

Plan Year 2023-2024  
 Month: March

Member Dist	Coverage Type	EE's Enrolled	Premium
Kingsburg	Medical & RX	258	\$349,186.50
SCCCD	Medical & RX	949	\$1,414,159.91
Net Misc Income			\$35,696.28

Coverage Type	Mo Ees Enrolled	Total Premium + Net Misc Inc	Non-Claims Costs	Claims Funding	Claims	Avg Claim Cost Per Employee	Avg Claims Funding Per Employee	Avg Total Cost Per Employee	Modern Care / Bronze Plan
Medical	1207	\$1,799,042.69	\$191,985.36	\$1,607,057.33	\$1,151,945.84	\$954.39			
RX	1207				<u>\$449,813.38</u>	<u>\$372.67</u>			
Totals	1207	\$1,799,042.69	\$191,985.36	\$1,607,057.33	\$1,601,759.22	\$1,327.06	\$1,331.45	\$1,486.12	\$1,542/ \$1,333

Month Reserve:	\$5,298.11
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Year To Date

Coverage Type	Total Premium + Net Misc Inc	Non-Claims Costs	Claims Funding	Claims	Avg Claim Cost Per Employee	Avg Claims Funding Per Employee	Avg Total Cost Per Employee	Modern Care / Bronze Care
Medical	\$11,052,263.12	\$1,180,385.02	\$9,871,878.10	\$6,625,610.17	\$915.75			
RX		<u>\$0.00</u>		<u>\$3,035,684.03</u>	<u>\$419.81</u>			
Totals	\$11,052,263.12	\$1,180,385.02	\$9,871,878.10	\$9,661,294.20	\$1,335.56	\$1,363.15	\$1,498.53	\$1,542/ \$1,333

YTD Reserve:	\$210,583.90
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Plan Year: 2023-2024

Month: March

Member Dist	Coverage Type	EE's Enrolled	Premium
Kingsburg	Dental	258	\$21,543.00
SCCCD	Dental	1577	\$134,017.50

Coverage Type	Mo Ees Enrolled	Total Premium	Admin Costs	Claims Funding	Claims	Avg Claim Cost Per Employee	Avg Claims Funding Per Employee	Avg Total Cost Per Employee	Dental Plan Premium
Dental	1835	\$155,560.50	\$9,357.00	\$146,203.50	\$112,825.51	\$61.49	\$79.67	\$66.58	\$83.75
									Monthly Reserve: \$33,377.99

Year To Date

Coverage Type	Total Premium	Admin Costs	Claims Funding	Claims	Avg Claim Cost Per Employee	Avg Claims Funding Per Employee	Avg Total Cost Per Employee	Dental Plan Premium
Dental	\$910,232.00	\$54,476.75	\$855,755.25	\$776,550.89	\$71.57	\$78.76	\$76.58	\$83.75
								YTD Reserve: \$79,204.36

Plan Year: 2023-2024

Month: March

Member Dist	Coverage Type	EE's Enrolled	Premium
Kingsburg	Vision	258	\$3,741.00
SCCCD	Vision	1582	\$23,374.00

Coverage Type	Mo Ees Enrolled	Total Premium	Admin Costs	Claims Funding	Claims	Avg Claim Cost Per Employee	Avg Claims Funding Per Employee	Avg Total Cost Per Employee	Vision Plan Premium
Vision	1840	\$27,115.00	\$3,057.45	\$24,057.55	\$17,443.51	\$9.48	\$13.07	\$11.14	\$14.50
Monthly Reserve:									\$6,614.04

Year To Date

Coverage Type	Total Premium	Admin Costs	Claims Funding	Claims	Avg Claim Cost Per Employee	Avg Claims Funding Per Employee	Avg Total Cost Per Employee	Vision Plan Premium	
Vision	\$158,615.50	\$18,054.30	\$140,561.20	\$129,086.77	\$11.87	\$12.95	\$13.52	\$14.50	
YTD Reserve:									\$11,474.43