J. STERLING MORTON HIGH SCHOOL DISTRICT #201

Premium Equivalent Rates October 1, 2025 Renewal Date

Policy Year		ASO - Expected Basis		
		10/1/2025 - 9/30/2026		
Carrier:		BCBS of IL		
Policy Contract/Funding Arrangement:		ASO		
Specific Deductible:		\$200,000		
Specific Contract Type:		Paid		
Aggregate Contract Type:		Paid		
Aggregate Corridor:		125%		
Covered Under Specific:		Medical & Rx		
Covered Under the Aggregate:		Medical & Rx		
Rx Offer:		Enriched		
Rx Network:		Traditional Select		
Rx Drug List:		Performance		
Medical & Pharmacy				
Administration Expenses		\$552,408.00		
Specific Premium		\$2,095,254.12		
Aggregate Premium		\$40,041.00		
Pharmacy Rebates		-\$1,290,120.00		
Medical Rebate		-\$10,680.00		
Physician Service Fees		\$2,323,537.20		
HMO Managed Care Fee		\$92,975.40		
Expected Claims Projection		\$14,278,903.39		
PCORI Fees		\$3,050.13		
Alliant Consulting Fee		\$77,000.00		
Benefits Administrator Salary		\$50,000.00		
One-time Wellness Credit		-\$50,000.00		
TOTAL Medical and Pharmacy Costs	827	\$18,162,369.24		

			FINAL SOLD	
Premium Equivalent Rates		2024/2025 Current Rates	2025/2026 C6rrent Rates	
PPO - Administrators, Teachers, Clerical, Cafeteria, Nurses & NBE (PJ2405)				
Employee Only	129	1,061.64	1,248.78	(+17.6%)
Family	157	2,533.30	2,979.87	(+17.6%)
Est. Total Equivalent Rates	286	\$6,416,153.96	\$7,547,173.15	(+17.6%)
PPO - Maintenance, Security, Aides & Retirees (P55665)				
Employee Only	17	1,061.64	1,248.78	(+17.6%)
Family	14	2,533.30	2,979.87	(+17.6%)
Est. Total Equivalent Rates	31	\$642,168.47	\$755,367.88	(+17.6%)
HMO BA - Administrators, Teachers, Clerical, Cafeteria, Nurses & NBE (B02672/B55663)				
Employee Only	129	747.50	879.27	(+17.6%)
Family	211	1,868.76	2,198.18	(+17.6%)
Est. Total Equivalent Rates	340	\$5,888,839.62	\$6,926,905.52	(+17.6%)
HMO BA - Maintenance, Security, Aides & Retirees (B55662/B04429)				
Employee Only	82	747.50	879.27	(+17.6%)
Family	49	1,868.76	2,198.18	(+17.6%)
Est. Total Equivalent Rates	131	\$1,834,375.79	\$2,157,733.71	(+17.6%)
BCO (274443)		277.05	4 000 00	(17.00()
Employee Only	22	877.65	1,032.36	(+17.6%)
Family Est. Total Equivalent Rates	17 39	2,094.70 \$659,019.18	2,463.95 \$775,188.98	(+17.6%) (+17.6%)
Est. Total Equivalent Rates	39	\$009,019.10	\$775, 166.96	(+17.6%)
TOTAL COMBINED ANNUAL COSTS	827	\$15,440,557.01	\$18,162,369.24	
Increase / Decrease Over Current Year (\$) Increase / Decrease Over Current Year (%)			\$2,721,812.23 17.6%	

Notes: Enrollment based on 2025 renewal.

