

**PARMA CITY SCHOOLS DISTRICT**  
**MINUTES**  
**INSURANCE COMMITTEE MEETING**  
**September 9, 2025**

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

**Financials**

- Sean discussed the Financials for the Insurance Fund. The fund balance as of 8/31/2025 was (\$801,575). Expenditures exceeded revenues for the month of March by \$1,076,029.

**Wellness**

- There was no wellness update.

**Oswald**

- Oswald provided their monthly financial update. Medical Mutual described the pros and cons of joining a health care consortium.

Meeting was adjourned at 2:32 p.m.

## Insurance Fund Highlights

- Expenditures exceeded revenues by \$1,076,029.26 for the month of August.
- The insurance fund balance as of August 31, 2025 was (\$801,575).
- The medical claims decreased in August compared to July. However, the June 27<sup>th</sup> medical claims were paid in July.
- Through August 31, 2025, expenditures have exceeded revenues by \$3,146,681 for fiscal year 2026.
- We have not received any stop-loss payments from Granular Insurance. We have submitted two claims.

<b>Fiscal Year</b>	<b>2026</b>	<b>2025</b>	<b>2024</b>	<b>2023</b>
<b>FY Beg. Balance (cash)</b>	<b>\$ 2,345,135.09</b>	<b>\$ 5,996,606.30</b>	<b>\$ 6,985,590.17</b>	<b>\$ 6,795,523.85</b>
<b>Premiums</b>				
Employees - Med/Rx	\$ 558,770.60	\$ 3,562,713.30	\$ 3,078,436.35	\$ 3,142,631.17
Vision - Emp	\$ 167.83	\$ 1,219.19	\$ 1,131.04	\$ 130,611.53
Board of Education - Med/Rx	\$ 3,938,279.92	\$ 22,558,574.57	\$ 20,624,545.46	\$ 21,320,951.37
Vision - BoE	\$ 19,601.74	\$ 127,556.01	\$ 123,338.26	\$ 931.68
Misc	\$ -	\$ 86,789.14	\$ 43,760.96	\$ 140,010.50
<b>Total Revenue</b>	<b>\$ 4,516,820.09</b>	<b>\$ 26,336,852.21</b>	<b>\$ 23,871,212.07</b>	<b>\$ 24,735,136.25</b>
<b>Total Expense</b>	<b>\$ 7,663,530.16</b>	<b>\$ 29,988,323.42</b>	<b>\$ 24,860,195.94</b>	<b>\$ 24,545,069.93</b>
<b>Reserve Gain/(Loss)</b>	<b>\$ (3,146,710.07)</b>	<b>\$ (3,651,471.21)</b>	<b>\$ (988,983.87)</b>	<b>\$ 190,066.32</b>
<b>Claims</b>				
Medical	\$ 5,476,098.81	\$ 19,231,963.84	\$ 15,911,171.06	\$ 16,726,665.33
Prescription	\$ 1,608,542.27	\$ 7,243,294.84	\$ 5,699,333.25	\$ 4,864,063.60
Vision	\$ 15,544.13	\$ 103,618.71	\$ 96,190.00	\$ 82,607.75
<b>Fixed Costs &amp; Other</b>				
Administration Fee	\$ 118,660.63	\$ 684,268.35	\$ 612,044.86	\$ 784,277.35
Stop Loss Premiums	\$ 388,186.26	\$ 2,428,395.73	\$ 2,250,725.34	\$ 1,862,905.66
Grail	\$ 424.50	\$ -	\$ 2,547.00	
Consultant/Legal Fees	\$ 39,456.03	\$ 255,276.79	\$ 236,264.37	\$ 199,687.79
Subrogation	\$ 425.40	\$ 7,378.17	\$ 6,548.94	\$ 2,745.24
Health Fair/Wellness	\$ -	\$ 5,950.48	\$ 11,709.66	\$ 12,034.21
ACA Fees	\$ 7,165.13	\$ 7,323.15	\$ -	\$ -
Misc	\$ 9,027.00	\$ 20,853.36	\$ 33,661.46	\$ 10,083.00
<b>FY Ending Balance (cash)</b>	<b>\$ (801,574.98)</b>	<b>\$ 2,345,135.09</b>	<b>\$ 5,996,606.30</b>	<b>\$ 6,985,590.17</b>

**FY 2026 Insurance  
Fund by Month**

Total FYTD			July	August
<b>Premiums</b>				
\$ 558,770.60	Employees	(3)	\$ 279,078.08	\$ 279,692.52
\$ 167.83	Vision - Emp	(5)	\$ 86.40	\$ 81.43
\$ 3,938,279.92	Board of Education	(2)	\$ 1,973,086.39	\$ 1,965,193.53
\$ 19,601.74	Vision - BOE	(4)	\$ 9,827.71	\$ 9,774.03
\$ -	Misc	(1)	\$ -	\$ -
\$ 4,516,820.09	<b>Total Revenue</b>		\$ 2,262,078.58	\$ 2,254,741.51
\$ 7,663,530.16	<b>Total Expense</b>		\$ 4,332,759.39	\$ 3,330,770.77
\$ (3,146,710.07)	<b>Reserve Gain/(Loss)</b>		\$ (2,070,680.81)	\$ (1,076,029.26)
<b>Claims</b>				
\$ 5,476,098.81	Medical	(1)	\$ 3,188,788.55	\$ 2,287,310.26
\$ 1,608,542.27	Prescription	(2)	\$ 804,509.98	\$ 804,032.29
\$ 15,544.13	Vision	(5)	\$ 10,432.37	\$ 5,111.76
<b>Fixed Costs &amp; Other</b>				
\$ 118,660.63	Administration Fee	(4)	\$ 111,809.03	\$ 6,851.60
\$ 388,186.26	Stop Loss Premiums	(3)	\$ 194,173.70	\$ 194,012.56
\$ 424.50	Grail		\$ -	\$ 424.50
\$ 39,456.03	Consultant/Legal Fees	(6)	\$ 10,757.63	\$ 28,698.40
\$ 425.40	Subrogation	(7)	\$ 108.00	\$ 317.40
\$ -	Health Fair/Wellness	(9)	\$ -	\$ -
\$ 7,165.13	ACA Fees	(8)	\$ 7,165.13	\$ -
\$ 9,027.00	Misc	(10)	\$ 5,015.00	\$ 4,012.00

**FY 2025 Insurance Fund by Month**

Total FYTD			July	August
<b>Premiums</b>				
\$ 608,352.20	Employees	(3)	\$ 251,585.16	\$ 356,767.04
\$ 207.05	Vision - Emp	(5)	\$ 82.29	\$ 124.76
\$ 3,288,344.43	Board of Education	(2)	\$ 1,653,749.57	\$ 1,634,594.86
\$ 19,537.26	Vision - BOE	(4)	\$ 9,927.18	\$ 9,610.08
\$ 35,742.30	Misc	(1)	\$ 35,742.30	\$ -
\$ 3,952,183.24	<b>Total Revenue</b>		\$ 1,951,086.50	\$ 2,001,096.74
\$ 6,162,087.28	<b>Total Expense</b>		\$ 3,159,805.35	\$ 3,002,281.93
\$ (2,209,904.04)	<b>Reserve Gain/(Loss)</b>		\$ (1,208,718.85)	\$ (1,001,185.19)
<b>Claims</b>				
\$ 3,778,443.81	Medical	(1)	\$ 1,718,660.69	\$ 2,059,783.12
\$ 1,527,772.49	Prescription	(2)	\$ 897,494.95	\$ 630,277.54
\$ 15,592.20	Vision	(5)	\$ -	\$ 15,592.20
<b>Fixed Costs &amp; Other</b>				
\$ 200,308.33	Administration Fee	(4)	\$ 148,603.01	\$ 51,705.32
\$ 567,450.68	Stop Loss Premiums	(3)	\$ 364,408.60	\$ 203,042.08
\$ -	Grail		\$ -	\$ -
\$ 52,918.90	Consultant/Legal Fees	(6)	\$ 18,488.60	\$ 34,430.30
\$ 1,159.46	Subrogation	(7)	\$ 330.02	\$ 829.44
\$ 5,950.48	Health Fair/Wellness	(9)	\$ 5,950.48	\$ -
\$ -	ACA Fees	(8)	\$ -	\$ -
\$ 12,490.93	Misc	(10)	\$ 5,869.00	\$ 6,621.93

## FY 2024 Insurance Fund by Month

Total FYTD			July	August
	<b>Premiums</b>			
\$ 341,361.92	Employees	(3)	\$ 120,560.46	\$ 220,801.46
\$ 114.54	Vision - Emp	(5)	\$ 43.27	\$ 71.27
\$ 3,134,983.12	Board of Education	(2)	\$ 1,569,487.28	\$ 1,565,495.84
\$ 18,659.47	Vision - BOE	(4)	\$ 9,315.53	\$ 9,343.94
\$ 27,500.00	Misc	(1)	\$ 27,500.00	\$ -
\$ 3,522,619.05	<b>Total Revenue</b>		\$ 1,726,906.54	\$ 1,795,712.51
\$ 4,594,279.40	<b>Total Expense</b>		\$ 2,871,508.45	\$ 1,722,770.95
\$ (1,071,660.35)	<b>Reserve Gain/(Loss)</b>		\$ (1,144,601.91)	\$ 72,941.56
	<b>Claims</b>			
\$ 2,646,080.45	Medical	(1)	\$ 1,647,810.33	\$ 998,270.12
\$ 1,140,370.94	Prescription	(2)	\$ 679,501.89	\$ 460,869.05
\$ 16,364.27	Vision	(5)	\$ 7,856.01	\$ 8,508.26
0				
0	<b>Fixed Costs &amp; Other</b>			
\$ 152,538.21	Administration Fee	(4)	\$ 101,228.17	\$ 51,310.04
\$ 561,407.33	Stop Loss Premiums	(3)	\$ 374,946.17	\$ 186,461.16
\$ -	Grail		\$ -	\$ -
\$ 44,275.78	Consultant/Legal Fees	(6)	\$ 31,360.12	\$ 12,915.66
\$ 615.96	Subrogation	(7)	\$ 319.30	\$ 296.66
\$ -	Health Fair/Wellness	(9)	\$ -	\$ -
\$ -	ACA Fees	(8)	\$ -	\$ -
\$ 32,626.46	Misc	(10)	\$ 28,486.46	\$ 4,140.00

### Claims Summary By Policy - Specific Stop-Loss

Account Name	Parma City School District
Policy Number	2025-013-0H
Policy To/From Dates	07/01/2025-06/30/2026
Stop-Loss Market (Carrier)	Granular Insurance Company

Policy Deductible	\$200,000
Policy Contract Basis	24/12
Policy Aggregating Specific Deductible	\$0
Policy Aggregating Specific Deductible Balance	\$0.00

Claimant Name	Member Number	Total Claims Paid			ISL Deductible	Stop-Loss Claim							
		Medical	Prescription Drug	Total		Amount Requested	Amount Reimbursed	Amount Denied	Amount Appealed	Amount Applied to Agg Specific Deductible	Amount of Manual Adjustment	Amount Pending	
[REDACTED]	[REDACTED]	\$477,230.75	\$63.24	\$477,293.99	\$200,000.00	\$277,293.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$277,293.99
[REDACTED]	[REDACTED]	\$326,411.31	\$15.75	\$326,427.06	\$200,000.00	\$126,427.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126,427.06
<b>Totals</b>		<b>\$803,642.06</b>	<b>\$78.99</b>	<b>\$803,721.05</b>		<b>\$403,721.05</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$403,721.05</b>



**EXPRESS SCRIPTS®**

**REBATE ALLOCATION**

08/21/2025

**Client ID: Parma City School District**

**Parma City School District  
Attention: Sean Nuccio  
7377 Chateau Drive  
Parma, OH 44130**

Enclosed are your rebate reports for 01/01/2025 to 03/31/2025. We are pleased to report that this allocation represents your rebate payment savings based on the prescriptions filled by your members and your contractual rebate arrangement with Express Scripts.

Your rebate payment will come under separate cover. This letter and enclosed reports are being sent to you in advance of the forthcoming payment.

**Payment Amount: \$544,765.63**

If you have any questions regarding the enclosed information, please contact your Account Team at Express Scripts for assistance.

Sincerely,

**Express Scripts Rebate Program Management**



# Great Lakes Regional Council of Governments Outline



## Advantages of a Consortium

- Large size enables better pharmacy, administrative, and stop loss contracts
- Rate stability
- One payment to the consortium and then consortium pays vendors, funds claims, etc.
- Ability to group purchase ancillary coverages
- More “extras”, i.e. wellness funds, tech credits, benefit administration system

## Consortium Selection

- Items to consider:
  - Renewal Strategy – How will the plan be renewed each year?
  - Reserves – Are the reserves pooled or tracked by district?
  - Entrance/Exit – Is there an entry fee? What are the exit requirements?
  - Governance – Who makes the decisions?
  - Local Control – What local control does the district lose by joining a pool?

## GLCOG Structure Overview



No entry fee for new districts to join GLCOG



All groups have access to a benefit administration system, wellness funding and \$0 copay telehealth



Reserves are tracked by district and are owned by the district. There is no immediate cash call when reserves run low



Districts can maintain its current plan design and change future design as necessary



Claims administration through Medical Mutual and the PBM is Express Scripts



Renewals are stratified to reduce volatility and make budgeting easier



All rebates are credited back to each district's reserve account (some GPO's keep a portion of the rebates)



Full transparency on claims experience both with the consortium and at the district level

# Renewal Strategy

- Previous 24 months of claims data is collected through February
- Midpoint calculation is developed
- NFP analytics determines the renewal based upon an aggressive, moderate, or conservative renewal number
- Consortium decides the final renewal increase
- Each district is placed in a tier (high, mid, low) based upon a 24-month loss ratio
- This stabilizes renewals by “smoothing out” the increases (i.e. less volatility)



# Reserves

- Each district's reserves are held by the Fiscal Agent in its own special cost center.
- Annually at renewal each district's reserves are compared to their latest IBNR to determine if the reserve level is adequate or needs an adjustment.
  - If the reserve amount is determined (by an agreed upon metric) to be too high, the district has the option to take a premium holiday, reduce the upcoming renewal, or keep the funds in the reserve account.
  - If the reserve amount is too low (below the previous year IBNR), the shortfall is divided by three and that amount is added to the renewal. This gives the district time to make up the shortfall over a three-year period.

# Governance

- Withdrawal From Consortium
  - Districts must give notice prior to September 15 to withdraw at end of fiscal year
  - Exit fee is three months of admin fees
  - Run out claims are paid for twelve months out of district's accumulated reserves
  - Excess reserves are returned to exiting district following runout period
  - Reserve shortfall is determined prior to leaving by previous year IBNR + trend
- Voting Structure – each district gets a vote
- Rebates
  - District receives 100% of rebates credited to its consortium account
- Districts determine plan design, spousal language, premium contribution structure, etc.
- Dental, vision, life insurance, and wellness are offered by the consortium, but there is no requirement to purchase through the consortium
- RFP every three years to verify network strength and improve pharmacy and admin contracts

## Next Steps

**Conduct fixed cost comparison** – Provide current and/or renewal contract

**Create Pricing Illustration** – Provide historical claims data

Report Link (Reports run by plan years)

**Claims Summary/ Payments by Line of Business (Excel – Data only)**

Paid: 1/2025 – 7/2025; Incurred: ALL  
Paid: 1/2024 – 12/2024; Incurred: ALL  
Paid: 1/2023 – 12/2023; Incurred: ALL

**Claims Summary/ Rx Review (PDF)**

Paid: 1/2025 – 7/2025; Incurred: ALL  
Paid: 1/2024 – 12/2024; Incurred: ALL  
Paid: 1/2023 – 12/2023; Incurred: ALL

**Enrollment/ Contract Summary (Excel – Data only)**

Paid: 1/2025 – 7/2025; Incurred: ALL  
Paid: 1/2024 – 12/2024; Incurred: ALL  
Paid: 1/2023 – 12/2023; Incurred: ALL

**Claimant Analysis/High-Cost Claimant Detail (Excel – Data only)**

Coverage type: Medical All with Prescription Drug  
Threshold: \$10,000 and Over  
PHI: With PHI  
Dates:

Paid: 1/2025 – 7/2025; Incurred: ALL  
Paid: 1/2024 – 12/2024; Incurred: ALL  
Paid: 1/2023 – 12/2023; Incurred: ALL



[NFP.com](https://www.nfp.com)

# Parma City Schools Health Care Committee Meeting

September 9, 2025

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**Tracie Collins**  
**Ron Boynar**

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We See Risk So You See Opportunity



**oswald**<sup>®</sup>

A **UNISON** RISK ADVISORS Company

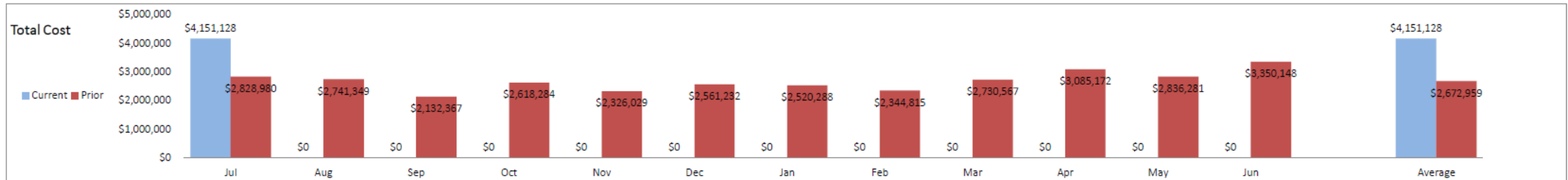
# Financial Update

Claim Experience - Prior 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	\$1,675,003	\$1,861,052	\$2,025,340	\$2,029,430	\$2,369,439	\$22,200,888	\$1,850,074	\$18,471
Prescription Claims	\$721,654	\$606,176	\$669,852	\$844,535	\$596,951	\$743,224	\$640,207	\$595,006	\$792,995	\$800,539	\$547,558	\$720,707	\$8,279,405	\$689,950	\$6,889
Rx Rebates	(\$161,597)	(\$161,597)	(\$161,597)	(\$149,146)	(\$149,146)	(\$149,146)	(\$181,589)	(\$181,589)	(\$181,589)				(\$1,476,995)	(\$164,111)	(\$1,229)
<b>Total Claims</b>	<b>\$2,578,786</b>	<b>\$2,490,799</b>	<b>\$1,878,449</b>	<b>\$2,362,830</b>	<b>\$2,070,106</b>	<b>\$2,304,423</b>	<b>\$2,264,011</b>	<b>\$2,088,421</b>	<b>\$2,472,458</b>	<b>\$2,825,879</b>	<b>\$2,576,988</b>	<b>\$3,090,146</b>	<b>\$29,003,298</b>	<b>\$2,375,914</b>	<b>\$24,131</b>
Fees/Premium	\$250,194	\$250,550	\$253,918	\$255,454	\$255,922	\$256,808	\$256,277	\$256,395	\$258,109	\$259,292	\$259,292	\$260,002	\$3,072,214	\$256,018	\$2,556
<b>Total Cost</b>	<b>\$2,828,980</b>	<b>\$2,741,349</b>	<b>\$2,132,367</b>	<b>\$2,618,284</b>	<b>\$2,326,029</b>	<b>\$2,561,232</b>	<b>\$2,520,288</b>	<b>\$2,344,815</b>	<b>\$2,730,567</b>	<b>\$3,085,172</b>	<b>\$2,836,281</b>	<b>\$3,350,148</b>	<b>\$32,075,512</b>	<b>\$2,672,959</b>	<b>\$26,687</b>
Reimbursed Claims													(\$432,276)		(\$360)
<b>Grand Total</b>													<b>\$31,643,236</b>	<b>\$2,636,936</b>	<b>\$26,327</b>

Subscribers Medical/Rx	1,165	1,162	1,183	1,193	1,206	1,212	1,209	1,210	1,217	1,221	1,221	1,224	14,423	1,202	
Medical/Rx Claim PEPM	\$2,213.55	\$2,143.54	\$1,587.87	\$1,980.58	\$1,716.51	\$1,901.34	\$1,872.63	\$1,725.97	\$2,031.60	\$2,314.40	\$2,110.56	\$2,524.63		\$2,010	\$24,131

Claims Experience - Current Year															
	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Total	Average	PEPY
Medical Claims	\$3,179,530												\$3,179,530	\$3,179,530	\$31,690
Prescription Claims	\$726,616												\$726,616	\$726,616	\$7,242
Rx Rebates													\$0	\$0	\$0
<b>Total Claims</b>	<b>\$3,906,146</b>												<b>\$3,906,146</b>	<b>\$3,906,146</b>	<b>\$38,932</b>
Fees/Premium	\$244,982												\$244,982	\$244,982	\$2,442
<b>Total Cost</b>	<b>\$4,151,128</b>												<b>\$4,151,128</b>	<b>\$4,151,128</b>	<b>\$41,373</b>
Reimbursed Claims													(\$403,642)		(\$4,023)
<b>Grand Total</b>													<b>\$3,747,486</b>	<b>\$3,747,486</b>	<b>\$37,350</b>

Subscribers Medical/Rx	1,204												1,204	1,204	
Medical/Rx Claim PEPM	\$3,244.31													\$3,244	\$38,932



# Financial Update (cont.)

Large Claims: July 2025 - June 2026		Claims	Estimated Reimbursement
Lymphoid Leukemia		\$477,231	(\$277,231)
Congenital Malformation Of Cardiac Chambers And Connections		\$326,411	(\$126,411)
Thyroid: Thyrotoxicosis (Hyperthyroidism)		\$142,176	
Dissection And Aneurysm Of Aorta (Defect In The Inner Lining Of The Aorta)		\$119,770	
		\$1,065,588	(\$403,642)

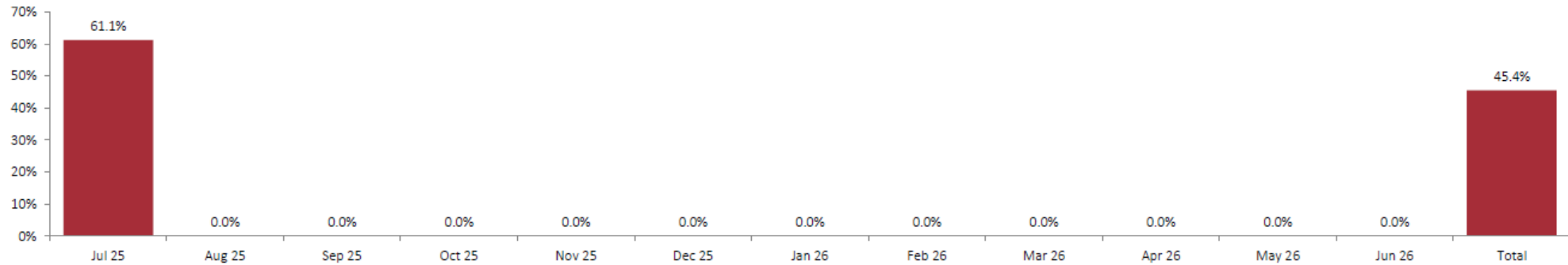
Plan Information	
Insurer/Medical	MMO
Rx	ESI
Contract Type	Self-Insured
Specific Stop-Loss Coverage	Medical/Rx
Specific Stop-Loss Deductible	\$200,000
Aggregate Stop-Loss Coverage	Medical/Rx
Aggregate Stop-Loss Corridor	115%

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.

Termed per carrier reporting

Year to Date Actual vs Budgeted Plan Cost														Total	Average	PEPY
	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26				
Budget Plan Cost	\$2,576,747													\$2,576,747	\$2,576,747	\$25,682
Actual Plan Cost	\$4,151,128													\$3,747,486	\$4,151,128	\$37,350
% Actual to Budget	161.1%													145.4%		

% to Budget



# Year over Year Trends

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# 2024 Claims Experience

Claim Experience - Prior Year								
	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	TOTAL
Medical Claims	\$1,467,222	\$1,363,890	\$1,541,274	\$1,484,303	\$1,468,899	\$1,542,117	\$2,018,729	\$10,886,434
Prescription Claims	\$663,084	\$541,675	\$586,755	\$622,758	\$737,602	\$736,741	\$721,654	\$4,610,268
Rx Rebates	(\$145,547)	(\$145,547)	(\$145,547)	(\$161,059)	(\$161,059)	(\$161,059)	(\$161,597)	(\$1,081,415)
Total Claims	\$1,984,759	\$1,760,018	\$1,982,482	\$1,946,002	\$2,045,442	\$2,117,799	\$2,578,786	\$14,415,287
Fees/Premium	\$236,080	\$236,410	\$237,452	\$237,342	\$237,398	\$237,288	\$250,194	\$1,672,164
Total Cost	\$2,220,840	\$1,996,428	\$2,219,934	\$2,183,344	\$2,282,839	\$2,355,087	\$2,828,980	\$16,087,451

Subscribers Medical/Rx	1,193	1,193	1,198	1,197	1,193	1,192	1,165	8,331
Medical/Rx Claim PEPM	\$1,663.67	\$1,475.29	\$1,654.83	\$1,625.73	\$1,714.54	\$1,776.68	\$2,213.55	\$1,730.32

Large Claims (>\$200k) - January-July 2024	
Diagnosis	Paid Claims
Myasthenia Gravis	\$381,917
Complications of Procedures	\$267,057
Chronic Kidney Disease	\$265,940

*Due to reporting limitations, reimbursements are shown on medical claims only.*

# 2025 YTD Claims Experience

Claims Experience - Current Year								
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	TOTAL
Medical Claims	\$1,805,393	\$1,675,003	\$1,861,052	\$2,025,340	\$2,029,430	\$2,369,439	\$3,179,530	\$14,945,187
Prescription Claims	\$640,207	\$595,006	\$792,995	\$800,539	\$547,558	\$720,707	\$726,616	\$4,823,629
Rx Rebates	(\$181,589)	(\$181,589)	(\$181,589)					(\$544,766)
Total Claims	\$2,264,011	\$2,088,421	\$2,472,458	\$2,825,879	\$2,576,988	\$3,090,146	\$3,906,146	\$19,224,050
Fees/Premium	\$256,277	\$256,395	\$258,109	\$259,292	\$259,292	\$260,002	\$240,904	\$1,790,271
Total Cost	\$2,520,288	\$2,344,815	\$2,730,567	\$3,085,172	\$2,836,281	\$3,350,148	\$4,147,050	\$21,014,321

Subscribers Medical/Rx	1,209	1,210	1,217	1,221	1,221	1,224	1,204	8,506
Medical/Rx Claim PEPM	\$1,872.63	\$1,725.97	\$2,031.60	\$2,314.40	\$2,110.56	\$2,524.63	\$3,244.31	\$2,260.06

Large Claims (>\$200k) - January-July 2025	
Diagnosis	Paid Claims
Encounter For Other Aftercare	\$1,465,017
Hyperthyroidism	\$497,873
Encounter For Other Aftercare	\$464,941
Encounter For Other Aftercare	\$463,097
Congenital Malformation of Cardiac Chambers	\$440,781
Encounter For Other Aftercare	\$339,337
Myasthenia Gravis	\$275,750
Chronic Ischemic Heart Disease	\$208,457
Encounter For Other Aftercare	\$208,041

Due to reporting limitations, reimbursements are shown on medical claims only.

# Consortium Pro vs. Cons

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# Consortiums – Pros

## **Cost Savings & Purchasing Power**

- Pooling members increases bargaining power with insurers, often leading to lower premiums, fees, and administrative costs.
- Shared claims risk can stabilize rates year to year.

## **Risk Pooling & Stability**

- A larger, more diverse group spreads risk, reducing volatility from a single member's high claims.
- Predictable costs help with budgeting.

## **Broader Coverage & Better Benefits**

- Consortia sometimes negotiate richer plan designs or more flexible options.
- Access to programs like wellness initiatives, employee assistance programs, or disease management services.

## **Administrative Efficiency**

- Shared administration, compliance, and reporting can reduce the administrative workload.
- Some consortia offer centralized HR/benefits support or professional guidance.

## **Peer Collaboration**

- Being in a consortium with similar schools can foster knowledge-sharing, benchmarking, and group problem-solving.

# Consortiums – Cons

## **Less Control**

- Parma may have limited say over plan design, vendors, or benefit changes.
- Decisions are often made by a board representing all members.

## **Financial Risk of the Group**

- If the consortium is self-funded, members may share liability for other schools' high claims.
- Poor claims experience across the group could raise costs for everyone.

## **Participation Requirements**

- Some consortia require multi-year commitments, minimum enrollment, or strict eligibility rules.
- Withdrawing can be difficult or costly.

## **Complexity & Shared Governance**

- Decision-making may be slower due to the need for consensus.
- Parma's unique needs might get diluted in favor of what works for the majority.

## **Potential for Unequal Benefits**

- Larger members sometimes drive negotiations.
- Smaller schools may feel they don't benefit as much as bigger institutions that contribute more to the pool.

# Next Steps

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