



Insurance | Risk Management | Consulting

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

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

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

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