

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

### Recommended Renewal Formula

Loss Ratio			Banding Adjustment	Overall Adjustment	Net Adjustment
	or Less	81.8%	-5.0%	6.4%	1.7%
81.9%	<=	84.9%	-4.0%	6.4%	2.7%
85.0%	<=	88.0%	-3.0%	6.4%	3.7%
88.1%	<=	91.1%	-2.0%	6.4%	4.7%
91.2%	<=	94.2%	-1.0%	6.4%	5.7%
94.3%	<=	97.3%	0.0%	6.4%	6.7%
97.4%	<=	100.4%	1.0%	6.4%	7.7%
100.5%	<=	103.5%	2.0%	6.4%	8.7%
103.6%	<=	106.6%	3.0%	6.4%	9.7%
106.7%	<=	109.7%	4.0%	6.4%	10.7%
109.8%	or More		5.0%	6.4%	11.7%

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

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Revised; inclusive of the 10 year 15% reserve strategy

Presented 4/17/2020

### Illinois Scholastic Cooperative Experience Banding Calculation Data Through 02/29/2020

Participant	Loss Ratio	Rate Adjustment After Banding	Final Rate Adjustment
El Paso	92.5%	5.4%	5.7%
Meridian	118.1%	11.4%	11.7%
Oregon	88.7%	4.4%	4.7%
Rochelle	119.6%	11.4%	11.7%
Rockton	76.6%	1.4%	1.7%
West Carroll	99.9%	7.4%	7.7%
Winnebago	92.3%	5.4%	5.7%
<b>TOTAL</b>	<b>95.8%</b>	<b>6.1%</b>	<b>6.4%</b>

> Initial overall rate adjustment is different than renewal projection due to banding formula. Additional adjustment of 0.26% has been applied  
> Loss Ratio determined by most recent 12 months of experience.

Participant	Loss Ratio	Rate Adjustment After Banding	Final Rate Adjustment
Warren	-	6.4%	6.4%
NSEC	-	6.4%	6.4%
Scales Mound	-	6.4%	6.4%
Lena Winslow	-	6.4%	6.4%

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Presented 4/17/2020



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

		9/1/2019 through 8/31/2020	9/1/2020 through 8/31/2021
PE0010	Enrollment	Equiv. Rate	Equiv. Rate
Single	53	\$645.75	\$682.36
Single + Spouse	0	\$1,479.97	\$1,563.87
Single + Child(ren)	2	\$1,295.71	\$1,369.16
Single + Family	2	\$2,129.92	\$2,250.66
Medicare Single	0	\$0.00	\$409.42
Medicare Family	0	\$0.00	\$818.84
<b>Monthly</b>	<b>57</b>	<b>\$41,076</b>	<b>\$43,405</b>
PE0012	Enrollment	Equiv. Rate	Equiv. Rate
Single	23	\$607.44	\$641.87
Single + Spouse	0	\$1,392.18	\$1,471.10
Single + Child(ren)	0	\$1,218.84	\$1,287.93
Single + Family	0	\$2,003.58	\$2,117.16
Medicare Single	0	\$0.00	\$385.12
Medicare Family	0	\$0.00	\$770.24
<b>Monthly</b>	<b>23</b>	<b>\$13,971</b>	<b>\$14,763</b>
PE0014	Enrollment	Equiv. Rate	Equiv. Rate
Single	29	\$558.98	\$590.67
Single + Spouse	0	\$1,281.10	\$1,353.72
Single + Child(ren)	4	\$1,121.59	\$1,185.17
Single + Family	6	\$1,843.72	\$1,948.24
Medicare Single	0	\$0.00	\$354.40
Medicare Family	0	\$0.00	\$708.80
<b>Monthly</b>	<b>39</b>	<b>\$31,759</b>	<b>\$33,560</b>
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	119	\$86,806	\$91,727
Annual		\$1,041,675	\$1,100,727
\$ Annual Change			\$59,053
% Annual Change			5.7%

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

		9/1/2019 through 8/31/2020	9/1/2020 through 8/31/2021
PD4496	Enrollment	Equiv. Rate	Equiv. Rate
Single	91	\$788.93	\$825.74
Single + Spouse	10	\$1,656.02	\$1,733.29
Single + Child(ren)	11	\$1,519.39	\$1,590.29
Single + Family	34	\$2,386.46	\$2,497.82
Medicare Single	1	\$488.25	\$511.03
Medicare Family	0	\$976.47	\$1,022.03
<b>Monthly</b>	<b>147</b>	<b>\$186,694</b>	<b>\$195,405</b>
Total	Enrollment	Equiv. Rate	Equiv. Rate
Monthly	147	\$186,694	\$195,405
Annual		\$2,240,328	\$2,344,864
\$ Annual Change			\$104,536
% Annual Change			4.7%

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