

**SCHOOL DISTRICT OF THE MENOMONIE AREA  
EMPLOYEE BENEFIT TRUST - HEALTH INSURANCE ROLLING 12 MONTHS**

	Admin Fee	Specific Excess	Annual Aggregate	Mental Health Parity	Claims Paid	Drug Payments	Virgin Health	Adjust/ Misc	Total Deductions	Premiums Paid	Pedometer	Claims Returned Fd 73	Interest	Adjustment/ Voids/ Refunds	Stop Loss	Total Receipts	Balance in Fund
																Beg Balance	2,447,277.12
Jun-21	8,980.60	10,661.56	109,884.10	1,208.48	463,656.95	142,250.47	13,833.24	(1,647.98)	748,827.42	500,325.50	2,528.64	101,888.75	217.96		77,769.45	682,730.30	2,381,180.00
Jul-21	8,980.60	10,661.56	109,884.10	1,208.48	483,146.63	83,704.33	5,065.00	4,102.77	706,753.47	506,349.00	2,024.16	44,387.98	223.91		63,330.19	616,315.24	2,290,741.77
Aug-21	8,656.00	9,265.12	107,309.64	1,164.80	363,954.97	92,836.27	15,495.00	(253.25)	598,428.55	520,046.00	2,044.16	41,156.43	214.25		970.39	564,431.23	2,256,744.45
Sep-21	9,007.65	9,018.51	111,379.29	1,212.12	445,407.68	118,443.93	6,615.00	4,709.60	705,793.78	508,477.16	2,723.46	50,396.97	195.96		39,768.28	601,561.83	2,152,512.50
Oct-21	9,061.75	9,027.09	111,679.75	1,219.40	451,232.44	80,280.89	10,660.00	555.63	673,716.95	506,958.16	2,884.66	890.94	194.19		48,952.84	559,880.79	2,038,676.34
Nov-21	8,953.55	9,009.93	110,776.45	1,204.84	835,314.02	129,939.82	10,815.00	(1,228.43)	1,104,785.18	506,191.16	2,879.38	64,552.61	177.16		477,337.92	1,051,138.23	1,985,029.39
Dec-21	10,373.22	8,477.12	104,168.36	-	754,125.62	101,731.64	6,045.00	185.21	985,106.17	504,783.16	2,845.84	89,321.46	115.00		135,555.83	732,621.29	1,732,544.51
Jan-22	10,281.15	8,598.48	103,617.52	-	651,414.01	94,532.89	9,830.00	(812.29)	877,461.76	510,844.71	2,795.40	46,420.33	83.07		262,765.69	822,909.20	1,677,991.95
Feb-22	10,311.84	8,602.84	104,035.70	-	305,512.50	94,773.59	10,200.00	-	533,436.47	510,820.76	2,798.33	33,313.12	131.15		21,796.74	568,860.10	1,713,415.58
Mar-22	10,311.84	8,602.84	104,315.08	-	1,057,036.69	123,499.10	12,773.88	-	1,316,539.43	513,238.76	2,753.59	117,352.51	129.66		285,390.89	918,865.41	1,315,741.56
Apr-22	10,342.53	8,741.64	104,040.06	-	822,539.76	98,690.97	11,225.00	(500,105.00)	555,474.96	512,560.02	2,708.26	53,112.69	88.03		337,817.27	906,286.27	1,666,552.87
May-22	10,219.77	8,589.76	103,898.68	-	483,532.66	112,713.01	10,925.00	(2,123.41)	727,755.47	514,829.76	2,783.06	32,978.21	104.94		259,789.70	810,485.67	1,749,283.07
<b>Total</b>	<b>115,480.50</b>	<b>109,256.45</b>	<b>1,284,988.73</b>	<b>7,218.12</b>	<b>7,116,873.93</b>	<b>1,273,396.91</b>	<b>123,482.12</b>	<b>(496,617.15)</b>	<b>9,534,079.61</b>	<b>6,115,424.15</b>	<b>31,768.94</b>	<b>675,772.00</b>	<b>1,875.28</b>	<b>-</b>	<b>2,011,245.19</b>	<b>8,836,085.56</b>	<b>\$ 1,749,283.07</b>

<b>Average Claims Prior 12 Months</b>	<b>593,072.83</b>	<b>Avg Total Deductions 12 Mo</b>	<b>794,506.63</b>	<b>Balance at LGIP</b>	<b>901,133.99</b>
<b>Board Policy</b>	<b>2.00</b>		<b>2.00</b>	<b>Total Available</b>	<b>2,650,417.06</b>
<b>Total Amount Needed to Cover Claims on 5/30/22</b>	<b>1,186,145.66</b>	<b>Total Amt Need to Cover Ded</b>	<b>1,589,013.27</b>		
<b>Under/Over Board Policy</b>	<b>\$563,137.42</b>		<b>\$160,269.80</b>		

Admin Fee - Fee paid for Medica to administer the plan of benefits  
 Specific Excess - Re insurance to cover claims in excess of \$100,000 per plan year  
 Annual Agregate - Re insurance to cover total group claims should they exceed 25% of the expected claims per plan year

**AUDITOR/YEAR END ADJ**  
 PCORI PAYMENT & TRANSFER FROM LGIP EBT (APRIL 18)