



# Preliminary Renewal Meeting

January 29, 2025



**Gallagher**

Insurance | Risk Management | Consulting



**Gallagher**

Insurance | Risk Management | Consulting



## Table of Contents

- I. Agenda
- II. Public Comment Policy
- III. Meeting Minutes - EBC Final Renewal 3/20/2024
- IV. 2023-2024 Audit Approval
- V. Pharmacy Procurement Results – 7/1/2025
- VI. Preliminary Renewal Projections – 7/1/2025
- VII. Hinge Health
- VIII. Dependent Eligibility Audit Results & Ongoing Audit
- IX. Executive Committee – Officer Positions
- X. Disclosures
- XI. EBC Contacts



**Location:** Maggiano's Little Italy  
 1901 Woodfield Rd, Schaumburg, IL 60173

**Date:** January 29, 2025

**Time:** 9:30 a.m. – 1:30 p.m.

**Purpose of Meeting:** EBC Board of Directors Meeting  
 Preliminary Renewal July 2025

### AGENDA

	Item	Discussion Leader	Time
1.	Public Comment	Jeff Feyerer Stewart Diamond	9:30 – 9:35 a.m.
2.	Approve March 20, 2024 Final Renewal Meeting Minutes	Jeff Feyerer	9:35 – 9:40 a.m.
3.	2023-2024 Audit Approval	Tage Shumway Jason Coyle	9:40 – 9:45 a.m.
4.	Pharmacy Procurement Results – July 1, 2025	Peter Norton	9:45 – 10:15 a.m.
5.	Preliminary Renewal Projections – July 1, 2025	Luke Rafter Mel Diaz	10:15 – 11:00 a.m.
6.	Hinge Health	Brynn Bannach Carrie Kyes	11:00 – 11:25 a.m.
7.	Dependent Eligibility Audit Results & Ongoing Audit	Allison Evors Cindy Maloberti	11:25 – 11:50 a.m.
8.	Gallagher Consulting Contract – July 1, 2025  Executive Committee Officer Positions - Term 7/1/25 to 6/30/27	Jeff Feyerer	11:50 a.m.
	<b>LUNCH</b>		

## **The Policy Regarding Public Comment**

At each regular and special open meeting of the EBC Board of Directors, members of the public may comment to or ask questions of the EBC Board of Directors, subject to reasonable constraints.

The individuals appearing before the Board of Directors are expected to follow these guidelines:

1. Address the Board of Directors only at the appropriate time as indicated on the agenda and when recognized by the Chairman of the Board of Directors. A period of up to 30 minutes for public comment will be allowed.
2. Identify oneself and be brief. Each speaker will be permitted to speak for no more than 3 minutes.
3. Conduct oneself with respect and civility toward others and otherwise abide by EBC Policy.
4. If members of the public wishing to address the EBC focus their views on a particular issue, the Chairman or other presiding officer, shall endeavor to allow alternate or multiple views to be addressed.
5. Members of the public not able to speak at EBC meetings because the time was taken up by others, may write to the Chairman of the EBC their views, which will be distributed to all EBC members.
6. In the event that members of the public should violate the provisions of this policy or otherwise disturb meetings of the EBC, the Chairman or other presiding officer on his or her own discretion or as directed by a motion and vote of the Membership permitted to vote, may require a member of the public to follow these rules and to not otherwise cause a disturbance to the meeting and may take any steps permitted by law to cause such a person to be silenced or removed from the meeting.



**RE:** EBC Final Board Meeting – Final Renewal 2024/2025  
**DATE:** Wednesday, March 20, 2024  
**PLACE:** Maggiano’s Little Italy, 1901 E. Woodfield Road, Schaumburg, IL 60173

**ROLL CALL:**

<b>District</b>	<b>Present/Absent</b>
EPAA Subpool	Present
NSBC Subpool	Present
WPH Subpool	Present
ERO Special Ed Cooperative	Present
Addison SD 4	Present
Beach Park SD 3	Present
Beecher CUSD 200	Present
Bensenville SD 2	Absent
Berkeley SD 87	Present
Brookfield 95	Present
Brookwood SD 167	Present
Burbank SD 111	Absent
Burr Ridge CCSD 180	Present
Byron CUSD 226	Absent
Cary SD 26	Absent
CASE	Present
Calumet SD 132	Absent
Coal City CUSD 1	Absent
CCSD 146	Present
CUSD 201	Present
Decatur SD 61	Absent
Deerfield SD 109	Present
District 45	Present
Dolton SD 148	Absent
Dolton 149	Present
Du Page SD 88	Present
East Maine SD 63	Present
East Prairie SD 73	Present
ECHO	Absent
Edmund Lindop SD 92	Present
Elmwood Park SD 401	Present
Evanston Skokie SD 65	Present
Evergreen Park SD 124	Absent
Fairview SD 72	Present
Fenton SD 100	Absent
Forest Park SD 91	Present
Franklin Park SD 84	Present

Genoa Kingston SD 424	Present
Glen Ellyn SD 41	Present
Glen Ellyn CCSD 89	Present
Golf SD 67	Absent
Grayslake 127	Present
Herscher CUSD 2	Present
Hillside 93	Absent
Itasca SD 10	Present
Kankakee SD 111	Absent
Keeneyville SD 20	Absent
La Grange SD 102	Absent
Lake Park SD 108	Absent
LaSalle-Peru 120	Present
Lemont-Bromberek SD 113A	Present
Lincoln SD 156	Absent
Lincolnwood SD 74	Present
Lisle SD 202	Present
Lombard SD 44	Present
Maercker SD 60	Present
Mannheim SD 83	Present
Manteno CUSD 5	Present
Marengo SD 165	Present
Marquardt SD 15	Present
Matteson SD 159	Present
Medinah SD 11	Present
Midlothian SD 143	Present
Mount Prospect SD 57	Present
Mundelein SD 120	Present
NDSEC	Present
Niles SD 71	Absent
Niles HSD 219	Present
Niles Township for Special Education 807	Present
Norridge SD 80	Present
North Chicago SD 187	Present
North Palos SD 117	Absent
Northbrook SD 28	Present
Northbrook/ Glenview SD 30	Present
NSSEO	Absent
Oak Lawn Hometown SD 123	Present
Oak Park SD 97	Present
Oswego 308	Present
Proviso Area for Exceptional Children (PAEC)	Present
Palos SD 118	Absent
Park Forest Chicago Heights 163	Present

Posen-Robbins SD 143.5	Present
Prairie Grove SD 46	Present
Prospect Heights SD 23	Present
Queen Bee SD 16	Present
Reavis High School 220	Absent
Rhodes SD 84.5	Present
Rich Township SD 227	Present
Ridgeland SD 122	Absent
River Forest SD 90	Present
River Trails SD 26	Present
Riverside SD 96	Absent
Riverside Brookfield SD 208	Present
Roselle SD 12	Present
Sauk Village SD 168	Present
Seneca 170	Present
Seneca THSD 160	Present
Skokie SD 68	Present
Skokie SD 69	Present
Skokie SD 73-1/2	Absent
South Berwyn SD 100	Present
South Holland 150	Absent
SPEED JA 802	Absent
Sterling Public School District 5	Present
Summit Hill SD 161	Present
SWCCCASE	Present
Thornton Fractional SD 215	Present
Thornton Township HSD 205	Absent
TrueNorth	Absent
Union Ridge SD 86	Present
Warren Township HSD 121	Absent
West Chicago CHSD 94	Present
West Northfield SD 31	Present
Westchester SD 92.5	Absent
Westville CUSD 2	Absent
Wood Dale SD 7	Present
Woodland SD 50	Present
Woodridge SD 68	Present
Zion SD 6	Present

**DISTRICT GUESTS:**

Mr. Glenn Campos	Oswego CUSD 308
Mr. Samir Desai	Franklin Park SD 84
Ms. Rosina Logiudice	Union Ridge SD 86
Ms. Melissa Mickey	Grayslake CHSD 127
Ms. Linda Alcalde	Queen Bee SD 16

Ms. Katie Hannigan  
Ms. Cara Stanula  
Mr. Dennis Forst  
Mr. Doug Wildes  
Ms. Jennifer Ng  
Ms. Lisa Cole  
Mr. Joe Bailey

LaGrange Highlands SD 106  
Beecher CUSD 200  
Rich Township HSD 227  
Elmwood Park SD 401  
Glen Ellyn SD 41  
Atwood Heights SD 125  
Kenilworth SD 38

**ALSO PRESENT:**

Mr. Gabriel Backstrom  
Ms. Carrie Kyes  
Mr. Jason Coyle  
Mr. Stewart Diamond  
Ms. Kristi Powell  
Mr. Mel Diaz  
Ms. Victoria Dowling  
Ms. Nancy Belloso  
Ms. Erica Mendoza  
Ms. Kelsey Smith  
Ms. Allison Evors  
Ms. Geti Zani  
Ms. Sammy Ruggiero  
Ms. Alyssa De Long  
Mr. Brian Franz  
Ms. Amna Siddiqui  
Ms. Dania Aviles  
Mr. Luke Rafter

Blue Cross and Blue Shield of Illinois  
Blue Cross and Blue Shield of Illinois  
Baker Tilly Virchow Krause  
Ancel Glink  
Reliance Matrix  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services  
Gallagher Benefit Services

Mr. Jeff Feyerer, EBC Chairperson, started the meeting at 10.00 a.m.

**I. AGENDA, QUORUM, PUBLIC COMMENT POLICY**

Mr. Mel Diaz commenced the meeting with welcoming remarks, highlighting the growth and robustness of the EBC. He expressed gratitude to Ms. Dania Aviles for her efforts in coordinating the meeting and luncheon, and to Mr. Feyerer for managing the logistical arrangements. Mr. Diaz then introduced the newest member of the team, Ms. Geti Zani.

Mr. Feyerer requested a roll call. Upon completion, it was confirmed that a quorum was present. There were no public comments.

**II. MEETING MINUTES – EBC PRELIMINARY RENEWAL 1/31/2024**

Mr. Feyerer requested a motion to approve the Preliminary Renewal Meeting minutes from the January 31<sup>st</sup>, 2024 meeting. Dr. James Stelter (Queen Bee SD 16) motioned, and Mr. Ryan Berry (Skokie SD 68) seconded. A voice vote was taken to approve the Preliminary minutes, and the minutes were approved unanimously.

**III. FINAL RENEWAL PROJECTIONS**

Mr. Feyerer introduced Mr. Luke Rafter, who provided a comprehensive update on the improvements in PPO, HMO, and dental plans. The final adjustment for the PPO is 7.3%, reduced from the preliminary renewal adjustment of 8.3%, reflecting improved historical claims data and predictable patterns reminiscent of pre-pandemic conditions. Dental experienced an increase higher than trend at 6.3%, but was down 1% from preliminary figures, with a favorable forecast for future costs. The HMO final adjustment is 8.8%, outperforming the preliminary adjustment of 12.9%. The much lower adjustment is due to a highly favorable renewal with BCBS, which included lower adjustments to physician service fees, a lower stop loss premium increase, and actual pharmacy costs and manufacturer rebates exceeding expectations. This, along with more improved claims over the prior period, helped to lower the overall adjustment.

Exhibit A outlines the experience over a full calendar year (2023). For the PPO, the loss ratio is 1% lower than the preliminary loss ratio of 104.1%, with a pharmacy rebate of over \$27 million that was delayed but ultimately offset pharmacy claims. A slight surplus is anticipated through the end of the year, with the loss ratio expected to be between 98-99%, contributing to working cash. The HMO has a loss ratio of 101.2%, an improvement from the preliminary renewal loss ratio of 102.3%, even with an uptick in high-cost claimant activity. Improvement is expected moving forward. The total cost of the plan exceeded premiums, but we are in a surplus position year-to-date, with a modest surplus for working cash expected by the end of the fiscal year on June 30<sup>th</sup>. The dental plan has a loss ratio of 97.2%, an improvement from preliminary figures, with premiums covering claims expenses. The main expense is claims, accounting for 97% of total premiums, followed by administrative fees. The dental plan is expected to end the year on target or with a slight deficit.

Exhibit B details the projected rate increases necessary to cover costs for the upcoming year. The PPO will see a rate increase of 7.3%, which is below the 8% trend used, with estimated rebates of \$45 million. The HMO will experience an 8.8% rate increase, slightly above the 7% trend used, with estimated rebates of \$16 million. The dental plan will have a rate increase of 6.3%.

Exhibit C indicates most districts will experience average or better rate increases. The EBC has implemented longer-term protection measures, ensuring that even the highest rate adjustments are relatively moderate.

#### **IV. BCBS LEGISLATIVE UPDATES, PHARMACY, OTHER UPDATES**

Mr. Feyerer introduced Mr. Gabe Backstrom to provide updates related to pharmacy services. Effective July 1, 2024, for both PPO and HMO plans, including Grandfathered and Non-Grandfathered, the following services will be covered:

- Breast reduction surgery, which is currently covered and now mandated by the state of Illinois.
- Menopause hormone therapy due to hysterectomy, which is currently covered.
- Pediatric palliative/hospice care and curative treatment for illness, which is currently covered. Language adjustments are underway to ensure compliance.
- Glucose monitors, which are currently covered and now required by the state of Illinois.
- Prostate, cervical, and ovarian cancer screenings, which are fully covered and now mandated by the state of Illinois.
- Pap smears, which are already covered.
- Ovarian surveillance and prostate screening will be covered.

- Home health services, required by the state of Illinois, with plans currently in place to update the language in plan documents accordingly.

Mr. Backstrom then introduced Ms. Carrie Kyes to discuss Flex Access and the “Meds Your Way” program that was presented on during the Preliminary Renewal. Ms. Kyes shared there is no longer a penalty for individuals who choose to opt-out of the Flex Access program; however, opting-out is discouraged. Flex Access will have an effective date of July 1<sup>st</sup>, 2024 with members being lettered soon with a call to action. There will be two phone call attempts as well. As a reminder, the FlexAccess program applies primarily to specialty medications.

Meds Your Way is a seamlessly integrated program that requires no action from participants. It functions by identifying participating drug discount cards, comparing them to plan benefit prices, and automatically offering the lower price. This program is applicable to select medications at specific pharmacies, but excludes specialty medications (such as high-cost drugs used to treat autoimmune conditions, GLP-1s, self-injectables, etc.) and mail-order medications. Members can access information on participating facilities via MyPrime.com.

Cancer Services and Support under Empower Plus feature case managers who provide comprehensive cancer care management. The program has established a partnership with Access Hope, which delivers expert advisory reviews and support, clinical reports for oncologists, insights on breakthrough medications, clinical trials, and genetic expertise. Clinicians will notify patients that this review service is available through Access Hope, which conducts outreach for 28 types of cancer based on diagnosis, claims, prior authorizations, advanced imaging, or any oncology drugs. Furthermore, the program has enhanced its outreach methods to include texting and email, in addition to the existing telephonic outreach.

## V. RELIANCE MATRIX UPDATE

Mr. Feyerer introduced Ms. Kristi Powell (Reliance Matrix) and Ms. Erica Mendoza (Gallagher) to provide an update from Reliance Matrix.

Reliance Matrix will disburse life benefits based on the policy on file. Therefore, it is crucial to refer to the policy document when handling employee transactions, as it supersedes any Collective Bargaining Agreement (CBA) on file. Timely communication regarding benefit and eligibility changes to the Gallagher team is essential to ensure that the policy and member records are updated accordingly. It is also imperative to maintain accurate information in Businessolver, including salary information if the benefit is based on salary, as it serves as the keeper of record for life enrollments. The Reliance Matrix claims team may request proof of benefit upon the death of the policyholder. Mismanagement of policy provisions can result in denied or delayed claim payments, causing financial and emotional hardship to employees and their families, potentially damaging the district's reputation and prompting union grievances.

Additionally, it is important to monitor employees on leave and adhere to continuation provisions. If an employee is unable to work, a Waiver of Premium claim should be filed, and it is essential that the claimant completes and submits the Waiver of Premium in a timely manner. Leave of absence provisions have been discussed with districts annually at the administration meeting in October and are also detailed in the administrative manual created by Gallagher.

In addition, it's important to clarify the definition of "Actively at Work." "Actively at work" and "active work" means that the individual is performing, on a full-time basis, each and every duty pertaining to their



job in the place and manner in which the job is normally performed. This includes approved time off such as vacation, jury duty, and funeral leave, but does not include time off due to injury or illness. It does not include an employee being paid or listed as active status without being physically at work. Proof of coverage will be required by Reliance Matrix, and the claims team will request the last day worked. An FAQ will be created to address scenarios related to being actively at work.

Several situational questions arose, and individuals were advised to contact their designated Gallagher Benefit Consultant for assistance.

## **VI. DEPENDENT ELIGIBILITY FOLLOW UP**

Mr. Feyerer introduced Ms. Allison Evors (Gallagher) to discuss the forthcoming Dependent Eligibility Audit. Ms. Evors outlined Impact Interactive's security policies and procedures to safeguard employees' personal information.

Ms. Evors provided a concise overview of the audit timeline and noted that any dependents deemed ineligible during the audit will not qualify for COBRA. Instead, alternative solutions, such as accessing the marketplace, will be offered.

Gallagher will supply sample communications for dissemination, which will include a list of acceptable documentation that employees can provide to verify legal dependency. For self-service districts, a notification regarding the Dependent Eligibility Audit will be issued through Businessolver. Furthermore, moving forward, documentation will be mandatory for all dependents of new hires and those adding dependents during open enrollment or a qualifying life event.

Mr. Diaz mentioned that an aggregate report will be furnished to the Executive Committee.

Several questions were raised:

What will happen to claims incurred by ineligible dependents? Claims that were processed prior to the audit will remain paid. If the ineligible dependent is not removed from the plan after the district is notified at the conclusion of the audit, the district will be responsible for 100% of any incurred claims.

Will all employees be required to complete this audit? No, only those covering dependents on the medical plan are required to participate.

If it's determined a domestic partner is not an eligible dependent, does the employee automatically move to employee-only coverage? Yes, the employee will be dropped to employee-only coverage. Ineligible dependents losing coverage during the audit will experience a qualifying life event, allowing them to enroll in an employer's plan; or, in individual coverage through the marketplace.

## **VII. 2024-2025 BUDGET**

Mr. Feyerer transitioned to the discussion of the 2024-2025 budget and introduced Mr. Jason Coyle from Baker Tilly to provide a detailed overview. The budget details were included in the renewal packet. Mr. Coyle reported that this year, the EBC balance has increased by \$11 million. In the approval of the FY 2025 budget, all administrative costs have been incorporated into the final renewal, leading to a net change in position of \$2.4 million and a rise in working cash amounts. The budget also accounts for rebates that

were received later in the year. It is important to note that these rebates will not be considered as revenue in future budgets.

## **VIII. APPROVAL ITEMS**

Mr. Feyerer motioned to approve the following items:

- Contribution adjustments from the members for the fiscal year beginning July 1, 2024 be set at 7.3% for PPO, 8.8% for HMO, and 6.3% for dental
- Dependent Eligibility Audit commencing on 10/1/2024
- Proposed Budget for 2024-2025

Ms. Laura Vince (Berkeley SD 87) motioned, and Mr. Gregory Harris (Roselle SD 12) seconded the motion.

A roll call vote was taken to approve the items. The renewal items were approved.

## **IX. EXECUTIVE COMMITTEE BALLOT – AT-LARGE POSITIONS**

Mr. Feyerer announced the Executive Committee At-Large positions were up for re-election and that voting would be conducted digitally using QR codes placed on each table. Each candidate was given a moment to introduce themselves. Attendees were requested to complete their votes before exiting the venue at the conclusion of the meeting. The only votes should come from the designated voting member at the district, not additional guests in attendance. There are four candidates to be elected for a standard two-year term commencing July 1, 2024:

Incumbents:

- Ms. Beth Dever (Avoca SD 37) – retiring and therefore not running for re-election
- Mr. Jordi Camps (East Maine SD 63)
- Ms. Jessica Donato (Northbrook SD 28)
- Mr. Mike Loftin (Oak Lawn Hometown SD 123)

Newcomers:

- Mr. Ken Miller (Oswego CUSD 308)
- Ms. Barbara Germany (Lemont-Bromberek CSD 113A)
- Mr. Abe Singh (Grayslake CHSD 127)

Mr. Feyerer proposed a motion to approve by acclamation.

## **X. ADJOURNMENT**

Mr. Feyerer extended his gratitude and congratulations to Ms. Beth Dever, Ms. Julie Jilek, Ms. Lyndl Schuster, and Ms. Laura Vince on their retirement. He also announced that Mr. Ryan Berry has transitioned to River Trails School District 26.

Mr. Diaz presented additional slides commemorating the 40th anniversary of the Educational Benefit Cooperative (EBC) and announced the EBC 40th Anniversary Cubs Event, scheduled for June 21, 2024. Each district will be allocated two tickets for this celebratory event.

Mr. Feyerer requested a motion for the meeting to conclude. Mr. Curtis Saindon (Woodridge SD 68) motioned and Mr. Steven Smidl (CASE) seconded.

A voice vote was taken to conclude the meeting. The vote was unanimous, and the meeting concluded at 11:50 a.m.

November 14, 2024

To the Board of Directors  
Educational Benefit Cooperative  
Oak Forest, Illinois

We have audited the financial statements of Educational Benefit Cooperative (Cooperative) as of and for the year ended June 30, 2024. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated July 15, 2024. Professional standards also require that we communicate to you the following information related to our audit.

### Significant Audit Matters

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Cooperative are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2023. We noted no transactions entered into by the Cooperative during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the Cooperative's financial statements are:

Investment balances are carried at fair market value and are subject to market fluctuations.

Management's estimate of the amounts due from excess insurance carriers are based on information provided by the claims administrator.

Management's estimate of the liability for unpaid claims and claims adjustment expenses is based on information obtained from the claims administrator and a consulting actuary.

We evaluated the key factors and assumptions used to develop the estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

The disclosure of the unpaid claims and claims adjustment expenses incurred in Note 5 to the financial statements which is based on some of the estimates described above.

The financial statement disclosures are neutral, consistent and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

#### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no corrected or uncorrected misstatements detected as a result of audit procedures.

#### *Disagreements with Management*

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

#### *Management Representations*

We have requested certain representations from management that are included in the management representation letter dated November 14, 2024.

#### *Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Cooperative's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

#### *Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Cooperative's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

### Other Matters

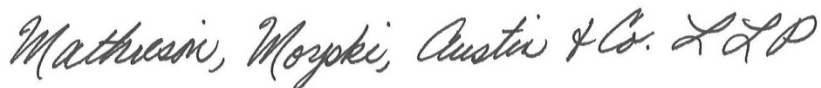
We applied certain limited procedures to the Management's Discussion and Analysis which is required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquires of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the Schedule of Claims and Premiums Paid and the Schedule of Premium Contributions and Investment Income, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

### Restriction on Use

This information is intended solely for the use of Board of Directors and management of Educational Benefit Cooperative and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,



Mathieson, Moyski, Austin & Co., LLP



**EDUCATIONAL BENEFIT COOPERATIVE**

**Financial Statements  
With Independent Auditors' Report**

**For the Years Ended  
June 30, 2024 and 2023**

## TABLE OF CONTENTS

---

	<u>Page</u>
Independent Auditors' Report	1–3
Management's Discussion and Analysis	4–7
<b>Basic Financial Statements</b>	
Statements of Net Position	8
Statements of Revenues, Expenses, and Changes in Net Position	9
Statements of Cash Flows	10
Notes to the Basic Financial Statements	11–21
<b>Supplementary Information</b>	
Schedule of Claims and Premiums Paid	22
Schedule of Premium Contributions and Investment Income	23

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors and Members of  
Educational Benefit Cooperative  
Oak Forest, Illinois

### Opinion

We have audited the accompanying financial statements of the Educational Benefit Cooperative (the Cooperative) as of and for the years ended June 30, 2024 and 2023, and the related notes to the financial statements, as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Cooperative, as of June 30, 2024 and 2023, and the changes in its financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Cooperative and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### **Supplementary Information**

Our audits was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Cooperative's basic financial statements. The schedule of claims and premiums paid and schedule of premium contributions and investment income are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of claims and premiums paid and schedule of premium contributions and investment income are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

*Matheson, Morpki, Austin & Co. LLP*

Lisle, Illinois  
November 14, 2024

## **MANAGEMENT'S DISCUSSION AND ANALYSIS**



EDUCATIONAL BENEFIT COOPERATIVE  
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

---

The discussion and analysis of the intergovernmental Educational Benefit Cooperative's (the Cooperative) financial performance provides an overall review of the Cooperative's financial activities for the years ended June 30, 2024 and 2023. The management of the Cooperative encourages readers to consider the information presented herein in conjunction with the basic financial statements to enhance their understanding of the Cooperative's financial performance.

### **Financial Highlights**

- Total net position at June 30, 2024 was \$38.5 million.
- For the 2024 year, the Cooperative had an excess of revenues over expenses of \$26.5 million.

### **Overview of the Financial Statements**

This discussion and analysis is intended to serve as an introduction to the Cooperative's basic financial statements. The Cooperative operates as an enterprise fund, in accounting for members participating in the public entity self-insurance pool. The Cooperative's basic financial statements are comprised of two components, the basic financial statements and notes to the basic financial statements.

#### *Basic financial statements*

The basic financial statements are designed to provide readers with a broad overview of the Cooperative's finances, in a manner similar to a private-sector business.

The statement of net position presents information on all of the Cooperative's assets and liabilities, with the difference reported as net position. The Cooperative retains equity as a reserve against higher health insurance claims in future years. Losses in any membership year are the contractual obligation of the members and special assessments may be requested during the year.

The statement of revenues, expenses, and changes in net position presents information on all of the Cooperative's revenues and expenses and resulting change in net position during the fiscal year. All revenues and expenses are reported on an accrual basis. This means that the revenue or expense is recognized as soon as the underlying event giving rise to the change occurs, regardless of when the actual cash is received or paid. Thus revenues and expenses are reported in this statement for some items that will not result in cash flows until future fiscal periods. For example, claims that occurred during the fiscal year will be reflected as expense, whether or not they have been paid as of the end of the fiscal year.

The statement of cash flows presents the net cash provided by the Cooperative's operating activities. It reconciles the beginning and end of year cash balances contained in the statement of net position.

#### *Notes to the basic financial statements*

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the financial statements.

EDUCATIONAL BENEFIT COOPERATIVE  
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

**Financial Analysis**

As noted earlier, the Cooperative maintains net position as a reserve against future health claims and to provide working capital for its general operations.

*Statements of Net Position*

Cash and investments increased to \$113.2 million as of June 30, 2024, an increase of \$19.3 million. This is primarily the result of an increase in investments held as a result of an increase in net position. There was an increase in receivables, from \$3.3 million at June 30, 2023 to \$10.1 million at June 30, 2024. The increase is from amounts due from excess carriers for prescription rebates, and an increase in receivables from members contributions.

<b>Table 1</b>			
<b>Statements of Net Position</b>			
<i>(in thousands of dollars)</i>			
<b>Description</b>	<b><u>2024</u></b>	<b><u>2023</u></b>	<b><u>2022</u></b>
Cash and investments	\$113,244	\$93,987	\$115,553
Prepaid expenses	32	21	20
Receivables	10,051	3,317	1,167
<b>Total Assets</b>	<b>\$123,327</b>	<b>\$97,325</b>	<b>\$116,740</b>
Accounts payable	\$17,116	\$19,834	\$14,309
Unpaid claims liability	62,716	57,275	54,643
Unearned member contributions	5,012	8,221	8,694
<b>Total Liabilities</b>	<b>84,844</b>	<b>85,330</b>	<b>77,646</b>
<b>Net Position</b>	<b>38,483</b>	<b>11,995</b>	<b>39,094</b>
<b>Total Liabilities and Net Position</b>	<b>\$123,327</b>	<b>\$97,325</b>	<b>\$116,740</b>

Unpaid claims payable has increased year over year from \$57.3 million in 2023 to \$62.7 million in 2024. This is due to the rising cost of claims and prescriptions, as a result of inflationary increases and other external factors impacting the Cooperative resulting in the continued increase in claims expenses.

Net position increased by \$26.5 million to \$38.5 million at the end of 2024. The increase is primarily due to receipt of prior year rebates of \$14.0 million and investment income of \$4.9 million. The Cooperative also increased premium billings for PPO, HMO, and dental to help increase net position based on the unprecedented losses the Cooperative faced during the pandemic.

Net position decreased by \$27.1 million to \$12.0 million at the end of 2023. Similarly, net position decreased as a percentage of annual expenses, changing from 8.1% in 2022 to 2.4% in 2023. The Cooperative had budgeted a \$2.4 million net position reduction, utilizing a portion of accumulated net position. Unfavorable claims development resulted in the loss being larger than budgeted.

EDUCATIONAL BENEFIT COOPERATIVE  
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

*Statements of Revenues, Expenses and Changes in Net Position*

Overall 2024 member contributions increased as the Cooperative saw an increase in premium rates, and covered lives, and no utilization of the working cash fund to reduce member contributions during FY 2024 (+10.4% for PPO and +7.5% for HMO change above FY 2023 rates).

Overall 2023 member contributions increased as the Cooperative saw an increase in premium rates and no utilization of the working cash fund to reduce member contributions during FY 2023 (+7.5% for PPO and +9.7% for HMO change above FY 2022 rates).

<i>Description</i>	<b>Table 2</b>		
	<b>Revenues and Expenses</b> <i>(in thousands of dollars)</i>		
	<u>2024</u>	<u>2023</u>	<u>2022</u>
<b>Revenues:</b>			
Member Contributions	\$539,168	\$469,328	\$436,060
Wellness Credit	250	250	100
Prior year rebates	13,964	-	-
Investment Income (Loss)	4,852	1,511	(4,800)
Total Revenues	558,234	471,089	431,360
<b>Expenses:</b>			
Claims	495,998	465,462	448,093
Insurance Premiums	7,400	6,625	6,176
Life Insurance	2,688	2,460	2,392
Wellness	2,844	2,360	2,329
Administration Fees/Consulting	22,237	20,748	20,575
Healthcare reform fees	200	183	173
Professional Fees	250	230	215
Other	129	120	128
Total Expenses	531,746	498,188	480,081
<b>Changes in Net Position</b>	<b>\$26,488</b>	<b>(\$27,099)</b>	<b>(\$48,721)</b>

EDUCATIONAL BENEFIT COOPERATIVE  
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

---

**Factors Bearing on the Cooperative's Future**

The percentage increase in medical costs continues to be significant for most organizations, and the Cooperative is no exception. While the Cooperative reviews premium rates annually in anticipation of these increases, the actual claim costs can still exceed expectations. Because of the large size of the Cooperative, the claims are more predictable. Additionally, premium rates are annually determined by experience and inflationary factors, such as industry trends. The Cooperative's board has moved from using a BC/BS industry inflationary trend to using the Cooperative's member claim history as the trend factor in determining rate increases. This change in trend factor should help closer align forecasted premium increases with actual experience.

If a shortfall occurs, the Cooperative finances the shortage out of any available net position. If the equity is insufficient, the Cooperative may require a supplemental payment from its membership to meet the obligations. The Contract and By-Laws of the Cooperative provide that while the Cooperative may make a call for supplementary payments to cover an inadequacy of funds attributable to any fiscal year, the amount of that supplementary payment may not be in an amount greater than 50% above the amount paid into the pool by the member during the fiscal year for which the deficit occurs or the prior 12 months, whichever amount is greater.

If a surplus occurs, this increases available net position for future years. Increased available net position reduces the likelihood that the Cooperative would be in a position of having inadequate funds due to claims being greater than predicted. This helps buffer and protect members from the possibility of supplemental payments.

**Requests for Information**

This financial report is designed to provide to all those with interest a general overview of the Cooperative's finances and to demonstrate the Cooperative's accountability for the money it receives. If you have questions about this report, or need additional financial information, contact Tage Shumway, Treasurer, c/o Southwest Cook County Cooperative Association for Special Education, 6020 West 151<sup>st</sup> Street, Oak Forest, IL 60452.

## **BASIC FINANCIAL STATEMENTS**

**EDUCATIONAL BENEFIT COOPERATIVE**  
**STATEMENTS OF NET POSITION**  
**JUNE 30, 2024 AND 2023**

<b>Assets</b>	<b>2024</b>	<b>2023</b>
Cash and cash equivalents	\$ 44,340,513	\$ 45,405,416
Investments	68,903,618	48,581,870
Prepaid expenses	32,070	21,231
Receivables:		
Accrued interest	374,047	159,269
Member contributions	4,402,749	1,882,085
Excess insurance carriers	1,090,674	1,228,403
Prescription rebate	4,168,607	-
Other	14,631	46,866
<b>Total Assets</b>	<b>\$ 123,326,909</b>	<b>\$ 97,325,140</b>
<b>Liabilities and Net Position</b>		
Liabilities:		
Accounts payable	\$ 17,116,125	\$ 19,833,867
Unpaid claims and claims adjustment expenses	62,715,800	57,275,300
Unearned member contributions	5,012,032	8,221,210
Total Liabilities	84,843,957	85,330,377
Net position	38,482,952	11,994,763
<b>Total Liabilities and Net Position</b>	<b>\$ 123,326,909</b>	<b>\$ 97,325,140</b>

See accompanying notes to the basic financial statements.



**EDUCATIONAL BENEFIT COOPERATIVE**  
**STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**  
**YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Operating revenues:		
Membership contributions	\$ 539,168,444	\$ 469,327,660
Wellness credit	250,000	250,000
Prior year rebates	<u>13,964,142</u>	<u>-</u>
Total operating revenues	553,382,586	469,577,660
Premiums to excess insurance carriers	<u>(10,087,568)</u>	<u>(9,084,972)</u>
Net operating revenues	<u>543,295,018</u>	<u>460,492,688</u>
Operating expenses:		
Claims and claims adjustment expenses	495,998,018	465,462,479
Wellness expense	2,843,559	2,360,383
Claim administration expense/consulting	22,237,487	20,747,602
Health care reform fees	200,303	182,606
Accounting/auditing fees	244,250	226,950
Legal fees	5,698	2,716
Bank fees	80,917	79,241
Other	<u>48,282</u>	<u>41,242</u>
Total operating expenses	<u>521,658,514</u>	<u>489,103,219</u>
Operating income (loss)	21,636,504	(28,610,531)
Nonoperating revenues:		
Investment income, net	<u>4,851,685</u>	<u>1,511,034</u>
Changes in net position	26,488,189	(27,099,497)
Net position at beginning of year	<u>11,994,763</u>	<u>39,094,260</u>
Net position at end of year	<u>\$ 38,482,952</u>	<u>\$ 11,994,763</u>

See accompanying notes to the basic financial statements.

**EDUCATIONAL BENEFIT COOPERATIVE**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED JUNE 30, 2024 AND 2023**

	2024	2023
Cash flows from operating activities:		
Cash received from membership contributions	\$ 533,438,602	\$ 467,938,979
Cash received from wellness credit	250,000	250,000
Cash received from prior year rebates	13,964,142	-
Claims paid, net of reinsurance	(494,588,396)	(464,058,582)
Insurance premiums paid	(12,773,075)	(3,565,707)
Administrative, wellness, health care reform, and other expenses paid	(25,671,335)	(23,641,960)
Net cash from operating activities	14,619,938	(23,077,270)
Cash flows from investing activities:		
Purchases (sales) of investments, net of maturities	(15,684,841)	10,821,075
Net change in cash and cash equivalents	(1,064,903)	(12,256,195)
Cash and cash equivalents - beginning of year	45,405,416	57,661,611
Cash and cash equivalents - end of year	\$ 44,340,513	\$ 45,405,416
Adjustments to reconcile operating income (loss) to net cash change in cash from operating activities:		
Operating income (loss)	\$ 21,636,504	\$ (28,610,531)
Changes in assets and liabilities:		
Prepaid expenses	(10,839)	(1,220)
Member contributions receivable	(2,520,664)	(915,586)
Excess insurance carriers receivable	137,729	(1,228,403)
Prescription rebate receivable	(4,168,607)	-
Other receivables	32,235	(5,938)
Accounts payable	(2,717,742)	5,525,203
Unpaid claims and claims adjustment expenses	5,440,500	2,632,300
Unearned member contributions	(3,209,178)	(473,095)
Net cash from operating activities	\$ 14,619,938	\$ (23,077,270)

See accompanying notes to the basic financial statements.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

---

NOTE 1 – REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity

Educational Benefit Cooperative (the Cooperative) is a voluntary cooperative agency consisting of Illinois public school districts and joint agreements. Its purpose is to manage and fund medical and dental claims of the covered employees (and their spouses and dependents) of its members. Currently, the various districts are covered under different plans, voted on by their members, which create various coverage costs and features. Additionally, the Cooperative offers to its members Group Life Insurance Coverage obtained through an outside insurance company. The Cooperative is governed by a Board of Directors, which is comprised of one representative from each member. The Cooperative began operations on June 30, 1984.

The Cooperative had 128 members and 124 members as of June 30, 2024 and 2023, respectively.

Significant Accounting Policies

The accounting policies of the Cooperative conform to accounting principles generally accepted in the United States of America (GAAP), as prescribed by the Governmental Accounting Standards Board (GASB).

The following is a summary of the more significant accounting policies of the Cooperative:

Basis of Presentation

The Cooperative operates as an enterprise fund. The accounts of the Cooperative are organized on the basis of a single fund. The basic financial statements report information on all of the activities of the Cooperative.

Measurement Focus and Basis of Accounting

The financial statements are reported using the accrual basis of accounting. Revenues are recorded when earned and expenses are recognized when incurred, regardless of the timing of related cash flows.

An enterprise fund is accounted for on a cost of services or “economic resources” measurement focus. This means that all assets and all liabilities associated with the activity of providing insurance services are included within the fund.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

Enterprise funds distinguish operating revenues and expenses from nonoperating items. Operating revenues and expenses generally result from providing services and producing and delivering goods or services in connection with an enterprise fund's principal ongoing operations. The principal operating revenues of the fund are charges to member districts for membership contributions. Operating expense for enterprise funds include the cost of insurance and services, claim fees and administrative expenses. All revenues and expenses not meeting this definition are reported as nonoperating revenues and expenses.

Claims Administration

The Cooperative contracts with Gallagher Benefit Services, Inc. (a division of Arthur J. Gallagher & Co.) to provide consultative analysis regarding administration of life, medical and dental programs offered by Cooperative members. For these services, the Cooperative pays a monthly consulting fee. Blue Cross/Blue Shield of Illinois administers the medical claims of the Cooperative. Metropolitan Life administers the dental claims of the Cooperative. Each receives a monthly fee based upon the number of monthly covered employees. Prime Therapeutics administers the prescription drug card programs for the Cooperative's PPO medical plans. A separate administration fee is not paid to Prime Therapeutics as their cost of services is included in the claim costs.

During the year ended June 30, 2024, Prime Therapeutics provided a rebate to the Cooperative for the years ended June 30, 2022 and 2023 which totaled \$13,964,142. This amount is stated separately on the statements of revenues, expenses, and changes in net position. During the year ended June 30, 2024, Prime Therapeutics raised the base monthly rebates to avoid significant rebates from occurring in subsequent years. \$364,000 of interest was paid to the Cooperative, related to this transaction.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Cooperative considers all highly liquid investments with an original maturity of three months or less at the date of purchase to be cash equivalents. Cash equivalents are carried at cost which approximates fair value due to the short term duration of the instrument.

Investments

Investments are stated at fair value. Changes in fair value of investments are recorded as an increase or decrease of investment earnings and are reported as nonoperating revenue.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

Contributions

Monthly medical and dental contributions are estimated by the Cooperative's administrator in advance of each membership year based upon each member's plan of coverage, estimated enrollment, estimated claims costs, and service fees. Contributions are earned in the membership year to which they apply. Contributions billed but not yet received are reflected in the statements of net position as member contribution receivable. Contributions which relate to future membership periods are reflected in the statements of net position as unearned member contributions.

If during any year, the funds on hand in the Cooperative are not sufficient to pay benefits, other costs of the Cooperative, or administrative expenses, the Board of Directors may require supplementary payments from members.

Premium Deficiency

A premium deficiency exists when the sum of expected claims cost (including an estimated liability for unreported claims) and all expected claims adjustment expenses and policy acquisition costs exceed related unearned contributions. The Cooperative anticipates investment income in determining if a premium deficiency exists. No premium deficiencies existed as of June 30, 2024 and 2023.

Unpaid Claims and Claims Adjustment Expenses

The liability for unpaid claims and claims adjustment expenses represents an estimate of the amount of unpaid claims at year end. This includes an estimate of claims which have occurred but have not yet been reported to the Cooperative. These estimates are based upon historical experience of the Cooperative and similar cooperatives, and includes the effects of inflation and other societal and economic factors. Management believes that the liabilities for unpaid claims and claims adjustment expense is adequate to cover the ultimate cost of incurred but unpaid claims; however, the ultimate cost may be more or less than the estimated liability. The liability for unpaid claims and claims adjustment expenses are reported net of estimated unpaid losses recoverable from excess carriers and is undiscounted.

Net Position

The Cooperative's net position is reported as restricted and unrestricted as of June 30, 2024 and 2023. The restricted portion of the Cooperative's net position is described under the Termination paragraph below.

When both restricted and unrestricted resources are available for use, it is the Cooperative's policy to use restricted resources first, then unrestricted resources.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

Termination

If a member district withdraws in accordance with the by-laws of the Cooperative, run-off claims for that member will be paid by the Cooperative, up to 15% of claims paid in the most recent claim year. If a member withdraws outside of the rules of the by-laws, the Cooperative has no obligation to pay run-off claims. When the estimated liability for unpaid claims and claims adjustment expenses is in excess of the estimated terminal reserves for the most recent claim year, no reserve is established. At June 30, 2024 and 2023, the terminal reserve net position was \$1,371,532 and \$4,180,578, respectively.

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

NOTE 2 – CASH AND INVESTMENTS

The Cooperative contracts with an investment advisor to monitor its cash and investment needs. Services provided by this advisor include, but are not limited to, the purchase and sale of certificates of deposit and investments, arranging collateralization and insurance for assets held, and scheduling of investment maturities to meet the Cooperative’s cash flow requirements.

At June 30, 2024, the Cooperative’s cash and investments were comprised of the following:

Cash and Cash Equivalents	\$ 44,340,513
Investments	68,903,618
Total	\$113,244,131

For disclosure purposes, this amount is segregated into two components: deposits with financial institutions, which include amounts held in demand accounts and certificates of deposit; and investment securities, which consist of all investments other than certificates of deposit, as follows:

	Cash	Investments	Total
Deposits with Financial Institutions	\$ 171,670	\$16,140,350	\$ 16,312,020
Investment Securities	44,168,843	52,763,268	96,932,111
Total	\$44,340,513	\$68,903,618	\$113,244,131

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

At June 30, 2023, the Cooperative's cash and investments were comprised of the following:

Cash and Cash Equivalents	\$45,405,416
Investments	48,581,870
Total	\$93,987,286

For disclosure purposes, this amount is segregated into two components: deposits with financial institutions, which include amounts held in demand accounts and certificates of deposit; and investment securities, which consist of all investments other than certificates of deposit, as follows:

	Cash	Investments	Total
Deposits with Financial Institutions	\$ 170,864	\$ 748,000	\$ 918,864
Investment Securities	45,234,552	47,833,870	93,068,422
Total	\$45,405,416	\$48,581,870	\$93,987,286

*Investments and Fair Value Measurements*

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level One – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Cooperative has the ability to access.

Level Two – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level two input must be observable for substantially the full term of the asset or liability.

Level Three – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Net Asset Value (NAV) – Certain investments measured at NAV would be excluded from the fair value hierarchy.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

As of June 30, 2024 and 2023, the Cooperative had the following recurring fair value measurements:

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
<u>June 30, 2024</u>				
<u>Investments by fair value level</u>				
Debt Securities				
U. S. Agencies	\$ -	\$ 32,477,548	\$ -	\$ 32,477,548
Municipal Bonds	-	9,473,135	-	9,473,135
Corporate Bonds	-	8,846,995	-	8,846,995
Money Market Mutual Funds	-	666,744	-	666,744
Negotiable Certificates of Deposit	-	1,965,590	-	1,965,590
Total investments by fair value level	\$ -	\$ 53,430,012	\$ -	53,430,012
<u>Investments measured at Net Asset Value (NAV)</u>				
Illinois School District Liquid Asset Fund				5,371,453
Illinois School District Liquid Asset Fund Limited Term Duration Series				38,130,646
Total investments measured at fair value				\$ 96,932,111
<u>June 30, 2023</u>				
<u>Investments by fair value level</u>				
Debt Securities				
U. S. Agencies	\$ -	\$ 33,386,355	\$ -	\$ 33,386,355
Municipal Bonds	-	10,922,917	-	10,922,917
Corporate Bonds	-	1,826,459	-	1,826,459
Money Market Mutual Funds	-	4,492,245	-	4,492,245
Negotiable Certificates of Deposit	-	1,698,139	-	1,698,139
Total investments by fair value level	\$ -	\$ 52,326,115	\$ -	52,326,115
<u>Investments measured at Net Asset Value (NAV)</u>				
Illinois School District Liquid Asset Fund				25,672,385
Illinois School District Liquid Asset Fund Limited Term Duration Series				15,069,922
Total investments measured at fair value				\$ 93,068,422



EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

Certain investments measured at Net Asset Value (NAV) are excluded from the fair value hierarchy. The Cooperative had investments in the Illinois School District Liquid Asset Funds (ISDLAF) Max and Liquid Class which are measured at NAV. The fair value of the positions in ISDLAF are the same as the value of the pooled shares. All investments are SEC registered. The Cooperative's proportionate share of investment in ISDLAF are collateralized in the same proportion that the total assets of ISDLAF are collateralized. Although information regarding the level of collateralization of total assets of ISDLAF is not available, the ISDLAF represent that all assets are fully collateralized.

The ISDLAF Limited Term Duration (LTD) Series is a not-for-profit investment trust that invests in a diversified portfolio of shorter-term, investment-grade fixed-income securities, and is managed to comply with specific requirements of Illinois law. It is not registered with the SEC as an investment company. Investors of the ISDLAF LTD are required to maintain a minimum investment balance of \$100,000. Investments are valued at a floating net asset value, and will fluctuate with changes in the values of its portfolio securities. The ISDLAF LTD Series is not rated.

*Interest Rate Risk:* The Cooperative does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses from increasing interest rates.

As of June 30, 2024, the Cooperative's investments had the following maturities:

Investment Type	Fair Value	Investment Maturities (In Years)			
		Less than 1	1-5	6-10	More than 10
U.S. Agencies	\$ 32,477,548	\$ 4,659,022	\$ 16,915,791	\$ 10,902,735	\$ -
Municipal Bonds	9,473,135	-	4,741,410	4,592,823	138,902
Corporate Bonds	8,846,995	495,045	5,044,979	3,306,971	-
Money Market Mutual Funds	666,744	666,744	-	-	-
Negotiable Certificates of Deposit	1,965,590	738,536	1,227,054	-	-
Illinois School District Liquid Asset Fund	5,371,453	5,371,453	-	-	-
Illinois School District Liquid Asset Fund Limited Term Duration Series	38,130,646	38,130,646	-	-	-
Total	\$ 96,932,111	\$ 50,061,446	\$ 27,929,234	\$ 18,802,529	\$ 138,902

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

As of June 30, 2023, the Cooperative’s investments had the following maturities:

Investment Type	Fair Value	Investment Maturities (In Years)			
		Less than 1	1-5	6-10	More than 10
U.S. Agencies	\$ 33,386,355	\$ 3,208,677	\$ 18,271,171	\$ 10,787,559	\$ 1,118,948
Municipal Bonds	10,922,917	-	2,921,846	7,865,986	135,085
Corporate Bonds	1,826,459	719,130	1,107,329	-	-
Money Market Mutual Funds	4,492,245	4,492,245	-	-	-
Negotiable Certificates of Deposit	1,698,139	993,639	704,500	-	-
Illinois School District Liquid Asset Fund	25,672,385	25,672,385	-	-	-
Illinois School District Liquid Asset Fund Limited Term Duration Series	15,069,922	15,069,922	-	-	-
<b>Total</b>	<b>\$ 93,068,422</b>	<b>\$ 50,155,998</b>	<b>\$ 23,004,846</b>	<b>\$ 18,653,545</b>	<b>\$ 1,254,033</b>

*Authorized Investments:* The Cooperative may invest its funds only in the following investments:

1. Bonds, notes, certificates of indebtedness, treasury bills or other securities now or hereafter issued by the United States of America, its agencies and allowable instrumentalities;
2. Interest bearing savings accounts, interest bearing certificates of deposit or interest bearing time deposits, or any other investment constituting direct obligations of any bank as defined by the Illinois Banking Act;
3. Certificates of deposit with federally insured institutions that are collateralized or insured in excess of the \$250,000 provided by the Federal Deposit Insurance Corporation (FDIC) coverage limit;
4. Collateralized repurchase agreements which conform to the requirements stated in paragraph 2(g) or 2(h) of the Act;
5. Certain corporate obligations as defined in the investment policy;
6. Municipal bonds or other interest bearing obligations;
7. The Illinois Funds (previously referred to as the Illinois Public Treasurer’s Investment Pool);
8. The Illinois School District Liquid Asset Fund Plus (ISDLAF);
9. Any other investment now permitted by the Act or hereafter permitted by reason of amendment of the Act;
10. Investments may be made only in those savings banks or savings and loan associations the shares, or investment certificates of which are insured by the FDIC;
11. Investment products that are considered as derivatives are specifically excluded from approved investments.

*Credit Risk:* The Cooperative’s investment policy is to apply the “prudent person rule”.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

As of June 30, 2024, the Cooperative's investments were rated as follows:

	<u>Standard &amp; Poors</u>	<u>Moody's Investor Service</u>	<u>Fitch</u>
Illinois School District Liquid Asset Fund	AAAm	N/A	N/A
Negotiable Certificates of Deposit	N/A	N/A	N/A
U.S. Agencies	AA+	A-1 to A-2	AAA
Money Market Mutual Fund	AAAm	N/A	N/A
Municipal Bonds	AAA to AA-	N/A	N/A
Corporate Bonds	AA+ to BBB+	N/A	N/A

As of June 30, 2023, the Cooperative's investments were rated as follows:

	<u>Standard &amp; Poors</u>	<u>Moody's Investor Service</u>	<u>Fitch</u>
Illinois School District Liquid Asset Fund	AAAm	N/A	N/A
Negotiable Certificates of Deposit	N/A	N/A	N/A
U.S. Agencies	AA+	Aaa	AAA
Money Market Mutual Fund	AAAm	Aaa	N/A
Municipal Bonds	AAA to AA-	Aaa to Aa3	N/A
Corporate Bonds	AA to BBB+	Aa2 to A2	AA+ to A

*Concentration of Credit Risk:* The Cooperative's policy is to diversify its investment portfolio. The diversification shall be as follows: a) up to 100% of investment type 1; b) up to 90% of investment type 2, 3, 7 and 8; c) up to 33% of investment type 4, 5 and 6.

As of June 30, 2024, 39%, 34%, 10%, and 6% of the Cooperative's investment securities are in ISDLAF LTD, U.S. Agencies, municipal bonds, and ISDLAF, respectively. As of June 30, 2023, 36%, 28%, 16% and 12% of the Cooperative's investment securities are in U.S. Agencies, ISDLAF, ISDLAF LTD, and municipal bonds, respectively.

*Deposits*

The Cooperative's bank and book balances of cash and cash equivalents at June 30, 2024, were \$16,260,736 and \$16,312,020 and at June 30, 2023, were \$869,349 and \$918,864, respectively.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

*Custodial Credit Risk – Deposits*

Custodial credit risk is the risk that in the event of a bank failure, the Cooperative's deposits may not be returned to it. It is the policy of the Cooperative to require that deposits in excess of FDIC coverage limits be secured by collateral or private insurance to protect public deposits in a single financial institution if it were to default. None of the Cooperative's bank balances of \$16,260,736 and \$869,349 were exposed to custodial credit risk at June 30, 2024 and 2023, respectively.

*Custodial Credit Risk – Investments*

With respect to investments, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Cooperative will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Cooperative's investment policy does not address custodial credit risk.

NOTE 3 – LOSS DEDUCTIBLES AND EXCESS INSURANCE COVERAGE

The Cooperative has purchased individual stop-loss insurance for the HMO plan which will reimburse them for any individual claim exceeding \$350,000. The policy will pay these individual claims in excess of \$350,000 only when they exceed an aggregate deductible per covered employee.

The Cooperative has purchased individual stop-loss insurance for the PPO plan which will reimburse them for any individual claims exceeding \$1,000,000. The policy will pay these individual claims in excess of \$1,000,000 only when they exceed an aggregate deductible per covered employee.

The Cooperative had amounts due from excess insurance carriers of \$1,090,674 and \$1,228,403 as of June 30, 2024 and 2023, respectively.

NOTE 4 – INCOME TAXES

Management has taken the position that the Cooperative is a tax-exempt entity since it is an agency whose members are state public school districts and joint agreements; however, no formal determination of status has been requested from the Internal Revenue Service.

EDUCATIONAL BENEFIT COOPERATIVE  
NOTES TO THE BASIC FINANCIAL STATEMENTS (CONT.)  
JUNE 30, 2024 AND 2023

---

NOTE 5 – LIABILITY FOR UNPAID CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

The Cooperative establishes a liability for both reported and unreported insured events which includes an estimate of future payments of claims. The following represents the changes to the unpaid claims and claims adjustment expense liability during June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Unpaid claims and claims adjustment expenses at the beginning of the year	\$ 57,275,300	\$ 54,643,000
Incurred claims and claims adjustment expenses:		
Provisions for insured events of the current year	495,998,018	465,462,479
Payments:		
Claims and claims adjustment expenses attributable to insured events of the current year	<u>490,557,518</u>	<u>462,830,179</u>
Unpaid claims and claims adjustment expenses at the end of the year	<u>\$ 62,715,800</u>	<u>\$ 57,275,300</u>

NOTE 6 – COMMITMENTS AND CONTINGENCIES

The Cooperative is subject to various claims and lawsuits arising in the normal conduct of its insurance operations. Certain of these suits may seek damages in excess of policy limits. The Cooperative has established claim liabilities for the amount of losses management feels are potentially payable. The Cooperative believes that no material adverse settlement in excess of amounts provided will be made.

NOTE 7 – SUBSEQUENT EVENTS

Management has evaluated subsequent events for recognition and disclosure in the financial statements through the date of this report, which is the date the financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

EDUCATIONAL BENEFIT COOPERATIVE  
SCHEDULE OF CLAIMS AND PREMIUMS PAID  
LAST TEN FISCAL YEARS  
JUNE 30, 2024

	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Benefit claims, net	\$ 359,154,326	\$ 337,807,811	\$ 322,719,257	\$ 284,938,666	\$ 263,922,973
HMO insurance claims	131,403,192	125,022,368	120,004,622	112,009,495	102,408,906
Wellness	1,248,821	1,122,812	1,063,363	855,990	954,106
Life insurance premiums	<u>2,687,730</u>	<u>2,460,370</u>	<u>2,391,795</u>	<u>2,350,745</u>	<u>2,580,746</u>
Total	<u>\$ 494,494,069</u>	<u>\$ 466,413,361</u>	<u>\$ 446,179,037</u>	<u>\$ 400,154,896</u>	<u>\$ 369,866,731</u>
	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Benefit claims, net	\$ 249,729,465	\$ 241,874,276	\$ 210,118,718	\$ 197,522,447	\$ 184,637,039
HMO insurance claims	94,108,421	83,706,014	71,150,074	66,246,715	64,276,308
Wellness	997,609	910,742	864,234	834,881	744,503
Life insurance premiums	<u>2,424,577</u>	<u>2,330,177</u>	<u>2,051,210</u>	<u>1,982,863</u>	<u>1,899,176</u>
Total	<u>\$ 347,260,072</u>	<u>\$ 328,821,209</u>	<u>\$ 284,184,236</u>	<u>\$ 266,586,906</u>	<u>\$ 251,557,026</u>

See independent auditors' report

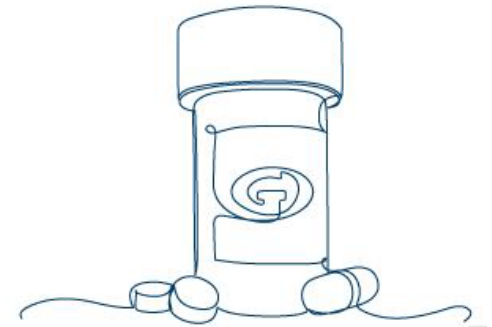
EDUCATIONAL BENEFIT COOPERATIVE  
SCHEDULE OF PREMIUM CONTRIBUTIONS AND INVESTMENT INCOME  
LAST TEN FISCAL YEARS  
JUNE 30, 2024

	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Premiums	\$ 539,168,444	\$ 469,327,660	\$ 436,060,304	\$ 440,090,715	\$ 410,922,394
Investment income (loss)	4,851,685	1,511,034	(4,799,909)	437,077	4,400,994
Excess insurance premiums	<u>(10,087,568)</u>	<u>(9,084,972)</u>	<u>(8,567,536)</u>	<u>(7,696,883)</u>	<u>(6,602,818)</u>
Total	<u>\$ 533,932,561</u>	<u>\$ 461,753,722</u>	<u>\$ 422,692,859</u>	<u>\$ 432,830,909</u>	<u>\$ 408,720,570</u>
	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Premiums	\$ 374,598,323	\$ 366,822,165	\$ 307,164,955	\$ 283,952,385	\$ 262,802,626
Investment income (loss)	3,500,282	1,059,775	338,033	1,751,858	538,787
Excess insurance premiums	<u>(5,670,471)</u>	<u>(5,041,080)</u>	<u>(4,279,481)</u>	<u>(3,818,769)</u>	<u>(3,762,589)</u>
Total	<u>\$ 372,428,134</u>	<u>\$ 362,840,860</u>	<u>\$ 303,223,507</u>	<u>\$ 281,885,474</u>	<u>\$ 259,578,824</u>

See independent auditors' report



# Educational Benefit Cooperative 2025 PBM RFP Results



Peter Norton  
Area Vice President, Pharmacy  
January 29, 2025



**Gallagher**

Insurance | Risk Management | Consulting

# Table of Contents

- Summary and Highlights
- Financial Summary: Methodology
- Best and Final Offer Financial Summary: Year 1 and 3 Year Projections
- Proposal Structure
- Allowances/Credits and Risk Amounts
- Formulary Disruption

# Summary and Highlights

- Gallagher solicited financial proposals and contract terms for Educational Benefit Cooperative's (EBC) pharmacy benefit services for the period of 7/1/2025-6/30/2028 from the following vendors:
  - BCBSIL/Prime Therapeutics (Incumbent)
  - CVS Caremark (Declined to Quote)
  - Express Scripts
  - OptumRx
- The three bidders who elected to participate provided three-year proposals and agreed to fund the cost of the RFP and future claims audits
- OptumRx was eliminated after the first round of bidding; Express Scripts and BCBSIL/Prime were notified they had been selected as finalists and asked to provide best and final quotes
  - Express Scripts made approximately \$10.5M in improvements to their initial offer and was the leading financial quote, with projected cost avoidance of ~\$43M vs. current contract terms over a three-year period
  - After reviewing submissions from both finalists, Gallagher requested a further revision from BCBSIL/Prime. Their last and final offer is noted as BAFO II in this report and reflects a much stronger financial position when compared to their initial offers. With regards to discount and rebate guarantees, the projected gap to ESI stands at approximately \$2.1M or 0.9%.
- BCBSIL/Prime offered an additional \$2.625M in credits that will be applied to EBC's invoice over the course of the contract
  - ESI offered a pharmacy allowance not to exceed \$857K over the life of the contract – these dollars must be used to offset clinical program fees, data file feeds with 3<sup>rd</sup> party vendors, etc. and will not be applied automatically

# Summary and Highlights (Cont.)

- Rebate Terms:
  - Prime is offering a fixed rebate credit (applied against medical admin fees) and will reconcile to the greater of fixed credits paid, minimum per brand guarantees or 100% of rebates collected on behalf of EBC (this is Gallagher's preferred approach for rebate payments)
  - Express Scripts agreed to pass through 100% of rebates and manufacturer admin fees, with quarterly payments approximately 90 days after the end of the quarter and an annual reconciliation 180 after the end of the plan year
- Gallagher recommended retaining BCBSIL/Prime as EBC's PBM for the upcoming contract period of 7/1/2025-6/30/2028
  - Factoring in financial offers and the pharmacy network and formulary disruption that would be present with a move to Express Scripts, the EBC Executive Committee noted that they agree with this recommendation

# Methodology

- Gallagher conducted our financial analysis using Educational Benefit Cooperative's (EBC) actual claims utilization from 7/1/2023 - 6/30/2024.
  - Gross Cost projections were based on drug prices as of the date of adjudication and do not incorporate any potential price reductions or associated rebate impacts.
- Claims were broken out by brand/generic status and delivery channel:
  - Retail 30
  - Retail 90
  - Mail
  - Specialty Retail
  - Specialty Mail
- Claims and costs were trended for a 3-year period from 7/1/2025 - 6/30/2028.
- For the purposes of this analysis, compound claims, vaccine claims, Covid-19 claims were removed from the data set.
- **The Baseline arrangement for comparison purposes was 7/1/2024 – 6/30/2025 pricing from EBC's current agreement with BCBSIL/Prime (i.e. projected costs if no action was taken to secure improved contract terms).**
- Financial analysis was conducted on a gross cost basis (including both plan and member cost share).
- Drug cost projections were based on minimum discounts and maximum dispensing fees, and do not reflect potential over-performance or under-performance against those guarantees.
- Rebates were based on minimum guarantees per brand claim, and do not reflect potential over-performance or under-performance against those guarantees. Rebate values were estimated for the year they are earned but are typically paid in lag.
- Adjustments were made to proposed guarantees to account for excluded drug categories.
- Financial analysis results are based on data and documents provided by EBC's incumbent vendor; savings are estimates and should not be used as projections for budgeting.

# Financial Summary: Year 1

		Initial Offer	Initial Offer	Initial Offer – Eliminated from Bidding	Final Offer	Final Offer	
Year 1: 7/1/2025- 6/30/2026		Baseline	BCBSIL-Prime Traditional Broad Balanced	ESI Traditional Broad National Preferred	OptumRx Traditional Broad Premium	BCBSIL-Prime BAFO II Traditional Broad Balanced	ESI BAFO Traditional Broad National Preferred
Drug Costs	Retail	\$30,621,159	\$30,885,597	\$29,066,646	\$29,836,051	\$30,742,552	\$28,870,263
	Retail 90	\$24,283,384	\$24,458,664	\$22,261,560	\$22,584,454	\$24,012,232	\$22,018,704
	Mail	\$4,013,322	\$4,052,487	\$3,903,167	\$4,098,229	\$4,009,010	\$3,903,167
	Specialty Retail	\$8,066,052	\$7,962,308	\$7,924,959	\$7,875,948	\$7,728,886	\$7,660,966
	Specialty Mail	\$54,751,381	\$54,047,183	\$53,427,828	\$54,956,616	\$52,462,738	\$51,648,064
	<b>Total Drug Costs</b>	<b>\$121,735,297</b>	<b>\$121,406,240</b>	<b>\$116,584,160</b>	<b>\$119,351,297</b>	<b>\$118,955,417</b>	<b>\$114,101,165</b>
<b>Total Administrative Fee</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Carve Out Fee</b>		<b>\$0</b>	<b>\$0</b>	<b>\$115,057</b>	<b>\$115,057</b>	<b>\$0</b>	<b>\$115,057</b>
<b>Total Gross Cost before Rebates</b>		<b>\$121,735,297</b>	<b>\$121,406,240</b>	<b>\$116,699,218</b>	<b>\$119,466,354</b>	<b>\$118,955,417</b>	<b>\$114,216,222</b>
<b>Gross Cost before Rebates Savings Over Baseline (\$)</b>			<b>(\$329,057)</b>	<b>(\$5,036,080)</b>	<b>(\$2,268,943)</b>	<b>(\$2,779,880)</b>	<b>(\$7,519,076)</b>
<b>Gross Cost before Rebates Savings Over Baseline (%)</b>			<b>-0.3%</b>	<b>-4.1%</b>	<b>-1.9%</b>	<b>-2.3%</b>	<b>-6.2%</b>
Rebates	Retail			(\$12,467,931)	(\$10,260,223)		(\$12,689,494)
	Retail 90			(\$10,544,748)	(\$8,611,396)		(\$10,968,750)
	Mail			(\$1,841,060)	(\$1,724,146)		(\$1,915,088)
	Specialty Retail			(\$4,307,339)	(\$2,101,014)		(\$4,376,256)
	Specialty Mail			(\$17,433,772)	(\$22,036,298)		(\$17,712,713)
	<b>Total Rebates</b>	<b>(\$47,679,674) <sup>1</sup></b>	<b>(\$49,017,477)</b>	<b>(\$46,594,849)</b>	<b>(\$44,733,077)</b>	<b>(\$51,457,282)</b>	<b>(\$47,662,301)</b>
<b>Total Gross Cost</b>		<b>\$74,055,623</b>	<b>\$72,388,764</b>	<b>\$70,104,368</b>	<b>\$74,733,278</b>	<b>\$67,498,135</b>	<b>\$66,553,921</b>
<b>Gross Cost Savings Over Baseline (\$)</b>			<b>(\$1,666,860)</b>	<b>(\$3,951,255)</b>	<b>\$677,654</b>	<b>(\$6,557,489)</b>	<b>(\$7,501,703)</b>
<b>Gross Cost Savings Over Baseline (%)</b>			<b>-2.3%</b>	<b>-5.3%</b>	<b>0.9%</b>	<b>-8.9%</b>	<b>-10.1%</b>
<b>BAFO Improvement</b>					<b>3</b>	<b>(\$4,890,629)</b>	<b>(\$3,550,448)</b>

<sup>1</sup> Rebates are on a PEPM Basis – PEPM credit projects to exceed minimum per brand guarantees.

# Financial Summary: 3 Years

3-Year: 7/1/2025- 6/30/2028		Initial Offer	Initial Offer	Initial Offer – Eliminated from Bidding	Final Offer	Final Offer	
		Baseline	BCBSIL-Prime Traditional Broad Balanced	ESI Traditional Broad National Preferred	OptumRx Traditional Broad Premium	BCBSIL-Prime BAFO II Traditional Broad Balanced	ESI BAFO Traditional Broad National Preferred
Drug Costs	Retail	\$98,729,023	\$99,399,980	\$93,616,714	\$96,078,638	\$98,939,364	\$92,984,993
	Retail 90	\$78,343,591	\$78,709,171	\$71,762,885	\$72,722,612	\$77,272,629	\$70,981,662
	Mail	\$12,938,914	\$13,048,104	\$12,577,587	\$13,197,722	\$12,908,268	\$12,577,587
	Specialty Retail	\$25,770,798	\$25,382,412	\$25,285,983	\$25,037,746	\$24,522,776	\$24,442,521
	Specialty Mail	\$174,765,436	\$172,131,751	\$170,318,760	\$174,680,035	\$166,302,436	\$164,637,452
	<b>Total Drug Costs</b>	<b>\$390,547,761</b>	<b>\$388,671,418</b>	<b>\$373,561,930</b>	<b>\$381,716,752</b>	<b>\$379,945,474</b>	<b>\$365,624,215</b>
<b>Total Administrative Fee</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Carve Out Fee</b>		<b>\$0</b>	<b>\$0</b>	<b>\$331,171</b>	<b>\$331,171</b>	<b>\$0</b>	<b>\$331,171</b>
<b>Total Gross Cost before Rebates</b>		<b>\$390,547,761</b>	<b>\$388,671,418</b>	<b>\$373,893,101</b>	<b>\$382,047,924</b>	<b>\$379,945,474</b>	<b>\$365,955,386</b>
<b>Gross Cost before Rebates Savings Over Baseline (\$)</b>			<b>(\$1,876,342)</b>	<b>(\$16,654,660)</b>	<b>(\$8,499,837)</b>	<b>(\$10,602,287)</b>	<b>(\$24,592,375)</b>
<b>Gross Cost before Rebates Savings Over Baseline (%)</b>			<b>-0.5%</b>	<b>-4.3%</b>	<b>-2.2%</b>	<b>-2.7%</b>	<b>-6.3%</b>
Rebates	Retail			(\$41,381,826)	(\$35,829,497)		(\$41,404,741)
	Retail 90			(\$35,031,538)	(\$29,547,396)		(\$36,017,646)
	Mail			(\$6,107,592)	(\$5,897,355)		(\$6,279,610)
	Specialty Retail			(\$15,120,919)	(\$7,673,470)		(\$15,394,968)
	Specialty Mail			(\$61,224,869)	(\$80,513,531)		(\$62,334,420)
	<b>Total Rebates</b>	<b>(\$143,039,022) <sup>1</sup></b>	<b>(\$159,174,462)</b>	<b>(\$158,866,744)</b>	<b>(\$159,461,248)</b>	<b>(\$173,259,889)</b>	<b>(\$161,431,384)</b>
<b>Total Gross Cost</b>		<b>\$247,508,739</b>	<b>\$229,496,956</b>	<b>\$215,026,357</b>	<b>\$222,586,675</b>	<b>\$206,685,585</b>	<b>\$204,524,002</b>
<b>Gross Cost Savings Over Baseline (\$)</b>			<b>(\$18,011,783)</b>	<b>(\$32,482,382)</b>	<b>(\$24,922,064)</b>	<b>(\$40,823,154)</b>	<b>(\$42,984,737)</b>
<b>Gross Cost Savings Over Baseline (%)</b>			<b>-7.3%</b>	<b>-13.1%</b>	<b>-10.1%</b>	<b>-16.5%</b>	<b>-17.4%</b>
<b>BAFO Improvement</b>					<b>2</b>	<b>(\$22,811,371)</b>	<b>(\$10,502,355)</b>

<sup>1</sup> Rebates are on a PEPM Basis – PEPM credit projects to exceed minimum per brand guarantees.

<sup>2</sup> Low WAC Biosimilar Proposal – This offer presumes exclusion of Humira and other specialty medications in favor of available biosimilars.

# Proposal Structure

	Requested	BCBSIL-Prime	ESI
<b>Pricing</b>	Traditional	Traditional	Traditional
<b>Network</b>	Broad	Traditional Select Network (Broad)	National Plus (Broad) <sup>1</sup>
<b>Formulary</b>	Exclusionary	Balanced (Exclusionary)	National Preferred (Exclusionary)
<b>Specialty</b>	Exclusive	Exclusive	Exclusive
<b>Retail 90</b>	Broad R90	Traditional ESN (Broad R90)	Smart90 (Broad R90) <sup>1</sup>

<sup>1</sup> Network Exclusions: Rite Aid, Publix, Acme, Albertsons, Osco, Safeway, Sav-On, Bartell Drug, and Kroger (self-elected).

- From 7/1/23-6/30/2024, 1,524 fill prescriptions at pharmacies that would no longer be considered in network with Express Scripts.



# Allowances/Credits & Risk Amounts

	BCBSIL-Prime	ESI
<b>Client Allowance or Credit (Implementation and/or General)</b>	General: Year 1: <b>\$400K</b> Year 2: <b>\$375K</b> Year 3: <b>\$350K</b>  * Medical/Rx: <b>\$500K</b> annually	General: \$20 per member contract term <b>Not to exceed \$857K</b>
<b>Ongoing PG Risk Amount</b>	<b>\$165K</b> annually	\$20 per member (~ <b>\$857K</b> ) annually
<b>Ongoing PG Risk Allocation</b>	10%	20%
<b>Implementation Guarantee</b>	Not Offered	Not Offered
<b>Termination Guarantee</b>	Not Offered	Not Offered

\* Medical and Pharmacy integration credit. These amounts will be credited to EBC at the beginning of each contract year.

## Formulary Disruption - Total Impact On Claims

Disruption Type	BCBSIL-Prime	ESI
<b>Exclusions</b>	0.07% (162 members)	1.14% (1,562 members)
<b>Switch to non-preferred</b>	0.00% (11 members)	0.46% (474 members)
<b>TOTAL IMPACT</b>	<b>0.07%</b>	<b>1.60%</b>

Totals reflect measurement of disrupted maintenance claims vs. total claim volume (CY 2023)

# Meeting Notes and Fiduciary Intent

The purpose of the fiduciary (or committee) process in selecting a Pharmacy Benefit Manager (PBM) is to ensure a careful and responsible decision-making approach. This involves, but is not limited to, conducting a fair comparison of each of the solicited PBM's capabilities. When selecting a PBM partner, here are some of the factors that are typically considered:

- Expected/Projected Cost & Pricing
- Formulary and Drug Coverage
- Customer Service and Support
- Network and Pharmacy Access
- Clinical Programs
- Technology and Reporting Capabilities
- Medical Integration and Implementation
- Contract Terms, Requirements and Flexibility
- Reputation and Experience

The ultimate goal is to select the most suitable PBM for EBC as well as the enrolled members. The summary of the selection process, along with any meeting minutes, should focus on how these standards were met by the fiduciary or committee and their subject matter experts.

# Disclaimer

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc., a non-investment firm and subsidiary of Arthur J. Gallagher & Co., is a licensed insurance agency that does business in California as “Gallagher Benefit Services of California Insurance Services” and in Massachusetts as “Gallagher Benefit Insurance Services.” Investment advisory services and corresponding named fiduciary services may be offered through Gallagher Fiduciary Advisors, LLC, a Registered Investment Adviser. Gallagher Fiduciary Advisors, LLC is a single-member, limited-liability company, with Gallagher Benefit Services, Inc. as its single member. Certain appropriately licensed individuals of Arthur J. Gallagher & Co. subsidiaries or affiliates, excluding Gallagher Fiduciary Advisors, LLC, offer securities through Kestra Investment Services (Kestra IS), member FINRA/SIPC and or investment advisory services through Kestra Advisory Services (Kestra AS), an affiliate of Kestra IS. Neither Kestra IS nor Kestra AS is affiliated with Arthur J. Gallagher & Co., Gallagher Benefit Services, Inc. or Gallagher Fiduciary Advisors, LLC. Neither Kestra AS, Kestra IS, Arthur J. Gallagher & Co., nor their affiliates provide accounting, legal, or tax advice.



**Gallagher**

Insurance | Risk Management | Consulting



**Gallagher**

Insurance | Risk Management | Consulting



# Preliminary Renewal Projections

For Plan Year

July 1, 2025 – June 30, 2026

Presented: January 29, 2025



## EBC Overview

### EBC History

The Educational Benefit Cooperative (EBC) is an entity created under Illinois state law, which allows school districts to join together for the purpose of purchasing insurance. The EBC, established in 1984, began with eight school districts and has grown to current membership of 134 school districts, 121 individual members and 3 sub pools.

The purpose of the EBC is to provide economies of scale and risk pooling that will allow members greater long-term financial stability than purchasing insurance products individually in the commercial insurance market. Each member retains the ability to create and change their PPO, HMO, Dental and Life plan design, which is often required by the nature of bargained contracts.

### Funding

The PPO and Dental plans are self-funded. The HMO is funded on a Cost-Plus funding arrangement and the Life insurance is insured.

**PPO funding:** Self-funded plans allow the plan sponsor to bear a greater amount of risk (claims), reduce overhead expenses such as insurance company risk charges, and are not subject to state mandated requirements. Self-funding has three basic components, claims, administration and reinsurance. EBC periodically reviews the most appropriate administration providers. Currently, EBC has retained Blue Cross Blue Shield of Illinois to provide claim administration services as well as access to their network of hospitals and physicians. EBC has also selected Prime Therapeutics as the Prescription Benefit Manager for PPO prescription card plans. EBC purchases reinsurance from Symetra. Reinsurance, often termed stop-loss insurance, is insurance a self-funded entity purchases to transfer the risk of catastrophic claims. As EBC has grown, the deductible amount of reinsurance has increased, as EBC can assume a greater level of risk. As EBC increases the risk level on these catastrophic claims, the cost of the reinsurance is reduced.

**Dental funding:** Similar to the PPO, the Dental plans of EBC are self-funded; however, in the case of dental, no reinsurance is necessary. Because dental plans generally have an annual benefit amount under \$2,000, claims are not as volatile or catastrophic as medical claims. Currently, EBC retains Metropolitan Life Insurance Company to provide claim administration services as well as access to their network of preferred dentists.

**HMO funding:** Cost-Plus funding has the same basic components as self-funding; claims, administration and reinsurance plus risk charges. EBC has selected Blue Cross Blue Shield of Illinois as the HMO provider. Blue Cross Blue Shield of Illinois does not offer a self-funded arrangement for their HMO products. The Cost-Plus funding arrangement has a similar risk taking component to self-funding, but is filed as an insured product. Because of the insured status, HMO contracts are subject to Illinois state mandates. EBC pays administration, risk charges and physician service fees (doctor visits) on a monthly basis, based on enrollment. EBC funds the cost of prescription drug and hospital claims as they are incurred.



**Life funding:** The life insurance for EBC is fully insured. EBC members submit an insured premium rate to EBC who pays the full amount directly to Reliance Standard. A fully insured funding arrangement transfers 100% of the claim and risk to the insurance company.

For the self-funded and Cost-plus funded programs (PPO, Dental and HMO), EBC's consultant, Gallagher Benefit Services, develops appropriate funding rates. Each member submits monthly funding required based on those rates and enrollment. EBC pays all claims and expenses for all members as well as establishes a reserve for incurred but not reported claims. All member funds in excess of plan expenses and reserves are retained in the Working Cash Fund.

## Banding Formula

EBC established a Banding Formula many years ago that is applied to the self-funded plans, the PPO and Dental. The HMO banding formula began in 2012. The bands are outlined in the EBC By-laws. Two components are used for the banding formula; (1) Paid Claim Loss Ratio and (2) Rate Increase.

**Component 1 is the Paid Claim Loss Ratio.** The Paid Claim Loss Ratio is determined by dividing the revenue submitted to EBC by the claims paid by EBC during the Experience Period. The resulting percentage is the Paid Claim Loss Ratio. The costs of administration of the plan are not included in the calculation. A Paid Claim Loss Ratio is developed for the entire cooperative of EBC (pool average) and individually for each member district (or sub pool) of EBC. The pool average Paid Claim Loss Ratio is the center of the Banding Formula. Each member's individual Paid Claim Loss Ratio determines its position on the Banding Formula.

Paid Claims are the total of all individual claims under \$75,000 plus the per capita share of all the EBC catastrophic claims between \$75,000 and \$1,000,000 for the PPO. For the HMO, Paid Claims are the total of all individual claims under \$75,000 plus the per capita share of all the EBC catastrophic claims between \$75,000 and \$350,000 plus physician service fees.

**Component 2 is the (Pool Average) Rate Increase.** The Rate Increase is developed by projecting the claims in the experience period to the end of the projection period and adding administrative and reinsurance costs for Total Projected Costs. Total Projected Costs are divided by Total Projected Revenue to determine the Rate Increase (pool average). The pool average rate increase is the center of the banding formula. Each member's individual Paid Claim Loss Ratio is developed and will fall within one banding range. The maximum deviation from the pool average rate increase ranges from +5% above the pool average rate increase or -5% below the pool average rate increase in 1% increments.



## EXECUTIVE SUMMARY

### 2025/2026 Preliminary Review

#### EBC Preliminary Renewal Summary

Following is a brief highlight of the EBC renewal projection. The EBC sponsored plans are PPO medical, HMO medical, dental, and life insurance.

- The PPO medical rating formula produces a rate adjustment of 7.0%
  - 2025 trend for PPO plans: 8.0% \*
- The HMO projection indicates a rate adjustment of 5.3%
  - 2025 trend for HMO plans: 7.0% \*
- The Dental rating formula produces a rate adjustment of 4.1%
  - 2025 trend for dental plans: 4.0% \*
- The Life/AD&D, Supplemental Life and Dependent Life insurance is underwritten by Reliance Standard Life Insurance Company. The rates are being held with no increase and guaranteed through 6/30/2027.

*\* Trend is a forecast of per capita claims cost that takes into account price inflation, utilization, government-mandated benefits, and new treatments, therapies and technology. There is usually a high correlation between trend rate and actual cost increases assessed by insurance carriers.*



## EXHIBIT A

### JULY 1, 2025 – JUNE 30, 2026 RENEWAL SUMMARY

Exhibit A summarizes the key elements that were reviewed for the Experience Period which show how each plan is operating and develops the Paid Claim Loss Ratio that is used in the Banding Formula.

**The Experience Period reviewed was November 1, 2023 – October 31, 2024.** The table below summarizes the key elements that develop the Paid Claim Loss Ratio by line of coverage.

PPO		
A	Revenue	\$ 398,321,757
B	Claims Under \$1,000,000	\$ 411,098,336
C	Paid Claim Loss Ratio (B / A)	<b>103.2%</b> Pool Average Loss Ratio which becomes the center of the Banding Formula (See Exhibit C)
HMO		
A	Revenue	\$ 151,627,242
B	Claims Under \$350,000 plus Physician Service Fees	\$ 150,125,626
C	Paid Claim Loss Ratio (B / A)	<b>99.0%</b> Pool Average Loss Ratio which becomes the center of the Banding Formula (See Exhibit C)
DENTAL		
A	Revenue	\$ 14,361,665
B	Claims	\$ 13,606,307
C	Paid Claim Loss Ratio (B / A)	<b>94.7%</b> Pool Average Loss Ratio which becomes the center of the Banding Formula (See Exhibit C)

**Educational Benefit Cooperative**  
**EXHIBIT A**  
For Period July 1, 2025 to June 30, 2026

**PPO Experience Period Summary for 2025 to 2026 Renewal**

		Experience Period 11/1/23 - 10/31/2024	% of Total Plan Costs
A.	Average Enrollment	20,516	
B.	Revenue	<b>\$398,321,757</b>	
C.	Claims under \$75,000	\$338,748,317	
D.	Claims \$75,000 - \$1,000,000	+\$72,350,019	
E.	Claims under \$1,000,000 (C + D)	<b>\$411,098,336</b>	
F.	Rx Rebate	+(\$53,377,406)	
G.	Adjusted Claims (E - F)	<b>\$357,720,930</b>	94.7%
H.	Plan Expenses		
	1. Claim Administration	\$12,107,331	
	2. Reinsurance Premium/Liability	+\$4,190,699	
	3. Consulting Fees	+\$2,738,532	
	4. Healthcare Reform Fees	+\$123,306	
	5. Cooperative Charges	+\$914,723	
	6. Total Plan Expenses	=\$20,074,591	5.3%
I.	Total Plan Costs (G + H5)	<b>\$377,795,521</b>	
J.	Paid Claim Loss Ratio (E / B)	<b>103.2%</b>	
K.	Total Cost Loss Ratio (I / B)	94.8%	

**HMO Experience Period Summary for 2025 to 2026 Renewal**

		Experience Period 11/1/23 - 10/31/2024	% of Total Plan Costs
A.	Average Enrollment	10,360	
B.	Revenue	<b>\$151,627,242</b>	
C.	Claims under \$75,000	\$90,975,350	
D.	Claims \$75,000 - \$350,000	\$17,939,170	
E.	Claims under \$350,000 (C+D)	\$108,914,520	
F.	Physician Service Fees	+\$41,211,105	
G.	Total Claims and Physician Service Fees	<b>\$150,125,626</b>	
H.	Rx Rebate	+(\$13,637,191)	
I.	Adjusted Claims (G-H)	<b>\$136,488,435</b>	91.2%
J.	Plan Expenses		
	1. Claim Administration	\$6,838,710	
	2. Reinsurance Premium	+\$4,371,957	
	3. Consulting Fees	+\$1,418,406	
	4. Healthcare Reform Fees	\$0	
	5. Cooperative Charges	+\$466,445	
	6. Total Plan Expenses	=\$13,095,518	8.8%
K.	Total Plan Costs (I + J5)	<b>\$149,583,953</b>	
L.	Paid Claim Loss Ratio (G / B)	<b>99.0%</b>	
M.	Total Cost Loss Ratio (K / B)	98.7%	

### Dental Experience Period Summary for 2025 to 2026 Renewal

		Experience Period 11/1/23 - 10/31/2024	% of Total Plan Costs
A.	Average Enrollment	16,709	
B.	Revenue	<b>\$14,361,665</b>	
C.	Claims	<b>\$13,606,307</b>	95.3%
D.	Plan Expenses		
	1. Claim Administration	\$672,986	
	2. Consulting Fees	+	\$0
	3. Total Plan Expenses	=	\$672,986
			4.7%
E.	Total Plan Costs (C + D3)	<b>\$14,279,292</b>	
F.	Paid Claim Loss Ratio (C / B)	<b>94.7%</b>	
G.	Total Cost Loss Ratio (E / B)	99.4%	

**Note: Paid Claim Loss Ratio used to determine average rate of increase**

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

## EXHIBIT B

### JULY 1, 2025 – JUNE 30, 2026 RENEWAL SUMMARY

Exhibit B summarizes the key elements of the cost projection for Projection/Renewal Period of July 1, 2025 – June 30, 2026.

Claims from the Experience Period are projected into the future and *preliminary estimates* of administration cost increases added to develop Projected Total Costs. Projected Total Costs are compared to Projected Revenue to develop the needed Rate Increase.

The table below summarizes the key elements that develop the Rate Increase by line of coverage.

PPO		
A	Projected Revenue	\$ 428,959,085
B	Projected Total Costs (Claims + Expenses)	\$ 459,085,240
C	Rate Increase (B / A)	<b>7.0%</b> Pool Average Rate Increase which becomes the center of the Banding Formula (See Exhibit C)
HMO		
A	Projected Revenue	\$ 166,259,200
B	Projected Total Costs (Claims + Expenses)	\$ 175,130,312
C	Rate Increase (B / A)	<b>5.3%</b> Pool Average Rate Increase which becomes the center of the Banding Formula (See Exhibit C)
DENTAL		
A	Projected Revenue	\$ 15,062,741
B	Projected Total Costs (Claims + Expenses)	\$ 15,687,696
C	Paid Claim Loss Ratio (B / A)	<b>4.1%</b> Pool Average Rate Increase which becomes the center of the Banding Formula (See Exhibit C)

**Educational Benefit Cooperative**  
**EXHIBIT B**  
**July 1, 2025 to June 30, 2026 RENEWAL SUMMARY**

**PPO Renewal Projection Summary for 2025 to 2026 Renewal**

		Experience Period 7/1/25 - 6/30/2026	% of Total Plan Costs
A.	Projected Monthly Enrollment (#EEs)	21,424	
B.	Projected Annual Revenue	<b>\$428,959,085</b>	
C.	Claims under \$1,000,000	\$490,280,168	
D.	Estimated Annual Rx Rebates	+	(\$55,538,721)
E.	Adjusted Annual Claims under \$1,000,000 (C + D)	=	<b>\$434,741,447</b>
F.	Plan Expenses		
	1. Claim Administration		\$12,993,432
	2. Reinsurance Premium/Liability	+	\$5,118,245
	3. Consulting Fees	+	\$3,211,243
	4. Healthcare Reform Fees	+	\$156,152
	5. Cooperative Charges	+	\$2,864,721
	6. Total Plan Expenses	=	\$24,343,793
G.	Total Plan Costs (E + F6)		<b>\$459,085,240</b>
H.	Pool Average Rate Adjustment (G / B)		<b>7.0%</b>
I.	Working Cash Fund Release		
J.	Revised Total Cost (G + I)		<b>\$459,085,240</b>
K.	Revised Average Rate Adjustment (J / B)		<b>7.0%</b>

**HMO Renewal Projection Summary for 2025 to 2026 Renewal**

		Experience Period 7/1/25 - 6/30/2026	% of Total Plan Costs
A.	Projected Monthly Enrollment (#EEs)	10,890	
B.	Projected Annual Revenue	<b>\$166,259,200</b>	
C.	Claims under \$350,000	\$129,183,027	
D.	Physician Service Fees	+	\$48,178,670
E.	Total Claims and Physician Service Fees (C + D)	=	\$177,361,696
F.	Estimated Annual Rx Rebates	+	<b>(\$18,859,711)</b>
G.	Adjusted Annual Claims under \$350,000 (E + F)	=	<b>\$158,501,985</b>
H.	Plan Expenses		
	1. Claim Administration		\$7,504,754
	2. Reinsurance Premium	+	\$6,034,592
	3. Consulting Fees	+	\$1,632,302
	4. Healthcare Reform Fees	+	\$0
	5. Cooperative Charges	+	\$1,456,679
	6. Total Plan Expenses	=	\$16,628,327
I.	Total Plan Costs (G + H6)	=	<b>\$175,130,312</b>
J.	Pool Average Rate Adjustment (I / B)		<b>5.3%</b>
K.	Working Cash Fund Release		
L.	Revised Total Cost (I + K)		<b>\$175,130,312</b>
M.	Revised Average Rate Adjustment (L / B)		<b>5.3%</b>

## Dental Renewal Projection Summary for 2025 to 2026 Renewal

		Experience Period 7/1/25 - 6/30/2026	% of Total Plan Costs
A.	Projected Monthly Enrollment (#EEs)	17,030	
B.	Projected Annual Revenue	<b>\$15,062,741</b>	
C.	Claims	\$15,097,095	96.2%
D.	Plan Expenses		
	1. Claim Administration	\$590,600	
	2. Consulting Fees	+	\$0
	3. Total Plan Expenses	=	\$590,600      3.8%
E.	Total Plan Costs (C + D3)	=	<b>\$15,687,696</b>
F.	Pool Average Rate Adjustment (E / B)		4.1%
G.	Working Cash Fund Release		
H.	Revised Total Cost (E + G)		<b>\$15,687,696</b>
I.	Revised Average Rate Adjustment (H / B)		4.1%

**Note: For PPO, HMO, and Dental coverage, see Exhibits 16, 17 & 18 of the Appendix for each district's rate increase based on the banding formula.**

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*



# EXHIBIT C

## JULY 1, 2025 – JUNE 30, 2026 RENEWAL SUMMARY

### BANDING FORMULA

Exhibit C illustrates the Banding Formula which was described earlier in this material. Exhibits A and B showed how the Pool Average Paid Claim Loss Ratio and the Pool Average Rate Increase were developed.

Each EBC member’s Loss Ratio is shown on Exhibits 16, 17 & 18 in the Appendix, along with the preliminary rate increase for July 1, 2025 for the PPO, HMO, and Dental plans.

The loss ratio bands and corresponding preliminary rate increases are shown in the table below.

PPO Average Loss Ratio = 103.2%		
Paid Claim Loss Ratio	Rate Adjustment	# of Members in Band
0.0% to 73.2%	2.0%	3
73.3% to 79.7%	3.0%	3
79.8% to 86.2%	4.0%	5
86.3% to 92.7%	5.0%	9
92.8% to 99.2%	6.0%	23
<b>99.3% to 107.2%</b>	<b>7.0%</b>	<b>40</b>
107.3% to 113.7%	8.0%	17
113.8% to 120.2%	9.0%	14
120.3% to 126.7%	10.0%	5
126.8% to 133.2%	11.0%	0
133.3% +	12.0%	3

HMO Average Loss Ratio = 99.0%		
Paid Claim Loss Ratio	Rate Adjustment	# of Members in Band
0.0% to 69.0%	0.3%	5
69.1% to 75.5%	1.3%	9
75.6% to 82.0%	2.3%	6
82.1% to 88.5%	3.3%	8
88.6% to 95.0%	4.3%	11
<b>95.1% to 103.0%</b>	<b>5.3%</b>	<b>29</b>
103.1% to 109.5%	6.3%	18
109.6% to 116.0%	7.3%	11
116.1% to 122.5%	8.3%	7
122.6% to 129.0%	9.3%	2
129.1% +	10.3%	2



DENTAL Average Loss Ratio = 94.7%		
Paid Claim Loss Ratio	Rate Adjustment	# of Members in Band
0.0% to 64.7%	-0.9%	0
64.8% to 79.7%	1.6%	5
<b>79.8% to 109.7%</b>	<b>4.1%</b>	<b>62</b>
109.8% to 124.7%	6.6%	4
124.8% +	9.1%	0





## EXHIBITS D1, D2, D3

### RENEWAL HISTORY

Exhibits D1, D2 and D3 show the most recent five-years of renewal highlights for the PPO (D1), HMO (D2) and Dental (D3) plans.

Each exhibit outlines the revenue and claims in the experience period used to develop the claim projections in each year as well as the projected costs for the renewal period.

The table below summarizes the recent five-year renewal increases for each plan. The increases shown are those applied after any Working Cash Fund usage.

5-Year History	PPO	HMO	Dental
<b>7/25 – 6/26 Preliminary</b>	<b>7.0%</b>	<b>5.3%</b>	<b>4.1%</b>
7/24 – 6/25	7.3%	8.8%	6.3%
7/23 – 6/24	10.4%	7.5%	2.6%
7/22 – 6/23	7.5%	9.7%	3.7%
7/21 – 6/22	-0.1%	-2.9%	-4.1%

**Educational Benefit Cooperative  
Renewal Summary  
EXHIBIT D-1**

**PPO Five-Year History**

		Renewal Period 7/1/25-6/30/26	Renewal Period 7/1/24-6/30/25	Renewal Period 7/1/23-6/30/24	Renewal Period 7/1/22-6/30/23	Renewal Period 7/1/21-6/30/22	Renewal Period 7/1/20-6/30/21
<b>Experience Period</b>		Experience Period 11/1/23 - 10/31/2024	Experience Period 1/1/23 - 12/31/2023	Experience Period 1/1/22 - 12/31/2022	Experience Period 1/1/21 - 12/31/2021	Experience Period 1/1/20 - 12/31/20	Experience Period 1/1/19 - 12/31/19
A.	Average Enrollment	20,516	18,837	18,540	18,432	18,214	17,404
B.	Revenue	\$398,321,757	\$345,396,219	\$313,188,148	\$301,401,004	\$292,125,838	\$266,605,108
C.	Claims under \$1,000,000	\$411,098,336	\$358,214,418	\$339,017,208	\$311,212,017	\$270,076,267	\$263,767,363
D.	Paid Claim Loss Ratio (C / B)	103.2%	103.7%	108.2%	103.3%	92.5%	98.9%

		Renewal Period 7/1/25-6/30/26	Renewal Period 7/1/24-6/30/25	Renewal Period 7/1/23-6/30/23	Renewal Period 7/1/22-6/30/23	Renewal Period 7/1/21-6/30/22	Renewal Period 7/1/20-6/30/21
A.	Projected Monthly Enrollment (# EEs)	21,424	18,989	18,516	18,415	18,540	18,150
B.	Projected Annual Revenue	\$428,959,085	\$365,613,918	\$324,796,236	\$300,708,829	\$301,500,402	\$284,028,728
C.	Total Projected Plan Costs	\$459,085,240	\$392,484,369	\$358,689,283	\$323,154,509	\$304,715,966	\$300,191,745
D.	Pool Average Rate Increase (C/B)	7.0%	7.3%	10.4%	7.5%	1.1%	5.7%
E.	Adjusted Average Rate Increase *					-0.1%	

\* Adjusted average rate increase reflects average rate adjustment after use of Working Cash Fund.

**Educational Benefit Cooperative  
Renewal Summary  
EXHIBIT D-2**

**HMO Five-Year History**

		Renewal Period 7/1/25-6/30/26	Renewal Period 7/1/24-6/30/25	Renewal Period 7/1/23-6/30/24	Renewal Period 7/1/22-6/30/23	Renewal Period 7/1/21-6/30/22	Renewal Period 7/1/20-6/30/21
<b>Experience Period</b>		Experience Period 11/1/23 - 10/31/2024	Experience Period 1/1/22 - 12/31/2022	Experience Period 1/1/22 - 12/31/2022	Experience Period 1/1/21 - 12/31/2021	Experience Period 1/1/20 - 12/31/20	Experience Period 1/1/19 - 12/31/19
A.	Average Enrollment	10,360	9,510	9,506	9,586	9,513	9,075
B.	Revenue	\$151,627,242	\$132,769,342	\$123,250,712	\$121,430,889	\$119,219,887	\$107,238,474
C.	Claims under \$350,000	\$150,125,626	\$134,371,202	\$126,099,904	\$120,846,338	\$107,594,945	\$100,737,453
D.	Paid Claim Loss Ratio (C / B)	99.0%	101.2%	102.3%	99.5%	90.2%	93.9%

		Renewal Period 7/1/25-6/30/26	Renewal Period 7/1/24-6/30/25	Renewal Period 7/1/23-6/30/24	Renewal Period 7/1/22-6/30/23	Renewal Period 7/1/21-6/30/22	Renewal Period 7/1/20-6/30/21
A.	Projected Monthly Enrollment (# EEs)	10,890	9,639	9,458	9,598	9,665	9,391
B.	Projected Annual Revenue	\$166,259,200	\$138,272,383	\$128,196,835	\$119,435,496	\$124,041,438	\$114,762,463
C.	Total Projected Plan Costs	\$175,130,312	\$150,455,907	\$137,858,770	\$131,018,547	\$121,369,177	\$119,669,978
D.	Pool Average Rate Increase (C / B)	5.3%	8.8%	7.5%	9.7%	-2.2%	4.3%
E.	Adjusted Average Rate Increase *					-2.9%	

\* Adjusted average rate increase reflects average rate adjustment after use of Working Cash Fund.

Educational Benefit Cooperative  
Renewal Summary  
EXHIBIT D-3

Dental Five-Year History

Experience Period		Renewal Period	Renewal Period	Renewal Period	Renewal Period	Renewal Period	Renewal Period
		7/1/25-6/30/26	7/1/24-6/30/25	7/1/23-6/30/24	7/1/22-6/30/23	7/1/21-6/30/22	7/1/20-6/30/21
Experience Period		Experience Period	Experience Period	Experience Period	Experience Period	Experience Period	Experience Period
		11/1/23 - 10/31/2024	1/1/22 - 12/31/2022	1/1/22 - 12/31/2022	1/1/21 - 12/31/2021	1/1/20 - 12/31/20	1/1/19 - 12/31/19
A.	Average Enrollment	16,709	16,051	15,624	15,379	14,971	14,678
B.	Revenue	\$14,361,665	\$13,182,161	\$12,432,993	\$12,363,379	\$11,568,337	\$11,015,532
C.	Claims	\$13,606,307	\$12,817,634	\$11,626,307	\$9,803,164	\$10,793,414	\$10,377,718
D.	Paid Claim Loss Ratio (C / B)	94.7%	97.2%	93.5%	79.3%	93.3%	94.2%

Renewal Period		Renewal Period	Renewal Period	Renewal Period	Renewal Period	Renewal Period	
		7/1/25-6/30/26	7/1/24-6/30/25	7/1/23-6/30/24	7/1/22-6/30/23	7/1/21-6/30/22	7/1/20-6/30/21
A.	Projected Monthly Enrollment (# Ees)	17,030	16,354	15,651	15,718	15,593	15,280
B.	Projected Annual Revenue	\$15,062,741	\$13,705,393	\$12,740,773	\$12,277,328	\$12,614,704	\$12,128,662
C.	Total Projected Plan Costs	\$15,687,696	\$14,575,360	\$13,074,506	\$12,734,383	\$12,658,520	\$12,290,953
D.	Pool Average Rate Increase (E / C)	4.1%	6.3%	2.6%	3.7%	0.3%	1.3%
E.	Adjusted Average Rate Increase *					-4.1%	

\* Adjusted average rate increase reflects average rate adjustment after use of Working Cash Fund.



**Gallagher**

Insurance | Risk Management | Consulting

## APPENDIX



## APPENDIX

For your reference, following is a brief description of the exhibits and graphs outlining the PPO, HMO and Dental cost and projection exhibits.

**Exhibit 1** illustrates the monthly PPO medical and prescription drug claims on a paid basis. The Fixed Costs (claims administration fees, stop-loss premium fees, COBRA administration fees, consulting fees) are totaled and added to the claim costs to produce Total Costs. The column labeled Surplus/ (Deficit) is the difference between the Premium Paid (budgeted cost) and the Total Costs (actual cost). The Loss Ratio developed is the Premium Paid divided by the Total Costs. Any Loss Ratio under 100% results in additions to the Terminal Reserves/Working Cash Fund.

**Exhibit 2** illustrates the monthly HMO medical and prescription drug claims on a paid basis. Physician Service Fees are included as a claim cost as these fees cover costs associated with doctor office visits. The Fixed Costs (claims administration fees, stop-loss premium fees, COBRA administration fees, consulting fees) are totaled and added to the claim costs to produce Total Costs. The column labeled Surplus/ (Deficit) is the difference between the Premium Paid (budgeted cost) and the Total Costs (actual cost). The Loss Ratio developed is the Premium Paid divided by the Total Costs. Any Loss Ratio under 100% results in additions to the Terminal Reserves/Working Cash Fund.

**Exhibit 3** illustrates the monthly dental claims on a paid basis. The Fixed Costs (claims administration and consulting fees) are totaled and added to the claim costs to produce Total Costs. The column labeled Surplus/ (Deficit) is the difference between the Premium Paid (budgeted cost) and the Total Costs (actual cost). The Loss Ratio developed is the Premium Paid divided by the Total Costs. Any Loss Ratio under 100% results in additions to the Terminal Reserves/Working Cash Fund.

**Exhibit 4** outlines the PPO medical claims and enrollment and dental claims and enrollment for the experience period which was used to project claims for the projection period.

The medical paid claims include all claims paid; no claims over the \$1,000,000 specific deductible have been removed. Additionally, the medical, prescription, and dental claims have not been adjusted to reflect mature claim levels due to growth of the cooperative.

**Exhibit 5** outlines the HMO medical claims and enrollment for the experience period which was used to project claims for the projection period.

The medical paid claims include all claims paid; no claims over the \$350,000 specific deductible have been removed. Additionally, the claims have not been adjusted to reflect mature claim levels due to growth of the cooperative.

**Exhibit 6** identifies all individual PPO claims in excess of \$75,000 per person during the experience period.

**Exhibit 7** identifies all individual HMO claims in excess of \$75,000 per person during the experience period.

**Exhibit 8** outlines the fixed cost and enrollment assumptions used for the PPO medical, HMO medical and dental plan projection period of 7/1/25 – 6/30/26. The fixed cost components are estimated for the renewal period. All renewal fees will be finalized in March.

**Exhibit 9** is the PPO Medical Experience Projection formula. The formula begins with the paid medical and prescription drug claims illustrated on Exhibit 4. An adjustment for new members is made to account for increased growth of the cooperative. Any individual claim exceeding the stop-loss deductible of \$1,000,000 is removed. This results in Total Adjusted Claims.

The experience period enrollment is adjusted for growth of the cooperative, resulting in Total Adjusted Experience Period Enrollment.

The Total Adjusted Claims is divided by the Total Adjusted Experience Period Enrollment to develop a Total Adjusted Claims cost per employee per month. The trended per capita claim cost is multiplied by the projected monthly enrollment to produce projected annual claims. (Line A).

Line G represents the Total Projected PPO Medical Benefit Costs for the plan year beginning 7/1/25. When divided by the total annual revenue, the Needed Rate Adjustment is developed.

**Exhibit 10** is the HMO Medical Experience Projection formula. The formula begins with the paid medical and prescription drug claims illustrated on Exhibit 5. An adjustment for new members is made to account for increased growth of the cooperative. Any individual claim exceeding the stop-loss deductible of \$350,000 is removed. This results in Total Adjusted Claims.

The experience period enrollment is adjusted for growth of the cooperative, resulting in Total Adjusted Experience Period Enrollment.

The Total Adjusted Claims is divided by the Total Adjusted Experience Period Enrollment to develop a Total Adjusted Claims cost per employee per month. The trended per capita claim cost is added to the physician service fee projected per capita cost, for a total per employee per month claim cost. When multiplied by the projected monthly enrollment the total projected annual claims are the result. (Line A).

Line D represents the Total Projected HMO Medical Benefit Costs when divided by the total annual revenue produces the Needed Rate Adjustment.

**Exhibit 11** is the Dental Experience Projection formula. The formula begins with the paid dental claims illustrated on Exhibit 4. An adjustment for new members is made to account for increased growth of the cooperative. This results in Total Adjusted Claims.

The experience period enrollment is adjusted for growth of the cooperative, resulting in Total Adjusted Experience Period Enrollment.

The Total Adjusted Claims is divided by the Total Adjusted Experience Period Enrollment to develop a Total Adjusted Claims cost per employee per month. The trended per capita claim cost is multiplied by the projected monthly enrollment to produce projected annual claims (Line A).

Line D represents the Total Projected Dental Benefit Costs for the plan year. When divided by the total annual revenue the Needed Rate Adjustment is developed.

**Exhibit 12** illustrates the calculation of the IBNR (Terminal Reserve) reserve adjustments for medical and dental plans.

**Exhibit 13** compares claim costs and fixed costs for the prior plan year, current plan year and projection plan year for the PPO medical plans. The upper table illustrates those costs in total, making adjustments to the claim and fixed costs to account for growth of the cooperative.

The lower table breaks the PPO medical and prescription costs into a per employee per month cost which more effectively illustrates the change in the claims and fixed costs over the three periods.

**Exhibit 14** compares claim costs and fixed costs for the prior plan year, current plan year and projection plan year for the HMO medical plans. The upper table illustrates those costs in total, making adjustments to the claim and fixed costs to account for growth of the cooperative.

The lower table breaks the HMO medical and prescription costs into a per employee per month cost which more effectively illustrates the change in the claims and fixed costs over the two periods.

**Exhibit 15** compares claim costs and fixed costs for the prior plan year, current plan year and projection plan year for the dental plans. The upper table illustrates those costs in total, making adjustments to the claim and fixed costs to account for growth of the cooperative.

The lower table breaks the dental costs into a per employee per month cost which more effectively illustrates the change in the claims and fixed costs over the three periods.

**Exhibit 16** outlines the PPO medical loss ratios for each member district or sub pool. All loss ratios are developed removing individual claims exceeding \$75,000 and adding the shared cost of claims between \$75,000 and \$1,000,000. Paid claims for new members have been adjusted to reflect mature claim levels. The pool average loss ratio as well as each member's loss-ratio is shown which determine each member's renewal adjustment according to the banding formula.



**Exhibit 17** outlines the HMO medical loss ratios for each member district or sub pool. All loss ratios are developed removing individual claims exceeding \$75,000 and adding the shared cost of claims between \$75,000 and \$350,000. Paid claims for new members have been adjusted to reflect mature claim levels. The pool average loss ratio as well as each member's loss-ratio is shown which determine each member's renewal adjustment according to the banding formula.

**Exhibit 18** breaks out dental experience by member district for the experience period. Paid claims for new members have been adjusted to reflect mature claim levels. The pool average loss ratio as well as each member's loss-ratio is shown which determine each member's renewal adjustment according to the banding formula.

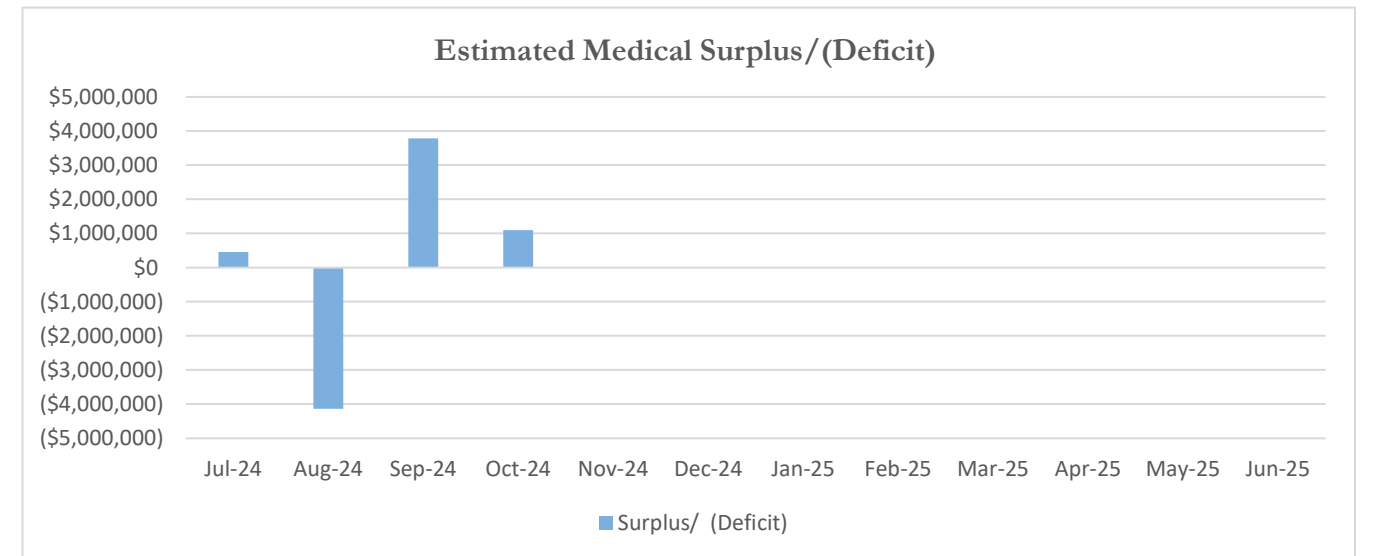
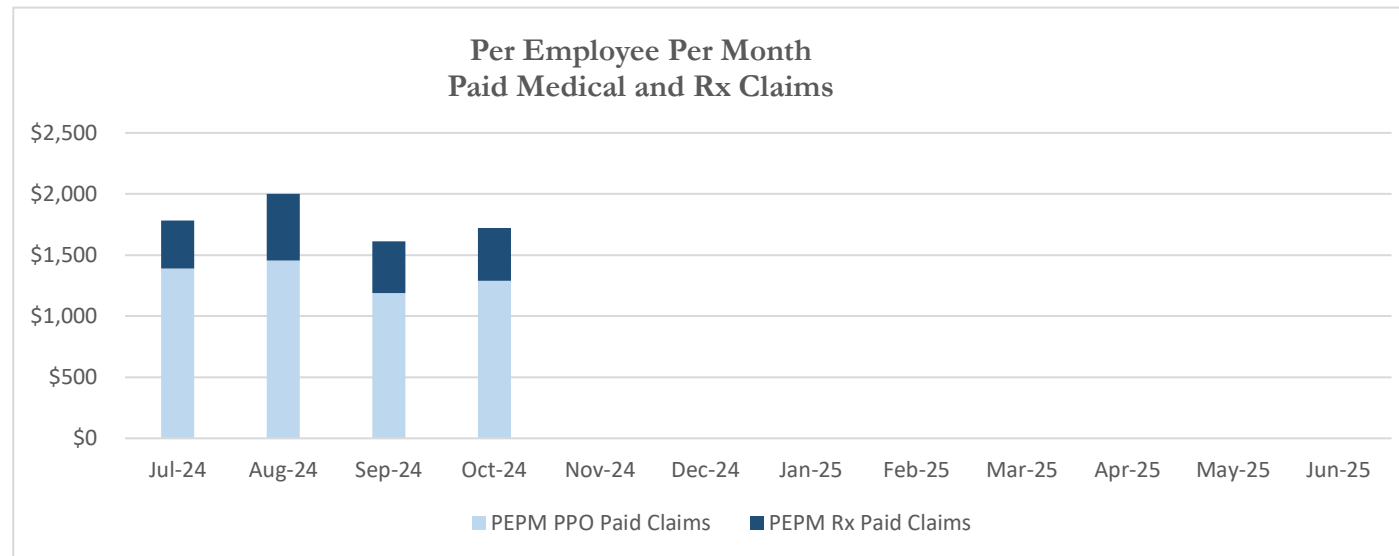
**Exhibit 19** illustrates the banding formula for the PPO medical and dental plans.

**Exhibit 20** shows the average rate adjustments to the PPO medical, HMO medical and dental plans for the cooperative since plan year beginning July 1, 2011.



**EBC**  
**Exhibit 1**  
**Monthly PPO Medical and Prescription Drug Experience Update**  
**July 1, 2024 to June 30, 2025 Policy Period**

Month	PPO Lives	Premium Paid	PPO Paid Claims	PEPM PPO Paid Claims	Rx Paid Claims	PEPM Rx Paid Claims	Stop Loss Claims over \$1,000,000	Total Net Paid Medical and Rx Claims	PEPM Paid Medical and Rx Claims	Rx Rebates and PG Payments	Fixed Costs	Total Costs	Surplus/ (Deficit)	Loss Ratio
Jul-24	20,801	\$35,055,896	\$28,890,853	\$1,389	\$8,230,997	\$396	\$0	\$37,121,850	\$1,785	(\$4,405,402)	\$1,885,403	\$34,601,851	\$454,046	98.7%
Aug-24	20,712	\$35,000,884	\$30,170,551	\$1,457	\$11,297,972	\$545	\$0	\$41,468,523	\$2,002	(\$4,204,851)	\$1,877,336	\$39,141,007	(\$4,140,123)	111.8%
Sep-24	21,165	\$35,552,167	\$25,127,086	\$1,187	\$8,999,531	\$425	\$0	\$34,126,617	\$1,612	(\$4,277,307)	\$1,918,396	\$31,767,705	\$3,784,461	89.4%
Oct-24	21,706	\$36,180,282	\$28,020,614	\$1,291	\$9,354,815	\$431	\$0	\$37,375,430	\$1,722	(\$4,261,819)	\$1,967,432	\$35,081,043	\$1,099,239	97.0%
Nov-24	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Dec-24	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Jan-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Feb-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Mar-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Apr-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
May-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Jun-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
<b>Total 23/24 PY</b>	<b>84,384</b>	<b>\$141,789,229</b>	<b>\$112,209,104</b>	<b>\$1,329.74</b>	<b>\$37,883,315</b>	<b>\$448.94</b>	<b>\$0</b>	<b>\$150,092,419</b>	<b>\$1,778.68</b>	<b>(\$17,149,379)</b>	<b>\$7,648,566</b>	<b>\$140,591,606</b>	<b>\$1,197,623</b>	<b>99.2%</b>

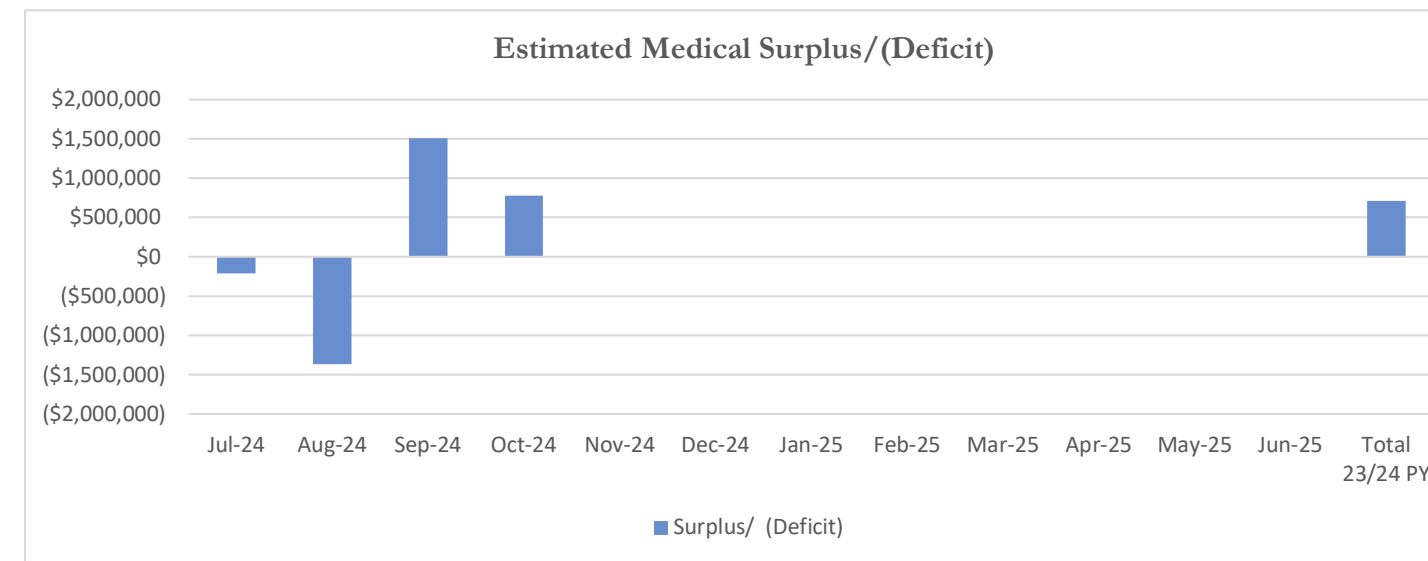
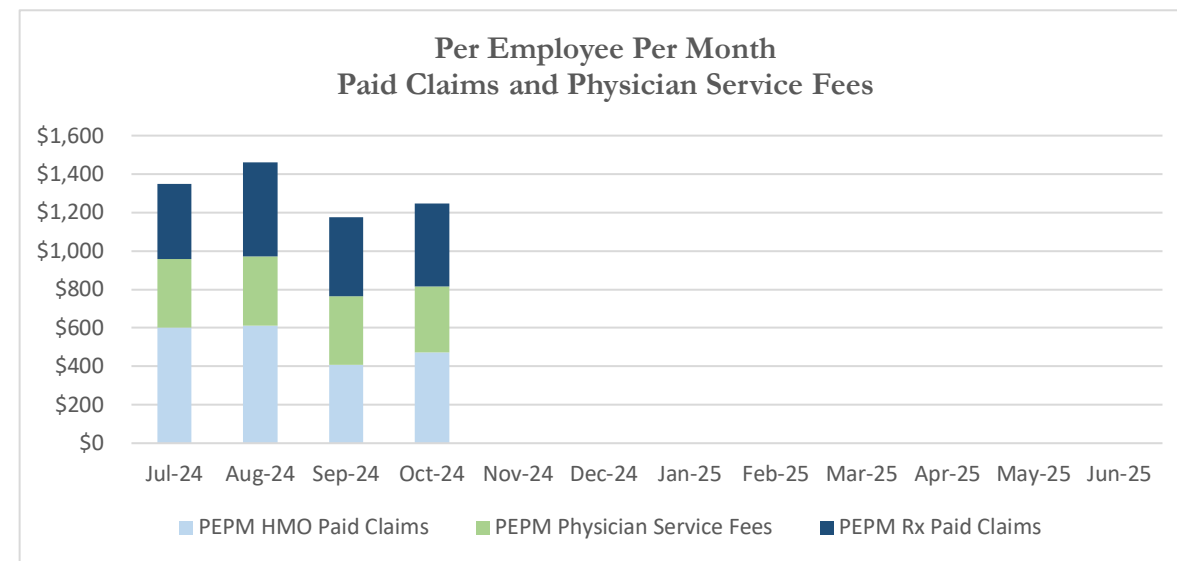


*This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, 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.*

**EBC**  
**Exhibit 2**  
**Monthly HMO Medical and Prescription Drug Experience Update**  
**July 1, 2024 to June 30, 2025 Policy Period**

Month	HMO Lives	Premium Paid	HMO Paid Claims	PEPM HMO Paid Claims	HMO Physician Service Fees	PEPM Physician Service Fees	Rx Paid Claims	PEPM Rx Paid Claims	Stop Loss Claims over \$350,000	Total Net Paid Claims and PSF's	PEPM Paid Claims and PSF's	Rx Rebates and PG Payments	Fixed Costs	Total Costs	Surplus/(Deficit)	Loss Ratio
Jul-24	10,464	\$13,534,589	\$6,294,152	\$602	\$3,718,857	\$355	\$4,104,494	\$392	(\$125,834)	\$13,991,669	\$1,337	(\$1,473,194)	\$1,223,765	\$13,742,240	(\$207,651)	101.5%
Aug-24	10,404	\$13,475,414	\$6,370,215	\$612	\$3,744,876	\$360	\$5,073,230	\$488	(\$78,199)	\$15,110,121	\$1,452	(\$1,487,201)	\$1,216,748	\$14,839,668	(\$1,364,253)	110.1%
Sep-24	10,841	\$13,934,658	\$4,406,182	\$406	\$3,876,595	\$358	\$4,473,044	\$413	(\$32,502)	\$12,723,319	\$1,174	(\$1,562,050)	\$1,267,855	\$12,429,125	\$1,505,533	89.2%
Oct-24	11,321	\$14,351,369	\$5,332,421	\$471	\$3,887,073	\$343	\$4,888,224	\$432	(\$289,417)	\$13,818,303	\$1,221	(\$1,568,700)	\$1,323,991	\$13,573,594	\$777,775	94.6%
Nov-24	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Dec-24	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Jan-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Feb-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Mar-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Apr-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
May-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Jun-25	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
<b>Total 23/24 PY</b>	<b>43,030</b>	<b>\$55,296,031</b>	<b>\$22,402,971</b>	<b>\$520.64</b>	<b>\$15,227,401</b>	<b>\$353.88</b>	<b>\$18,538,992</b>	<b>\$430.84</b>	<b>(\$525,951)</b>	<b>\$55,643,413</b>	<b>\$1,293.13</b>	<b>(\$6,091,145)</b>	<b>\$5,032,359</b>	<b>\$54,584,627</b>	<b>\$711,404</b>	<b>98.7%</b>

Note: Beginning 7/1/2022 ADP discounts are no longer reported separately from the paid claims

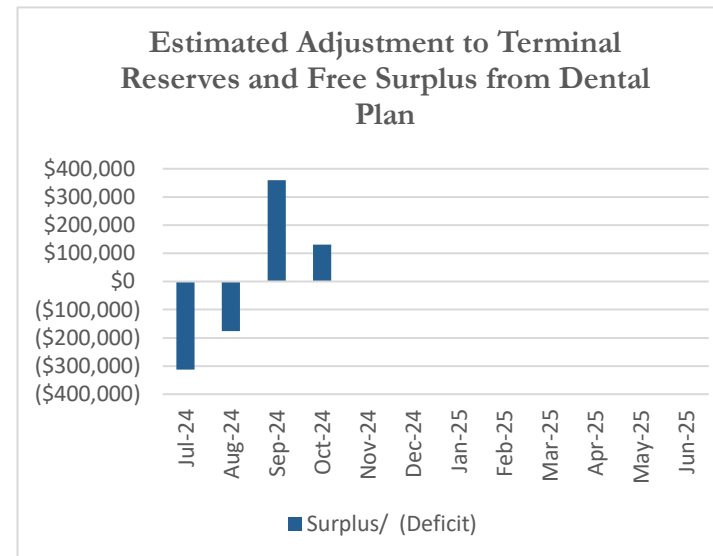
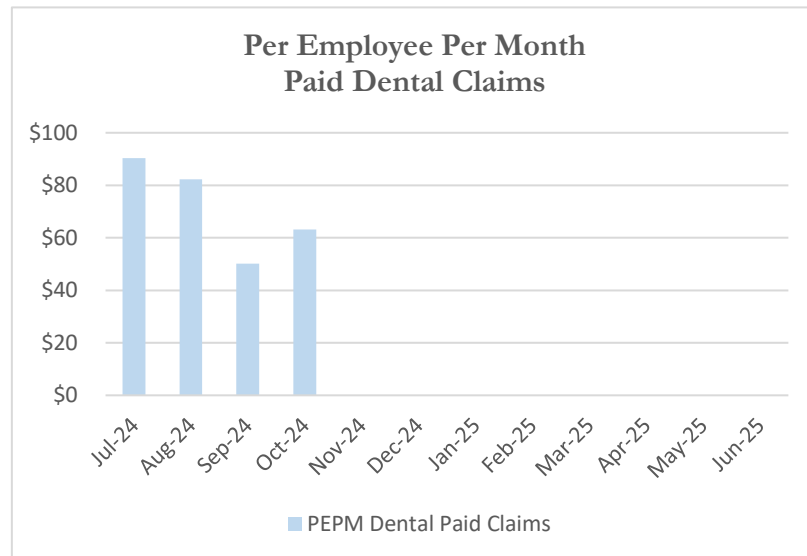


This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, 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.



## EBC Exhibit 3 Monthly Dental Experience Update July 1, 2024 to June 30, 2025 Policy Period

Month	Dental Lives	Premium Paid	Dental Paid Claims	PEPM Dental Paid Claims	Fixed Costs	Total Costs	Surplus/ (Deficit)	Loss Ratio
Jul-24	16,696	\$1,244,513	\$1,508,835	\$90	\$48,251	\$1,557,086	(\$312,573)	125.1%
Aug-24	16,566	\$1,236,348	\$1,363,815	\$82	\$47,876	\$1,411,691	(\$175,343)	114.2%
Sep-24	16,594	\$1,238,811	\$831,554	\$50	\$47,957	\$879,511	\$359,300	71.0%
Oct-24	17,030	\$1,255,228	\$1,074,741	\$63	\$49,217	\$1,123,958	\$131,271	89.5%
Nov-24	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Dec-24	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Jan-25	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Feb-25	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Mar-25	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Apr-25	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
May-25	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
Jun-25	0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%
<b>Total 23/24 PY</b>	<b>66,886</b>	<b>\$4,974,901</b>	<b>\$4,778,945</b>	<b>\$71.45</b>	<b>\$193,301</b>	<b>\$4,972,246</b>	<b>\$2,655</b>	<b>99.9%</b>



*This analysis is for illustrative 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 patterns, catastrophic claims, 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.*

## EBC Exhibit 4

### PPO & Dental Experience Period Used to Forecast Renewal Claim Costs <sup>1</sup> Experience Period: November 1, 2023 to October 31, 2024

Month	PPO Lives	Medical Paid Claims	Rx Paid Claims	Total Paid Medical and Rx Claims	Dental Lives	Dental Paid Claims
Oct-23	19,631	-	-	-	17,014	-
Nov-23	19,197	\$23,015,378	\$7,667,181	\$30,682,558	16,763	\$896,517
Dec-23	19,213	\$22,448,224	\$9,827,148	\$32,275,373	16,712	\$897,238
Jan-24	20,588	\$22,301,945	\$7,048,146	\$29,350,091	16,735	\$1,461,460
Feb-24	20,559	\$21,233,960	\$8,089,102	\$29,323,062	16,710	\$1,093,146
Mar-24	20,544	\$24,441,542	\$9,914,703	\$34,356,245	16,703	\$1,132,535
Apr-24	20,581	\$26,516,338	\$8,532,908	\$35,049,246	16,743	\$1,183,749
May-24	20,579	\$24,427,427	\$10,999,694	\$35,427,121	16,516	\$1,030,029
Jun-24	20,550	\$25,542,628	\$9,161,750	\$34,704,378	16,735	\$1,098,819
Jul-24	20,801	\$28,890,853	\$8,230,997	\$37,121,850	16,696	\$1,508,835
Aug-24	20,712	\$30,170,551	\$11,297,972	\$41,468,523	16,566	\$1,363,815
Sep-24	21,165	\$25,127,086	\$8,999,531	\$34,126,617	16,594	\$831,554
Oct-24	-	\$28,020,614	\$9,354,815	\$37,375,430	-	\$1,074,741
<b>Total <sup>2</sup></b>	<b>244,120</b>	<b>\$302,136,545</b>	<b>\$109,123,948</b>	<b>\$411,260,493</b>	<b>200,487</b>	<b>\$13,572,438</b>

1. Experience period information represents claims paid through EBC only. No adjustment has been made to account for growth.

2. Total represents 1 month lag for medical and dental employees. The lag is used to better match the enrollment with the claim cost.

*This analysis is for illustrative 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 patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 5**

**HMO Experience Period Used to Forecast Renewal Claim Costs <sup>1</sup>**  
**Experience Period: November 1, 2023 to October 31, 2024**

Month	HMO Lives	Medical Paid Claims	Rx Paid Claims	Total Paid Medical and Rx Claims
<b>Oct-23</b>	9,833	-	-	-
<b>Nov-23</b>	9,611	\$4,014,745	\$3,019,156	\$7,033,901
<b>Dec-23</b>	9,781	\$6,903,975	\$3,984,988	\$10,888,963
<b>Jan-24</b>	10,294	\$5,234,028	\$3,263,918	\$8,497,946
<b>Feb-24</b>	10,290	\$5,672,996	\$3,497,526	\$9,170,522
<b>Mar-24</b>	10,336	\$5,364,355	\$4,313,067	\$9,677,422
<b>Apr-24</b>	10,311	\$4,956,386	\$3,582,992	\$8,539,377
<b>May-24</b>	10,346	\$4,424,846	\$5,207,313	\$9,632,159
<b>Jun-24</b>	10,316	\$4,410,545	\$4,019,480	\$8,430,025
<b>Jul-24</b>	10,464	\$6,294,152	\$4,104,494	\$10,398,646
<b>Aug-24</b>	10,404	\$6,370,215	\$5,073,230	\$11,443,445
<b>Sep-24</b>	10,841	\$4,406,182	\$4,473,044	\$8,879,226
<b>Oct-24</b>	-	\$5,332,421	\$4,888,224	\$10,220,646
<b>Total <sup>2</sup></b>	<b>122,827</b>	<b>\$63,384,846</b>	<b>\$49,427,431</b>	<b>\$112,812,277</b>

1. Experience period information represents claims paid through EBC only. No adjustment has been made to account for growth.
2. Total represents 1 month lag for medical employees. The lag is used to better match the enrollment with the claim cost.

*This analysis is for illustrative 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 patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 6**  
**PPO Specific Stop-Loss Summary**  
**Experience Period: November 1, 2023 to October 31, 2024**

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
1	\$ 1,763,332	\$ 1,688,332	\$ 763,332
2	\$ 1,360,948	\$ 1,285,948	\$ 360,948
3	\$ 1,020,756	\$ 945,756	\$ 20,756
4	\$ 925,269	\$ 850,269	\$ -
5	\$ 910,588	\$ 835,588	\$ -
6	\$ 890,150	\$ 815,150	\$ -
7	\$ 805,805	\$ 730,805	\$ -
8	\$ 715,150	\$ 640,150	\$ -
9	\$ 605,058	\$ 530,058	\$ -
10	\$ 603,794	\$ 528,794	\$ -
11	\$ 598,661	\$ 523,661	\$ -
12	\$ 579,923	\$ 504,923	\$ -
13	\$ 555,275	\$ 480,275	\$ -
14	\$ 546,036	\$ 471,036	\$ -
15	\$ 535,505	\$ 460,505	\$ -
16	\$ 525,558	\$ 450,558	\$ -
17	\$ 524,312	\$ 449,312	\$ -
18	\$ 509,109	\$ 434,109	\$ -
19	\$ 505,770	\$ 430,770	\$ -
20	\$ 498,399	\$ 423,399	\$ -
21	\$ 498,235	\$ 423,235	\$ -
22	\$ 498,065	\$ 423,065	\$ -
23	\$ 492,790	\$ 417,790	\$ -
24	\$ 491,921	\$ 416,921	\$ -
25	\$ 487,626	\$ 412,626	\$ -
26	\$ 481,674	\$ 406,674	\$ -
27	\$ 466,778	\$ 391,778	\$ -
28	\$ 463,505	\$ 388,505	\$ -
29	\$ 460,113	\$ 385,113	\$ -
30	\$ 455,896	\$ 380,896	\$ -
31	\$ 444,181	\$ 369,181	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
32	\$ 438,062	\$ 363,062	\$ -
33	\$ 435,854	\$ 360,854	\$ -
34	\$ 434,008	\$ 359,008	\$ -
35	\$ 433,247	\$ 358,247	\$ -
36	\$ 424,523	\$ 349,523	\$ -
37	\$ 422,257	\$ 347,257	\$ -
38	\$ 420,455	\$ 345,455	\$ -
39	\$ 417,411	\$ 342,411	\$ -
40	\$ 412,616	\$ 337,616	\$ -
41	\$ 411,688	\$ 336,688	\$ -
42	\$ 399,323	\$ 324,323	\$ -
43	\$ 391,743	\$ 316,743	\$ -
44	\$ 390,391	\$ 315,391	\$ -
45	\$ 388,618	\$ 313,618	\$ -
46	\$ 373,296	\$ 298,296	\$ -
47	\$ 371,926	\$ 296,926	\$ -
48	\$ 371,125	\$ 296,125	\$ -
49	\$ 370,945	\$ 295,945	\$ -
50	\$ 368,789	\$ 293,789	\$ -
51	\$ 368,377	\$ 293,377	\$ -
52	\$ 355,361	\$ 280,361	\$ -
53	\$ 348,758	\$ 273,758	\$ -
54	\$ 347,898	\$ 272,898	\$ -
55	\$ 341,593	\$ 266,593	\$ -
56	\$ 339,028	\$ 264,028	\$ -
57	\$ 338,498	\$ 263,498	\$ -
58	\$ 336,272	\$ 261,272	\$ -
59	\$ 334,585	\$ 259,585	\$ -
60	\$ 334,338	\$ 259,338	\$ -
61	\$ 330,931	\$ 255,931	\$ -
62	\$ 330,236	\$ 255,236	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
63	\$ 329,876	\$ 254,876	\$ -
64	\$ 329,670	\$ 254,670	\$ -
65	\$ 326,657	\$ 251,657	\$ -
66	\$ 324,692	\$ 249,692	\$ -
67	\$ 322,618	\$ 247,618	\$ -
68	\$ 322,495	\$ 247,495	\$ -
69	\$ 321,849	\$ 246,849	\$ -
70	\$ 320,344	\$ 245,344	\$ -
71	\$ 317,067	\$ 242,067	\$ -
72	\$ 315,667	\$ 240,667	\$ -
73	\$ 315,642	\$ 240,642	\$ -
74	\$ 314,033	\$ 239,033	\$ -
75	\$ 312,149	\$ 237,149	\$ -
76	\$ 309,297	\$ 234,297	\$ -
77	\$ 308,236	\$ 233,236	\$ -
78	\$ 308,030	\$ 233,030	\$ -
79	\$ 305,855	\$ 230,855	\$ -
80	\$ 305,023	\$ 230,023	\$ -
81	\$ 304,972	\$ 229,972	\$ -
82	\$ 299,211	\$ 224,211	\$ -
83	\$ 296,719	\$ 221,719	\$ -
84	\$ 296,390	\$ 221,390	\$ -
85	\$ 293,516	\$ 218,516	\$ -
86	\$ 291,375	\$ 216,375	\$ -
87	\$ 290,571	\$ 215,571	\$ -
88	\$ 285,813	\$ 210,813	\$ -
89	\$ 283,831	\$ 208,831	\$ -
90	\$ 283,774	\$ 208,774	\$ -
91	\$ 282,394	\$ 207,394	\$ -
92	\$ 281,859	\$ 206,859	\$ -
93	\$ 279,201	\$ 204,201	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
94	\$ 277,516	\$ 202,516	\$ -
95	\$ 276,698	\$ 201,698	\$ -
96	\$ 276,280	\$ 201,280	\$ -
97	\$ 275,182	\$ 200,182	\$ -
98	\$ 275,110	\$ 200,110	\$ -
99	\$ 274,960	\$ 199,960	\$ -
100	\$ 274,296	\$ 199,296	\$ -
101	\$ 273,629	\$ 198,629	\$ -
102	\$ 273,299	\$ 198,299	\$ -
103	\$ 273,065	\$ 198,065	\$ -
104	\$ 270,108	\$ 195,108	\$ -
105	\$ 269,292	\$ 194,292	\$ -
106	\$ 264,805	\$ 189,805	\$ -
107	\$ 261,307	\$ 186,307	\$ -
108	\$ 260,189	\$ 185,189	\$ -
109	\$ 257,956	\$ 182,956	\$ -
110	\$ 255,972	\$ 180,972	\$ -
111	\$ 255,404	\$ 180,404	\$ -
112	\$ 251,639	\$ 176,639	\$ -
113	\$ 251,552	\$ 176,552	\$ -
114	\$ 246,467	\$ 171,467	\$ -
115	\$ 236,557	\$ 161,557	\$ -
116	\$ 236,176	\$ 161,176	\$ -
117	\$ 236,092	\$ 161,092	\$ -
118	\$ 235,401	\$ 160,401	\$ -
119	\$ 235,008	\$ 160,008	\$ -
120	\$ 234,308	\$ 159,308	\$ -
121	\$ 233,542	\$ 158,542	\$ -
122	\$ 233,458	\$ 158,458	\$ -
123	\$ 232,518	\$ 157,518	\$ -
124	\$ 231,184	\$ 156,184	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
125	\$ 229,821	\$ 154,821	\$ -
126	\$ 228,666	\$ 153,666	\$ -
127	\$ 228,647	\$ 153,647	\$ -
128	\$ 226,203	\$ 151,203	\$ -
129	\$ 225,808	\$ 150,808	\$ -
130	\$ 225,751	\$ 150,751	\$ -
131	\$ 224,341	\$ 149,341	\$ -
132	\$ 224,254	\$ 149,254	\$ -
133	\$ 223,586	\$ 148,586	\$ -
134	\$ 223,034	\$ 148,034	\$ -
135	\$ 222,717	\$ 147,717	\$ -
136	\$ 221,813	\$ 146,813	\$ -
137	\$ 220,741	\$ 145,741	\$ -
138	\$ 219,997	\$ 144,997	\$ -
139	\$ 218,325	\$ 143,325	\$ -
140	\$ 217,636	\$ 142,636	\$ -
141	\$ 217,198	\$ 142,198	\$ -
142	\$ 216,461	\$ 141,461	\$ -
143	\$ 216,286	\$ 141,286	\$ -
144	\$ 214,236	\$ 139,236	\$ -
145	\$ 214,211	\$ 139,211	\$ -
146	\$ 213,865	\$ 138,865	\$ -
147	\$ 212,800	\$ 137,800	\$ -
148	\$ 212,519	\$ 137,519	\$ -
149	\$ 212,233	\$ 137,233	\$ -
150	\$ 212,167	\$ 137,167	\$ -
151	\$ 211,927	\$ 136,927	\$ -
152	\$ 211,915	\$ 136,915	\$ -
153	\$ 210,391	\$ 135,391	\$ -
154	\$ 209,540	\$ 134,540	\$ -
155	\$ 209,231	\$ 134,231	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
156	\$ 208,415	\$ 133,415	\$ -
157	\$ 208,094	\$ 133,094	\$ -
158	\$ 207,992	\$ 132,992	\$ -
159	\$ 207,433	\$ 132,433	\$ -
160	\$ 206,026	\$ 131,026	\$ -
161	\$ 205,539	\$ 130,539	\$ -
162	\$ 204,186	\$ 129,186	\$ -
163	\$ 203,619	\$ 128,619	\$ -
164	\$ 202,612	\$ 127,612	\$ -
165	\$ 202,444	\$ 127,444	\$ -
166	\$ 202,176	\$ 127,176	\$ -
167	\$ 201,792	\$ 126,792	\$ -
168	\$ 201,718	\$ 126,718	\$ -
169	\$ 201,614	\$ 126,614	\$ -
170	\$ 201,579	\$ 126,579	\$ -
171	\$ 201,462	\$ 126,462	\$ -
172	\$ 199,297	\$ 124,297	\$ -
173	\$ 199,192	\$ 124,192	\$ -
174	\$ 198,718	\$ 123,718	\$ -
175	\$ 198,095	\$ 123,095	\$ -
176	\$ 198,017	\$ 123,017	\$ -
177	\$ 197,821	\$ 122,821	\$ -
178	\$ 197,562	\$ 122,562	\$ -
179	\$ 197,463	\$ 122,463	\$ -
180	\$ 195,805	\$ 120,805	\$ -
181	\$ 194,642	\$ 119,642	\$ -
182	\$ 193,942	\$ 118,942	\$ -
183	\$ 193,787	\$ 118,787	\$ -
184	\$ 193,716	\$ 118,716	\$ -
185	\$ 193,221	\$ 118,221	\$ -
186	\$ 192,956	\$ 117,956	\$ -



Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
187	\$ 191,586	\$ 116,586	\$ -
188	\$ 190,940	\$ 115,940	\$ -
189	\$ 190,362	\$ 115,362	\$ -
190	\$ 189,980	\$ 114,980	\$ -
191	\$ 189,277	\$ 114,277	\$ -
192	\$ 188,916	\$ 113,916	\$ -
193	\$ 187,498	\$ 112,498	\$ -
194	\$ 187,249	\$ 112,249	\$ -
195	\$ 186,882	\$ 111,882	\$ -
196	\$ 186,641	\$ 111,641	\$ -
197	\$ 186,131	\$ 111,131	\$ -
198	\$ 185,600	\$ 110,600	\$ -
199	\$ 185,400	\$ 110,400	\$ -
200	\$ 184,640	\$ 109,640	\$ -
201	\$ 184,395	\$ 109,395	\$ -
202	\$ 184,196	\$ 109,196	\$ -
203	\$ 184,148	\$ 109,148	\$ -
204	\$ 183,138	\$ 108,138	\$ -
205	\$ 182,978	\$ 107,978	\$ -
206	\$ 182,188	\$ 107,188	\$ -
207	\$ 181,597	\$ 106,597	\$ -
208	\$ 180,511	\$ 105,511	\$ -
209	\$ 180,078	\$ 105,078	\$ -
210	\$ 179,660	\$ 104,660	\$ -
211	\$ 179,465	\$ 104,465	\$ -
212	\$ 178,774	\$ 103,774	\$ -
213	\$ 178,643	\$ 103,643	\$ -
214	\$ 178,576	\$ 103,576	\$ -
215	\$ 177,861	\$ 102,861	\$ -
216	\$ 177,837	\$ 102,837	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
217	\$ 177,550	\$ 102,550	\$ -
218	\$ 176,893	\$ 101,893	\$ -
219	\$ 176,485	\$ 101,485	\$ -
220	\$ 176,377	\$ 101,377	\$ -
221	\$ 176,196	\$ 101,196	\$ -
222	\$ 176,035	\$ 101,035	\$ -
223	\$ 175,845	\$ 100,845	\$ -
224	\$ 174,356	\$ 99,356	\$ -
225	\$ 173,189	\$ 98,189	\$ -
226	\$ 173,100	\$ 98,100	\$ -
227	\$ 172,225	\$ 97,225	\$ -
228	\$ 172,042	\$ 97,042	\$ -
229	\$ 171,641	\$ 96,641	\$ -
230	\$ 170,965	\$ 95,965	\$ -
231	\$ 170,767	\$ 95,767	\$ -
232	\$ 170,694	\$ 95,694	\$ -
233	\$ 170,447	\$ 95,447	\$ -
234	\$ 170,406	\$ 95,406	\$ -
235	\$ 169,858	\$ 94,858	\$ -
236	\$ 169,648	\$ 94,648	\$ -
237	\$ 169,430	\$ 94,430	\$ -
238	\$ 169,159	\$ 94,159	\$ -
239	\$ 169,041	\$ 94,041	\$ -
240	\$ 167,789	\$ 92,789	\$ -
241	\$ 167,335	\$ 92,335	\$ -
242	\$ 166,757	\$ 91,757	\$ -
243	\$ 165,961	\$ 90,961	\$ -
244	\$ 165,763	\$ 90,763	\$ -
245	\$ 165,679	\$ 90,679	\$ -
246	\$ 165,261	\$ 90,261	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
247	\$ 165,065	\$ 90,065	\$ -
248	\$ 164,990	\$ 89,990	\$ -
249	\$ 164,512	\$ 89,512	\$ -
250	\$ 162,515	\$ 87,515	\$ -
251	\$ 162,261	\$ 87,261	\$ -
252	\$ 162,111	\$ 87,111	\$ -
253	\$ 161,126	\$ 86,126	\$ -
254	\$ 160,612	\$ 85,612	\$ -
255	\$ 159,501	\$ 84,501	\$ -
256	\$ 159,492	\$ 84,492	\$ -
257	\$ 159,098	\$ 84,098	\$ -
258	\$ 158,874	\$ 83,874	\$ -
259	\$ 158,787	\$ 83,787	\$ -
260	\$ 158,624	\$ 83,624	\$ -
261	\$ 158,392	\$ 83,392	\$ -
262	\$ 158,375	\$ 83,375	\$ -
263	\$ 158,369	\$ 83,369	\$ -
264	\$ 158,312	\$ 83,312	\$ -
265	\$ 158,183	\$ 83,183	\$ -
266	\$ 157,407	\$ 82,407	\$ -
267	\$ 157,276	\$ 82,276	\$ -
268	\$ 156,920	\$ 81,920	\$ -
269	\$ 156,735	\$ 81,735	\$ -
270	\$ 156,150	\$ 81,150	\$ -
271	\$ 155,257	\$ 80,257	\$ -
272	\$ 155,153	\$ 80,153	\$ -
273	\$ 153,841	\$ 78,841	\$ -
274	\$ 153,635	\$ 78,635	\$ -
275	\$ 151,817	\$ 76,817	\$ -
276	\$ 151,256	\$ 76,256	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
277	\$ 150,613	\$ 75,613	\$ -
278	\$ 150,463	\$ 75,463	\$ -
279	\$ 150,222	\$ 75,222	\$ -
280	\$ 150,132	\$ 75,132	\$ -
281	\$ 150,101	\$ 75,101	\$ -
282	\$ 150,001	\$ 75,001	\$ -
283	\$ 149,876	\$ 74,876	\$ -
284	\$ 149,308	\$ 74,308	\$ -
285	\$ 148,749	\$ 73,749	\$ -
286	\$ 148,691	\$ 73,691	\$ -
287	\$ 148,368	\$ 73,368	\$ -
288	\$ 148,359	\$ 73,359	\$ -
289	\$ 148,341	\$ 73,341	\$ -
290	\$ 148,071	\$ 73,071	\$ -
291	\$ 147,754	\$ 72,754	\$ -
292	\$ 147,445	\$ 72,445	\$ -
293	\$ 146,977	\$ 71,977	\$ -
294	\$ 146,921	\$ 71,921	\$ -
295	\$ 146,671	\$ 71,671	\$ -
296	\$ 146,624	\$ 71,624	\$ -
297	\$ 146,362	\$ 71,362	\$ -
298	\$ 146,334	\$ 71,334	\$ -
299	\$ 145,889	\$ 70,889	\$ -
300	\$ 145,854	\$ 70,854	\$ -
301	\$ 145,649	\$ 70,649	\$ -
302	\$ 144,994	\$ 69,994	\$ -
303	\$ 144,885	\$ 69,885	\$ -
304	\$ 144,746	\$ 69,746	\$ -
305	\$ 144,492	\$ 69,492	\$ -
306	\$ 143,976	\$ 68,976	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
307	\$ 142,277	\$ 67,277	\$ -
308	\$ 142,170	\$ 67,170	\$ -
309	\$ 142,040	\$ 67,040	\$ -
310	\$ 141,900	\$ 66,900	\$ -
311	\$ 141,629	\$ 66,629	\$ -
312	\$ 141,517	\$ 66,517	\$ -
313	\$ 141,517	\$ 66,517	\$ -
314	\$ 141,068	\$ 66,068	\$ -
315	\$ 140,592	\$ 65,592	\$ -
316	\$ 139,368	\$ 64,368	\$ -
317	\$ 139,345	\$ 64,345	\$ -
318	\$ 139,170	\$ 64,170	\$ -
319	\$ 139,160	\$ 64,160	\$ -
320	\$ 138,893	\$ 63,893	\$ -
321	\$ 138,883	\$ 63,883	\$ -
322	\$ 138,653	\$ 63,653	\$ -
323	\$ 138,372	\$ 63,372	\$ -
324	\$ 138,054	\$ 63,054	\$ -
325	\$ 137,722	\$ 62,722	\$ -
326	\$ 137,278	\$ 62,278	\$ -
327	\$ 137,074	\$ 62,074	\$ -
328	\$ 136,499	\$ 61,499	\$ -
329	\$ 136,088	\$ 61,088	\$ -
330	\$ 135,984	\$ 60,984	\$ -
331	\$ 135,810	\$ 60,810	\$ -
332	\$ 135,555	\$ 60,555	\$ -
333	\$ 135,514	\$ 60,514	\$ -
334	\$ 135,341	\$ 60,341	\$ -
335	\$ 135,161	\$ 60,161	\$ -
336	\$ 135,099	\$ 60,099	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
337	\$ 134,985	\$ 59,985	\$ -
338	\$ 134,562	\$ 59,562	\$ -
339	\$ 134,407	\$ 59,407	\$ -
340	\$ 134,280	\$ 59,280	\$ -
341	\$ 134,269	\$ 59,269	\$ -
342	\$ 133,021	\$ 58,021	\$ -
343	\$ 132,918	\$ 57,918	\$ -
344	\$ 132,459	\$ 57,459	\$ -
345	\$ 132,172	\$ 57,172	\$ -
346	\$ 131,867	\$ 56,867	\$ -
347	\$ 131,466	\$ 56,466	\$ -
348	\$ 131,441	\$ 56,441	\$ -
349	\$ 131,195	\$ 56,195	\$ -
350	\$ 130,748	\$ 55,748	\$ -
351	\$ 129,998	\$ 54,998	\$ -
352	\$ 129,991	\$ 54,991	\$ -
353	\$ 129,642	\$ 54,642	\$ -
354	\$ 129,597	\$ 54,597	\$ -
355	\$ 129,529	\$ 54,529	\$ -
356	\$ 129,241	\$ 54,241	\$ -
357	\$ 129,139	\$ 54,139	\$ -
358	\$ 129,051	\$ 54,051	\$ -
359	\$ 128,718	\$ 53,718	\$ -
360	\$ 128,601	\$ 53,601	\$ -
361	\$ 128,556	\$ 53,556	\$ -
362	\$ 128,172	\$ 53,172	\$ -
363	\$ 128,024	\$ 53,024	\$ -
364	\$ 127,943	\$ 52,943	\$ -
365	\$ 127,380	\$ 52,380	\$ -
366	\$ 127,346	\$ 52,346	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
367	\$ 127,217	\$ 52,217	\$ -
368	\$ 127,170	\$ 52,170	\$ -
369	\$ 126,931	\$ 51,931	\$ -
370	\$ 126,869	\$ 51,869	\$ -
371	\$ 126,758	\$ 51,758	\$ -
372	\$ 126,508	\$ 51,508	\$ -
373	\$ 126,367	\$ 51,367	\$ -
374	\$ 126,207	\$ 51,207	\$ -
375	\$ 126,154	\$ 51,154	\$ -
376	\$ 126,083	\$ 51,083	\$ -
377	\$ 126,079	\$ 51,079	\$ -
378	\$ 125,842	\$ 50,842	\$ -
379	\$ 125,825	\$ 50,825	\$ -
380	\$ 125,787	\$ 50,787	\$ -
381	\$ 125,728	\$ 50,728	\$ -
382	\$ 125,669	\$ 50,669	\$ -
383	\$ 125,406	\$ 50,406	\$ -
384	\$ 125,096	\$ 50,096	\$ -
385	\$ 125,058	\$ 50,058	\$ -
386	\$ 125,042	\$ 50,042	\$ -
387	\$ 125,016	\$ 50,016	\$ -
388	\$ 124,437	\$ 49,437	\$ -
389	\$ 124,322	\$ 49,322	\$ -
390	\$ 124,107	\$ 49,107	\$ -
391	\$ 123,723	\$ 48,723	\$ -
392	\$ 123,325	\$ 48,325	\$ -
393	\$ 123,252	\$ 48,252	\$ -
394	\$ 122,949	\$ 47,949	\$ -
395	\$ 122,869	\$ 47,869	\$ -
396	\$ 122,801	\$ 47,801	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
397	\$ 122,001	\$ 47,001	\$ -
398	\$ 121,867	\$ 46,867	\$ -
399	\$ 121,323	\$ 46,323	\$ -
400	\$ 121,211	\$ 46,211	\$ -
401	\$ 120,960	\$ 45,960	\$ -
402	\$ 120,914	\$ 45,914	\$ -
403	\$ 120,828	\$ 45,828	\$ -
404	\$ 120,683	\$ 45,683	\$ -
405	\$ 120,555	\$ 45,555	\$ -
406	\$ 120,339	\$ 45,339	\$ -
407	\$ 120,335	\$ 45,335	\$ -
408	\$ 120,101	\$ 45,101	\$ -
409	\$ 119,523	\$ 44,523	\$ -
410	\$ 119,328	\$ 44,328	\$ -
411	\$ 118,919	\$ 43,919	\$ -
412	\$ 118,850	\$ 43,850	\$ -
413	\$ 118,755	\$ 43,755	\$ -
414	\$ 118,692	\$ 43,692	\$ -
415	\$ 118,431	\$ 43,431	\$ -
416	\$ 118,349	\$ 43,349	\$ -
417	\$ 118,334	\$ 43,334	\$ -
418	\$ 118,054	\$ 43,054	\$ -
419	\$ 117,403	\$ 42,403	\$ -
420	\$ 117,084	\$ 42,084	\$ -
421	\$ 117,007	\$ 42,007	\$ -
422	\$ 116,815	\$ 41,815	\$ -
423	\$ 116,588	\$ 41,588	\$ -
424	\$ 116,323	\$ 41,323	\$ -
425	\$ 116,181	\$ 41,181	\$ -
426	\$ 116,130	\$ 41,130	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
427	\$ 116,096	\$ 41,096	\$ -
428	\$ 116,028	\$ 41,028	\$ -
429	\$ 115,908	\$ 40,908	\$ -
430	\$ 115,707	\$ 40,707	\$ -
431	\$ 115,543	\$ 40,543	\$ -
432	\$ 115,387	\$ 40,387	\$ -
433	\$ 115,201	\$ 40,201	\$ -
434	\$ 114,697	\$ 39,697	\$ -
435	\$ 114,548	\$ 39,548	\$ -
436	\$ 114,098	\$ 39,098	\$ -
437	\$ 113,716	\$ 38,716	\$ -
438	\$ 113,492	\$ 38,492	\$ -
439	\$ 113,218	\$ 38,218	\$ -
440	\$ 113,151	\$ 38,151	\$ -
441	\$ 113,137	\$ 38,137	\$ -
442	\$ 112,857	\$ 37,857	\$ -
443	\$ 112,381	\$ 37,381	\$ -
444	\$ 112,083	\$ 37,083	\$ -
445	\$ 112,057	\$ 37,057	\$ -
446	\$ 111,885	\$ 36,885	\$ -
447	\$ 111,766	\$ 36,766	\$ -
448	\$ 111,660	\$ 36,660	\$ -
449	\$ 111,333	\$ 36,333	\$ -
450	\$ 111,088	\$ 36,088	\$ -
451	\$ 111,011	\$ 36,011	\$ -
452	\$ 110,876	\$ 35,876	\$ -
453	\$ 110,731	\$ 35,731	\$ -
454	\$ 110,689	\$ 35,689	\$ -
455	\$ 110,660	\$ 35,660	\$ -
456	\$ 110,652	\$ 35,652	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
457	\$ 110,584	\$ 35,584	\$ -
458	\$ 110,269	\$ 35,269	\$ -
459	\$ 110,205	\$ 35,205	\$ -
460	\$ 110,157	\$ 35,157	\$ -
461	\$ 110,043	\$ 35,043	\$ -
462	\$ 110,009	\$ 35,009	\$ -
463	\$ 110,006	\$ 35,006	\$ -
464	\$ 109,878	\$ 34,878	\$ -
465	\$ 109,868	\$ 34,868	\$ -
466	\$ 109,796	\$ 34,796	\$ -
467	\$ 109,719	\$ 34,719	\$ -
468	\$ 109,714	\$ 34,714	\$ -
469	\$ 109,548	\$ 34,548	\$ -
470	\$ 109,542	\$ 34,542	\$ -
471	\$ 109,349	\$ 34,349	\$ -
472	\$ 109,141	\$ 34,141	\$ -
473	\$ 108,932	\$ 33,932	\$ -
474	\$ 108,798	\$ 33,798	\$ -
475	\$ 108,792	\$ 33,792	\$ -
476	\$ 108,533	\$ 33,533	\$ -
477	\$ 108,351	\$ 33,351	\$ -
478	\$ 108,285	\$ 33,285	\$ -
479	\$ 108,273	\$ 33,273	\$ -
480	\$ 108,106	\$ 33,106	\$ -
481	\$ 108,040	\$ 33,040	\$ -
482	\$ 107,878	\$ 32,878	\$ -
483	\$ 107,752	\$ 32,752	\$ -
484	\$ 107,710	\$ 32,710	\$ -
485	\$ 107,665	\$ 32,665	\$ -
486	\$ 107,528	\$ 32,528	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
487	\$ 107,359	\$ 32,359	\$ -
488	\$ 107,203	\$ 32,203	\$ -
489	\$ 107,166	\$ 32,166	\$ -
490	\$ 107,146	\$ 32,146	\$ -
491	\$ 107,034	\$ 32,034	\$ -
492	\$ 106,850	\$ 31,850	\$ -
493	\$ 106,794	\$ 31,794	\$ -
494	\$ 106,581	\$ 31,581	\$ -
495	\$ 106,502	\$ 31,502	\$ -
496	\$ 106,487	\$ 31,487	\$ -
497	\$ 106,332	\$ 31,332	\$ -
498	\$ 106,083	\$ 31,083	\$ -
499	\$ 106,028	\$ 31,028	\$ -
500	\$ 105,910	\$ 30,910	\$ -
501	\$ 105,794	\$ 30,794	\$ -
502	\$ 105,652	\$ 30,652	\$ -
503	\$ 105,609	\$ 30,609	\$ -
504	\$ 105,264	\$ 30,264	\$ -
505	\$ 105,077	\$ 30,077	\$ -
506	\$ 104,981	\$ 29,981	\$ -
507	\$ 104,924	\$ 29,924	\$ -
508	\$ 104,800	\$ 29,800	\$ -
509	\$ 104,712	\$ 29,712	\$ -
510	\$ 104,599	\$ 29,599	\$ -
511	\$ 104,583	\$ 29,583	\$ -
512	\$ 104,461	\$ 29,461	\$ -
513	\$ 104,356	\$ 29,356	\$ -
514	\$ 104,263	\$ 29,263	\$ -
515	\$ 104,236	\$ 29,236	\$ -
516	\$ 103,980	\$ 28,980	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
517	\$ 103,939	\$ 28,939	\$ -
518	\$ 103,916	\$ 28,916	\$ -
519	\$ 103,906	\$ 28,906	\$ -
520	\$ 103,781	\$ 28,781	\$ -
521	\$ 103,750	\$ 28,750	\$ -
522	\$ 103,333	\$ 28,333	\$ -
523	\$ 102,748	\$ 27,748	\$ -
524	\$ 102,598	\$ 27,598	\$ -
525	\$ 102,503	\$ 27,503	\$ -
526	\$ 102,489	\$ 27,489	\$ -
527	\$ 102,426	\$ 27,426	\$ -
528	\$ 102,275	\$ 27,275	\$ -
529	\$ 102,202	\$ 27,202	\$ -
530	\$ 102,116	\$ 27,116	\$ -
531	\$ 101,885	\$ 26,885	\$ -
532	\$ 101,624	\$ 26,624	\$ -
533	\$ 101,512	\$ 26,512	\$ -
534	\$ 101,401	\$ 26,401	\$ -
535	\$ 101,284	\$ 26,284	\$ -
536	\$ 101,257	\$ 26,257	\$ -
537	\$ 101,238	\$ 26,238	\$ -
538	\$ 101,234	\$ 26,234	\$ -
539	\$ 100,713	\$ 25,713	\$ -
540	\$ 100,691	\$ 25,691	\$ -
541	\$ 100,667	\$ 25,667	\$ -
542	\$ 100,541	\$ 25,541	\$ -
543	\$ 100,229	\$ 25,229	\$ -
544	\$ 100,095	\$ 25,095	\$ -
545	\$ 100,086	\$ 25,086	\$ -
546	\$ 99,854	\$ 24,854	\$ -



Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
547	\$ 99,826	\$ 24,826	\$ -
548	\$ 99,763	\$ 24,763	\$ -
549	\$ 99,713	\$ 24,713	\$ -
550	\$ 99,699	\$ 24,699	\$ -
551	\$ 99,689	\$ 24,689	\$ -
552	\$ 99,551	\$ 24,551	\$ -
553	\$ 99,500	\$ 24,500	\$ -
554	\$ 99,394	\$ 24,394	\$ -
555	\$ 99,222	\$ 24,222	\$ -
556	\$ 99,167	\$ 24,167	\$ -
557	\$ 99,143	\$ 24,143	\$ -
558	\$ 99,141	\$ 24,141	\$ -
559	\$ 99,086	\$ 24,086	\$ -
560	\$ 99,085	\$ 24,085	\$ -
561	\$ 99,053	\$ 24,053	\$ -
562	\$ 98,924	\$ 23,924	\$ -
563	\$ 98,878	\$ 23,878	\$ -
564	\$ 98,870	\$ 23,870	\$ -
565	\$ 98,758	\$ 23,758	\$ -
566	\$ 98,735	\$ 23,735	\$ -
567	\$ 98,304	\$ 23,304	\$ -
568	\$ 98,300	\$ 23,300	\$ -
569	\$ 98,275	\$ 23,275	\$ -
570	\$ 98,268	\$ 23,268	\$ -
571	\$ 98,229	\$ 23,229	\$ -
572	\$ 98,170	\$ 23,170	\$ -
573	\$ 97,820	\$ 22,820	\$ -
574	\$ 97,689	\$ 22,689	\$ -
575	\$ 97,492	\$ 22,492	\$ -
576	\$ 97,410	\$ 22,410	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
577	\$ 97,404	\$ 22,404	\$ -
578	\$ 97,392	\$ 22,392	\$ -
579	\$ 97,276	\$ 22,276	\$ -
580	\$ 97,261	\$ 22,261	\$ -
581	\$ 97,130	\$ 22,130	\$ -
582	\$ 96,791	\$ 21,791	\$ -
583	\$ 96,789	\$ 21,789	\$ -
584	\$ 96,762	\$ 21,762	\$ -
585	\$ 96,569	\$ 21,569	\$ -
586	\$ 96,526	\$ 21,526	\$ -
587	\$ 96,449	\$ 21,449	\$ -
588	\$ 96,434	\$ 21,434	\$ -
589	\$ 96,239	\$ 21,239	\$ -
590	\$ 96,043	\$ 21,043	\$ -
591	\$ 95,838	\$ 20,838	\$ -
592	\$ 95,740	\$ 20,740	\$ -
593	\$ 95,656	\$ 20,656	\$ -
594	\$ 95,420	\$ 20,420	\$ -
595	\$ 95,344	\$ 20,344	\$ -
596	\$ 95,266	\$ 20,266	\$ -
597	\$ 95,155	\$ 20,155	\$ -
598	\$ 95,092	\$ 20,092	\$ -
599	\$ 94,978	\$ 19,978	\$ -
600	\$ 94,845	\$ 19,845	\$ -
601	\$ 94,720	\$ 19,720	\$ -
602	\$ 94,659	\$ 19,659	\$ -
603	\$ 94,599	\$ 19,599	\$ -
604	\$ 94,560	\$ 19,560	\$ -
605	\$ 94,487	\$ 19,487	\$ -
606	\$ 94,429	\$ 19,429	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
607	\$ 94,292	\$ 19,292	\$ -
608	\$ 94,235	\$ 19,235	\$ -
609	\$ 93,842	\$ 18,842	\$ -
610	\$ 93,821	\$ 18,821	\$ -
611	\$ 93,768	\$ 18,768	\$ -
612	\$ 93,755	\$ 18,755	\$ -
613	\$ 93,707	\$ 18,707	\$ -
614	\$ 93,623	\$ 18,623	\$ -
615	\$ 93,576	\$ 18,576	\$ -
616	\$ 93,555	\$ 18,555	\$ -
617	\$ 93,463	\$ 18,463	\$ -
618	\$ 93,435	\$ 18,435	\$ -
619	\$ 93,218	\$ 18,218	\$ -
620	\$ 93,070	\$ 18,070	\$ -
621	\$ 93,059	\$ 18,059	\$ -
622	\$ 93,019	\$ 18,019	\$ -
623	\$ 92,984	\$ 17,984	\$ -
624	\$ 92,972	\$ 17,972	\$ -
625	\$ 92,889	\$ 17,889	\$ -
626	\$ 92,801	\$ 17,801	\$ -
627	\$ 92,604	\$ 17,604	\$ -
628	\$ 92,500	\$ 17,500	\$ -
629	\$ 92,436	\$ 17,436	\$ -
630	\$ 92,316	\$ 17,316	\$ -
631	\$ 92,293	\$ 17,293	\$ -
632	\$ 92,262	\$ 17,262	\$ -
633	\$ 92,260	\$ 17,260	\$ -
634	\$ 92,223	\$ 17,223	\$ -
635	\$ 92,095	\$ 17,095	\$ -
636	\$ 92,014	\$ 17,014	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
637	\$ 91,761	\$ 16,761	\$ -
638	\$ 91,630	\$ 16,630	\$ -
639	\$ 91,550	\$ 16,550	\$ -
640	\$ 91,419	\$ 16,419	\$ -
641	\$ 91,288	\$ 16,288	\$ -
642	\$ 91,269	\$ 16,269	\$ -
643	\$ 91,257	\$ 16,257	\$ -
644	\$ 91,238	\$ 16,238	\$ -
645	\$ 91,220	\$ 16,220	\$ -
646	\$ 91,170	\$ 16,170	\$ -
647	\$ 90,850	\$ 15,850	\$ -
648	\$ 90,832	\$ 15,832	\$ -
649	\$ 90,756	\$ 15,756	\$ -
650	\$ 90,747	\$ 15,747	\$ -
651	\$ 90,632	\$ 15,632	\$ -
652	\$ 90,532	\$ 15,532	\$ -
653	\$ 90,484	\$ 15,484	\$ -
654	\$ 90,444	\$ 15,444	\$ -
655	\$ 90,413	\$ 15,413	\$ -
656	\$ 90,349	\$ 15,349	\$ -
657	\$ 90,264	\$ 15,264	\$ -
658	\$ 90,224	\$ 15,224	\$ -
659	\$ 90,222	\$ 15,222	\$ -
660	\$ 90,205	\$ 15,205	\$ -
661	\$ 90,197	\$ 15,197	\$ -
662	\$ 90,121	\$ 15,121	\$ -
663	\$ 90,074	\$ 15,074	\$ -
664	\$ 89,914	\$ 14,914	\$ -
665	\$ 89,883	\$ 14,883	\$ -
666	\$ 89,817	\$ 14,817	\$ -
667	\$ 89,630	\$ 14,630	\$ -
668	\$ 89,510	\$ 14,510	\$ -
669	\$ 89,489	\$ 14,489	\$ -
670	\$ 89,482	\$ 14,482	\$ -
671	\$ 89,193	\$ 14,193	\$ -
672	\$ 89,192	\$ 14,192	\$ -
673	\$ 88,938	\$ 13,938	\$ -
674	\$ 88,874	\$ 13,874	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
675	\$ 88,797	\$ 13,797	\$ -
676	\$ 88,771	\$ 13,771	\$ -
677	\$ 88,746	\$ 13,746	\$ -
678	\$ 88,560	\$ 13,560	\$ -
679	\$ 88,538	\$ 13,538	\$ -
680	\$ 88,488	\$ 13,488	\$ -
681	\$ 88,375	\$ 13,375	\$ -
682	\$ 88,373	\$ 13,373	\$ -
683	\$ 88,343	\$ 13,343	\$ -
684	\$ 88,141	\$ 13,141	\$ -
685	\$ 88,000	\$ 13,000	\$ -
686	\$ 87,953	\$ 12,953	\$ -
687	\$ 87,875	\$ 12,875	\$ -
688	\$ 87,824	\$ 12,824	\$ -
689	\$ 87,821	\$ 12,821	\$ -
690	\$ 87,697	\$ 12,697	\$ -
691	\$ 87,681	\$ 12,681	\$ -
692	\$ 87,675	\$ 12,675	\$ -
693	\$ 87,597	\$ 12,597	\$ -
694	\$ 87,562	\$ 12,562	\$ -
695	\$ 87,412	\$ 12,412	\$ -
696	\$ 87,385	\$ 12,385	\$ -
697	\$ 87,064	\$ 12,064	\$ -
698	\$ 86,814	\$ 11,814	\$ -
699	\$ 86,769	\$ 11,769	\$ -
700	\$ 86,766	\$ 11,766	\$ -
701	\$ 86,692	\$ 11,692	\$ -
702	\$ 86,680	\$ 11,680	\$ -
703	\$ 86,638	\$ 11,638	\$ -
704	\$ 86,602	\$ 11,602	\$ -
705	\$ 86,414	\$ 11,414	\$ -
706	\$ 86,350	\$ 11,350	\$ -
707	\$ 86,292	\$ 11,292	\$ -
708	\$ 86,289	\$ 11,289	\$ -
709	\$ 86,177	\$ 11,177	\$ -
710	\$ 86,140	\$ 11,140	\$ -
711	\$ 86,036	\$ 11,036	\$ -
712	\$ 86,035	\$ 11,035	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
713	\$ 86,022	\$ 11,022	\$ -
714	\$ 86,008	\$ 11,008	\$ -
715	\$ 85,999	\$ 10,999	\$ -
716	\$ 85,856	\$ 10,856	\$ -
717	\$ 85,786	\$ 10,786	\$ -
718	\$ 85,785	\$ 10,785	\$ -
719	\$ 85,778	\$ 10,778	\$ -
720	\$ 85,718	\$ 10,718	\$ -
721	\$ 85,670	\$ 10,670	\$ -
722	\$ 85,669	\$ 10,669	\$ -
723	\$ 85,609	\$ 10,609	\$ -
724	\$ 85,556	\$ 10,556	\$ -
725	\$ 85,537	\$ 10,537	\$ -
726	\$ 85,386	\$ 10,386	\$ -
727	\$ 85,341	\$ 10,341	\$ -
728	\$ 85,316	\$ 10,316	\$ -
729	\$ 85,168	\$ 10,168	\$ -
730	\$ 85,152	\$ 10,152	\$ -
731	\$ 85,090	\$ 10,090	\$ -
732	\$ 85,010	\$ 10,010	\$ -
733	\$ 84,973	\$ 9,973	\$ -
734	\$ 84,937	\$ 9,937	\$ -
735	\$ 84,924	\$ 9,924	\$ -
736	\$ 84,845	\$ 9,845	\$ -
737	\$ 84,804	\$ 9,804	\$ -
738	\$ 84,729	\$ 9,729	\$ -
739	\$ 84,683	\$ 9,683	\$ -
740	\$ 84,661	\$ 9,661	\$ -
741	\$ 84,524	\$ 9,524	\$ -
742	\$ 84,517	\$ 9,517	\$ -
743	\$ 84,152	\$ 9,152	\$ -
744	\$ 83,971	\$ 8,971	\$ -
745	\$ 83,942	\$ 8,942	\$ -
746	\$ 83,938	\$ 8,938	\$ -
747	\$ 83,921	\$ 8,921	\$ -
748	\$ 83,896	\$ 8,896	\$ -
749	\$ 83,863	\$ 8,863	\$ -
750	\$ 83,826	\$ 8,826	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
751	\$ 83,607	\$ 8,607	\$ -
752	\$ 83,563	\$ 8,563	\$ -
753	\$ 83,534	\$ 8,534	\$ -
754	\$ 83,417	\$ 8,417	\$ -
755	\$ 83,380	\$ 8,380	\$ -
756	\$ 83,348	\$ 8,348	\$ -
757	\$ 83,346	\$ 8,346	\$ -
758	\$ 83,289	\$ 8,289	\$ -
759	\$ 83,164	\$ 8,164	\$ -
760	\$ 82,967	\$ 7,967	\$ -
761	\$ 82,960	\$ 7,960	\$ -
762	\$ 82,939	\$ 7,939	\$ -
763	\$ 82,914	\$ 7,914	\$ -
764	\$ 82,848	\$ 7,848	\$ -
765	\$ 82,827	\$ 7,827	\$ -
766	\$ 82,823	\$ 7,823	\$ -
767	\$ 82,767	\$ 7,767	\$ -
768	\$ 82,725	\$ 7,725	\$ -
769	\$ 82,643	\$ 7,643	\$ -
770	\$ 82,625	\$ 7,625	\$ -
771	\$ 82,581	\$ 7,581	\$ -
772	\$ 82,566	\$ 7,566	\$ -
773	\$ 82,528	\$ 7,528	\$ -
774	\$ 82,229	\$ 7,229	\$ -
775	\$ 82,188	\$ 7,188	\$ -
776	\$ 82,017	\$ 7,017	\$ -
777	\$ 81,806	\$ 6,806	\$ -
778	\$ 81,495	\$ 6,495	\$ -
779	\$ 81,467	\$ 6,467	\$ -
780	\$ 81,331	\$ 6,331	\$ -
781	\$ 81,328	\$ 6,328	\$ -
782	\$ 81,308	\$ 6,308	\$ -
783	\$ 81,303	\$ 6,303	\$ -
784	\$ 81,179	\$ 6,179	\$ -
785	\$ 81,143	\$ 6,143	\$ -
786	\$ 81,042	\$ 6,042	\$ -
787	\$ 81,011	\$ 6,011	\$ -
788	\$ 80,968	\$ 5,968	\$ -
789	\$ 80,966	\$ 5,966	\$ -
790	\$ 80,925	\$ 5,925	\$ -
791	\$ 80,798	\$ 5,798	\$ -
792	\$ 80,782	\$ 5,782	\$ -
793	\$ 80,742	\$ 5,742	\$ -
794	\$ 80,714	\$ 5,714	\$ -
795	\$ 80,670	\$ 5,670	\$ -
796	\$ 80,623	\$ 5,623	\$ -
797	\$ 80,467	\$ 5,467	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
798	\$ 80,439	\$ 5,439	\$ -
799	\$ 80,314	\$ 5,314	\$ -
800	\$ 80,296	\$ 5,296	\$ -
801	\$ 80,248	\$ 5,248	\$ -
802	\$ 80,226	\$ 5,226	\$ -
803	\$ 80,222	\$ 5,222	\$ -
804	\$ 80,161	\$ 5,161	\$ -
805	\$ 80,057	\$ 5,057	\$ -
806	\$ 80,032	\$ 5,032	\$ -
807	\$ 79,961	\$ 4,961	\$ -
808	\$ 79,804	\$ 4,804	\$ -
809	\$ 79,762	\$ 4,762	\$ -
810	\$ 79,744	\$ 4,744	\$ -
811	\$ 79,570	\$ 4,570	\$ -
812	\$ 79,508	\$ 4,508	\$ -
813	\$ 79,489	\$ 4,489	\$ -
814	\$ 79,478	\$ 4,478	\$ -
815	\$ 79,473	\$ 4,473	\$ -
816	\$ 79,453	\$ 4,453	\$ -
817	\$ 79,418	\$ 4,418	\$ -
818	\$ 79,415	\$ 4,415	\$ -
819	\$ 79,382	\$ 4,382	\$ -
820	\$ 79,254	\$ 4,254	\$ -
821	\$ 79,224	\$ 4,224	\$ -
822	\$ 79,186	\$ 4,186	\$ -
823	\$ 79,176	\$ 4,176	\$ -
824	\$ 79,082	\$ 4,082	\$ -
825	\$ 79,036	\$ 4,036	\$ -
826	\$ 78,945	\$ 3,945	\$ -
827	\$ 78,873	\$ 3,873	\$ -
828	\$ 78,865	\$ 3,865	\$ -
829	\$ 78,803	\$ 3,803	\$ -
830	\$ 78,697	\$ 3,697	\$ -
831	\$ 78,531	\$ 3,531	\$ -
832	\$ 78,412	\$ 3,412	\$ -
833	\$ 78,395	\$ 3,395	\$ -
834	\$ 78,349	\$ 3,349	\$ -
835	\$ 78,288	\$ 3,288	\$ -
836	\$ 78,166	\$ 3,166	\$ -
837	\$ 78,109	\$ 3,109	\$ -
838	\$ 78,086	\$ 3,086	\$ -
839	\$ 78,065	\$ 3,065	\$ -
840	\$ 77,978	\$ 2,978	\$ -
841	\$ 77,894	\$ 2,894	\$ -
842	\$ 77,714	\$ 2,714	\$ -
843	\$ 77,569	\$ 2,569	\$ -
844	\$ 77,326	\$ 2,326	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000
845	\$ 77,288	\$ 2,288	\$ -
846	\$ 77,181	\$ 2,181	\$ -
847	\$ 77,153	\$ 2,153	\$ -
848	\$ 77,152	\$ 2,152	\$ -
849	\$ 77,072	\$ 2,072	\$ -
850	\$ 76,941	\$ 1,941	\$ -
851	\$ 76,920	\$ 1,920	\$ -
852	\$ 76,837	\$ 1,837	\$ -
853	\$ 76,780	\$ 1,780	\$ -
854	\$ 76,759	\$ 1,759	\$ -
855	\$ 76,568	\$ 1,568	\$ -
856	\$ 76,538	\$ 1,538	\$ -
857	\$ 76,507	\$ 1,507	\$ -
858	\$ 76,507	\$ 1,507	\$ -
859	\$ 76,497	\$ 1,497	\$ -
860	\$ 76,396	\$ 1,396	\$ -
861	\$ 76,368	\$ 1,368	\$ -
862	\$ 76,365	\$ 1,365	\$ -
863	\$ 76,243	\$ 1,243	\$ -
864	\$ 76,169	\$ 1,169	\$ -
865	\$ 76,165	\$ 1,165	\$ -
866	\$ 76,116	\$ 1,116	\$ -
867	\$ 75,994	\$ 994	\$ -
868	\$ 75,968	\$ 968	\$ -
869	\$ 75,952	\$ 952	\$ -
870	\$ 75,903	\$ 903	\$ -
871	\$ 75,882	\$ 882	\$ -
872	\$ 75,838	\$ 838	\$ -
873	\$ 75,772	\$ 772	\$ -
874	\$ 75,740	\$ 740	\$ -
875	\$ 75,650	\$ 650	\$ -
876	\$ 75,506	\$ 506	\$ -
877	\$ 75,431	\$ 431	\$ -
878	\$ 75,392	\$ 392	\$ -
879	\$ 75,343	\$ 343	\$ -
880	\$ 75,299	\$ 299	\$ -
881	\$ 75,241	\$ 241	\$ -
882	\$ 75,237	\$ 237	\$ -
883	\$ 75,235	\$ 235	\$ -
884	\$ 75,205	\$ 205	\$ -
885	\$ 75,205	\$ 205	\$ -
886	\$ 75,170	\$ 170	\$ -
887	\$ 75,078	\$ 78	\$ -
888	\$ -	\$ -	\$ -
889	\$ -	\$ -	\$ -
890	\$ -	\$ -	\$ -
891	\$ -	\$ -	\$ -

	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$1,000,000	Claim Count
<b>PPO - Current Rolling 12 Months</b>	\$ 139,934,034	\$ 73,495,055	\$ 1,145,036	887
<b>Per Capita Cost - November 1, 2023 to October 31, 2024</b>	\$ 574.43	\$ 301.70	\$ 4.70	
<b>PPO - Prior Rolling 12 Month</b>	\$ 118,165,954	\$ 63,715,954	\$ 3,156,157	726
<b>Per Capita Cost - November 1, 2022 to October 31, 2023</b>	\$ 527.06	\$ 284.20	\$ 14.08	
<b>Percentage Change</b>	<b>8.99%</b>	<b>6.16%</b>	<b>-66.61%</b>	<b>22.2%</b>

*This analysis is for illustrative 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 patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 7**  
**HMO Specific Stop-Loss Summary**  
**Experience Period: November 1, 2023 to October 31, 2024**

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
1	\$ 2,726,820	\$ 2,651,820	\$ 2,376,820
2	\$ 1,061,209	\$ 986,209	\$ 711,209
3	\$ 742,681	\$ 667,681	\$ 392,681
4	\$ 718,733	\$ 643,733	\$ 368,733
5	\$ 708,122	\$ 633,122	\$ 358,122
6	\$ 643,452	\$ 568,452	\$ 293,452
7	\$ 620,909	\$ 545,909	\$ 270,909
8	\$ 611,429	\$ 536,429	\$ 261,429
9	\$ 599,773	\$ 524,773	\$ 249,773
10	\$ 509,893	\$ 434,893	\$ 159,893
11	\$ 503,251	\$ 428,251	\$ 153,251
12	\$ 498,204	\$ 423,204	\$ 148,204
13	\$ 439,934	\$ 364,934	\$ 89,934
14	\$ 436,690	\$ 361,690	\$ 86,690
15	\$ 425,818	\$ 350,818	\$ 75,818
16	\$ 367,069	\$ 292,069	\$ 17,069
17	\$ 363,560	\$ 288,560	\$ 13,560
18	\$ 359,432	\$ 284,432	\$ 9,432
19	\$ 341,635	\$ 266,635	\$ -
20	\$ 340,368	\$ 265,368	\$ -
21	\$ 328,374	\$ 253,374	\$ -
22	\$ 311,488	\$ 236,488	\$ -
23	\$ 299,384	\$ 224,384	\$ -
24	\$ 293,455	\$ 218,455	\$ -
25	\$ 290,466	\$ 215,466	\$ -
26	\$ 284,126	\$ 209,126	\$ -
27	\$ 282,340	\$ 207,340	\$ -
28	\$ 273,238	\$ 198,238	\$ -
29	\$ 271,567	\$ 196,567	\$ -
30	\$ 263,998	\$ 188,998	\$ -
31	\$ 262,991	\$ 187,991	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
32	\$ 262,721	\$ 187,721	\$ -
33	\$ 262,658	\$ 187,658	\$ -
34	\$ 262,034	\$ 187,034	\$ -
35	\$ 259,802	\$ 184,802	\$ -
36	\$ 254,531	\$ 179,531	\$ -
37	\$ 254,346	\$ 179,346	\$ -
38	\$ 245,981	\$ 170,981	\$ -
39	\$ 228,321	\$ 153,321	\$ -
40	\$ 220,214	\$ 145,214	\$ -
41	\$ 218,920	\$ 143,920	\$ -
42	\$ 215,280	\$ 140,280	\$ -
43	\$ 215,226	\$ 140,226	\$ -
44	\$ 213,755	\$ 138,755	\$ -
45	\$ 210,724	\$ 135,724	\$ -
46	\$ 200,555	\$ 125,555	\$ -
47	\$ 199,464	\$ 124,464	\$ -
48	\$ 197,268	\$ 122,268	\$ -
49	\$ 194,969	\$ 119,969	\$ -
50	\$ 191,714	\$ 116,714	\$ -
51	\$ 188,141	\$ 113,141	\$ -
52	\$ 188,117	\$ 113,117	\$ -
53	\$ 187,966	\$ 112,966	\$ -
54	\$ 186,329	\$ 111,329	\$ -
55	\$ 185,355	\$ 110,355	\$ -
56	\$ 184,425	\$ 109,425	\$ -
57	\$ 180,583	\$ 105,583	\$ -
58	\$ 178,273	\$ 103,273	\$ -
59	\$ 175,414	\$ 100,414	\$ -
60	\$ 173,063	\$ 98,063	\$ -
61	\$ 171,963	\$ 96,963	\$ -
62	\$ 171,849	\$ 96,849	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
63	\$ 171,839	\$ 96,839	\$ -
64	\$ 169,805	\$ 94,805	\$ -
65	\$ 169,328	\$ 94,328	\$ -
66	\$ 167,597	\$ 92,597	\$ -
67	\$ 167,281	\$ 92,281	\$ -
68	\$ 166,666	\$ 91,666	\$ -
69	\$ 166,380	\$ 91,380	\$ -
70	\$ 165,898	\$ 90,898	\$ -
71	\$ 162,996	\$ 87,996	\$ -
72	\$ 159,210	\$ 84,210	\$ -
73	\$ 158,987	\$ 83,987	\$ -
74	\$ 155,515	\$ 80,515	\$ -
75	\$ 154,604	\$ 79,604	\$ -
76	\$ 151,947	\$ 76,947	\$ -
77	\$ 151,006	\$ 76,006	\$ -
78	\$ 150,327	\$ 75,327	\$ -
79	\$ 148,725	\$ 73,725	\$ -
80	\$ 148,485	\$ 73,485	\$ -
81	\$ 148,382	\$ 73,382	\$ -
82	\$ 146,842	\$ 71,842	\$ -
83	\$ 145,385	\$ 70,385	\$ -
84	\$ 144,677	\$ 69,677	\$ -
85	\$ 143,790	\$ 68,790	\$ -
86	\$ 142,468	\$ 67,468	\$ -
87	\$ 142,395	\$ 67,395	\$ -
88	\$ 142,173	\$ 67,173	\$ -
89	\$ 141,792	\$ 66,792	\$ -
90	\$ 141,040	\$ 66,040	\$ -
91	\$ 140,660	\$ 65,660	\$ -
92	\$ 137,182	\$ 62,182	\$ -
93	\$ 136,256	\$ 61,256	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
94	\$ 135,708	\$ 60,708	\$ -
95	\$ 132,617	\$ 57,617	\$ -
96	\$ 132,371	\$ 57,371	\$ -
97	\$ 131,716	\$ 56,716	\$ -
98	\$ 129,859	\$ 54,859	\$ -
99	\$ 127,328	\$ 52,328	\$ -
100	\$ 126,694	\$ 51,694	\$ -
101	\$ 124,815	\$ 49,815	\$ -
102	\$ 123,027	\$ 48,027	\$ -
103	\$ 122,587	\$ 47,587	\$ -
104	\$ 121,447	\$ 46,447	\$ -
105	\$ 120,624	\$ 45,624	\$ -
106	\$ 120,241	\$ 45,241	\$ -
107	\$ 118,619	\$ 43,619	\$ -
108	\$ 118,485	\$ 43,485	\$ -
109	\$ 117,941	\$ 42,941	\$ -
110	\$ 117,608	\$ 42,608	\$ -
111	\$ 117,589	\$ 42,589	\$ -
112	\$ 117,508	\$ 42,508	\$ -
113	\$ 117,031	\$ 42,031	\$ -
114	\$ 115,586	\$ 40,586	\$ -
115	\$ 115,244	\$ 40,244	\$ -
116	\$ 113,868	\$ 38,868	\$ -
117	\$ 113,011	\$ 38,011	\$ -
118	\$ 111,194	\$ 36,194	\$ -
119	\$ 110,527	\$ 35,527	\$ -
120	\$ 110,269	\$ 35,269	\$ -
121	\$ 110,115	\$ 35,115	\$ -
122	\$ 109,969	\$ 34,969	\$ -
123	\$ 109,837	\$ 34,837	\$ -
124	\$ 109,531	\$ 34,531	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
125	\$ 109,082	\$ 34,082	\$ -
126	\$ 109,007	\$ 34,007	\$ -
127	\$ 108,620	\$ 33,620	\$ -
128	\$ 108,474	\$ 33,474	\$ -
129	\$ 108,027	\$ 33,027	\$ -
130	\$ 107,878	\$ 32,878	\$ -
131	\$ 107,714	\$ 32,714	\$ -
132	\$ 107,637	\$ 32,637	\$ -
133	\$ 106,255	\$ 31,255	\$ -
134	\$ 106,227	\$ 31,227	\$ -
135	\$ 106,069	\$ 31,069	\$ -
136	\$ 105,706	\$ 30,706	\$ -
137	\$ 105,594	\$ 30,594	\$ -
138	\$ 105,445	\$ 30,445	\$ -
139	\$ 104,968	\$ 29,968	\$ -
140	\$ 104,950	\$ 29,950	\$ -
141	\$ 104,814	\$ 29,814	\$ -
142	\$ 104,385	\$ 29,385	\$ -
143	\$ 104,317	\$ 29,317	\$ -
144	\$ 102,461	\$ 27,461	\$ -
145	\$ 102,321	\$ 27,321	\$ -
146	\$ 102,103	\$ 27,103	\$ -
147	\$ 101,436	\$ 26,436	\$ -
148	\$ 101,303	\$ 26,303	\$ -
149	\$ 100,974	\$ 25,974	\$ -
150	\$ 100,710	\$ 25,710	\$ -
151	\$ 99,975	\$ 24,975	\$ -
152	\$ 99,963	\$ 24,963	\$ -
153	\$ 99,957	\$ 24,957	\$ -
154	\$ 99,672	\$ 24,672	\$ -
155	\$ 99,430	\$ 24,430	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
156	\$ 99,344	\$ 24,344	\$ -
157	\$ 99,316	\$ 24,316	\$ -
158	\$ 99,310	\$ 24,310	\$ -
159	\$ 99,034	\$ 24,034	\$ -
160	\$ 98,995	\$ 23,995	\$ -
161	\$ 98,713	\$ 23,713	\$ -
162	\$ 98,666	\$ 23,666	\$ -
163	\$ 98,436	\$ 23,436	\$ -
164	\$ 98,320	\$ 23,320	\$ -
165	\$ 98,172	\$ 23,172	\$ -
166	\$ 97,662	\$ 22,662	\$ -
167	\$ 97,453	\$ 22,453	\$ -
168	\$ 97,252	\$ 22,252	\$ -
169	\$ 96,589	\$ 21,589	\$ -
170	\$ 96,576	\$ 21,576	\$ -
171	\$ 95,478	\$ 20,478	\$ -
172	\$ 95,072	\$ 20,072	\$ -
173	\$ 94,086	\$ 19,086	\$ -
174	\$ 94,048	\$ 19,048	\$ -
175	\$ 93,796	\$ 18,796	\$ -
176	\$ 93,424	\$ 18,424	\$ -
177	\$ 93,240	\$ 18,240	\$ -
178	\$ 92,711	\$ 17,711	\$ -
179	\$ 92,321	\$ 17,321	\$ -
180	\$ 92,211	\$ 17,211	\$ -
181	\$ 92,174	\$ 17,174	\$ -
182	\$ 92,160	\$ 17,160	\$ -
183	\$ 92,066	\$ 17,066	\$ -
184	\$ 91,821	\$ 16,821	\$ -
185	\$ 91,499	\$ 16,499	\$ -
186	\$ 91,444	\$ 16,444	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
187	\$ 91,343	\$ 16,343	\$ -
188	\$ 90,642	\$ 15,642	\$ -
189	\$ 90,594	\$ 15,594	\$ -
190	\$ 89,712	\$ 14,712	\$ -
191	\$ 89,408	\$ 14,408	\$ -
192	\$ 89,356	\$ 14,356	\$ -
193	\$ 89,289	\$ 14,289	\$ -
194	\$ 89,251	\$ 14,251	\$ -
195	\$ 89,057	\$ 14,057	\$ -
196	\$ 89,002	\$ 14,002	\$ -
197	\$ 88,972	\$ 13,972	\$ -
198	\$ 88,749	\$ 13,749	\$ -
199	\$ 88,746	\$ 13,746	\$ -
200	\$ 88,740	\$ 13,740	\$ -
201	\$ 88,655	\$ 13,655	\$ -
202	\$ 88,173	\$ 13,173	\$ -
203	\$ 87,730	\$ 12,730	\$ -
204	\$ 87,656	\$ 12,656	\$ -
205	\$ 87,154	\$ 12,154	\$ -
206	\$ 87,065	\$ 12,065	\$ -
207	\$ 86,907	\$ 11,907	\$ -
208	\$ 86,885	\$ 11,885	\$ -
209	\$ 86,842	\$ 11,842	\$ -
210	\$ 86,815	\$ 11,815	\$ -
211	\$ 86,810	\$ 11,810	\$ -
212	\$ 86,707	\$ 11,707	\$ -
213	\$ 86,636	\$ 11,636	\$ -
214	\$ 86,609	\$ 11,609	\$ -
215	\$ 86,542	\$ 11,542	\$ -
216	\$ 86,126	\$ 11,126	\$ -
217	\$ 85,968	\$ 10,968	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
218	\$ 85,540	\$ 10,540	\$ -
219	\$ 85,218	\$ 10,218	\$ -
220	\$ 84,877	\$ 9,877	\$ -
221	\$ 84,648	\$ 9,648	\$ -
222	\$ 84,455	\$ 9,455	\$ -
223	\$ 84,375	\$ 9,375	\$ -
224	\$ 83,621	\$ 8,621	\$ -
225	\$ 82,632	\$ 7,632	\$ -
226	\$ 82,457	\$ 7,457	\$ -
227	\$ 82,163	\$ 7,163	\$ -
228	\$ 82,120	\$ 7,120	\$ -
229	\$ 82,082	\$ 7,082	\$ -
230	\$ 81,909	\$ 6,909	\$ -
231	\$ 81,858	\$ 6,858	\$ -
232	\$ 81,779	\$ 6,779	\$ -
233	\$ 81,589	\$ 6,589	\$ -
234	\$ 81,467	\$ 6,467	\$ -
235	\$ 81,192	\$ 6,192	\$ -
236	\$ 81,129	\$ 6,129	\$ -
237	\$ 81,126	\$ 6,126	\$ -
238	\$ 80,386	\$ 5,386	\$ -
239	\$ 80,197	\$ 5,197	\$ -
240	\$ 80,163	\$ 5,163	\$ -
241	\$ 80,096	\$ 5,096	\$ -
242	\$ 79,336	\$ 4,336	\$ -
243	\$ 79,198	\$ 4,198	\$ -
244	\$ 78,513	\$ 3,513	\$ -
245	\$ 78,361	\$ 3,361	\$ -
246	\$ 77,933	\$ 2,933	\$ -
247	\$ 77,681	\$ 2,681	\$ -
248	\$ 77,641	\$ 2,641	\$ -

Number of Claimant	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000
249	\$ 77,575	\$ 2,575	\$ -
250	\$ 77,361	\$ 2,361	\$ -
251	\$ 77,254	\$ 2,254	\$ -
252	\$ 76,942	\$ 1,942	\$ -
253	\$ 76,726	\$ 1,726	\$ -
254	\$ 76,627	\$ 1,627	\$ -
255	\$ 76,535	\$ 1,535	\$ -
256	\$ 76,503	\$ 1,503	\$ -
257	\$ 76,158	\$ 1,158	\$ -
258	\$ 76,048	\$ 1,048	\$ -
259	\$ 75,576	\$ 576	\$ -
260	\$ 75,125	\$ 125	\$ -
261	\$ -	\$ -	\$ -
262	\$ -	\$ -	\$ -
263	\$ -	\$ -	\$ -
264	\$ -	\$ -	\$ -
265	\$ -	\$ -	\$ -
266	\$ -	\$ -	\$ -
267	\$ -	\$ -	\$ -
268	\$ -	\$ -	\$ -
269	\$ -	\$ -	\$ -
270	\$ -	\$ -	\$ -
271	\$ -	\$ -	\$ -
272	\$ -	\$ -	\$ -
273	\$ -	\$ -	\$ -
274	\$ -	\$ -	\$ -
275	\$ -	\$ -	\$ -
276	\$ -	\$ -	\$ -
277	\$ -	\$ -	\$ -
278	\$ -	\$ -	\$ -
279	\$ -	\$ -	\$ -

	Total Claim	Amount of Claims Exceeding \$75,000	Amount of Claims Exceeding \$350,000	Claim Count
<b>HMO - Current Rolling 12 Months</b>	\$ 42,557,717	\$ 23,976,148	\$ 6,036,977	260
<b>Per Capita Cost - November 1, 2023 to October 31, 2024</b>	\$ 348.72	\$ 196.46	\$ 49.47	
<b>HMO - Prior Rolling 12 Month</b>	\$ 37,543,219	\$ 19,843,219	\$ 3,310,229	236
<b>Per Capita Cost - November 1, 2022 to October 31, 2023</b>	\$ 330.54	\$ 174.71	\$ 29.14	
<b>Percentage Change</b>	<b>5.50%</b>	<b>12.45%</b>	<b>69.73%</b>	<b>10.2%</b>

*This analysis is for illustrative 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 patterns, catastrophic claims, 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.*



**EBC**  
**Exhibit 8**  
**Projection Assumptions**  
**For Period July 1, 2025 to June 30, 2026**

	PPO Medical		HMO Medical		Dental	
Projected Enrollment (October 2024)						
Employee	21,424		10,890		17,030	
Members	45,001		22,662			
	PEPM Fee	Annual Cost	PEPM Fee	Annual Cost	PEPM Fee	Annual Cost
Claim Administration Fees	\$44.46	\$11,431,058	\$40.76	\$5,326,295	\$2.89	\$590,600
Rx Administration Fees	Included in Claims		Included in Medical Admin			
Prescription Drug Rebates <sup>1</sup>	(\$216.03)	(\$55,538,721)	(\$144.32)	(\$18,859,711)		
COBRA Fees	\$0.43	\$110,548	\$0.43	\$56,192		
Billing and Enrollment Services	\$2.44	\$627,295	\$2.44	\$318,859		
6055/6056 Reporting	\$0.22	\$56,559	\$0.22	\$28,750		
HMO Managed Care Fee			\$13.58	\$1,774,658		
PCORI - PMPY Fee <sup>3</sup>	\$3.47	\$156,152				
Member Rewards PEPM	\$0.95	\$244,234				
BVA (Benefit Value Advisor) PEPM	\$2.00	\$514,176				
Pre-Funded Rewards Bank per Employee	\$0.17	\$3,642				
HMO Allocated Taxes/Fees <sup>4</sup>			\$0.00	\$0		
GBS Fees <sup>6</sup>	\$12.49	\$3,211,243	\$12.49	\$1,632,302	\$0.00	\$0
Stop-Loss Premium						
Specific Premium <sup>5</sup>	\$18.07	\$4,644,680	\$46.08	\$6,021,734		
Aggregate Premium			\$0.10	\$12,858		
Wellness (Vaccines/Screenings)	\$3.61	\$928,192	\$3.61	\$471,808		
Wellness incentive rebate	\$4.38	\$1,127,090	\$4.38	\$572,910		
Teladoc	\$1.96	\$503,876	\$1.96	\$256,124		
Cooperative Administration Charges	\$1.12	\$288,403	\$1.12	\$146,597		
Dependent Audit	\$0.07	\$17,160	\$0.07	\$9,240		
<b>TOTAL FIXED COSTS</b>		<b>(\$31,674,413)</b>		<b>(\$2,231,385)</b>		<b>\$590,600</b>
<b>Fiduciary Policy Fee<sup>7</sup></b>	<b>\$0.02</b>	<b>\$5,921</b>				
<b>Aggregating Specific Claim Liability</b>	<b>\$2.14</b>	<b>\$473,565</b>				
Annual Claim Trend Factor		8.00%		7.00%		4.0%

NOTES:

- (1) Prescription drug rebates are for districts with prescription coverage at BCBSIL only. Minimum PEPM guarantees.
- (2) BCBS PPO Network Access Fees of 0.78% of Illinois facility savings are included in the claim amounts shown on the medical projection.
- (3) PCORI Fees is based on the 2025 amount released by IRS. This is subject to change based on legislation
- (4) Reflects Blue Cross Blue Shield of Illinois current, estimated effects of Health Insurer Fee, plus federal and state taxes applicable to this fee.
- (5) Stop loss premiums reflect \$1,000,000 individual stop loss level on the PPO and \$350,000 individual stop level on the HMO.
- (6) GBS Fee based on contract effective July 1, 2025
- (7) Fiduciary Policy fee represents a \$25 per trustee fee and is built into the PPO Renewal

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 9**  
**PPO Experience Projection**  
**For Period July 1, 2025 to June 30, 2026**

	Period Evaluated					
	11/1/2023	10/31/2024				
Paid Medical Claims	\$302,136,545					
Paid Prescription Drug Claims	\$109,123,948					
Claim Adjustment for Immature Districts	\$1,647,546					
Claim Adjustment for Groups Receiving Average Increase	(\$817,359)					
Claim Adjustment for Prior Year Improved Rx Pricing	\$0					
Claim Adjustment for Seasonality	\$0					
Claims over \$1,000,000	(\$1,145,036)					
<b>Total Adjusted Claims</b>	<b>\$410,945,644</b>					
Actual Experience Period Enrollment	244,120					
Enrollment Adjustment for New Members	0					
Enrollment Adjustment for Groups Receiving Average Increase	(515)					
<b>Total Adjusted Experience Period Enrollment</b>	<b>243,605</b>					
Total Adjusted Claims PEPM	\$1,686.93					
Trend Adjustment	1.137					
<table border="1" style="margin-left: 20px;"> <tr> <td>Annual Trend</td> <td>8.00%</td> </tr> <tr> <td>Trend Months</td> <td>20.0</td> </tr> </table>	Annual Trend	8.00%	Trend Months	20.0		
Annual Trend	8.00%					
Trend Months	20.0					
<b>Monthly Per Capita Projected Claims</b>	<b>\$1,917.80</b>					
Current and Prior Period Weighting						
Current	100%					
Prior	0%					
<b>Monthly Weighted Per Capita Projected Claims</b>	<b>\$1,917.80</b>					
Dependent Audit ROI	(\$0.07)					
Projected Enrollment	21,424					
<b>A. Annual Projected Claims</b>	<b>\$493,027,487</b>					
<b>B. Estimated Annual Rebates</b>	<b>(\$55,538,721)</b>					
<b>C. Adjusted Projected Claims</b>	<b>\$437,488,766</b>					
<b>D. Pharmacy Adjustment for Improved Discounts</b>	<b>(\$2,747,319)</b>					
<b>E. Total Fixed Costs*</b>	<b>\$23,870,228</b>					
<b>F. Aggregating Specific Claim Liability*</b>	<b>\$473,565</b>					
<b>G. Total Projected PPO Medical Benefit Costs (C+D+E+F)</b>	<b>\$459,085,240</b>					
<b>H. Anticipated Revenue (Based on October Premium)</b>	<b>\$428,959,085</b>					
<b>I. Needed Rate Adjustment (G/H)</b>	<b>7.0%</b>					
<b>Working Cash Fund Release</b>	<b>\$0</b>					
<b>Revised Total Costs</b>	<b>\$459,085,240</b>					
<b>Revised Increase</b>	<b>7.0%</b>					

\* See Assumptions for calculations.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 10**  
**HMO Experience Projection**  
**For Period July 1, 2025 to June 30, 2026**

	Period Evaluated					
	11/1/2023	10/31/2024				
Paid Medical Claims	\$63,384,846					
Paid Prescription Drug Claims	\$49,427,431					
Claim Adjustment for Immature Districts	\$422,288					
Claim Adjustment for Groups Receiving Average Increase	(\$397,407)					
Claim Adjustment for Seasonality	\$0					
COVID Adjustment	\$0					
Claims over \$350,000	(\$6,036,977)					
<b>Total Adjusted Claims</b>	<b>\$106,800,180</b>					
Actual Experience Period Enrollment	122,827					
Enrollment Adjustment for New Members	0					
Enrollment Adjustment for Groups Receiving Average Increase	(787)					
<b>Total Adjusted Experience Period Enrollment</b>	<b>122,040</b>					
Total Adjusted Claims PEPM	\$875.12					
Trend Adjustment	1.119					
<table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td>Annual Trend</td> <td>7.00%</td> </tr> <tr> <td>Trend Months</td> <td>20.0</td> </tr> </table>	Annual Trend	7.00%	Trend Months	20.0		
Annual Trend	7.00%					
Trend Months	20.0					
Monthly Per Capita Projected Claims	<b>\$979.59</b>					
Current and Prior Period Weighting						
Current	100%					
Prior	0%					
Monthly Weighted Per Capita Projected Claims	<b>\$979.59</b>					
Monthly Per Capita Projected Physician Service Fees	<b>\$368.68</b>					
Dependent Audit ROI	<b>(\$0.07)</b>					
Monthly Per Capita Projected Claims & Physician Service Fees	<b>\$1,348.19</b>					
Projected Enrollment	<b>10,890</b>					
<b>A. Annual Projected Claims &amp; Physician Service Fees</b>	<b>\$176,181,781</b>					
<b>B. Estimated Annual Rebates</b>	<b>(\$18,859,711)</b>					
<b>C. Adjusted Projected Claims</b>	<b>\$157,322,069</b>					
<b>D. Claims Fluctuation Margin</b>	<b>\$1,179,916</b>					
<b>E. Total Fixed Costs*</b>	<b>\$16,628,327</b>					
<b>F. Total Projected HMO Medical Benefit Costs (C+D+E)</b>	<b>\$175,130,312</b>					
<b>G. Anticipated Revenue (Based on October Premium)</b>	<b>\$166,259,200</b>					
<b>H. Needed Rate Adjustment (F/G)</b>	<b>5.3%</b>					
<b>Working Cash Fund Release</b>	<b>\$0</b>					
<b>Revised Total Costs</b>	<b>\$175,130,312</b>					
<b>Revised Increase</b>	<b>5.3%</b>					

\* See Assumptions for calculations.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*



**EBC**  
**Exhibit 11**  
**Dental Experience Projection**  
**For Period July 1, 2025 to June 30, 2026**

	Period Evaluated					
	11/1/2023	10/31/2024				
Paid Dental Claims	\$13,572,438					
Claim Adjustment for Immature Districts	\$0					
Claim Adjustment for Groups Receiving Average Increase	\$0					
Claim Adjustment for Seasonality	\$0					
Other Adjustment	\$0					
<b>Total Adjusted Claims</b>	<b>\$13,572,438</b>					
Actual Experience Period Enrollment	200,487					
Enrollment Adjustment for New Members	0					
Enrollment Adjustment for Groups Receiving Average Increase	0					
<b>Total Adjusted Experience Period Enrollment</b>	<b>200,487</b>					
Total Adjusted Claims PEPM	\$67.70					
Trend Adjustment	1.068					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Annual Trend</td> <td style="padding: 2px;">4.00%</td> </tr> <tr> <td style="padding: 2px;">Trend Months</td> <td style="padding: 2px;">20.0</td> </tr> </table>	Annual Trend	4.00%	Trend Months	20.0		
Annual Trend	4.00%					
Trend Months	20.0					
<b>Monthly Per Capita Projected Claims</b>	<b>\$72.27</b>					
Current and Prior Period Weighting						
Current	100%					
Prior	0%					
<b>Monthly Weighted Per Capita Projected Claims</b>	<b>\$72.27</b>					
Projected Enrollment	17,030					
<b>A. Annual Projected Claims</b>	<b>\$14,769,182</b>					
<b>B. Claims Fluctuation Margin</b>	<b>\$327,913</b>					
<b>C. Total Fixed Costs*</b>	<b>\$590,600</b>					
<b>D. Total Projected Dental Benefit Costs (A+B+C)</b>	<b>\$15,687,696</b>					
<b>E. Anticipated Revenue (Based on October Premium)</b>	<b>\$15,062,741</b>					
<b>F. Needed Rate Adjustment (D/E)</b>	<b>4.1%</b>					
<b>Working Cash Fund Release</b>	<b>\$0</b>					
<b>Revised Total Costs</b>	<b>\$15,687,696</b>					
<b>Revised Increase</b>	<b>4.1%</b>					

\* See Assumptions for calculations.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 12**  
**IBNR Reserve Adjustment**  
**For Period July 1, 2025 to June 30, 2026**

<b>Terminal Reserve and Working Cash Fund at October 31, 2024</b>	\$102,175,504
<b>Total Estimated Funding Variance for November 1, 2024 to June 30, 2025</b>	\$1,819,646
<b>Projected Needed Terminal Reserve at June 30, 2025</b>	\$81,740,424
<b>Projected Working Cash Fund at June 30, 2025</b>	\$22,254,726

<b>Terminal Reserve and Working Cash Fund at October 31, 2024</b>	\$102,175,504
<b>Total Estimated Funding Variance for November 1, 2024 to June 30, 2025</b>	\$1,819,646
<b>Projected Needed Terminal Reserve at June 30, 2026</b>	\$84,211,588
<b>Projected Working Cash Fund at June 30, 2026</b>	\$19,783,562

Assumptions (Based on Projected Claims):  
PPO Medical Reserves = 77.9% of Total  
HMO Medical Reserves = 19.4% of Total  
Dental Reserves = 2.6% of Total

<b>PPO Medical</b>	
	@15%
<b>Terminal Reserve Needed Per Projection</b>	\$65,623,315
<b>As of June 30, 2026 (\$84,211,588 *77.9%) =</b>	\$65,623,315
<b>Adjustment (See Exhibit 9)</b>	\$0

<b>HMO Medical</b>	
	@15%
<b>Terminal Reserve Needed Per Projection</b>	\$16,372,896
<b>As of June 30, 2026 (\$84,211,588 *19.4%) =</b>	\$16,372,896
<b>Adjustment (See Exhibit 10)</b>	\$0

<b>Dental</b>	
	@15%
<b>Terminal Reserve Needed Per Projection</b>	\$2,215,377
<b>As of June 30, 2026 (\$84,211,588 *2.6%) =</b>	\$2,215,377
<b>Adjustment (See Exhibit 11)</b>	\$0

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*



**EBC**  
**Exhibit 13**  
**PPO Total Plan Costs Summary**

	Actual 7/1/2023 through 6/30/2024	Projected 7/1/2024 through 6/30/2025	Projected 7/1/2025 through 6/30/2026
<b>Average PPO Employees for Period</b>	19,805	21,503	21,424
<b>Paid PPO and Prescription Drug Claims</b>	\$383,220,136	\$455,278,576	\$493,027,487
Claims over Excess	(\$1,090,674)	\$0	\$0
Net Paid Medical Claims	\$382,129,463	\$455,278,576	\$493,027,487
Medical Reserve Adjustment for New Groups	\$0	\$1,647,546	\$0
Claims Fluctuation Margin	\$0	\$0	(\$2,747,319)
<b>A. Total PPO Net Paid Claims</b>	<b>\$382,129,463</b>	<b>\$456,926,122</b>	<b>\$490,280,168</b>
<b>B. Fixed Costs</b>			
Medical Administration	\$10,209,788	\$11,085,055	\$11,431,058
Prescription Drug Rebates	(\$46,242,659)	(\$51,243,931)	(\$55,538,721)
COBRA Fees	\$102,193	\$110,954	\$110,548
Billing and Enrollment Services	\$579,886	\$629,598	\$627,295
6055/6056 Reporting	\$52,285	\$56,767	\$56,559
PCORI	\$111,699	\$144,498	\$156,152
Member Rewards	\$225,775	\$245,130	\$244,234
BVA	\$475,316	\$516,064	\$514,176
Pre-Funded Member Rewards	\$39,610	\$43,865	\$3,642
GBS Fees	\$2,795,616	\$3,092,207	\$3,211,243
Specific Stop Loss Premium	\$3,434,158	\$4,053,683	\$4,644,680
Aggregating Specific Claim Liability	\$0	\$473,565	\$473,565
Fiduciary Policy Fees	\$2,377	\$2,580	\$5,921
Wellness (Vaccines/Screenings)		\$846,345	\$928,192
Wellness incentive rebate		\$980,522	\$1,127,090
Teladoc		\$482,520	\$503,876
Cooperative Administration Charges		\$281,255	\$288,403
Dependent Audit		\$206,426	\$17,160
<b>C. Total PPO Fixed Costs</b>	<b>(\$28,213,957)</b>	<b>(\$30,789,965)</b>	<b>(\$31,194,928)</b>
<b>D. Total PPO Plan Costs (A+C)</b>	<b>\$353,915,505</b>	<b>\$426,136,157</b>	<b>\$459,085,240</b>
Medical Funding	\$379,429,110	\$427,761,952	\$459,085,240
<b>E. Total PPO Funding</b>	<b>\$379,429,110</b>	<b>\$427,761,952</b>	<b>\$459,085,240</b>
<b>F. Funding Variance - Surplus/(Deficit)</b>	<b>\$25,513,605</b>	<b>\$1,625,795</b>	<b>\$0</b>

### Medical and Prescription Drug PEPM Costs

	Actual 7/1/2023 through 6/30/2024	Projected 7/1/2024 through 6/30/2025	Projected 7/1/2025 through 6/30/2026
<b>Average PPO Employees for Period</b>	19,805	21,503	21,424
<b>Paid PPO and Prescription Drug Claims</b>	\$1,612.49	\$1,764.43	\$1,917.74
Claims over Excess	-\$4.59	\$0.00	\$0.00
Net Paid Medical Claims	\$1,607.90	\$1,764.43	\$1,917.74
Medical Reserve Adjustment for New Groups	\$0.00	\$6.39	\$0.00
<b>A. Total PPO Net Paid Claims</b>	<b>\$1,607.90</b>	<b>\$1,770.81</b>	<b>\$1,907.05</b>
<b>B. Fixed Costs</b>			
Medical Administration	\$42.96	\$42.96	\$44.46
Drug Card Administration	\$0.00	\$0.00	\$0.00
Prescription Drug Rebates	-\$194.58	-\$198.60	-\$216.03
COBRA Fees	\$0.43	\$0.43	\$0.43
Billing and Enrollment Services	\$2.44	\$2.44	\$2.44
6055/6056 Reporting	\$0.22	\$0.22	\$0.22
HMO Managed Care Fee			
PCORI	\$0.47	\$0.56	\$0.61
Member Rewards	\$0.95	\$0.95	\$0.95
BVA	\$2.00	\$2.00	\$2.00
Pre-Funded Member Rewards	\$0.17	\$0.17	\$0.01
HMO Allocated Taxes/Fees			
GBS Fees	\$11.76	\$11.98	\$12.49
Specific Stop Loss Premium	\$14.45	\$15.71	\$18.07
Aggregating Specific Claim Liability	\$0.00	\$1.84	\$1.84
Aggregate Stop Loss Premium			
Fiduciary Policy Fees	\$0.01	\$0.01	\$0.02
Wellness (Vaccines/Screenings)		\$3.28	\$3.61
Wellness incentive rebate		\$3.80	\$4.38
Teladoc		\$1.87	\$1.96
Cooperative Administration Charges		\$1.09	\$1.12
Dependent Audit		\$0.80	\$0.07
<b>C. Total PPO Fixed Costs</b>	<b>-\$118.72</b>	<b>-\$119.33</b>	<b>-\$121.34</b>
<b>D. Total PPO Plan Costs (A+C)</b>	<b>\$1,489.18</b>	<b>\$1,651.49</b>	<b>\$1,785.71</b>
Medical Funding	\$1,596.53	\$1,657.79	\$1,785.71
<b>E. Total PPO Funding</b>	<b>\$1,596.53</b>	<b>\$1,657.79</b>	<b>\$1,785.71</b>
<b>F. Funding Variance - Surplus/(Deficit)</b>	<b>\$107.35</b>	<b>\$6.30</b>	<b>\$0.00</b>

NOTES:

(1) Total Net Paid Medical Claims have been adjusted for stop loss reimbursements. Medical Paid Claims have also been adjusted to mature new groups.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*



**EBC**  
**Exhibit 14**  
**HMO Total Plan Costs Summary**

	Actual 7/1/2023 through 6/30/2024	Projected 7/1/2024 through 6/30/2025	Projected 7/1/2025 through 6/30/2026
<b>Average HMO Employees for Period</b>	9,941	10,846	10,890
<b>Paid HMO and Prescription Drug Claims</b>	\$145,424,649	\$166,569,726	\$176,181,781
Claims over Excess	(\$5,403,625)	(\$525,951)	\$0
Net Paid Medical Claims	\$140,021,024	\$166,043,775	\$176,181,781
Medical Reserve Adjustment for New Groups	\$0	\$422,288	\$0
Claims Fluctuation Margin			\$1,179,916
<b>A. Total HMO Net Paid Claims</b>	<b>\$140,021,024</b>	<b>\$166,466,063</b>	<b>\$177,361,696</b>
<b>B. Fixed Costs</b>			
Medical Administration	\$4,697,561	\$5,261,089	\$5,326,295
Prescription Drug Rebates	(\$9,940,920)	(\$18,640,742)	(\$18,859,711)
COBRA Fees	\$51,294	\$57,447	\$56,192
Billing and Enrollment Services	\$291,063	\$325,979	\$318,859
6055/6056 Reporting	\$26,243	\$29,392	\$28,750
HMO Managed Care Fee	\$1,470,821	\$1,728,758	\$1,774,658
HMO Allocated Taxes/Fees	\$0	\$0	\$0
GBS Fees	\$1,400,536	\$1,579,217	\$1,632,302
Specific Stop Loss Premium	\$3,975,869	\$5,130,163	\$6,021,734
Aggregate Stop Loss Premium	\$9,543	\$12,024	\$12,858
Wellness (Vaccines/Screenings)		\$438,201	\$471,808
Wellness incentive rebate		\$507,672	\$572,910
Teladoc		\$249,828	\$256,124
Cooperative Administration Charges		\$145,622	\$146,597
Dependent Audit		\$106,878	\$9,240
<b>C. Total HMO Fixed Costs</b>	<b>\$1,982,011</b>	<b>(\$4,516,672)</b>	<b>(\$2,231,385)</b>
<b>D. Total HMO Plan Costs (A+C)</b>	<b>\$142,003,034</b>	<b>\$161,949,390</b>	<b>\$175,130,312</b>
Medical Funding	\$143,038,367	\$166,135,497	\$175,130,312
<b>E. Total HMO Funding</b>	<b>\$143,038,367</b>	<b>\$166,135,497</b>	<b>\$175,130,312</b>
<b>F. Funding Variance - Surplus/(Deficit)</b>	<b>\$1,035,333</b>	<b>\$4,186,107</b>	<b>\$0</b>

### Medical and Prescription Drug PEPM Costs

	Actual 7/1/2023 through 6/30/2024	Projected 7/1/2024 through 6/30/2025	Projected 7/1/2025 through 6/30/2026
<b>Average HMO Employees for Period</b>	9,941	10,846	10,890
<b>Paid HMO and Prescription Drug Claims</b>	\$1,219.11	\$1,279.83	\$1,348.19
Claims over Excess	-\$45.30	-\$4.04	\$0.00
Net Paid Medical Claims	\$1,173.81	\$1,275.79	\$1,348.19
Medical Reserve Adjustment for New Groups	\$0.00	\$3.24	\$0.00
<b>A. Total HMO Net Paid Claims</b>	<b>\$1,173.81</b>	<b>\$1,279.03</b>	<b>\$1,357.22</b>
<b>B. Fixed Costs</b>			
Medical Administration	\$39.38	\$40.42	\$40.76
Drug Card Administration	\$0.00	\$0.00	\$0.00
Prescription Drug Rebates	-\$83.34	-\$143.23	-\$144.32
COBRA Fees	\$0.43	\$0.44	\$0.43
Billing and Enrollment Services	\$2.44	\$2.50	\$2.44
6055/6056 Reporting	\$0.22	\$0.23	\$0.22
HMO Managed Care Fee	\$12.33	\$13.28	\$13.58
PCORI			
Member Rewards			
BVA			
Pre-Funded Member Rewards			
HMO Allocated Taxes/Fees	\$0.00	\$0.00	\$0.00
GBS Fees	\$11.74	\$12.13	\$12.49
Specific Stop Loss Premium	\$33.33	\$39.42	\$46.08
Aggregating Specific Claim Liability			
Aggregate Stop Loss Premium	\$0.08	\$0.09	\$0.10
Fiduciary Policy Fees		\$0.00	
Wellness (Vaccines/Screenings)		\$3.37	\$3.61
Wellness incentive rebate		\$3.90	\$4.38
Teladoc		\$1.92	\$1.96
Cooperative Administration Charges		\$1.12	\$1.12
Dependent Audit		\$0.82	\$0.07
<b>C. Total HMO Fixed Costs</b>	<b>\$16.62</b>	<b>(\$34.70)</b>	<b>(\$17.08)</b>
<b>D. Total HMO Plan Costs (A+C)</b>	<b>\$1,190.42</b>	<b>\$1,244.33</b>	<b>\$1,340.15</b>
Medical Funding	\$1,199.10	\$1,276.49	\$1,340.15
<b>E. Total HMO Funding</b>	<b>\$1,199.10</b>	<b>\$1,276.49</b>	<b>\$1,340.15</b>
<b>F. Funding Variance - Surplus/(Deficit)</b>	<b>\$8.68</b>	<b>\$32.16</b>	<b>\$0.00</b>

NOTES:

(1) Total Net Paid Medical Claims have been adjusted for stop loss reimbursements. Medical Paid Claims have also been adjusted to mature new groups.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 15**  
**Dental Total Plan Costs Summary**

	Actual 7/1/2023 through 6/30/2024	Projected 7/1/2024 through 6/30/2025	Projected 7/1/2025 through 6/30/2026
Average Dental Employees for Period	16,566	16,927	17,030
Paid Dental Claims	\$13,200,449	\$14,022,574	\$14,769,182
Dental Reserve Adjustment for New Groups	\$0	\$0	\$0
<b>A. Total Dental Net Paid Claims</b>	<b>\$13,200,449</b>	<b>\$14,022,574</b>	<b>\$14,769,182</b>
<b>B. Fixed Costs</b>			
Dental Administration	\$713,642	\$587,034	\$590,600
GBS Fees	\$0	\$0	\$0
<b>C. Total Dental Fixed Costs</b>	<b>\$713,642</b>	<b>\$587,034</b>	<b>\$590,600</b>
<b>D. Total Dental Plan Costs (A+C)</b>	<b>\$13,914,090</b>	<b>\$14,609,608</b>	<b>\$15,359,783</b>
Dental Funding	\$13,958,380	\$15,016,729	\$15,687,696
<b>E. Total Dental Funding</b>	<b>\$13,958,380</b>	<b>\$15,016,729</b>	<b>\$15,687,696</b>
<b>F. Funding Variance - Surplus/(Deficit)</b>	<b>\$44,290</b>	<b>\$407,121</b>	<b>\$327,913</b>

**Dental PEPM Costs**

	Actual 7/1/2023 through 6/30/2024	Projected 7/1/2024 through 6/30/2025	Projected 7/1/2025 through 6/30/2026
Average Dental Employees for Period	16,566	16,927	17,030
Paid Dental Claims	\$66.41	\$69.03	\$72.27
Dental Reserve Adjustment for New Groups	\$0.00	\$0.00	\$0.00
<b>A. Total Dental Net Paid Claims</b>	<b>\$66.41</b>	<b>\$69.03</b>	<b>\$72.27</b>
<b>B. Fixed Costs</b>			
Dental Administration	\$3.59	\$2.89	\$2.89
GBS Fees	\$0.00	\$0.00	\$0.00
<b>C. Total Dental Fixed Costs</b>	<b>\$3.59</b>	<b>\$2.89</b>	<b>\$2.89</b>
<b>D. Total Dental Plan Costs (A+C)</b>	<b>\$70.00</b>	<b>\$71.92</b>	<b>\$75.16</b>
Dental Funding	\$70.22	\$73.93	\$76.77
<b>E. Total Dental Funding</b>	<b>\$70.22</b>	<b>\$73.93</b>	<b>\$76.77</b>
<b>F. Funding Variance - Surplus/(Deficit)</b>	<b>\$0.22</b>	<b>\$2.00</b>	<b>\$1.60</b>

NOTES:

(1) Total Net Paid Medical Claims have been adjusted for stop loss reimbursements. Medical Paid Claims have also been adjusted to mature new groups.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*





EBC  
Exhibit 16

PPO Medical Experience - By District - Including Adjustment for Claims between \$75,000 and \$1,000,000  
Experience Period: November 1, 2023 to October 31, 2024

District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
A.E.R.O. Special Education Cooperative	\$1,548,604	\$1,689,593	109.1%	8.0%
Addison SD 4	\$1,509,276	\$1,473,746	97.6%	6.0%
Beach Park SD #3	\$2,084,823	\$2,110,258	101.2%	7.0%
Beecher CUSD #200U	\$755,979	\$883,351	116.8%	9.0%
Bensenville SD #2	\$2,289,536	\$2,433,317	106.3%	7.0%
Berkeley SD #87	\$1,033,881	\$1,210,149	117.0%	9.0%
Brookfield SD #95	\$1,149,133	\$1,156,084	100.6%	7.0%
Brookwood SD #167	\$1,780,908	\$1,845,350	103.6%	7.0%
Burbank HSD #111	\$7,682,345	\$7,249,340	94.4%	6.0%
Burr Ridge CCSD #180	\$761,891	\$866,105	113.7%	8.0%
Byron SD 226	\$3,248,852	\$3,785,484	116.5%	9.0%
Calumet Public SD #132	\$443,458	\$379,258	85.5%	4.0%
Cary SD #26	\$3,009,593	\$3,012,282	100.1%	7.0%
CASE	\$2,055,982	\$1,930,347	93.9%	6.0%
CCSD #89	\$3,479,624	\$3,480,578	100.0%	7.0%
Coal City CUSD #1	\$3,584,365	\$3,750,926	104.6%	7.0%
Crete-Monee SD #201-U	---	---	---	7.0%
Decatur SD #61	\$15,621,135	\$18,146,789	116.2%	9.0%
Deerfield SD #109	\$6,329,771	\$5,936,533	93.8%	6.0%
District 45, DuPage County	\$2,314,856	\$2,012,675	86.9%	5.0%
Dolton SD #148	\$2,789,396	\$2,580,632	92.5%	5.0%
Dolton SD #149	\$2,948,903	\$2,978,566	101.0%	7.0%
DuPage HSD #88	\$5,471,724	\$5,410,756	98.9%	6.0%
East Maine SD #63	\$1,409,629	\$1,059,239	75.1%	3.0%
East Prairie SD #73	\$533,221	\$534,411	100.2%	7.0%
ECHO	\$2,813,688	\$3,063,490	108.9%	8.0%
Edmund Lindop SD #92	\$533,193	\$612,757	114.9%	9.0%
Elmwood Park SD #401	\$3,469,562	\$3,076,316	88.7%	5.0%
Evanston Skokie SD #65	\$3,335,631	\$2,742,232	82.2%	4.0%
Evergreen Park Elementary SD 124	\$2,509,753	\$2,991,293	119.2%	9.0%
Fairview SD #72	\$1,433,612	\$1,682,391	117.4%	9.0%
Fenton Community High SD #100	\$2,209,793	\$1,872,038	84.7%	4.0%
Forest Park SD #91	\$1,697,740	\$1,733,343	102.1%	7.0%
Franklin Park SD #84	\$2,707,123	\$2,295,825	84.8%	4.0%
Genoa Kingston SD #424	\$1,412,538	\$1,453,961	102.9%	7.0%
Glen Ellyn #41	\$4,974,269	\$5,351,128	107.6%	8.0%
Golf SD #67	\$433,631	\$608,176	140.3%	12.0%
Grayslake CCSD #46	\$1,403,368	\$1,662,840	118.5%	9.0%
Grayslake SD #127	\$4,461,838	\$4,902,827	109.9%	8.0%
Herschler SD #2	\$2,086,824	\$2,193,357	105.1%	7.0%
Hillside SD #93	\$1,247,542	\$1,124,108	90.1%	5.0%
Itasca SD #10	\$1,378,137	\$1,456,153	105.7%	7.0%
Kankakee SD #111	\$9,312,770	\$9,702,650	104.2%	7.0%
Keeneyville SD #20	\$1,820,834	\$1,813,102	99.6%	7.0%
La Grange SD #102	\$5,348,913	\$5,371,932	100.4%	7.0%
Lake Park SD #108	\$4,637,350	\$4,606,687	99.3%	7.0%
LaSalle-Peru Township HSD #120	\$2,252,310	\$2,769,927	123.0%	10.0%
Lemont-Bromberek CSD #113A	\$2,915,448	\$2,846,647	97.6%	6.0%
Lincoln SD #156	\$1,260,443	\$1,527,178	121.2%	10.0%

District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
Lincolnwood SD #74	\$2,364,728	\$2,291,764	96.9%	6.0%
Lisle SD #202	\$3,712,335	\$4,286,009	115.5%	9.0%
Lombard SD #44	\$3,068,230	\$2,853,703	93.0%	6.0%
Maercker SD #60	\$1,369,816	\$1,042,007	76.1%	3.0%
Mannheim SD #83	\$7,091,474	\$7,086,825	99.9%	7.0%
Manteno CUSD #5	\$2,753,033	\$2,716,736	98.7%	6.0%
Marengo CSD #165	\$657,384	\$662,469	100.8%	7.0%
Marquardt SD #15	\$4,574,371	\$4,951,997	108.3%	8.0%
Matteson SD #159	\$4,032,171	\$4,347,512	107.8%	8.0%
Medinah SD #11	\$1,198,727	\$1,142,975	95.3%	6.0%
Midlothian SD #143	\$3,154,163	\$2,437,104	77.3%	3.0%
Mt. Prospect SD #57	\$3,508,002	\$4,004,804	114.2%	9.0%
Mundelein SD #120	\$4,318,926	\$4,608,775	106.7%	7.0%
NDSEC	\$1,248,656	\$1,392,977	111.6%	8.0%
Niles SD #71	\$1,441,234	\$987,419	68.5%	2.0%
Niles Special Ed #807	\$2,444,084	\$2,767,202	113.2%	8.0%
Niles THSD #219	\$15,901,571	\$17,027,360	107.1%	7.0%
Norridge SD #80	\$945,575	\$1,078,348	114.0%	9.0%
North Chicago SD #187	\$3,497,352	\$3,067,622	87.7%	5.0%
North Palos SD #117	\$6,559,351	\$6,253,770	95.3%	6.0%
Northbrook SD #28	\$6,686,814	\$6,853,498	102.5%	7.0%
Northbrook SD #30	\$2,360,873	\$2,363,316	100.1%	7.0%
NSSEO	\$4,095,868	\$4,269,948	104.3%	7.0%
Oak Lawn Hometown SD #123	\$4,765,203	\$4,847,117	101.7%	7.0%
Oak Park SD #97	\$4,821,266	\$4,601,354	95.4%	6.0%
Oswego CUSD #308	\$17,562,152	\$20,952,017	119.3%	9.0%
PAEC	\$2,056,875	\$1,869,857	90.9%	5.0%
Palos SD #118	\$4,883,717	\$5,006,249	102.5%	7.0%
Park Forest-Chicago Heights SD #163	\$790,213	\$1,272,606	161.0%	12.0%
Posen-Robbins SD 143.5	\$1,546,764	\$1,568,508	101.4%	7.0%
Prairie Grove CSD #46	\$1,592,478	\$1,739,101	109.2%	8.0%
Prospect Hts SD #23	\$3,150,025	\$3,459,861	109.8%	8.0%
Queen Bee SD #16	\$1,842,708	\$1,686,252	91.5%	5.0%
Reavis HS Dist 220	\$3,009,926	\$2,888,676	96.0%	6.0%
Rhodes SD #84.5	\$1,270,474	\$1,406,756	110.7%	8.0%
Rich Township HSD #227	\$6,005,369	\$6,552,652	109.1%	8.0%
Ridgeland SD #122	\$2,576,617	\$2,621,238	101.7%	7.0%
River Forest SD #90	\$2,917,086	\$3,381,345	115.9%	9.0%
River Trails SD #26	\$520,926	\$533,127	102.3%	7.0%
Riverside Brookfield HSD #208	\$2,637,422	\$2,401,861	91.1%	5.0%
Riverside SD #96	\$2,785,568	\$2,573,994	92.4%	5.0%
Roselle SD #12	\$982,483	\$1,201,507	122.3%	10.0%
Salt Creek SD #48	---	---	---	7.0%
Sauk Village CCSD #168	\$1,214,582	\$1,196,736	98.5%	6.0%
Seneca Grade School District #170	\$757,638	\$1,033,116	136.4%	12.0%
Seneca Township HSD #160	\$1,141,099	\$1,185,501	103.9%	7.0%
Skokie SD #68	\$2,494,735	\$1,728,938	69.3%	2.0%
Skokie SD #69	\$1,927,934	\$1,876,992	97.4%	6.0%
Skokie SD #73 1/2	\$1,441,835	\$1,037,565	72.0%	2.0%

District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
South Berwyn SD #100	\$3,342,212	\$3,399,007	101.7%	7.0%
South Holland SD #150	\$617,125	\$573,932	93.0%	6.0%
SPEED SEJA	\$338,251	\$414,916	122.7%	10.0%
Sterling CUSD #5	\$5,131,618	\$4,398,279	85.7%	4.0%
Summit Hill SD #161	\$4,308,864	\$4,257,010	98.8%	6.0%
SWCCCASE	\$1,030,647	\$1,152,409	111.8%	8.0%
Thornton #205	\$10,166,668	\$10,425,608	102.5%	7.0%
Thornton Fractional #215	\$6,966,453	\$6,938,193	99.6%	7.0%
Tinley Park SD #146	\$5,640,354	\$5,520,950	97.9%	6.0%
Union Ridge SD #86	\$475,368	\$466,588	98.2%	6.0%
Warren Township HS #121	\$5,573,577	\$6,232,372	111.8%	8.0%
West Chicago SD #94	\$2,744,719	\$3,146,589	114.6%	9.0%
West Northfield SD #31	\$2,138,513	\$2,017,803	94.4%	6.0%
Westchester SD #92.5	\$1,425,855	\$1,359,458	95.3%	6.0%
Westmont CUSD #201	\$2,076,420	\$2,020,136	97.3%	6.0%
Westville CUSD #2	\$1,589,061	\$1,606,880	101.1%	7.0%
Wilmington CUSD #209U	---	---	---	7.0%
Wood Dale SD #7	\$1,637,306	\$1,997,431	122.0%	10.0%
Woodland SD #50	\$11,787,228	\$12,102,571	102.7%	7.0%
Woodridge SD #68	\$4,276,466	\$4,729,080	110.6%	8.0%
Zion Elementary SD #6	\$3,528,648	\$3,708,212	105.1%	7.0%

NEW DISTRICTS				
SASED				
Butler SD #53				

Sub-Pool	Paid Premium	Net Paid Claims (1)	Date End Loss Ratio	Rate Adjustment
EPAA	\$5,595,391	\$5,455,908	97.5%	6.0%
NSBC	\$14,391,068	\$16,254,754	113.0%	8.0%
WPH	\$2,366,919	\$2,427,054	102.5%	7.0%

	Total Paid Premium	Total Net Paid Claims	Pool Average Loss Ratio
<b>Pool Total</b>	<b>\$398,321,757</b>	<b>\$411,098,336</b>	<b>103.2%</b>

NOTES:

(1) Net Claims include all claims under \$75,000 per individual plus the shared amount of claim liability between \$75,000 and \$1,000,000 per individual. The shared amount is distributed based on enrollment for each member.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*





EBC  
Exhibit 17

HMO Medical Experience - By District - Including Adjustment for Claims between \$75,000 and \$350,000  
Experience Period: November 1, 2023 to October 31, 2024

District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
A.E.R.O. Special Education Cooperative	\$1,683,574	\$1,650,841	98.1%	5.3%
Addison SD 4	\$3,083,687	\$2,951,298	95.7%	5.3%
Beach Park SD #3	\$918,070	\$1,175,153	128.0%	9.3%
Beecher CUSD #200U	\$526,349	\$575,064	109.3%	6.3%
Bensenville SD #2	\$2,418,379	\$2,529,620	104.6%	6.3%
Berkeley SD #87	\$3,007,715	\$3,450,316	114.7%	7.3%
Brookfield SD #95	\$411,805	\$303,835	73.8%	1.3%
Brookwood SD #167	\$189,276	\$133,301	70.4%	1.3%
Burr Ridge CCSD #180	\$277,161	\$253,282	91.4%	4.3%
Calumet Public SD #132	\$659,570	\$684,077	103.7%	6.3%
Cary SD #26	\$851,684	\$1,065,514	125.1%	9.3%
CASE	\$850,380	\$860,810	101.2%	5.3%
CCSD #89	\$1,486,175	\$1,280,383	86.2%	3.3%
Crete-Monee SD #201-U	---	---	---	5.3%
Deerfield SD #109	\$1,097,493	\$1,125,880	102.6%	5.3%
District 45, DuPage County	\$3,619,465	\$3,295,234	91.0%	4.3%
Dolton SD #148	\$1,070,276	\$1,276,710	119.3%	8.3%
Dolton SD #149	\$295,358	\$201,908	68.4%	0.3%
DuPage HSD #88	\$3,420,166	\$3,295,640	96.4%	5.3%
East Maine SD #63	\$4,105,797	\$4,108,230	100.1%	5.3%
East Prairie SD #73	\$480,932	\$540,190	112.3%	7.3%
ECHO	\$1,106,860	\$1,137,476	102.8%	5.3%
Edmund Lindop SD #92	\$319,767	\$310,361	97.1%	5.3%
Elmwood Park SD #401	\$1,101,303	\$872,671	79.2%	2.3%
Evanston Skokie SD #65	\$13,603,373	\$14,205,803	104.4%	6.3%
Evergreen Park Elementary SD 124	\$874,185	\$1,061,776	121.5%	8.3%
Fairview SD #72	\$650,980	\$572,681	88.0%	3.3%
Fenton Community High SD #100	\$1,080,923	\$1,046,633	96.8%	5.3%
Forest Park SD #91	\$287,003	\$290,939	101.4%	5.3%
Franklin Park SD #84	\$504,580	\$504,912	100.1%	5.3%
Genoa Kingston SD #424	\$646,973	\$504,799	78.0%	2.3%
Glen Ellyn #41	\$2,605,951	\$2,505,502	96.1%	5.3%
Golf SD #67	\$759,853	\$564,183	74.2%	1.3%
Grayslake CCSD #46	\$607,284	\$635,102	104.6%	6.3%
Grayslake CHSD #127	\$1,349,183	\$1,608,366	119.2%	8.3%
Hillside SD #93	\$106,480	\$76,460	71.8%	1.3%
Itasca SD#10	\$327,803	\$238,941	72.9%	1.3%
Keeneyville SD #20	\$490,626	\$553,082	112.7%	7.3%
La Grange SD #102	\$1,060,240	\$1,129,041	106.5%	6.3%
Lake Park SD #108	\$1,911,433	\$1,987,730	104.0%	6.3%
Lemont-Bromberek CSD #113A	\$731,663	\$878,409	120.1%	8.3%
Lincolnwood SD #74	\$890,864	\$698,078	78.4%	2.3%
Lisle SD #202	\$1,547,092	\$1,826,004	118.0%	8.3%
Lombard SD #44	\$3,496,856	\$3,183,940	91.1%	4.3%
Maercker SD #60	\$937,551	\$979,321	104.5%	6.3%
Mannheim SD #83	\$1,971,678	\$1,734,638	88.0%	3.3%
Marengo CSD #165	\$953,158	\$1,000,037	104.9%	6.3%
Marquardt SD #15	\$1,497,274	\$1,196,493	79.9%	2.3%
Matteson SD #159	\$1,024,068	\$1,089,796	106.4%	6.3%

District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
Medinah SD #11	\$131,831	\$91,615	69.5%	1.3%
Midlothian SD #143	\$492,823	\$518,131	105.1%	6.3%
Mt. Prospect SD #57	\$419,770	\$430,494	102.6%	5.3%
Mundelein SD #120	\$1,153,027	\$1,264,218	109.6%	7.3%
NDSEC	\$301,537	\$310,879	103.1%	6.3%
Niles Special Ed #807	\$929,289	\$947,801	102.0%	5.3%
Niles THSD #219	\$2,419,540	\$2,167,986	89.6%	4.3%
Norridge SD #80	\$397,544	\$271,182	68.2%	0.3%
North Chicago SD #187	\$1,350,143	\$1,122,420	83.1%	3.3%
North Palos SD #117	\$1,358,867	\$1,387,494	102.1%	5.3%
Northbrook SD #28	\$1,238,754	\$1,394,733	112.6%	7.3%
Northbrook SD #30	\$797,903	\$1,152,649	144.5%	10.3%
NSSEO	\$1,467,268	\$1,253,236	85.4%	3.3%
Oak Lawn Hometown SD #123	\$2,067,941	\$2,364,893	114.4%	7.3%
Oak Park SD #97	\$7,468,924	\$6,459,611	86.5%	3.3%
Oswego CUSD #308	\$6,467,714	\$6,697,328	103.6%	6.3%
PAEC	\$926,201	\$1,035,954	111.8%	7.3%
Palos SD #118	\$626,481	\$670,381	107.0%	6.3%
Park Forest-Chicago Heights SD #163	\$1,244,340	\$1,356,346	109.0%	6.3%
Posen-Robbins SD 143.5	\$687,909	\$496,526	72.2%	1.3%
Prairie Grove CSD #46	\$75,180	\$53,730	71.5%	1.3%
Prospect Hts SD #23	\$697,857	\$331,228	47.5%	0.3%
Queen Bee SD #16	\$1,222,963	\$1,185,944	97.0%	5.3%
Reavis HS Dist 220	\$544,071	\$498,073	91.5%	4.3%
Rhodes SD #84.5	\$259,275	\$200,943	77.5%	2.3%
Rich Township HSD #227	\$2,028,031	\$2,006,390	98.9%	5.3%
Ridgeland SD #122	\$1,757,793	\$1,538,025	87.5%	3.3%
River Forest SD #90	\$323,776	\$232,653	71.9%	1.3%
River Trails SD #26	\$2,268,292	\$2,260,158	99.6%	5.3%
Riverside Brookfield HSD #208	\$448,090	\$539,270	120.3%	8.3%
Riverside SD #96	\$1,171,184	\$1,165,994	99.6%	5.3%
Roselle SD #12	\$233,499	\$202,417	86.7%	3.3%
Salt Creek SD #48	---	---	---	5.3%
Sauk Village CCSD #168	\$625,317	\$722,902	115.6%	7.3%
Skokie SD #68	\$1,482,267	\$1,621,951	109.4%	6.3%
Skokie SD #69	\$1,283,175	\$1,163,928	90.7%	4.3%
Skokie SD #73 1/2	\$1,274,969	\$1,243,838	97.6%	5.3%
South Berwyn SD #100	\$2,410,156	\$2,658,501	110.3%	7.3%
South Holland SD #150	\$427,548	\$328,851	76.9%	2.3%
SPEED SEJA	\$896,872	\$945,530	105.4%	6.3%
Summit Hill SD #161	\$269,719	\$164,363	60.9%	0.3%
SWCCCASE	\$2,884,186	\$2,840,201	98.5%	5.3%
Thornton #205	\$2,296,332	\$2,209,380	96.2%	5.3%
Thornton Fractional #215	\$969,507	\$864,265	89.1%	4.3%
Tinley Park SD #146	\$908,621	\$916,761	100.9%	5.3%
Union Ridge SD #86	\$220,994	\$202,617	91.7%	4.3%
Warren Township HS #121	\$1,114,343	\$1,490,326	133.7%	10.3%
West Chicago SD #94	\$1,280,541	\$1,191,144	93.0%	4.3%
West Northfield SD #31	\$504,175	\$613,299	121.6%	8.3%

District	Paid Premium	Net Paid Claims (1)	Date End Loss Ratio	Rate Adjustment
Westchester SD #92.5	\$496,238	\$508,320	102.4%	5.3%
Westmont CUSD #201	\$1,051,972	\$1,174,199	111.6%	7.3%
Wilmington CUSD #209U	---	---	---	5.3%
Wood Dale SD #7	\$571,547	\$559,277	97.9%	5.3%
Woodland SD #50	\$895,283	\$1,023,318	114.3%	7.3%
Woodridge SD #68	\$1,860,302	\$1,797,867	96.6%	5.3%
Zion Elementary SD #6	\$1,867,077	\$1,231,977	66.0%	0.3%

NEW DISTRICTS				
SASED				
Butler SD #53				

Sub-Pool	Paid Premium	Net Paid Claims (1)	Date End Loss Ratio	Rate Adjustment
EPAA	\$2,108,305	\$2,278,605	108.1%	6.3%
NSBC	\$6,366,214	\$6,045,141	95.0%	4.3%
WPH	\$1,685,449	\$1,569,901	93.1%	4.3%

	Total Paid Premium	Total Net Paid Claims	Pool Average Loss Ratio
<b>Pool Total</b>	<b>\$151,627,242</b>	<b>\$150,125,626</b>	<b>99.0%</b>

NOTES:

(1) Net Claims include all claims under \$75,000 per individual plus the shared amount of claim liability between \$75,000 and \$350,000 per individual. The shared amount is distributed based on enrollment for each member.

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*



**EBC**  
**Exhibit 18**  
**Dental Experience - By District**  
**Experience Period: November 1, 2023 to October 31, 2024**

District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
Addison SD 4	\$265,187	\$222,870	84.0%	4.1%
Beach Park SD #3	\$181,217	\$211,247	116.6%	6.6%
Bensenville SD #2	\$214,396	\$173,050	80.7%	4.1%
Berkeley SD #87	\$182,697	\$176,365	96.5%	4.1%
Burbank HSD #111	\$327,865	\$312,801	95.4%	4.1%
Byron CUSD #226	\$174,106	\$167,728	96.3%	4.1%
Calumet Public SD #132	\$52,070	\$58,110	111.6%	6.6%
Cary SD #26	\$188,021	\$149,592	79.6%	1.6%
CASE	\$140,949	\$129,080	91.6%	4.1%
CCSD #89	\$255,486	\$271,216	106.2%	4.1%
Deerfield SD #109	\$275,227	\$283,444	103.0%	4.1%
District 45, DuPage County	\$354,222	\$339,823	95.9%	4.1%
Dolton SD #148	\$156,801	\$146,924	93.7%	4.1%
East Prairie SD #73	\$47,237	\$52,796	111.8%	6.6%
ECHO	\$149,138	\$157,067	105.3%	4.1%
Elmwood Park SD #401	\$218,787	\$184,244	84.2%	4.1%
Fairview SD #72	\$93,074	\$83,684	89.9%	4.1%
Fenton Community High SD #100	\$179,743	\$184,319	102.5%	4.1%
Franklin Park SD #84	\$151,530	\$149,550	98.7%	4.1%
Genoa Kingston SD #424	\$97,485	\$82,672	84.8%	4.1%
Glen Ellyn #41	\$351,481	\$288,461	82.1%	4.1%
Golf SD #67	\$54,068	\$59,454	110.0%	6.6%
Grayslake SD #127	\$338,408	\$316,851	93.6%	4.1%
Itasca SD#10	\$62,118	\$44,842	72.2%	1.6%
Keeneyville SD #20	\$96,339	\$79,930	83.0%	4.1%
Lincoln SD #156	\$51,408	\$44,003	85.6%	4.1%
Lincolnwood SD #74	\$154,917	\$138,354	89.3%	4.1%
Lisle SD #202	\$261,569	\$269,529	103.0%	4.1%
Lombard SD #44	\$373,824	\$350,503	93.8%	4.1%
Mannheim SD #83	\$308,202	\$237,453	77.0%	1.6%
Marquardt SD #15	\$202,162	\$218,071	107.9%	4.1%
Matteson SD #159	\$187,336	\$183,705	98.1%	4.1%
Midlothian SD #143	\$144,597	\$158,684	109.7%	4.1%
Mt. Prospect SD #57	\$158,465	\$172,044	108.6%	4.1%
Mundelein SD #120	\$277,574	\$292,164	105.3%	4.1%
Niles SD #71	\$72,874	\$73,817	101.3%	4.1%
Niles Special Ed #807	\$156,493	\$131,343	83.9%	4.1%
Niles THSD #219	\$821,727	\$826,144	100.5%	4.1%
Norridge SD #80	\$58,138	\$56,611	97.4%	4.1%
North Palos SD #117	\$299,985	\$301,331	100.4%	4.1%
Northbrook SD #28	\$381,344	\$408,540	107.1%	4.1%
PAEC	\$66,931	\$47,588	71.1%	1.6%
Palos SD #118	\$233,574	\$252,204	108.0%	4.1%
Prairie Grove CSD #46	\$101,110	\$83,147	82.2%	4.1%
Prospect Hts SD #23	\$185,009	\$179,101	96.8%	4.1%
Queen Bee SD #16	\$115,161	\$114,822	99.7%	4.1%
Reavis HS Dist 220	\$233,560	\$206,290	88.3%	4.1%
Rhodes SD #84.5	\$76,476	\$64,002	83.7%	4.1%
Ridgeland SD #122	\$180,769	\$159,565	88.3%	4.1%

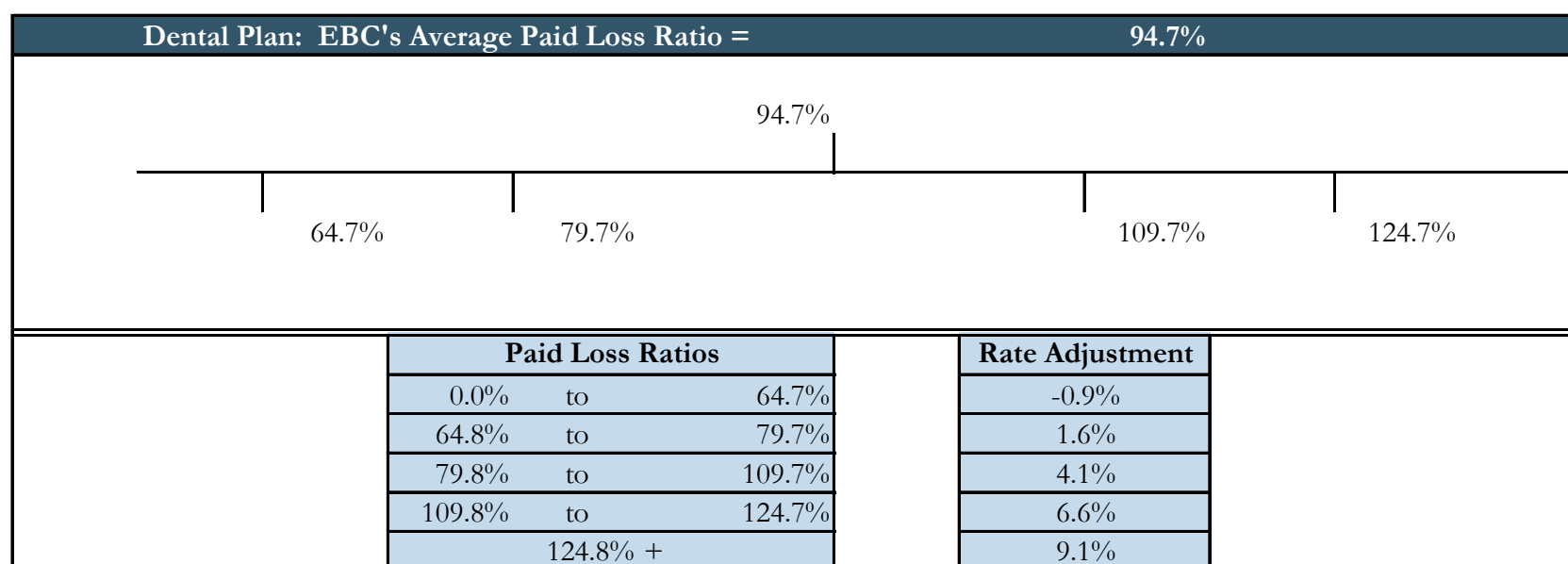
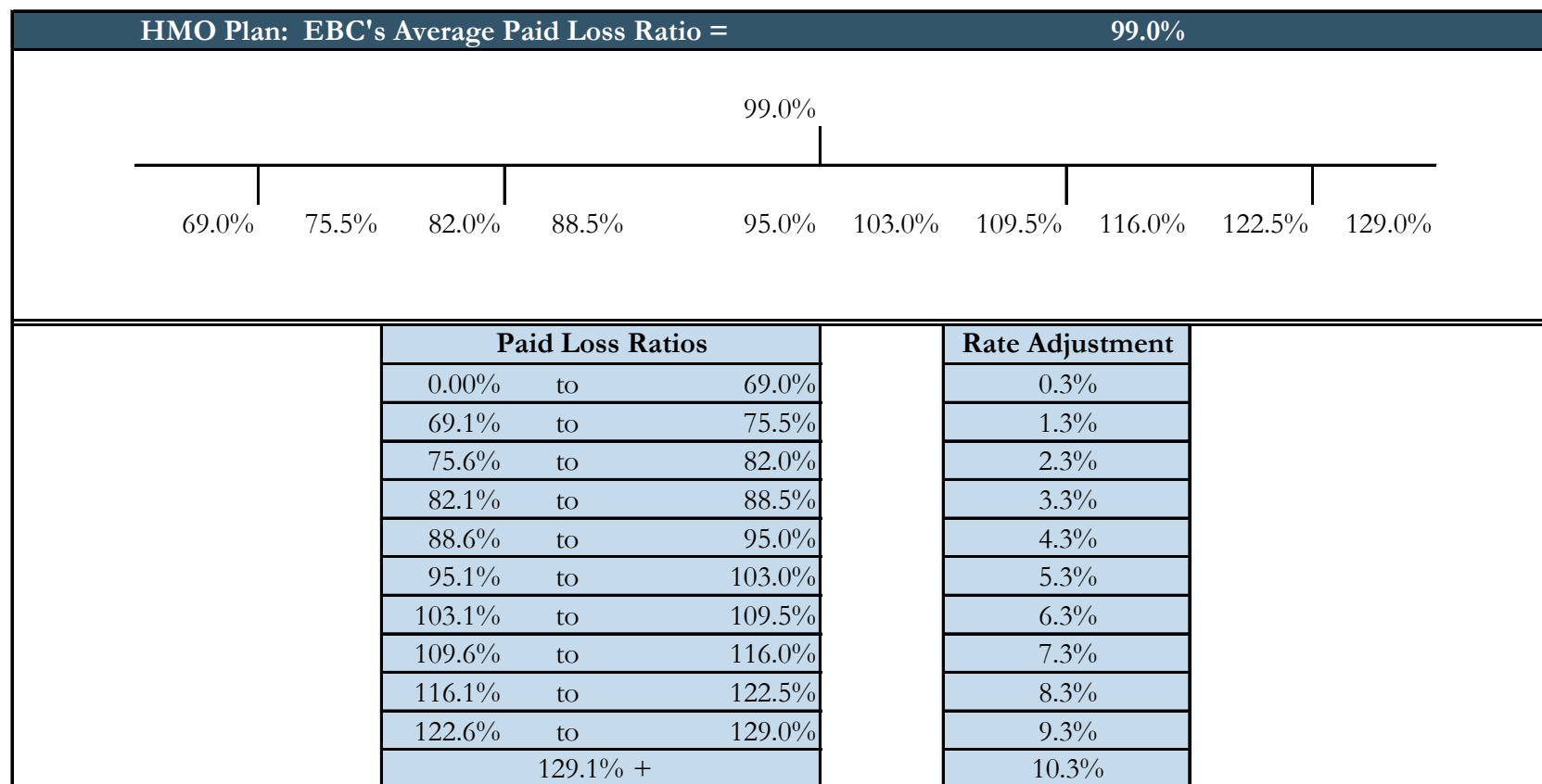
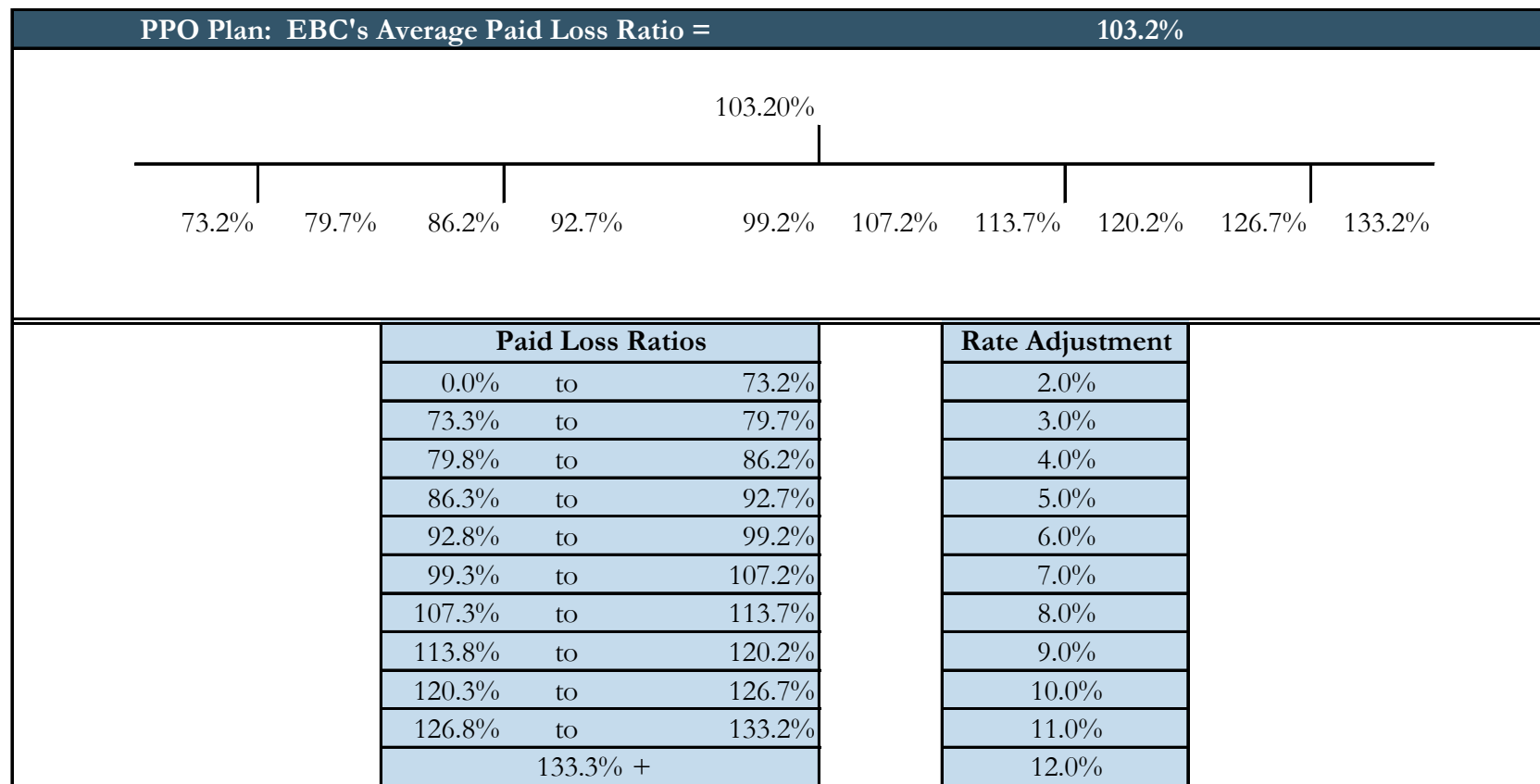
District	Paid Premium	Net Paid Claims (1)	10/31/2024 Loss Ratio	Rate Adjustment
River Forest SD #90	\$191,113	\$166,443	87.1%	4.1%
River Trails SD #26	\$173,029	\$174,572	100.9%	4.1%
Riverside Brookfield HSD #208	\$183,803	\$196,074	106.7%	4.1%
Riverside SD #96	\$230,048	\$165,849	72.1%	1.6%
Sauk Village CCSD #168	\$112,889	\$109,741	97.2%	4.1%
Skokie SD #68	\$200,271	\$193,788	96.8%	4.1%
Skokie SD #69	\$125,822	\$110,202	87.6%	4.1%
Skokie SD #73 1/2	\$119,249	\$105,721	88.7%	4.1%
South Berwyn SD #100	\$211,163	\$206,255	97.7%	4.1%
Sterling CUSD #5	\$257,815	\$275,030	106.7%	4.1%
Summit Hill SD #161	\$166,805	\$175,711	105.3%	4.1%
SWCCCASE	\$252,699	\$218,309	86.4%	4.1%
Tinley Park SD #146	\$370,663	\$319,553	86.2%	4.1%
Union Ridge SD #86	\$31,227	\$31,272	100.1%	4.1%
Warren Township HS #121	\$389,277	\$346,047	88.9%	4.1%
West Chicago SD #94	\$220,685	\$187,988	85.2%	4.1%
Westchester SD #92.5	\$104,032	\$93,864	90.2%	4.1%
Woodland SD #50	\$550,657	\$514,787	93.5%	4.1%
Woodridge SD #68	\$227,309	\$209,349	92.1%	4.1%
	\$0	\$0	0%	-0.9%
	\$0	\$0	0%	-0.9%

Sub-Pool	Paid Premium	Net Paid Claims (1)	Date End Loss Ratio	Rate Adjustment
EPAA	\$120,157	\$104,075	86.6%	4.1%
NSBC	\$369,052	\$368,947	100.0%	4.1%
WPH	\$43,042	\$37,594	87.3%	4.1%

	Total Paid Premium	Total Net Paid Claims	Pool Average Loss Ratio
<b>Pool Total</b>	<b>\$14,361,665</b>	<b>\$13,606,307</b>	<b>94.7%</b>

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 19**  
**Estimated District Rate Adjustments**  
**Banding Formula - Average Increase Plus/Minus 5%**



*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*

**EBC**  
**Exhibit 20**  
**Historical Rate Adjustments**

Plan Year	PPO Average		HMO Average		Dental Average	
	Calculated Adjustments	Final Adjustments With Working Cash Release	Calculated Adjustments	Final Adjustments With Working Cash Release	Calculated Adjustments	Final Adjustments With Working Cash Release
7/1/11 to 7/1/12	6.6%	6.6%	13.0%	13.0%	0.0%	0.0%
7/1/12 to 7/1/13	5.9%	3.8%	4.6%	3.8%	-1.0%	-1.0%
7/1/13 to 7/1/14	3.4%	1.3%	7.2%	5.1%	3.9%	1.8%
7/1/14 to 7/1/15	3.5%	0.0%	0.4%	0.0%	0.6%	0.0%
7/1/15 to 7/1/16	7.2%	5.7%	5.7%	5.7%	-2.8%	-2.8%
7/1/16 to 7/1/17	7.1%	5.5%	-0.3%	-0.3%	1.1%	1.1%
7/1/17 to 7/1/18	8.5%	8.5%	0.1%	0.1%	0.8%	0.8%
7/1/18 to 7/1/19	-0.1%	-0.1%	-4.0%	-4.0%	-0.3%	-0.3%
7/1/19 to 7/1/20	2.8%	2.8%	3.3%	3.3%	3.7%	3.7%
7/1/20 to 7/1/21	5.7%	5.7%	4.3%	4.3%	1.3%	1.3%
7/1/21 to 7/1/22	1.1%	-0.1%	-2.2%	-2.9%	0.3%	-4.1%
7/1/22 to 7/1/23	7.5%	7.5%	9.7%	9.7%	3.7%	3.7%
7/1/23 to 7/1/24	10.4%	10.4%	7.5%	7.5%	2.6%	2.6%
7/1/24 to 7/1/25	7.3%	7.3%	8.8%	8.8%	6.3%	6.3%
7/1/25 to 7/1/26 Preliminary	7.0%	7.0%	5.3%	5.3%	4.1%	4.1%
<b>5 Year Average</b>	<b>6.7%</b>	<b>6.4%</b>	<b>5.8%</b>	<b>5.7%</b>	<b>3.4%</b>	<b>2.5%</b>
<b>15 Year Average</b>	<b>5.6%</b>	<b>4.8%</b>	<b>4.2%</b>	<b>4.0%</b>	<b>1.6%</b>	<b>1.2%</b>

*This analysis is for illustrative 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 costs including utilization patterns, catastrophic claims, 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.*





# Get your members moving beyond pain

Improving body, mind,  
and behavior through  
movement

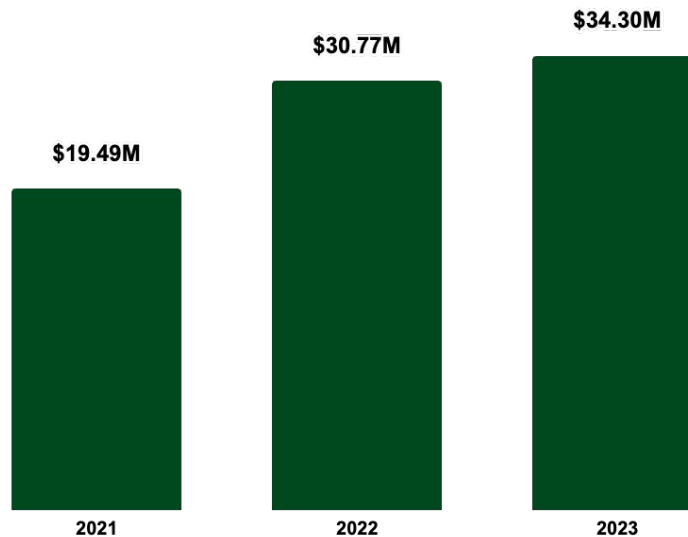


# Agenda

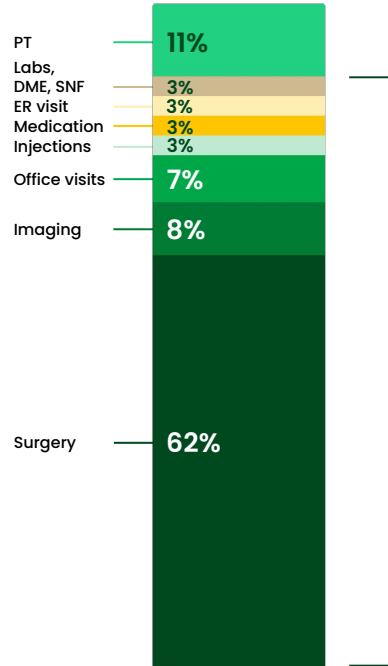
- 01 Impact of musculoskeletal costs on EBC
- 02 Hinge Health's solution & member experience
- 03 Validated clinical & financial outcomes
- 04 Pricing & implementation

## MSK is the most costly diagnostic category for EBC

- 13.2% of the total medical spend
- Continuing to rise year of year – 4.6% increase over the previous 12 months
- 49% higher than book of business



# MSK spend is rising 8% every year<sup>1</sup>



# 89%

Of MSK costs are driven by non-conservative care<sup>2</sup>



**MSK is a controllable category**  
Move from invasive treatments to conservative care

- ✓ Cut pain in half within weeks
- ✓ Avoid unnecessary, scheduled surgeries
- ✓ Reduce risk of opioid initiation and dependency
- ✓ Improve productivity, retention, and morale

Sources: <sup>1</sup>Hinge Health internal analysis of commercial medical claims data. (2023). <sup>2</sup>Hinge Health 2023 book of business claims data analysis.



# Traditional MSK care fails to address members' needs

## Inaccessible

- Expensive
- Inconvenient
- Social determinants of health

## Incomplete

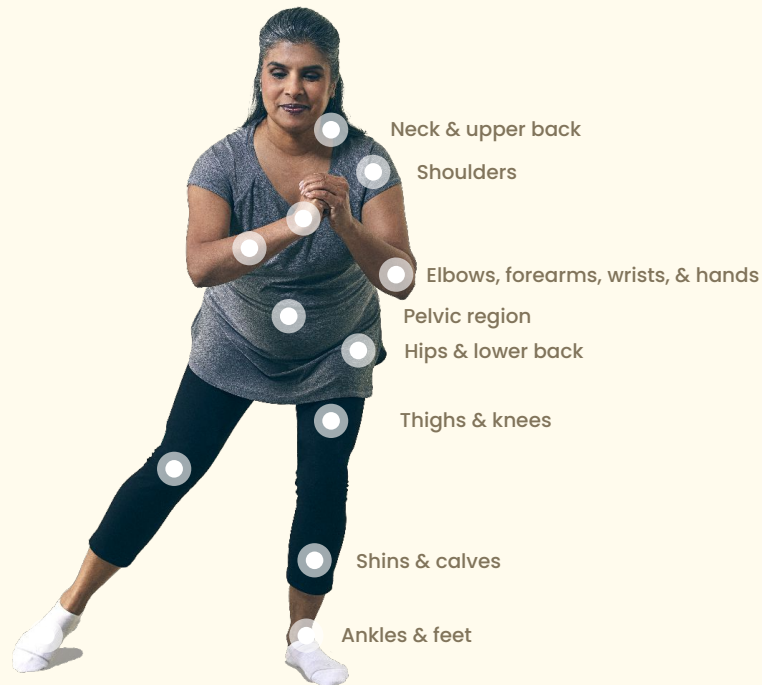
- Lack of accountability
- No pain management tools
- Don't consider co-existing health conditions

## Unnecessary

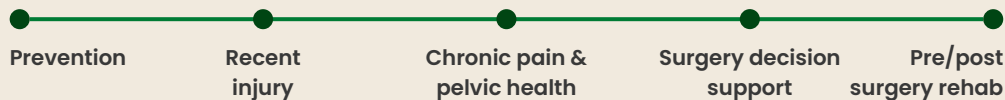
- Avoidable surgeries
- Over reliance on opioids
- Increased risk of injury
- Avoidable leave



# We are transforming the way pain is treated



## Comprehensive joint and muscle care for every body



# Transform the way pain is treated



## Easy access

1:1 clinical support, guided exercises and education for all MSK conditions in one app



## Clinical expertise

PTs, orthopedic surgeons and health coaches improve adherence to appropriate care



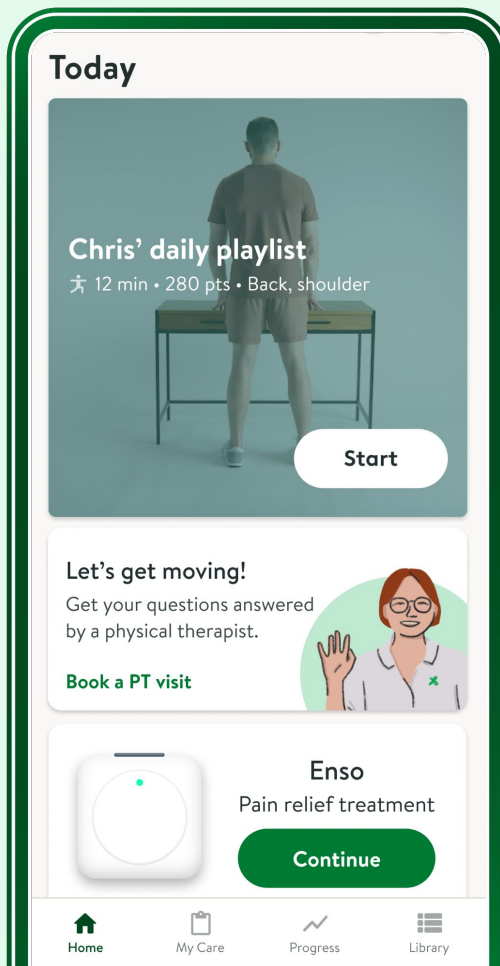
## Specialized care

Non-addictive pain relief device, surgery decision support, women's health specialists

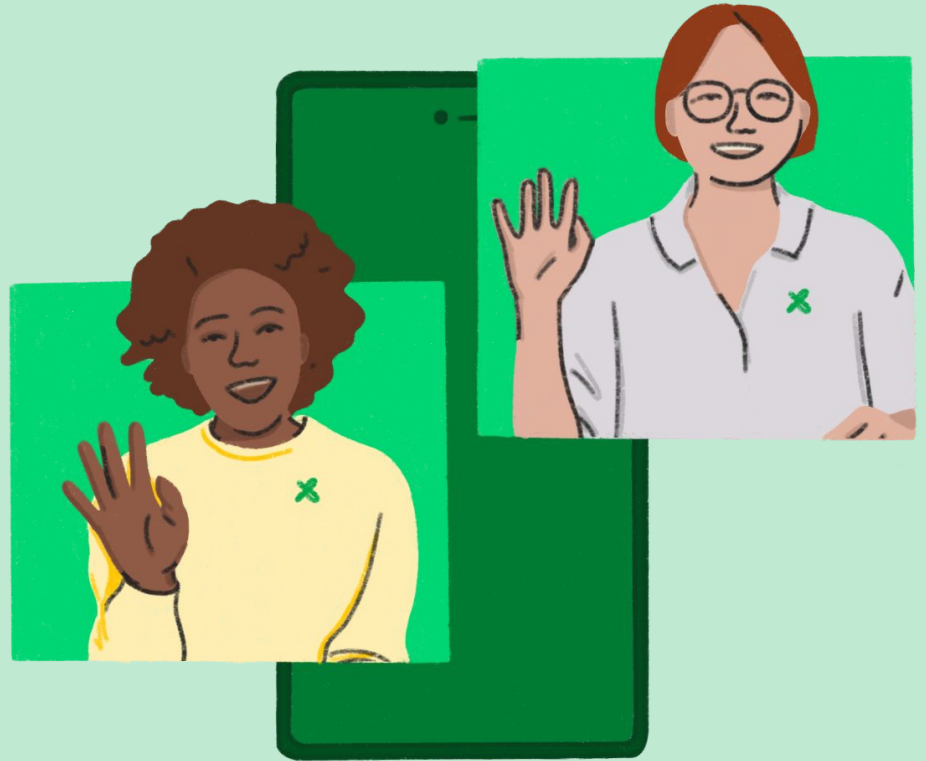


## Third-party validation

Proven clinical and financial outcomes, vetted by health plans & PBMs



# Member experience



# Engaging members, at the right time

Our 3 simple steps to enroll

## 1 Awareness

Multi-channel program

The awareness program consists of a flyer and a tablet displaying a virtual exercise session. The flyer features a woman performing a yoga-like stretch on a couch, a "\$0 cost to you" badge, and the Hinge Health logo. Below the image, it says "Personalized pain relief that gets you moving". The tablet shows a virtual coach and a "\$0 cost to you" badge, with the text "Exercise therapy. Without leaving home." and "Pain relief, plain and simple".

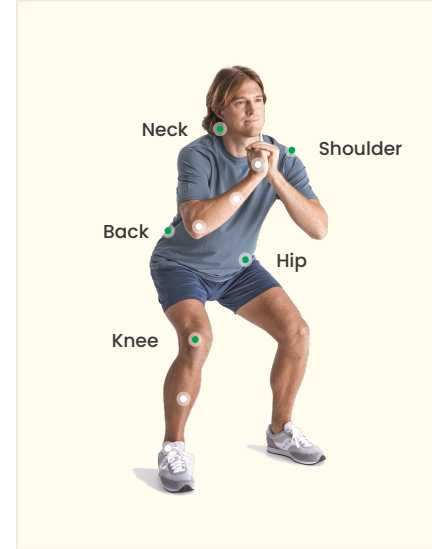
## 2 Assessment

Online clinical screener

The assessment interface is titled "What pain do you want to focus on?" and asks the user to "Select up to 3 areas." A list of body parts is shown with checkboxes: Neck/Upper back (checked), Low back (checked), Shoulder, Elbow, Wrist (checked), Hand, Hip, Knee, Ankle, and Foot. To the right is a human silhouette with green dots indicating the selected areas: Neck, Shoulder, Wrist, and Hip.

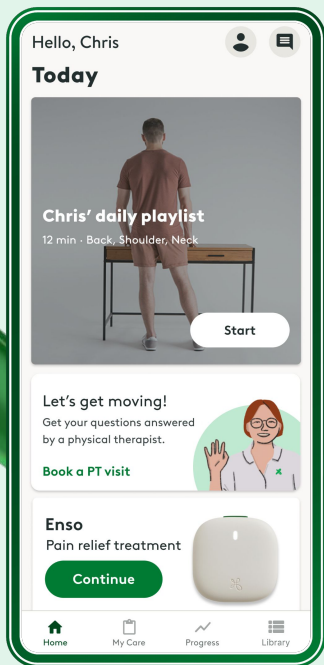
## 3 Enrollment

Matched with the right program

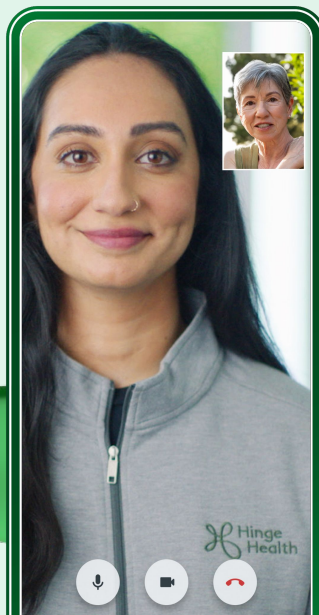


# End-to-end MSK care accessible through a single app

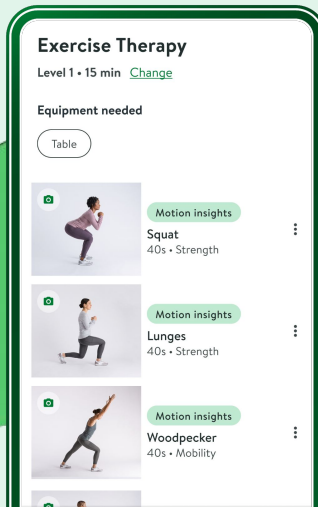
## Accessible care



## PT video visit



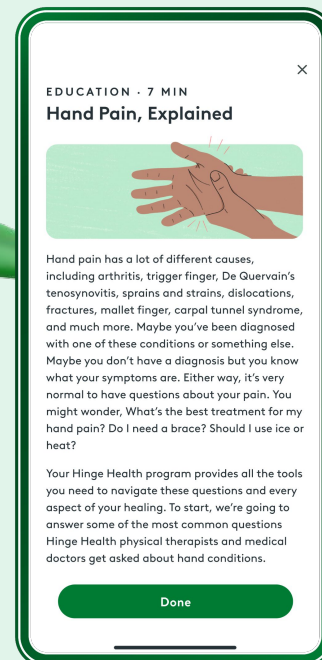
## Personalized daily playlist



## Guided exercises with motion tracking



## Health education





# Care for the full continuum of pelvic floor disorders

## Pelvic strength\*

Focused on pelvic muscle strengthening

## Pelvic pain

Focused on pelvic muscle relaxation and control

## Member outcomes

60%

pain reduction

55%

surgery intent reduction

59%

symptom reduction

55%

reduction in anxiety

## Bladder control\*

Focused on mind-body connection to reduce incontinence

## Pregnancy, postpartum and menopause

Supporting women across all stages of life

\*Indications where pelvic floor trainer is offered

© Hinge Health Confidential

## Kegel training

Beginner level



Set today's strength  
30s · 3 pelvic contractions

[What's this step?](#)



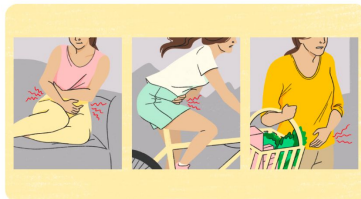
Training game  
2m 30s  
Play up to 4x a day

[Game rules](#)

Start training

EDUCATION · 7 MIN

## Pelvic Floor Pain



Pelvic floor pain is relatively common. In fact, approximately 15% of women of childbearing age in the United States report chronic pelvic pain symptoms. And 10-20% of women experience pain with intercourse.<sup>1</sup> But pelvic floor pain can affect both women and men, and it can affect them at any age.

Pelvic floor pain is defined as any type of pain in the area between your belly button and the top of your legs, and it can involve the pelvic floor muscles or other tissues within the pelvic cavity. It might present as an ongoing cramp, a sharp shooting pain into your 'private parts', or even a prolonged ache after intercourse or using tampons.


Done

# Clinical & financial outcomes




# Get the results you expect

Decoding what makes outcomes different



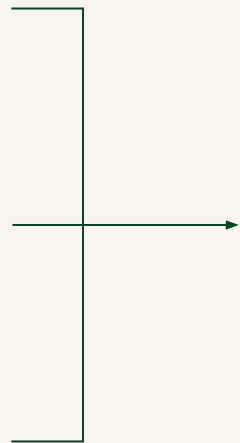
**Proven results  
at scale**




**Rigorous  
study design**



**Validated  
methodology**



**19** Published clinical studies  
and 3rd-party validated  
ROI studies representing  
**93K+ people**



# Clinically proven to reduce pain, surgeries and opioid prescriptions

68%

Reduction in pain per member<sup>1</sup>

67%

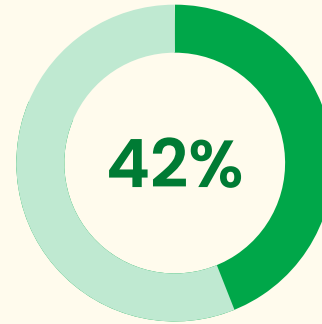
Reduction in surgery intent<sup>1</sup>

58%

Reduction in depression & anxiety<sup>1</sup>

62%

Improvement in workforce productivity<sup>1</sup>



Reduction in new opioid prescriptions<sup>2</sup>

**“I was taking 8 opioid pills a day. Within the first month of the Hinge Health program, I was 100% off of everything.”**

Jenna K., back program

Source: <sup>1</sup>Bailey et al. (2020) 12-week digital care for chronic MSK pain. JMIR. (N=10,264). <sup>2</sup>Wang et al. (2023). J of Pain Research. “Opioid initiation one year after a digital musculoskeletal (MSK) program: an observational, longitudinal study with comparison group.” <sup>3</sup>136 Employer Medical Claims ROI Study, 2022

# Hinge Health has peer-reviewed claims reductions in the three most costly MSK surgeries

Over 1.5M spinal fusions, knee, or hip replacements are performed annually<sup>1,2</sup>

56%

Reduction in spinal fusion surgeries<sup>3</sup>

73%

Reduction in knee replacement surgeries<sup>4</sup>

50%

Reduction in hip replacement surgeries<sup>4</sup>

Sources: <sup>1</sup>Joint Replacement Surgery. American College of Rheumatology. [https://rheumatology.org/patients/joint\\_replacement\\_surgery.html](https://rheumatology.org/patients/joint_replacement_surgery.html) <sup>2</sup>Williams, A. L., Gornet, M. F., & Burkus, J. K. (2005). CT evaluation of lumbar interbody fusion: current concepts. *AJNR. American journal of neuroradiology*, 26(8),2057–2066.<sup>3</sup>Yadav, S., Gold, L.S., Zaidi, Q.H. et al. Spinal fusion surgery use among adults with low back pain enrolled in a digital musculoskeletal program: an observational study. *BMC Musculoskelet Disord* 25, 520 (2024). <https://doi.org/10.1186/s12891-024-07573-0>. (reduction represents association and not causation). <sup>4</sup>Lu, L., et al. (2023). Digital musculoskeletal program is associated with decreased joint replacement rates. *The American Journal of Managed Care*, 30(4), e103-e108. (reduction represents association and not causation).

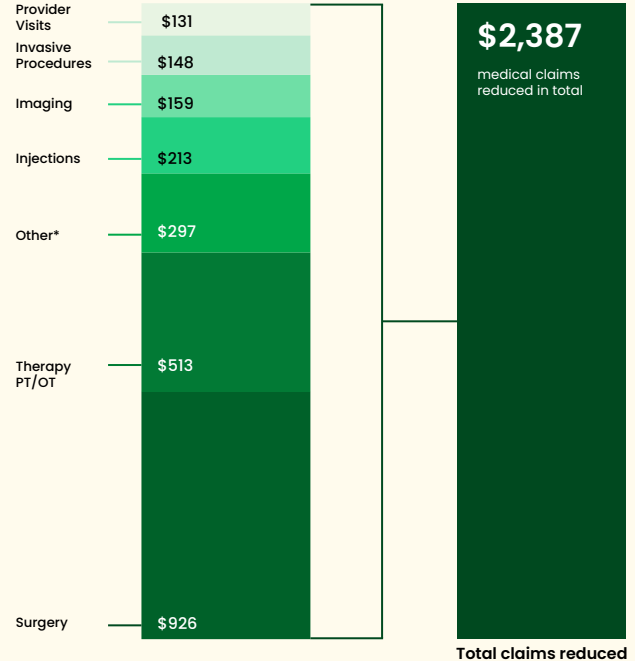
# Large scale medical analysis shows direct MSK claims savings

## \$2,387 (2.4x ROI)

- ✔ **Real-world population**  
8,000 participants, 136 employers, 46 industries
- ✔ **Third party validated methodology**  
Blinded and independent data, control matched study

Source: 136 Employer Medical Claims ROI Study

## Hinge Health participants vs. control group claims savings per member by service type



\* includes DME, Testing (e.g. laboratory), Emergency Department, and all other services

# Pricing & implementation

# Hinge Health Pricing for EBC

Claims based engagement pricing with **no out-of-pocket member costs**



## Prevention

**Free**

Entire member base



## Acute, Chronic, Pelvic Health, Surgery

**\$250**

First session completed



**\$50**

Each subsequent session



**\$970**

Max average cost per member\*

\*Max amount billed per individual member is \$1,750. The average for all engaged members is capped at \$970 to ensure EBC will never pay more than \$970 per member on average.

## Turnkey implementation

- ✔ Available to non-HMO members
- ✔ No direct contracting needed
- ✔ Claims billing through BCBSIL
- ✔ Integrations & eligibility data feeds already in place
- ✔ Implementation can occur in a little as 60 days
- ✔ Hinge Health handles all the development & distribution of communications at no cost

**“I wish all vendors  
could make  
implementation as  
easy as Hinge Health.”**

Director of Benefits  
Fortune 200 Energy Company

## Executive Summary for EBC

**\$2.65M**

Projected year 1 net savings

**2.68x**

Projected year 1 ROI

**1.5x ROI guaranteed – 100% of fees at risk**

**Additional PGs** across engagement, participant satisfaction, surgery reduction & pain reduction

**Streamlined implementation** via BCBSIL

### Validated Clinical & Financial Outcomes

Proven through third-party validated claims studies & peer-reviewed publications

**2x – 3.3x** ROI

**50 – 73%** reduction in surgeries

**62%** workforce productivity improvement

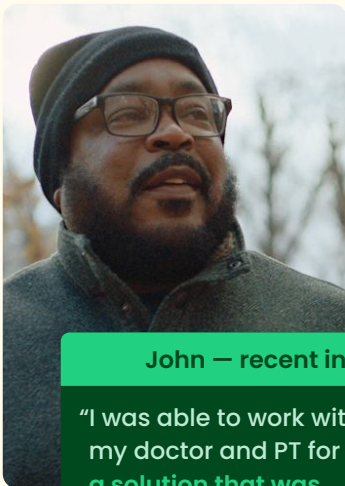
**68%** pain reduction

**58%** reduction in depression and anxiety

**42%** reduction in new opioid prescriptions



## Hinge Health is moving people beyond pain



John — recent injury

"I was able to work with both my doctor and PT for a solution that was customized to me.

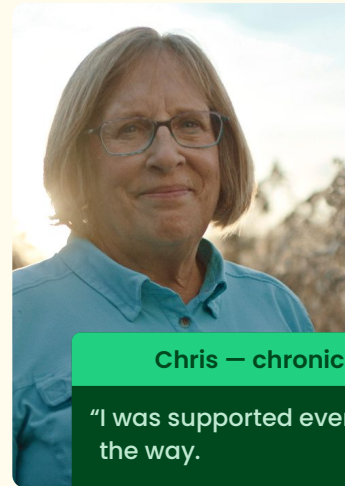
I was so grateful that Hinge Health was there. I was able to avoid surgery."



Margaret — pelvic health

"My Hinge Health PT was the first person to tell me **'this is what caused it, this is what we're going to do'.**

It's time that women start speaking up about pelvic health issues."



Chris — chronic pain

"I was supported every step of the way.

**I feel like I have my life back again.** I'm not thinking about having knee surgery any more."

**Thank you**

# Appendix



# Performance guarantees

## Performance Guarantees for EBC

Metric	Measurement Defined	Target Measure	Fees at Risk
Participant Satisfaction	Participant satisfaction report	Equals or exceeds an average of 8 out of 10	5%
Engagement: Treatment Sessions	Number of treatment sessions on average across the cohort	15 treatment sessions	5%
Surgery Reduction	Average reduction in one-year surgery likelihood from baseline across the cohort	30% reduction from baseline	5%
Pain MCID (minimal clinically important difference)	Percent that achieve MCID for pain (>34% relative pain reduction or at least 23 point absolute decrease from baseline pain)	35%	5%
ROI guarantee	Cost savings are assessed based on the reduction of pain as measured by the visual analog scale (VAS).	<b>1.5x ROI</b>	<b>100%</b>

# Case study

# THE POOL

Western Michigan  
Health Insurance

## Case Study: Western Michigan Health Insurance Pool

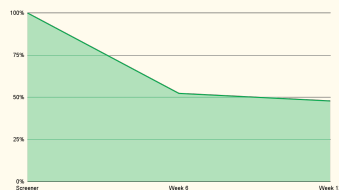
Comprised of 186 member organizations including **121 school districts**, 57 municipality groups and 8 community colleges covering **~40,000 lives**

**1,389** members engaged  
**38** exercise therapy sessions\*  
**34** care team interactions\*  
**16** education articles read\*

\*Average interactions per participant

**47%**

Pain reduction  
at 90 days

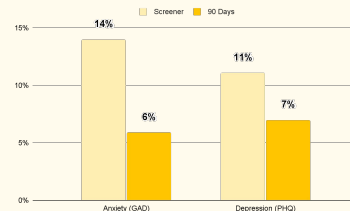


**57%**

Reduction in  
anxiety

**37%**

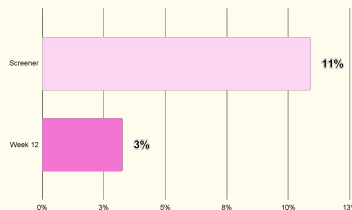
Reduction in  
depression



"I am so grateful for this program as I **thought I would have to spend a lot of time and money to do physical therapy, but this was so much easier and no expense!!** I tell everyone about this program and know of at least one other person I work with who is now also participating in Hinge Health. Thank you so much for providing this benefit!" – *The Pool Member Testimonial*

**51%**

Reduction in  
surgery  
likelihood



Reduce costs

**3.4x** ROI

**59%**

Improved productivity

Satisfaction

**9/10**

Satisfaction

# Business case analysis for EBC



## EBC's dataset used for projections

**43,765**

plan members

**\$32.5M**

2022-2023 average  
MSK spend

**12.7%**

% of all spend

## Hinge Health's unmatched dataset used for projections

### 18M+ lives offered Hinge Health

**2.1M**

lives in the education sector

**3.9M**

fully insured lives offered Hinge Health

**20+**

claims analysis, studies and validations

**2.1M**

lives in medical claims analyses

**USA**

100% of studied lives in US healthcare system

# Hinge Health annual projected engagement and savings

## Program Engagement

Total plan members	43,765
Annual estimated participation	1,860
Reallocated claims (program costs)	\$1,573,560

## Projected Impact & Savings

2025 Projected MSK Spend	\$37,094,006
Projected gross savings	\$4,222,296
Average gross savings per participant	\$2,270
<b>ROI</b>	<b>2.68x</b>

# Savings benchmarked by 3rd party validation – multiple times over

2023 Industry-specific claims study <sup>1</sup> Global benefits consultant	2022 Largest multi-employer claims study to date <sup>1</sup> Global actuarial firm	2022 Medicare claims study <sup>2</sup> Optum	2021 Multi-employer claims study <sup>3</sup> Validation Institute	Educational Benefit Cooperative
<b>\$2,677</b> savings per participant Services industry 4,000+ participants	<b>\$2,387</b> savings per participant 136 employers, 46 industries 8,000+ participants	<b>\$2,652</b> savings per participant 65+ and older population 467 participants	<b>\$2,244</b> savings per participant 2 year, 50 states 748 participants	<b>\$2,270</b> Projected savings per participant 1,860 participants

Sources: <sup>1</sup>Hinge Health Manufacturing and Services Industries Medical Claims ROI Study, 2023

<sup>2</sup>Hinge Health Medicare Cost and Utilization Study, 2022 <sup>3</sup>136 Employer Medical Claims ROI Study, 2022

<sup>4</sup>Hinge Health Multi-Employer Control-Matched Medical Claims Analysis, 2021

# Dependent Eligibility Audit Results & Ongoing Audit

---



# Initial Comprehensive Audit Details

## Audit Dates

October 1<sup>st</sup> – November 15<sup>th</sup>

- Audit was extended to November 20<sup>th</sup> for employees showing as Documentation Incomplete and Documents required

## Participants

**131 Districts were included in the audit**

- 69 districts were at 100% after the November 20<sup>th</sup> extension

**13,872 employees covering 34,411 dependents were part of the final audit**

- 198 employees were removed after the initial outreach

# Ineligible Dependents

## **67 dependents were ineligible**

- Based on the employee's response regarding the type of dependent, the dependent was ineligible

## **Reasons for Ineligibility Status**

### **Biological/adopted/step-children were over age 26**

- 24 had birthdays in November and were being terminated
- 2 were over age 26 and flagged as "Disabled"

### **Divorced Spouse**

- 13 divorced spouses were still covered
- 10 districts impacted

### **Domestic Partner and/or domestic partner child does not qualify**

- 12 domestic partners were covered (labeled as "spouse" with benefitsolver)
- 1 domestic partner child was covered (labeled as "child" in benefitsolver)
- 10 districts impacted

# Ineligible Dependents

## Reasons for Ineligibility Status Continued

### **Does not meet eligibility criteria**

- 1 step-child (former) was being covered

### **Court order/additional documents needed**

- 7 children were under “legal guardianship”, but there was no court document
- 1 separated spouse – no documents provided to show proof of spouse

### **Records to be updated**

- 6 Spouses passed away



# No responses/Incomplete

## **262 employees didn't complete the audit**

- 62 districts impacted
- 411 dependents will be dropped

## **49 employees completed the affidavit, but didn't submit documents**

- 27 districts impacted

## **97 Remained Documentation Incomplete**

- 43 districts impacted

## **116 employees took no action**

- 34 districts impacted

## **November 15<sup>th</sup> status**

- 26 districts were at 100%
- 263 employees were Documents Incomplete
- 161 employees were Documents Required

# District Feedback

## Employees had to submit documents multiple times

- Incorrect Documents were submitted
- Documents couldn't be opened (incorrect format)

## Status remained the same (Documents incomplete/received)

- It takes up to 3 business days for documents to be reviewed
- Employees must complete the affidavit before the documents will be reviewed
  - Can be completed online or by calling Impact directly
- Mailed/faxed documents weren't showing as being received
  - Faxed documents had no cover sheet and were sent through blank

## Document requirements

- Updated the documents required list
- Created FAQ

## Court ordered dependents

- If non-compliant, but court order exists, the child has to remain covered

# Potential Savings

## Cost Avoidance

Element	Savings Calculation
<b>Ineligible/Non-Compliant Dependents</b>	<b>452 Dependents</b>
<b>Removing 24 Over 26 Dependents</b>	<b>428 Dependents</b>
<b>Cost of Audit</b>	<b>\$284,000</b>
<b>Estimated Annual Cost to Insure a Dependent</b>	<b>\$5,000<sup>1</sup></b>
<b>Potential Annual First Year Savings Due to Audit Results</b>	<b>\$2,140,000</b>
<b>Potential Savings Achieved Over 5 Years<sup>2</sup></b>	<b>\$8,560,000</b>
<b>Potential Net Savings</b>	<b>\$1,856,000</b>

# Thank you

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as “Gallagher Benefit Services of California Insurance Services” and in Massachusetts as “Gallagher Benefit Insurance Services.” Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.

©2025 ARTHUR J. GALLAGHER & CO.



**Gallagher**

Insurance | Risk Management | Consulting



## EXECUTIVE COMMITTEE APPLICATION FORM

Name Of Candidate	
School District Name	
School District Address (City/State)	

1. How long has your District been a member of EBC?
2. How long have you been a business official (Superintendent or Business Manager)?
3. Have you served on other cooperative Executive Boards?
4. Why are you interested in serving on the EBC Executive Board?
5. What is your view of the role of an EBC Executive Committee member?
6. Are you able to meet for a half day every other month (6 times per year)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you understand this is a 2-year position? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. What suggestions do you have for how EBC can better serve its membership?

<hr/> EBC Board Member Signature	<hr/> Date Signed:
----------------------------------	--------------------

Please return your completed application to:

**Mel Diaz**  
Gallagher Benefit Services, Inc.  
Two Pierce Place  
Itasca, IL 60143  
Fax: (630)285-4195  
Email: mel\_diaz@ajg.com



**Gallagher**

Insurance | Risk Management | Consulting



## DISCLOSURES

## Reliance Standard Life Insurance Company

Coverage	Life, AD&D, Dependent Life and AD&D, Supplemental Life and AD&D, and LTD
Funding Type	Insured
Insurer	Reliance Standard Life Insurance Company
AM Best Rating	A++ (Superior)

## Blue Cross Blue Shield of Illinois, Symetra, and Metropolitan Life Insurance Company

### Symetra - Stop-Loss Policy Provisions

Symetra has agreed the employer's plan document will be used for claim determination purposes.

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future healthcare costs including utilization patterns, catastrophic claims, changes in plan design, healthcare trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Gallagher may receive supplemental compensation from insurance carriers and vendors, normally calculated at the end of each calendar year, that are contingent on a number of factors including the overall number of employer plans represented, plan retention rates, and overall premium growth. Historically, supplemental compensation has ranged, on average, between 0-3% based on specific carrier programs. These plans have no effect on premiums. Further, Gallagher may receive non-cash compensation from plan vendors or service providers that are not in connection with any particular client. If you have any questions regarding direct or indirect compensation received by Gallagher, please contact your dedicated Gallagher advisor or refer to the Gallagher Global Standards of Business Conduct (<https://www.ajg.com/us/about-us/global-standards>).



Gallagher Benefit Services Contact	Role	Phone	Email
<b>John Araujo</b> Area President, Illinois Branch	Executive Contact	630-353-2308	<a href="mailto:john_araujo@ajg.com">john_araujo@ajg.com</a>
<b>Dania Aviles</b> Sr. Account Manager	Account Management	847-378-2921	<a href="mailto:danialaviles@ajg.com">danialaviles@ajg.com</a>
<b>Miriam Bates</b> Benefit Consultant	Account Management	630-694-5350	<a href="mailto:miriam_bates@ajg.com">miriam_bates@ajg.com</a>
<b>Nancy Bellosa</b> Sr. Benefit Consultant	Account Management	630-285-3991	<a href="mailto:nancy_bellosa@ajg.com">nancy_bellosa@ajg.com</a>
<b>Alyssa De Long</b> Sr. Account Manager	Account Management	630-239-2337	<a href="mailto:alyssa_delong@ajg.com">alyssa_delong@ajg.com</a>
<b>Mel Diaz</b> Area Exec. Vice President	Strategic Lead Account Management	630-285-4195	<a href="mailto:mel_diaz@ajg.com">mel_diaz@ajg.com</a>
<b>Victoria Dowling</b> Area Sr. Vice President	Manager Account Management	630-285-3604	<a href="mailto:victoriadowling@ajg.com">victoriadowling@ajg.com</a>
<b>Allison Evors</b> Sr. Benefit Consultant	Account Management	630-228-6759	<a href="mailto:allison_evors@ajg.com">allison_evors@ajg.com</a>
<b>Brian Franz</b> Account Manager	Account Management	847-378-5920	<a href="mailto:brian_franz@ajg.com">brian_franz@ajg.com</a>
<b>Brian Lomas</b> Regional President, Great Lakes	Executive Contact	630-694-5256	<a href="mailto:brian_lomas@ajg.com">brian_lomas@ajg.com</a>
<b>Cindy Maloberti</b> Benefit Consultant	Account Management	847-378-5849	<a href="mailto:cindy_maloberti@ajg.com">cindy_maloberti@ajg.com</a>
<b>Erica Mendoza</b> Sr. Benefit Consultant	Account Management	630-647-3086	<a href="mailto:erica_mendoza@ajg.com">erica_mendoza@ajg.com</a>
<b>Lesley Pasillas</b> Account Manager	Account Management	630-285-4240	<a href="mailto:lesley_pasillas@ajg.com">lesley_pasillas@ajg.com</a>
<b>Amna Siddiqui</b> Account Manager	Account Management	630-228-6770	<a href="mailto:amna_siddiqui@ajg.com">amna_siddiqui@ajg.com</a>
<b>Kelsey Smith</b> Benefit Consultant	Account Management	630-647-3074	<a href="mailto:kelsey_smith@ajg.com">kelsey_smith@ajg.com</a>



## EBC Executive Committee January 2025

Executive Committee Member	Contact Info	Term	Comment
<b>Jeff Feyerer</b> <i>Chairperson</i> Fairview SD 72	Email: <a href="mailto:jfeyerer@fairview.k12.il.us">jfeyerer@fairview.k12.il.us</a> Phone: 847-929-1050	7/1/17 - 6/30/18 7/1/18 – 6/30/20 7/1/18 – 6/30/19 7/1/19 – 6/30/21 7/1/21 – 6/30/23 7/1/23 – 6/30/25	Appointed (At-Large) Re-elected (At-Large) Appointed (Vice-Chair) Re-elected (Vice-Chair) Elected (Chair) Re-elected (Chair)
<b>Jessica Donato</b> <i>Vice-Chairperson</i> Northbrook SD 28	Email: <a href="mailto:jdonato@northbrook.net">jdonato@northbrook.net</a> Phone: 847-504-3403	1/1/22– 6/30/22 7/1/22 – 6/30/24 7/1/24 – 6/30/25	Appointed (At-Large) Re-elected (At-Large) Appointed (Vice-Chair)
<b>Tage Shumway</b> <i>Treasurer</i> SWCCCASE	Email: <a href="mailto:tshumway@swcccase.org">tshumway@swcccase.org</a> Phone: 708-342-5336	7/1/16 – 6/30/18 7/1/18 – 6/30/20 7/1/18 – 6/30/19 7/1/19 – 6/30/21 7/1/21 – 6/30/23 7/1/23 – 6/30/25	Elected (At-Large) Re-elected (At-Large) Appointed (Treasurer) Re-elected (Treasurer) Re-elected (Treasurer) Re-elected (Treasurer)
<b>Jordi Camps</b> <i>At-Large Member</i> East Maine SD 63	Email: <a href="mailto:jcamps@emsd63.org">jcamps@emsd63.org</a> Phone: 847-493-8402	7/1/20– 6/30/22 7/1/22 – 6/30/24 7/1/24 – 6/30/26	Elected (At-Large) Re-elected (At-Large) Re-elected (At-Large)
<b>Mike Loftin</b> <i>At-Large Member</i> Oak Lawn-Hometown SD 123	Email: <a href="mailto:mloftin@d123.org">mloftin@d123.org</a> Phone: 708-952-4284	8/1/23– 6/30/24 7/1/24 – 6/30/26	Appointed (At-Large) Re-elected (At-Large)
<b>Barbara Germany</b> <i>At-Large Member</i> Lemont-Bromberek SD 113A	Email: <a href="mailto:bgermany@sd113a.org">bgermany@sd113a.org</a> Phone: 630-257-2286	7/1/24– 6/30/26	Elected (At-Large)
<b>Abe Singh</b> <i>At-Large Member</i> Grayslake HSD 127	Email: <a href="mailto:asingh@d127.org">asingh@d127.org</a> Phone: 847-986-3445	7/1/24– 6/30/26	Appointed (At-Large)