

PARMA CITY SCHOOLS DISTRICT
MINUTES
INSURANCE COMMITTEE MEETING
February 11, 2025

Meeting called to order at 2:00 p.m.

Financials

- Sean discussed the Financials for the Insurance Fund. The fund balance as of 01/31/2025 was \$2,548,514. Expenditures exceeded revenues for the month of December.

Wellness

- There was no wellness update.

Oswald

- Oswald provided their monthly financial update.

Meeting was adjourned at 2:34 p.m.

Next meeting: 3/11/25

FY 2025 Insurance Claims

	MMO	Express Scripts	Total	Stop Loss Adjustment	
02/07/25	304,893.46	80,146.07	385,039.53	34,738.31	Posted in February 2025
01/31/25	468,803.79	123,933.66	592,737.45	103,684.29	Posted in February 2025
01/24/25	383,754.21	113,732.47	497,486.68	38,479.52	
01/17/25	241,271.02	215,107.33	456,378.35	128.61	
01/10/25	379,503.18	207,128.04	586,631.22	38,384.56	
01/03/25	364,346.35	112,991.40	477,337.75	329.04	
12/27/24	287,344.95	197,576.06	484,921.01		
12/20/24	233,971.38	229,899.79	463,871.17		
12/13/24	396,056.06	154,708.11	550,764.17		
12/06/24	447,966.69	154,951.59	602,918.28		
11/29/24	352,426.35	170,574.35	523,000.70		
11/22/24	382,980.52	96,066.21	479,046.73		
11/15/24	488,985.90	141,837.53	630,823.43		
11/08/24	360,814.46	157,418.04	518,232.50		
11/01/24	450,214.84	134,116.11	584,330.95		
10/25/24	247,182.05	225,600.90	472,782.95		
10/18/24	309,215.96	154,603.08	463,819.04		
10/11/24	402,199.91	227,432.96	629,632.87		
10/04/24	212,303.58	180,980.97	393,284.55		
09/27/24	406,883.59	186,209.25	593,092.84		
09/20/24	378,928.07	164,561.92	543,489.99		
09/13/24	352,071.54	128,670.67	480,742.21		
09/06/24	252,991.39	115,166.22	368,157.61		
08/30/24	546,125.72	102,626.43	648,752.15		
08/23/24	469,840.91	146,939.12	616,780.03		
08/16/24	396,373.91	177,403.73	573,777.64		
08/09/24	663,034.78	184,274.34	847,309.12		
08/02/24	446,186.05	131,102.08	577,288.13		
07/26/24	397,998.02	186,254.23	584,252.25		
07/19/24	356,959.02	192,167.46	549,126.48		
07/12/24	271,142.38	141,349.40	412,491.78		
07/05/24	246,375.22	248,530.08	494,905.30		

Fiscal Year	2025		2024		2023	
FY Beg. Balance (cash)	\$	5,996,606.30	\$	6,985,590.17	\$	6,795,523.85
Premiums						
Employees - Med/Rx	\$	2,077,959.63	\$	3,078,436.35	\$	3,142,631.17
Vision - Emp	\$	712.28	\$	1,131.04	\$	130,611.53
Board of Education - Med/Rx	\$	12,790,999.63	\$	20,624,545.46	\$	21,320,951.37
Vision - BoE	\$	72,707.98	\$	123,338.26	\$	931.68
Misc	\$	86,789.14	\$	43,760.96	\$	140,010.50
Total Revenue	\$	15,029,168.66	\$	23,871,212.07	\$	24,735,136.25
Total Expense	\$	18,477,260.65	\$	24,860,195.94	\$	24,545,069.93
Reserve Gain/(Loss)	\$	(3,448,091.99)	\$	(988,983.87)	\$	190,066.32
Claims						
Medical	\$	11,342,114.40	\$	15,911,171.06	\$	16,726,665.33
Prescription	\$	4,828,720.00	\$	5,699,333.25	\$	4,864,063.60
Vision	\$	56,142.81	\$	96,190.00	\$	82,607.75
Fixed Costs & Other						
Administration Fee	\$	465,933.61	\$	612,044.86	\$	784,277.35
Stop Loss Premiums	\$	1,596,487.06	\$	2,250,725.34	\$	1,862,905.66
Grail	\$	-	\$	2,547.00	\$	-
Consultant/Legal Fees	\$	148,010.69	\$	236,264.37	\$	199,687.79
Subrogation	\$	5,725.09	\$	6,548.94	\$	2,745.24
Health Fair/Wellness	\$	5,950.48	\$	11,709.66	\$	12,034.21
ACA Fees	\$	7,323.15	\$	-	\$	-
Misc	\$	20,853.36	\$	33,661.46	\$	10,083.00
FY Ending Balance (cash)	\$	2,548,514.31	\$	5,996,606.30	\$	6,985,590.17

**FY 2025 Insurance
Fund by Month**

Total FYTD	July	August	September	October	November	December	January
Premiums							
\$ 2,077,959.63	(3) \$ 251,585.16	\$ 356,767.04	\$ 258,585.36	\$ 268,525.27	\$ 268,979.71	\$ 403,555.04	\$ 269,962.05
\$ 712.28	(5) \$ 82.29	\$ 124.76	\$ 82.53	\$ 102.74	\$ 93.62	\$ 133.68	\$ 92.66
\$ 12,790,999.63	(2) \$ 1,653,749.57	\$ 1,634,594.86	\$ 1,762,275.77	\$ 1,918,585.71	\$ 1,934,779.83	\$ 1,943,397.44	\$ 1,943,616.45
\$ 72,707.98	(4) \$ 9,927.18	\$ 9,610.08	\$ 9,890.49	\$ 10,667.55	\$ 10,822.21	\$ 10,893.71	\$ 10,896.76
\$ 86,789.14	(1) \$ 35,742.30	\$ -	\$ -	\$ -	\$ -	\$ 49,392.36	\$ 1,654.48
\$ 15,029,168.66	\$ 1,951,086.50	\$ 2,001,096.74	\$ 2,030,834.15	\$ 2,197,881.27	\$ 2,214,675.37	\$ 2,407,372.23	\$ 2,226,222.40
\$ 18,477,260.65	\$ 3,159,805.35	\$ 3,002,281.93	\$ 2,844,970.77	\$ 2,271,826.04	\$ 2,440,543.29	\$ 2,436,020.44	\$ 2,321,812.83
\$ (3,448,091.99)	\$ (1,208,718.85)	\$ (1,001,185.19)	\$ (814,136.62)	\$ (73,944.77)	\$ (225,867.92)	\$ (28,648.21)	\$ (95,590.43)
Claims							
\$ 11,342,114.40	(1) \$ 1,718,660.69	\$ 2,059,783.12	\$ 2,138,711.93	\$ 1,159,992.59	\$ 1,670,988.88	\$ 1,230,429.73	\$ 1,363,547.46
\$ 4,828,720.00	(2) \$ 897,494.95	\$ 630,277.54	\$ 419,926.09	\$ 822,033.10	\$ 477,276.83	\$ 918,901.30	\$ 662,810.19
\$ 56,142.81	(5) \$ -	\$ 15,592.20	\$ 7,571.11	\$ 10,908.91	\$ 12,006.84	\$ 4,736.45	\$ 5,327.30
Fixed Costs & Other							
\$ 465,933.61	(4) \$ 148,603.01	\$ 51,705.32	\$ 52,963.76	\$ 53,188.13	\$ 53,213.65	\$ 53,358.97	\$ 52,900.77
\$ 1,596,487.06	(3) \$ 364,408.60	\$ 203,042.08	\$ 202,617.10	\$ 205,426.19	\$ 207,424.57	\$ 206,815.32	\$ 206,753.20
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 148,010.69	(6) \$ 18,488.60	\$ 34,430.30	\$ 8,545.60	\$ 18,181.00	\$ 18,354.60	\$ 19,673.99	\$ 30,336.60
\$ 5,725.09	(7) \$ 330.02	\$ 829.44	\$ 868.58	\$ 2,096.12	\$ 1,277.92	\$ 185.70	\$ 137.31
\$ 5,950.48	(9) \$ 5,950.48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 7,323.15	(8) \$ -	\$ -	\$ 7,323.15	\$ -	\$ -	\$ -	\$ -
\$ 20,853.36	(10) \$ 5,869.00	\$ 6,621.93	\$ 6,443.45	\$ -	\$ -	\$ 1,918.98	\$ -

**FY 2024 Insurance
Fund by Month**

Total FYTD	July	August	September	October	November	December	January
Premiums							
\$ 1,748,213.55	(3) \$ 120,560.46	\$ 220,801.46	\$ 253,998.70	\$ 251,178.39	\$ 251,733.36	\$ 252,704.98	\$ 397,236.20
\$ 673.16	(5) \$ 43.27	\$ 71.27	\$ 113.42	\$ 82.08	\$ 199.78	\$ 79.76	\$ 83.58
\$ 11,684,048.20	(2) \$ 1,569,487.28	\$ 1,565,495.84	\$ 1,393,079.19	\$ 1,779,850.59	\$ 1,786,478.03	\$ 1,797,713.08	\$ 1,791,944.19
\$ 69,539.00	(4) \$ 9,315.53	\$ 9,343.94	\$ 8,304.30	\$ 10,552.52	\$ 10,610.00	\$ 10,687.26	\$ 10,725.45
\$ 34,797.92	(1) \$ 27,500.00	\$ -	\$ 3,917.69	\$ 3,380.23			
\$ 13,537,271.83	\$ 1,726,906.54	\$ 1,795,712.51	\$ 1,655,495.61	\$ 2,045,581.27	\$ 2,052,401.40	\$ 2,061,185.08	\$ 2,199,989.42
\$ 14,851,481.03	\$ 2,871,508.45	\$ 1,722,770.95	\$ 1,767,708.94	\$ 1,857,717.15	\$ 1,943,792.49	\$ 2,133,002.68	\$ 2,554,980.37
\$ (1,314,209.20)	\$ (1,144,601.91)	\$ 72,941.56	\$ (112,213.33)	\$ 187,864.12	\$ 108,608.91	\$ (71,817.60)	\$ (354,990.95)
Claims							
\$ 9,104,045.34	(1) \$ 1,647,810.33	\$ 998,270.12	\$ 1,497,817.15	\$ 1,022,047.96	\$ 1,155,474.23	\$ 1,287,816.62	\$ 1,494,808.93
\$ 2,196,200.17	(2) \$ 679,501.89	\$ 460,869.05	\$ 1,828.70	\$ 553,849.02	\$ 500,151.51	\$ 586,130.66	\$ 784,810.01
\$ 43,722.23	(5) \$ 7,856.01	\$ 8,508.26	\$ 8,536.78	\$ 7,431.80	\$ 11,389.38	\$ 6,791.03	\$ 4,991.62
Fixed Costs & Other							
\$ 416,118.51	(4) \$ 101,228.17	\$ 51,310.04	\$ 52,011.73	\$ 53,056.44	\$ 52,901.31	\$ 52,582.94	\$ 53,027.88
\$ 1,499,713.95	(3) \$ 374,946.17	\$ 186,461.16	\$ 184,988.14	\$ 188,418.48	\$ 188,034.34	\$ 188,666.53	\$ 188,199.13
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 170,650.33	(6) \$ 31,360.12	\$ 12,915.66	\$ 22,193.66	\$ 31,726.46	\$ 35,571.63	\$ 8,724.80	\$ 28,158.00
\$ 4,645.72	(7) \$ 319.30	\$ 296.66	\$ 332.78	\$ 1,186.99	\$ 270.09	\$ 1,255.10	\$ 984.80
\$ -	(9) \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	(8) \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 33,661.46	(10) \$ 28,486.46	\$ 4,140.00	\$ -	\$ -	\$ -	\$ 1,035.00	\$ -

Parma City Schools
Health Care
Committee
Meeting - RFP
Results

February 11, 2025

Ron Boynar
Kelsey Finucan
Tracie Collins
Jean Linkous

We See Risk So You See Opportunity



oswald

A UNISON RISK ADVISORS Company

Monthly Financials

Monthly Financials

Claim Experience - Prior Year

	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	PEPY
Medical Claims	\$1,392,477	\$1,724,247	\$1,073,455	\$1,071,518	\$1,326,638	\$1,232,913	\$1,467,222	\$1,363,890	\$1,541,274	\$1,484,303	\$1,468,899	\$1,542,117	\$16,688,952	\$1,390,746	\$13,964
Prescription Claims	\$551,915	\$611,719	\$479,289	\$690,202	\$476,617	\$691,173	\$663,084	\$541,675	\$586,755	\$622,758	\$737,602	\$736,741	\$7,389,529	\$615,794	\$6,183
Rx Rebates	(\$122,890)	(\$122,890)	(\$122,890)	(\$130,324)	(\$130,324)	(\$130,324)	(\$145,547)	(\$145,547)	(\$145,547)	(\$161,059)	(\$161,059)	(\$161,059)	(\$1,679,461)	(\$139,955)	(\$1,405)
Total Claims	\$1,821,501	\$2,213,075	\$1,429,854	\$1,631,396	\$1,672,931	\$1,793,762	\$1,984,759	\$1,760,018	\$1,982,482	\$1,946,002	\$2,045,442	\$2,117,799	\$22,399,020	\$1,866,585	\$18,741
Fees/Premium	\$235,257	\$234,270	\$236,794	\$238,769	\$238,220	\$238,440	\$236,080	\$236,410	\$237,452	\$237,342	\$237,398	\$237,288	\$2,843,721	\$236,977	\$2,379
Total Cost	\$2,056,759	\$2,447,345	\$1,666,648	\$1,870,165	\$1,911,151	\$2,032,202	\$2,220,840	\$1,996,428	\$2,219,934	\$2,183,344	\$2,282,839	\$2,355,087	\$25,242,741	\$2,103,562	\$21,121
Reimbursed Claims													(\$432,276)		
Grand Total													\$24,810,465	\$2,067,539	\$20,759

Subscribers Medical/Rx

	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Total	Average	PEPY
Medical/Rx Claim PEPM	1,190	1,184	1,195	1,201	1,202	1,204	1,193	1,193	1,198	1,197	1,193	1,192	14,342	1,195	\$18,741
Total	\$1,530.67	\$1,869.15	\$1,196.53	\$1,358.36	\$1,391.79	\$1,489.84	\$1,663.67	\$1,475.29	\$1,654.83	\$1,625.73	\$1,714.54	\$1,776.68	\$18,342	\$1,562	\$18,741

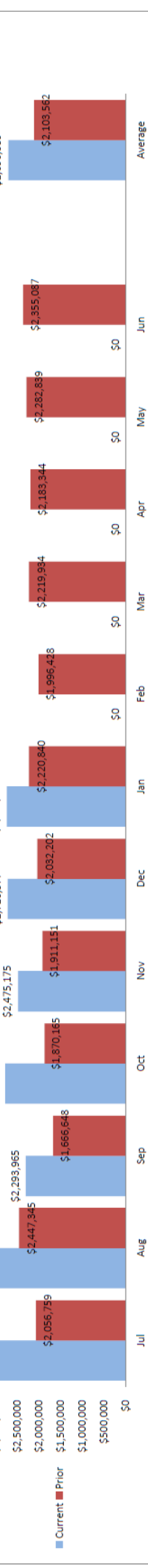
Claims Experience - Current Year

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Medical Claims	\$2,018,729	\$2,046,220	\$1,370,195	\$1,667,441	\$1,622,301	\$1,710,345	\$1,805,393	\$743,224	\$743,224	\$743,224	\$743,224	\$743,224	\$12,240,624	\$1,748,661	\$17,634
Prescription Claims	\$721,654	\$606,176	\$669,852	\$844,535	\$596,951	\$743,224	\$672,584						\$4,854,976	\$693,568	\$6,994
Rx Rebates													\$0	\$0	\$0
Total Claims	\$2,740,383	\$2,652,396	\$2,040,047	\$2,511,976	\$2,219,252	\$2,453,569	\$2,477,977						\$17,095,600	\$2,442,229	\$24,628
Fees/Premium	\$250,194	\$350,550	\$253,918	\$255,454	\$255,922	\$256,808	\$256,277						\$1,779,133	\$254,160	\$2,568
Total Cost	\$2,990,577	\$2,902,946	\$2,293,965	\$2,767,430	\$2,475,175	\$2,710,377	\$2,734,254						\$18,874,733	\$2,696,389	\$27,190
Reimbursed Claims													(\$548,504)		(\$790)
Grand Total													\$18,326,220	\$2,618,031	\$26,400

Subscribers Medical/Rx

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Medical/Rx Claim PEPM	1,165	1,162	1,183	1,193	1,206	1,212	1,209						8,330	1,190	\$24,628
Total	\$2,352.26	\$2,282.61	\$1,724.47	\$2,105.60	\$1,840.18	\$2,024.40	\$2,049.61						\$24,628	\$2,054	\$24,628

Total Cost



Monthly Financials - Continued

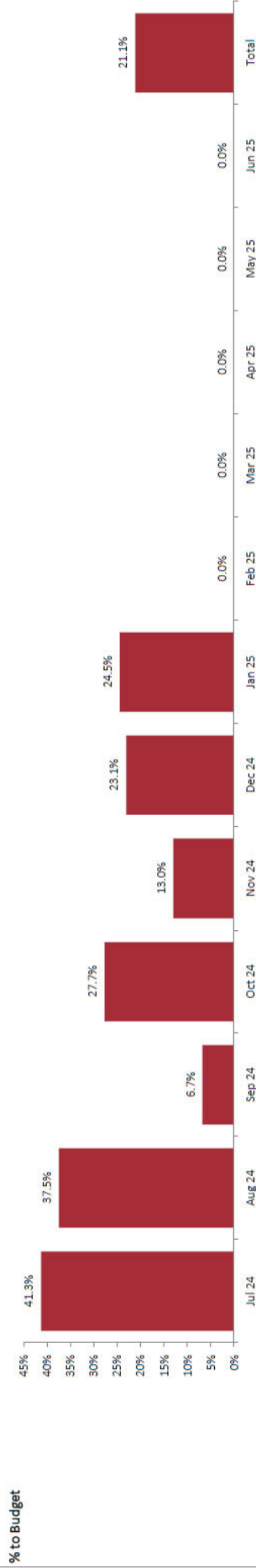
Large Claims: July 2024 - June 2025		Claims	Estimated Reimbursement
HCC1	\$543,589	(\$343,589)	
HCC2	\$400,333	(\$200,333)	
HCC3	\$204,582	(\$4,582)	
HCC4	\$177,434		
HCC5	\$176,486		
HCC6	\$175,270		
HCC7	\$150,250		
HCC8	\$143,323		
HCC9	\$142,516		
HCC10	\$138,967		
	\$2,252,149	(\$548,504)	

Plan Information	
Insurer/Medical	MMO
Rx	ESI
Contract Type	Self-Insured
Specific Stop-Loss Coverage	Medical/Rx
Aggregate Stop-Loss Coverage	\$200,000
Aggregate Stop-Loss Corridor	Medical/Rx
	115%

Due to reporting limitations, reimbursements are shown on medical claims only.
The stop loss contract covers both medical and Rx claims so actual reimbursements may differ.

Year to Date Actual vs Budgeted Plan Cost

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Budget Plan Cost	\$2,116,312	\$2,110,862	\$2,149,010	\$2,167,176	\$2,190,791	\$2,201,691	\$2,196,241						\$15,132,083	\$2,161,726	\$21,799
Actual Plan Cost	\$2,990,577	\$2,902,946	\$2,293,965	\$2,767,430	\$2,475,175	\$2,710,377	\$2,734,254						\$18,326,220	\$2,696,389	\$26,400
% Actual to Budget	141.3%	137.5%	106.7%	127.7%	113.0%	123.1%	124.5%						121.1%		



Preliminary Recommendations

Line of Coverage	Next Steps
Medical	<p>Oswald to request Best and Final Offer (BAFO) from both MIMO and Anthem (minimally)</p> <p>PCSD should not decide until stoploss is finalized but give serious consideration to the alternate offers.</p> <p>Aetna & Anthem have better discounts and lower administrative fees.</p> <p>Pending</p>
Pharmacy	<p>This line of coverage was not out to market, as we are mid-contract with ESI; however, UHC submitted a proposal. Based on results, PCSD should prepare to market this plan to take advantage of improved rebates for either 1/1/26 or 7/1/26</p>
Dental	<p>Ultimately renew with Delta</p> <p>Consider alternative plan designs to mitigate costs</p>
Vision	<p>Pending, based on Medical decision</p>

**Recommendations to be refined based on discussion today.*

Medical RFP

Preliminary Results

Medical RFP | Carrier Response

OPTION	THIRD PARTY ADMINISTRATOR	PHARMACY BENEFIT MANAGER	STOPLOSS INSURER
Current	Medical Mutual	RxOC	Medical Mutual
Renewal	Medical Mutual	RxOC	Medical Mutual
Option 1	Aetna	RxOC	Aetna
Option 2	Anthem	RxOC	Anthem
Option 3	UnitedHealthcare	Optum	UnitedHealthcare

Declined
Cigna

Medical RFP | Administrative Fees

Administrative Summary	Current	Renewal	Option 1	Option 2	Option 3
Third Party Administrator	Medical Mutual	Medical Mutual	Aetna	Anthem	UnitedHealthcare
Pharmacy Benefit Manager	RxOC	RxOC	RxOC	RxOC	Optum
Estimated Enrollment	1212	1212	1212	1212	1212
Administrative Fixed Cost	\$598,437	\$627,224	\$571,434	\$586,123	\$669,024
Rx Rebate Admin Credit	\$0	\$0	\$0	\$0	\$0
Total Fixed Cost	\$598,437	\$627,224	\$571,434	\$586,123	\$669,024
% Change		4.8%	-4.5%	-2.1%	11.8%
Administrative Fees	\$41.15	\$43.13	\$39.29	\$40.30	\$46.00
Medical Administrative Fee	\$40.90	\$42.88	\$39.29	\$38.50	\$41.00
Rx Administrative Fee	Included	Included	Included	Included	Included
Large Case Management	Included	Included	Included	Included	Included
Utilization Management	Included	Included	Included	Included	Included
Disease Management	Included	Included	Included	Included	Included
Maternity Management	Included	Included	Included	Included	Included
24/7 Nurseline	Included	Included	Included	Included	Included
Network Access	Included	Included	Included	Included	Included
Rx Integration Fee	\$0.25	\$0.25	TBD	\$1.80	\$5.00
Stop Loss Integration Fee	Included	Included	Included	Included	Included

Rx Rebates

Rebate Type	Pass Thru	Pass Thru	Pass Thru + Credit
Rebate Estimate Annual (\$)	-\$1,839,670.56	-\$1,839,670.56	-\$3,100,000.00

Other Considerations

Administrative Fee Guarantee	2025: +1.5%	2026: +1.5%	2026/2027: +0%	2026: +3%	2026: +2.5%
Administrative Credit (\$)	\$0.00	\$0.00	\$142,505.00	\$0.00	2027: +2%
Universal/Implementation Credit (\$)	\$0.00	\$0.00	\$80,000.00	\$150,000.00	\$0.00
Wellness Allowance (\$)	\$75,000.00	\$75,000.00	Included in Universal Credit	\$75,000.00	\$300,000.00
Performance Guarantee At Risk (\$)	\$0.00	\$0.00	\$142,858.44	\$54,000.00	\$0.00
Discount Guarantee At Risk (\$)	\$149,609.23	TBD	\$171,430.13	\$140,000.00	Total Cost of Care Guarantee Offered
Claim Target Guarantee At Risk (\$)	\$0.00	\$0.00	\$142,858.44	\$0.00	\$0.00
Medical Service Guarantee At Risk (\$)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Must choose one or other

Medical RFP | Discount/Repricing Analysis

	% PROVIDER DISCOUNT		% NETWORK UTILIZATION		TOTAL BLENDED DISCOUNT
	In-Network	Non-Network	In-Network	Non-Network	
	Blended				
Medical Mutual	55.5%	20.0%	97.0%	3.0%	54.5%
Medical Mutual	55.5%	20.0%	97.0%	3.0%	54.5%
Aetna	57.0%	20.0%	99.5%	0.5%	56.8%
Anthem	60.9%	20.0%	95.9%	4.1%	59.2%
UnitedHealthcare	0.0%	20.0%	0.0%	0.0%	0.0%

Network Discount Guarantee:

	Target Discount	Risk Free Corridor	Fees at Risk %	Fees at Risk \$
Medical Mutual				
Aetna	61.80%	1.00%	30.00%	\$171,430.13
Anthem	57.40%	0.00%	24.00%	\$140,000.00
UnitedHealthcare				
		Provided total cost of care guarantee		

Projected results for illustrative comparison only based on data period, provider mix and utilization utilized; Costs and discounts will vary based on a number of factors including actual utilization and provider mix

Medical RFP | Financial Summary

Vendor Summary Current Renewal Option 1 Option 2 Option 3

Third Party Administrator Pharmacy Benefit Manager StopLoss Insurer	Medical Mutual RxOC Medical Mutual	Medical Mutual RxOC Medical Mutual	Aetna RxOC Aetna	Anthem RxOC Anthem	UnitedHealthcare Optum UnitedHealthcare
PEPM Cost Summary	Current	Renewal	Option 1	Option 2	Option 3
Projected Claims (Oswald Claims Projection)	\$1,732.56	\$1,910.00	\$1,875.94	\$1,840.50	\$1,910.00
Projected Claims (Carrier Expected)	\$1,753.37		\$2,039.63	\$2,044.87	\$1,799.41
Medical / Rx Administration	\$41.15	\$43.13	\$39.29	\$40.30	\$46.00
Rx Rebate Credit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rx Rebates Estimate	-\$126.49	-\$126.49	-\$126.49	-\$126.49	-\$213.15
Specific StopLoss	\$161.87	\$181.29	\$198.90	\$169.97	\$187.73
Aggregate StopLoss	\$9.00	\$9.58	\$25.01	\$9.23	\$6.61
Administrative Credits	\$0.00	\$0.00	-\$15.30	-\$10.31	-\$20.63
Termination Fees (Incumbent)	\$0.00	\$0.00	\$10.29	\$10.29	\$10.29
Total Cost PEPM (Oswald Claims Projection)	\$1,818.08	\$2,017.51	\$2,007.63	\$1,933.49	\$1,926.85
Total Max Cost PEPM (Carrier Expected Rates)	\$1,838.89		\$2,171.32	\$2,137.85	\$1,816.26
Projected Annual Cost	Current	Renewal	Option 1	Option 2	Option 3
Enrollment	1,212	1,212	1,212	1,212	1,212
Projected Claims (Stop Loss Carrier)	\$25,501,042		\$29,664,322	\$29,740,583	\$26,170,590
Projected Claims (Oswald)	\$25,198,353	\$27,779,040	\$27,283,607	\$26,768,283	\$27,779,040
Estimated Annual Rebates	-\$1,839,671	-\$1,839,671	-\$1,839,671	-\$1,839,671	-\$3,100,000
Total Fixed Fees	\$3,083,504	\$3,403,244	\$3,755,085	\$3,192,017	\$3,345,114
Projected Annual Cost (Oswald Claims Projection)	\$26,442,186	\$29,342,613	\$29,199,021	\$28,120,630	\$28,024,154
Projected Annual Cost (Carrier Expected Rates)	\$26,744,875		\$31,579,736	\$31,092,930	\$26,415,704
Projected Maximum Cost (Carrier Max Rates)	\$30,570,032		\$36,489,292	\$35,554,017	\$30,341,293
			10.43%	6.35%	5.98%
			18.08%	16.26%	-1.23%
			10.97%	16.3%	2.6%
			8.3%	16.6%	11.8%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			12.0%	5.0%	68.5%
			6.5%	2.6%	16.0%
			0.0%	0.0%	-26.5%
			0.0%	0.0%	0.0%
			4.8%	0.0%	0.0%
			10.2%	16.3%	2.6%
			8.3%	16.6%	11.8%
			10.43%	6.35%	5.98%
			18.08%	16.26%	-1.23%
			10.97%	16.3%	2.6%
			8.3%	16.6%	11.8%
			0.0%	0.0%	0.0%
			10.4%	3.5%	68.5%
			10.97%	6.35%	5.98%
			18.08%	16.26%	-1.23%
			19.36%	16.30%	-0.75%

Stop Loss RFP

External Carriers

Stop Loss RFP | Market Summary

Stop-Loss Market	Market Response
AccuRisk Solutions, LLC	Declined
ATS Underwriting	Declined
Berkley Accident and Health	Declined
Berkshire Hathaway Specialty Insurance Company	Quoted - Contingent
Crum & Forster	Declined
Granular Insurance Company	Quoted - Contingent
IOA Re, LLC	Declined
ISU, a division of Companion Life Insurance Company	Declined
QBE A&H	Quoted - Contingent
Sun Life Financial	Quoted - Contingent
Swiss Re	Quoted - Contingent
Symetra	Quoted - Contingent
Tokio Marine HCC	Quoted - Contingent
Voya Financial	Declined
	Uncompetitive Rates
	Uncompetitive Rates
	Adverse Large Claims History
	Uncompetitive Rates
	Adverse Large Claims History
	Adverse Large Claims History
	Uncompetitive Rates
	Uncompetitive Rates

Stop Loss RFP (Excerpt)

Stop-Loss Terms	Current	Option 1	Option 2	Option 3	Option 4	Option 5
Stop-Loss Market	Medical Mutual of Ohio	Granular Insurance Company	Tokio Marine HCC	OBE A&H	Swiss Re	Sun Life Financial
Stop-Loss Carrier and Financial Rating	Medical Mutual of Ohio : Medical Mutual of Ohio	Granular Insurance Company : A- Medical Mutual of Ohio	HCC Life Insurance Company : A++ Medical Mutual of Ohio	OBE Insurance Corporation : A+ Medical Mutual of Ohio	Swiss Re Corporate Solutions America Insurance Corporation : A+ Medical Mutual of Ohio	Sun Life Assurance Company of Canada : A+ Medical Mutual of Ohio
ASOTPA Provider Network	Medical Mutual of Ohio	Medical Mutual of Ohio	Medical Mutual of Ohio	Medical Mutual of Ohio	Medical Mutual of Ohio	Medical Mutual of Ohio
Individual Stop-Loss (ISL) Terms						
Deductible	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Deductible Accumulation	Per Individual	Per Individual	Per Individual	Per Individual	Per Individual	Per Individual
Separate Layer Liabilities	None	\$0	\$0	\$0	\$0	\$0
Separate Aggregating Specific Deductible	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Maximum Coverage Limit	Paid	24/12	24/12	24/12	24/12	24/12
Contract Basis	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs
Coverages Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Terminal Liability Option Provision	Not Included	Included	Not Included	Not Included	Not Included	Included
No New Laser at Renewal Provision	Not Included	Included	Not Included	Not Included	Not Included	Included
Premium Rate Cap at Renewal Provision	Not Included	Included; 40%	Not Included	Not Included	Not Included	Included; 50%
Plan Mirroring Provision	Included; Subject to plan document approval	Included; Subject to plan document approval	Included; Subject to plan document approval	Included; Subject to plan document approval	Included; Subject to plan document approval	Included; Subject to plan document approval
Advance Reimbursement Provision	Included	Included	Included	Included	Included	Included
Experience Refund Provision	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Retirees Covered	No	Yes	No	No	No	No
Aggregate Stop-Loss (ASL) Terms						
Deductible Corridor	115%	120%	120%	120%	120%	120%
Contract Basis	Paid	24/12	24/12	24/12	24/12	24/12
Annual Maximum Benefit	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Coverages Included	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs	Medical; Prescription Drugs
Minimum Annual Attachment Point						
Run-In / Run-Out Limit	\$0	\$31,712,936	\$37,589,336	\$38,635,674	\$35,716,932	\$36,836,077
Terminal Liability Option Provision	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Aggregate Accommodation	Annual	Annual	Annual	Annual	Annual	Annual
Retirees Covered	No	Yes	No	No	No	No
Status	Current	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent
Commission	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Stop-Loss Premium (Fixed Cost)	Lives					
Individual Stop-Loss (ISL)	Employee Only	\$55.98	\$159.58	\$176.81	\$118.22	\$104.88
	Family	\$29.69	\$159.58	\$176.81	\$263.76	\$288.43
	Annual Premium Subtotal	\$2,349,366.12	\$2,315,186.64	\$2,565,159.48	\$2,831,136.48	\$2,929,060.44
Aggregate Stop-Loss (ASL)	Employee Only	\$4.89	\$9.98	\$8.10	\$8.90	\$2.95
	Family	\$12.76	\$9.98	\$8.10	\$8.90	\$2.95
	Annual Premium Subtotal	\$131,291.28	\$144,789.84	\$117,514.80	\$129,121.20	\$42,798.60
Total Annual Premium/Fees		\$2,480,657.40	\$2,459,976.48	\$2,682,674.28	\$2,960,257.68	\$2,971,859.04
Change from Current (\$)		-176,787.00	-320,680.92	\$202,016.88	\$479,600.28	\$491,201.64
Change from Current (%)		-7.13%	-0.83%	8.14%	19.33%	19.60%

Dental & Vision RFP

Preliminary Results

Dental and Vision Responses

Carrier	Dental Dual Option	Vision - ASO	Vision - FI
Delta	Incumbent	Not Quoted	X
Medical Mutual of Ohio	X	Incumbent	Not Quoted
Guardian	X	X	X
MetLife	Pending	Not Offered	Pending
Unum	X	Not Offered	X
Principal	DTQ	DTQ	DTQ
Lincoln Financial	DTQ	DTQ	DTQ
SunLife	DTQ	DTQ	DTQ
EyeMed	Not Offered	X	Not Quoted
Vision Service Plan	Not Offered	X	Not Quoted

Dental | Claims Experience

MONTH	PAID CLAIMS	BILLED PREMIUM	LOSS RATIO
7/31/2023	\$20,289.00	\$83,807.60	24.21%
8/31/2023	\$139,220.36	\$82,468.38	168.82%
9/30/2023	\$55,880.80	\$83,498.26	66.92%
10/31/2023	\$74,137.84	\$83,918.70	88.34%
11/30/2023	\$67,835.51	\$84,296.12	80.47%
12/31/2023	\$70,701.96	\$84,208.26	83.96%
1/31/2024	\$94,482.23	\$83,563.46	113.07%
2/29/2024	\$85,333.49	\$83,592.18	102.08%
3/31/2024	\$96,135.00	\$83,909.54	114.57%
4/30/2024	\$102,892.99	\$83,969.24	122.54%
5/31/2024	\$80,509.78	\$84,027.44	95.81%
6/30/2024	\$88,769.92	\$83,959.94	105.73%
7/31/2024	\$111,376.77	\$82,178.02	135.53%
8/31/2024	\$108,393.38	\$82,207.30	131.85%
9/30/2024	\$60,360.63	\$83,589.12	72.21%
10/31/2024	\$83,622.49	\$84,154.24	99.37%
11/30/2024	\$58,169.48	\$85,054.56	68.39%
12/31/2024	\$70,170.39	\$85,321.14	82.24%
Total	\$1,468,282.02	\$1,507,723.50	97.38%
		Most recent 12 months	103.45%

Dental Financial Summary

<i>Dental Dual Option</i>	Delta - Current	Delta - Renewal	Medical Mutual of Ohio	Guardian	Unum
Annual Premium	\$1,019,434	\$1,226,852	\$1,345,396	\$1,529,141	\$1,203,593
Variance to current/renewal		20%	32% / 12%	50% / 30%	18% / -2%
Dollar Savings to current/renewal		\$207,418	\$325,962 / \$118,544	\$509,707 / \$302,289	\$184,159 / -\$23,259

Dental Plan Summary

	Delta - Current				Medical Mutual of Ohio				Guardian				Unum			
	Admin & Certified Employees		Classified Employees		Admin & Certified Employees		Classified Employees		Admin & Certified Employees		Classified Employees		Admin & Certified Employees		Classified Employees	
	PPO Network	Premier Network	PPO Network	Non-Par	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible - Calendar Year or Lifetime Annual Maximum	Calendar Year				Calendar Year				Calendar Year				Calendar Year			
Preventive - Type 1	100%	100%	100%	100%	\$2,500	\$2,500	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500
Basic - Type 2	80%	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Major - Type 3	60%	60%	60%	60%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Ortho - Type 4	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Ortho Age Limit	Adult & Child(ren)				Adult & Child(ren)				Adult & Child(ren)				Adult & Child(ren)			
Ortho Maximum	\$1,000				\$750				\$1,000				\$750			
Endodontics	Basic				Basic				Basic				Basic			
Periodontics - Non-Surgical	Basic				Basic				Basic				Basic			
Periodontics - Surgical	Basic				Basic				Basic				Basic			
Oral Surgery	Basic				Basic				Basic				Basic			
Implants	Not Included				Major				Not Included				Major			
Out-of-Network Reimbursement	Fee Schedule				Fee Schedule				Fee Schedule				90th UCR			
Maximum Rollover	Not Included				Not Included				Not Included				Not Included			
Waiting Periods	None				None				None				None			
Employer Contribution	Certified: 100% Employer Paid Admin: 85% Employer Paid				100% Employer Paid				Certified: 100% Employer Paid Admin: 85% Employer Paid				100% Employer Paid			
Participation Requirement	Assumes current				Assumes current				96% of eligible employees				80% of eligible employees			
Rate Guarantee / Rate Caps	1 year				1 year				2 years				2 years			

Dental | Rates

Rate Summary	Admin & Certified EEs		Classified EEs		Delta - Current		Medical Mutual of Ohio		Guardian		Unum	
	Admin & Certified Employees		Classified Employees		Classified Employees		Admin & Certified Employees	Classified Employees	Admin & Certified Employees	Classified Employees	Admin & Certified Employees	Classified Employees
	Current	Renewal	Current	Renewal	Current	Renewal	Admin & Certified Employees	Classified Employees	Admin & Certified Employees	Classified Employees	Admin & Certified Employees	Classified Employees
Employee Only	244	248	\$37.84	\$45.51	\$29.66	\$35.68	\$49.91	\$39.14	\$56.73	\$44.47	\$44.65	\$35.00
Employee + One or More	494	233	\$96.60	\$116.19	\$88.60	\$106.81	\$127.40	\$117.15	\$144.81	\$133.14	\$113.99	\$104.78
Monthly Premium			\$56,953	\$68,502	\$27,999	\$33,735	\$75,114	\$37,003	\$85,378	\$42,050	\$67,206	\$33,094
Annual Premium			\$683,440	\$822,028	\$335,994	\$404,824	\$901,364	\$444,032	\$1,024,539	\$504,602	\$806,468	\$397,125
CURRENT: Total Monthly Premium			\$84,953				\$112,116		\$127,428		\$100,299	
CURRENT: Total Annual Premium			\$1,019,434				\$1,345,396		\$1,529,141		\$1,203,593	
RENEWAL: Total Monthly Premium			\$102,238									
RENEWAL: Total Annual Premium			\$1,226,852									

Enrollment illustrated from census

Vision Proposal

	Medical Mutual of Ohio - Current In-Network Copays & Allowances	Delta In-Network Copays & Allowances	Guardian In-Network Copays & Allowances	Unum In-Network Copays & Allowances	EyeMed In-Network Copays & Allowances	Vision Service Plan In-Network Copays & Allowances
Network: Exam Copy Materials Copy	VSP \$0 Up to \$48 \$0	VSP Choice \$10 Up to \$45 \$25	VSP Choice \$0 Up to \$39 Every Other Calendar Year/Every Other Calendar Year	EyeMed Insight \$10 Up to \$40 \$10	EyeMed Insight \$0 Up to \$40 \$0	VSP Advantage \$0 Up to \$45 \$0
Frequency - Exam / Lenses / Frames	24/24/24	12/12/24	Every Other Calendar Year/Every Other Calendar Year	12/12/24	24/24/24	24/24/24
Single Lenses	Up to \$42	Up to \$30	Up to \$23	Up to \$30	Up to \$30	Up to \$30
Bifocal Lenses	Up to \$62	Up to \$50	Up to \$37	Up to \$50	Up to \$50	Up to \$50
Trifocal Lenses	Up to \$77	Up to \$65	Up to \$49	Up to \$70	Up to \$70	Up to \$60
Lenticular Lenses	Up to \$100	Up to \$100	Up to \$64	Up to \$70	Up to \$70	N/A
Frames - After Copay	Up to \$70	Up to \$70	\$130 + 20% off balance Costco, Walmart, Sam's Club; \$70	Up to \$91	Up to \$65	\$130 + 20% off balance
Contacts (Elective)	\$130	\$130	\$130 (Copay waived)	Up to \$130	Up to \$65	\$130
Contacts (Med Nec)	Covered in full	Covered in full after copay	Covered in full	Covered in full after copay	Covered in full	Covered in full
Employer Contribution	Certified & Classified: 100% Employer Paid Admin: 85% Employer Paid	Certified & Classified: 100% Employer Paid Admin: 85% Employer Paid	Certified & Classified: 100% Employer Paid Admin: 85% Employer Paid	Certified & Classified: 100% Employer Paid Admin: 85% Employer Paid	Certified & Classified: 100% Employer Paid Admin: 85% Employer Paid	Certified & Classified: 100% Employer Paid Admin: 85% Employer Paid
Participation Requirement	Assumes current	No participation requirement	94% of eligible employees	80% of eligible employees	Minimum 10 lives	No participation requirement
Rate Guarantee	Through 6/30/25	ASO Admin: N/A	ASO Admin: 3 years Fully Insured: 2 years	ASO Admin: N/A Fully Insured: 3 years	ASO Admin: 4 years Fully Insured: N/A	ASO Admin: 4 years Fully Insured: N/A
Rate Summary - ASO Fixed Fee	Current - ASO	Delta	Guardian	Unum	EyeMed	Vision Service Plan
Employee Count	1201	1201	1201	1201	1201	1201
ASO Fixed Fee	\$1.06	ASO Not Quoted	\$1.95	ASO Not Quoted	\$0.62	\$1.35
Monthly Premium	\$1,273	\$15,277	\$2,342	\$8,103	\$745	\$1,621
Annual Premium	\$15,277	\$155,074	\$28,103	\$97,236	\$8,935	\$19,456
Enrollment Illustrated from census	Current - ASO Premium Equivalents	Delta	Guardian	Unum	EyeMed	Vision Service Plan
Employee Only	\$4.97	\$5.20	\$5.47	\$5.57	\$5.28	\$5.28
Employee + One or More	\$11.86	\$14.36	\$13.28	\$13.28	\$12.310	\$12.310
Monthly FI Premium	\$10,992	\$12,923	\$12,263	\$12,310	\$147,722	\$147,722
Annual FI Premium	\$131,901	\$155,074	\$147,156	\$147,722	\$147,722	\$147,722

*ASO Total Annual Fixed Fee Cost does not include the estimated claims cost that would occur.

Terms & Conditions

This proposal/summary has been prepared by Oswald Companies based on financial and underwriting information supplied to us by you and/or your current carrier/administrator. In the event that there have been changes or we're missing material data, you must supply the data to us so that we in turn can forward the information to the insuring companies for consideration.

This proposal is intended to be a summary. The actual policies issued by the insuring companies will contain the legally binding terms, conditions and exclusions. Upon receipt of the policies, we urge you to thoroughly review them for accuracy and expected coverage. If you have any questions regarding your understanding or acceptance, please notify us immediately.

The information displayed is intended to be a brief review of limits and coverages. It is not intended to be a complete description of all coverages, exclusions, terms or conditions. Please refer to the policy for a complete explanation of coverages.

Appendix

Medical Notes
Carrier Contingencies

Medical Carrier Notes

MEDICAL MUTUAL:

- Added Total Health to the Admin Fee, which is why the admin fee went up 4.8% when the guarantee was 1.5% for 7.1.25.
- MMO didn't quote stop loss yet.
- MMO currently has a discount guarantee in effect for the current contract period (54.5%). They did not include a DG in their offer, but they do mention it in the cover letter so we would work to get this added during BAFO. MMO reprice is showing a 55.5% discount for in network claims.
- No Performance guarantees included
- Including \$75,000 wellness

AETNA:

- 3-year admin at 0%, and offering year 4 and 5 at 3%
- Including 3-month admin waiver worth approx. \$142k
- Including \$80,000 universal fund annually
- Including standard performance guarantees
- Discount guaranteed offer at 61.8%, with a risk-free corridor of 1% before 30% of fees are at risk. Their "reprice" is showing a 57% discount for in network claims. The reprice is retrospective, and Discount Guarantee would be a "prospective" look at things. Aetna is very confident in their relationship with the Clinic.
- Offering a claim target guarantee OR a Discount Guarantee.

Medical Carrier Notes

ANTHEM:

- Quoted admin 0% for 3 years
- Included \$150k implementation credit
- \$75,000 wellness allowance
- Standard performance guarantees offered
- Included discount guarantee of 57.4% with no risk-free corridor and \$140k of fees at risk. Claims reprice was strong at 60.9% of in network claims.

UHC:

- UHC quoted assuming carve in Rx
- Offered \$300k year 1 credit, and 100k year 2 and 3. \$300k would go down to \$200k if medical only is awarded.
- Standard performance guarantees offered.
- UHC quoted Med and Rx and included their AGG share and total cost of care guarantees, which essentially means UHC will split 50/50 with the client in any claims that go above 105% of expected claims. This is the reason why on the spreadsheet the “carrier max” claims projection is low. They offer a lower ceiling of risk. This would not be in effect if Rx is not offered, and the claim target would be adjusted to be medical claims only and a % of admin at risk.
- Didn’t do repricing due to the total cost of care guarantees
- UHC also provided a rebate estimate. They would be providing rebate credit of \$41 PEPM on admin and then pass through rebates on top of that. Estimate of the credit and pass through total is \$3.1 million.

Ancillary Carrier Notes

Carrier	Notes
Delta	<ul style="list-style-type: none"> * Provided FI Vision proposal * Also included discount analysis and GeoAccess report
Medical Mutual of Ohio	<ul style="list-style-type: none"> * Provided Dental quote matching current * Included two alternate plans; see proposal for details (lower maxes & MAC option) * Also included discount analysis and GeoAccess report
Guardian	<ul style="list-style-type: none"> * Rates assume a full package sale * Quoted MAC & 90th UCR on Dental; see proposal for MAC option * Provided GeoAccess report; pending discount analysis * Pending updated Dental quote with \$2,500 max for Classified Employees
MetLife	<ul style="list-style-type: none"> * Proposal is pending * Do not offer ASO Vision
Unum	<ul style="list-style-type: none"> * Provided GeoAccess reports for Dental & Vision and discount analysis * Unable to quote ASO Vision * Tech Credits are not included but can revisit * \$1,000 is the lowest Ortho max that can be quoted * Included max rollover; there is no impact to rates
Principal	<ul style="list-style-type: none"> * DTQ due to uncompetitive rates
Lincoln Financial	<ul style="list-style-type: none"> * DTQ due to uncompetitive rates
SunLife	<ul style="list-style-type: none"> * DTQ due to uncompetitive rates
EyeMed	<ul style="list-style-type: none"> * Provided GeoAccess report and Sample ID Cards; see report and flyer provided for details * Anything over 80% is considered ER-Paid; changing contribution structure will not change rates * Only quoted ASO Vision; if FI is quoted alongside ASO, it will prevent EyeMed from sharing any other info on ASO quote (claims projections, COBRA rates, disruptions, etc.)
Vision Service Plan	<ul style="list-style-type: none"> * Per VSP, rates are guaranteed 4-6 years * Only quoted ASO Vision

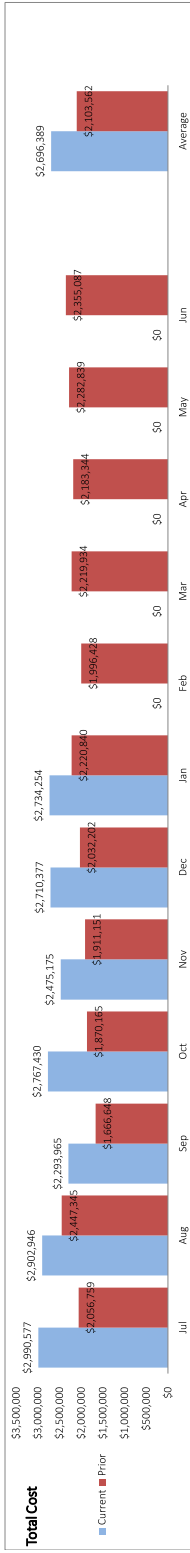
ASO Claims + Fees

Claim Experience - Prior Year															
	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	PEPY
Medical Claims	\$1,332,477	\$1,724,747	\$1,075,455	\$1,071,318	\$1,326,658	\$1,332,913	\$1,467,222	\$1,365,890	\$1,541,274	\$1,484,303	\$1,168,859	\$1,542,117	\$16,688,952	\$1,350,746	\$3,984
Prescription Claims	\$351,935	\$811,719	\$475,289	\$690,330	\$476,917	\$691,175	\$663,084	\$541,675	\$386,733	\$562,738	\$731,602	\$736,741	\$7,389,529	\$613,794	\$6,183
Rx Rebates	\$1,222,000	\$1,122,000	\$1,122,000	\$633,333	\$1,122,000	\$1,122,000	\$1,122,000	\$1,122,000	\$1,122,000	\$1,122,000	\$1,122,000	\$1,122,000	(\$1,619,400)	(\$136,600)	(\$1,619,400)
Total Claims	\$1,821,500	\$2,215,075	\$1,423,654	\$1,681,396	\$1,677,951	\$1,793,762	\$1,984,799	\$1,760,018	\$1,982,482	\$1,946,002	\$2,045,442	\$1,177,799	\$22,399,000	\$1,866,585	\$18,741
Fees/Premium	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$2,552,977	\$24,943,721	\$2,078,643	\$2,078,643
Total Cost	\$2,066,750	\$2,447,545	\$1,666,648	\$1,870,165	\$1,931,131	\$2,032,232	\$2,230,840	\$1,956,458	\$2,219,934	\$2,189,544	\$2,355,687	\$2,355,687	(\$432,716)	\$2,105,586	(\$160)
Reimbursed Claims													\$24,810,465	\$2,067,339	\$20,759
Grand Total															

Subscribers Medical/Rx															
	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	PEPY
Medical/Rx Claim PEPY	1,190	1,184	1,195	1,201	1,202	1,204	1,193	1,193	1,198	1,197	1,193	1,197	14,342	1,195	\$18,741
Medical/Rx Claim REPM	\$1,500,677	\$1,869,115	\$1,196,559	\$1,558,456	\$1,391,179	\$1,689,244	\$1,663,677	\$1,475,429	\$1,654,483	\$1,625,779	\$1,714,154	\$1,779,688	\$17,658,329	\$1,480,687	\$18,741

Claims Experience - Current Year															
	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Medical Claims	\$2,018,729	\$2,046,220	\$1,370,195	\$1,667,441	\$1,622,301	\$1,710,345	\$1,805,393	\$1,805,393	\$1,805,393	\$1,805,393	\$1,805,393	\$1,805,393	\$12,240,624	\$1,748,661	\$17,634
Prescription Claims	\$721,654	\$606,176	\$669,852	\$844,335	\$596,951	\$743,224	\$672,584	\$672,584	\$672,584	\$672,584	\$672,584	\$672,584	\$4,854,976	\$693,568	\$6,994
Rx Rebates													\$0	\$0	\$0
Total Claims	\$2,740,383	\$2,652,396	\$2,040,047	\$2,511,776	\$2,219,252	\$2,453,569	\$2,477,977	\$2,477,977	\$2,477,977	\$2,477,977	\$2,477,977	\$2,477,977	\$17,095,600	\$2,442,229	\$24,628
Fees/Premium	\$250,194	\$250,550	\$253,918	\$255,454	\$255,932	\$256,808	\$256,277	\$256,277	\$256,277	\$256,277	\$256,277	\$256,277	\$1,779,123	\$254,160	\$2,563
Total Cost	\$2,990,577	\$2,902,946	\$2,293,965	\$2,767,230	\$2,475,175	\$2,710,377	\$2,734,254	\$2,734,254	\$2,734,254	\$2,734,254	\$2,734,254	\$2,734,254	\$18,874,723	\$2,686,389	\$27,190
Reimbursed Claims													(\$548,504)	(\$548,504)	(\$700)
Grand Total													\$18,326,220	\$2,618,031	\$26,400

Subscribers Medical/Rx															
	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Medical/Rx Claim PEPY	1,165	1,162	1,183	1,193	1,206	1,212	1,209	1,209	1,209	1,209	1,209	1,209	8,330	1,190	\$24,638
Medical/Rx Claim REPM	\$2,352,266	\$2,282,611	\$1,724,477	\$2,105,600	\$1,840,188	\$2,024,400	\$2,049,611	\$2,049,611	\$2,049,611	\$2,049,611	\$2,049,611	\$2,049,611	\$18,326,220	\$2,054	\$24,638



Large Claims: July 2024 - June 2025		Estimated Reimbursement	
Category	Claims	Estimated Reimbursement	PEPY
Wynethia Gravis And Other Myocardial Disorders	\$543,389	(\$343,589)	
Encounter For Other Atrial Fibrillation	\$400,333	(\$200,333)	
Encounter For Other Atrial Fibrillation	\$204,582	(\$102,291)	
Osteonecrosis (Destruction Of Bone Tissue)	\$177,434	(\$88,717)	
Bacterial Pneumonia Not Elsewhere Classified	\$176,486	(\$88,243)	
Encounter For Other Atrial Fibrillation	\$175,270	(\$87,635)	
Complications Of Procedures Not Elsewhere Classified	\$130,250	(\$65,125)	
Pulmonary Embolism (Blood Clot In Lung Blocking The Coronary Artery)	\$142,316	(\$71,158)	
Other Necrotizing Vasculopathies (Blood Vessel Inflammation)	\$142,316	(\$71,158)	
Systemic Lupus Erythematosus (Chronic Connective Tissue Disease)	\$138,367	(\$69,183)	
Total	\$2,732,149	(\$1,484,504)	

Year to Date Actual vs Budgeted Plan Cost															
	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Total	Average	PEPY
Budget Plan Cost	\$2,116,312	\$2,110,862	\$2,149,010	\$2,167,176	\$2,190,791	\$2,201,691	\$2,196,241	\$2,196,241	\$2,196,241	\$2,196,241	\$2,196,241	\$2,196,241	\$15,132,083	\$2,161,726	\$21,799
Actual Plan Cost	\$2,990,577	\$2,902,946	\$2,293,965	\$2,767,230	\$2,475,175	\$2,710,377	\$2,734,254	\$2,734,254	\$2,734,254	\$2,734,254	\$2,734,254	\$2,734,254	\$18,326,220	\$2,696,389	\$26,400
% Actual to Budget	141.3%	137.5%	106.7%	127.7%	113.0%	123.1%	124.5%	124.5%	124.5%	124.5%	124.5%	124.5%	121.1%	121.1%	121.1%

