	- %	- %
Administrative fees paid	7.4 %	6.0 %	4.8 %
Administrative expenses	2.9 %	3.0 %	3.3 %

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Cash Flows:

Cash and cash equivalents increased by \$20.0 million for FY2025 as a result of investment maturities from our fixed income portfolios and cash from operations, as seen on the Statement of Cash Flows. HealthTrust has several policies to ensure its cash flow needs are met. These policies address the level of cash:

- To be maintained in interest-bearing accounts
- To be allocated to cash and investments

HealthTrust maintained sufficient cash and investments to meet these policies for the period ending June 30, 2025. All cash is maintained in interest bearing, collateralized accounts at all times. At June 30, 2025 HealthTrust had approximately 36 days of cash on hand as compared to 25 days of cash on hand at June 30, 2024 and 10 days of cash on hand at June 30, 2023. This calculation does not include \$22.1 million of fixed maturity securities that HealthTrust held at June 30, 2025. HealthTrust continuously monitors the level of cash on hand to ensure compliance with HealthTrust policies and allow ample time to liquidate investments and meet obligations should the need arise.

The duration of the portfolio, as calculated by the investment managers, was 3.94 years at June 30, 2025 as compared to 3.90 years at June 30, 2024, and 4.50 years at June 30, 2023.

Changes in Member Groups and Covered Enrollees:

HealthTrust closely watches changes in the number of Member Groups and the number of covered Enrollees, both in total and by benefit option. These indicators are important factors in administering the coverage lines, and could potentially affect claim volume. Significant shifts in the benefit options selected at the Member and Enrollee level can impact claims projections and future trend development.

As of June 30, 2025, HealthTrust covered 71,947 unique covered persons participating in at least one of the following coverage lines: medical, Medicare Advantage Prescription Drug Plan (MAPD), dental, short-term disability, long-term disability, and life insurance. These covered persons represent Employees, Retirees, Spouses, and Dependents. HealthTrust continues to see enrollment shifts to lower cost benefit options that have increased co-payments and deductibles. While the current HMO plans have the largest number of Enrollees at 9,047, the Site of Service plans are now 7,359 Enrollees. It is anticipated that this will continue to grow over the next few years. Enrollment for Medicare eligible Retirees is currently 6,680.

Enrollment in the Consumer Driven Health Plan (CDHP) remains small at 1,118 Enrollees, but it is an important part of the benefit options provided to Member Groups as they look for alternatives to meet the changing needs of their Employees. Dental, short-term disability, long-term disability and life insurance enrollments have grown over the same period from 2023 to 2025.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Changes in Member Groups and Covered Enrollees:

The number of covered individuals by coverage line is as follows:

	2025	2024	2023	2022
Medical	47,713	52,669	53,036	52,861
MAPD	4,222	-	-	-
Dental	59,364	59,475	58,755	56,919
Life	12,505	11,135	10,137	9,525
Short-term disability	4,909	4,694	4,357	4,022
Long-term disability	7,837	7,206	6,218	5,962

Participation:

HealthTrust contracts with Members for coverage and the associated contribution rates on an annual basis for the upcoming coverage year. HealthTrust Bylaws provide that a Member may withdraw from coverage at any time, as long as proper notice is given as outlined in the HealthTrust Bylaws. HealthTrust does not maintain any multi-year contracts with its Members. However, Members generally maintain coverage for a full annual cycle, making any changes on their plan's renewal date, which is either on January 1 or July 1. If a Member withdraws from HealthTrust's medical coverage, they are required to wait two years before becoming eligible to rejoin the medical coverage line in order to protect the pool from adverse impacts.

Market Share:

HealthTrust operates in a marketplace where there is targeted competition from other pooled risk management programs as well as private insurers, typically working through insurance brokers. HealthTrust estimates, that as of June 30, 2025, HealthTrust Member Groups participating in its medical coverage line represent approximately 70% of the total eligible number of groups in the New Hampshire public sector marketplace for medical coverage. HealthTrust offers annual renewals for current Members and proposals for eligible groups seeking new coverage. Due to the competitive environment, HealthTrust expects to see some movement of eligible groups between public sector risk pool entities on a regular basis.

In FY2025 New Hampshire Interlocal Trust (NHIT), a RSA 5-B health risk pool, announced they would close effective June 30, 2025. NHIT's closure combined with market uncertainty caused by New Hampshire Senate Bill 297, which would have fundamentally changed risk pools in New Hampshire generated increased activity by brokers. The brokers heavily marketed direct to commercial carrier relationships, individual group self-insured relationships, and novel public sector coverage relationships such as ICHRAs. Such coverage relationships differ significantly from the coverage HealthTrust offers and HealthTrust did not experience significant group loss from this marketing push.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Rating:

HealthTrust retains a recognized actuarial firm for advice regarding the anticipated revenue needed for the lines where HealthTrust is self insured at each renewal and the resulting rates to be established for such coverage lines at each renewal. The rating process is designed to raise only the amount of revenue necessary to meet HealthTrust's needs for payment of claims, administration (including health management expenses) and actuarially determined adequate reserves. As with any actuarial prediction, there is a degree of uncertainty as to whether a particular rating will be sufficient in any one year to meet all of the needs of HealthTrust for that year. When such events occur such as experienced in FY2022 and FY2023, HealthTrust raises additional revenues by including a capital risk charge in subsequent rating periods. Correspondingly, there exists in the rating process the possibility that rates established in any year will produce higher revenue than is needed. As experienced in FY2020 and FY2021, at the end of fiscal years when the established rates produce higher revenue than is needed, HealthTrust returns the surplus to Members. Based on its long experience, HealthTrust believes there is a high degree of likelihood that the rates established over time, the revenue raised and the funded reserves will be adequate to meet HealthTrust's obligations to its Members and their Employees, Retirees and Dependents.

Outlook:

Ensuring covered Employees, Retirees and Dependents receive cost-effective and high quality health care is the constant focus of HealthTrust and its Board of Directors. HealthTrust also provides Members tools to improve the total well-being of their Employees, Retirees and Dependents including robust well-being programs. Many Members also take advantage of dental, disability and life coverages. Additionally, many Members participate in the administrative services that HealthTrust offers such as Flexible Spending Account and Health Reimbursement Account administration, and COBRA and Retiree billing services. We believe that the access to the high quality health care coverage and well-being programs have a significant downward pressure on long-term claims trends, helping to improve population health and reduce overall claims costs. Together with the exceptional service delivered by our staff, HealthTrust offers significant value in the New Hampshire public sector employee benefits marketplace.

HealthTrust's Mission, Vision and Values form the foundation of all we do. We are proud to be New Hampshire communities' most-trusted partner in achieving optimum health through a culture of wellness. We collaborate with our Members to share resources, new ideas, best practices, and problem-solving strategies. This synergistic partnership enables HealthTrust to provide proactive, forward-focused, comprehensive coverage plans, programs and services, while containing costs for Members and their covered individuals.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Outlook (Continued):

HealthTrust has continued to closely monitor performance, study opportunities, and make well-considered adjustments in order to ensure effective performance. Throughout FY2025, HealthTrust has consistently outperformed various peer and industry benchmarks from a Per Member Per Month (PMPM) spend standpoint, indicating strong plan performance. Our continued commitment to reviewing performance and implementing effective adjustments to mitigate the volatility experience during and post-COVID has proven to be effective during FY2025 and has laid the groundwork for continued success over the upcoming years.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Outlook (Continued):

During FY2025, HealthTrust implemented the following changes:

1. **Issued final medical rates to July renewal Members in October.** This methodology replaced the existing process of issuing Guaranteed Maximum Rates (GMR) in the fall and Revisit rates in the spring. As public sector entities are subject to various requirements for raising, retaining, and utilizing funds, it is critical that Groups are presented with medical rates in the fall so that they meet required deadlines for their budget preparation process. Employee benefits are typically the second largest budget line item for public sector entities (behind salaries) and therefore it is critical that they have firm information to rely upon. The GMR process attempted to meet this need. However, in recent years, the Revisit rating indicated a significant cost to honor GMR that 1) needed to be assessed to well performing Groups and/or 2) would have a negative effect on expected net position if rating assumptions held true. Issuing final rates in October addresses both challenges.
2. **Expanded deductible funding limitations** to all HealthTrust medical plans, prohibiting more than 50% of the medical deductible being funded by employer contributions. This applies to all Member Groups (except fully credible Groups over 1,000 Enrollees) and includes all funding types such as Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs). This change was made as medical plans that include a deductible count on consumer behavior changes as a result of this plan design, such as an individual choosing to go to a low cost laboratory rather than a high cost laboratory. When deductibles are significantly funded by the employer, consumerism does not occur to the expected level which drives adverse experience. By implementing this limit, which is in line with industry standards, plans will operate as designed, thereby preserving them as lower cost options, in line with their intended use.
3. **Implemented new medical and prescription plan relativities as part of rate-setting** in order to phase in the actuarially-determined relative values over a three-year period as a result of a relativity study completed and adopted in FY2025.
4. **Excluded coverage for Anti Obesity Medications (AOMs), including GLP 1s.** This action was effective as of March 1, 2025 for plans with CVS Caremark prescription coverage, and will remain an exclusion for plans with Anthem Carelon Rx prescription coverage. This action aligns CVS Caremark coverage with all HealthTrust medical and prescription plans. Over the last several years, the meteoric increase in costs in this category has driven a significant portion of overall medical and prescription plan claims expenses.
5. **Successfully launched Medicare Advantage with Prescription Drug (MAPD) plan,** replacing the Medcomp with Prescription Drugs supplemental plan. The MAPD is a carefully designed Employer Group Waiver Plan (EGWP) customized specifically for HealthTrust, offered to HealthTrust on a fully insured basis by Anthem. MAPD offered approximately a 50% premium savings for covered retirees, while offering substantially similar coverage. As of June 2025, there were 4,222 Enrollees on the MAPD offering.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Outlook (Continued):

6. **Retired Blue Choice and HMO Blue New England Plan designs.** The retirement of these antiquated plan designs in favor of new, next generation plans (such as the recently introduced Open Access plan) will result in better performance, coverage, and savings for our Members and Covered Individuals.
7. **Adjusted high-cost claims methodology** during the rating cycle, ensuring that in years when there is a consistent upward trend in high cost claims (such as has been experienced over the last several years), sufficient funds are collected. Previously utilized mechanisms that average high cost claims experience are more accurate during years of normal up and down fluctuations but are not effective in periods of consistently significant increasing trends.
8. **Purchased specific and aggregate reinsurance effective January 1, 2025.** In order to protect against unlikely, but potentially large adverse claims volatility during the capital rebuild plan, HealthTrust purchased specific stop loss at a \$1M attachment point as well as an aggregate reinsurance policy with a \$5M maximum payout. The purchase of stop loss will reduce volatility and protect against high-cost claims, such as those from gene therapies coming to market.
9. **Retired ineffective well-being programs, renegotiated well-being programs, and launched new effective well-being programs** in order to ensure programs are meeting the needs of covered individuals and are effective at both improving the health of the covered population and reducing claims dollars.
10. **Completed a market check with CVS Caremark**, resulting in additional savings as of July 1, 2025.

Additionally, HealthTrust has taken further action following FY2025 to:

1. **Adjust the credibility weighting process** utilized in the upcoming medical rating process based on actuarial best practices to further improve accuracy and also to ensure that Member Groups own more of their own experience. This adjustment balances the benefits of participating in a risk pool with recognition of an individual group's performance.
2. **Hire a consultant** to thoroughly analyze offerings and program performance, to assist in short-term Anthem and CVS Caremark contract renewals, and to prepare for a future medical and prescription drug RFP.
3. **Pursue accreditation through the Association of Governmental Risk Pools (AGRiP)** ensuring that HealthTrust's practices are documented and aligned with industry best practices.

HealthTrust, Inc.

Management's Discussion and Analysis (Unaudited) (Continued)

Outlook (Continued):

HealthTrust believes that each of these adjustments further improves HealthTrust's performance and value to the Member Groups, and through them, the covered individuals that we serve. Every decision or program implemented by the Board is rooted in HealthTrust's mission. The Board is committed to meeting Member needs and facilitating the optimal health of their Covered Individuals. The Board remains dedicated to continuously reviewing recent performance and industry trends ensure that the specific needs of the New Hampshire public sector are met.

HealthTrust, Inc.

Statements of Net Position

As of June 30, 2025 and 2024

	HealthTrust, Inc.		Center at Triangle Park, Inc.	
	2025	2024	2025	2024
Assets				
Cash and cash equivalents	\$ 53,493,580	\$ 33,508,104	\$ 634,349	\$ 506,042
Fixed-maturity securities	21,124,775	25,495,140	-	-
Contributions receivable	8,179,390	6,276,870	-	-
Accounts receivable	1,884,389	2,945,941	44,647	19,315
Accrued interest receivable	93,599	113,473	-	-
Prepaid expenses	519,424	167,807	11,208	24,414
Deposits - contractual	2,011,724	2,011,724	-	-
Property and equipment, net	430,361	276,067	4,251,870	4,399,657
Subscription asset/capitalized and prepaid system costs	1,566,077	2,745,868	-	-
Right of use asset	290,027	587,279	-	-
Rent receivable	-	-	671,002	968,041
Majority interest in Center at Triangle Park, Inc.	4,798,266	4,795,744	-	-
Total Assets	94,391,612	78,924,017	5,613,076	5,917,469
Deferred Outflows of Resources				
Deferred gain on pension assets	1,805,134	2,383,615	-	-
Deferred pension contributions	249,670	219,167	-	-
Total Deferred Outflows of Resources	2,054,804	2,602,782	-	-
Liabilities				
Claims payable	3,282,792	2,032,852	-	-
Incurred but not paid - claim reserves	35,128,757	30,816,969	-	-
Incurred but not paid - claim administration reserves	2,616,122	2,837,538	-	-
Accounts payable and accrued expenses	2,742,733	2,563,252	85,838	89,185
Accounts payable - vaccine program	464,460	411,233	-	-
Due to other entities	-	-	3,216	3,216
Unearned contributions	4,167,473	2,580,084	-	-
Lease liability	300,625	591,967	-	-
Subscription liability	563,238	1,483,433	-	-
Net pension liability	2,031,017	2,647,970	-	-
Total Liabilities	51,297,217	45,965,298	89,054	92,401

See accompanying notes to the financial statements.

HealthTrust, Inc.

Statements of Net Position (Continued)

As of June 30, 2025 and 2024

	HealthTrust, Inc.		Center at Triangle Park, Inc.	
	2025	2024	2025	2024
Deferred Inflows of Resources				
Deferred pension expenses	1,838,245	1,806,739	-	-
Deferred rent	-	-	642,406	946,006
Total Deferred Inflows of Resources	1,838,245	1,806,739	642,406	946,006
Net Position				
Unrestricted	39,616,402	30,740,909	629,745	479,405
Unrestricted - net unrealized (loss) gain on investment securities	(2,526,316)	(3,315,705)	-	-
Majority interest in Center at Triangle Park, Inc.	4,798,266	4,795,744	-	-
Investment in capital assets, net	1,422,602	1,533,814	4,251,871	4,399,657
Total Net Position	<u>\$ 43,310,954</u>	<u>\$ 33,754,762</u>	<u>\$ 4,881,616</u>	<u>\$ 4,879,062</u>

See accompanying notes to the financial statements.

HealthTrust, Inc.

Statements of Revenues, Expenses and Changes in Net Position

Years ended June 30, 2025 and 2024

	<u>HealthTrust, Inc.</u>		<u>Center at Triangle Park, Inc.</u>	
	<u>2025</u>	<u>2024</u>	<u>2025</u>	<u>2024</u>
Operating Revenues				
Contributions earned from				
Member Groups	\$ 533,771,066	\$ 487,027,148	\$ -	\$ -
Rental income	-	-	570,823	503,674
Support services income	95,122	91,474	-	-
Prescription administration and rebates	800,274	1,272,412	-	-
Ancillary services	11,647,370	9,765,296	-	-
COBRA and Medicare Part D	18,320	31,152	-	-
Other revenues	<u>238,719</u>	<u>311,417</u>	<u>2,124</u>	<u>1,666</u>
Total operating revenues - net	546,570,871	498,498,899	572,947	505,340
Operating Expenses				
Claims incurred	478,938,954	461,705,308	-	-
Anthem EPHC provider payments	2,971,405	2,760,091	-	-
Premium deficiency (gain) expense	-	(17,155,508)	-	-
Claims administrative fees paid	39,517,622	29,132,770	-	-
Affordable Care Act - Federal Taxes	183,118	161,346	-	-
Vaccine program	1,710,713	1,293,320	-	-
Depreciation and amortization	1,785,225	1,769,513	177,376	177,330
General and administrative expenses	12,205,579	11,752,027	460,138	428,124
Stop loss premium	<u>2,603,281</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total operating expenses	<u>539,915,897</u>	<u>491,418,867</u>	<u>637,514</u>	<u>605,454</u>
Operating income (loss)	6,654,974	7,080,032	(64,567)	(100,114)

See accompanying notes to the financial statements.

HealthTrust, Inc.

Statements of Revenues, Expenses and Changes in Net Position (Continued)

Years ended June 30, 2025 and 2024

	HealthTrust, Inc.		Center at Triangle Park, Inc.	
	2025	2024	2025	2024
Non-Operating Revenues				
Net investment income	\$ 2,109,308	\$ 10,119,164	\$ 67,121	\$ 45,264
Change in fair value of investments	<u>789,388</u>	<u>(7,119,062)</u>	<u>-</u>	<u>-</u>
Total non-operating revenues	<u>2,898,696</u>	<u>3,000,102</u>	<u>67,121</u>	<u>45,264</u>
Change in net position before investment in subsidiary	9,553,670	10,080,134	2,554	(54,850)
Change in majority interest in Center at Triangle Park, Inc.	<u>2,522</u>	<u>(54,179)</u>	<u>-</u>	<u>-</u>
Change in net position	9,556,192	10,025,955	2,554	(54,850)
Net position, beginning of year	33,754,762	23,728,807	4,879,062	5,046,351
Shareholder distribution	<u>-</u>	<u>-</u>	<u>-</u>	<u>(112,439)</u>
Net position, end of year	<u>\$ 43,310,954</u>	<u>\$ 33,754,762</u>	<u>\$ 4,881,616</u>	<u>\$ 4,879,062</u>

See accompanying notes to the financial statements.

HealthTrust, Inc.

Statements of Cash Flows

Years ended June 30, 2025 and 2024

	HealthTrust, Inc.		Center at Triangle Park, Inc.	
	2025	2024	2025	2024
Cash Flows from Operating Activities				
Contributions collected from Member Groups	\$ 535,587,562	\$ 488,497,056	\$ -	\$ -
Cash received from other sources	11,634,606	8,924,006	2,124	1,666
Claims paid	(476,570,047)	(472,875,602)	-	-
Rental income collected	-	-	538,930	526,026
Salaries and benefits paid	(7,408,431)	(7,069,997)	-	-
Claims administrative fees and certain taxes paid	(39,700,740)	(29,294,116)	-	-
Vaccine program expenses paid	(1,657,486)	(1,273,110)	-	-
Wellness expenses paid	(2,737,987)	(2,732,408)	-	-
Support services income collected	95,122	91,474	-	-
Stop loss premium paid	(2,603,281)	-	-	-
Other expenses paid	(2,155,126)	(2,186,448)	(450,279)	(418,996)
Net cash flows from operating activities	14,484,192	(17,919,145)	90,775	108,696
Cash Flows from Investing Activities				
Proceeds from sales and maturities of investments	5,111,957	37,107,877	-	-
Interest and dividends received	2,176,982	2,555,447	67,121	45,264
Proceeds from shareholder distribution	-	111,067	-	-
Net cash flows from investing activities	7,288,939	39,774,391	67,121	45,264
Cash Flows from Capital and Related Financing Activities				
Purchases of property and equipment	(243,717)	(225,123)	(29,589)	(94,888)
Lease payments	(335,640)	(403,892)	-	-
Payments for subscription asset/capitalized system implementation costs	(1,208,298)	(1,199,889)	-	-
Payment of shareholder distribution	-	-	-	(112,439)
Net cash flows from capital and related financing activities	(1,787,655)	(1,828,904)	(29,589)	(207,327)
Net change in cash and cash equivalents	19,985,476	20,026,342	128,307	(53,367)
Cash and cash equivalents, beginning of year	33,508,104	13,481,762	506,042	559,409
Cash and cash equivalents, end of year	<u>\$ 53,493,580</u>	<u>\$ 33,508,104</u>	<u>\$ 634,349</u>	<u>\$ 506,042</u>

See accompanying notes to the financial statements.

HealthTrust, Inc.

Statements of Cash Flows (Continued)

Years ended June 30, 2025 and 2024

	HealthTrust, Inc.		Center at Triangle Park, Inc.	
	2025	2024	2025	2024
Reconciliation of operating loss to net cash flows from operating activities				
Operating income (loss)	\$ 6,654,974	\$ 7,080,032	\$ (64,567)	\$ (100,114)
Add (deduct) items not affecting cash:				
Depreciation and amortization	89,423	47,559	177,376	177,330
Non-cash lease expense/income	341,550	365,187	-	-
Non-cash subscription expense	1,467,890	1,511,892	-	-
Changes in statement of net position accounts:				
Contributions receivable	(1,902,520)	(19,670)	-	-
Accounts receivable	1,061,552	(2,451,520)	(25,332)	(5,440)
Prepaid expenses	(351,617)	9,080	13,206	(825)
Deferred gain on pension assets	578,481	873,364	-	-
Rent receivable	-	-	297,039	(248,936)
Deferred rent	-	-	(303,600)	277,980
Deferred pension contributions	(30,503)	(3,632)	-	-
Claims payable	1,249,940	(3,528,055)	-	-
Incurred but not paid - claim reserves	4,311,788	(4,939,514)	-	-
Incurred but not paid - claim administration reserves	(221,416)	57,366	-	-
Accounts payable and accrued expenses	179,481	(395,168)	(3,347)	9,953
Accounts payable - vaccine program	53,227	20,210	-	-
Due to other entities	-	-	-	(1,252)
Unearned contributions	1,587,389	1,484,827	-	-
Premium deficiency reserve	-	(17,155,508)	-	-
Net pension liability	(616,953)	(1,524,062)	-	-
Deferred pension expenses	31,506	648,467	-	-
Net cash flows from operating activities	<u>\$ 14,484,192</u>	<u>\$ (17,919,145)</u>	<u>\$ 90,775</u>	<u>\$ 108,696</u>

See accompanying notes to the financial statements.

HealthTrust, Inc.

Notes to the Financial Statements

Years ended June 30, 2025 and 2024

Note 1 - Organization and Nature of Operations

HealthTrust, Inc. (HealthTrust), a New Hampshire voluntary corporation, was formed to provide employee benefits coverage to political subdivisions of the State of New Hampshire. In accordance with HealthTrust By-Laws, all political subdivisions of the State of New Hampshire and their instrumentalities are eligible to participate. The HealthTrust Board of Directors (Board of Directors) governs HealthTrust. HealthTrust serves as an association of local governments voluntarily joining together to finance their exposure for healthcare and other applicable coverage benefit costs provided to their employees and is funded by its Members. HealthTrust covered the following separate individuals among all coverage lines as of June 30:

	2025	2024
Medical	47,713	52,669
MAPD	4,222	-
Dental	59,364	59,475
Life	12,505	11,135
Short-term disability	4,909	4,694
Long-term disability	7,837	7,206

HealthTrust's mission is to provide high quality, cost-effective employee benefits products and services for public employers and employees in New Hampshire in order to reduce costs through pooling strategies with a commitment to education, health promotion and disease prevention. HealthTrust's underwriting and rate setting policies have been established after consultation with actuaries.

Center at Triangle Park, Inc. (CTP) was formed as a voluntary corporation and a 501(c)(25) entity for the purpose of acquiring and holding title to real estate. As of June 30, 2025 and 2024, HealthTrust owns 98.8% of outstanding CTP shares and New Hampshire Municipal Association, Inc. (NHMA) owns 1.2%. CTP leases the real estate to HealthTrust, NHMA and third parties. In accordance with the standards set by the Governmental Accounting Standards Board (GASB), Statement No. 90, *Majority Equity Interest*, the Company has evaluated its majority interest in CTP, and determined that this does not meet the GASB definition of an investment. As such, the assets and all activity of CTP are included in these financial statements as a discretely presented component unit. HealthTrust's interest in CTP is recognized under the equity method of accounting, whereby the gain or loss in the operations of CTP is recognized in proportion to the ownership shares and the investment in CTP is adjusted to recognize the associated gain or loss, net of any distributions from CTP.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared in accordance with U.S. generally accepted accounting principles (GAAP) as applied to proprietary funds of governmental units. The Governmental Accounting Standards Board (GASB) is the authoritative standard-setting body for the establishment of governmental accounting and financial reporting principles. HealthTrust's and CTP's financial statements are presented using the economic resources measurement focus and the accrual basis of accounting.

CTP is primarily an internal service fund providing office space to related entities on a cost reimbursement basis. Given HealthTrust's 98.8% ownership interest in CTP, along with its intent that owning CTP enhances its abilities to provide services to Members, the financial statements of CTP have been included as a component unit to maximize transparency.

HealthTrust adopted GASB Statement No. 102, Certain Risk Disclosures (GASB 102), for the year ended June 30, 2025. GASB 102 requires governments to disclose essential information about risks related to vulnerabilities due to certain concentrations or constraints. A concentration, as defined by GASB 102, is a lack of diversity related to an aspect of a significant inflow or outflow of resources. A constraint is a limitation imposed on a government by an external party or by formal action of the government's highest level of decision-making authority. HealthTrust's disclosures of these matters are included in the risk and uncertainties section below.

Use of Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets, deferred inflows and outflows of resources, and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Risks and Uncertainties

In March 2020, the World Health Organization declared a pandemic related to the rapidly spreading coronavirus (COVID-19) outbreak, which has led to a global health emergency. Through June 30, 2020, HealthTrust experienced a dramatic decline in claims activity as a result of the pandemic, suggesting Members were deferring care, which may be related to the recent increases noted in high dollar claims. As of and through June 30, 2025 and 2024, the continuing impact on claims is still uncertain.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

HealthTrust's revenue is derived from membership contributions within the State of New Hampshire. Only New Hampshire Municipality, School related entities may be members of HealthTrust. This reliance on a single geographic area and limited membership base represents a concentration in its inflow of resources. Furthermore, HealthTrust operates under significant regulatory constraints imposed by its enabling legislation and enforced by the New Hampshire Bureau of Securities Regulation (NHBSR). Most significantly, these regulatory constraints include the requirement that HealthTrust return all earnings and surplus in excess of any amounts required for administration, claims, reserves and purchase of excess insurance to the participating political subdivisions and thereby places a limitation on the amount of net position which HealthTrust can retain. These regulatory constraints could impact HealthTrust's ability to generate revenue, manage its financial operations, and distribute dividends. HealthTrust maintains compliance with current regulations. While HealthTrust cannot unilaterally alter the state's regulatory framework, it continuously monitors legislative and regulatory developments and incorporates these considerations into its financial planning and contribution-setting processes to mitigate potential adverse impacts.

HealthTrust invests in various securities as part of its ongoing operations and is exposed to economic and financial market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities may occur in the near term and those changes could materially affect the amounts reported on the statements of net position.

Subsequent Events

HealthTrust has evaluated subsequent events for disclosure and recognition through October 7, 2025, the date these financial statements were available to be issued.

On September 9, 2025, HealthTrust received notice of a show cause order issued by the Secretary of State related to an enforcement petition filed by the New Hampshire Bureau of Securities Regulation (BSR) on September 8, 2025. In re: HealthTrust, Inc., Case No. Inv-2023-0026 (September 9 2025). The show cause order commences an adjudicative proceeding that will be heard by a specially appointed hearing officer. In the petition, the BSR sets forth an interpretation of RSA 5-B (the governing statute for risk pools in New Hampshire) that would fundamentally change how HealthTrust has operated for 40 years. In essence, it would prohibit issuance of non-assessable coverage, limit contingency reserves to what is needed to maintain solvency for one fiscal year at a 95% confidence level, prohibit HealthTrust from utilizing a risk management program known as Enhanced Personal Health Care (EPHC) through Anthem, and require HealthTrust to discontinue its defined benefit retirement program for its employees. The relief sought includes restitution to participating member groups. HealthTrust intends to vigorously contest the matter and at this time, any potential liability to HealthTrust resulting from this matter is speculative, highly uncertain, and impossible to estimate.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

Cash Equivalents

Cash equivalents consist of money market funds and all highly liquid investments with original maturities of three months or less.

Investments

HealthTrust's investments consist of fixed-maturity securities detailed in Note 5. Investments are stated at fair value based upon quoted market prices or through a recognized pricing service.

HealthTrust accounts for its investments in accordance with GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools* (Statement No. 31). Statement No. 31 establishes fair value standards on accounting for all investments held by governmental external investment pools and governmental entities. All investment income, including changes in the fair value of investments, is recognized in the statements of revenues, expenses and changes in net position. The calculation of realized gains and losses is independent of the calculation of the net change in the fair value of investments. Realized gains and losses on investments that had been held in more than one fiscal year and sold during the current year were included as a change in the fair value of investments reported in the prior years and the current year. Realized gains and losses on the sale of investments are recognized using the specific ID method for fixed-maturity securities. Investment purchases are recognized on the trade date.

HealthTrust's estimates of fair value for financial assets are based on the framework established in GASB Statement No. 72, *Fair Value Measurement and Application*. The framework is based on the inputs used in valuation and requires that observable inputs be used in the valuations when available. The disclosure of fair value estimates in the fair value accounting guidance includes a hierarchy based on whether significant valuation inputs are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect the HealthTrust's significant market assumptions.

If the inputs used to measure the assets fall within different levels of the hierarchy, the classification is based on the lowest level of input that is significant to the fair value measurement of the asset. Classification of assets within the hierarchy considers the markets in which the assets are traded and the reliability and transparency of the assumptions used to determine fair value. The hierarchy requires the use of observable market data when available. The levels of the hierarchy and those investments included in each are as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices for identical assets traded in active markets.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, inputs other than quoted prices that are observable for the asset and market corroborated inputs.
- Level 3 – Valuations based on models where significant inputs are not observable. The unobservable inputs reflect HealthTrust's own assumptions about the inputs that market participants would use.

Fair values are based on quoted market prices when available (Level 1). HealthTrust receives the quoted market prices from a third party, nationally recognized pricing service. When market prices are not available, HealthTrust utilizes a pricing service to determine an estimate of fair value. The fair value is generally estimated using current market inputs for similar financial instruments with comparable terms and credit quality, commonly referred to as matrix pricing (Level 2). These valuation techniques involve some level of management estimation and judgment.

In accordance with GASB Statement No. 40, *Deposit and Investment Risk Disclosures - an amendment of GASB Statement No. 3*, certain disclosures regarding deposit and investment risks have been provided in Note 5.

Contributions from Member Groups

Contributions from Members participating in HealthTrust's coverage lines are generally recognized as revenue on a monthly basis over the participation contract term. The portion of the contributions received in cash that will be earned in the future is deferred and reported as unearned contributions on the statements of net position. Contributions receivable consist primarily of contributions billed to Member Groups for the current contract term that have not been collected. Contributions receivable are stated at the amount management expects to collect from outstanding balances. Management considers all contributions receivable to be collectible as of June 30, 2025 and 2024, therefore, an allowance for doubtful accounts has not been provided.

Stop Loss Premium

Effective January 1, 2025, the Company entered into a stop loss agreement with Anthem for claims paid in excess of \$1,000,000 per member, with a \$5,000,000 aggregate. Premiums ceded are earned on a monthly basis over the contract term and are included as stop loss premium expense on the statements of revenues, expenses and changes in net position.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

Prescription Administration and Rebates

HealthTrust receives prescription rebates related to the use of prescription drugs. HealthTrust's agreement with CVS Caremark utilizes a point-of-sale prescription rebate methodology. Point-of-sale prescription rebates are applied against prescription costs at the point of sale and as such are applied directly against claims incurred on the statements of revenues, expenses and changes in net position.

Prescription rebates due to/from HealthTrust's service providers are included within claims payable on the statements of net position. As of June 30, 2025 and 2024, rebates receivable of \$9,820,767 and \$10,892,871 were netted against claims payable. Management considers all prescription rebates receivable to be collectible as of June 30, 2025 and 2024, therefore, no allowance for doubtful accounts was provided.

Property and Equipment, Net

Property and equipment with an estimated useful life greater than one year is capitalized at cost. The cost of maintenance and repairs is charged to expense as incurred, while renewals, replacement of existing systems and betterments are capitalized. Upon the sale or other disposition of assets, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected in operating loss.

Land is not depreciated. Other property and equipment is depreciated or amortized using primarily the straight-line method over the following useful lives:

	Estimated Useful Life (Years)
Land improvements	15
Buildings and building improvements	31 - 40
Office equipment, computers and other equipment	3 - 5
Furniture and fixtures	3 - 5

Lease Activities

CTP leases office space to HealthTrust and other entities pursuant to lease agreements. At the commencement of a new lease in excess of twelve months, CTP recognizes a lease receivable equal to the present value of expected future lease payments over the lease term and a deferred inflow of resources equal to the unearned portion of the lease receivable, plus any lease prepayments received. CTP recognizes rental income on a straight line basis over the remaining lease term. Leases twelve months or less are recognized as rental income on a straight line basis over the lease term.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

HealthTrust determines if an arrangement is a lease or contains a lease at the inception of each contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified asset in exchange for consideration. HealthTrust's lease agreements do not contain any material residual value guarantees or material restrictive covenants. HealthTrust recognizes a right of use asset and lease liability for contracts determined to be a lease. At each lease inception, a lease liability is recognized and measured at the present value of the lease payments over the lease term and a right of use assets is recognized equal to the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. HealthTrust uses the implicit rate when readily determinable, such as for equipment leases. HealthTrust uses its incremental borrowing rate to measure leases for office space. Incremental borrowing rates used to determine the present value of lease payments were derived by reference to quoted rates HealthTrust would receive to finance each lease transaction or needed to borrow the amount of the undiscounted future payments over the term of the lease. The lease term may include options to extend or to terminate the lease that HealthTrust and the lessor are reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

Subscription Asset / Liability

Subscription-based information technology arrangements (SBITA) is defined as a contract that conveys control of the right to use another party's information technology (IT) software as specified in the contract for a period of time in an exchange or exchange-like transaction. The SBITA is recorded to recognize the following: 1) a subscription liability, which is the entities obligation to make future payments arising from the SBITA, measured on a discounted basis; and 2) a subscription asset, which is an intangible asset representing the entities right to use the system over the term of the SBITA. The subscription asset is amortized over the useful life of the underlying IT asset.

Classification of Revenues and Expenses

HealthTrust's statements of revenues, expenses and changes in net position distinguish between operating and non-operating revenues and expenses. Operating revenues primarily result from contributions earned from participating Member Groups to cover estimated benefits obligations and administrative costs, and increases needed to maintain the actuarially-determined capital reserve levels. HealthTrust's operating revenues also include Ancillary Services and COBRA revenue, which consist of administration fees charged for Members who elect to have HealthTrust administer their flexible spending accounts, life insurance programs, long-term disability programs and COBRA billing. Prescription administration and rebates revenue and support services income from providing administrative and business support services to other entities, as more fully described in Note 9, are also included in HealthTrust's operating revenues. Operating expenses primarily consist of expenses incurred to provide underwriting and claims payment services, reinsurance costs, administrative expenses and depreciation of property and equipment. Other revenues and expenses, including interest income and changes in the fair value of HealthTrust's investments, are classified as non-operating on the statements of revenues, expenses and changes in net position.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

CTP's statements of revenues, expenses and changes in net position distinguish between operating and non-operating revenues and expenses. Operating revenues primarily result from rental of property, CTP's principal activity. Operating expenses are all expenses incurred in rental operations. Interest income is reported as non-operating revenue.

Incurred But Not Paid - Claim and Claim Administration Reserves

HealthTrust establishes a liability for incurred but not paid (IBNP) claim and claim administration expenses based on estimates of the ultimate cost of claims that have been reported, but not settled, and of claims that have been incurred, but not reported. The length of time for which such costs must be estimated varies depending on the coverage involved. IBNP reserves are recomputed periodically using a variety of actuarial and statistical techniques to produce current estimates that reflect recent claim costs, claim frequency, and other economic and societal factors. Adjustments to IBNP reserves are charged or credited as an expense in the periods in which they are made. HealthTrust's third-party claims administrative service agreements for medical and dental coverage include a provision for two months of administrative service fees to be paid for run-out services in the event the agreements are terminated. As such, HealthTrust has accrued for this contractual obligation as a component of IBNP reserves.

HealthTrust utilizes an independent consulting actuary to estimate IBNP reserves for health, dental and short-term disability coverages.

Income Taxes

HealthTrust and CTP are exempt from federal and New Hampshire state income taxes under provisions of the Internal Revenue Code and New Hampshire state law.

Note 3 - Cash and Cash Equivalents

HealthTrust and CTP maintain cash and cash equivalents in bank deposits and cash management accounts that are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution, as well as in money market funds which are not FDIC insured. As of June 30, 2025 and 2024, HealthTrust's total bank balance of cash held in excess of FDIC limit or not FDIC insured was approximately \$53.2 million and \$33.3 million, respectively. As of June 30, 2025 and 2024, CTP's total bank balance of cash held in excess of the FDIC limit was approximately \$385,000 and \$256,000, respectively. The balances in excess of the FDIC limit are collateralized with securities held in joint custody with a third party custodian.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 4 - Net Position

Total net position is available to fund HealthTrust's designated total net position target with the remaining balance to be returned to Member Groups as surplus. HealthTrust's total net position includes the following at June 30:

	2025	2024
Board-designated total net position target	\$ 115,000,000	\$ 122,500,000
Deficiency from Board-designated target	<u>(71,689,046)</u>	<u>(88,745,238)</u>
Total net position prior to return of surplus	<u>\$ 43,310,954</u>	<u>\$ 33,754,762</u>

The Board of Directors relies upon the opinion of a qualified independent consulting actuary, Milliman, who is a member of the American Academy of Actuaries and qualified in the area of health coverage, using an actuarially sound methodology to determine the required capital adequacy reserve for HealthTrust to ensure that all obligations for the payment of claims and expenses can be met.

Milliman recommended that HealthTrust should target a required capital adequacy reserve of between \$90 million to \$145 million, and between \$95 million to \$150 million, as of June 30, 2025 and 2024, respectively. Milliman advised the Board of Directors that the lower end of the range is appropriate if HealthTrust has pricing flexibility and the upper range is appropriate if HealthTrust does not have pricing flexibility.

Based on the Milliman recommendation, the HealthTrust Board of Directors set HealthTrust's capital adequacy reserve target at \$115.0 million and \$122.5 million as of June 30, 2025 and 2024, respectively.

There is always the risk of unpredictable claim fluctuations beyond expected levels. The following are some reasons why claims might exceed expected levels: (1) medical trend or prescription costs are significantly higher than expected; (2) a small number of very large randomly occurring claims; (3) influx of new participants that are not as healthy as average existing participants; (4) departure of participants that are healthier than average; (5) federal/state legislation that results in higher costs; and (6) new technologies/treatments such as high cost drugs and advanced imaging techniques. In order to protect HealthTrust's Member Groups and their covered employees and dependents from these potential unexpected costs, HealthTrust designates a certain level of net position, which it identifies as the capital adequacy reserve target, to ensure the availability of sufficient capital to cover these risks.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 4 - Net Position (Continued)

The portion of HealthTrust's net position invested in capital assets consists of the following at June 30:

	<u>2025</u>	<u>2024</u>
Investment in property and equipment and other capitalized assets, net of accumulated depreciation and lease and subscription obligations	\$ 1,422,602	\$ 1,533,814
Majority interest in CTP	<u>4,798,266</u>	<u>4,795,744</u>
Total investment in capital assets, net	<u>\$ 6,220,868</u>	<u>\$ 6,329,558</u>

As of June 30, 2025 and 2024, CTP's investment in capital assets represents the amount of assets which have been invested in property and equipment, intangible right of use lease and subscription assets and capitalized system implementation costs, net of accumulated depreciation and related obligations.

Note 5 - Investments

During the years ended June 30, 2025 and 2024, HealthTrust realized net gains on sales of investments of \$3 and \$7,798,720, respectively.

General Investment Risks and Uncertainties

HealthTrust invests in various investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

CTP maintains commercial insurance coverage for its buildings and improvements. Coverage limits are set at replacement values with customary levels of deductibles.

Concentration of Credit Risk

Concentration risk is the risk of loss attributable to the magnitude of an investment in a single issuer. HealthTrust addresses this risk by limiting single-issuer investments to 5% of total investments (with the exception of U.S. Government obligations and mutual and exchange-traded funds, which have no limit). There are no single investments that exceed that limit as of June 30, 2025 and 2024.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 5 - Investments (Continued)

Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. HealthTrust mitigates the risk that the market value of securities will fall due to changes in general interest rates by structuring the portfolio so that securities mature to meet the cash requirements for ongoing operations, thus avoiding the need to sell securities on the open market prior to maturity. The matching of investments to expected cash is not applied to the required capital adequacy reserve, as consistent with the purpose of that reserve, it is needed to cover unexpected events at some unknown future date.

The following table provides a summary of the fair value of HealthTrust's fixed-maturity securities by contractual maturity as of June 30, 2025. Fixed-maturity securities include U.S. Treasury securities, corporate bonds, municipal bonds, commercial mortgage backed securities (CMBS), asset backed securities and government enterprise sponsored MBS (GSE MBS). Mortgage and asset backed securities are categorized based upon their contractual maturities. Expected maturities may differ from contractual maturities because certain borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

	Due in one year or less	Due after one year through five years	Due after five years through ten years	Due after ten years	Total
U.S. Treasuries	\$ 3,691,113	\$ -	\$ -	\$ -	\$ 3,691,113
Corporate bonds	1,096,786	898,243	1,336,813	378,124	3,709,966
Municipal bonds	-	274,364	-	2,308,351	2,582,715
CMBS	687,142	40,029	-	645,162	1,372,333
Asset backed	-	1,093,205	-	-	1,093,205
GSE MBS	-	15,582	13,755	8,646,106	8,675,443
Total	<u>\$ 5,475,041</u>	<u>\$ 2,321,423</u>	<u>\$ 1,350,568</u>	<u>\$ 11,977,743</u>	<u>\$ 21,124,775</u>

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 5 - Investments (Continued)

The following were the effective durations of fixed-maturity security investments held by HealthTrust as of June 30, 2025:

	<u>Fair Value</u>	<u>Effective Duration</u>
U.S. Treasuries	\$ 3,691,113	0.40
Corporate bonds	3,709,966	4.09
Municipal bonds	2,582,715	9.78
CMBS	1,372,333	0.58
Asset backed	1,093,205	0.18
GSE MBS	<u>8,675,443</u>	4.66
Total	<u>\$ 21,124,775</u>	

The effective duration of the fixed-maturity securities portfolio, as calculated by HealthTrust's investment manager, is 3.94 and 3.90 years at June 30, 2025 and 2024, respectively.

Custodial Credit Risk

Custodial credit risk is the risk that, in the event of failure of the counterparty, HealthTrust will not be able to recover the value of its investments that are in the possession of the outside party. As of June 30, 2025 and 2024, HealthTrust did not have any investments subject to custodial credit risk.

Credit Risk

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. Credit risk is measured by an assigned rating from a nationally recognized credit rating agency such as Standard and Poor's or Fitch's Rating Services. These organizations look at a number of factors in order to evaluate the credit risk of an obligation and rate the risk. This rating allows investors to make informed buying and selling decisions. HealthTrust's investment policy mitigates credit risk by limiting investments to investment-grade securities and diversifying the portfolio.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 5 - Investments (Continued)

The table below outlines the credit ratings of HealthTrust's fixed-maturity securities as of June 30, 2025:

	U.S. Treasuries	GSE MBS	Corporate Bonds	Municipal Bonds	CMBS	Asset Backed	Total
AAA	\$ -	\$ -	\$ -	\$ 195,600	\$ 685,191	\$ 1,093,205	\$ 1,973,996
AA+	3,691,113	8,675,443	-	844,102	687,142	-	13,897,800
AA	-	-	-	225,158	-	-	225,158
AA-	-	-	378,124	819,441	-	-	1,197,565
A+	-	-	220,032	471,015	-	-	691,047
A	-	-	257,266	-	-	-	257,266
A-	-	-	1,835,394	27,399	-	-	1,862,793
BBB+	-	-	672,726	-	-	-	672,726
BBB	-	-	346,424	-	-	-	346,424
BBB-	-	-	-	-	-	-	-
BB	-	-	-	-	-	-	-
Total	<u>\$ 3,691,113</u>	<u>\$ 8,675,443</u>	<u>\$ 3,709,966</u>	<u>\$ 2,582,715</u>	<u>\$ 1,372,333</u>	<u>\$ 1,093,205</u>	<u>\$ 21,124,775</u>

** The credit rating agency used for this disclosure was Standard & Poor's (S&P) supplemented with Moody's ratings for bonds not rated by the S&P.

At times after purchase, the rating of a security may fall below investment grade and the security may be retained if the risk of default is deemed low by HealthTrust's investment manager and investment advisor.

Fair Value

The following table presents the levels within the fair value hierarchy at which HealthTrust's investments are measured on a recurring basis as of June 30, 2025:

	Level 1	Level 2	Level 3	Total
<u>Fixed-maturity securities:</u>				
U.S. Treasuries	\$ 3,691,113	\$ -	\$ -	\$ 3,691,113
Corporate bonds	-	3,709,966	-	3,709,966
Municipal bonds	-	2,582,715	-	2,582,715
CMBS	-	1,372,333	-	1,372,333
Asset backed	-	1,093,205	-	1,093,205
GSE MBS	-	8,675,443	-	8,675,443
Total fixed-maturity securities	<u>\$ 3,691,113</u>	<u>\$ 17,433,662</u>	<u>\$ -</u>	<u>\$ 21,124,775</u>

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 5 - Investments (Continued)

The following table presents the levels within the fair value hierarchy at which HealthTrust's investments are measured on a recurring basis as of June 30, 2024:

	Level 1	Level 2	Level 3	Total
<u>Fixed-maturity securities:</u>				
U.S. Treasuries	\$ 3,838,196	\$ -	\$ -	\$ 3,838,196
Corporate bonds	-	5,298,396	-	5,298,396
Municipal bonds	-	2,588,881	-	2,588,881
CMBS	-	1,617,770	-	1,617,770
Asset backed	-	2,751,513	-	2,751,513
GSE MBS	-	9,400,384	-	9,400,384
Total fixed-maturity securities	<u>\$ 3,838,196</u>	<u>\$ 21,656,944</u>	<u>\$ -</u>	<u>\$ 25,495,140</u>

Note 6 - Premium Deficiency

In accordance with GASB Statement No. 30, *Risk Financing Omnibus*, premium deficiencies are required to be calculated and reported by public entity risk pools. A premium deficiency can result when expected costs for coverage obligations as of the financial statement date exceed expected contributions (based on rates set prior to the financial statement date) for such coverage. In establishing a premium deficiency reserve HealthTrust also considers generally accepted accounting principles issued by the Financial Accounting Standards Board (FASB) relative to prepaid health care services contracts and Statement of Statutory Accounting Principles No. 54, Individual and Group Accident and Health Contracts, issued by the National Association of Insurance Commissioners (NAIC). Such guidance provides premium deficiency reserve guidance specific to health insurance entities, and has been used by HealthTrust to clarify and supplement GASB GAAP guidance issued within GASB Statement No. 30 which is specific to property liability insurance coverage. Accordingly, in deriving the estimate of future health care costs and maintenance costs to be considered in determining whether a premium deficiency loss has been incurred, HealthTrust includes projections of fixed and variable, direct and allocable indirect costs allocated to each of its operating pools. No premium deficiency reserve was deemed necessary as of June 30, 2025 and 2024. Investment income was included as part of the calculation in determining if a premium deficiency existed. HealthTrust relies on the work of a consulting actuary to determine the premium deficiency reserve at June 30, 2025 and 2024.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 6 - Premium Deficiency (Continued)

A significant degree of judgment and uncertainty is involved in estimating premium deficiency reserves, which is increased due to the uncertainty caused by disruptions in health care trends caused by COVID-19 and medical claims inflation. Management believes that the premium deficiency reserve recorded represents its best estimate of the amount necessary to cover the cost of future claims HealthTrust is obligated to cover, however due to the uncertainty associated with actual claims, experience may not conform to the assumptions used in determining the current estimate. The ultimate liability could be significantly in excess of or less than the amount accrued in the financial statements. As adjustments to these estimates become necessary, they will be reflected in current operations.

Note 7 - Property and Equipment

HealthTrust's property and equipment balances and activity for the year ended June 30, 2025 are as follows:

	Beginning Balance	Additions	Disposals/ Reclassifications	Ending Balance
Property and equipment, at cost:				
Office equipment	\$ 128,703	\$ -	\$ -	\$ 128,703
Computer equipment	1,541,311	243,717	-	1,785,028
Total at cost	1,670,014	243,717	-	1,913,731
Less: accumulated depreciation	(1,393,947)	(89,423)	-	(1,483,370)
Total property and equipment, net	<u>\$ 276,067</u>	<u>\$ 154,294</u>	<u>\$ -</u>	<u>\$ 430,361</u>

HealthTrust's property and equipment balances and activity for the year ended June 30, 2024 are as follows:

	Beginning Balance	Additions	Disposals	Ending Balance
Property and equipment, at cost:				
Office equipment	\$ 128,703	\$ -	\$ -	\$ 128,703
Computer equipment	1,316,188	225,123	-	1,541,311
Total at cost	1,444,891	225,123	-	1,670,014
Less: accumulated depreciation	(1,346,388)	(47,559)	-	(1,393,947)
Total property and equipment, net	<u>\$ 98,503</u>	<u>\$ 177,564</u>	<u>\$ -</u>	<u>\$ 276,067</u>

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 7 - Property and Equipment (Continued)

CTP's property and equipment balances and activity for the year ended June 30, 2025 are as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>
Property and equipment, at cost:				
Land and land improvements	\$ 945,629	\$ -	\$ -	\$ 945,629
Buildings and building improvements	7,536,748	29,589	-	7,566,337
Equipment	<u>331,058</u>	<u>-</u>	<u>-</u>	<u>331,058</u>
Total at cost	8,813,435	29,589	-	8,843,024
Less: accumulated depreciation	<u>(4,413,778)</u>	<u>(177,376)</u>	<u>-</u>	<u>(4,591,154)</u>
Total property and equipment, net	<u>\$ 4,399,657</u>	<u>\$ (147,787)</u>	<u>\$ -</u>	<u>\$ 4,251,870</u>

CTP's property and equipment balances and activity for the year ended June 30, 2024 are as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>
Property and equipment, at cost:				
Land and land improvements	\$ 945,629	\$ -	\$ -	\$ 945,629
Buildings and building improvements	7,441,860	94,888	-	7,536,748
Equipment	<u>331,058</u>	<u>-</u>	<u>-</u>	<u>331,058</u>
Total at cost	8,718,547	94,888	-	8,813,435
Less: accumulated depreciation	<u>(4,236,448)</u>	<u>(177,330)</u>	<u>-</u>	<u>(4,413,778)</u>
Total property and equipment, net	<u>\$ 4,482,099</u>	<u>\$ (82,442)</u>	<u>\$ -</u>	<u>\$ 4,399,657</u>

No impairment losses were recorded during the year ended June 30, 2025 or 2024.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 8 - Incurred But Not Paid - Claim and Claim Administration Reserves

As discussed in Note 2, HealthTrust establishes a liability for both reported and unreported covered events, which includes estimates of both future payments of claims and related claim adjustment credits. The following represents changes in the aggregate undiscounted incurred but not paid - claim and claim administration reserves for HealthTrust during the years ended June 30:

	<u>2025</u>	<u>2024</u>
Incurred but not paid - claim and claim administration reserves at beginning of year	\$ 33,654,507	\$ 38,536,655
Incurred claims and claim adjustment expenses:		
Provision for covered events of current year	484,600,714	473,069,608
Adjustments to provision for covered events of prior years	<u>(5,661,760)</u>	<u>(11,364,300)</u>
Total incurred claims and claim adjustment expenses, net of reinsurance of \$1,100,780 and \$0, respectively	478,938,954	461,705,308
Payments of claims and claim adjustment expenses:		
Payments attributable to covered events of current year	(449,457,834)	(441,966,802)
Payments attributable to covered events of prior years	<u>(25,390,748)</u>	<u>(24,620,654)</u>
Total payments, net of reinsurance of \$1,100,780 and \$0, respectively	<u>(474,848,582)</u>	<u>(466,587,456)</u>
Incurred but not paid - claim and claim administration reserves at end of year, net of reinsurance recoverable of \$0 and \$0, respectively	<u>\$ 37,744,879</u>	<u>\$ 33,654,507</u>

Incurred claims and claim adjustment expenses included in claims payable on the statements of net position as of June 30, 2025 and 2024 are considered to have been paid for the purpose of the claim and claim administration reserves reconciliation above.

Note 9 - Transactions With Other Entities

HealthTrust leases office space from CTP pursuant to a lease agreement whose current term runs through June 30, 2024, and automatically renews for additional two-year terms unless either party notifies the other of its intent not to renew pursuant to the terms of the lease agreement. Total lease expense under this arrangement was \$277,550 and \$277,717 for the years ended June 30, 2025 and 2024, respectively, to cover its share of CTP's operating expenses based on HealthTrust's proportional usage of the building. CTP has included these amounts as operating revenues in the same year.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 9 - Transactions With Other Entities (Continued)

CTP leases office space to NHMA pursuant to a lease agreement that extends through May 30, 2026. Total lease income recorded by CTP under this arrangement was \$34,012 and \$32,118 for the years ended June 30, 2025 and 2024, respectively, to cover its share of CTP's operating expenses based on NHMA's proportional usage of the building.

HealthTrust received administrative and other business support services income from CTP pursuant to service agreements ratified by each entity's governing board. Under those agreements, HealthTrust earned and CTP expensed \$95,122 and \$91,474 related to support services during the years ended June 30, 2025 and 2024, respectively.

HealthTrust provides employee benefits coverage to its employees. HealthTrust also provides employee benefits coverage to the employees of NHMA, as participating Member Groups in HealthTrust. The associated revenue is included in contributions earned from Member Groups on the statements of revenues, expenses and changes in net position. The costs incurred by HealthTrust related to providing employee benefits coverage to its employees are included in salaries and benefits expense within operating expenses on the statements of revenues, expenses and changes in net position.

Although NHMA is not technically a related party to HealthTrust, transactions with this entity are reported here due to the historical relationship that previously existed between the entities.

Note 10 - Life Insurance and Long-Term Disability Programs

HealthTrust provides access for its Member Groups to life insurance and long-term disability coverage provided on a fully insured basis by other insurance companies. HealthTrust pays the premiums to the insurance providers on behalf of the participating Member Groups, which are then reimbursed to HealthTrust by the participating Member Groups. During the years ended June 30, 2025 and June 30, 2024, HealthTrust paid \$2,575,880 and \$2,392,110, respectively, in premiums for life insurance and long-term disability coverage. These amounts are included in both ancillary services revenue and as a component of claims administrative fees paid on the statements of revenues, expenses and changes in net position.

Note 11 - Exemption from Statutory Accounting Practices

HealthTrust was established for the benefit of the political subdivisions of the State of New Hampshire. As such, HealthTrust is not considered an insurer under the laws of the State, and administration of the activities of HealthTrust do not constitute conducting an insurance business for purposes of regulation or taxation. At June 30, 2025 and 2024, Statements of Statutory Accounting Practices as promulgated by the National Association of Insurance Commissioners are not applicable to HealthTrust.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 12 - Deferred Compensation Plan

The employees of HealthTrust are covered by a Section 457 Deferred Compensation Plan administered by MissionSquare Retirement (formerly ICMA Retirement Corporation). All full-time employees are immediately eligible to participate in the plan and may elect to defer up to 100% of their gross compensation up to the federal limits. Contributions to the plan and the related income on those contributions are held by MissionSquare Retirement.

Employee contributions to the deferred compensation plan totaled \$157,127 and \$177,842 for the years ended June 30, 2025 and 2024, respectively. There were no employer contributions during 2025 and 2024.

Note 13 - Defined Benefit Pension Plan

Plan Description

The HealthTrust/NHMA Pension Plan (the Plan) is a cost-sharing multiple-employer defined benefit pension plan. The Boards of Directors of the participating employers in the Plan, HealthTrust and NHMA, collectively retain the authority to establish, amend or terminate the Plan and its provisions at any time subject to any legal limitations. The Plan documents have established a Retirement Committee to administer the Plan. The majority of the members of the Retirement Committee are appointed by the Boards of Directors of the participating employers. HealthTrust appoints four of the nine members to the Retirement Committee. The Retirement Committee serves as the Plan administrator to the Plan and has discretionary authority regarding issues related to administration, interpretation and application of the Plan. All active, non-temporary employees of HealthTrust and NHMA are required to participate in the Plan as a condition of employment. The Plan provides a monthly benefit when a Plan participant retires or leaves after qualifying for benefits. The Plan does not issue a standalone financial report.

Summary of Significant Accounting Policies

GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* (Statement No. 68) establishes financial reporting requirements for most governmental organizations that provide their employees with pension benefits. In accordance with Statement No. 68, HealthTrust recognizes its proportionate share of the Plan's collective net pension liability and pension expense, and the related deferred outflows and inflows of resources, on the financial statements.

The net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense reported by the Plan have been determined using the accrual basis of accounting in conformity with GAAP as applied to governmental entities. The Plan's investments are reported at fair value based upon quoted market prices.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

Benefits

The participants' benefits are established in the Plan and may only be changed with an amendment to the Plan. A participant's benefit is determined under a formula that multiplies the participant's final average earnings by her/his credited service. The formula is 1.50% of the final average earnings for each year of credited service, not to exceed 50% of the participant's final average salary. Final average salary is defined as the average of the highest three consecutive years out of the last ten years base salary prior to retirement or termination. Participants are eligible for normal retirement at age 65, or early retirement at the age of 55 with 10 years of credited service. If a participant chooses early retirement, the benefit will be reduced by 0.25% for each month prior to the normal retirement date. If a participant remains employed after age 65, benefits will continue to accrue without any actuarial adjustment for late retirement, however the maximum benefit shall not exceed 50% of the average final salary. Upon reaching eligible retirement age, a vested participant who elects to retire generally receives benefit payments in annuity installments based upon the participant's retirement elections; however, participants may elect to receive a lump sum payment if the lump sum benefit is less than \$10,000.

Contributions

The contribution requirements of the participating employers under the Plan are established and may be amended by the Retirement Committee based on the annual actuarial valuation of the Plan. The contribution requirements of the participating employees was established in the Plan and could only be changed with an amendment to the Plan.

For the plan years ended December 31, 2025, 2024 and 2023, the employees contribution rate is 5.5% and the employer's contributions are 9.77%, 9.16% and 8.99%, respectively, of each participant's earnings to the Plan.

A summary of employer and employee contributions to the Plan is as follows for the plan years ended December 31:

	<u>Annual Required Contributions</u>	<u>Employer Contributions</u>	<u>Employee Contributions</u>	<u>Percentage Contributed</u>
2024	\$ 534,989	\$ 534,989	\$ 321,230	100%
2023	\$ 519,383	\$ 519,383	\$ 317,754	100%

Summary Plan Financial Information

The net pension liability was measured as of December 31, 2024 and 2023 and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

A schedule of the Plan's fiduciary net position is as follows as of the plan year ended December 31:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 280,544	\$ 41,195
Investments, at fair value:		
Exchange-traded funds	18,670,525	17,127,855
Accounts payable	<u>(31,265)</u>	<u>(17,418)</u>
Net position available for pension benefits	<u>\$ 18,919,804</u>	<u>\$ 17,151,632</u>

As of December 31, 2024 and 2023, the Plan's equities and exchange-traded funds are categorized as Level 1 in accordance with the fair value hierarchy and are valued based on quoted prices for identical assets in active markets.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

The schedule of changes in net pension liability and related ratios of the Plan is as follows for the plan years ended December 31:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 509,442	\$ 520,077
Interest on total pension liability	1,218,985	1,188,648
Changes of benefit terms	-	-
Difference between expected and actual experience on total pension liability	283,929	(232,939)
Benefit payments	(954,852)	(835,568)
Refunds of employee contributions	<u>(44,127)</u>	<u>(85,648)</u>
Net change in total pension liability	1,013,377	554,570
Total pension liability - beginning	<u>20,299,181</u>	<u>19,744,611</u>
Total pension liability - ending (a)	<u><u>\$ 21,312,558</u></u>	<u><u>\$ 20,299,181</u></u>
Employer contributions	\$ 534,989	\$ 519,383
Employee contributions	321,230	317,754
Plan net investment income	1,948,097	2,397,550
Benefit payments	(954,852)	(835,568)
Refunds of employee contributions	(44,127)	(85,648)
Plan administrative expenses	<u>(37,165)</u>	<u>(50,563)</u>
Net change in Plan fiduciary net position	1,768,172	2,262,908
Plan fiduciary net position - beginning	<u>17,151,632</u>	<u>14,888,724</u>
Plan fiduciary net position - ending (b)	<u>18,919,804</u>	<u>17,151,632</u>
Net pension liability - ending (a) - (b)	<u><u>\$ 2,392,754</u></u>	<u><u>\$ 3,147,549</u></u>
Plan fiduciary net position as a percentage of total pension liability	88.77 %	84.49 %
Covered payroll	\$ 5,840,545	\$ 5,777,345
Net pension liability as a percentage of covered payroll	40.97 %	54.48 %

An independent consulting actuary was engaged to perform the annual actuarial valuation as of December 31, 2024 and 2023. The information included in the schedule of changes in net pension liability and relative funding progress of the Plan from the December 31, 2024 and 2023 actuarial valuations was prepared using the entry age normal cost method. The purpose of providing the above schedule is to provide information that serves as a surrogate for the funded status and funding progress of the Plan. The assumptions for the pension liability are outline later in this note to the financial statements.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

The schedule of total pension expenses is as follows for the plan years ended December 31:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 509,442	\$ 520,077
Interest on total pension liability	1,218,985	1,188,648
Current year benefit changes	-	-
Employee contributions	(321,230)	(317,754)
Projected earnings on Plan investments	(1,023,519)	(889,079)
Plan administrative expenses	37,165	50,563
Recognition of outflow of resources due to liabilities	67,219	7,493
Recognition of outflow (inflow) of resources due to assets	<u>38,131</u>	<u>(33,477)</u>
Total pension expenses	<u>\$ 526,193</u>	<u>\$ 526,471</u>

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

Actuarial Assumptions

The significant assumptions and methods used in the actuarial valuations for the December 31, 2024 and 2023 measurement periods are as follows:

	2024	2023
Actual cost method:	Entry age normal cost method	Entry age normal cost method
Investment rate of return:	6.0%	6.0%
Price inflation rate:	2.40%	2.40%
Projected salary increases:	3.0% including inflation	3.0% including inflation
Cost-of-living adjustments:	None	None
Retirement age:	Age 65 for Normal Retirement and 55 for Early Retirement with 10 years of credited service. Retirement age assumptions are as follows: <ul style="list-style-type: none"> - 5% retire annually ages 55 - 58 - 10% retire annually ages 59 - 64 - 50% retire at 65 years - 20% retire annually ages 66 - 69 - 100% are retired by age 70 	Age 65 for Normal Retirement and 55 for Early Retirement with 10 years of credited service. Retirement age assumptions are as follows: <ul style="list-style-type: none"> - 5% retire annually ages 55 - 58 - 10% retire annually ages 59 - 64 - 50% retire at 65 years - 20% retire annually ages 66 - 69 - 100% are retired by age 70
Mortality assumptions:	PubG-2010 Mortality Table with generational projection per the MP-2021 Ultimate scale	PubG-2010 Mortality Table with generational projection per the MP-2021 Ultimate scale
Section 417(e) interest rate:	Option factors are currently based on the IRC Section 417(e) applicable mortality and interest.	Option factors are currently based on the IRC Section 417(e) applicable mortality and interest.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

Additional significant assumptions and methods used in the actuarial projections and determination of contribution rates for December 31, 2024 and 2023 are as follows:

	2024	2023
Asset valuation method:	5 year smoothed market; Non-asymptotic recognition, No corridor	5 year smoothed market; Non-asymptotic recognition, No corridor
Amortization method:	Level percentage of payroll, closed	Level percentage of payroll, closed
Amortization period:	Two separate layers: December 31, 2017 and prior - 14 years with 7 years remaining Subsequent to December 31, 2018 - 20 years with 14 years remaining	Two separate layers: December 31, 2017 and prior - 14 years with 8 years remaining Subsequent to December 31, 2018 - 20 years with 15 years remaining

Single Discount Rate and Long-Term Expected Rate of Return

A Single Discount Rate of 6.00% was used to measure the total pension liability as of December 31, 2024 and 2023. The projection of cash flows used to determine this Single Discount Rate assumed that Plan member contributions will be made at the current contribution rate and that employer contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Based on these assumptions, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current Plan members. Therefore, the long-term expected rate of return on Plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

The Single Discount Rate is based on the long-term expected rate of return on Plan investments and the long-term tax-exempt municipal bond rate. As of December 31, 2024 and 2023, the long-term expected rate of return on Plan investments is 6.00%.

The long-term expected rate of return on Plan investments was determined using a building block method in which expected future real rates of return (expected returns, net of Plan investment expenses and inflation) are developed for each major asset class. These real rates of return are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

For each major asset class that is included in the Plan's target asset allocations as of December 31, 2024, these best estimates are summarized in the following table:

Asset Class	Target Asset Allocation	Long-Term Expected Real Rate of Return	Allocation-Weighted Long-Term Expected Real Rate of Return
US core fixed income	40 %	2.4 %	0.96 %
US broad equity market	43 %	5.4 %	2.32 %
Non-US equity	17 %	7.5 %	1.28 %
Total	100 %		4.56 %
Expected inflation rate			1.44 %
Total return			6.00 %

Discount Rate Sensitivity Analysis

The following presents HealthTrust's proportionate share of the net pension liability, calculated using the Single Discount Rate of 6.0%, as well as what the net pension liability would be if it were calculated using a discount rate that is one percentage point lower (5.0%) or one percentage point higher (7.0%) than the Single Discount Rate as of June 30, 2025:

HealthTrust's Proportionate Share of the Net Pension Liability	1% Rate Decrease (5.0%)	Current Single Discount Rate (6.0%)	1% Rate Increase (7.0%)
June 30, 2025	\$ 4,320,445	\$ 2,031,017	\$ 117,221

Net Pension Liability and Pension Expense

As of June 30, 2025 and 2024, HealthTrust reported a net pension liability of \$2,031,017 and \$2,647,970, respectively, and a pension expense of \$473,317 and \$440,681, respectively, for its proportionate share of the Plan's net pension liability.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

The schedule of each employer's proportionate share of the collective net pension liability and pension expense is as follows as of and for the years ended June 30:

	2025		2024	
	Net Pension Liability	Pension Expense	Net Pension Liability	Pension Expense
HealthTrust	\$ 2,031,017	\$ 447,146	\$ 2,647,970	\$ 440,681
NHMA	361,737	79,047	499,579	85,790
Total	<u>\$ 2,392,754</u>	<u>\$ 526,193</u>	<u>\$ 3,147,549</u>	<u>\$ 526,471</u>

The net pension liability was measured as of December 31, 2024 and 2023, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date.

For the December 31, 2024 and 2023 valuations, HealthTrust's and NHMA's proportionate share of the collective net pension liability was based on each entity's contributions to the Plan relative to the contributions of HealthTrust and NHMA for the period from January 1st to December 31st of the respective year.

At December 31, 2024 and 2023, HealthTrust's proportion of the collective net pension liability was 84.88% and 84.13%, respectively, and HealthTrust's proportion of the pension expense was 84.98% and 83.70%, respectively.

There were no changes to benefit terms for December 31, 2024. There were no changes between the measurement date of the collective net pension liability of December 31, 2024 and HealthTrust's reporting date of June 30, 2025 that are expected to have a significant impact on HealthTrust's proportionate share of the collective net pension liability.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 13 - Defined Benefit Pension Plan (Continued)

Deferred Outflows and Inflows of Resources

As of and for the fiscal years ended June 30, 2025 and 2024, HealthTrust reported its proportionate share of the Plan's deferred outflows and inflows of resources related to pensions from the following sources:

	June 30, 2025		June 30, 2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual economic experience	\$ 200,184	\$ (231,915)	\$ 16,306	\$ (341,157)
Changes in Assumptions	224,167	-	333,266	-
Net difference between projected and actual earnings on Plan investments	1,358,602	(1,580,568)	2,019,801	(1,429,887)
Changes in proportion and differences between employer contributions and share of contributions	22,181	(25,762)	14,242	(35,695)
Contributions paid to Plan subsequent to the measurement date	249,670	-	219,167	-
Total	<u>\$ 2,054,804</u>	<u>\$ (1,838,245)</u>	<u>\$ 2,602,782</u>	<u>\$ (1,806,739)</u>

The net amounts of HealthTrust's balances of deferred outflows and inflows of resources as of June 30, 2025 related to pensions will be recognized as pension expense as follows during the fiscal years ended June 30:

	Pension Expense Amount
2026	\$ 135,274
2027	323,313
2028	(394,623)
2029	(107,078)
2030	10,003
Thereafter	-
Total	<u>\$ (33,111)</u>

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 14 - Leases

HealthTrust leases office space from CTP pursuant to a lease agreement whose current term runs through June 30, 2024, and automatically renews for additional two-year terms unless either party notifies the other of its intent not to renew pursuant to the terms of the lease agreement. As of June 30, 2025, HealthTrust and CTP have estimated the currently enforceable lease term for GASB 87 to be through June 30, 2026. In addition, HealthTrust entered into two equipment lease agreements. Health Trust and CTP utilize its incremental borrowing rate to measure its office leases and the lease implicit rate to measure equipment leases.

In accordance with GASB 87, HealthTrust recognized a right of use asset and lease liability upon adoption of GASB 87. As of June 30, 2025, the right of use asset and lease liability balances were \$290,027 and \$300,625, respectively. As of June 30, 2024, the right of use asset and lease liability balances were \$587,279 and \$591,967, respectively.

HealthTrust's future minimum lease payments and the net present value of those payments and weighted average discount rate used as of June 30, 2025, along with the total lease cost for the year then ended, are as follows:

Years ending June 30:	Minimum Lease Payments		
	Office Space	Equipment	Total
2026	\$ 292,573	\$ 6,831	\$ 299,404
2027	-	6,831	6,831
2028	-	4,554	4,554
2029	-	-	-
2030	-	-	-
Future undiscounted lease payments	292,573	18,216	310,789
Less present value discount	8,196	1,968	10,164
Lease liabilities	<u>\$ 284,377</u>	<u>\$ 16,248</u>	<u>\$ 300,625</u>
Weighted average discount rate	<u>6.25 %</u>	<u>7.90 %</u>	<u>6.34 %</u>
Total lease cost	<u>\$ 286,552</u>	<u>\$ 54,997</u>	<u>\$ 341,549</u>

HealthTrust's right of use asset and related accumulated amortization as of June 30, 2025 and 2024, are as follows:

	2025		
	Office Space	Equipment	Total
Right of use asset	\$ 1,303,280	\$ 28,847	\$ 1,332,127
Accumulated amortization	(1,027,905)	(14,195)	(1,042,100)
Net right of use asset	<u>\$ 275,375</u>	<u>\$ 14,652</u>	<u>\$ 290,027</u>

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 14 - Leases (Continued)

	2024		
	Office Space	Equipment	Total
Right of use asset	\$ 1,287,828	\$ 359,838	\$ 1,647,666
Accumulated amortization	(767,980)	(292,407)	(1,060,387)
Net right of use asset	<u>\$ 519,848</u>	<u>\$ 67,431</u>	<u>\$ 587,279</u>

CTP's rent receivable asset and deferred inflow of resources liability balances were \$671,002 and \$642,406, respectively as of June 30, 2025. CTP's rent receivable asset and deferred inflow of resources liability balances were \$968,041 and \$946,006, respectively as of June 30, 2024.

CTP leases office space pursuant to lease agreements whose current terms runs through various dates ranging from June 30, 2025 to June 30, 2030.

CTP's future minimum lease receipts and the net present value of those receipts as of June 30, 2025 are as follows:

	Minimum Lease Receipts
Years ending June 30:	Office Space
2026	\$ 455,644
2027	130,463
2028	63,182
2029	39,186
2030	29,100
2031-2035	<u>-</u>
Future undiscounted rent receipts	717,575
Less present value discount	<u>(46,573)</u>
Rent receivable	<u>\$ 671,002</u>

Rent income recognized by CTP during the year ended June 30, 2025 totaled \$570,823 and included \$176,180 in rental income on short-term leases not included in the expected future lease payments reported above. Interest income recognized by CTP on rental agreements for the year ended June 30, 2025 totaled \$50,607. Rent income recognized by CTP during the year ended June 30, 2024 totaled \$503,674 and included \$115,830 in rental income on short-term leases not included in the expected future lease payments reported above. Interest income recognized by CTP on rental agreements for the year ended June 30, 2024 totaled \$33,531.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 15 - Subscriptions Assets

HealthTrust implemented a hosted subscription based information technology system (OneSource) for underwriting, client data, and other functions. OneSource was placed into service on April 1, 2022 and has an estimated subscription term through June 30, 2026. A subscription asset of \$5,834,967 was recognized by HealthTrust for OneSource. HealthTrust utilized its incremental borrowing rate of 5.27% as of April 1, 2022 to measure this subscription asset. During 2025, HealthTrust entered into a new hosted subscription based information technology contract with CDW Direct, LLC for IT storage. The subscription term is through March 1, 2030 and HealthTrust recognized a subscription asset of \$203,307. HealthTrust utilized its incremental borrowing rate of 6.36% as of April 1, 2025 to measure this subscription asset.

HealthTrust's future minimum subscription payments and the net present value of those payments and weighted average discount rate used as of June 30, 2025, along with the total subscription cost for the year then ended, are as follows:

	Minimum Subscription Payments
Years ending June 30:	
2026	\$ 436,807
2027	48,155
2028	48,155
2029	48,155
2030	<u>36,116</u>
Future undiscounted subscription payments	617,388
Less present value discount	<u>(54,150)</u>
Subscription liability	<u><u>\$ 563,238</u></u>

HealthTrust's subscription asset and related accumulated amortization as of June 30, 2025 and 2024, are as follows:

	2025	2024
Subscription asset	\$ 6,038,274	\$ 5,834,967
Accumulated amortization	<u>(4,472,197)</u>	<u>(3,089,099)</u>
Net subscription asset	<u><u>\$ 1,566,077</u></u>	<u><u>\$ 2,745,868</u></u>

Note 16 - Litigation Update

As of June 30, 2025 and 2024, HealthTrust was not involved in any pending litigation.

HealthTrust, Inc.

Notes to the Financial Statements (Continued)

Note 17 - Contingencies

HealthTrust assesses potential liabilities in connection with lawsuits and threatened lawsuits under GAAP. HealthTrust accrues an estimated loss for loss contingencies if both of the following conditions are met: (1) information available prior to issuance of the financial statements indicates that it is probable that a liability has been incurred at the date of the financial statements; and (2) the amount of loss can be reasonably estimated. As of June 30, 2025 and 2024, HealthTrust did not accrue any contingent liability in connection with lawsuits or threatened lawsuits.

REQUIRED SUPPLEMENTARY INFORMATION

HealthTrust, Inc.

Reconciliation of Claims Liabilities by Type of Contract (Unaudited)

Year ended June 30, 2025

The schedule below presents the changes in claims liabilities for HealthTrust's three types of contracts, employee health, dental benefits and short-term disability, for the year ended June 30, 2025:

	Health	Dental	Short-Term Disability	Total
Claim and claim administration reserves at beginning of fiscal year	\$ 32,055,914	\$ 1,314,624	\$ 283,969	\$ 33,654,507
Incurred claims and claim adjustment expenses:				
Provision for covered events of current year	453,050,453	29,835,301	1,714,960	484,600,714
Adjustments to provision for covered events of prior years	<u>(5,194,236)</u>	<u>(442,682)</u>	<u>(24,842)</u>	<u>(5,661,760)</u>
Total incurred claims and claim adjustment expenses	447,856,217	29,392,619	1,690,118	478,938,954
Payments of claims and claim adjustment expenses:				
Payments attributable to covered events of current year	(419,571,858)	(28,487,073)	(1,398,903)	(449,457,834)
Payments attributable to covered events of prior years	<u>(24,311,679)</u>	<u>(819,942)</u>	<u>(259,127)</u>	<u>(25,390,748)</u>
Total payments	<u>(443,883,537)</u>	<u>(29,307,015)</u>	<u>(1,658,030)</u>	<u>(474,848,582)</u>
Total claim and claim administration reserves at end of fiscal year, net of reinsurance	<u>\$ 36,028,594</u>	<u>\$ 1,400,228</u>	<u>\$ 316,057</u>	<u>\$ 37,744,879</u>

HealthTrust, Inc.

Reconciliation of Claims Liabilities by Type of Contract (Unaudited)

Year ended June 30, 2024

The schedule below presents the changes in claims liabilities for HealthTrust's three types of contracts, employee health, dental benefits and short-term disability, for the year ended June 30, 2024:

	Health	Dental	Short-Term Disability	Total
Claim and claim administration reserves at beginning of fiscal year	\$ 37,024,484	\$ 1,247,388	\$ 264,783	\$ 38,536,655
Incurred claims and claim adjustment expenses:				
Provision for covered events of current year	443,302,678	28,304,463	1,462,467	473,069,608
Adjustments to provision for covered events of prior years	<u>(10,959,978)</u>	<u>(349,016)</u>	<u>(55,306)</u>	<u>(11,364,300)</u>
Total incurred claims and claim adjustment expenses	432,342,700	27,955,447	1,407,161	461,705,308
Payments of claims and claim adjustment expenses:				
Payments attributable to covered events of current year	(413,744,765)	(27,043,539)	(1,178,498)	(441,966,802)
Payments attributable to covered events of prior years	<u>(23,566,505)</u>	<u>(844,672)</u>	<u>(209,477)</u>	<u>(24,620,654)</u>
Total payments	<u>(437,311,270)</u>	<u>(27,888,211)</u>	<u>(1,387,975)</u>	<u>(466,587,456)</u>
Total claim and claim administration reserves at end of fiscal year	<u>\$ 32,055,914</u>	<u>\$ 1,314,624</u>	<u>\$ 283,969</u>	<u>\$ 33,654,507</u>

HealthTrust, Inc.

Ten-Year Schedule of Claims Development Information (Unaudited)

Fiscal period ended June 30, 2025

The following claims development information includes health, dental and short-term disability contracts. The table illustrates how HealthTrust's earned revenues (net of reinsurance) and investment income compare to related costs of claims and claim adjustment expenses (net of loss assumed by reinsurers) and other expenses assumed by HealthTrust for the prior ten fiscal periods June 30, 2025. The rows of the table are defined as follows:

1. Total of each fiscal period's gross earned contributions revenue and investment revenue, contributions revenue ceded to reinsurers, and net earned contributions revenue and investment revenue.
2. Other operating costs of HealthTrust, including overhead and claims expenses not allocable to individual claims for each fiscal period.
3. Gross incurred claims and allocated claims adjustment expenses, claims assumed by reinsurers, and net incurred claims and allocated adjustment expenses (both paid and accrued) as originally reported at the end of the first fiscal period in which the event that triggered coverage under the contract occurred (called *policy year*).
4. This section shows the cumulative net amounts paid as of the end of each fiscal period and annually thereafter.
5. The latest re-estimated amount of claims assumed by reinsurers as of the end of each fiscal period.
6. This section of rows shows how each policy year's net incurred claims increased or decreased as of the end of each fiscal period and annually thereafter. This re-estimation results from new information received on known claims, reevaluation of existing information on known claims, and emergence of new claims not previously known.
7. This section compares the latest re-estimated net incurred claims amount to the amount originally established (line 3) and shows whether this latest estimate of net claims cost is greater or less than originally thought.

The columns of the table show data for successive fiscal periods.

As data for individual policy years matures, the correlation between original estimates and re-estimated amounts commonly is used to evaluate the accuracy of net incurred claims currently recognized in less mature policy years.

HealthTrust, Inc.

Ten-Year Schedule of Claims Development Information (Unaudited) (Continued)

Fiscal period ended June 30, 2025

		Fiscal periods ended June 30 (in thousands of dollars)									
		2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
1)	Required contributions and investment revenue										
	Earned	\$ 536,670	\$ 490,027	\$ 468,815	\$ 446,219	\$ 458,554	\$ 436,310	\$ 413,437	\$ 395,487	\$ 396,105	\$ 403,221
	Ceded	<u>2,603</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Net earned	534,067	490,027	468,815	446,219	458,554	436,310	413,437	395,487	396,105	403,221
2)	Unallocated expenses	58,369	46,885	40,417	38,598	38,747	38,471	36,936	34,751	35,477	36,628
3)	Estimated claims and expenses incurred at end of policy year										
	Incurred	485,702	473,070	463,260	422,205	399,112	365,425	389,399	368,060	360,791	379,998
	Ceded	<u>1,101</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Net incurred	484,601	473,070	463,260	422,205	399,112	365,425	389,399	368,060	360,791	379,998
4)	Net paid (cumulative) as of:										
	End of policy year	449,458	441,967	428,587	388,227	372,681	342,839	366,574	347,186	339,884	359,149
	One year later	-	467,039	452,986	421,970	403,213	360,219	386,300	362,738	355,877	377,246
	Two years later	-	-	453,296	422,161	404,393	360,542	386,569	362,532	356,259	377,356
	Three years later	-	-	-	422,237	404,430	360,517	386,665	362,692	356,158	377,354
	Four years later	-	-	-	-	404,390	360,551	386,665	362,610	356,090	377,352
	Five years later	-	-	-	-	-	360,551	386,677	362,610	356,086	377,353
	Six years later	-	-	-	-	-	-	386,678	362,610	356,086	377,351
	Seven years later	-	-	-	-	-	-	-	362,610	356,086	377,351
	Eight years later	-	-	-	-	-	-	-	-	356,086	377,351
	Nine years later	-	-	-	-	-	-	-	-	-	377,351
5)	Reestimated ceded incurred claims and expenses	-	-	-	-	-	-	-	-	-	-
6)	Reestimated net incurred claims and expenses as of:										
	End of policy year	484,601	473,070	463,260	422,205	399,112	365,425	389,399	368,060	360,791	379,998
	One year later	-	469,458	455,176	425,583	405,701	361,240	386,899	362,964	356,130	377,447
	Two years later	-	-	453,479	422,493	404,642	360,615	386,607	362,565	356,279	377,383
	Three years later	-	-	-	422,237	404,460	360,519	386,665	362,692	356,158	377,356
	Four years later	-	-	-	-	404,390	360,551	386,665	362,610	356,090	377,352
	Five years later	-	-	-	-	-	360,551	386,677	362,610	356,086	377,353
	Six years later	-	-	-	-	-	-	386,678	362,610	356,086	377,351
	Seven years later	-	-	-	-	-	-	-	362,610	356,086	377,351
	Eight years later	-	-	-	-	-	-	-	-	356,085	377,351
	Nine years later	-	-	-	-	-	-	-	-	-	377,351
7)	Decrease in estimated net incurred claims and expenses from end of policy year	<u>\$ -</u>	<u>\$ 3,612</u>	<u>\$ 9,781</u>	<u>\$ (32)</u>	<u>\$ (5,278)</u>	<u>\$ 4,874</u>	<u>\$ 2,721</u>	<u>\$ 5,450</u>	<u>\$ 4,706</u>	<u>\$ 2,647</u>

HealthTrust, Inc.

Ten-Year Schedule of Employer Pension Information (Unaudited)

June 30, 2025

The following unaudited schedule presents HealthTrust's proportionate share of the Defined Benefit Pension Plan's net pension liability and related ratios for multiple years.

Plan Year Ended December 31:	Percentage Proportionate Share of Collective Net Pension Liability	Proportionate Share of Collective Net Pension Liability	Covered Payroll	Proportionate Share of Collective Net Pension Liability as a Percentage of Covered Payroll	Plan's Fiduciary Net Position as a Percentage of Total Pension Liability
2015	73.68%	\$ 1,350,995	\$ 4,446,396	30.38%	85.27%
2016	79.06%	\$ 1,012,609	\$ 4,468,619	22.66%	90.23%
2017	84.57%	\$ 1,252,510	\$ 4,457,488	28.10%	89.95%
2018	84.03%	\$ 2,796,426	\$ 4,486,395	62.33%	78.80%
2019	85.00%	\$ 1,880,748	\$ 4,664,751	40.32%	86.83%
2020	85.46%	\$ 1,501,220	\$ 4,941,992	30.38%	90.05%
2021	86.03%	\$ 477,394	\$ 4,773,757	10.00%	97.00%
2022	85.92%	\$ 4,172,032	\$ 4,749,195	87.85%	75.41%
2023	84.13%	\$ 2,647,970	\$ 4,929,658	53.72%	84.49%
2024	84.88%	\$ 2,031,017	\$ 4,957,568	40.96%	88.77%

The following unaudited schedule presents HealthTrust's employer contributions to the Plan and related ratios by plan year through December 31, 2024 and for the period from January 1, 2025 through HealthTrust's June 30, 2025 fiscal year end.

Period Ended:	Actuarially Determined Contribution	Actual Contribution	Contribution Deficiency (Excess)	Covered Payroll	Actual Contribution as Percentage of Covered Payroll
December 31, 2015	\$ 334,863	\$ 334,863	\$ -	\$ 4,446,396	7.53%
December 31, 2016	\$ 325,070	\$ 325,070	\$ -	\$ 4,468,619	7.27%
December 31, 2017	\$ 308,394	\$ 308,394	\$ -	\$ 4,457,488	6.92%
December 31, 2018	\$ 310,010	\$ 310,010	\$ -	\$ 4,486,395	6.92%
December 31, 2019	\$ 410,008	\$ 410,008	\$ -	\$ 4,664,751	8.79%
December 31, 2020	\$ 451,594	\$ 451,594	\$ -	\$ 4,941,992	9.14%
December 31, 2021	\$ 426,795	\$ 426,795	\$ -	\$ 4,773,757	8.93%
December 31, 2022	\$ 428,946	\$ 428,946	\$ -	\$ 4,749,195	9.03%
December 31, 2023	\$ 443,176	\$ 443,176	\$ -	\$ 4,929,658	8.99%
December 31, 2024	\$ 454,113	\$ 454,113	\$ -	\$ 4,957,568	9.16%
June 30, 2025	\$ 249,670	\$ 249,670	\$ -	\$ 2,555,476	9.77%

Report on Internal Control Over Financial Reporting and on Compliance and
Other Matters Based on an Audit of Financial Statements Performed in
Accordance with *Government Auditing Standards*

Board of Directors
HealthTrust, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States of America, the financial statements of HealthTrust, Inc. (HealthTrust) and its discretely presented component unit, which comprise the statement of net position as of June 30, 2025 and the related statements of revenue, expenses and changes in net position and cash flows for the year then ended and the related notes to the financial statements, and have issued our report thereon dated October 7, 2025.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered HealthTrust's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of HealthTrust's internal control. Accordingly, we do not express an opinion on the effectiveness of HealthTrust's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether HealthTrust's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of HealthTrust's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HealthTrust's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Johnson Lambert LLP". The signature is written in a cursive, flowing style.

Williston, Vermont
October 7, 2025