



LPSB - Board Insurance/Finance Committee Meeting - Feb 11 2026

Agenda

at 2:00 PM

Lafayette Parish School Board 202 Rue Iberville Lafayette, LA 70508

Boardroom

Page

1. ROLL CALL

- 1.1 Roll Call - Board Insurance/Finance Committee - Joshua Edmond - District 3; Hannah Smith Mason - District 8 and Jeremy Hidalgo - District 9

2. AGENDA

- 2.1 BOARD: Selection of Board Insurance/Finance Committee Chairperson
The Board Insurance Committee members will nominate and select a Chairperson for 2026.

- 2.2 COMMITTEE: Review and approval of LPSB - Board Insurance/Finance Committee Meeting Minutes on November 5, 2025 - Hidalgo
[LPSB -Board Insurance_Finance Committee Meeting \(Wednesday, November 5, 2025\) \(1\).pdf](#)

That the committee approve the minutes from the Board Insurance/Finance Committee Meeting on November 5, 2025.

- 2.3 INSURANCE: Discussion and or action regarding the Gallagher Report - Gardner/LeBouef
Gallagher Benefit Services will provide updates regarding (1) Plan Performance Executive Summary (Financial Monitoring Report); (2) Gallagher Budget and Medicare Population Analysis Update; (3) Wellness Market Scan Update; (4) Network Education; (5) Custom Provider Search Engine Options; (6) Trends and other Cost

Containment Strategies and (7) Annual Service Calendar.

[2.11.26 BIFC Gallagher Presentation FINAL.pptx.pdf](#) 

3. ADJOURN

3.1 Adjourn Meeting

In accordance with the Americans with Disabilities Act, if you need special assistance at a public meeting of the Lafayette Parish School System, please contact the Superintendent's Office at 337-521-7015.

A public comment period shall be held before any vote is taken on an agenda item. Comments from the public shall occur after introduction of the item to be voted on and before any discussion by School Board members. (Policy BCBI)

Go to the following link to request remote participation: [Remote Participation Link](#)

**Lafayette Parish School Board - Board Insurance/Finance Committee Meeting
(Wednesday, November 5, 2025) Meeting called to order at 2:27 PM**

Members present

Joshua Edmond and Jeremy Hidalgo

Members absent

Roddy Bergeron

Other members present

David LeJeune

1. MEETING OPENINGS

Procedural: 1.1 Pledge of Allegiance to the Flag of the United States of America

Procedural: 1.2 Roll Call - Board Insurance Committee

2. AGENDA

Action: 2.1 COMMITTEE: Review and Approval of LPSB - Board Insurance/Finance Committee Meeting Minutes on October 15, 2025 - Hidalgo

That the committee approve the minutes from the Board Insurance/Finance Committee Meeting on October 15, 2025.

Motion by Joshua Edmond, second by Jeremy Hidalgo.

Final Resolution: Motion Carries

Yes: Joshua Edmond, Jeremy Hidalgo

Absent: Roddy Bergeron

Information: 2.2 INSURANCE: Discussion and/or action regarding the Gallagher Report - Gardner/LeBouef

Melody Terral with Gallagher gave an overview of a stop loss policy or excess loss insurance, which limits a self-funded employer's health plan liability to a specified amount, helps protect the financial integrity of the self-funded plan and is designed to protect the employer from catastrophic claims or a multitude of unanticipated claims. For 2026, Lafayette Parish School System will be renewing with BCS. The Stop Loss deductible is \$600,000 with a \$325,000 aggregate specific. Ms. Terral referenced the Annual Service Calendar and noted many good things happening in 2025. Preparing wellness market checks moved from the 2026 calendar to the December 2025 calendar.

Chairperson Jeremy Hidalgo asked Trish LeBouef, Director of Insurance and Benefits, to give an update on open enrollment. Ms. LeBouef indicated open enrollment was coming to a close. She also indicated there have been over 375 total changes. The changes are as follows: 93 members moved from Blue Cross Blue Shield to Humana, which is the Lafayette Parish School System Medicare Plan; 123 were additions to the group health insurance; 206 members chose to change their current plan; and the remainder of the changes were cancellations of a dependent or entire contract. Ms. Terral asked Ms. LeBouef for a number of members who switched from the Humana plan back to the current group health plan. Ms. LeBouef indicated there were only two out of over 236 members who transitioned back from the Humana Plan. Ms. LeBouef indicated there are close to 1,000 members that have transitioned to the Humana Plan.

Superintendent Francis Touchet, Jr. thanked Dr. Mark Rabalais, Associate Superintendent, and the entire academic team for making it very clear to school leadership during school visits the importance of open enrollment and making sure everyone understood vesting and knew what was at stake. Superintendent Touchet also thanked Trish LeBouef and her entire team for their hard work with all the different changes in group health insurance. Mr. Touchet announced he is looking forward to January 1, 2026 because the district should start to see some relief in the way of savings so Lafayette Parish School System can create its own fund balance with all of the initiatives as far as RX plan, new network and everything planned for savings. Mr. Touchet also thanked Gallagher for leading Lafayette Parish School System into a different direction as far as group health insurance. He also thanked Gallagher for partnering up with Ms. Trish LeBouef, Director of Insurance and Benefits, and providing support to her team to make sure decisions that needed to be brought to the Board Insurance/Finance Committee and Board were the right decisions.

3. ADJOURN

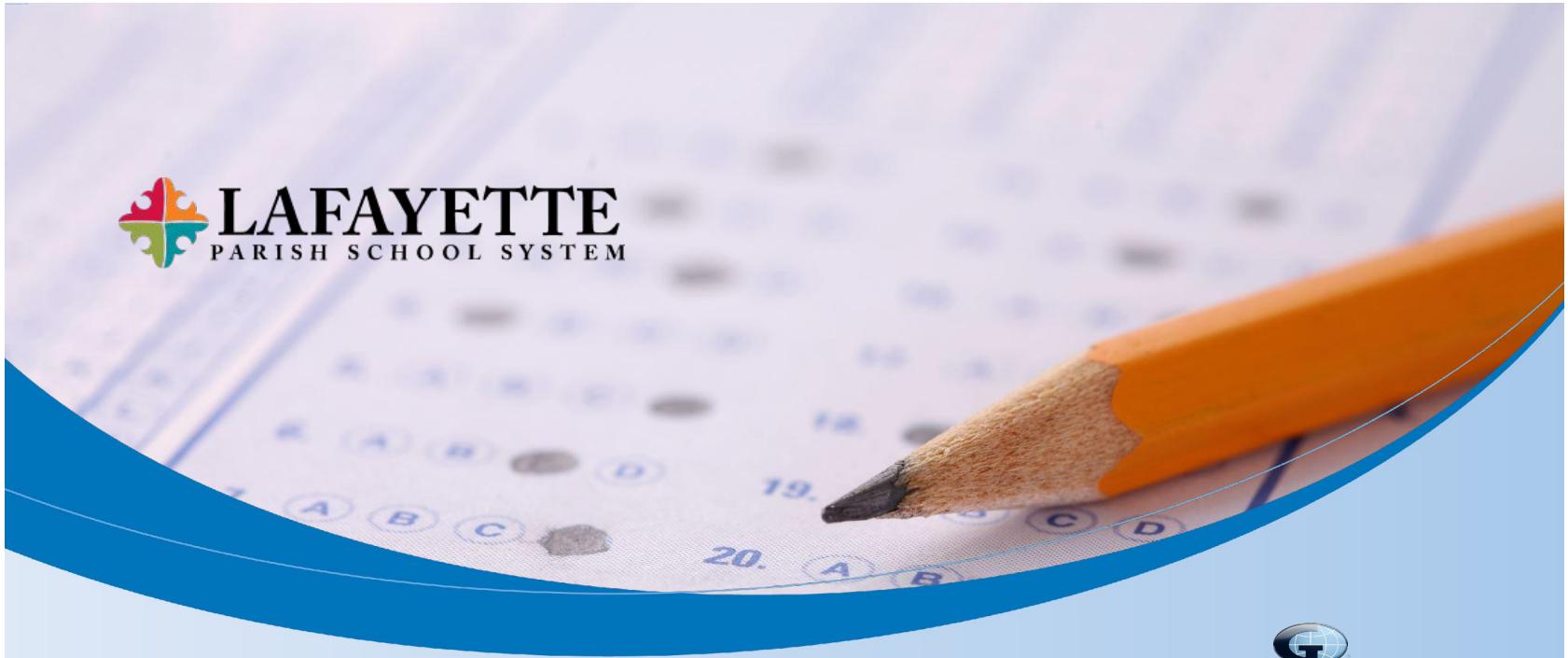
There being no further business, the meeting adjourned.

SIGNED:

/s/Jeremy Hidalgo
Jeremy Hidalgo, Chairperson
LAFAYETTE PARISH SCHOOL BOARD
ccg

SIGNED:

/s/Francis Touchet, Jr.
Francis Touchet, Jr., Secretary-Treasurer
LAFAYETTE PARISH SCHOOL BOARD



February 2026 BIFC

February 11, 2026

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Gallagher

Insurance | Risk Management | Consulting

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Agenda

1 Monthly Financial Monitoring Report	2 Gallagher Budget & Medicare Population Analysis Update	3 Wellness Market Scan Update	4 Network Education
5 Custom Provider Search Engine Options	6 Trends and other Cost Containment Strategies	7 Annual Service Calendar	8 Appendix



Monthly Financial Monitoring Report

1



Financial Monitoring Summary

Fiscal Year 2025/26 Jul 2025 through Dec 2025 | Cumulative Plan Performance | Executive Summary

<u>Total Health Plan Cost</u>	<u>Year To Date PMPM</u>	<u>Rolling 12 Months PMPM</u>
All Plans and All Classes*	\$557.32	\$504.67
Actives	\$657.71	
Retirees No Medicare	\$1,195.44	
Retiree +65 w/ Medicare (All Plans)	\$501.38	
Retiree +65 w/ Medicare (Self Funded Plans Only)	\$592.01	
HDHP Plan	\$444.12	
PPO Basic Plan	\$878.47	
PPO Enhanced Plan	\$1,005.57	
Humana MAPD	\$237.10	

Financial Monitoring Summary

Fiscal Year 2025/26 Jul 2025 through Dec 2025 | Cumulative Plan Performance | Executive Summary

	TOTAL HEALTH PLAN COST - Cumulative											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total Cost	\$ 553.23	\$ 563.28	\$ 524.95	\$ 555.11	\$ 571.60	\$ 557.32						
Actives	\$ 536.80	\$ 650.06	\$ 617.00	\$ 653.67	\$ 676.25	\$ 657.71						
Retirees No Medicare	\$1,085.78	\$1,175.82	\$1,176.60	\$1,230.42	\$1,269.12	\$1,195.44						
R+65 w/ Med (All Plans)	\$ 379.76	\$ 454.49	\$ 245.68	\$ 443.74	\$ 550.70	\$ 501.38						
R+65 w/ Med (Self Funded Plans Only)	\$ 427.61	\$ 527.84	\$ 248.58	\$ 514.02	\$ 657.76	\$ 592.01						
HDHP Plan	\$ 360.38	\$ 383.93	\$ 415.97	\$ 424.34	\$ 432.75	\$ 444.12						
PPO Basic Plan	\$ 833.40	\$ 827.42	\$ 873.70	\$ 857.47	\$ 852.79	\$ 878.47						
PPO Enhanced	\$ 907.02	\$ 937.36	\$ 986.96	\$1,000.06	\$ 970.22	\$1,005.57						
Humana MAPD	\$ 237.10	\$ 237.10	\$ 237.10	\$ 237.10	\$ 237.10	\$ 237.10						

All Plans & All Classes (Total Cost: Cumulative vs Monthly)



Budget and Medicare Advantage vs. EGWP Analysis Update

2

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future healthcare costs including utilization patterns, catastrophic claims, changes in plan design, healthcare trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Budget

Premium Equivalent Rates Explained

Premium Equivalent Rates or “**PE Rates**” – for self-insured plans, this is the total cost per covered enrollee, or the amount the organization would expect to pay in premiums if the plan were insured by someone else. The premium equivalent is equal to the per-capita amount of claims, administration and stop-loss premiums for a self-insured plan.

- When we say **Budget Rate**, we are referring to the **PE Rate**.
- The **PE Rate** is made up of the **Employee Contribution + Employer Contribution**.
- The **COBRA Rate** is made up of the **PE Rate + 2%**.
- **Medicare Analysis will be done simultaneous with the Budget Projection.**
- **LPSS will receive Gallagher Projection by end of Feb and will be presented at the March Workshop.**



Wellness Market Scan & Updates

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2026 Market Check Strategy

Executive Summary of Wellness Initiatives and Next Steps

Category	Details	Market Check is Ongoing
Program Focus	<ul style="list-style-type: none"> Performance & service guarantees within Vendor Options <u>ROI</u> within existing point solutions adopted by LPSS 	
Eligible Members	4,300 actives; 3,200 retirees; Medicare retirees under review	
Member Outreach & Engagement	<ul style="list-style-type: none"> Targeted approach for embedded programs with standardized, regular outreach Scheduled, LPSS approved, vendor communication campaigns for vendor programs Flexible vendor scheduling with employer and employee options 	
Reporting & Utilization	<ul style="list-style-type: none"> Utilization and ROI reporting and updates for embedded programs Vendor, plan-coded participation reports to help with administration of incentives (i.e. premium credits, deductible credits, etc.) 	
Resources & Member Experiences	<ul style="list-style-type: none"> Configurable health app that supports all smartphones; includes reminders Gamification, push notifications, SSO, ecosphere partners, biometric screenings & flu shots, health challenges, educational resources, on demand webinars and more Customizable platforms branded LPSS (logo, colors, etc.) 	
Next Steps	<ul style="list-style-type: none"> Market scan ongoing Vendor selection anticipated by May Cost estimates due by 2/28/26 	

2026 Market Check Strategy

Wellness Integration Within Your Health Plan

Focusing on ROI within Existing Point Solutions: Why It Matters

Direct wellness Integration means:

- Targeted Care:** Point solutions focus on specific conditions (e.g. diabetes, MSK, mental health, pharmacy), providing personalized interventions that improve health outcomes.
- Preventative Approach:** These solutions emphasize early intervention and prevention, reducing the progression of chronic conditions and improving long-term health.
- Cost Containment:** By offering alternatives to expensive treatments (e.g., Regenexx for non-invasive surgery or Quantify for infusion therapy), employers can significantly lower claims costs. Studies show targeted programs like diabetes management can save thousands per member annually.
- High-Cost Claim Avoidance:** Point solutions help manage cost-driving conditions such as cancer, cardiovascular disease, and MSK disorders, benefitting the member and the plan.

Lantern

FedLogic

Quantify

Tria Health

Regenexx



LPSS offers incentives for member participation within these programs, promoting healthier, more consumer-driven healthcare decisions.

Network Education

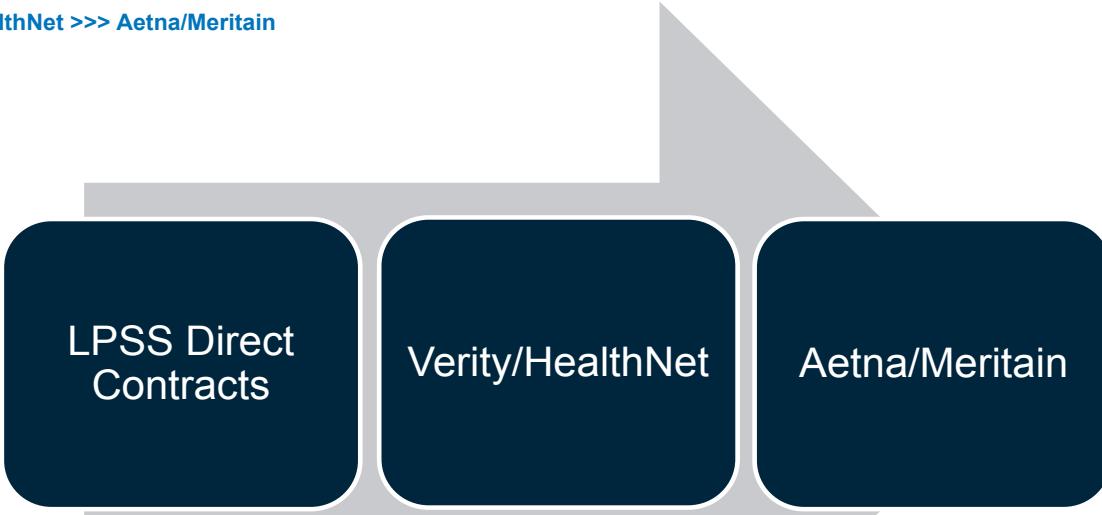
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Network Education

LPSS Direct Contracts >>> Verity HealthNet >>> Aetna/Meritain

- Stress the importance of Direct Contracts first, then Verity and finally Aetna
- Communications should highlight direct contracts first then Verity and finally Aetna
- Should educate members and Providers on importance of Verity
- Verity HealthNet has deeper discounts than Aetna



Custom Provider Search Engine Options – Continuous Member Experience Improvement Solutions

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Custom Provider Search Options



Verity HealthNet & Meritain Aetna

Today's Process	Verity HealthNet	Meritain
<ul style="list-style-type: none">Ability to add the Verity Link to the Member Portal: Under "Find Care", on the member portal, two network links will appear. One for the Aetna Choice POS II network and another for the Verity Healthnet network. A PDF is linked on the site for the Direct Contract Providers.Meritain Portal for member portalCan display Aetna directory linkCan display Verity directory linkCan display custom tile for direct contracts in PDF – LPSS Direct ContractsMeritain will also notify Meritain Customer ServiceLPSS will place on their Intranet Meritain provides a warm transfer to Verity – working on this	<ul style="list-style-type: none">Will show verity providersMay be programmed to capture direct contracts at an additional feeOur understanding is that the landing page is posted on the LPSS intranet and being used as a member facing resourcehttps://cdn.bfldr.com/YOVJNLTC/at/fgv_sbtwhksw7h49m67mpb5g/LPSS-Provider-Search-Landing-Page-v3_1-12-26_1.pdfLooking into their custom provider search but would need Meritain to share data and are looking into cost	<ul style="list-style-type: none">Customized Provider Search (DocConnect) – comes with a cost, there is a small gap between the Aetna and Verity network (60-70 providers)takes 12 weeks to build out and set upCan be programmed to capture Verity providers, direct contracts, Aetna providersAdditional fees apply

Trends & Other Cost Containment Strategies

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2025 & 2026 Point Solutions



Surgery Center of Excellence (Lantern Surgical Care)	Chronic Condition Management (Tria Health)	Specialty Infusion Solution (Quantify) NEW	Federal & State Advocacy Program (FEDLogic) NEW
<p>Implement a physician-centric COE model focused on quality through reduced complications and reduced costs through bundled case rates. Employer Direct healthcare (Lantern) is a way to carve out over 1500+ surgical procedures with Physicians who have better overall outcomes and create savings to LPSS' plan.</p> <ul style="list-style-type: none"> Implemented 3/1/2025 Provides measurable cost savings for common musculoskeletal surgical procedures (back/neck pain, arthritis, joint injuries, tendonitis, carpal tunnel, sprains, strains and fractures, etc.) Annual cost savings analysis to be provided Working with Gallagher Communications team and other avenues on driving engagement As of July 2025, since implementation of Lantern in March of 2025, there was a total of 58 first time calls that were made, there were a total of 19 cases that were opened and a total of 4 procedures that were completed with a total estimated savings of \$163,898 or a PMP savings of \$2.80. 	<p>Pharmacy based chronic condition management. Tria Health is a pharmacy advocate program where Tria's pharmacists provide one-on-one, telephonic consultation & support to high-risk patients with chronic conditions. Chronic conditions are managed with medications & pharmacists are the best resource to optimize medication use.</p>	<p>A fully integrated Specialty Infusion solution for Employers whereby employees can receive infusion care either in their home or a nearby clinic which in turn reduces the cost of care.</p>	<p>FEDLogic connects employees with expert advocates to explore all federal and state healthcare programs, offering alternative healthcare options with comprehensive coverage at a lower cost.</p>
<ul style="list-style-type: none"> Implemented 1/1/2025 Total Engaged in the Pharmacy Advocate Program through 12/31/2025: 262 (actives and retirees) for Diabetes Monitoring, Blood Pressure Monitoring and Pharmacist Interventions Working with Gallagher Communications team and other avenues on driving engagement YTD from 1/1/2025- 12/31/2025, since implementation of Tria Health, there were a TOTAL of 262 engaged members with a total estimated savings of \$702k by Year End of 2025. These are preliminary estimates as Tria has not had the 90-day claims run out period yet but does now include Clinical Monitoring Savings for both the Diabetes Monitoring and Blood Pressure Monitoring Programs. Tria is pulling together the full report, including the member success stories and details around the clinical monitoring. 	<ul style="list-style-type: none"> Effective 1/1/2026 Applies to actives and retirees on the self funded plan Quantify provided Marketing Materials for OE Member outreach to 22 eligible members completed by LPSS/Quantify Working with Gallagher Communications team on driving engagement Additional Communications will continue to come out regarding this NEW solution in Feb/Mar 	<ul style="list-style-type: none"> Effective Date: 2/1/2026 with kick off to members expected in March Applies to actives and retirees on the self funded plan Working with Gallagher Communications team on driving engagement Additional Communications will continue to come out regarding this NEW solution in Feb/Mar 	

Exploration of Opportunities for 2027



Exploration of New Programs for 2027

New programs would include those that are not already included in existing contracts.

- Wellness Program Development with Focus on Member Engagement
 - Focus on Go to Doctor Campaign tied to Premium Incentive versus Deductible Credit
- Spousal Surcharge and/or Spousal Health Reimbursement Account
- Oncology Centers of Excellence Programs and Screening Programs:
 - LPSS' claims show that Neoplasms make up the #4 Diagnosis in an Inpatient Setting and #3 diagnosis in an outpatient setting
 - What are Employers Doing to Improve Quality and Reduce Costs? Oncology Focus: a suite of solutions are available to assist members from diagnosis to remission. These solutions benefit both the user (navigation / preventive focus) and employer (reduced long-term risk)
- Enhanced Pharmacy Programs with Tria Health

Annual Service Calendar

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Annual Service Calendar (Working/Fluid Calendar)



<p>January 2026</p> <ul style="list-style-type: none"> • Plan Entry • Define focus for 7.1.2026 and 1.1.2027 • Initiate Defining Strategic Wellness Initiatives • Monthly Financial Monitoring Report (FMR) • Financial and Service Calendar Review • Review Market Trends • Regular Board Meeting: January 8th • BIFC Meeting • ERIAP Meeting • LPSS/Gallagher Meetings • Preparing Market Checks • Initiate Point Solution Analysis 	<p>February 2026</p> <ul style="list-style-type: none"> • Internal Business Operating Standards • Monthly Financial Monitoring Report (FMR) • CMS Reporting • Regular Board Meeting: February 12th • BIFC Meeting • LPSS/Gallagher Meetings • Preparing Market Checks (Wellness) • Preparing Point Solution Analysis 	<p>March 2026</p> <ul style="list-style-type: none"> • 2025 March Workshop • Monthly Financial Monitoring Report (FMR) • ACA Reporting and Filing • Special Board Meeting: March 12th (4:30) • Regular Board Meeting: March 12th • Special Board Meeting: March 26th (4:30) • BIFC Meeting • LPSS/Gallagher Meetings • Point Solutions Analysis • Initial Budget Rates presented to Administration
<p>April 2026</p> <ul style="list-style-type: none"> • Wellbeing & Engagement Review • Monthly Financial Monitoring Report (FMR) • Regular Board Meeting: April 16th • BIFC Meeting • ERIAP Meeting • LPSS/Gallagher Meetings • Communication Strategy execution if Needed (Prep for Summer New Hires) • Finalize Point Solution Analysis 	<p>May 2026</p> <ul style="list-style-type: none"> • Monthly Financial Monitoring Report (FMR) • Review Benefits Benchmarking • Special Board Meeting: May 14th (4:30) • Regular Board Meeting: May 14th • BIFC Meeting • LPSS/Gallagher Meetings • Final Budget Rates and Contributions set 	<p>June 2026</p> <ul style="list-style-type: none"> • Monthly Financial Monitoring Report (FMR) • Mid Year New Hire Orientation Support (if needed) • Regular Board Meeting: June 11th • BIFC Meeting – June 4th • LPSS/Gallagher Meetings
<p>July 2026</p> <ul style="list-style-type: none"> • Mid Year New Hire Orientation Support (if needed) • Monthly Financial Monitoring Report (FMR) • PCORI Fee Due • GASB and RDS Reporting • Regular Board Meeting: July 23rd • BIFC Meeting • ERIAP Meeting • LPSS/Gallagher Meetings 	<p>August 2026</p> <ul style="list-style-type: none"> • Initial Open Enrollment Material Development (if needed) • Stop Loss Review and Marketing • Regular Board Meeting: August 13th • BIFC Meeting • LPSS/Gallagher Meetings • Forensic Review of all Contracts • Stop loss reconciliation • Monthly Financial Monitoring Report (FMR) 	<p>September 2026</p> <ul style="list-style-type: none"> • Monthly Financial Monitoring Report (FMR) • Regular Board Meeting: September 10th • BIFC Meeting • LPSS/Gallagher Meetings
<p>October 2026</p> <ul style="list-style-type: none"> • Open Enrollment Vendor Coordination • Monthly Financial Monitoring Report (FMR) • Finalize Stop Loss Marketing • Disseminate Annual Notices • Regular Board Meeting: October 8th • BIFC Meeting • ERIAP Meeting • LPSS/Gallagher Meetings <p>Page 23 of 32</p>	<p>November 2026</p> <ul style="list-style-type: none"> • Open Enrollment • Disseminate Annual Notices • Monthly Financial Monitoring Report (FMR) • Regular Board Meeting: November 12th • BIFC Meeting • LPSS/Gallagher Meetings 	<p>December 2026</p> <ul style="list-style-type: none"> • Open Enrollment files to vendors • Monitor Enrollment Submission • Final Data Integration • Monthly Financial Monitoring Report (FMR) • Stop Loss Renewal Financial Review • Gag Clause Attestation Due • Regular Board Meeting: December 10th • BIFC Meeting • LPSS/Gallagher Meetings • Update Annual Service Calendar for 2027

Appendix

8





A Self-Funded
Evaluation

**YTD CLAIM ANALYSIS
PREPARED EXCLUSIVELY FOR:**

Lafayette Parish School System

January 1, 2025 - December 31, 2025

December 2025

Paid Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total	Year-to-Date	Total	Rolling 12		
							PEPM	PMPM	PEPM	PEPM		
Enrollment												
Subscribers	5,108	5,098	5,089	5,094	5,099	5,078	30,566		61,588			
Members	9,023	9,005	8,968	8,992	8,985	8,953	53,926		108,747			
Contract Size	1.77	1.77	1.76	1.77	1.76	1.76	1.76		1.77			
Humana Retiree Members	698	705	713	720	724	730	4,290		8,352			
Total Members	9,721	9,710	9,681	9,712	9,709	9,683	58,216		117,099			
Claims												
Inpatient	\$719,082	\$985,132	\$980,766	\$690,184	\$774,028	\$786,669	\$4,935,861	\$161.48	\$91.53	\$11,667,770	\$189.45	\$107.29
Outpatient	\$879,558	\$1,149,788	\$1,571,675	\$1,043,278	\$1,147,181	\$1,370,815	\$7,162,295	\$234.32	\$132.82	\$13,525,015	\$219.60	\$124.37
Professional	\$1,226,096	\$1,246,371	\$1,527,027	\$1,331,995	\$1,202,139	\$1,720,654	\$8,254,282	\$270.05	\$153.07	\$14,861,212	\$241.30	\$136.66
Other	\$137,477	\$131,951	\$171,504	\$116,434	\$91,620	\$139,021	\$788,007	\$25.78	\$14.61	\$1,722,050	\$27.96	\$15.84
Total Medical Claims	\$2,962,214	\$3,513,241	\$4,250,972	\$3,181,891	\$3,214,967	\$4,017,159	\$21,140,444	\$691.63	\$392.03	\$41,776,047	\$678.31	\$384.16
BCBSLA/Esi Claims	\$0	\$3,456	\$1,703	\$0	\$1,762	\$0	\$6,921	\$0.23	\$0.13	\$75,117	\$1.22	\$0.69
RxBenefits Claims	\$1,494,895	\$1,562,048	\$1,484,994	\$1,511,681	\$1,545,788	\$1,798,570	\$9,197,975	\$300.92	\$170.57	\$16,861,489	\$273.78	\$155.05
CVS/Silverscripts EGWP Claims	\$1,170,099	\$1,205,569	\$1,236,350	\$1,359,600	\$1,282,063	\$1,423,884	\$7,677,564	\$251.18	\$142.37	\$13,820,469	\$224.40	\$127.09
Total Pharmacy Claims	\$2,664,994	\$2,571,073	\$2,723,047	\$2,871,281	\$2,829,613	\$3,222,454	\$16,882,460	\$552.33	\$313.07	\$30,757,075	\$499.40	\$282.83
BCBSLA/Esi Rebates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0.00	\$0	\$0.00	\$0.00
RxBenefits Rebates	\$0	\$0	(\$1,146,093)	\$0	\$0	(\$1,589,950)	(\$2,736,042)	(\$89.51)	(\$50.74)	(\$5,728,101)	(\$93.01)	(\$52.67)
CVS/Silverscripts EGWP Rebates & Gap Reimb.	\$0	\$0	(\$1,101,245)	\$0	\$0	(\$1,174,544)	(\$2,275,789)	(\$74.45)	(\$42.20)	(\$4,306,220)	(\$69.92)	(\$39.60)
EGWP Subsidies	(\$854,449)	(\$833,966)	(\$801,067)	(\$270,358)	(\$265,429)	(\$269,103)	(\$3,294,372)	(\$107.78)	(\$61.09)	(\$3,375,150)	(\$54.80)	(\$31.04)
Total Pharmacy Rebates	(\$854,449)	(\$833,966)	(\$3,048,405)	(\$270,358)	(\$265,429)	(\$3,033,597)	(\$8,306,203)	(\$271.75)	(\$154.03)	(\$17,715,579)	(\$287.65)	(\$162.91)
Specific Reimbursements*	(\$46,500)	(\$285,611)	(\$244,636)	(\$121,687)	(\$213,147)	(\$100,149)	(\$1,011,730)	(\$33.10)	(\$18.76)	(\$2,574,620)	(\$41.80)	(\$23.68)
Net Claim Payments	\$4,726,258	\$4,964,737	\$3,680,977	\$5,661,127	\$5,566,004	\$4,105,868	\$28,704,971	\$939.11	\$532.30	\$52,242,923	\$848.26	\$480.41
Net Claim Payments PEPM	\$925.27	\$973.86	\$723.32	\$1,111.33	\$1,091.59	\$808.56						
Fix Costs												
Administrative Fees	\$223,872	\$223,429	\$222,907	\$223,093	\$223,310	\$222,393	\$1,339,005	\$43.81	\$24.83	\$2,698,871	\$43.82	\$24.82
Loss Premiums	\$85,732	\$85,553	\$85,181	\$85,318	\$85,346	\$84,992	\$512,122	\$16.75	\$9.50	\$1,033,494	\$16.78	\$9.50
Admin Fees	\$46,813	\$57,900	\$37,920	\$38,196	\$38,677	\$29,183	\$248,690	\$8.14	\$4.61	\$550,319	\$8.94	\$5.06
Benefits Fees	\$24,227	\$27,297	\$27,981	\$29,747	\$28,298	\$32,505	\$170,054	\$5.56	\$3.15	\$317,536	\$5.16	\$2.92
Invouchers Fees	\$27,216	\$29,508	\$30,693	\$30,785	\$30,436	\$33,667	\$182,304	\$5.96	\$3.38	\$365,592	\$5.94	\$3.36
Contant Fee	\$23,083	\$23,083	\$23,083	\$23,083	\$23,083	\$23,083	\$138,500	\$4.53	\$2.57	\$257,250	\$4.18	\$2.37
Administration Dept LPSS	\$74,487	\$16,674	\$80,290	\$25,259	\$39,190	\$15,963	\$251,864	\$8.24	\$4.67	\$381,600	\$6.20	\$3.51
Income	(\$19,273)	(\$28,151)	(\$20,972)	(\$17,968)	(\$16,026)	(\$17,145)	(\$179,536)	(\$39.91)	(\$22.22)	(\$313,271)	(\$50.09)	(\$28.86)
Total Fix Costs	\$486,158	\$435,295	\$487,084	\$437,513	\$452,314	\$424,640	\$2,723,004	\$89.09	\$50.50	\$5,291,391	\$85.92	\$48.66
Total SF Plan Cost	\$5,212,417	\$5,400,032	\$4,168,061	\$6,098,640	\$6,018,318	\$4,530,508	\$31,427,975	\$1,028.20	\$582.80	\$57,534,313	\$934.18	\$529.07

Financial Monitoring Report - Lafayette Parish School System

Fiscal Year Medical Summary

Reporting as of December 31, 2025

All Plans

Paid Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total	Year-to-Date PEPM	PEPM	Total	Rolling 12 PEPM	PEPM	
Enrollment													
Subscribers	5,108	5,098	5,089	5,094	5,099	5,078		30,566			61,588		
Members	9,023	9,005	8,968	8,992	8,985	8,953		53,926			108,747		
Contract Size	1.77	1.77	1.76	1.77	1.76	1.76		1.76			1.77		
Humana Retiree Members	698	705	713	720	724	730		4,290			8,352		
Total Members	9,721	9,710	9,681	9,712	9,709	9,683		58,216			117,099		
Total SF Plan Cost	\$5,212,417	\$5,400,032	\$4,168,061	\$6,098,640	\$6,018,318	\$4,530,508	\$31,427,975	\$1,028.20	\$582.80	\$57,534,313	\$934.18	\$529.07	
Humana Medicare Advantage Premiums	\$165,496	\$167,156	\$169,052	\$170,712	\$171,660	\$173,083	\$1,017,159		\$237.10	\$1,562,451		\$187.08	
Total Health Plan Cost	\$5,377,913	\$5,567,187	\$4,337,114	\$6,269,352	\$6,189,978	\$4,703,591	\$32,445,134		\$557.32	\$59,096,765		\$504.67	
Employee Contributions	\$1,402,052	\$1,390,560	\$1,390,560	\$1,390,560	\$1,390,560	\$1,390,560	\$8,354,854		\$143.51	\$16,858,813		\$143.97	
Net Employer Cost	\$3,975,860	\$4,176,627	\$2,946,553	\$4,878,791	\$4,799,418	\$3,313,031	\$24,090,281		\$413.81	\$42,237,952		\$360.70	
Funding Allocation (Budget) Comparison													
Active Contrib	\$797,418	\$794,884	\$794,884	\$794,884	\$794,884	\$794,884	\$4,771,839		\$81.97	\$9,653,064		\$82.44	
NonMedicare Retiree Contrib	\$210,964	\$202,361	\$202,361	\$202,361	\$202,361	\$202,361	\$1,222,769		\$21.00	\$2,475,512		\$21.14	
+ 65 Medicare Retiree Contrib	\$393,671	\$393,315	\$393,315	\$393,315	\$393,315	\$393,315	\$2,360,246		\$40.54	\$4,730,237		\$40.40	
Active LPSS Contrib	\$1,645,747	\$1,655,143	\$1,655,143	\$1,655,143	\$1,655,143	\$1,655,143	\$9,921,462		\$170.43	\$20,013,662		\$170.91	
NonMedicare Retiree LPSS Contrib	\$503,242	\$485,366	\$485,366	\$485,366	\$485,366	\$485,366	\$2,930,072		\$50.38	\$5,928,136		\$50.62	
+ 65 Medicare Retiree LPSS Contrib	\$791,669	\$796,866	\$796,866	\$796,866	\$796,866	\$796,866	\$4,776,001		\$82.04	\$9,518,971		\$81.29	
Actual Cost	\$5,377,913	\$5,567,187	\$4,337,114	\$6,269,352	\$6,189,978	\$4,703,591	\$32,445,134		\$557.32			\$0.00	
LPSS	Ring Allocation EE & ER Contributions (Budget)	\$4,342,710	\$4,327,936	\$4,327,936	\$4,327,936	\$4,327,936	\$25,982,388		\$446.31	\$52,319,582		\$446.80	
Actual		\$5,377,913	\$5,567,187	\$4,337,114	\$6,269,352	\$6,189,978	\$4,703,591	\$32,445,134		\$557.32	\$59,096,765		\$504.67
Health Premium Funding Surplus/(Deficit)	\$1,035,202	(\$1,239,252)	(\$9,178)	(\$1,941,416)	(\$1,862,042)	(\$375,656)	(\$6,462,746)		(\$111.01)	(\$6,777,183)		(\$57.88)	
End Balance before Adjustments for HBAR Accrua	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0.00	\$0		\$0.00	
Trans from the General Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0.00	\$0		\$0.00	
Fund Surplus/(Deficit)	\$1,035,202	(\$1,239,252)	(\$9,178)	(\$1,941,416)	(\$1,862,042)	(\$375,656)	(\$6,462,746)		(\$111.01)	(\$6,777,183)		(\$57.88)	

*Includes input from prior contract

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2026 Meritain Programs

Value Added Resources Within Your Health Plan

Meritain's suite of clinical support and convenient-care programs help members access the right care at the right time, improving outcomes, reducing unnecessary costs, and boosting overall member satisfaction.

Disease Management Program:

What it is: Personalized health coaching for members with chronic conditions (diabetes, COPD, hypertension, CAD, CKD, chronic pain, asthma, heart failure, hyperlipidemia).

Why it Matters:

- Targets behaviors driving high-cost claims
- Improves condition management using motivational coaching
- Reduces ER visits, complications and long-term costs
- Provides employer reporting and cost savings insights

24x7 Nurse Line:

What it is: Around-the-clock access to registered nurses for advice on symptoms, injuries, medications, and self-care.

Why it Matters:

- Prevents unnecessary ER or urgent-care visits
- Gives families immediate reassurance and guidance
- Helps members make informed, safe care decisions anytime

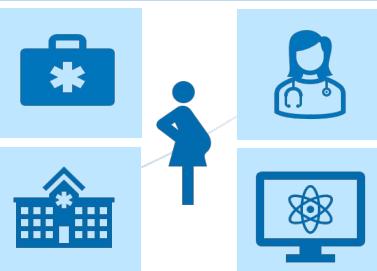
Disease Management

24x7 Nurse Line

Minute Clinic (CVS Health)

Maternity Management

Teladoc



2026 Meritain Programs

Value Added Resources Within Your Health Plan

Minute Clinic Benefit (CVS Health):

What it is: No-cost access (plan-dependent) to walk-in care for common illnesses and injuries at 1,100+ CVS and Target clinic locations, plus virtual care.

Why it Matters:

- Convenient evening/weekend access
- Supports quicker treatment and return-to-work
- Reduces reliance on higher-cost urgent care or ER settings

Maternity Management:

What it is: Personalized nurse support for expectant mothers, including risk assessment, education, and ongoing guidance.

Why it Matters:

- Promotes healthy pregnancies and early identification of complications
- Supports healthier moms and babies
- Reduces maternity-related high-cost claims

Disease Management

24x7 Nurse Line

Minute Clinic (CVS Health)

Maternity Management

Teladoc



2026 Meritain Programs

Value Added Resources Within Your Health Plan

Teladoc:

What it is: 24/7 access to board-certified doctors via phone, video app – plus on demand dermatology and adult behavioral health.

Why it Matters:

- Provides quick, convenient medical care anytime
- Reduces time away from work
- Offers mental and dermatology access without long waits
- Saves cost relative to in-person visits

Program Impact:

- Lower **Medical Costs** through early intervention and appropriate care.
- Improved **member experience** via convenient, high-touch support.
- Higher **productivity** with fewer absences and faster recovery.
- Better **health outcomes** driven by proactive clinical management.

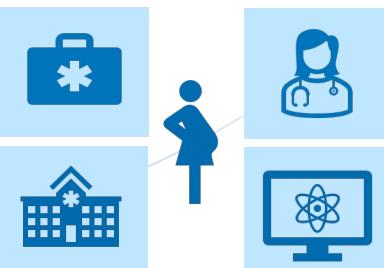
Disease Management

24x7 Nurse Line

Minute Clinic (CVS Health)

Maternity Management

Teladoc



2025 Regenexx Updates

Utilization Snapshot



Lafayette Parish School System Utilization Report

Key Results

Covered Lives:	8,974	Start Date:	1/1/2025
Regenexx Procedure Count:	31	End Date:	12/31/2025
Average Regenexx Procedure Cost:	\$10,733	Run Date***:	2/3/2026
Estimated Savings Percentage:	62%		
Additional Procedure Opportunity****:	151		
Average Distance Traveled:	18 mi		

Service Overview

Category	Count	Unique Patients	Avg Cost per Procedure	Total Cost	Percentage of Total
Evals/Consults	174	65	\$356	\$61,900	14%
Conservative Care	37	18	\$373	\$13,815	3%
Imaging	88	49	\$216	\$19,052	4%
DME	8	8	\$729	\$5,835	1%
Regenexx Procedures	31	26	\$10,733	\$332,710	77%
Other	8	4	\$510	\$4,080	1%
Totals	346	65	\$1,264	\$437,392	100%

Procedure Summary

Body Part	Surgery Avoided*	Surgical Fair Market Value**	Regenexx Procedure	Regenexx Procedure Cost	Savings Percentage	Distance Traveled
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	2 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	8 mi
Right Shoulder	Shoulder Rotator Cuff Repair, Acromioplasty, Labral Repair, Biceps Tenodesis	\$20,110	SD	\$14,672	27%	2 mi
Spine	Cervical Spinal Fusion	\$28,373	DDD	\$12,136	57%	7 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	2 mi
Right Foot	Plantar Fasciectomy	\$3,550	SCP	\$3,744	N/A	2 mi
Left Knee	TKA, PKA or RFA	\$32,872	SD	\$16,620	49%	8 mi
Right Knee	TKA, PKA or RFA	\$32,872	SD	\$16,620	49%	2 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	0 mi
Left Foot	Plantar Fasciectomy	\$3,550	SCP	\$3,744	N/A	0 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	2 mi
Left Hip	Arthroscopic Tendon Repair	\$9,707	SD	\$14,672	N/A	2 mi

Body Part	Surgery Avoided*	Surgical Fair Market Value**	Regenexx Procedure	Regenexx Procedure Cost	Savings Percentage	Distance Traveled
Right Hip	Hip Arthroscopy for Labral Repair or Reconstruction	\$9,707	SCP	\$3,744	61%	11 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	0 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$12,136	71%	0 mi
Right Hip	Surgical Tenotomy or Arthroscopic Debridement	\$7,128	SCP	\$3,744	47%	7 mi
Spine	Cervical Spinal Fusion	\$28,373	DDD	\$12,136	57%	6 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$12,136	71%	20 mi
Right Knee	TKA, PKA or RFA	\$32,872	SD	\$16,620	49%	2 mi
Left Knee	TKA, PKA or RFA	\$32,872	SD	\$16,620	49%	6 mi
Left Hip	Total Hip Arthroplasty	\$37,093	SD	\$16,620	55%	19 mi
Spine	Lumbar Spinal Fusion	\$42,005	DDD	\$9,153	78%	0 mi
Spine	Cervical Spinal Fusion	\$28,373	DDD	\$9,153	68%	0 mi
Left Knee	TKA, PKA or RFA	\$32,872	SD	\$16,620	49%	15 mi

Thank you!

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