

Diamond Lake School  
District #76

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# Benchmarking

# Introduction: Your Benchmark Groups

We benchmarked your plans against groupings of other participants that we thought you would be most interested in seeing.

## Industry

**School Districts  
(elementary or secondary)**

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296 Participants

## Group Size

**100-250 Employees**

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3,151 Participants

## Region

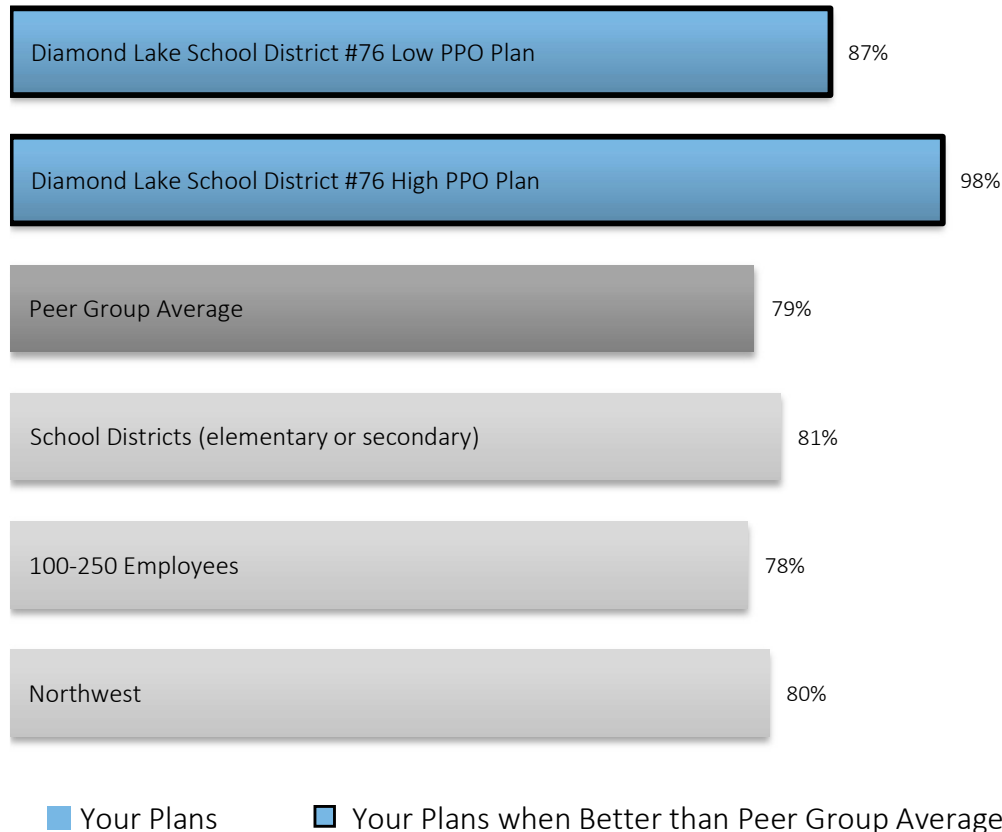
**Northwest**


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877 Participants

# Plan Design Value – Plan Richness

## Plan Design Value



 **GOAL:** Offer at least one plan that's richer than the Peer Group Average.

 **RESULT:** You have met or exceeded this goal; you have 2 plans that are higher than the benchmark.

Employees want access to at least one medical plan that covers as much or more than what they can find at an average employer in their industry or geography.

Plan design value calculations reflect the average amount of total healthcare spend covered by the plan.

It includes the benefit of employer-funded accounts, such as HSAs or HRAs which can offset out-of-pocket spend.

Note: Plan design values may not be an exact match to estimates from USI's Actuarial Value Calculator.

*Both of DL76's plan offerings have higher actuarial value (are richer) than all benchmarks.*

Note: "ID" means there was insufficient data to calculate the benchmarks for that data point.

# Plan Design Value, Details by Plan Type

Employees want to have access to at least one medical plan that covers as much or more than what they can find at an average employer in their industry or geography.

	Deductible	Out-of-Pocket Maximum	Coinsurance*	HRA/HSA Funding*	Average % of Cost Paid by the Plan
<b>Traditional National Network Plans</b>					
Diamond Lake School District #76 Low PPO Plan	\$700	\$2000	15%	\$0	87%
Diamond Lake School District #76 High PPO Plan	\$0	\$300	0%	\$0	98%
School Districts (elementary or secondary)	\$1000	\$4500	20%	\$1000	84%
100-250 Employees	\$1500	\$5000	20%	\$1250	80%
Northwest	\$1500	\$4500	20%	\$1000	81%
<b>Regional or Performance Network Plans</b>					
School Districts (elementary or secondary)	\$1000	\$4500	20%	ID	89%
100-250 Employees	\$1000	\$4000	20%	\$1500	87%
Northwest	\$750	\$3500	20%	ID	85%
<b>Qualified High Deductible Plans</b>					
School Districts (elementary or secondary)	\$3500	\$5000	20%	\$1000	74%
100-250 Employees	\$3300	\$5000	20%	\$750	73%
Northwest	\$2500	\$5000	20%	\$825	75%

*Both of DL76's plan offerings have substantially lower out of pocket costs than all benchmarks.*

\* Amounts, when offered. HRA Funding may pay first (front-end) or after deductible (back-end).  
 Note: "ID" means there was insufficient data to calculate the benchmarks for that peer group.

# Employee Payroll Contributions

*Both of DL76's plan offerings have lower monthly payroll contributions than all benchmarks for both Singles & Families.*

## Monthly Contributions – Individual Coverage

Diamond Lake School District #76 Low PPO Plan , \$0

Diamond Lake School District #76 High PPO Plan , \$0

Peer Group Average \$132

School Districts (elementary or secondary) \$105

100-250 Employees \$143

Northwest \$100

## Monthly Contributions – Family Coverage

Diamond Lake School District #76 Low PPO Plan , \$229

Diamond Lake School District #76 High PPO Plan \$770

Peer Group Average \$781

School Districts (elementary or secondary) \$793

100-250 Employees \$769

Northwest \$818

■ Your Plans    ■ Your Plans when Better than Peer Group Average

**GOAL:** Offer at least one plan that is priced lower than the Peer Group Average for singles, families.

**RESULT:** One or more plans are competitive for both singles and families.

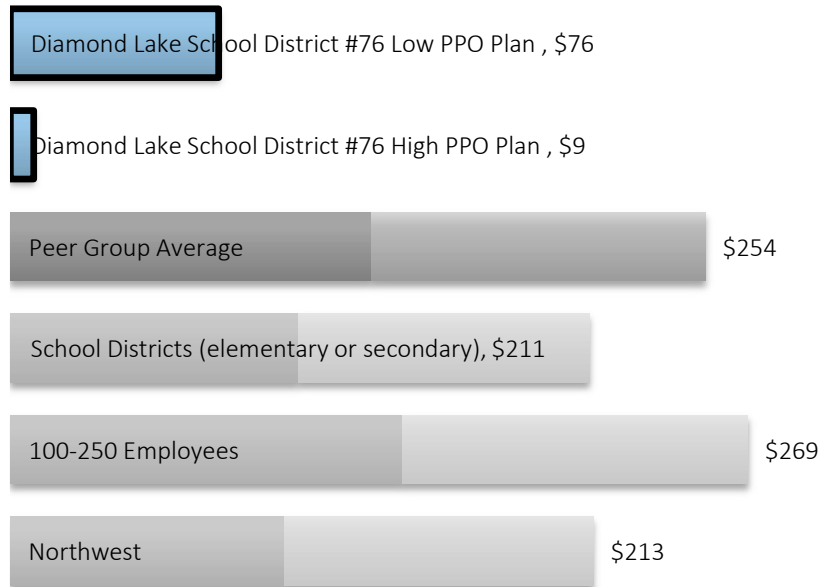
Note: "ID" means there was insufficient data to calculate the benchmarks for that data point.  
Benchmark contributions are for a 40-year-old non-smoker, making \$65,000 a year, meeting all wellness requirements.

# Total Employee Cost

Plan richness determines the employees' out-of-pocket costs. Combined with the payroll contributions, you get the **total expected cost of healthcare for your average employee**.

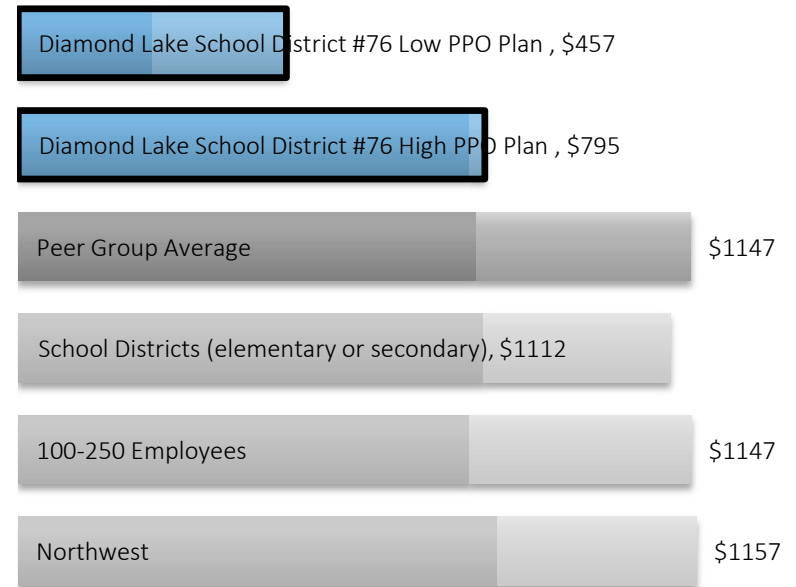
*Both of DL76's plan offerings have substantially lower total employee cost (on average) than all benchmarks for both Singles & Families.*

Average Total Monthly Cost **Individual Coverage**



- Employee Payroll Contribution
- Employee Out-of-Pocket Cost (deductible, copay, coinsurance)

Average Total Monthly Cost **Family Coverage**



- Your Plans
- Your Plans when Better than Peer Group Average

**GOAL:** Offer at least one plan with a Total Employee Cost lower than the Peer Group Average for singles and for families.

**RESULT:** One or more plans meet or exceed the goal for both singles and families.

Note: "ID" means there was insufficient data to calculate the benchmarks for that data point.

## Benchmark Commentary

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- We have room to increase deductibles / out-of-pocket maxes and/or increase payroll contributions
  - We could take both of these steps and still show favorably vs. any/all benchmarks
- Increasing deductibles / out-of-pocket maxes would decrease what the district spends on healthcare as some of that cost would shift onto employees
- Increasing payroll contributions would create some additional cashflow to help fund our very generous offerings

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# Blue Insight Reporting

*Utilization Over Time & Claim Stratification*

# Enrollment Breakdown

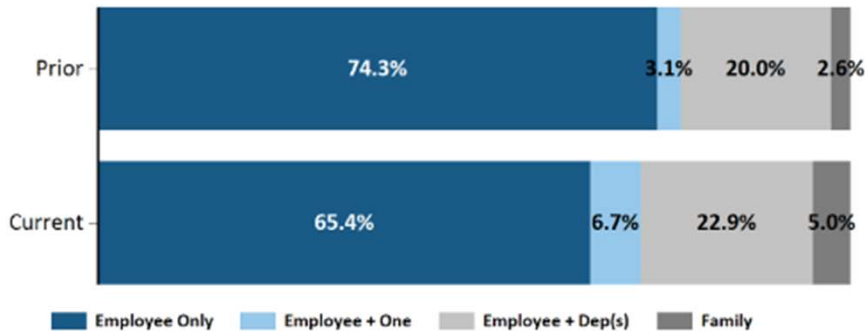
## \$0 PPO

Month	Medical Subscribers	Medical Members
Jul 2025	81	102
Aug 2025	79	100
Sep 2025	80	101
Oct 2025	81	102
Nov 2025	79	100
Dec 2025	78	100
Jan 2026	78	100
Feb 2026	77	99
Mar 2026		
Apr 2026		
May 2026		
Jun 2026		

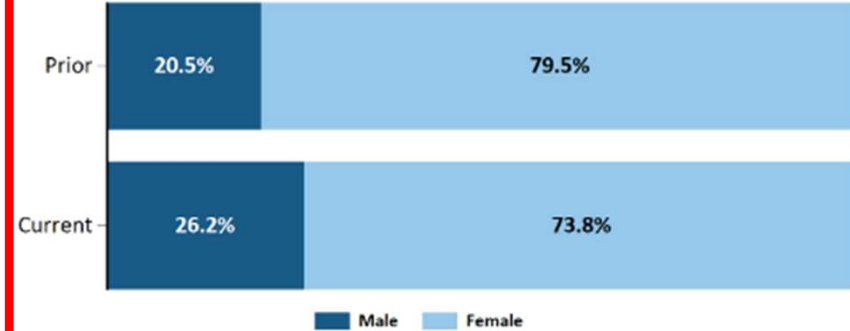
The \$0 EE Only payroll contribution for this plan is driving a disproportionate amount of EE Only Enrollment.

For the current plan year, we fund \$962.86 into the co-op pool for each of these EE Only subscribers vs. \$793.86 for EE Only subscribers on the \$700 PPO plan.

Enrollment by Tier



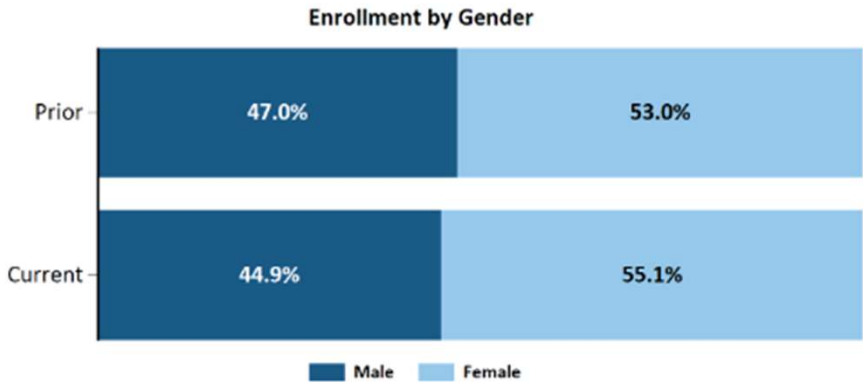
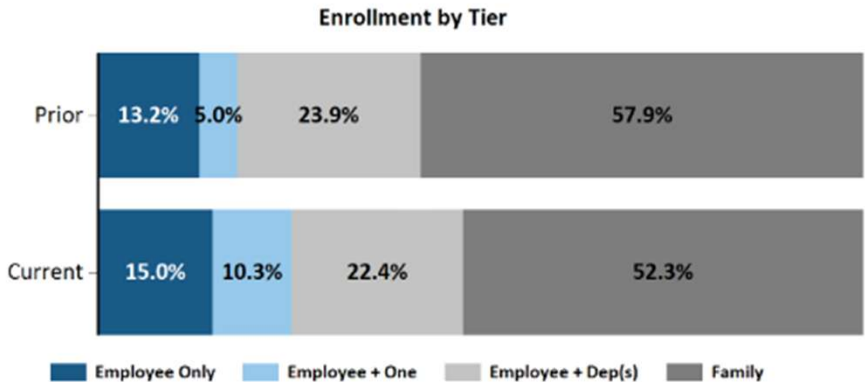
Enrollment by Gender



# Enrollment Breakdown

## \$700 PPO

Month	Medical Subscribers	Medical Members
Jul 2025	48	121
Aug 2025	48	108
Sep 2025	48	108
Oct 2025	48	110
Nov 2025	49	112
Dec 2025	51	116
Jan 2026	52	117
Feb 2026	52	117
Mar 2026		
Apr 2026		
May 2026		
Jun 2026		



# Plan YTD Medical Out of Pocket Stratification

\$0 PPO – Jul 2025 through Feb 2026

Claimant Distribution by Out of Pocket Expense Bands

Out of Pocket Band	Jul 2024 - Feb 2025				Jul 2025 - Feb 2026			
	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants	Claimants %	Out of Pocket	Out of Pocket %
Less than \$100	72	67.3%	\$2,536	27.1%	78	78.0%	\$3,134	45.7%
\$101 - \$200	22	20.6%	\$3,091	33.1%	15	15.0%	\$2,051	29.9%
\$201 - \$300	8	7.5%	\$2,006	21.5%	6	6.0%	\$1,350	19.7%
\$301 - \$400	5	4.7%	\$1,715	18.3%	1	1.0%	\$330	4.8%
\$401 - \$500								
\$501 - \$750								
\$751 - \$1,000								
\$1,001 - \$1,500								
\$1,501 - \$2,000								
\$2,001 - \$2,500								
\$2,501 - \$3,000								
\$3,001 - \$4,000								
\$4,001 - \$5,000								
\$Greater than \$5,001								
<b>Summary</b>	<b>107</b>	<b>100%</b>	<b>\$9,348</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>\$6,865</b>	<b>100%</b>

Many members would feel little effect if the deductible were increased slightly as their out of pocket spend indicates that they are low utilizers.

# Plan YTD Medical Out of Pocket Stratification

## \$700 PPO – Jul 2025 through Feb 2026

Claimant Distribution by Out of Pocket Expense Bands

Out of Pocket Band	Jul 2024 - Feb 2025				Jul 2025 - Feb 2026			
	Claimants	Claimants %	Out of Pocket	Out of Pocket %	Claimants	Claimants %	Out of Pocket	Out of Pocket %
Less than \$100	63	50.4%	\$1,964	3.9%	60	48.8%	\$354	0.8%
\$101 - \$200	12	9.6%	\$1,902	3.8%	8	6.5%	\$1,370	3.1%
\$201 - \$300	3	2.4%	\$665	1.3%	10	8.1%	\$2,359	5.4%
\$301 - \$400	6	4.8%	\$2,132	4.2%	5	4.1%	\$1,690	3.8%
\$401 - \$500	5	4.0%	\$2,221	4.4%	2	1.6%	\$914	2.1%
\$501 - \$750	8	6.4%	\$5,163	10.3%	13	10.6%	\$8,144	18.5%
\$751 - \$1,000	9	7.2%	\$8,193	16.3%	11	8.9%	\$9,677	22.0%
\$1,001 - \$1,500	13	10.4%	\$15,950	31.8%	11	8.9%	\$13,829	31.5%
\$1,501 - \$2,000	4	3.2%	\$7,298	14.5%	3	2.4%	\$5,633	12.8%
\$2,001 - \$2,500	1	0.8%	\$2,037	4.1%				
\$2,501 - \$3,000	1	0.8%	\$2,686	5.3%				
\$3,001 - \$4,000								
\$4,001 - \$5,000								
\$Greater than \$5,001								
<b>Summary</b>	<b>125</b>	<b>100%</b>	<b>\$50,211</b>	<b>100%</b>	<b>123</b>	<b>100%</b>	<b>\$43,970</b>	<b>100%</b>

*Many members would feel little effect if the deductible were increased slightly as their out of pocket spend indicates that they are low utilizers.*

# Utilization Uptick (Medical Claims) \$0 PPO - YoY

**Group Liability Breakdown**

Paid Month	Feb 2026	Jul 2024 - Feb 2025	Jul 2025 - Feb 2026	% Change
Medical Paid	\$31,866	\$501,635	\$587,560	17.1%
VBC Payments	\$82	\$114	\$478	320.1%
<b>Total Paid Claims</b>	<b>\$31,948</b>	<b>\$501,749</b>	<b>\$588,039</b>	<b>17.2%</b>
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$31,948	\$501,749	\$588,039	17.2%
Fees & Credits	\$12,241	\$81,607	\$101,055	23.8%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Group Liability	\$44,189	\$583,355	\$689,094	18.1%

Referencing the table above, total Medical spend has increased 17.2% from the same time period (Jul – Feb) from a year ago.

This also occurred YoY from plan year 7.1.23 to plan year 7.1.24 as seen in the table below.

**Group Liability Breakdown**

Paid Month	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Medical Paid	\$90,403	\$657,027	\$890,337	35.5%
VBC Payments	\$63	\$445	\$365	-17.9%
<b>Total Paid Claims</b>	<b>\$90,466</b>	<b>\$657,471</b>	<b>\$890,702</b>	<b>35.5%</b>
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$90,466	\$657,471	\$890,702	35.5%
Fees & Credits	\$0	\$126,139	\$119,032	-5.6%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Group Liability	\$90,466	\$783,611	\$1,009,734	28.9%

# Utilization Uptick (Medical Claims) \$700 PPO - YoY

**Group Liability Breakdown**

Paid Month	Feb 2026	Jul 2024 - Feb 2025	Jul 2025 - Feb 2026	% Change
Medical Paid	\$41,851	\$345,179	\$487,522	41.2%
VBC Payments	\$105	\$205	\$515	150.9%
<b>Total Paid Claims</b>	<b>\$41,956</b>	<b>\$345,384</b>	<b>\$488,037</b>	<b>41.3%</b>
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$41,956	\$345,384	\$488,037	41.3%
Fees & Credits	\$8,368	\$45,122	\$63,718	41.2%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Group Liability	\$50,324	\$390,506	\$551,755	41.3%

*Referencing the table above, total Medical spend has increased 41.3% from the same time period (Jul – Feb) from a year ago.*

*This did not occur YoY from plan year 7.1.23 to plan year 7.1.24 as seen in the table below.*

**Group Liability Breakdown**

Paid Month	Jun 2025	Jul 2023 - Jun 2024	Jul 2024 - Jun 2025	% Change
Medical Paid	\$66,537	\$725,012	\$595,536	-17.9%
VBC Payments	\$71	\$586	\$490	-16.4%
<b>Total Paid Claims</b>	<b>\$66,608</b>	<b>\$725,598</b>	<b>\$596,026</b>	<b>-17.9%</b>
Recoveries	\$0	\$0	\$0	0.0%
Total Paid Claims + Recoveries	\$66,608	\$725,598	\$596,026	-17.9%
Fees & Credits	\$0	\$68,547	\$68,362	-0.3%
HCA Draft Amount	\$0	\$0	\$0	0.0%
Group Liability	\$66,608	\$794,145	\$664,387	-16.3%

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# Claims Experience Reporting & Funding Deficit Commentary

# Monthly Funding

## 7.1.25 – 3.31.26

### Monthly Funding Calculation

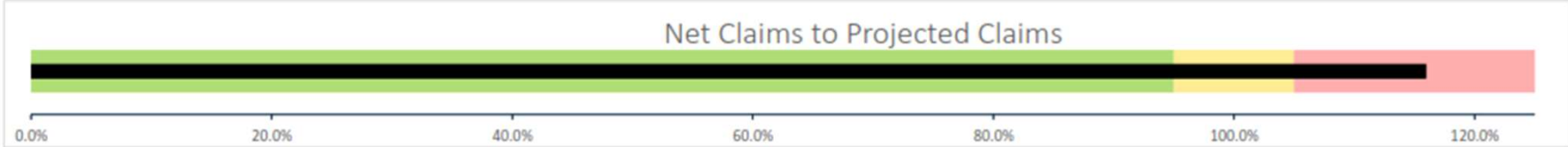
		1-Jul	1-Aug	1-Sep	1-Oct	1-Nov	1-Dec	1-Jan	1-Feb	1-Mar
<b>DL Low PPO (P21889)</b>										
	Rate	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
EE	\$793.86	15	18	18	18	18	18	17	17	17
EESP	\$1,807.83	5	4	5	5	5	5	7	7	7
EECH	\$1,706.45	11	10	10	10	10	10	10	13	13
FAM	\$2,281.03	17	15	15	15	15	15	16	15	15
<b>DL High PPO (P21890)</b>										
	Rate	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
EE	\$962.86	68	65	66	66	66	67	65	64	63
EESP	\$2,230.34	3	3	3	3	3	3	4	4	4
EECH	\$1,983.70	9	9	9	9	9	9	9	9	9
FAM	\$2,821.83	1	1	1	1	1	1	1	1	1
	<b>Total Subscribers</b>	129	125	127	127	127	128	129	130	129

### Funded Amount vs. Actual Cost

**Running Deficit / Surplus**  
**DL \$96,832.18**

		1-Jul	1-Aug	1-Sep	1-Oct	1-Nov	1-Dec	1-Jan	1-Feb
<b>Total Funding</b>									
DL		\$171,336.14	\$162,752.80	\$165,523.49	\$165,523.49	\$165,523.49	\$166,486.35	\$171,893.80	\$173,769.26
<b>Actual Net MedRx Cost <i>Including Rebates</i></b>									
DL		\$249,437.00	\$227,824.00	\$165,447.00	\$192,648.00	\$230,304.00	\$176,612.00	\$117,431.00	\$79,938.00
<b>Deficit / Surplus</b>									
DL		\$78,100.86	\$65,071.20	-\$76.49	\$27,124.51	\$64,780.51	\$10,125.65	-\$54,462.80	-\$93,831.26

# Claims Dashboard



### Projected Claims vs. Net Claims

2025 - 2026

- Projected Claims
- Net Claims

### Proj Claims PEPE vs. Net Claims PEPE

2025 - 2026

- Proj Claims PEPE
- Net Claims PEPE

	2023 - 2024	2024 - 2025	2025 - 2026
Net Claims	\$ 1,730,593	\$ 1,784,812	\$ 1,393,240
Projected Claims	\$ 1,817,166	\$ 1,750,983	\$ 1,201,471
Net Claims / Projected	95.2%	101.9%	116.0%
Net Plan Costs	\$ 1,923,681	\$ 1,985,721	\$ 1,439,641
Projected Costs	\$ 2,010,254	\$ 1,951,892	\$ 1,363,065
Net / Proj Costs	95.7%	101.7%	114.1%
Rx % of Gross Claims	15.7%	11.7%	14.5%
Net Claims PEPE	\$ 12,979	\$ 14,054	\$ 16,248
Average Employees	133	127	129

### Large Claimants as a % of Total Claims

0%

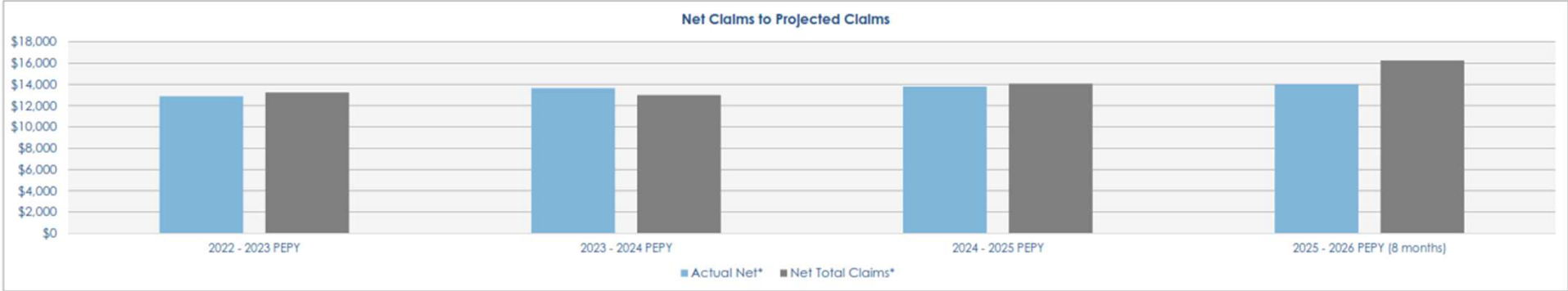
100%

- Large Claimants
- Other Claims

	2023 - 2024	2024 - 2025	2025 - 2026
SSL Deductible	\$ 275,000	\$ 275,000	\$ 275,000
# of Claimants >= Threshold	0	0	0
Total Claims >= Threshold	\$ -	\$ -	\$ -
# of Claimants over SSL	0	0	0
Claims over SSL	\$ -	\$ -	\$ -
Δ from Prior Month			\$ -
New Claimants			0

- Net Claims reflects total claims paid less any adjustments for SSL overages, including aggregating specific offsets and individual laser payments
- Net Costs include fixed fees.
- PEPE = Per Employee Per Year

# Claims Dashboard



Time Period	Average Total Subscribers	Projected Claims	Gross Medical Claims	Gross Rx Claims	Claims Over SSL	Net Total Claims*	Net Claims/Projected	Admin Fee	Stop Loss Premium	Total Fixed Costs	Non-Agg Claims	Actual Net*
2022 - 2023	129	1,657,516	1,419,992	282,457	0	1,702,449	102.7%	73,850	102,043	175,892	(80,067)	1,878,341
2023 - 2024	133	1,817,166	1,382,751	347,842	0	1,730,593	95.2%	77,760	115,328	193,088	(76,698)	1,923,681
2024 - 2025	127	1,750,983	1,486,580	298,232	0	1,784,812	101.9%	75,225	125,684	200,909	(90,274)	1,985,721
2025 - 2026 YTD (8 months)	129	1,201,471	1,076,555	316,685	0	1,393,240	116.0%	52,376	109,218	161,594	(115,193)	1,439,641

Time Period	Average Total Subscribers	Δ from prior year	Projected Claims	Δ from prior year	Gross Medical Claims	Δ from prior year	Gross Rx Claims	Δ from prior year	Claims Over SSL	Δ from prior year	Net Total Claims*	Δ from prior year	Admin Fee	Δ from prior year	Stop Loss Premium	Δ from prior year	Total Fixed Costs	Δ from prior year	Non-Agg Claims	Δ from prior year	Actual Net*	Δ from prior year
2022 - 2023 PEPY	129		12,882		11,036		2,195		0		13,231		574		793		1,367		(622)		14,599	
2023 - 2024 PEPY	133	+4%	13,629	+6%	10,371	-6%	2,609	+19%	0		12,979	-2%	583	+2%	865	+9%	1,448	+6%	(575)	-8%	14,428	-1%
2024 - 2025 PEPY	127	-5%	13,787	+1%	11,705	+13%	2,348	-10%	0		14,054	+8%	592	+2%	990	+14%	1,582	+9%	(711)	+24%	15,636	+8%
2025 - 2026 PEPY (8 months)	129	+1%	14,011	+2%	12,555	+7%	3,693	+57%	0		16,248	+16%	611	+3%	1,274	+29%	1,884	+19%	(1,343)	+89%	16,789	+7%

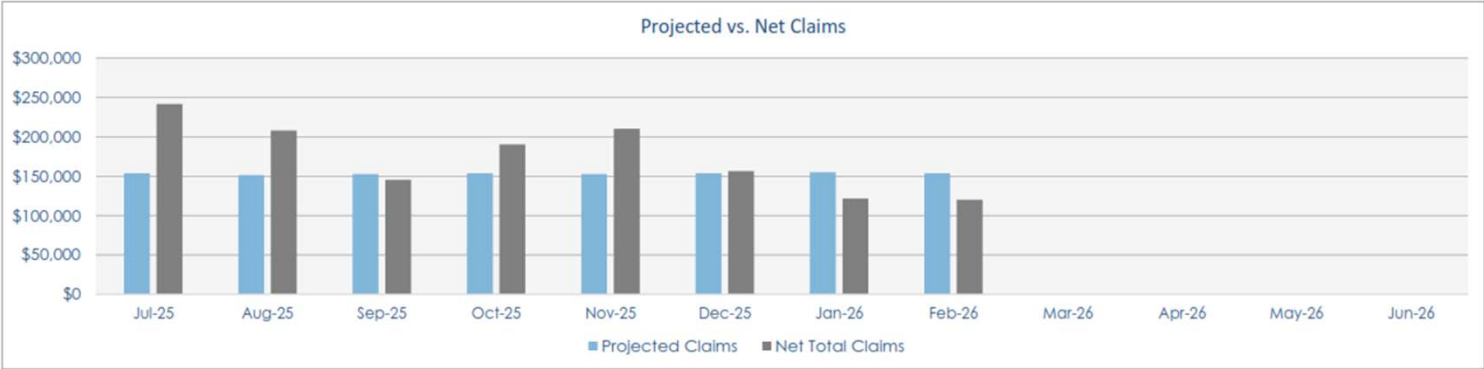
**Notes**  
 1. 2025 - 2026 includes 8 month(s) of data.  
 2. PEPY = Per Employee Per Year  
 \*Net Total Claims\* includes all additional "Other" costs from subsequent "Cost Summary" page, not explicitly illustrated on this page.  
 \*Actual Net\* includes all Non-Agg Claims not included in \*Net Total Claims\*

Actual net costs are not terribly out of line with benchmark (~\$16.5K).  
 So while cost control measures, like plan design change, are prudent, part of the conversation is also that we may need to increase our budget.

# Monthly Claims Experience

## Current Plan Year

- Claims Over SSL
- 1,393,240**  
Net Total Claims
- 16,248**  
Net Claims PEPY
- 116.0%**  
Net Claims / Projected



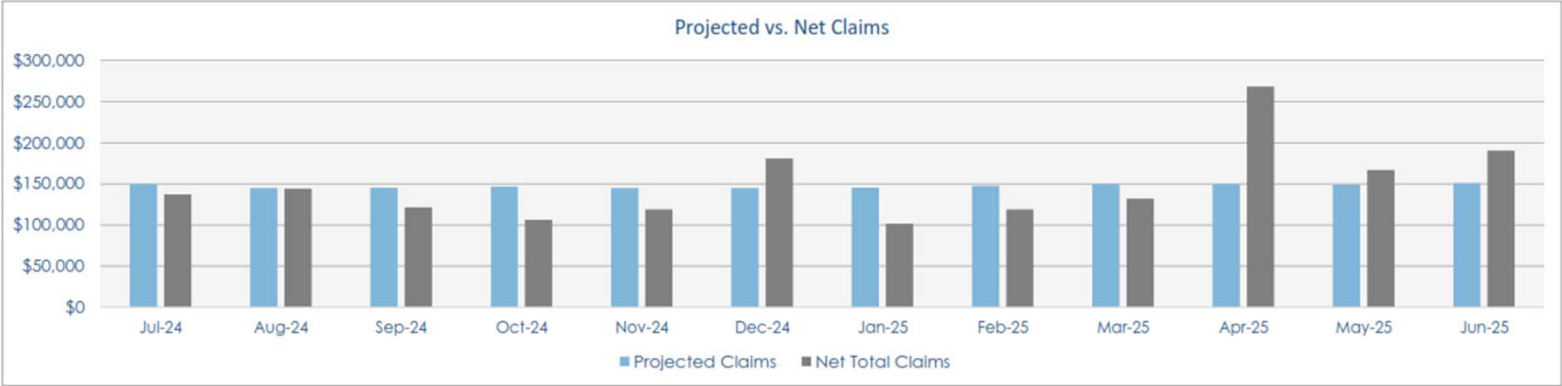
A	Enrollment					F	Fixed Costs			Claims					Other	Total Plan Costs		Loss Ratio	
	B	C	D	E	H		I	H+I	M	N	O	U	SUM(N-U)	Budget		Actual Net	Net Claims/ Projected	Projected to Net	
	EE	EE + Sp	EE + Ch	Fam	Admin Fee		Stop Loss Premium	Total Fixed Costs	Projected Claims	Gross Medical Claims	Gross Rx Claims	Claims Over SSL	Net Total Claims	Rx Rebates					
Jul-25	83	8	20	18	129	6,566	13,692	20,258	151,078	204,685	36,824	-	241,510	(12,331)	171,336	249,437	159.9%	(90,432)	
Aug-25	84	8	19	16	127	6,464	13,480	19,944	145,871	161,444	46,436	-	207,880	-	165,815	227,824	142.5%	(62,009)	
Sep-25	85	8	19	16	128	6,515	13,586	20,101	146,646	104,950	40,396	-	145,346	-	166,747	165,447	99.1%	1,300	
Oct-25	85	8	19	17	129	6,566	13,692	20,258	148,800	156,378	33,758	-	190,136	(17,746)	169,058	192,648	127.8%	(41,336)	
Nov-25	83	9	19	17	128	6,515	13,586	20,101	149,059	181,480	28,723	-	210,203	-	169,160	230,304	141.0%	(61,144)	
Dec-25	81	11	20	17	129	6,566	13,692	20,258	152,801	113,696	42,657	-	156,353	-	173,059	176,612	102.3%	(3,552)	
Jan-26	81	11	22	16	130	6,617	13,798	20,415	153,995	80,099	41,623	-	121,723	(24,707)	174,411	117,431	79.0%	32,273	
Feb-26	80	11	22	16	129	6,566	13,692	20,258	153,220	73,822	46,267	-	120,089	(60,409)	173,478	79,938	78.4%	33,131	
Mar-26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Totals</b>	<b>662</b>	<b>74</b>	<b>160</b>	<b>133</b>	<b>1,029</b>	<b>52,376</b>	<b>109,218</b>	<b>161,594</b>	<b>1,201,471</b>	<b>1,076,555</b>	<b>316,685</b>	<b>-</b>	<b>1,393,240</b>	<b>(115,193)</b>	<b>1,363,065</b>	<b>1,439,641</b>	<b>116.0%</b>	<b>(191,769)</b>	
<b>PEPY</b>	<b>83</b>	<b>9</b>	<b>20</b>	<b>17</b>	<b>129</b>	<b>611</b>	<b>1,274</b>	<b>1,884</b>	<b>14,011</b>	<b>12,555</b>	<b>3,693</b>	<b>-</b>	<b>16,248</b>	<b>(1,343)</b>	<b>15,896</b>	<b>16,789</b>		<b>(2,236)</b>	

- Notes**
- PEPY = Per Employee Per Year
  - Aggregate corridor is 100%. Specific stop loss is \$275,000.

# Monthly Claims Experience

## Prior Plan Year

- Claims Over SSL
- 1,784,812**  
Net Total Claims
- 14,054**  
Net Claims PEPY
- 101.9%**  
Net Claims / Projected



	Enrollment				Total Subscribers	Fixed Costs			Claims					"Other"	Total Plan Costs		Loss Ratio	
	EE	EE + Sp	EE + Ch	Fam		Admin Fee	Stop Loss Premium	Total Fixed Costs	Projected Claims	Gross Medical Claims	Gross Rx Claims	Claims Over SSL	Net Total Claims		Rx Rebates	Budget	Actual Net	Net Claims/Projected
Jul-24	89	4	20	17	130	6,417	10,721	17,138	147,801	122,811	14,320	-	137,131	(24,153)	164,939	130,115	92.8%	10,670
Aug-24	90	4	17	17	128	6,318	10,556	16,874	143,596	120,076	23,791	-	143,867	-	160,470	160,742	100.2%	(272)
Sep-24	88	4	18	17	127	6,269	10,474	16,742	143,699	94,029	27,175	-	121,204	-	160,441	137,946	84.3%	22,495
Oct-24	87	4	18	18	127	6,269	10,474	16,742	145,138	88,053	18,163	-	106,216	-	161,880	122,958	73.2%	38,922
Nov-24	87	4	17	18	126	6,219	10,391	16,611	143,476	85,485	33,176	-	118,661	(22,949)	160,087	112,322	82.7%	24,816
Dec-24	87	4	17	18	126	6,219	10,391	16,611	143,476	157,457	23,213	-	180,670	-	160,087	197,281	125.9%	(37,194)
Jan-25	83	4	19	18	124	6,121	10,226	16,347	143,683	82,129	19,445	-	101,574	(22,919)	160,030	95,002	70.7%	42,109
Feb-25	84	6	18	18	126	6,219	10,391	16,611	146,561	96,948	21,871	-	118,819	-	163,172	135,430	81.1%	27,742
Mar-25	84	6	19	18	127	6,269	10,474	16,742	148,222	112,707	19,082	-	131,789	-	164,965	148,532	88.9%	16,433
Apr-25	84	6	19	18	127	6,269	10,474	16,742	148,222	232,562	35,487	-	268,049	(20,252)	164,965	264,539	180.8%	(119,826)
May-25	86	6	19	17	128	6,318	10,556	16,874	147,563	137,252	29,490	-	166,742	-	164,437	183,616	113.0%	(19,179)
Jun-25	84	7	20	17	128	6,318	10,556	16,874	149,546	157,072	33,018	-	190,091	-	166,420	206,965	127.1%	(40,544)
<b>Totals</b>	<b>1,033</b>	<b>59</b>	<b>221</b>	<b>211</b>	<b>1,524</b>	<b>75,225</b>	<b>125,684</b>	<b>200,909</b>	<b>1,750,983</b>	<b>1,486,580</b>	<b>298,232</b>	<b>-</b>	<b>1,784,812</b>	<b>(90,274)</b>	<b>1,951,892</b>	<b>1,895,447</b>	<b>101.9%</b>	<b>(33,829)</b>
PEPY	86	5	18	18	127	592	990	1,582	13,787	11,705	2,348	-	14,054	(711)	15,369	14,925		(266)

- Notes**
1. PEPY = Per Employee Per Year
  2. Aggregate corridor is 100%. Specific stop loss is \$275,000.

## Commentary

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There are two levers we can pull to get us back to an appropriate funding level, **where the amount we are budgeting for the health plan is equal to or exceeds the actual cost of the plan:**

### 1. Increase funding rates.

- Annual increases to budgeted rates are a common feature in self-funded plans across all industry groups. Medical inflation makes it so that the cost of a procedure or drug today will be higher for the same procedure/drug one year from now.
- We have room to increase employee contributions to help offset some of the cost of budget increases.

### 2. Take measures, such as plan design change, to decrease claims cost.

- Our plans are very “rich” (i.e. they pay more on members’ behalf) than all benchmarks. To that end, we have room to make plan design changes or increase contributions while still offering a very competitive health insurance package.