

**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	Active Stop Loss	Total Receipts	Balance in Fund
																Beg Balance	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
Jun-22	10,250.46	8,594.12	104,037.48	-	728,624.60	109,785.75	6,615.00	173.85	968,081.26	512,464.02	2,752.00	158,466.23	144.85		279,751.62	953,578.72	1,734,780.53
Jul-22	10,281.15	8,598.48	103,896.90	-	768,564.85	142,926.86	9,545.00	521.55	1,044,334.79	513,647.43	1,960.00	28,329.72	172.91		336,102.51	880,212.57	1,570,658.31
Aug-22	10,342.53	9,021.02	104,598.82	-	762,803.70	163,459.11	10,365.00	3,403.26	1,063,993.44	488,505.03	2,545.00	128,565.43	157.56		336,102.51	955,875.53	1,462,540.40
Sep-22	10,894.95	9,513.32	109,477.20	-	625,240.71	127,365.88	5,965.00	5,296.02	893,753.08	495,561.00	2,545.00	114,458.36	136.48		256,003.62	868,704.46	1,437,491.78
Oct-22	10,495.98	9,042.82	105,851.58	-	819,244.56	148,601.98	10,330.00	(12,057.26)	1,091,509.66	495,561.00	2,723.26	117,532.99	113.44		161,764.05	777,694.74	1,123,676.86
Nov-22	10,495.98	9,042.82	105,572.20	-	970,930.71	149,130.16	10,835.00	(300,838.14)	955,168.73	503,545.00	2,710.62	71,731.50	2.47		322,128.46	900,118.05	1,068,626.18
Dec-22	(21,653.00)	9,340.90	106,617.58	-	626,094.25	99,890.61	5,985.00	(1,986.77)	824,288.57	583,768.87	2,705.36	39,085.75	8.49		275,090.28	900,658.75	1,144,996.36
Jan-23	8,175.15	9,309.89	104,203.42		433,057.89	98,702.49	10,660.00		664,108.84	603,369.08	2,785.36	26,553.55	8.50		137,405.29	770,121.78	1,251,009.30
Feb-23	8,052.40	9,709.55	101,650.41	-	541,414.25	117,898.54	10,250.00	(18,600.34)	770,374.81	608,144.00	2,610.00	54,547.44	7.69		126,169.02	791,478.15	1,272,112.64
Mar-23	7,978.75	9,422.16	101,500.07	-	702,949.49	136,397.57	12,547.64	(4,837.29)	965,958.39	602,084.00	2,610.00	103,070.61	8.52		80,195.18	787,968.31	1,094,122.56
Apr-23	7,831.45	8,699.67	100,208.06		550,766.86	133,058.80	11,612.80	(3,982.68)	808,194.96	607,058.00	2,690.00	57,604.01	8.24		171,836.91	839,197.16	1,125,124.76
<b>Total</b>	<b>83,365.57</b>	<b>108,884.51</b>	<b>1,251,512.40</b>	<b>-</b>	<b>8,013,224.53</b>	<b>1,539,930.76</b>	<b>115,635.44</b>	<b>(335,031.21)</b>	<b>10,777,522.00</b>	<b>6,528,537.19</b>	<b>31,419.66</b>	<b>932,923.80</b>	<b>874.09</b>	<b>-</b>	<b>2,742,339.15</b>	<b>10,236,093.89</b>	<b>\$ 1,125,124.76</b>

<b>Average Claims Prior 12 Months</b>	<b>667,768.71</b>	<b>Avg Total Deductions 12 Mo</b>	<b>898,126.83</b>	<b>Balance at LGIP</b>	<b>622,602.27</b>
<b>Board Policy</b>	<b>2.00</b>		<b>2.00</b>	<b>Total Available</b>	<b>1,747,727.03</b>
<b>Total Amount Needed to Cover Claims on 4/30/23</b>	<b>1,335,537.42</b>	<b>Total Amt Need to Cover Ded</b>	<b>1,796,253.67</b>		
<b>Under/Over Board Policy</b>	<b>-\$210,412.66</b>		<b>-\$671,128.91</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