

Illinois Scholastic Cooperative Forecast Summary vs. Equivalent Rate Funding Pharmacy Procurement Comparison **Gross Plan Costs (Before Employee Contributions)**

Self-Funded Medical & Prescription Drug Projected Period - 9/1/2024 through 8/31/2025

Category	No Procurement	Procurement Included			
	Prime Therapeutics	Prime Therapeutics	ESI (Incl. Rebate lag) - Q1 Rebate <u>Fully Funded</u> by Reserve	ESI (Incl. Rebate lag) - Q1 Rebate <u>Not Funded</u> by Reserve	ESI (Incl. Rebate lag) - Q1 Rebate <u>Partially Funded</u> by Reserve
Paid Medical Claims	\$14,394,561	\$14,394,561	\$14,394,561	\$14,394,561	\$14,394,561
Paid Prescription Drug Claims	\$4,998,378	\$4,980,553	\$4,784,491	\$4,784,491	\$4,784,491
Administration and Stop Loss Fees	\$5,472,506	\$5,472,506	\$5,472,506	\$5,472,506	\$5,472,506
Rebates (Medical & Rx)	(\$1,137,086)	(\$2,271,728)	(\$1,717,688)	(\$1,717,688)	(\$1,717,688)
Carve Out Fees & Ongoing Credits	N/A	N/A	\$802	\$802	\$802
Reserve Utilization	N/A	N/A	(\$557,743)	\$0	(\$278,871)
Total Projected Costs	\$23,728,359	\$22,575,892	\$22,376,931	\$22,934,673	\$22,655,802
Funding at Equivalent Rates	\$21,048,786	\$21,048,786	\$21,048,786	\$21,048,786	\$21,048,786
Amount in Excess of Funding	\$2,679,573	\$1,527,107	\$1,328,145	\$1,885,888	\$1,607,016
Recommended Renewal	12.7%	7.3%	6.3%	9.0%	7.6%

> Above ESI Incl. Rebate lag accounts for remittance of only 3 quarters worth of rebate payments in coming 12 month period (90 day payment lag).

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Illinois Scholastic Cooperative Forecast Summary by Plan - Annual Dollars **Gross Plan Costs (Before Employee Contributions)**

Self-Funded Medical & Prescription Drug

Category	9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
Paid Medical Claims	\$13,094,934	\$14,394,561
Paid Prescription Drug Claims	\$4,632,732	\$4,980,553
Administration and Stop Loss Fees	\$3,581,500	\$3,200,778
Total Projected Gross Plan Costs	\$21,309,166	\$22,575,892
\$ Difference Year Over Year	-	\$1,266,726
% Difference Year Over Year	-	5.9%

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Illinois Scholastic Cooperative Forecast Summary by Plan - Per Employee Per Month **Gross Plan Costs (Before Employee Contributions)**

Self-Funded Medical & Prescription Drug

Category	9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
Paid Medical Claims	\$736.75	\$809.41
Paid Prescription Drug Claims	\$260.65	\$280.06
Administration and Stop Loss Fees	\$201.50	\$179.98
Total Projected Gross Plan Costs	\$1,198.90	\$1,269.45
\$ Difference Year Over Year	-	\$70.55
% Difference Year Over Year	-	5.9%

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Illinois Scholastic Cooperative Forecast Summary vs. Equivalent Rate Funding **Gross Plan Costs (Before Employee Contributions)**

Self-Funded Medical & Prescription Drug

Category	9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
Total Projected Gross Plan Costs	\$21,309,166	\$22,575,892
Funding at Equivalent Rates	\$21,059,651	\$21,048,786
Amount in Excess of Funding	\$249,515	\$1,527,107
% in Excess of Funding	1.2%	7.3%

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Illinois Scholastic Cooperative Renewal Projection

Projection Period - 9/1/2024 through 8/31/2025

Category	Medical		Prescription Drug		Total	
	3/1/22 through 2/28/23	3/1/23 through 2/29/24	3/1/22 through 2/28/23	3/1/23 through 2/29/24	3/1/22 through 2/28/23	3/1/23 through 2/29/24
Gross Paid Claims	\$13,828,422	\$13,963,139	\$3,502,295	\$4,659,988	\$17,330,717	\$18,623,127
Access Fees	\$78,951	\$58,583	\$0	\$0	\$78,951	\$58,583
Claims over Stop Loss Level (\$125k)	(\$4,139,169)	(\$2,684,330)	(\$1,095,470)	(\$1,164,092)	(\$5,234,638)	(\$3,848,422)
Claim Adjustment	\$18,177	\$15,593	\$3,127	\$1,676	\$21,305	\$17,269
Total Net Paid Claims	\$9,786,381	\$11,352,985	\$2,409,952	\$3,497,572	\$12,196,334	\$14,850,557
Experience Period Lives	16,584	17,331	16,665	17,398		
PEPM Claim Cost	\$590.11	\$655.07	\$144.61	\$201.03	\$734.72	\$856.10
Annual Trend	6.5%	6.5%	11.0%	11.0%	7.4%	7.6%
Trend Months	30.0	18.0	30.0	18.0	30.0	18.0
Trend Factor	1.1705	1.0991	1.2981	1.1695	1.1956	1.1156
Trended PEPM Claim Cost	\$690.73	\$719.96	\$187.72	\$235.10	\$878.45	\$955.06
Dependent Ratio Adjustment	0.71%	0.36%	0.73%	0.24%	-	-
Large Claimant Adjustment	\$119.20	\$85.52	\$31.39	\$36.95	-	-
Adjusted Claim Cost - PEPM	\$814.82	\$808.06	\$220.49	\$272.61	\$1,035.31	\$1,080.67
Period Weighting	20%	80%	20%	80%	20%	80%
Blended Claim Cost - PEPM	\$809.41		\$262.18		\$1,071.59	
Projected Lives	1,482		1,482		1,482	
Months to Project	12		12		12	
Projected Claim Cost	\$14,394,561		\$4,662,674		\$19,057,236	
Benefit Adjustment	1.0000		1.0000		1.0000	
Adjusted Projected Claims	\$14,394,561		\$4,662,674		\$19,057,236	
Claim Adjustment (A)	\$0		\$317,879		\$317,879	
Total Projected Claims	\$14,394,561		\$4,980,553		\$19,375,114	
Individual Stop Loss Fee (\$125k)			\$3,602,149			
BCBSIL Medical & Rx Administration			\$862,168			
Medical & Rx Rebate			(\$2,271,728)			
HAS / Virtual Visits			\$302,684			
Member Rewards & Businessolver			\$187,842			
GBS Consulting Fee			\$444,600			
Additional Fees ¹			\$73,063			
Total Projected Healthcare Reform Fees			\$3,200,778			
Total Projected Gross Plan Costs			\$22,575,892			
Current Funding/Premium			\$21,048,786			
Projected Funding/Premium Increase			\$1,527,107			
Needed Rate Adjustment			7.3%			

> Claim adjustment A is for claim margins for Rx procurement due to dated historical data for evaluation.

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Illinois Scholastic Cooperative Medical & Prescription Rx Claim Forecast

Category	Medical		Prescription Drug		Total	
	3/1/22 through 2/28/23	3/1/23 through 2/29/24	3/1/22 through 2/28/23	3/1/23 through 2/29/24	3/1/22 through 2/28/23	3/1/23 through 2/29/24
Gross Paid Claims	\$13,828,422	\$13,963,139	\$3,502,295	\$4,659,988	\$17,330,717	\$18,623,127
Access Fees	\$78,951	\$58,583	\$0	\$0	\$78,951	\$58,583
Claims over Stop Loss Level (\$125k)	(\$4,139,169)	(\$2,684,330)	(\$1,095,470)	(\$1,164,092)	(\$5,234,638)	(\$3,848,422)
Claim Adjustment	\$18,177	\$15,593	\$3,127	\$1,676	\$21,305	\$17,269
Total Net Paid Claims	\$9,786,381	\$11,352,985	\$2,409,952	\$3,497,572	\$12,196,334	\$14,850,557
Experience Period Lives	16,584	17,331	16,665	17,398		
PEPM Claim Cost	\$590.11	\$655.07	\$144.61	\$201.03	\$734.72	\$856.10

Projection Period - 9/1/2023 through 8/31/2024						
Annual Trend	6.5%	6.5%	11.0%	11.0%	7.4%	7.6%
Trend Months	21.0	9.0	21.0	9.0	21.0	9.0
Trend Factor	1.1165	1.0484	1.2004	1.0814	1.1330	1.0561
Trended PEPM Claim Cost	\$658.86	\$686.75	\$173.59	\$217.40	\$832.45	\$904.15
Dependent Ratio Adjustment	0.71%	0.36%	0.73%	0.24%	-	-
Large Claim Adjustment	\$119.20	\$85.52	\$31.39	\$36.95	-	-
Adjusted Claim Cost - PEPM	\$782.73	\$774.73	\$206.25	\$254.87	\$988.98	\$1,029.59
Period Weighting	20%	80%	20%	80%	20%	80%
Blended Claim Cost - PEPM	\$776.33		\$245.14		\$1,021.47	
Projected Lives	1,482		1,482		1,482	
Months to Project	6		6		6	
Projected Claim Cost 3/1/24-8/31/24	\$6,903,094		\$2,179,811		\$9,082,906	
Actual Claim Cost 9/1/23-2/29/24	\$6,062,187		\$2,407,052		\$8,469,239	
Total Projected Claim Cost	\$12,965,281		\$4,586,863		\$17,552,145	
Benefit Adjustment	1.0100		1.0100		1.0100	
Adjusted Projected Claims	\$13,094,934		\$4,632,732		\$17,727,666	
Total Projected Claims	\$13,094,934		\$4,632,732		\$17,727,666	
Total Projected Claims - PEPM	\$736.75		\$260.65		\$997.39	

Projection Period - 9/1/2024 through 8/31/2025						
Annual Trend	6.5%	6.5%	11.0%	11.0%	7.4%	7.6%
Trend Months	30.0	18.0	30.0	18.0	30.0	18.0
Trend Factor	1.1705	1.0991	1.2981	1.1695	1.1956	1.1156
Trended PEPM Claim Cost	\$690.73	\$719.96	\$187.72	\$235.10	\$878.45	\$955.06
Dependent Ratio Adjustment	0.71%	0.36%	0.73%	0.24%	-	-
Large Claim Adjustment	\$119.20	\$85.52	\$31.39	\$36.95	-	-
Adjusted Claim Cost - PEPM	\$814.82	\$808.06	\$220.49	\$272.61	\$1,035.31	\$1,080.67
Period Weighting	20%	80%	20%	80%	20%	80%
Blended Claim Cost - PEPM	\$809.41		\$262.18		\$1,071.59	
Projected Lives	1,482		1,482		1,482	
Months to Project	12		12		12	
Projected Claim Cost	\$14,394,561		\$4,662,674		\$19,057,236	
Benefit Adjustment	1.0000		1.0000		1.0000	
Adjusted Projected Claims	\$14,394,561		\$4,662,674		\$19,057,236	
Claim Adjustment (A)	\$0		\$317,879		\$317,879	
Total Projected Claims	\$14,394,561		\$4,980,553		\$19,375,114	
Total Projected Claims - PEPM	\$809.41		\$280.06		\$1,089.47	

> Claim adjustment A is for claim margins for Rx procurement due to dated historical data for evaluation.

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Illinois Scholastic Cooperative Fixed Cost Forecast

9/1/2023 through 8/31/2024	BCBSIL Medical & Rx Administration	Individual Stop Loss Fee (\$125k)	Medical & Rx Rebate	HAS / Virtual Visits	Member Rewards & Businessolver	GBS Consulting Fee	Additional Fees ¹	Total Fixed Costs
PEPM Cost	\$47.05	\$172.38	(\$75.30)	\$17.02	N/A	\$25.00	N/A	\$1,690,672
Projected Lives	1,482	1,482	1,482	1,482	N/A	1,482	1,482	
Months to Project	6	6	6	6	N/A	6	6	
Projected Fixed Costs 3/1/23 - 8/31/23	\$418,369	\$1,532,803	(\$669,609)	\$151,342	N/A	\$222,300	\$35,467	
Actual Fixed Costs 9/1/22 - 2/28/23	\$417,898	\$1,531,079	(\$466,838)	\$151,172	N/A	\$222,050	\$35,467	\$1,890,828
Total Projected Fixed Costs	\$836,267	\$3,063,882	(\$1,136,447)	\$302,513	N/A	\$444,350	\$70,935	\$3,581,500

9/1/2024 through 8/31/2025	BCBSIL Medical & Rx Administration	Individual Stop Loss Fee (\$125k)	Medical & Rx Rebate	HAS / Virtual Visits	Member Rewards & Businessolver	GBS Consulting Fee	Additional Fees ¹	Total Fixed Costs
Projected Increase	3.0%	17.5%	69.6%	0.0%	N/A	0.0%	3.0%	
Projected PEPM Cost	\$48.48	\$202.55	(\$127.74)	\$17.02	N/A	\$25.00	\$73,063	
Projected Lives	1,482	1,482	1,482	1,482	N/A	1,482	1,482	
Months to Project	12	12	12	12	12	12	12	
Total Projected Fixed Costs	\$862,168	\$3,602,149	(\$2,271,728)	\$302,684	\$187,842	\$444,600	\$73,063	\$3,200,778

1) Additional fees include Account/Banking, GBS HCA Certification, Audit Services, Legal Services and D&O Insurance.

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Illinois Scholastic Cooperative Monthly Experience Period Claims and Enrollment

Month	Medical Employees	Rx Employees	Paid Medical Claims	Paid Rx Claims	Paid Access Fees	VBC Payments	Total Paid Claims	PEPM Claim Cost
Feb-22	1,334							
Mar-22	1,334	1,334	\$1,420,213	\$214,886	\$10,144	\$1,368	\$1,646,611	\$1,234.34
Apr-22	1,332	1,332	\$1,216,027	\$309,459	\$5,968	\$1,349	\$1,532,803	\$1,149.38
May-22	1,328	1,328	\$1,100,400	\$233,530	\$6,060	\$1,393	\$1,341,384	\$1,007.57
Jun-22	1,402	1,402	\$1,243,408	\$246,912	\$5,404	\$1,373	\$1,497,097	\$1,117.52
Jul-22	1,389	1,389	\$906,370	\$282,045	\$3,235	\$1,405	\$1,193,054	\$852.85
Aug-22	1,419	1,419	\$1,653,859	\$286,775	\$11,137	\$1,386	\$1,953,156	\$1,401.80
Sep-22	1,410	1,410	\$915,855	\$362,516	\$4,140	\$1,333	\$1,283,845	\$906.38
Oct-22	1,411	1,411	\$1,170,768	\$271,268	\$7,522	\$1,234	\$1,450,793	\$1,028.79
Nov-22	1,408	1,408	\$987,564	\$327,440	\$7,820	\$1,235	\$1,324,059	\$938.88
Dec-22	1,407	1,407	\$1,141,653	\$427,105	\$6,028	\$1,205	\$1,575,991	\$1,119.53
Jan-23	1,410	1,410	\$955,765	\$293,372	\$5,785	\$1,718	\$1,256,640	\$892.69
Feb-23	1,415	1,415	\$1,099,856	\$246,987	\$5,709	\$1,682	\$1,354,235	\$959.83
Mar-23	1,407	1,407	\$1,089,160	\$304,759	\$5,869	\$3,849	\$1,403,638	\$993.19
Apr-23	1,404	1,404	\$978,216	\$401,908	\$6,634	\$2,787	\$1,389,543	\$988.20
May-23	1,403	1,403	\$970,659	\$318,737	\$3,975	\$2,637	\$1,296,009	\$923.24
Jun-23	1,394	1,394	\$1,636,198	\$526,325	\$6,988	\$2,567	\$2,172,079	\$1,550.59
Jul-23	1,454	1,454	\$1,580,595	\$325,615	\$5,823	\$1,084	\$1,913,118	\$1,362.76
Aug-23	1,454	1,454	\$1,273,891	\$375,591	\$6,050	\$1,101	\$1,656,633	\$1,139.36
Sep-23	1,468	1,468	\$1,083,597	\$416,136	\$4,170	\$977	\$1,504,881	\$1,032.26
Oct-23	1,480	1,480	\$1,128,948	\$382,168	\$4,705	\$986	\$1,516,808	\$1,031.14
Nov-23	1,485	1,485	\$1,005,243	\$394,288	\$3,634	\$962	\$1,404,127	\$947.84
Dec-23	1,483	1,483	\$1,342,495	\$483,805	\$3,380	\$1,008	\$1,830,688	\$1,233.23
Jan-24	1,484	1,484	\$856,668	\$329,518	\$3,162	\$522	\$1,189,870	\$802.19
Feb-24		1,482	\$998,481	\$401,137	\$4,191	\$507	\$1,404,315	\$946.67
3/1/22 - 2/28/23	16,584	16,665	\$13,811,739	\$3,502,295	\$78,951	\$16,683	\$17,409,667	\$1,048.76
3/1/23 - 2/29/24	17,331	17,398	\$13,944,152	\$4,659,988	\$58,583	\$18,987	\$18,681,710	\$1,076.90
% Change	4.5%	4.4%	1.0%	33.1%	-25.8%	13.8%	7.3%	2.7%

> Claims over the stop loss level have not been removed from the above numbers.

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Illinois Scholastic Cooperative Experience Banding Formula Based on Plan Year Corridor Exposure

Recommended Renewal Formula

Loss Ratio			Banding Adjustment	Overall Adjustment	Net Adjustment
	or Less	87.4%	-5%	7.3%	2.3%
87.5%	<=	90.5%	-4%	7.3%	3.3%
90.6%	<=	93.6%	-3%	7.3%	4.3%
93.7%	<=	96.7%	-2%	7.3%	5.3%
96.8%	<=	99.8%	-1%	7.3%	6.3%
99.9%	<=	102.9%	0%	7.3%	7.3%
103.0%	<=	106.0%	1%	7.3%	8.3%
106.1%	<=	109.1%	2%	7.3%	9.3%
109.2%	<=	112.2%	3%	7.3%	10.3%
112.3%	<=	115.3%	4%	7.3%	11.3%
115.4%	or More		5%	7.3%	12.3%

- > Bands are +/- 3% off the overall Loss Ratio
- > Rate adjustment in 1% increments/decrements.
- > Loss ratio based on no internal claim banding.

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Illinois Scholastic Cooperative Experience Banding Calculation *Data through February 2024*

Participant	Loss Ratio	Prime Therapeutics	ESI (Incl. Rebate lag) - Q1 Rebate Fully Funded by Reserve	ESI (Incl. Rebate lag) - Q1 Rebate Not Funded by Reserve	ESI (Incl. Rebate lag) - Q1 Rebate Partially Funded by Reserve
El Paso	111.2%	10.7%	9.7%	12.4%	11.1%
Meridian	107.8%	9.7%	8.7%	11.4%	10.1%
Oregon	93.1%	4.7%	3.7%	6.4%	5.0%
Rochelle	99.8%	6.7%	5.7%	8.4%	7.0%
Rockton	108.7%	9.7%	8.7%	11.4%	10.1%
West Carroll	91.7%	4.7%	3.7%	6.4%	5.0%
Winnebago	91.4%	4.7%	3.7%	6.4%	5.0%
NWIISP	102.4%	7.7%	6.7%	9.4%	8.0%
Lena Winslow	115.1%	11.7%	10.7%	13.4%	12.1%
Chadwick	143.6%	12.7%	11.7%	14.4%	13.1%
Galena	91.5%	4.7%	3.7%	6.4%	5.0%
OCEC	119.1%	12.7%	11.7%	14.4%	13.1%
Durand	86.8%	2.6%	1.7%	4.4%	3.0%
TOTAL	101.4%	7.3%	6.3%	9.0%	7.6%

> Initial overall rate adjustment is different than renewal projection due to banding formula. Additional adjustment of 0.37% has been applied to all members.

> Loss Ratio determined by most recent 12 months of experience excluding River Ridge.

Participant	Loss Ratio	Prime Therapeutics	ESI (Incl. Rebate lag) - Q1 Rebate Fully Funded by Reserve	ESI (Incl. Rebate lag) - Q1 Rebate Not Funded by Reserve	ESI (Incl. Rebate lag) - Q1 Rebate Partially Funded by Reserve
River Ridge	-	7.3%	6.3%	9.0%	7.6%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Chadwick**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PJ3662	Enrollment	Equiv. Rate	Equiv. Rate
Single	32	\$709.06	\$799.01
Single + Spouse	0	\$1,530.61	\$1,724.79
Single + Child(ren)	6	\$1,323.88	\$1,491.83
Single + Family	4	\$2,145.44	\$2,417.62
Medicare Single	0	\$425.43	\$479.40
Medicare Family	0	\$850.87	\$958.82
Monthly	42	\$39,215	\$44,190
PJ3663	Enrollment	Equiv. Rate	Equiv. Rate
Single	5	\$631.66	\$711.80
Single + Spouse	1	\$1,363.52	\$1,536.50
Single + Child(ren)	1	\$1,179.37	\$1,328.99
Single + Family	0	\$1,911.24	\$2,153.71
Medicare Single	0	\$378.99	\$427.07
Medicare Family	0	\$757.99	\$854.15
Monthly	7	\$5,701	\$6,424
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	49	\$44,916	\$50,614
Annual		\$538,994	\$607,373
\$ Annual Change			\$68,379
% Annual Change			12.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Durand**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PL4308	Enrollment	Equiv. Rate	Equiv. Rate
Single	41	\$1,064.15	\$1,092.33
Single + Spouse	8	\$2,353.75	\$2,416.08
Single + Child(ren)	11	\$1,937.78	\$1,989.09
Single + Family	18	\$2,561.16	\$2,628.98
Medicare Single	0	\$638.49	\$655.40
Medicare Family	0	\$1,276.98	\$1,310.79
Monthly	78	\$129,877	\$133,316
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	78	\$129,877	\$133,316
Annual		\$1,558,519	\$1,599,789
\$ Annual Change			\$41,270
% Annual Change			2.6%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **El Paso**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PE0010	Enrollment	Equiv. Rate	Equiv. Rate
Single	31	\$786.50	\$870.49
Single + Spouse	0	\$1,802.57	\$1,995.06
Single + Child(ren)	2	\$1,578.13	\$1,746.65
Single + Family	1	\$2,594.17	\$2,871.20
Medicare Single	0	\$471.91	\$522.30
Medicare Family	0	\$943.82	\$1,044.61
Monthly	34	\$30,132	\$33,350
PE0012	Enrollment	Equiv. Rate	Equiv. Rate
Single	30	\$739.84	\$818.85
Single + Spouse	0	\$1,695.64	\$1,876.71
Single + Child(ren)	0	\$1,484.50	\$1,643.03
Single + Family	0	\$2,440.29	\$2,700.88
Medicare Single	0	\$443.90	\$491.30
Medicare Family	0	\$887.80	\$982.61
Monthly	30	\$22,195	\$24,565
PE0014	Enrollment	Equiv. Rate	Equiv. Rate
Single	51	\$680.82	\$753.52
Single + Spouse	0	\$1,560.33	\$1,726.95
Single + Child(ren)	3	\$1,366.05	\$1,511.93
Single + Family	2	\$2,245.59	\$2,485.39
Medicare Single	0	\$408.49	\$452.11
Medicare Family	0	\$816.97	\$904.21
Monthly	56	\$43,311	\$47,936
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	120	\$95,638	\$105,851
Annual		\$1,147,659	\$1,270,215
\$ Annual Change			\$122,556
% Annual Change			10.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Galena**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PJ3144	Enrollment	Equiv. Rate	Equiv. Rate
Single	17	\$586.48	\$613.78
Single + Spouse	11	\$1,231.59	\$1,288.93
Single + Child(ren)	11	\$1,114.30	\$1,166.18
Single + Family	44	\$1,818.07	\$1,902.71
Medicare Single	0	\$351.89	\$368.27
Medicare Family	0	\$703.77	\$736.54
Monthly	83	\$115,770	\$121,160
PJ3205	Enrollment	Equiv. Rate	Equiv. Rate
Single	1	\$572.71	\$599.37
Single + Spouse	0	\$1,202.71	\$1,258.70
Single + Child(ren)	0	\$1,088.17	\$1,138.83
Single + Family	0	\$1,775.45	\$1,858.11
Medicare Single	0	\$343.63	\$359.63
Medicare Family	0	\$687.27	\$719.27
Monthly	1	\$573	\$599
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	84	\$116,343	\$121,759
Annual		\$1,396,113	\$1,461,112
\$ Annual Change			\$64,999
% Annual Change			4.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents

Lena Winslow

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PI4544	Enrollment	Equiv. Rate	Equiv. Rate
Single	24	\$606.88	\$677.78
Single + Spouse	0	\$1,307.04	\$1,459.74
Single + Child(ren)	2	\$1,355.59	\$1,513.96
Single + Family	4	\$2,055.73	\$2,295.89
Medicare Single	0	\$383.28	\$428.06
Medicare Family	0	\$766.59	\$856.15
Monthly	30	\$25,499	\$28,478
PI4545	Enrollment	Equiv. Rate	Equiv. Rate
Single	39	\$704.56	\$786.87
Single + Spouse	2	\$1,517.36	\$1,694.63
Single + Child(ren)	4	\$1,573.71	\$1,757.56
Single + Family	0	\$2,386.53	\$2,665.34
Medicare Single	0	\$444.96	\$496.94
Medicare Family	0	\$889.95	\$993.92
Monthly	45	\$36,807	\$41,107
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	75	\$62,307	\$69,586
Annual		\$747,679	\$835,028
\$ Annual Change			\$87,348
% Annual Change			11.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Meridian**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PD4458	Enrollment	Equiv. Rate	Equiv. Rate
Single	116	\$823.30	\$902.95
Single + Spouse	3	\$1,691.34	\$1,854.98
Single + Child(ren)	10	\$1,593.80	\$1,748.00
Single + Family	15	\$2,387.90	\$2,618.93
Medicare Single	0	\$557.81	\$611.78
Medicare Family	0	\$1,115.59	\$1,223.52
Monthly	144	\$152,333	\$167,071
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	144	\$152,333	\$167,071
Annual		\$1,828,000	\$2,004,857
\$ Annual Change			\$176,857
% Annual Change			9.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **NSEC**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
P12921	Enrollment	Equiv. Rate	Equiv. Rate
Single	16	\$882.11	\$949.74
Single + Spouse	2	\$1,764.24	\$1,899.51
Single + Child(ren)	2	\$1,631.93	\$1,757.05
Single + Family	5	\$2,514.04	\$2,706.80
Medicare Single	0	\$529.27	\$569.85
Medicare Family	0	\$1,057.23	\$1,138.29
Monthly	25	\$33,476	\$36,043
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	25	\$33,476	\$36,043
Annual		\$401,716	\$432,516
\$ Annual Change			\$30,800
% Annual Change			7.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents OCEC

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PK4146	Enrollment	Equiv. Rate	Equiv. Rate
Single	94	\$918.99	\$1,035.58
Single + Spouse	2	\$1,841.39	\$2,075.00
Single + Child(ren)	4	\$1,934.72	\$2,180.17
Single + Family	2	\$2,858.82	\$3,221.50
Medicare Single	0	\$551.38	\$621.33
Medicare Family	0	\$1,102.76	\$1,242.66
Monthly	102	\$103,524	\$116,658
PK4147	Enrollment	Equiv. Rate	Equiv. Rate
Single	0	\$866.54	\$976.47
Single + Spouse	0	\$1,736.32	\$1,956.60
Single + Child(ren)	0	\$1,824.31	\$2,055.75
Single + Family	0	\$2,695.68	\$3,037.67
Medicare Single	0	\$519.92	\$585.88
Medicare Family	0	\$1,039.83	\$1,171.75
Monthly	0	\$0	\$0
PK4148	Enrollment	Equiv. Rate	Equiv. Rate
Single	3	\$859.73	\$968.80
Single + Spouse	0	\$1,722.68	\$1,941.23
Single + Child(ren)	0	\$1,809.97	\$2,039.59
Single + Family	1	\$2,674.51	\$3,013.81
Medicare Single	0	\$515.84	\$581.28
Medicare Family	0	\$1,031.66	\$1,162.54
Monthly	4	\$5,254	\$5,920
PK4150	Enrollment	Equiv. Rate	Equiv. Rate
Single	0	\$791.15	\$891.52
Single + Spouse	0	\$1,585.26	\$1,786.37
Single + Child(ren)	0	\$1,665.62	\$1,876.93
Single + Family	0	\$2,461.19	\$2,773.43
Medicare Single	0	\$474.69	\$534.91
Medicare Family	0	\$949.38	\$1,069.82
Monthly	0	\$0	\$0
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	106	\$108,778	\$122,578
Annual		\$1,305,337	\$1,470,937
\$ Annual Change			\$165,601
% Annual Change			12.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents Oregon

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PD4496	Enrollment	Equiv. Rate	Equiv. Rate
Single	81	\$952.01	\$996.33
Single + Spouse	13	\$1,998.34	\$2,091.38
Single + Child(ren)	12	\$1,833.47	\$1,918.83
Single + Family	37	\$2,879.78	\$3,013.85
Medicare Single	0	\$589.18	\$616.61
Medicare Family	0	\$1,178.32	\$1,233.18
Monthly	143	\$231,645	\$242,429
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	143	\$231,645	\$242,429
Annual		\$2,779,737	\$2,909,153
\$ Annual Change			\$129,416
% Annual Change			4.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **River Ridge**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PL4465	Enrollment	Equiv. Rate	Equiv. Rate
Single	22	\$717.84	\$769.92
Single + Spouse	7	\$1,534.34	\$1,645.66
Single + Child(ren)	15	\$1,551.82	\$1,664.41
Single + Family	8	\$2,368.35	\$2,540.18
Medicare Single	0	\$388.16	\$416.32
Medicare Family	0	\$776.33	\$832.65
Monthly	52	\$68,757	\$73,745
PL4466	Enrollment	Equiv. Rate	Equiv. Rate
Single	15	\$658.73	\$706.52
Single + Spouse	0	\$1,408.04	\$1,510.19
Single + Child(ren)	0	\$1,424.08	\$1,527.40
Single + Family	0	\$2,173.37	\$2,331.05
Medicare Single	0	\$356.20	\$382.04
Medicare Family	0	\$712.41	\$764.10
Monthly	15	\$9,881	\$10,598
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	67	\$78,638	\$84,343
Annual		\$943,655	\$1,012,118
\$ Annual Change			\$68,463
% Annual Change			7.3%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Rochelle**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PD4494	Enrollment	Equiv. Rate	Equiv. Rate
Single	72	\$855.35	\$912.35
Single + Spouse	1	\$1,821.91	\$1,943.31
Single + Child(ren)	5	\$1,653.60	\$1,763.79
Single + Family	6	\$2,620.18	\$2,794.77
Medicare Single	0	\$528.08	\$563.27
Medicare Family	0	\$1,058.80	\$1,129.35
Monthly	84	\$87,396	\$93,220
PD4493	Enrollment	Equiv. Rate	Equiv. Rate
Single	28	\$768.52	\$819.73
Single + Spouse	0	\$1,636.93	\$1,746.00
Single + Child(ren)	3	\$1,485.70	\$1,584.70
Single + Family	1	\$2,354.17	\$2,511.04
Medicare Single	0	\$475.22	\$506.89
Medicare Family	0	\$952.85	\$1,016.34
Monthly	32	\$28,330	\$30,218
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	116	\$115,726	\$123,437
Annual		\$1,388,712	\$1,481,247
\$ Annual Change			\$92,535
% Annual Change			6.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Rockton**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PD4495	Enrollment	Equiv. Rate	Equiv. Rate
Single	53	\$1,204.40	\$1,320.92
Single + 1	6	\$2,072.15	\$2,272.63
Single + Spouse	0	\$0.00	\$0.00
Single + Child(ren)	0	\$0.00	\$0.00
Single + Family	11	\$2,539.69	\$2,785.40
Medicare Single	0	\$722.65	\$792.57
Medicare Family	0	\$1,445.28	\$1,585.11
Monthly	70	\$104,203	\$114,284
PF0971	Enrollment	Equiv. Rate	Equiv. Rate
Single	63	\$1,045.36	\$1,146.50
Single + 1	4	\$1,798.52	\$1,972.53
Single + Family	5	\$2,204.33	\$2,417.60
Medicare Single	0	\$627.21	\$687.89
Medicare Family	0	\$1,254.42	\$1,375.78
Monthly	72	\$84,073	\$92,207
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	142	\$188,276	\$206,492
Annual		\$2,259,313	\$2,477,900
\$ Annual Change			\$218,587
% Annual Change			9.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents

Scales Mound

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PI2925	Enrollment	Equiv. Rate	Equiv. Rate
Single	3	\$1,014.57	\$1,092.36
Single + Spouse	0	\$2,142.58	\$2,306.86
Single + Child(ren)	0	\$1,891.92	\$2,036.98
Single + Family	0	\$3,019.91	\$3,251.45
Medicare Single	0	\$608.76	\$655.44
Medicare Family	0	\$1,217.50	\$1,310.85
Monthly	3	\$3,044	\$3,277
PI2926	Enrollment	Equiv. Rate	Equiv. Rate
Single	1	\$988.52	\$1,064.31
Single + Spouse	0	\$2,087.60	\$2,247.66
Single + Child(ren)	0	\$1,843.33	\$1,984.66
Single + Family	0	\$2,942.42	\$3,168.02
Medicare Single	0	\$593.12	\$638.60
Medicare Family	0	\$1,186.22	\$1,277.17
Monthly	1	\$989	\$1,064
PI2927	Enrollment	Equiv. Rate	Equiv. Rate
Single	16	\$904.01	\$973.32
Single + Spouse	0	\$1,909.11	\$2,055.49
Single + Child(ren)	1	\$1,685.74	\$1,814.99
Single + Family	0	\$2,690.84	\$2,897.15
Medicare Single	0	\$542.39	\$583.98
Medicare Family	0	\$1,011.06	\$1,088.58
Monthly	17	\$16,150	\$17,388
PI2928	Enrollment	Equiv. Rate	Equiv. Rate
Single	13	\$1,172.72	\$1,262.64
Single + Spouse	0	\$2,476.59	\$2,666.48
Single + Child(ren)	2	\$2,186.81	\$2,354.48
Single + Family	1	\$3,490.69	\$3,758.33
Medicare Single	0	\$703.63	\$757.58
Medicare Family	0	\$1,407.27	\$1,515.17
Monthly	16	\$23,110	\$24,882
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	37	\$43,292	\$46,611
Annual		\$519,502	\$559,333
\$ Annual Change			\$39,831
% Annual Change			7.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Warren**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
P12921	Enrollment	Equiv. Rate	Equiv. Rate
Single	22	\$822.45	\$885.51
Single + Spouse	5	\$1,623.00	\$1,747.44
Single + Child(ren)	3	\$1,599.55	\$1,722.19
Single + Family	14	\$2,400.10	\$2,584.12
Medicare Single	0	\$493.46	\$531.29
Medicare Family	0	\$986.92	\$1,062.59
Monthly	44	\$64,609	\$69,563
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	44	\$64,609	\$69,563
Annual		\$775,307	\$834,752
\$ Annual Change			\$59,445
% Annual Change			7.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **West Carroll**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PD4498	Enrollment	Equiv. Rate	Equiv. Rate
Single	92	\$1,024.00	\$1,071.67
Single + Spouse	1	\$2,271.65	\$2,377.41
Single + Child(ren)	4	\$1,879.20	\$1,966.69
Single + Family	1	\$3,126.88	\$3,272.46
Medicare Single	0	\$619.25	\$648.08
Medicare Family	0	\$1,238.52	\$1,296.18
Monthly	98	\$107,123	\$112,111
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	98	\$107,123	\$112,111
Annual		\$1,285,480	\$1,345,328
\$ Annual Change			\$59,848
% Annual Change			4.7%

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Illinois Scholastic Cooperative Self Funded Medical/Rx Renewal Premium Equivalents **Winnebago**

		9/1/2023 through 8/31/2024	9/1/2024 through 8/31/2025
PD4455	Enrollment	Equiv. Rate	Equiv. Rate
Single	9	\$741.57	\$776.10
Single + 1	3	\$1,410.00	\$1,475.65
Single + Family	1	\$1,745.10	\$1,826.35
Medicare Single	0	\$444.94	\$465.66
Medicare Family	0	\$889.87	\$931.30
Monthly	13	\$12,649	\$13,238
PD4456	Enrollment	Equiv. Rate	Equiv. Rate
Single	108	\$920.70	\$963.57
Single + 1	6	\$1,750.65	\$1,832.15
Single + Family	27	\$2,166.66	\$2,267.53
Medicare Single	0	\$552.43	\$578.15
Medicare Family	0	\$1,104.85	\$1,156.29
Monthly	141	\$168,439	\$176,281
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	154	\$181,089	\$189,519
Annual		\$2,173,063	\$2,274,234
\$ Annual Change			\$101,171
% Annual Change			4.7%

ative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization pattern changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts.

Please see your policy or contact us for specific information or further details in this regard.