



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

		9/1/2025 through 8/31/2026	9/1/2026 through 8/31/2027
<b>PD4458</b>	<b>Enrollment</b>	<b>Equiv. Rate</b>	<b>Equiv. Rate</b>
Single	124	\$1,054.65	\$1,204.28
Single + Spouse	3	\$2,166.62	\$2,474.01
Single + Child(ren)	11	\$2,041.66	\$2,331.32
Single + Family	13	\$3,058.91	\$3,492.89
<b>Monthly</b>	<b>151</b>	<b>\$199,501</b>	<b>\$227,805</b>
<b>Total</b>	<b>Enrollment</b>	<b>Equiv. Rate</b>	<b>Equiv. Rate</b>
<b>Monthly</b>	<b>151</b>	<b>\$199,501</b>	<b>\$227,805</b>
<b>Annual</b>		<b>\$2,394,007</b>	<b>\$2,733,655</b>
<b>\$ Annual Change</b>			<b>\$339,649</b>
<b>% Annual Change</b>			<b>14.2%</b>

> Above rates do not include current HRA reimbursement amounts.

*analysis is for illustrative 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 patterns, catastrophic 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.*