

West Lafayette Community School Corporation

2026 Medical & Rx Cost Plus Comparison

		Current Anthem	Renewal Anthem	
	FIXED COSTS (Per EE/MO)	Cost Plus	Cost Plus	% Incr.
230	Admin/Network/UM	\$67.53	\$67.40	-0.2%
	Rx Rebate Offset	(\$30.23)	(\$30.33)	
	Core Foundational Program	\$7.29	\$7.42	
	Specific Premium Composite (Medical/Rx)	\$408.96	\$419.80	2.7%
	Aggregate Premium Composite (Medical/Rx)	\$13.71	\$8.21	-40.1%
	PPO Network	Blue Access	Blue Access	
	Specific Stop Loss Deductible	\$100,000	\$100,000	
	PPACA Reinsurance Fee	\$0.00	\$0.00	
	PPACA PCORI Fee	\$0.52	\$0.56	
	Total PPACA Fee	\$0.52	\$0.56	
	Specific Contract Type	Paid	Paid	
	Monthly Fixed Cost Per Employee	\$467.78	\$473.06	
	Total Monthly Fixed Cost	\$107,589	\$108,803	
A.	Total Annual Fixed Costs	\$1,291,063	\$1,305,633	1.1%
	CLAIMS COSTS	Med/Rx	Med/Rx	
	Aggregate Contract Type	Paid	Paid	
	Aggregate Corridor	125%	125%	
	Maximum Attachment Factor	\$991.56	\$1,256.31	
	Expected Attachment Factor	\$793.25	\$1,005.05	26.7%
B.	Aggregate Attachment Point	\$2,736,706	\$3,467,416	
C.	Expected Claims (100%)	\$2,189,364	\$2,773,932	
D.	Clinic Expenses*	\$224,753	\$224,753	
	Total Annualized Maximum Costs (A+B+D)	\$4,252,521	\$4,997,801	
	Total Annualized Expected Costs (A+C+D)	\$3,705,180	\$4,304,318	16.2%
	Monthly Deposit	\$279,800	\$321,800	15.0%
	Annual Deposit	\$3,357,600	\$3,861,600	

This is only an outline. Actual contract provisions will be determined by insurance company.