



EDW Underwriting Reporting

Premium & Claims Summary Report – Incurred Basis

Parameter Name	Parameter Values	Parameter Description
Customer	848048	HIDALGO ISD
Platform	EM	METAVANCE
Type of Customer	ENTERPRISE	CUSTOMER AND PLATFORM ABOVE ARE ENTERPRISE-LEVEL FIELDS
Auto Cross-Reference	YES	SELECT ALL SOURCE CUSTOMERS IN THE ENTERPRISE CUSTOMER
Division	BLANK	ALL SOURCE DIVISION IDS
Benefit ID	BLANK	ALL SOURCE CUSTOMER BENEFIT IDS
From Date	07-01-2021	
To Date	06-30-2023	
As Of Date	08-31-2023	
Reporting Level	ENT CUST	ENTERPRISE CUSTOMER
Product Line Codes	MEDICAL (Only product line code of Medical)	
Financial Product Codes	Display all Separately	



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Enterprise Platform:	EM	Platform:	ALL SRC PLATFORMS SELECTED	Financial Product:	HMOC
Ent Platform Name:	METAVANCE	Customer:	ALL SRC CUSTOMERS SELECTED	Type of Customer:	ENTERPRISE
Enterprise Customer:	848048	MTV Div/CI Class:	ALL SRC DIVISIONS SELECTED	Auto Cross-Ref:	YES
Ent Customer Name:	HIDALGO ISD	Benefit Plan:	ALL SRC BENEFIT IDS SELECTED	Reporting Level:	ENT CUST
Src Platform Name:	ALL SOURCE PLATFORMS SELECTED	Group Number:	ALL SRC CUSTOMERS SELECTED	From Date:	07-01-2021
Src Customer Name:	ALL SOURCE CUSTOMERS SELECTED	MTV Ben/CAS Subgrp:	ALL SRC BENEFIT IDS SELECTED	To Date:	06-30-2023
Division Name:	ALL SOURCE DIVISIONS SELECTED	Product Line:	MEDICAL	As of Date:	08-31-2023

***** SUBSCRIBER COVERAGE TYPES *****

Date	EE Only	EE + Sp	EE + Ch	Family	Total
09-2021	331	4	40	6	381
10-2021	332	4	39	6	381
11-2021	330	4	38	6	378
12-2021	329	4	38	5	376
01-2022	332	4	37	5	378
02-2022	334	4	36	5	379
03-2022	329	4	36	5	374
04-2022	326	4	37	5	372
05-2022	328	4	35	5	372
06-2022	325	4	34	5	368
	3,296	40	370	53	3,759

Members	Premium
493	154,590
491	179,230
486	177,629
480	175,948
477	175,087
477	176,450
472	173,856
472	173,464
472	173,464
466	171,058
4,786	1,730,777

Medical*	RX*	Total Cost*
19,470	5,100	24,569
36,051	18,962	55,013
40,803	30,288	71,092
37,503	46,003	83,507
105,918	29,275	135,192
68,841	33,201	102,042
93,353	34,174	127,527
44,891	40,554	85,445
47,070	29,786	76,856
61,062	50,340	111,402
554,962	317,683	872,645

Total Cost PMPM:	182.33
Premium PMPM:	361.63
Medical Expense Ratio:	50.42%

***** SUBSCRIBER COVERAGE TYPES *****

Date	EE Only	EE + Sp	EE + Ch	Family	Total
07-2022	318	3	36	5	362
08-2022	321	3	30	5	359
09-2022	418	5	54	9	486
10-2022	415	5	51	9	480
11-2022	407	5	53	9	474
12-2022	410	5	50	9	474
01-2023	406	5	51	9	471
02-2023	408	5	50	8	471
03-2023	409	5	53	8	475
04-2023	413	6	51	7	477
05-2023	413	6	51	7	477
06-2023	407	6	51	7	471
	4,745	59	581	92	5,477

Members	Premium
459	168,834
447	165,291
640	233,421
628	229,034
620	227,813
615	227,033
613	225,221
609	225,590
618	225,888
619	227,768
619	228,389
613	225,889
7,100	2,610,172

Medical*	RX*	Total Cost*
80,267	26,515	106,781
96,414	43,864	140,279
138,135	55,021	193,156
52,546	63,582	116,129
127,656	56,311	183,968
84,149	77,612	161,761
121,591	79,106	200,696
62,912	82,916	145,828
325,926	76,511	402,438
139,628	80,751	220,379
109,757	71,247	181,004
81,571	86,241	167,813
1,420,552	799,679	2,220,231

Total Cost PMPM:	312.71
Premium PMPM:	367.63
Medical Expense Ratio:	85.06%

***** SUBSCRIBER COVERAGE TYPES *****

Date	EE Only	EE + Sp	EE + Ch	Family	Total
07-2023	399	6	48	7	460
08-2023	372	6	45	6	429

Members	Premium	Premium PMPM
596	220,117	369.32
555	205,240	369.80