KILLDEER PUBLIC SCHOOL BOARD
SPECIAL MEETING
BOARD ROOM
TUESDAY, AUGUST 25, 2026, 4:30 PM

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Approval of Agenda
4. Consider 2027 NDPHIT Medical Plan Design Options

Killdeer Public School

2027 Medical Renewal Summary

July 29, 2026

Brown & Brown

Killdeer Public School

Medical Plan Design Options

BCBSND AM Best Rating:	Not Rated - Not for Profit				Option 1		Option 2	
Medical Benefits	**Current**		**2027 Renewal as-is**		**Traditional $250 Ded / 80% Coins / $3,000 MOOP**		**Traditonal $500 Ded / 80% Coins / $3,000 MOOP**	
Plan Name	NDPHIT BlueAccess 80 500 2700		NDPHIT BlueAccess 80 500 2700		Name TBD		Name TBD	
	In-Network	**Out-of-Network**	**In-Network Member Share**	**Out-of-Network Member Share**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$500 / $1,000 / $1,000 / $1,500 / $1,500	$500 / $1,000 / $1,000 / $1,500 / $1,500	$500 / $1,000 / $1,000 / $1,500 / $1,500	$500 / $1,000 / $1,000 / $1,500 / $1,500	$250 / $375 / $375 / $500 / $500	$500 / $750 / $750 / $1,000 / $1,000	$500 / $750 / $750 / $1,000 / $1,000	$1,000 / $1,500 / $1,500 / $2,000 / $2,000
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$2,700 / $4,050 / $4,050 / $5,400 / $5,400	$3,200 / $4,550 / $4,550 / $5,900 / $5,900	$2,700 / $4,050 / $4,050 / $5,400 / $5,400	$3,200 / $4,550 / $4,550 / $5,900 / $5,900	$3,000 / $4,500 / $4,500 / $6,000 / $6,000	$6,000 / $9,000 / $9,000 / $12,000 / $12,000	$3,000 / $4,500 / $4,500 / $6,000 / 6,000	$6,000 / $9,000 / $9,000 / $12,000 / $12,000
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	$30 copay	$35 copay	$30 copay	$35 copay	$25 copay	Member pays 40% after deductible (AD)	$25 copay	Member pays 40% after deductible (AD)
Office Visits - Specialist	$30 copay	$35 copay	$30 copay	$35 copay	$40 copay	Member pays 40% AD	$40 copay	Member pays 40% AD
Chiropractic Visit	Yes, Benefit not Specified	Yes, Benefit not Specified	Yes, Benefit not Specified	Yes, Benefit not Specified	Yes, Benefit not Specified	Member pays 40% AD	Yes, Benefit not Specified	Member pays 40% AD
Emergency Room	Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible (AD)	
Urgent Care	$30 copay	$35 copay	$30 copay	$35 copay	$25 copay	Member pays 40% AD	$25 copay	Member pays 40% AD
In-Patient Hospital	20% coinsurance after deductible (AD)	25% coinsurance AD	20% coinsurance after deductible (AD)	25% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital	20% coinsurance AD	25% coinsurance AD	20% coinsurance AD	25% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible	None	None	None	None	None	None	None	None
Prescription Drugs	Value - $5 copay Preferred Generic - $10 copay Nonpreferred Generic - $10 copay Preferred Brand - $20 copay Nonpreferred Brand - $40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - $40 copay + 50% Sanction		Value - $5 copay Preferred Generic - $10 copay Nonpreferred Generic - $10 copay Preferred Brand - $20 copay Nonpreferred Brand - $40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss: Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	
Wellness Participation (Y/N)	**Yes**		**Yes**		**Yes**		**Yes**	
	Enrollment as of: 7/20/2026							
Tiers	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**
Employee Only	28	$846.76	28	$946.32	28	$951.15	28	$940.52
Employee + Spouse	0	$2,046.95	0	$2,287.63	0	$2,299.31	0	$2,273.61
Employee + Child(ren)	0	$2,046.95	0	$2,287.63	0	$2,299.31	0	$2,273.61
Employee + Family	20	$2,046.95	20	$2,287.63	20	$2,299.31	20	$2,273.61
Δ % From Current				**11.76%**		**12.33%**		**11.07%**

Killdeer Public School

Medical Plan Design Options

		Option 3	Option 4
BCBSND AM Best Rating:	Not Rated - Not for Profit		
Medical Benefits	**Current**	**Traditional $0 Ded / 80% Coins / $6,000 MOOP**	**Traditonal $250 Ded / 80% Coins / $6,000 MOOP**
Plan Name	NDPHIT BlueAccess 80 500 2700	Name TBD	Name TBD
	In-Network / **Out-of-Network**	**In-Network** / **Out-of-Network**	**In-Network** / **Out-of-Network**
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$500 / $1,000 / $1,000 / $1,500 / $1,500 / $500 / $1,000 / $1,000 / $1,500 / $1,500	$0 / $0 / $0 / $0 / $0 / $0 / $0 / $0 / $0 / $0	$250 / $375 / $375 / $500 / $500 / $500 / $750 / $750 / $1,000 / $1,000
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$2,700 / $4,050 / $4,050 / $5,400 / $5,400 / $3,200 / $4,550 / $4,550 / $5,900 / $5,900	$6,000 / $9,000 / $9,000 / $12,000 / $12,000 / $12,000 / $18,000 / $18,000 / $24,000 / $24,000	$6,000 / $9,000 / $9,000 / $12,000 / $12,000 / $12,000 / $18,000 / $18,000 / $24,000 / $24,000
Preventive Services	No Charge / No Charge	No Charge / Not Covered	No Charge / Not Covered
Office Visits - Primary Care	$30 copay / $35 copay	$25 copay / Member pays 40% after deductible (AD)	$25 copay / Member pays 40% after deductible (AD)
Office Visits - Specialist	$30 copay / $35 copay	$40 copay / Member pays 40% AD	$40 copay / Member pays 40% AD
Chiropractic Visit	Yes, Benefit not Specified / Yes, Benefit not Specified	Yes, Benefit not Specified / Member pays 40% AD	Yes, Benefit not Specified / Member pays 40% AD
Emergency Room	Member pays 20% after In-Network deductible	Member pays 20% after In-Network deductible	Member pays 20% after In-Network deductible
Urgent Care	$30 copay / $35 copay	$25 copay / Member pays 40% AD	$25 copay / Member pays 40% AD
In-Patient Hospital	20% coinsurance after deductible (AD) / 25% coinsurance AD	Member pays 20% AD / Member pays 40% AD	Member pays 20% AD / Member pays 40% AD
Out-Patient Hospital	20% coinsurance AD / 25% coinsurance AD	Member pays 20% AD / Member pays 40% AD	Member pays 20% AD / Member pays 40% AD
Rx Deductible	None / None	None / None	None / None
Prescription Drugs	Value - $5 copay Preferred Generic - $10 copay Nonpreferred Generic - $10 copay Preferred Brand - $20 copay Nonpreferred Brand - $40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - $40 copay + 50% Sanction	Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND
Wellness Participation (Y/N)	**Yes**	**Yes**	**Yes**
	Enrollment as of: 7/20/2026		
Tiers	**Enrollment** / **Wellness Rates**	**Enrollment** / **Wellness Rates**	**Enrollment** / **Wellness Rates**
Employee Only	28 / $846.76	28 / $934.18	28 / $916.67
Employee + Spouse	0 / $2,046.95	0 / $2,258.27	0 / $2,215.95
Employee + Child(ren)	0 / $2,046.95	0 / $2,258.27	0 / $2,215.95
Employee + Family	20 / $2,046.95	20 / $2,258.27	20 / $2,215.95
Δ % From Current		**10.32%**	**8.26%**

Killdeer Public School

Medical Plan Design Options

BCBSND AM Best Rating:	Not Rated - Not for Profit		Option 5		Option 6		Option 7	
Medical Benefits	**Current**		**Traditional $0 Ded / 80% Coins / $12,000 MOOP**		**Traditional $250 Ded / 80% Coins / $12,000 MOOP**		**Traditional $1,000 / 90% / $12,000 MOOP**	
Plan Name	NDPHIT BlueAccess 80 500 2700		Name TBD		Name TBD		Name TBD	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$500 / $1,000 / $1,000 / $1,500 / $1,500	$500 / $1,000 / $1,000 / $1,500 / $1,500	$0 / $0 / $0 / $0 / $0	$0 / $0 / $0 / $0 / $0	$250 / $375 / $375 / $500 / $500	$500 / $750 / $750 / $1,000 / $1,000	$1,000 / $1,500 / $1,500 / $2,000 / $2,000	$2,000 / $3,000 / $3,000 / $4,000/ $4,000
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$2,700 / $4,050 / $4,050 / $5,400 / $5,400	$3,200 / $4,550 / $4,550 / $5,900 / $5,900	$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$24,000 / $36,000 / $36,000 / $48,000 / $48,000	$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$24,000 / $36,000 / $36,000 / $48,000 / $48,000	$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$24,000 / $36,000 / $36,000 / $48,000 / $48,000
Preventive Services	No Charge	No Charge	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	$30 copay	$35 copay	$25 copay	Member pays 40% after deductible (AD)	$25 copay	Member pays 40% after deductible (AD)	$25 copay	Member pays 30% after deductible (AD)
Office Visits - Specialist	$30 copay	$35 copay	$40 copay	Member pays 40% AD	$40 copay	Member pays 40% AD	$40 copay	Member pays 30% AD
Chiropractic Visit	Yes, Benefit not Specified	Yes, Benefit not Specified	Yes, Benefit not Specified	Member pays 40% AD	Yes, Benefit not Specified	Member pays 40% AD	Yes, Benefit not Specified	Member pays 30% AD
Emergency Room	Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible		Member pays 10% after In-Network deductible	
Urgent Care	$30 copay	$35 copay	$25 copay	Member pays 40% AD	$25 copay	Member pays 40% AD	$25 copay	Member pays 30% AD
In-Patient Hospital	20% coinsurance after deductible (AD)	25% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD	Member pays 10% AD	Member pays 30% AD
Out-Patient Hospital	20% coinsurance AD	25% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD	Member pays 10% AD	Member pays 30% AD
Rx Deductible	None	None	None	None	None	None	None	None
Prescription Drugs	Value - $5 copay Preferred Generic - $10 copay Nonpreferred Generic - $10 copay Preferred Brand - $20 copay Nonpreferred Brand - $40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - $40 copay + 50% Sanction		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	
Wellness Participation (Y/N)	**Yes**		**Yes**		**Yes**		**Yes**	
	Enrollment as of: 7/20/2026							
Tiers	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**
Employee Only	28	$846.76	28	$917.34	28	$899.07	28	$890.84
Employee + Spouse	0	$2,046.95	0	$2,217.57	0	$2,173.40	0	$2,153.51
Employee + Child(ren)	0	$2,046.95	0	$2,217.57	0	$2,173.40	0	$2,153.51
Employee + Family	20	$2,046.95	20	$2,217.57	20	$2,173.40	20	$2,153.51
Δ % From Current			**8.34%**		**6.18%**		**5.21%**	

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Killdeer Public School

Medical Plan Design Options

BCBSND AM Best Rating:	Not Rated - Not for Profit		Option 8		Option 9	
Medical Benefits	**Current**		**HDHP $3500 Ded / 80% Coins / $7,000 MOOP**		**HDHP $3500 Ded / 80% Coins / $8,700 MOOP**	
Plan Name	NDPHIT BlueAccess 80 500 2700		Name TBD		Name TBD	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$500 / $1,000 / $1,000 / $1,500 / $1,500	$500 / $1,000 / $1,000 / $1,500 / $1,500	$3,500 / $5,250 / $5,250 / $7,000 / $7,000 (embedded)	$7,000 / $10,500 / $10,500 / $14,000 / $14,000 (embedded)	$3,500 / $5,250 / $5,250 / $7,000 / $7,000 (embedded)	$8,700 / $13,050 / $13,050 / $17,400 / $17,400 (embedded)
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$2,700 / $4,050 / $4,050 / $5,400 / $5,400	$3,200 / $4,550 / $4,550 / $5,900 / $5,900	$7,000 / $10,500 / $10,500 / $14,000 / $14,000 (embedded)	$14,000 / $21,000 / $21,000 / $28,000 / $28,000 (embedded)	$8,700 / $13,050 / $13,050 / $17,400 / $17,400 (embedded)	$17,400 / $26,100 / $26,100 / $34,800 / $34,800 (embedded)
Preventive Services	No Charge	No Charge	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	$30 copay	$35 copay	Member pays 20% after deductible (AD)	Member pays 40% after deductible (AD)	Member pays 20% after deductible (AD)	Member pays 40% after deductible (AD)
Office Visits - Specialist	$30 copay	$35 copay	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Chiropractic Visit	Yes, Benefit not Specified	Yes, Benefit not Specified	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Emergency Room	Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible	
Urgent Care	$30 copay	$35 copay	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
In-Patient Hospital	20% coinsurance after deductible (AD)	25% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital	20% coinsurance AD	25% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible	None	None	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Prescription Drugs	Value - $5 copay Preferred Generic - $10 copay Nonpreferred Generic - $10 copay Preferred Brand - $20 copay Nonpreferred Brand - $40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - $40 copay + 50% Sanction		Preventive - $5 Copay (ded does not apply) Generic Preferred - $10 Copay AD Generic Non-Preferred - $10 copay AD Brand Preferred - $20 Copay AD Brand Non-Preferred - $40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND		Preventive - $5 Copay (ded does not apply) Generic Preferred - $10 Copay AD Generic Non-Preferred - $10 copay AD Brand Preferred - $20 Copay AD Brand Non-Preferred - $40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	
Wellness Participation (Y/N)	**Yes**		**Yes**		**Yes**	
	Enrollment as of: 7/20/2026					
Tiers	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**	**Enrollment**	**Wellness Rates**
Employee Only	28	$846.76	28	$767.90	28	$755.27
Employee + Spouse	0	$2,046.95	0	$1,856.31	0	$1,825.78
Employee + Child(ren)	0	$2,046.95	0	$1,856.31	0	$1,825.78
Employee + Family	20	$2,046.95	20	$1,856.31	20	$1,825.78
Δ % From Current			**-9.31%**		**-10.80%**	

Killdeer Public School

2027 Ancillary Renewal Summary

Brown & Brown

Killdeer Public School

Voluntary Dental

Plan Name	High	Low	High	Low
	Current	**Current**	**Renewal**	**Renewal**
Carrier	MetLife	MetLife	MetLife	MetLife
AM Best Rating	A	A	A	A
Funding Type	Self-Funded	Self-Funded	Self-Funded	Self-Funded
Deductibles				
Annual Deductible – Ind.	$50	$50	$50	$50
Annual Deductible – Family	$150	$150	$150	$150
Annual Plan Maximum	$1,250	$1,000	$1,250	$1,000
Dental Services	**Plan Pays**	**Plan Pays**	**Plan Pays**	**Plan Pays**
Exams	100%	80%	100%	80%
Cleanings	100%	80%	100%	80%
X-rays	100%	80%	100%	80%
Basic Filling	80%	70%	80%	70%
Oral Surgery	80%	70%	80%	70%
Endodontics	80%	70%	80%	70%
Periodontics	80%	70%	80%	70%
Crowns	50%	50%	50%	50%
Bridges	50%	50%	50%	50%
Dentures	50%	50%	50%	50%
Implants	50%	50%	50%	50%
Orthodontics				
Orthodontics	50%	n/a	50%	n/a
Lifetime OrthoMax	$1,250	n/a	$1,250	n/a
Orthodontics Age	19 / 26 all other services	n/a	19 / 26 all other services	n/a
Tiers and Enrollment	**Premium**	**Premium**	**Premium**	**Premium**
Employee Only	$56.03	$46.38	$57.71	$47.77
Employee + Spouse	$111.58	$92.45	$114.93	$95.22
Employee + Children	$127.17	$94.68	$130.99	$97.52
Employee + Family	$195.92	$149.73	$201.80	$154.22
Δ % From Current			3.00%	
Rate Guarantee	**12/31/2026**	**12/31/2026**	**12/31/2027**	**12/31/2027**

Killdeer Public School

Vision

	Current	Renewal
Carrier	Metlife	Metlife
AM Best Rating	A	A
Benefit Frequency	**In-network / Out-of-Network**	**In-network / Out-of-Network**
Exam	12 Months / 12 Months	12 Months / 12 Months
Frames	24 Months / 24 Months	24 Months / 24 Months
Lenses	12 Months / 12 Months	12 Months / 12 Months
Contacts (in Lieu of glasses)	12 Months / 12 Months	12 Months / 12 Months
Plan Provisions		
Eye Exam	$10 Copay / Up to $45 Reimbursed	$10 Copay / Up to $45 Reimbursed
Single Vision Lenses	$10 Copay / Up to $30 Reimbursed	$10 Copay / Up to $30 Reimbursed
Bifocal Lenses	$10 Copay / Up to $50 Reimbursed	$10 Copay / Up to $50 Reimbursed
Trifocal Lenses	$10 Copay / Up to $65 Reimbursed	$10 Copay / Up to $65 Reimbursed
Basic Progressive Lenses	$10 Copay / Up to $50 Reimbursed	$10 Copay / Up to $50 Reimbursed
Contacts		
Fitting & Evaluation	Covered in full with copay not to exceed $60 / Applied to the allowance for the contact lenses	Covered in full with copay not to exceed $60 / Applied to the allowance for the contact lenses
Contacts - Elective	$0 Copay & up to $150 allowance (in place of lenses)/ Up to $105 Reimbursed	$0 Copay & up to $150 allowance (in place of lenses)/ Up to $105 Reimbursed
Contacts Necessary	$10 Copay / Up to $210 Reimbursed	$10 Copay / Up to $210 Reimbursed
Photochromic	Limited to negotiated copay / Not Covered	Limited to negotiated copay / Not Covered
Frames		
Coverage Allowance	$150 Allow. / Up to $70 Reimbursed	$150 Allow. / Up to $70 Reimbursed
Coverage Above Allowance	None / None	None / None
Corrective Vision Services		
Lasik Discount	15% / 15%	15% / 15%
Tiers and Enrollment	**Premium**	**Premium**
Employee Only	$9.24	$9.24
Employee + Spouse	$18.52	$18.52
Employee + Children	$15.68	$15.68
Employee + Family	$25.86	$25.86
Δ % From Current		0.00%
Rate Guarantee	**12/31/2026**	**12/31/2027**

Killdeer Public School

Voluntary Life & AD&D

	Current	Renewal
Carrier	Metlife	Metlife
Employee Benefits		
Benefits	Flat Benefit	Flat Benefit
Purchase Increments	$25,000	$25,000
Maximum Benefit	$50,000	$50,000
Guarantee Issue	$50,000	$50,000
Accelerated Death Benefit	Included	Included
Waiver of Premium	Included	Included
Portability	Included	Included
Conversion	Included	Included
Spouse Benefits		
Benefits	Flat $10,000	Flat $10,000
Purchase Increments	n/a	n/a
Maximum Benefit	$10,000	$10,000
Guarantee Issue	$10,000	$10,000
Child(ren) Benefits		
Benefits	Flat $10,000	Flat $10,000
Maximum Benefit	$10,000	$10,000
Monthly Rates (Per $1000/mo.)	**Employee**	**Employee**
0-29	$0.048	$0.048
30-34	$0.056	$0.056
35-39	$0.075	$0.075
40-44	$0.108	$0.108
45-49	$0.164	$0.164
50-54	$0.253	$0.253
55-59	$0.404	$0.404
60-64	$0.600	$0.600
65-69	$0.959	$0.959
70+	$1.541	$1.541
Monthly Rates (Per $1000/mo.)	**Dependent**	**Dependent**
0-29	$0.069	$0.069
30-34	$0.079	$0.079
35-39	$0.109	$0.109
40-44	$0.149	$0.149
45-49	$0.221	$0.221
50-54	$0.354	$0.354
55-59	$0.646	$0.646
60-64	$1.247	$1.247
65-69	$2.066	$2.066
70+	$3.826	$3.826
Child Rate (Per $1,000/mo.)	$0.141	$0.141
Voluntary AD&D (Per $1,000/mo.)	$0.028	$0.028
Dependent AD&D (Per $1,000/mo.)	$0.020	$0.020
Child (Per $1,000/mo.)	$0.051	$0.051
Δ % From Current		0.00%
Rate Guarantee	**12/31/2026**	**12/31/2027**

Killdeer Public School

Short-Term Disability

Plan Name	7 Day	14 Day	7 Day	14 Day
	Current	**Current**	**Renewal**	**Renewal**
Carrier	Metlife	Metlife	Metlife	Metlife
Elimination Period				
Injury	7 Days	14 Days	7 Days	14 Days
Sickness	7 Days	14 Days	7 Days	14 Days
Weekly Benefit				
Weeks 2-9	60%	60%	60%	60%
Weeks 10-12	60%	60%	60%	60%
Weekly Max Benefit	$1,250	$1,250	$1,250	$1,250
Duration	Up to 13 Weeks	Up to 13 Weeks	Up to 13 Weeks	Up to 13 Weeks
Rate per $10				
Core- Per $10 Covered Weekly Benefit	$0.736	$0.596	$0.788	$0.638
Δ % From Current			7.00%	7.00%
Rate Guarantee	**12/31/2026**	**12/31/2026**	**12/31/2027**	**12/31/2027**

Killdeer Public School

Voluntary Worksite - Accident

Plan Name	High	Low	High	Low
	Current	**Current**	**Renewal**	**Renewal**
Carrier	MetLife	MetLife	MetLife	MetLife
Installation				
Coverage Type	Voluntary	Voluntary	Voluntary	Voluntary
Platform	Group	Group	Group	Group
Portability	Included	Included	Included	Included
Underwriting	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue
Accident				
Emergency	$100 - $200	$75 - $150	$100 - $200	$75 - $150
Non-Emergency	$100	$75	$100	$75
Physician Follow Up	$100	$75	$100	$75
Medical				
Medical Testing	$200	$150	$200	$150
Medical Appliances	$150 - $1,000	$75 - $750	$150 - $1,000	$75 - $750
Hospitalization				
Initial Hospitalization	$1,500 for the day of admission	$1,000 for the day of admission	$1,500 for the day of admission	$1,000 for the day of admission
Initial ICU	$1,500 for the day of admission	$1,000 for the day of admission	$1,500 for the day of admission	$1,000 for the day of admission
Other Services				
Wellness Benefit	$150 per insured per year	$150 per insured per year	$150 per insured per year	$150 per insured per year
2nd Degree Burns	$100 - $15,000	$75 - $10,000	$100 - $15,000	$75 - $10,000
3rd Degree Burns	$100 - $15,000	$75 - $10,000	$100 - $15,000	$75 - $10,000
Surgical Repair	$200 - $2,000	$150 - $1,500	$200 - $2,000	$150 - $1,500
Coma	$10,000	$7,500	$10,000	$7,500
Concussion	$500	$250	$500	$250
Dislocation	$200 - $10,000	$100 - $8,000	$200 - $10,000	$100 - $8,000
Eye Injury	$400	$300	$400	$300
Fractures	$200 - $10,000	$100 - $8,000	$200 - $10,000	$100 - $8,000
Lacerations	$75 - $700	$50 - $400	$75 - $700	$50 - $400
Emergency Dental Work	$150 extraction, $300 Crown	$100 extraction, $200 Crown	$150 extraction, $300 Crown	$100 extraction, $200 Crown
Physical Therapy	$50	$35	$50	$35
Inpatient Rehabilitation	$200 per day	$150 per day	$200 per day	$150 per day
Dismember./Functional Loss	$1,000 - $40,000	$750 - $20,000	$1,000 - $40,000	$750 - $20,000
Prosthetic Device	1 Device $1,000 / More than 1 Device $2,000	1 Device $750 / More than 1 Device $1,500	1 Device $1,000 / More than 1 Device $2,000	1 Device $750 / More than 1 Device $1,500
Blood / Plasma / Platelets	$500	$400	$500	$400
Ambulance				
Ground Ambulance	$400	$300	$400	$300
Air Ambulance	$1,250	$1,000	$1,250	$1,000
Tiers and Enrollment	**Premium**	**Premium**	**Premium**	**Premium**
Employee Only	$11.92	$8.29	$11.92	$8.29
Employee + Spouse	$23.43	$16.36	$23.43	$16.36
Employee + Children	$27.18	$19.07	$27.18	$19.07
Employee + Family	$33.20	$23.26	$33.20	$23.26
Δ % From Current			0.00%	0.00%
Rate Guarantee	**10/1/2023**	**10/1/2023**	**10/1/2028**	**10/1/2028**

Killdeer Public School

Voluntary Worksite - Critical Illness

Plan Name	High	Low	High	Low
	Current	Current	Renewal	Renewal
Carrier	Metlife	Metlife	Metlife	Metlife
Plan Details				
Platform	Group	Group	Group	Group
Portability	Included	Included	Included	Included
Pre-Existing Conditions	3 / 6	3 / 6	3 / 6	3 / 6
Benefit Amount				
Employee	$30,000	$15,000	$30,000	$15,000
Spouse	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit
Child	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit
Benefit Schedule				
Wellness Benefit	$150 per insured per year	$150 per insured per year	$150 per insured per year	$150 per insured per year
Alzheimer's. Disease	100%	100%	100%	100%
Muscular Dystrophy	100%	100%	100%	100%
ALS (Lou Gehrig's Disease)	100%	100%	100%	100%
Parkinson's Disease (Advanced)	100%	100%	100%	100%
Infectious Disease Category	25%	25%	25%	25%
Multiple Sclerosis	100%	100%	100%	100%
End Stage Renal (Kidney) Failure	100%	100%	100%	100%
Major Organ Transplant	100%	100%	100%	100%
Major Organ Failure	See Benefit Schedule	See Benefit Schedule	See Benefit Schedule	See Benefit Schedule
Coronary Artery Bypass	50%	50%	50%	50%
Heart Attack	100%	100%	100%	100%
Sudden Cardiac Arrest	100%	100%	100%	100%
Invasive Cancer	100%	100%	100%	100%
Stroke	100%	100%	100%	100%
Non-Invasive Cancer	25%	25%	25%	25%
Paralysis (2 Limbs)	100%	100%	100%	100%
Coma	100%	100%	100%	100%
Loss of Sight	100%	100%	100%	100%
Loss of Speech	100%	100%	100%	100%
Loss of Hearing	100%	100%	100%	100%
Benign Brain Tumor	100%	100%	100%	100%
Skin Cancer	5% but not less than $250	5% but not less than $250	5% but not less than $250	5% but not less than $250
Severe Burns	100%	100%	100%	100%
Dep. Children Additional Cover				
Cerebral Palsy	100%	100%	100%	100%
Cleft Lip/Cleft Palate	100%	100%	100%	100%
Diabetes (Type 1)	100%	100%	100%	100%
Cystic Fibrosis	100%	100%	100%	100%
Down Syndrome	100%	100%	100%	100%
Sickle Cell Anemia	100%	100%	100%	100%
Spina Bifida	100%	100%	100%	100%
Rates	(See Table)	(See Table)	(See Table)	(See Table)
Δ % From Current			0.00%	0.00%
Rate Guarantee	10/1/2023	10/1/2023	10/1/2028	10/1/2028

Current: Per $1,000 Of Coverage

Attained Age	Employee Only	Employee+Spouse	Employee+Child(ren)	Family
<25	$0.44	$0.71	$0.68	$0.95
25-29	$0.50	$0.79	$0.74	$1.05
30-34	$0.62	$0.96	$0.86	$1.20
35-39	$0.76	$1.17	$1.01	$1.41
40-44	$1.01	$1.55	$1.26	$1.79
45-49	$1.39	$2.12	$1.63	$2.36
50-54	$1.92	$2.96	$2.15	$3.21
55-59	$2.58	$4.08	$2.82	$4.32
60-64	$3.53	$5.63	$3.77	$5.87
65-69	$4.84	$7.79	$5.08	$8.04
70-74	$6.58	$10.51	$6.82	$10.75
75+	$9.32	$14.63	$9.56	$14.87

Renewal: Per $1,000 Of Coverage

Attained Age	Employee Only	Employee+Spouse	Employee+Child(ren)	Family
<25	$0.44	$0.71	$0.68	$0.95
25-29	$0.50	$0.79	$0.74	$1.05
30-34	$0.62	$0.96	$0.86	$1.20
35-39	$0.76	$1.17	$1.01	$1.41
40-44	$1.01	$1.55	$1.26	$1.79
45-49	$1.39	$2.12	$1.63	$2.36
50-54	$1.92	$2.96	$2.15	$3.21
55-59	$2.58	$4.08	$2.82	$4.32
60-64	$3.53	$5.63	$3.77	$5.87
65-69	$4.84	$7.79	$5.08	$8.04
70-74	$6.58	$10.51	$6.82	$10.75
75+	$9.32	$14.63	$9.56	$14.87

Killdeer Public School

Voluntary Worksite - Hospital Indemnity

Plan Name	High	Low	High	Low
	Current	**Current**	**Renewal**	**Renewal**
Carrier	**Metlife**	**Metlife**	**Metlife**	**Metlife**
Benefits				
Coverage Type	Group	Group	Group	Group
Portability	Included	Included	Included	Included
Pre Existing Conditions	None	None	None	None
Wellness	None	None	None	None
Hospital Benefits				
Non ICU Hospital Admission	$1,500	$1,000	$1,500	$1,000
Intensive Care (ICU) Admission	$1,500	$1,000	$1,500	$1,000
Daily Hospital Confinement	$200	$100	$200	$100
Newborn Confinement (2 days/confinement)	$50	$25	$50	$25
Tiers and Enrollment	**Premium**	**Premium**	**Premium**	**Premium**
Employee Only	$25.55	$16.33	$25.55	$16.33
Employee + Spouse	$45.33	$28.95	$45.33	$28.95
Employee + Children	$38.11	$24.36	$38.11	$24.36
Employee + Family	$57.90	$36.98	$57.90	$36.98
Δ % From Current			0.00%	0.00%
Rate Guarantee	**12/31/2026**	**12/31/2026**	**12/31/2027**	**12/31/2027**

Killdeer Public School

Voluntary Legal Plans ID Theft

	Current	Renewal
Carrier	MetLife Legal Plans, Inc.	MetLife Legal Plans, Inc.
Legal Plan Benefits:		
Who is covered?	Participating employee	Participating employee
Legal advice for covered matters	Covered	Covered
Telephone and office consultation	Covered	Covered
Demand letters	Covered	Covered
Document review	Covered	Covered
Will preparation (Trusts, Will, Living Will)	Covered	Covered
Healthcare Power of Attorney	Covered	Covered
Traffic-related issues	Covered (Moving Traffic Violations (No DUI))	Covered (Moving Traffic Violations (No DUI))
Trial defense Pre-Trial Representation at trial	Covered: ID Theft Defense, Debt Collection Defence, Civil Litigation Defense	Covered: ID Theft Defense, Debt Collection Defence, Civil Litigation Defense
Tax Audits	Covered	Covered
Guardianship or Conservatorship (Contested or Uncontested)	Covered	Covered
Domestic Violence Protection	Covered	Covered
Civil Administrative Hearing Representation	Covered	Covered
Domestic Adoption and legitimization - Uncontested /Contested	Covered	Covered
Immigration Assistance	Covered	Covered
Elder Law Matters	Covered	Covered
Juvenile Court Defense	Covered	Covered
Misdemeanor Driving Defense	Covered	Covered
Personal Bankruptcy	Covered	Covered
Small Claims Assistance	Covered: excludes in-court attorney representation	Covered: excludes in-court attorney representation
Deeds	Covered	Covered
Eviction and Tenant Problems (Tenant Only)	Covered	Covered
Home Equity Loan / Mortgage	Covered	Covered
Property Tax Assessments	Covered	Covered
Pesonal Property Protection	Covered	Covered
IDTheft Plan Benefits:		
LifeStages Identity Management Services Provided by CyberScout, LLC www.legalplans-idtheft.com/	Credit and Fraud Monitoring Following Incident Theft and Fraud Support Unlimited Assistance to Fix Issues ID Theft Defense, Consultation with an Attorney Recovery and Replacement Services	Credit and Fraud Monitoring Following Incident Theft and Fraud Support Unlimited Assistance to Fix Issues ID Theft Defense, Consultation with an Attorney Recovery and Replacement Services
Monthly Rates - Legal and ID Theft Plans	**$18.00**	**$18.00**
Δ % From Current		0.0%

Killdeer Public School

Employee Assistance Program (EAP)

	Current	Renewal
Carrier	ENI Bree Health EAP	ENI Bree Health EAP
EAP Benefits		
Sessions	Up to 8 Per Issue	Up to 8 Per Issue
Telephonic Access	24/7	24/7
Face to Face Visits	Included	Included
Web based	Included	Included
Legal and Financial Consultation	Included	Included
Health Advocacy	Included	Included
Work-Life Balance Services	Included	Included
Critical Incident	1/hour per member group	1/hour per member group
Management Consultation	1/hour per member group	1/hour per member group
ID Theft	Tool Kit Included	Tool Kit Included
PEPM Cost	**Covered by NDPHIT**	**Covered by NDPHIT**

Killdeer Public School

COBRA

	Current	Renewal
Carrier	iSolved	iSolved
Fees	**Covered by NDPHIT**	**Covered by NDPHIT**
Setup Fee	Paid by NDPHIT	Paid by NDPHIT
Basic Annual Fee	Paid by NDPHIT	Paid by NDPHIT
Notice	Included	Included
Continuant Billing	Included	Included
Expiration Notice	Included	Included
Early Termination Notice	Included	Included
Conversion Notice	Included	Included
Termination Notice	Included	Included
Optional Services		
	Services outside of the basic fee are paid for by member group	Services outside of the basic fee are paid for by member group

Killdeer Public School

Disclosures

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the appliable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at (801) 505-6500 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

GENERAL RATING GUIDE

Financial Strength Rating	
A++, A+	Superior
A, A-	Excellent
B++, B+	Good
B, B-	Fair
C++, C+	Marginal
C, C-	Weak
D	Poor
E	Under Regulatory Supervision
F	In Liquidation
S	Suspended

Financial Size Category (in Thousands)			
Class I	Up to	$1,000	
Class II	$1,000	to	$2,000
Class III	$2,000	to	$5,000
Class IV	$5,000	to	$10,000
Class V	$10,000	to	$25,000
Class VI	$25,000	to	$50,000
Class VII	$50,000	to	$100,000
Class VIII	$100,000	to	$250,000
Class IX	$250,000	to	$500,000
Class X	$500,000	to	$750,000
Class XI	$750,000	to	$1,000,000
Class XII	$1,000,000	to	$1,250,000
Class XIII	$1,250,000	to	$1,500,000
Class XIV	$1,500,000	to	$2,000,000
Class XV	$2,000,000	or	Greater

STANDARD COMPENSATION DISCLOSURE

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

Questions and Information Requests. Should you have any questions, or require additional information, please contact this office at 800-700-3324 or, if you prefer, submit your question or request online at http://www.bbinsurance.com/customerinquiry/

Brown & Brown

NDPHIT January Pool 2027 Renewal Presentation

ND PHIT
Inspiring Your Health

Overview Items

1. Digbi Health Bi-Annual Report
2. GLP-1 NDPHIT Cost Trends
3. High-Cost Claims and Plan Cost Drivers
4. Risk Pool Management (RMP) Underwriting Strategies - Modeling Scenarios
5. MetLife 2027 Voluntary Renewal
6. NDPHIT Utilization and Clinical Trends
7. Benefit Trends & Segal Industry Actuarial Report
8. NDPHIT January 2027 Underwriting and Rate Action

1 Digbi Health Bi-Annual Report

NDPHIT's Digbi Health utilization update for May 2026:

- **Total Enrolled:** 824
- **New in May:** 9
- **Total Renewals:** 192
- **Renewals in May:** 16

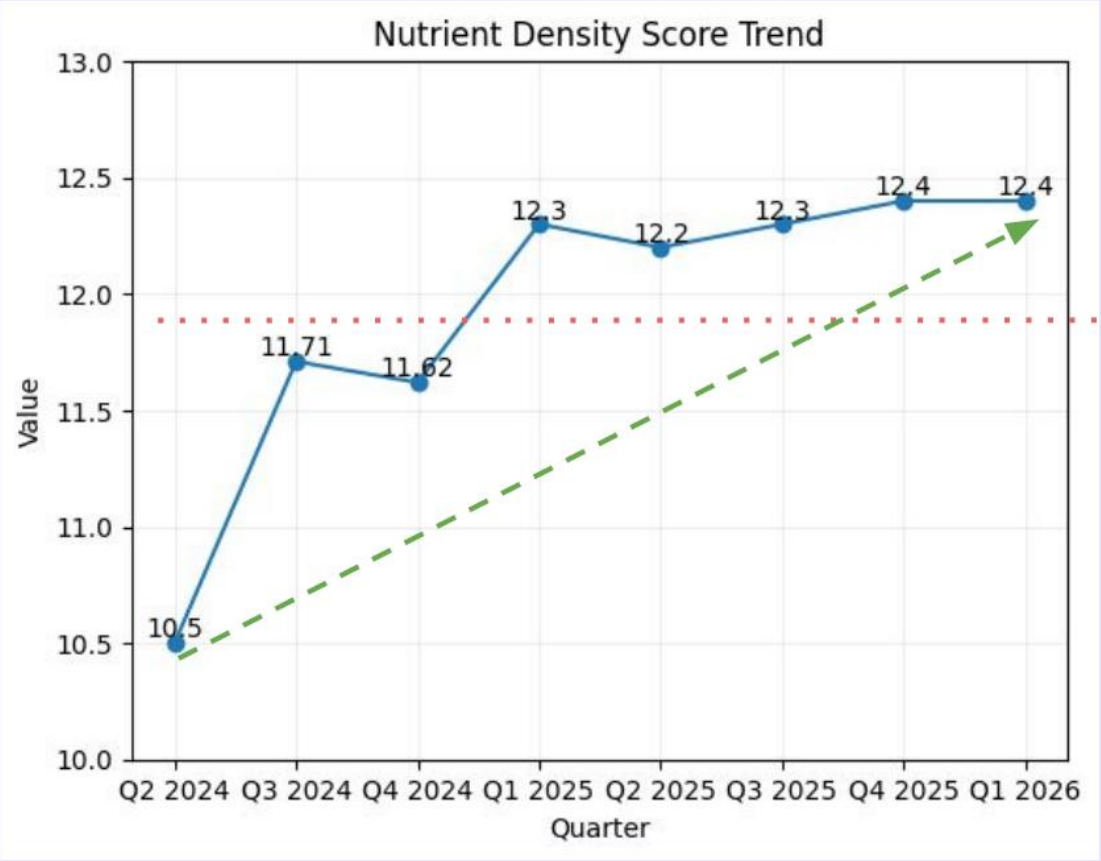
NDPHIT Biannual Program Review

Q2 2026 | DIGBI HEALTH

Presented by Digbi Health — April 14, 2026

12+ Score is associated with sustained weight loss, metabolic and gut health improvement

Biology Driven Behavior Change - Food



+18%

Improvement in Nutrional Quality (10.5 → 12.4)

-42%

Reduction in processed food intake driving long-term behavior change

Sustained improvement over 18+ months with continued upward trend

Members didn't just improve, they crossed into a clinically meaningful zone and stayed there.

Weight Loss Progression

Sustained, Improving Outcomes

Member success increased from **72% to 80%**, with consistent quarter-over-quarter gains and no regression, demonstrating durable, compounding results.

Lasting Behaviour Change

This is not short-term engagement, **members are building habits that stick**, driving continued weight loss and metabolic improvement.

Scalable Cost Ready Model

Outcomes continue to strengthen as participation grows, signaling a model that can **scale effectively while reducing long-term health risk and costs**.

Digbi Health-Medallus Results

87%

Weight Loss Success

Members achieving measurable loss on Digbi alone

59%

Clinically Meaningful

Members hitting the 5%+ body weight threshold

28%

Chose Non-Pharma

GLP-1 eligible members who opted for this pathway

Cost-Mitigating by Design

Delivers clinical-grade results at a fraction of GLP-1 drug spend, scaling without added pharmaceutical cost as access constraints grow.

Operationally Ready

If GLP-1 coverage is scoped or limited, Digbi is ready to serve as the primary intervention, with real outcomes data already in hand. **No ramp-up required.**

Bottom line: Digbi works with or without GLP-1. That independence is its greatest strategic asset, and your most defensible, cost-conscious benefits decision.

Digbi Health-Medallus Results

GLP-1 Symptom Improvement

Among GLP-1 users surveyed in the NDPHIT program who reported GI symptoms, including gassiness, bloating, nausea, constipation, diarrhea, abdominal pain, and fatigue, the majority saw meaningful improvement with Digbi. This reflects Digbi's gut-health-first approach delivering real-world relief alongside GLP-1 therapy.

69%

Symptomatic Users Helped by Digbi

Of users who experienced GI symptoms, nearly 7 in 10 reported improvement

31%

Reported Significant Improvement

Nearly 1 in 3 symptomatic users saw major symptom relief with Digbi

32%

Experienced No GI Symptoms

Suggesting Digbi's approach may also play a preventive role alongside GLP-1s

69% of NDPHIT GLP-1 members experiencing GI symptoms reported improvement with Digbi, with nearly 1 in 3 seeing significant relief. A separate GLP-1 cohort surveyed in April 2026 showed even stronger results, with 100% of symptomatic users reporting improvement, reinforcing Digbi's consistent impact on GLP-1-related GI side effects across programs.

2 GLP-1 NDPHIT and Industry Cost Trends

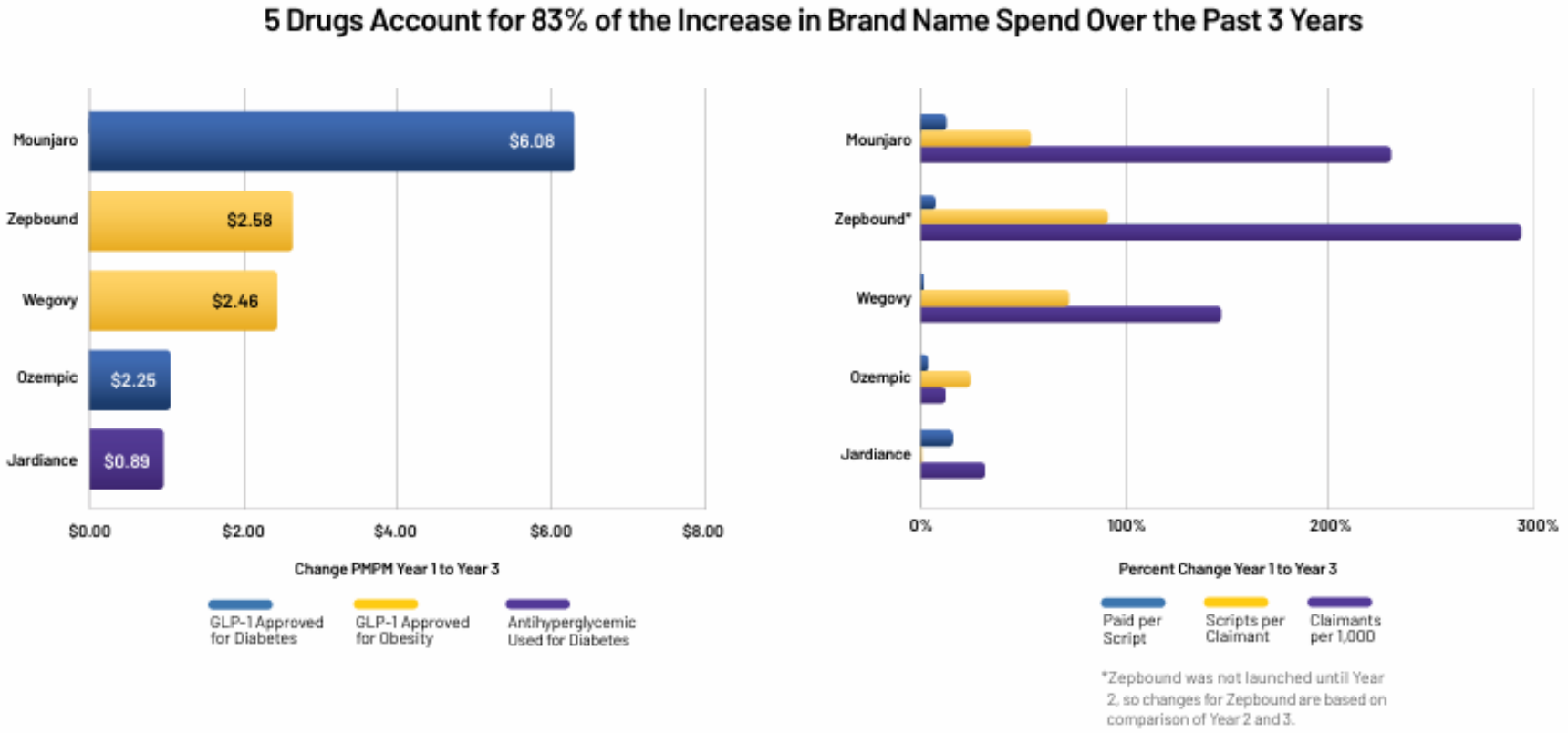
NDPHIT Warehouse										
January 2022 through April 2026, Paid Claims										
Trending Obesity/Diabetes Drugs - Pharmacy	Scripts	Mbrs	Scripts/Mbr	Day Supply	Allowed	Member Pd	Plan Paid	% Paid	BR	Paid/Mbr
2026	**949**	**324**	**2.93**	**30.49**	**$ 919,837**	**$ 79,357**	**$ 840,480**	**100.00%**	**0.91**	**$ 2,594**
MOUNJARO	417	127	3.28	28.95	$ 461,037	$ 33,103	$ 427,935	50.92%	0.93	$ 3,370
OZEMPIC	212	77	2.75	33.31	$ 232,617	$ 9,640	$ 222,976	26.53%	0.96	$ 2,896
RYBELSUS	30	14	2.14	40.00	$ 40,030	$ 560	$ 39,470	4.70%	0.99	$ 2,819
TRULICITY	30	9	3.33	36.40	$ 37,345	$ 3,075	$ 34,269	4.08%	0.92	$ 3,808
WEGOVY	**36**	**18**	**2.00**	**28.11**	**$ 23,014**	**$ 3,526**	**$ 19,488**	**2.32%**	**0.85**	**$ 1,083**
ZEPBOUND	**223**	**87**	**2.56**	**29.00**	**$ 125,129**	**$ 29,413**	**$ 95,716**	**11.39%**	**0.76**	**$ 1,100**
ZEPBOUND KWIKPEN	1	1	1.00	28.00	$ 665	$ 40	$ 625	0.07%	0.94	$ 625
2025	**2,413**	**375**	**6.43**	**30.81**	**$ 2,289,288**	**$ 306,367**	**$ 1,982,920**	**100.00%**	**0.87**	**$ 5,288**
MOUNJARO	858	124	6.92	29.97	$ 953,775	$ 143,521	$ 810,254	40.86%	0.85	$ 6,534
OZEMPIC	667	113	5.90	32.71	$ 715,857	$ 100,884	$ 614,973	31.01%	0.86	$ 5,442
RYBELSUS	110	17	6.47	41.45	$ 140,408	$ 2,621	$ 137,787	6.95%	0.98	$ 8,105
TRULICITY	90	12	7.50	28.93	$ 88,293	$ 19,616	$ 68,677	3.46%	0.78	$ 5,723
WEGOVY	104	28	3.71	28.54	$ 71,364	$ 3,631	$ 67,733	3.42%	0.95	$ 2,419
ZEPBOUND	584	111	5.26	28.55	$ 319,591	$ 36,094	$ 283,497	14.30%	0.89	$ 2,554
2024	**2,488**	**404**	**6.16**	**31.64**	**$ 2,800,150**	**$ 321,517**	**$ 2,478,633**	**100.00%**	**0.89**	**$ 6,135**
MOUNJARO	561	82	6.84	30.64	$ 638,272	$ 76,792	$ 561,480	22.65%	0.88	$ 6,847
OZEMPIC	872	132	6.61	33.40	$ 948,201	$ 75,726	$ 872,475	35.20%	0.92	$ 6,610
RYBELSUS	115	20	5.75	37.83	$ 134,606	$ 6,126	$ 128,480	5.18%	0.95	$ 6,424
SAXENDA	4	2	2.00	42.25	$ 4,002	$ 2,177	$ 1,825	0.07%	0.46	$ 912
TRULICITY	145	24	6.04	30.51	$ 150,072	$ 18,447	$ 131,625	5.31%	0.88	$ 5,484
VICTOZA	8	3	2.67	30.00	$ 6,215	$ 40	$ 6,175	0.25%	0.99	$ 2,058
WEGOVY	597	133	4.49	29.98	$ 791,602	$ 121,074	$ 670,528	27.05%	0.85	$ 5,042
ZEPBOUND	186	51	3.65	28.67	$ 127,180	$ 21,134	$ 106,046	4.28%	0.83	$ 2,079
2023	**1,799**	**290**	**6.20**	**31.99**	**$ 2,054,675**	**$ 154,777**	**$ 1,899,898**	**100.00%**	**0.92**	**$ 6,551**
MOUNJARO	205	39	5.26	32.66	$ 241,304	$ 15,246	$ 226,058	11.90%	0.94	$ 5,796
OZEMPIC	786	134	5.87	32.32	$ 810,470	$ 48,110	$ 762,360	40.13%	0.94	$ 5,689
RYBELSUS	145	24	6.04	37.03	$ 166,947	$ 11,656	$ 155,291	8.17%	0.93	$ 6,470
SAXENDA	23	8	2.88	35.43	$ 30,683	$ 4,967	$ 25,716	1.35%	0.84	$ 3,215
TRULICITY	199	30	6.63	31.61	$ 204,276	$ 17,648	$ 186,628	9.82%	0.91	$ 6,221
VICTOZA	46	5	9.20	32.61	$ 55,424	$ 637	$ 54,787	2.88%	0.99	$ 10,957
WEGOVY	395	77	5.13	29.06	$ 545,570	$ 56,513	$ 489,058	25.74%	0.90	$ 6,351

Implemented Digbi Health and sourced through Compounding Pharmacy through Medallus Medical

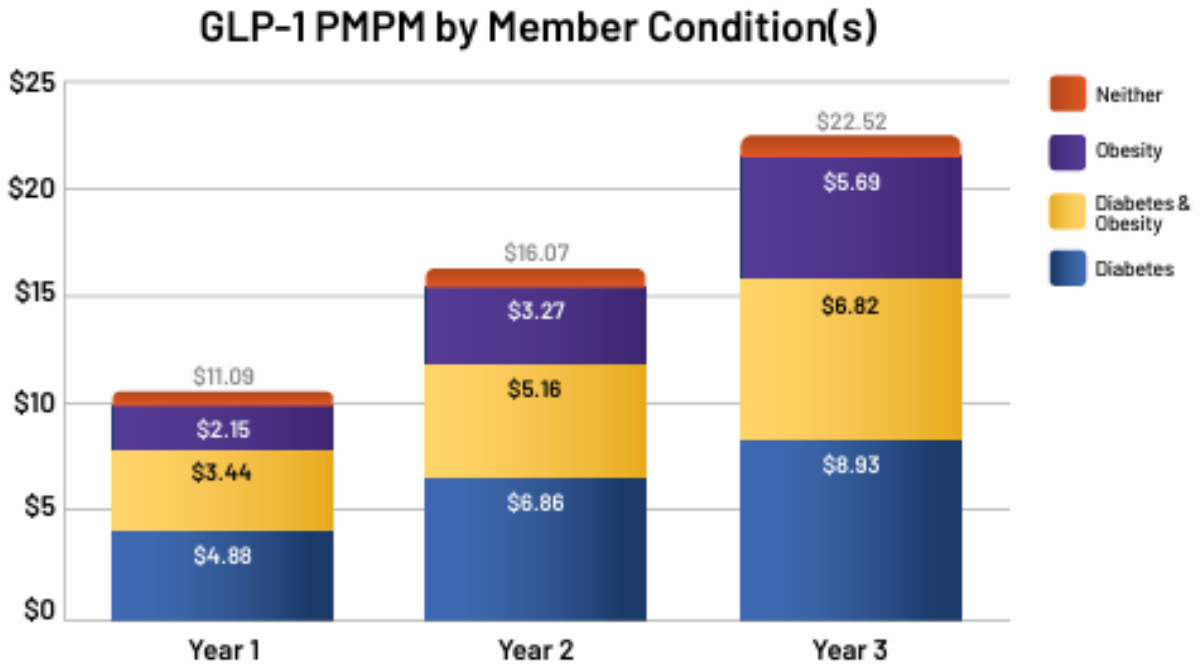
	Jun-24			Oct-25			
Drug Name	**Claimants**	**Scripts**	**Total Paid**	**Claimants**	**Scripts**	**Total Paid**	**Cost/Script**
WEGOVY	79	91	$121,290	10	10	$6,359	$636
Saxenda	0	0	0	0	0	0	
OZEMPIC	73	77	$80,549	50	51	$55,131	$1,081
MOUNJARO	48	53	$58,405	78	84	$83,385	$993
RYBELSUS	10	10	$12,986	8	8	$11,688	$1,461
ZEPBOUND	22	24	$21,034	50	57	$29,005	$509
Total	**232**	**255**	**$294,266**	**196**	**210**	**$185,569**	**$884**
Medallus GLP-1 Claims			$7,729	**331**	**331**	$74,430	$225
Annualized			**$3,623,936**	527	751	**$3,119,983**	
Aveerage Cost Per Script	$1,153.98			**Annualized $$ Savings vs. June 2024**			**($503,953)**
				Average Cost Per Script	$593.30		**($2,253,342.01)**

GLP-1 Impact

springbuk. + Truven



GLP-1 Impact

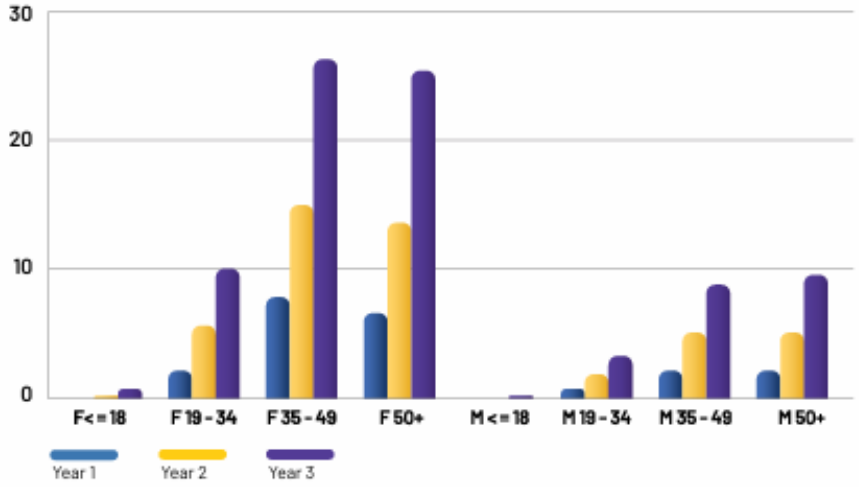


Percent of Members with Condition(s) Receiving GLP-1	Year 1	Year 2	Year 3
Diabetes & Obesity	40.7%	47.7%	53.4%
Diabetes Only	25.9%	32.2%	36.4%
Obesity Only	7.0%	8.0%	10.6%
Neither	0.2%	0.2%	0.3%
Percent of All Members Receiving GLP-1s	2.5%	3.2%	3.9%

GLP-1 Impact

springbuk. + Truven

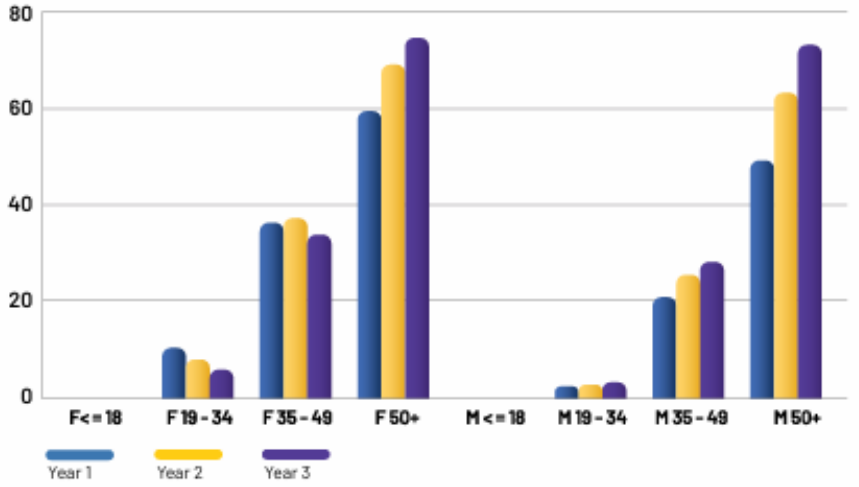
GLP-1 Weight Loss Drug Claimants per 1,000 by Age Sex Category



F<=18	F 19-34	F 35-49	F 50+	M<=18	M 19-34	M 35-49	M 50+
0.4%	12.2%	30.4%	30.5%	0.2%	3.1%	10.8%	12.4%

Percent of All Year 3 Weight Loss GLP-1 Claimants in Age-Sex Category

GLP-1 Diabetes Drug Claimants per 1,000 by Age Sex Category



F<=18	F 19-34	F 35-49	F 50+	M<=18	M 19-34	M 35-49	M 50+
0.1%	3.2%	15.2%	34.4%	0.0%	1.5%	11.5%	34.1%

Percent of All Year 3 Diabetes GLP-1 Claimants in Age-Sex Category

3 High-Cost Claims and Plan Cost Drivers

NDPHIT Warehouse

January 2022 through April 2026, Paid Claims

High Cost Members - Combined

High Cost Members - Combined	Services	Mbrs	Svcs/Mbr	Allowed	Member Pd	Plan Paid	% Paid	BR	Paid/Mbr
2026	83,316	6,579	12.66	$ 24,730,083	$ 3,763,461	$ 20,966,622	100.00%	**0.85**	**$ 3,187**
$100,000 and over	2,181	21	103.86	$ 4,138,326	$ 84,343	$ 4,053,983	19.34%	0.98	$ 193,047
$75,000 to $99,999	814	12	67.83	$ 1,066,921	$ 28,459	$ 1,038,462	4.95%	0.97	$ 86,538
$50,000 to $74,999	804	16	50.25	$ 1,072,898	$ 82,847	$ 990,051	4.72%	0.92	$ 61,878
$25,000 to $49,999	3,375	79	42.72	$ 3,110,321	$ 302,433	$ 2,807,888	13.39%	0.90	$ 35,543
Less than $25,000	76,142	6,451	11.80	$ 15,341,617	$ 3,265,379	$ 12,076,238	57.60%	0.79	$ 1,872
2025	242,867	8,585	28.29	$ 68,689,948	$ 8,272,512	$ 60,417,435	100.00%	**0.88**	**$ 7,038**
$100,000 and over	14,422	88	163.89	$ 17,768,444	$ 385,601	$ 17,382,842	28.77%	0.98	$ 197,532
$75,000 to $99,999	3,987	39	102.23	$ 3,594,728	$ 177,117	$ 3,417,611	5.66%	0.95	$ 87,631
$50,000 to $74,999	6,023	62	97.15	$ 4,040,827	$ 245,278	$ 3,795,549	6.28%	0.94	$ 61,219
$25,000 to $49,999	26,767	290	92.30	$ 10,723,843	$ 942,854	$ 9,780,989	16.19%	0.91	$ 33,728
Less than $25,000	191,668	8,106	23.65	$ 32,562,106	$ 6,521,663	$ 26,040,443	43.10%	0.80	$ 3,212
2024	228,079	8,492	26.86	$ 70,382,665	$ 7,818,178	$ 62,564,487	100.00%	**0.89**	**$ 7,367**
$100,000 and over	11,495	61	188.44	$ 23,338,782	$ 204,973	$ 23,133,809	36.98%	0.99	$ 379,243
$75,000 to $99,999	3,644	37	98.49	$ 3,377,028	$ 173,750	$ 3,203,278	5.12%	0.95	$ 86,575
$50,000 to $74,999	6,539	62	105.47	$ 3,972,233	$ 215,387	$ 3,756,846	6.00%	0.95	$ 60,594
$25,000 to $49,999	19,383	214	90.57	$ 7,887,073	$ 632,775	$ 7,254,297	11.59%	0.92	$ 33,899
Less than $25,000	187,018	8,118	23.04	$ 31,807,550	$ 6,591,293	$ 25,216,257	40.30%	0.79	$ 3,106
2023	211,890	8,156	25.98	$ 56,484,623	$ 6,567,021	$ 49,917,602	100.00%	**0.88**	**$ 6,120**
$100,000 and over	11,531	53	217.57	$ 13,854,397	$ 133,277	$ 13,721,119	27.49%	0.99	$ 258,889
$75,000 to $99,999	3,397	36	94.36	$ 3,165,862	$ 99,527	$ 3,066,335	6.14%	0.97	$ 85,176
$50,000 to $74,999	5,648	55	102.69	$ 3,552,232	$ 206,696	$ 3,345,536	6.70%	0.94	$ 60,828
$25,000 to $49,999	18,520	199	93.07	$ 7,326,028	$ 551,919	$ 6,774,109	13.57%	0.92	$ 34,041
Less than $25,000	172,794	7,813	22.12	$ 28,586,104	$ 5,575,602	$ 23,010,502	46.10%	0.80	$ 2,945
2022	178,205	7,242	24.61	$ 41,470,843	$ 5,406,690	$ 36,064,154	100.00%	**0.87**	**$ 4,980**
$100,000 and over	5,086	30	169.53	$ 5,991,070	$ 82,161	$ 5,908,909	16.38%	0.99	$ 196,964
$75,000 to $99,999	3,827	37	103.43	$ 3,252,861	$ 87,414	$ 3,165,447	8.78%	0.97	$ 85,553
$50,000 to $74,999	5,754	53	108.57	$ 3,493,039	$ 204,404	$ 3,288,634	9.12%	0.94	$ 62,050
$25,000 to $49,999	15,102	172	87.80	$ 6,197,825	$ 412,223	$ 5,785,602	16.04%	0.93	$ 33,637
Less than $25,000	148,436	6,950	21.36	$ 22,536,049	$ 4,620,488	$ 17,915,561	49.68%	0.79	$ 2,578

NDPHIT Warehouse

January 2022 through April 2026, Paid Claims

High Cost Members - Combined Sliced by: Chronic Disease on Chronic

High Cost Members - Combined	Services	Mbrs	Svcs/Mbr	Allowed	Member Pd	Plan Paid	% Paid	BR	Paid/Mbr
2026	54,840	3,091	17.74	$ 16,339,527	$ 2,316,834	$ 14,022,693	100.00%	**0.86**	**$ 4,537**
$100,000 and over	1,622	15	108.13	$ 3,058,160	$ 71,207	$ 2,986,953	21.30%	0.98	$ 199,130
$75,000 to $99,999	652	10	65.20	$ 883,673	$ 24,459	$ 859,214	6.13%	0.97	$ 85,921
$50,000 to $74,999	602	12	50.17	$ 817,236	$ 75,371	$ 741,865	5.29%	0.91	$ 61,822
$25,000 to $49,999	2,436	51	47.76	$ 2,033,320	$ 197,618	$ 1,835,702	13.09%	0.90	$ 35,994
Less than $25,000	49,528	3,003	16.49	$ 9,547,139	$ 1,948,178	$ 7,598,961	54.19%	0.80	$ 2,530
2025	171,660	3,942	43.55	$ 47,825,927	$ 5,414,795	$ 42,411,131	100.00%	**0.89**	**$ 10,759**
$100,000 and over	11,981	68	176.19	$ 13,200,795	$ 289,774	$ 12,911,022	30.44%	0.98	$ 189,868
$75,000 to $99,999	3,205	26	123.27	$ 2,403,893	$ 119,679	$ 2,284,214	5.39%	0.95	$ 87,854
$50,000 to $74,999	5,130	48	106.88	$ 3,144,041	$ 204,081	$ 2,939,960	6.93%	0.94	$ 61,249
$25,000 to $49,999	22,472	225	99.88	$ 8,304,253	$ 763,139	$ 7,541,114	17.78%	0.91	$ 33,516
Less than $25,000	128,872	3,575	36.05	$ 20,772,945	$ 4,038,123	$ 16,734,822	39.46%	0.81	$ 4,681
2024	158,133	3,789	41.73	$ 50,314,625	$ 5,046,076	$ 45,268,549	100.00%	**0.90**	**$ 11,947**
$100,000 and over	9,819	46	213.46	$ 19,553,033	$ 170,957	$ 19,382,076	42.82%	0.99	$ 421,349
$75,000 to $99,999	2,139	19	112.58	$ 1,731,909	$ 121,172	$ 1,610,737	3.56%	0.93	$ 84,776
$50,000 to $74,999	5,387	44	122.43	$ 2,826,111	$ 167,739	$ 2,658,372	5.87%	0.94	$ 60,418
$25,000 to $49,999	15,826	158	100.16	$ 5,844,724	$ 486,653	$ 5,358,071	11.84%	0.92	$ 33,912
Less than $25,000	124,962	3,522	35.48	$ 20,358,848	$ 4,099,555	$ 16,259,293	35.92%	0.80	$ 4,616
2023	146,681	3,609	40.64	$ 40,284,996	$ 4,088,043	$ 36,196,953	100.00%	**0.90**	**$ 10,030**
$100,000 and over	10,466	42	249.19	$ 11,681,715	$ 104,844	$ 11,576,871	31.98%	0.99	$ 275,640
$75,000 to $99,999	2,852	27	105.63	$ 2,410,146	$ 69,038	$ 2,341,109	6.47%	0.97	$ 86,708
$50,000 to $74,999	4,733	37	127.92	$ 2,333,264	$ 107,957	$ 2,225,306	6.15%	0.95	$ 60,143
$25,000 to $49,999	15,763	158	99.77	$ 5,942,517	$ 465,705	$ 5,476,812	15.13%	0.92	$ 34,663
Less than $25,000	112,867	3,345	33.74	$ 17,917,354	$ 3,340,499	$ 14,576,855	40.27%	0.81	$ 4,358
2022	121,032	3,070	39.42	$ 28,032,152	$ 3,339,602	$ 24,692,550	100.00%	**0.88**	**$ 8,043**
$100,000 and over	4,383	23	190.57	$ 4,419,491	$ 71,515	$ 4,347,976	17.61%	0.98	$ 189,042
$75,000 to $99,999	3,058	27	113.26	$ 2,391,865	$ 65,369	$ 2,326,495	9.42%	0.97	$ 86,166
$50,000 to $74,999	4,808	37	129.95	$ 2,400,007	$ 113,149	$ 2,286,857	9.26%	0.95	$ 61,807
$25,000 to $49,999	12,983	138	94.08	$ 4,959,930	$ 342,432	$ 4,617,498	18.70%	0.93	$ 33,460
Less than $25,000	95,800	2,845	33.67	$ 13,860,860	$ 2,747,137	$ 11,113,723	45.01%	0.80	$ 3,906

NDPHIT Warehouse

January 2022 through April 2026, Paid Claims

Chronic Disease - Combined

Chronic Disease - Combined	Services	Mbrs	Svcs/Mbr	Allowed	Member Pd	Plan Paid	% Paid	BR	Paid/Mbr
2026	83,316	6,579	12.66	$ 24,730,083	$ 3,763,461	$ 20,966,622	100.00%	0.85	$ 3,187
Chronic Disease Members	53,971	3,022	17.86	$ 16,052,742	$ 2,270,227	$ 13,782,515	65.74%	**0.86**	**$ 4,561**
High Blood Pressure Patients	28,844	1,413	20.41	$ 8,793,990	$ 1,058,651	$ 7,735,339	36.89%	**0.88**	**$ 5,474**
Depression-related Disorder Patient	29,779	1,557	19.13	$ 8,077,372	$ 1,248,583	$ 6,828,789	32.57%	**0.85**	**$ 4,386**
Diabetics	13,284	558	23.81	$ 4,434,450	$ 521,240	$ 3,913,210	18.66%	**0.88**	**$ 7,013**
Asthmatics	11,202	558	20.08	$ 3,188,545	$ 516,900	$ 2,671,644	12.74%	**0.84**	**$ 4,788**
Coronary Heart Disease Patients	1,718	45	38.18	$ 1,284,037	$ 70,612	$ 1,213,425	5.79%	0.95	$ 26,965
Obesity Patients	6,051	311	19.46	$ 1,186,008	$ 198,263	$ 987,746	4.71%	**0.83**	**$ 3,176**
Non-Chronic Members	29,345	3,557	8.25	$ 8,677,341	$ 1,493,234	$ 7,184,108	34.26%	**0.83**	**$ 2,020**
2025	242,867	8,585	28.29	$ 68,689,948	$ 8,272,512	$ 60,417,435	100.00%	0.88	$ 7,038
Chronic Disease Members	170,331	3,888	43.81	$ 47,450,578	$ 5,373,562	$ 42,077,015	69.64%	**0.89**	**$ 10,822**
High Blood Pressure Patients	92,934	1,729	53.75	$ 26,685,805	$ 2,790,673	$ 23,895,132	39.55%	0.90	$ 13,820
Depression-related Disorder Patient	95,075	1,949	48.78	$ 25,469,133	$ 2,882,276	$ 22,586,857	37.38%	0.89	$ 11,589
Diabetics	43,744	687	63.67	$ 13,518,724	$ 1,426,168	$ 12,092,557	20.02%	0.89	$ 17,602
Asthmatics	49,809	1,029	48.41	$ 13,316,595	$ 1,469,187	$ 11,847,407	19.61%	0.89	$ 11,514
Obesity Patients	27,038	520	52.00	$ 6,255,545	$ 754,401	$ 5,501,144	9.11%	**0.88**	**$ 10,579**
Coronary Heart Disease Patients	8,868	108	82.11	$ 3,179,027	$ 267,040	$ 2,911,987	4.82%	0.92	$ 26,963
Non-Chronic Members	72,536	4,697	15.44	$ 21,239,370	$ 2,898,950	$ 18,340,420	30.36%	0.86	$ 3,905
2024	228,079	8,492	26.86	$ 70,382,665	$ 7,818,178	$ 62,564,487	100.00%	0.89	$ 7,367
Chronic Disease Members	156,898	3,728	42.09	$ 49,998,493	$ 4,993,199	$ 45,005,294	71.93%	**0.90**	**$ 12,072**
Depression-related Disorder Patient	87,673	1,881	46.61	$ 31,681,497	$ 2,618,371	$ 29,063,126	46.45%	0.92	$ 15,451
High Blood Pressure Patients	85,618	1,656	51.70	$ 24,299,927	$ 2,567,330	$ 21,732,597	34.74%	0.89	$ 13,124
Coronary Heart Disease Patients	8,901	113	78.77	$ 12,961,910	$ 254,123	$ 12,707,787	20.31%	0.98	$ 112,458
Diabetics	41,527	685	60.62	$ 12,942,399	$ 1,299,182	$ 11,643,216	18.61%	0.90	$ 16,997
Asthmatics	47,376	1,007	47.05	$ 12,448,303	$ 1,363,723	$ 11,084,579	17.72%	0.89	$ 11,008
Obesity Patients	16,515	308	53.62	$ 4,583,514	$ 588,493	$ 3,995,021	6.39%	0.87	$ 12,971
Non-Chronic Members	71,181	4,764	14.94	$ 20,384,173	$ 2,824,980	$ 17,559,193	28.07%	0.86	$ 3,686
2023	211,890	8,156	25.98	$ 56,484,623	$ 6,567,021	$ 49,917,602	100.00%	0.88	$ 6,120
Chronic Disease Members	145,434	3,559	40.86	$ 39,987,479	$ 4,050,109	$ 35,937,370	71.99%	**0.90**	**$ 10,098**
High Blood Pressure Patients	81,563	1,659	49.16	$ 23,926,787	$ 2,139,812	$ 21,786,975	43.65%	0.91	$ 13,133
Depression-related Disorder Patient	81,937	1,804	45.42	$ 21,453,185	$ 2,187,034	$ 19,266,151	38.60%	0.90	$ 10,680
Diabetics	38,337	667	57.48	$ 12,630,237	$ 1,017,636	$ 11,612,601	23.26%	0.92	$ 17,410
Asthmatics	39,141	884	44.28	$ 11,026,363	$ 1,062,573	$ 9,963,790	19.96%	0.90	$ 11,271
Coronary Heart Disease Patients	7,856	97	80.99	$ 3,814,892	$ 176,581	$ 3,638,312	7.29%	0.95	$ 37,508
Obesity Patients	9,927	196	50.65	$ 3,379,954	$ 286,497	$ 3,093,456	6.20%	**0.92**	**$ 15,783**
Non-Chronic Members	66,456	4,597	14.46	$ 16,497,143	$ 2,516,911	$ 13,980,232	28.01%	0.85	$ 3,041

4 Risk Pool Management (RPM) Underwriting Strategies- Modeling Scenarios

Plan Actuarial Value - Standardized Plans

"The actuarial value is equal to the percentage of total average costs for covered benefits that a plan will pay."

Most US employers offer a Silver or Gold health plan value- Most NDPHIT Groups Gold/Platinum

Benefit Plan Utilization - RPM Strategy-2024

Benefit Level Modeling NDPHIT Warehouse Includes: Paid January 2024 thru December 2024								
Benefit Level	**Mbrs**	**% Mbrs**	**Elig Charge**	**% Elig Charge**	**Mbrs**	**% Mbrs**	**Total Paid**	**% Total Paid**
Total	8,492	100.00%	$ 69,030,600	100.00%	8,492	100.00%	$ 62,564,487	100.00%
None	68	0.80%	$ (47,409)	-0.07%	461	5.43%	$ (61,116)	-0.10%
$1 to $250	1,191	14.02%	$ 144,237	0.21%	1,281	15.08%	$ 160,536	0.26%
$251 to $500	811	9.55%	$ 298,631	0.43%	986	11.61%	$ 357,563	0.57%
$501 to $750	638	7.51%	$ 394,128	0.57%	677	7.97%	$ 420,140	0.67%
$751 to $1,000	521	6.14%	$ 452,652	0.66%	573	6.75%	$ 498,055	0.80%
$1,001 to $2,000	1,372	16.16%	$ 1,981,097	2.87%	1,195	14.07%	$ 1,707,418	2.73%
$2,001 to $3,500	939	11.06%	$ 2,513,000	3.64%	860	10.13%	$ 2,284,845	3.65%
$3,501 to $10,000	1,637	19.28%	$ 10,028,523	14.53%	1,309	15.41%	$ 7,918,547	12.66%
$10,001 to $12,000	218	2.57%	$ 2,378,126	3.45%	197	2.32%	$ 2,159,645	3.45%
$12,001 to $17,000	358	4.22%	$ 5,091,210	7.38%	330	3.89%	$ 4,683,447	7.49%
$17,001 to $27,000	353	4.16%	$ 7,379,295	10.69%	288	3.39%	$ 6,098,740	9.75%
$27,001 to $37,000	135	1.59%	$ 4,250,790	6.16%	107	1.26%	$ 3,374,313	5.39%
Over $37,000	251	2.96%	$ 34,166,320	49.49%	228	2.68%	$ 32,962,352	52.69%
						13.54%		**78.77%**

Benefit Plan Utilization - RPM Strategy - 2025

Benefit Level Modeling NDPHIT Warehouse Includes: Paid January 2025 thru December 2025								
Benefit Level	**Mbrs**	**% Mbrs**	**Elig Charge**	**% Elig Charge**	**Mbrs**	**% Mbrs**	**Total Paid**	**% Total Paid**
Total	8,585	100.00%	$ 69,793,173	100.00%	8,585	100.00%	$ 60,417,435	100.00%
None	69	0.80%	$ (25,740)	-0.04%	405	4.72%	$ (51,560)	-0.09%
$1 to $250	1,055	12.29%	$ 129,988	0.19%	1,207	14.06%	$ 146,413	0.24%
$251 to $500	772	8.99%	$ 284,905	0.41%	884	10.30%	$ 321,830	0.53%
$501 to $750	657	7.65%	$ 409,473	0.59%	698	8.13%	$ 434,262	0.72%
$751 to $1,000	564	6.57%	$ 490,622	0.70%	549	6.39%	$ 476,173	0.79%
$1,001 to $2,000	1,279	14.90%	$ 1,836,983	2.63%	1,243	14.48%	$ 1,803,130	2.98%
$2,001 to $3,500	1,058	12.32%	$ 2,837,783	4.07%	942	10.97%	$ 2,501,575	4.14%
$3,501 to $10,000	1,713	19.95%	$ 10,384,455	14.88%	1,406	16.38%	$ 8,264,935	13.68%
$10,001 to $12,000	194	2.26%	$ 2,127,577	3.05%	182	**2.12%**	$ 1,984,234	**3.28%**
$12,001 to $17,000	344	4.01%	$ 4,914,511	7.04%	321	**3.74%**	$ 4,651,042	**7.70%**
$17,001 to $27,000	380	4.43%	$ 8,112,239	11.62%	322	**3.75%**	$ 6,890,423	**11.40%**
$27,001 to $37,000	179	2.09%	$ 5,609,474	8.04%	149	**1.74%**	$ 4,642,172	**7.68%**
Over $37,000	320	3.73%	$ 32,680,902	46.83%	277	**3.23%**	$ 28,352,807	**46.93%**
						14.58%		**76.99%**

Standardized Plans 1 & 2 (Optional for 2027-but 2028 the Standardized Plan Options)

BCBSND AM Best Rating:	Option 1		Option 2	
Medical Benefits	**Traditional $250 Ded / 80% Coins / $3,000 MOOP**		**Traditonal $500 Ded / 80% Coins / $3,000 MOOP**	
Plan Name	Name TBD		Name TBD	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$250 / $375 / $375 / $500 / $500	$500 / $750 / $750 / $1,000 / $1,000	$500 / $750 / $750 / $1,000 / $1,000	$1,000 / $1,500 / $1,500 / $2,000 / $2,000
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$3,000 / $4,500 / $4,500 / $6,000 / $6,000	$6,000 / $9,000 / $9,000 / $12,000 / $12,000	$3,000 / $4,500 / $4,500 / $6,000 / 6,000	$6,000 / $9,000 / $9,000 / $12,000 / $12,000
Preventive Services	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	$25 copay	Member pays 40% after deductible (AD)	$25 copay	Member pays 40% after deductible (AD)
Office Visits - Specialist	$40 copay	Member pays 40% AD	$40 copay	Member pays 40% AD
Chiropractic Visit	Yes, Benefit not Specified	Member pays 40% AD	Yes, Benefit not Specified	Member pays 40% AD
Emergency Room	Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible (AD)	
Urgent Care	$25 copay	Member pays 40% AD	$25 copay	Member pays 40% AD
In-Patient Hospital	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible	None	None	None	None
Prescription Drugs	Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	

Standardized Plans 3 & 4

BCBSND AM Best Rating:	Option 2	Option 3	Option 4	
Medical Benefits	**Traditional $0 Ded / 80% Coins / $6,000 MOOP**		**Traditonal $250 Ded / 80% Coins / $6,000 MOOP**	
Plan Name	Name TBD		Name TBD	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$0 / $0 / $0 / $0 / $0	$0 / $0 / $0 / $0 / $0	$250 / $375 / $375 / $500 / $500	$500 / $750 / $750 / $1,000 / $1,000
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$6,000 / $9,000 / $9,000 / $12,000 / $12,000	$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$6,000 / $9,000 / $9,000 / $12,000 / $12,000	$12,000 / $18,000 / $18,000 / $24,000 / $24,000
Preventive Services	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	$25 copay	Member pays 40% after deductible (AD)	$25 copay	Member pays 40% after deductible (AD)
Office Visits - Specialist	$40 copay	Member pays 40% AD	$40 copay	Member pays 40% AD
Chiropractic Visit	Yes, Benefit not Specified	Member pays 40% AD	Yes, Benefit not Specified	Member pays 40% AD
Emergency Room	Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible	
Urgent Care	$25 copay	Member pays 40% AD	$25 copay	Member pays 40% AD
In-Patient Hospital	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible	None	None	None	None
Prescription Drugs	Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	

Standardized Plan 5, 6 & 7

BCBSND AM Best Rating:	Option 4	Option 5		Option 6		Option 7	
Medical Benefits	Traditional $0 Ded / 80% Coins / $12,000 MOOP			Traditional $250 Ded / 80% Coins / $12,000 MOOP		Traditional $1,000 / 90% / $12,000 MOOP	
Plan Name	Name TBD			Name TBD		Name TBD	
	In-Network	Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	$0 / $0 / $0 / $0 / $0	$0 / $0 / $0 / $0 / $0		$250 / $375 / $375 / $500 / $500	$500 / $750 / $750 / $1,000 / $1,000	$1,000 / $1,500 / $1,500 / $2,000 / $2,000	$2,000 / $3,000 / $3,000 / $4,000/ $4,000
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$24,000 / $36,000 / $36,000 / $48,000 / $48,000		$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$24,000 / $36,000 / $36,000 / $48,000 / $48,000	$12,000 / $18,000 / $18,000 / $24,000 / $24,000	$24,000 / $36,000 / $36,000 / $48,000 / $48,000
Preventive Services	No Charge	Not Covered		No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	$25 copay	Member pays 40% after deductible (AD)		$25 copay	Member pays 40% after deductible (AD)	$25 copay	Member pays 30% after deductible (AD)
Office Visits - Specialist	$40 copay	Member pays 40% AD		$40 copay	Member pays 40% AD	$40 copay	Member pays 30% AD
Chiropractic Visit	Yes, Benefit not Specified	Member pays 40% AD		Yes, Benefit not Specified	Member pays 40% AD	Yes, Benefit not Specified	Member pays 30% AD
Emergency Room	Member pays 20% after In-Network deductible			Member pays 20% after In-Network deductible		Member pays 10% after In-Network deductible	
Urgent Care	$25 copay	Member pays 40% AD		$25 copay	Member pays 40% AD	$25 copay	Member pays 30% AD
In-Patient Hospital	Member pays 20% AD	Member pays 40% AD		Member pays 20% AD	Member pays 40% AD	Member pays 10% AD	Member pays 30% AD
Out-Patient Hospital	Member pays 20% AD	Member pays 40% AD		Member pays 20% AD	Member pays 40% AD	Member pays 10% AD	Member pays 30% AD
Rx Deductible	None	None		None	None	None	None
Prescription Drugs	Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND			Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Value Based - $5 Copay Generic Preferred - $10 Copay Generic Non-Preferred - $10 copay Brand Preferred - $20 Copay Brand Non-Preferred - $40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	

Standardized Plans 8 & 9

BCBSND AM Best Rating:	Option 4	Option 8		Option 9	
Medical Benefits		HDHP $3500 Ded / 80% Coins / $7,000 MOOP		HDHP $3500 Ded / 80% Coins / $8,700 MOOP	
Plan Name		Name TBD		Name TBD	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)		$3,500 / $5,250 / $5,250 / $7,000 / $7,000 (embedded)	$7,000 / $10,500 / $10,500 / $14,000 / $14,000 (embedded)	$3,500 / $5,250 / $5,250 / $7,000 / $7,000 (embedded)	$8,700 / $13,050 / $13,050 / $17,400 / $17,400 (embedded)
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)		$7,000 / $10,500 / $10,500 / $14,000 / $14,000 (embedded)	$14,000 / $21,000 / $21,000 / $28,000 / $28,000 (embedded)	$8,700 / $13,050 / $13,050 / $17,400 / $17,400 (embedded)	$17,400 / $26,100 / $26,100 / $34,800 / $34,800 (embedded)
Preventive Services		No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care		Member pays 20% after deductible (AD)	Member pays 40% after deductible (AD)	Member pays 20% after deductible (AD)	Member pays 40% after deductible (AD)
Office Visits - Specialist		Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Chiropractic Visit		Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Emergency Room		Member pays 20% after In-Network deductible		Member pays 20% after In-Network deductible	
Urgent Care		Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
In-Patient Hospital		Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital		Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible		Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Prescription Drugs		Preventive - $5 Copay (ded does not apply) Generic Preferred - $10 Copay AD Generic Non-Preferred - $10 copay AD Brand Preferred - $20 Copay AD Brand Non-Preferred - $40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND		Preventive - $5 Copay (ded does not apply) Generic Preferred - $10 Copay AD Generic Non-Preferred - $10 copay AD Brand Preferred - $20 Copay AD Brand Non-Preferred - $40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	

5 MetLife 2027 Voluntary Renewal

MetLife Voluntary Plan Renewal

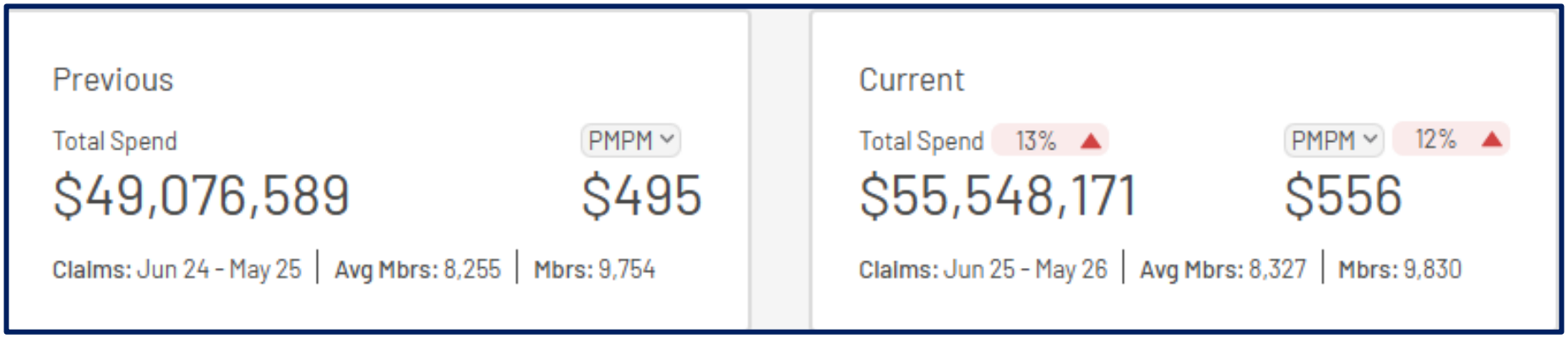
Dental	3%
Short-term Disability	7%

All other products - Rate Hold 0% Increase
Vision
Life Insurance

Worksite
-Accident
-Critical Illness
-Hospital Indemnity

6 NDPHIT Utilization and Clinical Trends

Overall Pool Cost Trend



Total Spend ↑13% PMPM ↑12%

NDPHIT YTD - 2026

	Enrollment[1]			Fixed Fees						Claims						Stop Loss		Contributions			Total Plan Cost	Total Employer Cost	Budget vs. Actual
	A	B	C1:5	C1	C2	C3	C4	C5	D	E = (C:D)	F	G	H	I	J	K = (F:J)	L	M=(K-L)	N	O	P = (N + O)	Q = (E + M)	R = (Q - N)	S = (Q / P)
Month	EE	Members	Total Net Admin	[3]Medical Admin	SL Experience Refund	Digbi (Entire Trust Only)	Rx Rebate	Medical Rebate	Stop Loss	Total	Medical	Rx	Medallus Fees (Entire Trust Only)	Medallus GLP-1 (Entire Trust Only)	Blues Claims	Total	[2]Amount Over Spec	Eligible Claims	EE	ER	Total	Total	Total	Loss Ratio
Jan-26	4,023	8,393	$437,238	$437,238	$0	$0	$0	$0	$455,628	$892,866	$3,453,127	$1,004,838	$4,536	$76,970	$12,982	$4,552,453	$159,384	$4,393,069	$856,352	$4,914,068	$5,770,420	$5,285,935	$4,429,583	
Feb-26	4,030	8,397	$438,023	$438,023	$0	$0	$0	$0	$455,776	$893,798	$3,490,905	$970,470	$13,258	$92,760	$2,142	$4,569,535	$8,485	$4,561,050	$868,090	$4,953,946	$5,822,036	$5,454,848	$4,586,759	
Mar-26	4,022	8,383	-$610,990	$437,157	$0	$0	($1,042,100)	($6,047)	$454,390	-$156,600	$5,054,394	$1,374,504	$17,288	$58,650	$2,672	$6,507,508	$106,503	$6,401,005	$861,923	$4,905,742	$5,767,664	$6,244,405	$5,382,483	
Apr-26	4,019	8,377	$436,867	$436,867	$0	$0	$0	$0	$454,399	$891,266	$4,281,813	$1,114,519	$17,711	$82,880	$2,412	$5,499,334	$128,333	$5,371,001	$843,288	$4,942,443	$5,785,731	$6,262,267	$5,418,979	
May-26	4,023	8,394	$437,320	$437,320	$0	$0	$0	$0	$454,840	$892,160	$3,675,471	$1,257,148	$16,086	$78,097	$1,748	$5,028,549	$122,948	$4,905,601	$840,517	$4,910,602	$5,751,119	$5,797,761	$4,957,245	
Jun-26																								
Jul-26																								
Aug-26																								
Sep-26																								
Oct-26																								
Nov-26																								
Dec-26																								
2026 Total	20,117	41,944	$1,138,458	$2,186,605	$0	$0	($1,042,100)	($6,047)	$2,275,033	$3,413,491	$19,955,710	$5,721,480	$68,878	$389,357	$21,955	$26,157,380	$525,653	$25,631,726	$4,270,170	$24,626,801	$28,896,971	$29,045,217	[illegible]24,775,047	
2026 Mo / Avg	4,023	8,389	$227,692	$437,321	$0	$0	($208,420)	($1,209)	$455,007	$682,698	$3,991,142	$1,144,296	$13,776	$77,871	$4,391	$5,231,476	$105,131	$5,126,345	$854,034	$4,925,360	$5,779,394	$5,809,043	$4,955,009	101%
PEPM Avg	2.09	$56.59	$108.69	$0.00	$0.00	($51.80)	($0.30)	$113.09	$169.68	$991.98	$284.41	$3.42	$19.35	$1.09	$1,300.26	$26.13	$1,274.13	$212.27	$1,224.18	$1,436.45	$1,443.81	$1,231.55		
% Change	2.7%	1.1%	58.5%	3.2%	-100.0%	-100.0%	-25.6%	-53.1%	11.3%	23.6%	-1.5%	2.7%	39.7%	19.0%	-79.1%	-0.6%	-29.8%	0.3%	1.0%	6.6%	5.7%	2.6%	2.8%	

$1,443 PEPM

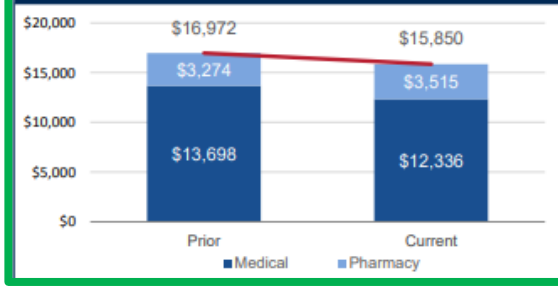
JANUARY ALL 2025	2026	8,815	$12,937,917	$12,590,955	$1,001,403	$13,936,637	$14,938,040	JANUARY ALL 2025	$14,271,818	96%
	PEPM Avg		$1,468	$1,428	$114	$1,581	$1,695		$1,619	
OCTOBER ALL 2025	2025-2026	18,057	$21,086,446	$20,237,123	$5,230,165	$17,078,766	$22,308,931	OCTOBER ALL 2025	$22,959,048	103%
	PEPM Avg		$1,168	$1,121	$290	$946	$1,235		$1,271	

NDPHIT Warehouse - Total Group

Enrollment

Covered Headcount	Prior	Current	% Change
Employees	3,852	3,950	2.5%
Members	8,196	8,251	0.7%
Average Contract Size	2.13	2.09	-1.9%
Average Member Age	32.0	32.1	0.3%

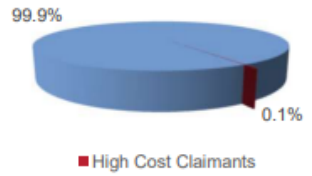
Cost Trend — Gross Claims per Employee



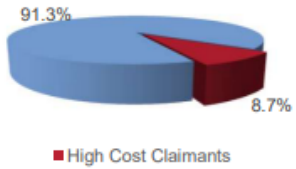
High Cost Claimants — Over $300,000

12	Members	$5,469,904
-5	From Prior	-$10,658,199 From Prior

HCC Percent of Members



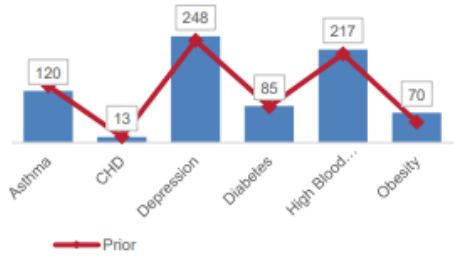
HCC Percent of Spend



HPI Summary Dashboard

Chronic Disease

Prevalence — Current Members per 1,000

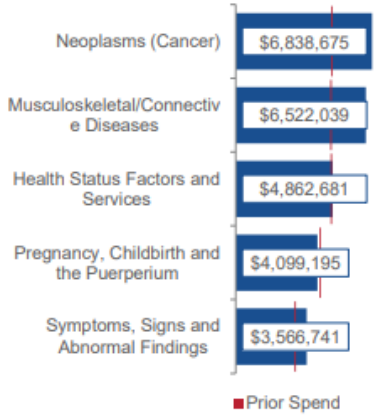


Chronic Risk Factors	Current Members	Change from Prior	Average Spend per Member
None	4,250	-63	$4,228
One	2,424	16	$8,511
Two	1,059	44	$12,566
Three+	518	58	$20,661

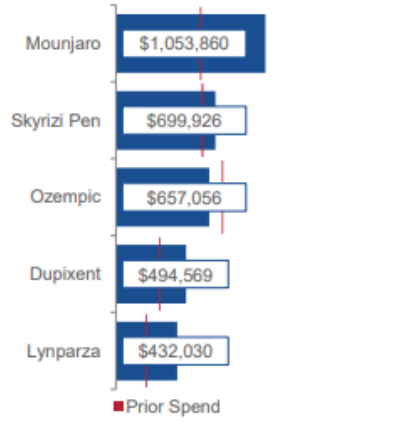
Trend Drivers — Spend per Employee

Type of Service	Prior	Current	% Change
Inpatient Hospital	$4,810	$2,250	
Outpatient Hospital	$2,607	$3,093	
Emergency Room	$462	$556	
Surgery	$908	$927	
Physician Visits	$1,051	$1,124	
Behavioral Health Visits	$275	$367	
Wellness/Routine Visits	$247	$260	
Radiology	$384	$441	
Lab Services	$284	$310	
Pharmacy	$3,274	$3,515	

Top Medical Conditions — Current Spend



Top Prescription Drugs — Current Spend



Current:12 Months Paid Claims, May 2025 thru April 2026
Prior:12 Months Paid Claims, May 2024 thru April 2025

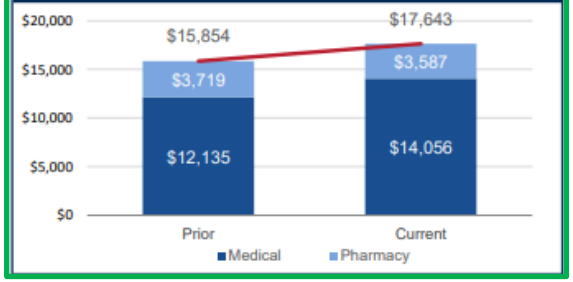
NDPHIT Warehouse - Jan Pool

HPI Summary Dashboard

Enrollment

Covered Headcount	Prior	Current	% Change
Employees	1,683	1,743	3.6%
Members	3,929	4,011	2.1%
Average Contract Size	2.33	2.30	-1.3%
Average Member Age	32.7	32.7	0.0%

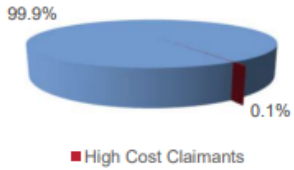
Cost Trend — Gross Claims per Employee



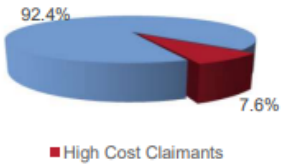
High Cost Claimants — Over $300,000

5	Members	$2,332,297
-2	From Prior	-$526,403 From Prior

HCC Percent of Members



HCC Percent of Spend



Chronic Disease

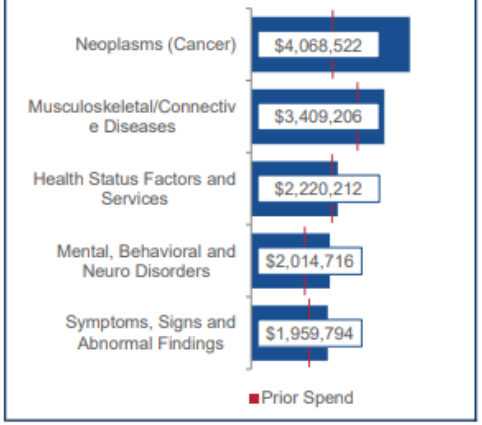
Prevalence — Current Members per 1,000

Chronic Risk Factors	Current Members	Change from Prior	Average Spend per Member
None	2,094	52	$3,653
One	1,116	-35	$9,292
Two	535	37	$13,794
Three+	266	27	$20,156

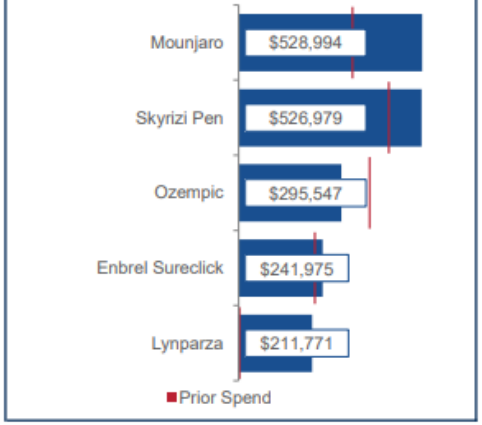
Trend Drivers — Spend per Employee

Type of Service	Prior	Current	% Change
Inpatient Hospital	$2,211	$2,255	
Outpatient Hospital	$2,807	$3,409	
Emergency Room	$549	$666	
Surgery	$870	$989	
Physician Visits	$1,271	$1,370	
Behavioral Health Visits	$362	$482	
Wellness/Routine Visits	$256	$270	
Radiology	$376	$481	
Lab Services	$287	$372	
Pharmacy	$3,719	$3,587	

Top Medical Conditions — Current Spend



Top Prescription Drugs — Current Spend



Current:12 Months Paid Claims, May 2025 thru April 2026

Prior:12 Months Paid Claims, May 2024 thru April 2025

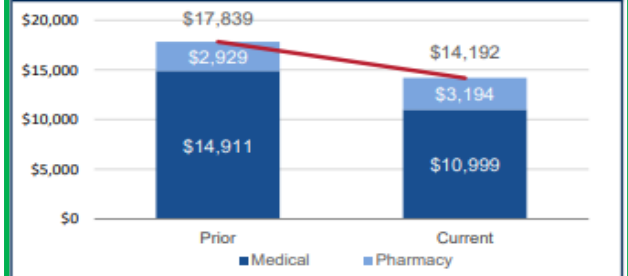
NDPHIT Warehouse - Oct Pool

HPI Summary Dashboard

Enrollment

Covered Headcount	Prior	Current	% Change
Employees	2,169	2,199	1.4%
Members	4,267	4,227	-0.9%
Average Contract Size	1.97	1.92	-2.5%
Average Member Age	31.4	31.5	0.3%

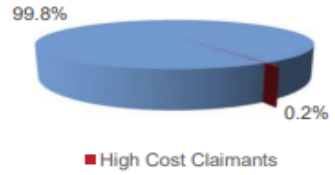
Cost Trend — Gross Claims per Employee



High Cost Claimants — Over $300,000

7	Members	$3,115,963
-3	From Prior	-$10,153,439 From Prior

HCC Percent of Members



HCC Percent of Spend

Chronic Disease

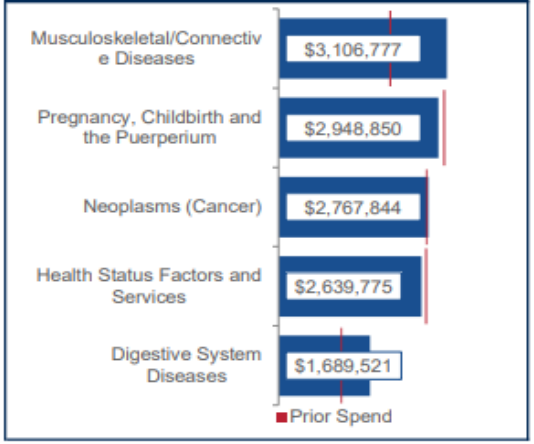
Prevalence — Current Members per 1,000

Chronic Risk Factors	Current Members	Change from Prior	Average Spend per Member
None	2,176	-63	$4,765
One	1,289	5	$7,897
Two	517	-4	$10,808
Three+	245	22	$20,703

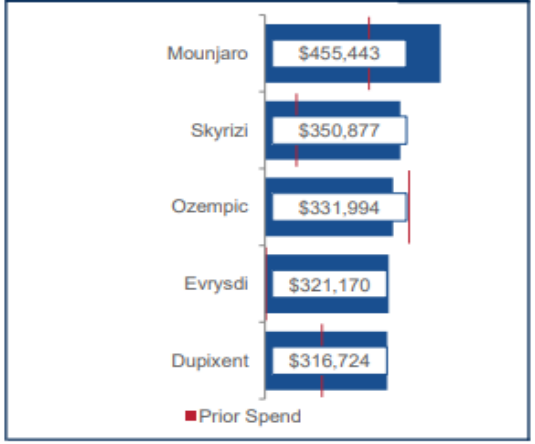
Trend Drivers — Spend per Employee

Type of Service	Prior	Current	% Change
Inpatient Hospital	$6,827	$2,249	
Outpatient Hospital	$2,451	$2,851	
Emergency Room	$395	$471	
Surgery	$938	$881	
Physician Visits	$881	$930	
Behavioral Health Visits	$207	$276	
Wellness/Routine Visits	$241	$252	
Radiology	$390	$410	
Lab Services	$282	$262	
Pharmacy	$2,929	$3,194	

Top Medical Conditions — Current Spend

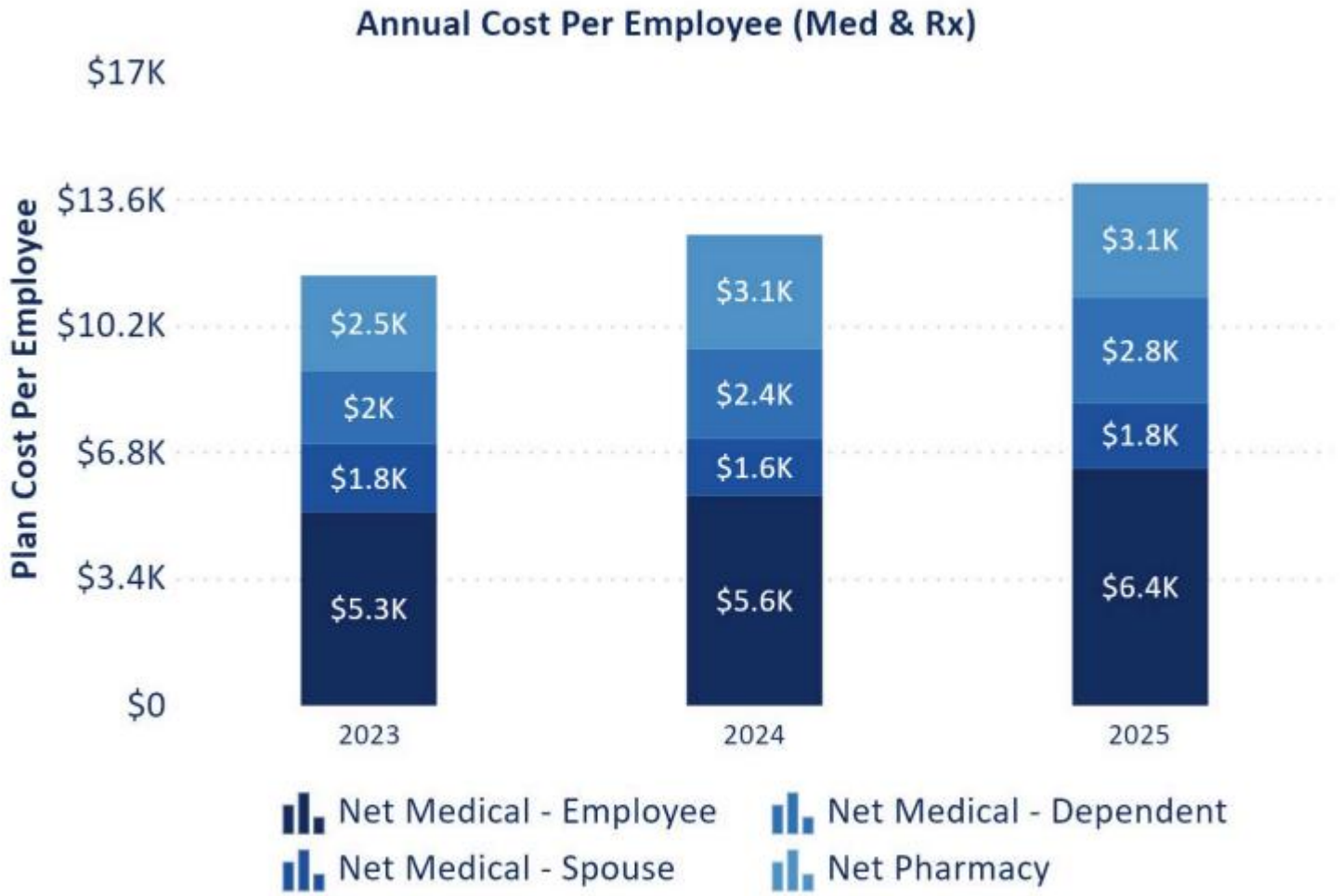


Top Prescription Drugs — Current Spend



Current:12 Months Paid Claims, May 2025 thru April 2026
Prior:12 Months Paid Claims, May 2024 thru April 2025

NDPHIT Warehouse
January 2022 through April 2026, Paid Claims



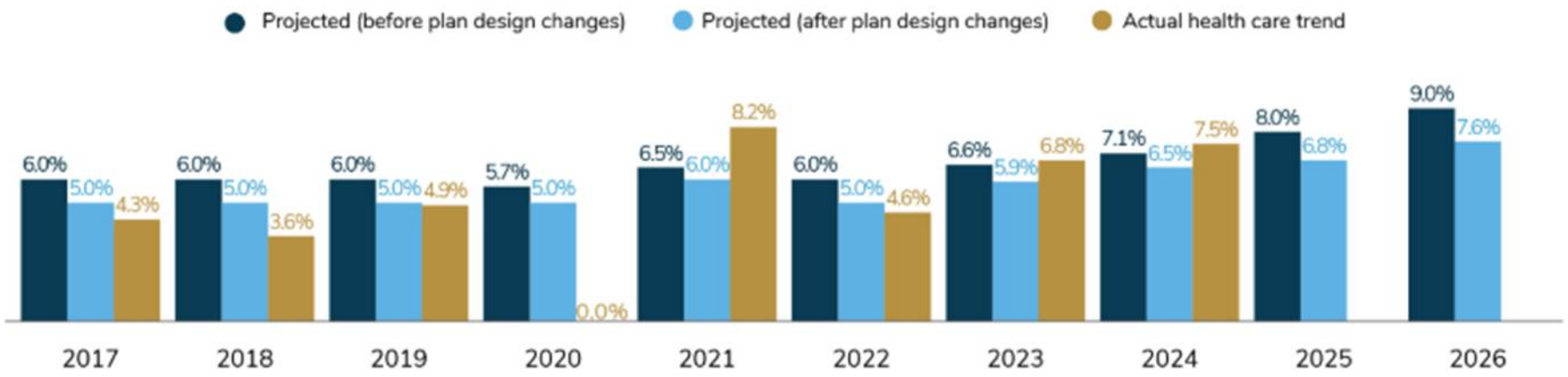
7 Benefit Trends & Segal Industry Actuarial Report

Primary Cost Drivers Fueling the Healthcare Crisis

Healthcare Costs Projected to Remain Elevated Through 2026 with 9.3% Medical Cost Trend

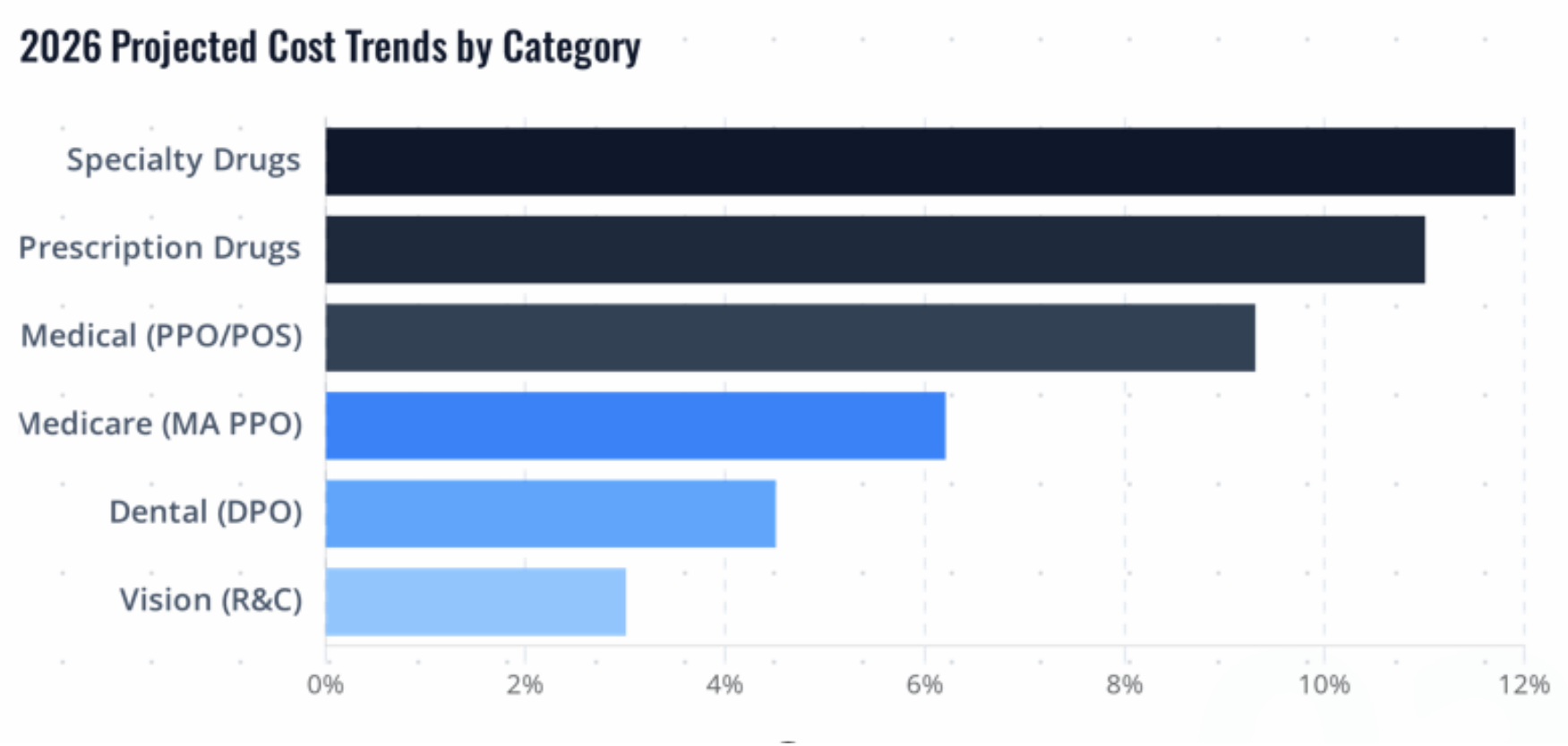
Inflationary Factor	2024 Impact (Baseline)	2026 Projection
Prescription Drugs	+11.4% spending growth ($50B increase)	+9-11% annual growth
Labor Costs	+26.6% wage growth vs. inflation	+6.5% benefit cost increase
Aging Population	17% of population aged 65+	Reaching 21% share by 2033
Hospital/Admin Costs	+5.1% total expense growth	+15% tariff-related impact
Behavioral Health	+80% inpatient claims surge	+10-20% cost trend

Ave Employer Premium Spend Increase since 2017-62%



The compounding effect of high health care increases means that by 2026, health care costs are projected to be 62% higher than they were in 2017.

Segal - "Health plan cost trends are projected to reach their highest levels in over a decade across multiple categories."



2027 Employer Health Plan Premium Trend Forecast

Employer health plan premiums are expected to rise sharply in 2027, with PwC projecting the **highest medical cost trend in nearly two decades at 9%** for the group market PwC+1

70%

of health plans rank AI-enabled tools that capture more provider revenue as a top-three inflator.

7.59%

Hospital and related services inflation spiked in early 2026 to post-pandemic highs, reaching 7.59% year over year in February.

3.5M

GLP-1 prescriptions filled in December 2025, nearly twice the number filled in December 2024.

62.6%

rise in utilization of behavioral health services claims between 2018 and 2024.

88%

of disputes under No Surprises Act won by providers for payer reimbursement.

Top Driver - Specialty Drug Spend

Health plan cost trends are projected to surge across multiple categories. Medical plan costs are expected to increase by a **median of 9%,** while **prescription drug trends lead all categories at 11.0%,** driven primarily by specialty drug utilization.

Projected Specialty Drug Trend **11.9%**

Cost Control Emerges as the Dominant Strategic Priority

The employee benefits landscape has shifted fundamentally in 2026. Cost control is now the top strategic priority, a significant departure from previous years when talent attraction dominated the agenda.

Employers are challenged to maintain competitive benefits while managing costs that outpace inflation. The focus is on innovative approaches to contain expenses without compromising the value proposition.

Five Strategic Imperatives for Benefits Leaders in 2026

"The future of benefits is integrated, personalized, and financially sustainable."

1. **Prioritize Cost Control**
   - Implement alternative funding models (captives) and aggressive pharmacy management to counter rising trends.
2. **Mitigate High-Cost Risk**
   - Deploy targeted interventions for complex conditions like cancer and metabolic health, focusing on the 5-10% of members driving spend.
3. **Embrace Technology & AI**
   - Leverage predictive analytics for plan design and AI-driven tools for personalized member navigation and care.
4. **Strengthen Compliance**
   - Fortify fiduciary processes with formal committees and rigorous auditing to withstand the post-Chevron regulatory environment.
5. **Integrate Holistic Well-being**
   - Connect financial, physical, and mental health support to address the root causes of productivity loss and disengagement.

8 NDPHIT January 2027 Underwriting and Rate Action

NDPHIT - January Pool

2027

Necessary Rate Action

	PEPM	Annual
Enrollment	1,758	
Total Expected Cost (Renewal)	$1,819.33	$38,380,546
Current YTD Premium	$1,690.68	$35,666,491
Necessary Rate Action	7.61%	
Reserve Fund Contribution	1.00%	
Total Rate Action	8.61%	

*GLP-1 will still be available through Digbi and Medallus Medical (Compounded A Pharmacy)

NDPHIT JANUARY 2027 RATE TIERS

2.0 Spread				
Tier	Number of Groups	Loss Ratio	Wellness Rates	Non-Wellness Rates
1	12	115%+	11.76%	12.76%
2	5	95% to 115%	9.76%	10.76%
3	15	75% to 95%	7.76%	8.76%
4	19	Below 75%	5.76%	6.76%

* Includes 1% Reserve

January and October Pools 5-6 Year Historical Renewals-Including 2026-2027

NDPHIT Janaury and October Pool Renewal Rate History								Yearly Ave
NDPHIT Annual PremiumTrend	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**6 Years**
January Pool	-2.0%	0.0%	11.4%	10.0%	5.1%	6.5%	7.6%	**5.5%**
		2021-2022	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**	**5 Years**
October Pool		-2.00%	3.80%	4.82%	8.28%	8.70%	13.71%	**6.22%**

January 2027 NDPHIT
Renewal Decisions and Dates

- ***Individual medical group renewals will be emailed next week, following the last renewal presentation call.***
- Your formal renewal presentation with possible plan options will be emailed over the next several weeks.
- All decisions and plan change requests, including signed paperwork, must be finalized not later than "Friday, August 28th".
  - Renewal calls with each group confirming renewal choices will be scheduled as soon as groups confirm their final decisions are made.
  - Updated renewal participation agreement.
- Bswift system training dates to be announced: reviewing terminations, COBRA, and new hires.
- MetLife administration manual review also to be announced.
- Open Enrollment Dates:
  - Prior to Thanksgiving is the goal.
  - Open enrollment dates are dependent on all groups having final decisions and paperwork in by the deadlines.

Brown and Brown Disclosure

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the appliable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at 801-505-6500 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

***AM Best General Rating Guide**

Financial Strength Rating	
A++, A+	Superior
A, A-	Excellent
B++, B+	Good
B, B-	Fair
C++, C+	Marginal
C, C-	Weak
D	Poor
E	Under Regulatory Supervision
F	In Liquidation
S	Suspended

Financial Size Category (in Thousands)			
Class I	Up to	$1,000	
Class II	$1,000	to	$2,000
Class III	$2,000	to	$5,000
Class IV	$5,000	to	$10,000
Class V	$10,000	to	$25,000
Class VI	$25,000	to	$50,000
Class VII	$50,000	to	$100,000
Class VIII	$100,000	to	$250,000
Class IX	$250,000	to	$500,000
Class X	$500,000	to	$750,000
Class XI	$750,000	to	$1,000,000
Class XII	$1,000,000	to	$1,250,000
Class XIII	$1,250,000	to	$1,500,000
Class XIV	$1,500,000	to	$2,000,000
Class XV	$2,000,000	or	Greater

THANK YOU!

Brown & Brown

Any solicitation or invitation to discuss insurance sales or servicing is being provided at the request of Hays Companies, Inc., an owned subsidiary of Brown & Brown, Inc. Hays Companies, Inc. only provides insurance related solicitations or services to insureds or insured risks in jurisdictions where it and its individual insurance professionals are properly licensed.

2027 NDPHIT Medical Plan Option Cost Analysis

As of: 8/13/2026

Wellness Rates / Month

	Enrollment	Current	Renewal As-Is	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9
Employee Only	27	$ 846.76	$ 946.32	$ 951.15	$ 940.52	$ 934.18	$ 916.67	$ 917.34	$ 899.07	$ 890.84	$ 767.90	$ 755.27
Employee + Family	20	$ 2,046.95	$ 2,287.63	$ 2,299.31	$ 2,273.61	$ 2,258.27	$ 2,215.95	$ 2,217.57	$ 2,173.40	$ 2,153.51	$ 1,856.31	$ 1,825.78
Medical Waived/Cash Option Elected	45											

District Portion of Rate (Full Single or *71% Family)

*71% Family only for certified and 12-mo employees. 9-mo employees get value of single plan.

	Enrollment	Current	Renewal As-Is	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9
Employee Only	27	$ 846.76	$ 946.32	$ 951.15	$ 940.52	$ 934.18	$ 916.67	$ 917.34	$ 899.07	$ 890.84	$ 767.90	$ 755.27
Employee + Family	20	$ 1,453.33	$ 1,624.22	$ 1,632.51	$ 1,614.26	$ 1,603.37	$ 1,573.32	$ 1,574.47	$ 1,543.11	$ 1,528.99	$ 1,317.98	$ 1,296.30
Medical Waived/Cash Option Elected	45	$ 846.76	$ 946.32	$ 951.15	$ 940.52	$ 934.18	$ 916.67	$ 917.34	$ 899.07	$ 890.84	$ 767.90	$ 755.27
Monthly Cost to District for Medical		$ 51,929.21	$ 58,034.99	$ 58,331.25	$ 57,679.30	$ 57,290.29	$ 56,216.58	$ 56,257.67	$ 55,137.17	$ 54,632.52	$ 47,092.90	$ 46,318.37
Monthly Cost to District for Cash Option		$ 38,104.20	$ 42,584.40	$ 42,801.75	$ 42,323.40	$ 42,038.10	$ 41,250.15	$ 41,280.30	$ 40,458.15	$ 40,087.80	$ 34,555.50	$ 33,987.15
Annual Cost to District for Medical		$ 623,150.52	$ 696,419.83	$ 699,975.02	$ 692,151.62	$ 687,483.53	$ 674,598.96	$ 675,092.09	$ 661,646.04	$ 655,590.26	$ 565,114.82	$ 555,820.39
Annual Cost to District for Cash Option		$ 457,250.40	$ 511,012.80	$ 513,621.00	$ 507,880.80	$ 504,457.20	$ 495,001.80	$ 495,363.60	$ 485,497.80	$ 481,053.60	$ 414,666.00	$ 407,845.80
Grand Total Annual Cost to District		$ 1,080,400.92	$ 1,207,432.63	$ 1,213,596.02	$ 1,200,032.42	$ 1,191,940.73	$ 1,169,600.76	$ 1,170,455.69	$ 1,147,143.84	$ 1,136,643.86	$ 979,780.82	$ 963,666.19
Annual Dollar Increase for District			$ 127,031.71	$ 133,195.10	$ 119,631.50	$ 111,539.81	$ 89,199.84	$ 90,054.77	$ 66,742.92	$ 56,242.94	$ (100,620.10)	$ (116,734.73)
% Increase			11.76%	12.33%	11.07%	10.32%	8.26%	8.34%	6.18%	5.21%	-9.31%	-10.80%
		26-27 Budget										
Medical Insurance % of General Fund Budget		$ 11,497,376.98	10.50%	10.56%	10.44%	10.37%	10.17%	10.18%	9.98%	9.89%	8.52%	8.38%

If Cash Option is Limited

Limit of Lesser of 2026 Single Plan Value or Future Year Value

Annual Cost to District if Cash Option is Capped at 2026 Rate or Single Plan, whichever is less		$ 1,080,400.92	$ 1,153,670.23	$ 1,157,225.42	$ 1,149,402.02	$ 1,144,733.93	$ 1,131,849.36	$ 1,132,342.49	$ 1,118,896.44	$ 1,112,840.66	$ 979,780.82	$ 963,666.19
Annual Dollar Increase for District			$ 73,269.31	$ 76,824.50	$ 69,001.10	$ 64,333.01	$ 51,448.44	$ 51,941.57	$ 38,495.52	$ 32,439.74	$ (100,620.10)	$ (116,734.73)
% Increase			6.78%	7.11%	6.39%	5.95%	4.76%	4.81%	3.56%	3.00%	-9.31%	-10.80%

Outlook

RE: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

From Stephanie Mace <smace@hayscompanies.com>
Date Thu 8/13/2026 4:01 PM
To Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>

Hi Rhonda. As of the time of underwriting for the NDPHIT renewal, Killdeer had a rolling 12-month loss ratio of 124.7%. This means that 100% of the premium collected plus an additional 24.7% went to pay claims for Killdeer membership. The loss ratio does not include administrative costs. Current year loss ratio was 116.4%.

In the prior plan year, Jan – Dec 2025, $434,062 was spent on large claimants. As of the current plan year Jan – May 2026, $171,036 has been spent on large claims.
Please let me know if you have any other questions.
Thanks.
Steph

We are moving!
Effective Sept 1st, 2026. Our new office address will be 6955 S Union Park Center, Suite 350 Cottonwood Heights, UT 84047

Stephanie Mace
Senior Benefits Consultant

Stephanie.Mace@bbrown.com
O (801) 505-6513 | C (801) 970-3710 | F (801) 845-3173
257 East 200 South, Suite 700
Salt Lake City, Utah 84111
BBrown.com | **NYSE: BRO**

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From: Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>
Sent: Thursday, August 13, 2026 1:01 PM
To: Stephanie Mace <smace@hayscompanies.com>
Subject: Re: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

[External]

Hi Stephanie,

Would you be able to provide additional information on our group's particular utilization please? I'm sharing this information with a school board committee to make a recommendation to the full board before the deadline. I plan to meet with them next Wednesday.

Thanks!
Rhonda Zastoupil
Business Manager
Killdeer Public School District #16
Ph: 701-764-5865

From: Stephanie Mace <Stephanie.Mace@bbrown.com>
Sent: Wednesday, July 29, 2026 3:47 PM
To: Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>; Stacy Brew <Stacy.Brew@k12.nd.us>
Subject: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

Good afternoon!
Attached please find the renewal presentation which includes all lines of coverage as well as the NDPHIT standard plan options to consider for your medical renewal. As previously presented, moving to one of the standard plan designs is optional for 1/1/2027, so you can renew as is or move to a standard plan. Please review the options carefully. If you would like additional information on your group's particular utilization, or to discuss some of these options in more detail, I'm happy to gather that information or coordinate a meeting.
Plan design elements as well as employer policies and contributions truly do have a significant impact to the risk you attract to your plans, and how that plan performs year over year. For additional information about the standard plans offered please use the attached link: NDPHIT Plan Standardization Presentation
Once you know your final renewal decisions, please let me know and I will get your renewal call scheduled. Final renewal documents will be sent following the renewal call. As a reminder, **final decisions *along with* all required documents are due Friday, August 28, 2026**. I'm happy to help answer any questions you may have in the meantime.

Stephanie Mace
Senior Benefits Consultant

Stephanie.Mace@bbrown.com
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When Brown & Brown has processed an add, termination or change of status on your behalf, please remember to check your carrier invoices to ensure that all requested adds, terminations & changes were processed correctly.

Outlook

RE: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

From Stephanie Mace <smace@hayscompanies.com>
Date Fri 8/14/2026 7:50 AM
To Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>

Hi Rhonda. Please see my answers to your questions below.
Thanks.
Steph

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Effective Sept 1st, 2026. Our new office address will be 6955 S Union Park Center, Suite 350 Cottonwood Heights, UT 84047

Stephanie Mace
Senior Benefits Consultant

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From: Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>
Sent: Thursday, August 13, 2026 1:29 PM
To: Stephanie Mace <smace@hayscompanies.com>
Subject: Re: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

[External]

Hello again,

A couple more questions I'm hoping you can answer:

1. If we would elect one of the new standardized options for 2027, do we have the ability to switch to a different option next year? So for example, if we pick option 2 for 2027, can we pick option 3 for 2028? SM – Yes, you can change to any of the offered plan designs at each renewal period.
2. Are any of the options considered a high-deductible plan where employees would have the option of doing a health savings account? If so, does NDPHIT administer health savings accounts? I'm not familiar with the ins and outs of HSAs, as I've personally never had one. SM – Options 8 and 9 are qualified high deductible plans. NDPHIT does not offer or administer an HSA product. You would need to work with an HSA vendor to provide that service.
3. And if I recall, if we renew our plan as-is and do not select one of the nine new options for 2027, we would still be required to select one of the nine new options for 2028, as our current plan would no longer be available for 2028, correct? SM – Yes, that is correct. Moving to one of the 9 plans this year is optional. Next year, only the 9 plans will be offered.

Thanks!
Rhonda Zastoupil
Business Manager
Killdeer Public School District #16
Ph: 701-764-5865

From: Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>
Sent: Thursday, August 13, 2026 1:01 PM
To: smace@hayscompanies.com <smace@hayscompanies.com>
Subject: Re: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

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Thanks!
Rhonda Zastoupil
Business Manager
Killdeer Public School District #16

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From: Stephanie Mace <Stephanie.Mace@bbrown.com>
Sent: Wednesday, July 29, 2026 3:47 PM
To: Rhonda Zastoupil <Rhonda.Zastoupil@k12.nd.us>; Stacy Brew <Stacy.Brew@k12.nd.us>
Subject: 2027 Killdeer PSD #16 NDPHIT Renewal Presentation

Good afternoon!
Attached please find the renewal presentation which includes all lines of coverage as well as the NDPHIT standard plan options to consider for your medical renewal. As previously presented, moving to one of the standard plan designs is optional for 1/1/2027, so you can renew as is or move to a standard plan. Please review the options carefully. If you would like additional information on your group's particular utilization, or to discuss some of these options in more detail, I'm happy to gather that information or coordinate a meeting.
Plan design elements as well as employer policies and contributions truly do have a significant impact to the risk you attract to your plans, and how that plan performs year over year. For additional information about the standard plans offered please use the attached link: NDPHIT Plan Standardization Presentation
Once you know your final renewal decisions, please let me know and I will get your renewal call scheduled. Final renewal documents will be sent following the renewal call. As a reminder, **final decisions *along with* all required documents are due Friday, August 28, 2026**. I'm happy to help answer any questions you may have in the meantime.

Stephanie Mace
Senior Benefits Consultant

Stephanie.Mace@bbrown.com
O (801) 505-6513 | C (801) 970-3710 | F (801) 845-3173
257 East 200 South, Suite 700
Salt Lake City, Utah 84111
BBrown.com | **NYSE: BRO**

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PLEASE NOTE: Insurance cannot be bound, altered or cancelled via the email or voicemail system. Coverage confirmation must be communicated through a licensed Brown & Brown Representative.

When Brown & Brown has processed an add, termination or change of status on your behalf, please remember to check your carrier invoices to ensure that all requested adds, terminations & changes were processed correctly.

5. Adjourn