Stay Well Committee

January 28, 2025 2:00 PM,

In person meeting

17221 East 23rd St S, Independence, MO 64057

To view minutes from last meeting click **here**.

WELCOME

APPROVAL OF MINUTES

FINANCIAL STATEMENT

1. Presented by the Finance Department

UPDATE FROM CIGNA

1. Presented by Carol Buckner Ayers and Lisa Phillips

FINANCIAL REPORT

1. Presented by CBiz

UPDATE FROM HR

1. Presented by Bethany Dickey

WELLNESS ACTIVITIES

1. Presented by Selena Good

OLD BUSINESS

NEW BUSINESS

NEXT MEETING DATE

1. February 25, 2025 at 2:00 pm in conference room 117 IUC

Combining Statement of Net Assets
For the month ending December 31, 2024

Assets:	
Pooled cash and investments	6,626,345
Accounts receivable	20,249
Accrued interest receviable	-
Prepaid Items	-
Due from other funds	-
Total assets	6,646,594
Liabilities:	
Accounts and contracts payable	-
Accrued liabilities/Due to other funds	-
Self-insurance claims (IBNR)	1,658,700
Total liabilities	1,658,700
Net Assets:	
Unrestricted	4,987,894
Total net assets (deficit)	4,987,894
Total liabilities and net assets	6,646,594

Stay Well Fund
Statement of Revenues, Expenditures, and Changes in Fund Balances
For the month ending December 31, 2024

	Current Month				Fiscal Year to Date				
	Open Access 1	**Open Access 2**	**Local Plus**	**Base**	**Open Access 1**	**Open Access 2**	**Local Plus**	**Base**	**TOTAL**
Revenues:									
Premiums	709,829	534,305	363,197	73,985	4,382,733	3,157,971	2,147,420	403,060	10,091,184
Prescription Rebates	273,265	148,515	25,365	4,161	577,819	255,198	59,113	6,315	898,446
Insurance Refunds	11,173	19,614	37,691	-	70,382	234,120	50,128	383	355,013
Reinsurance Reimbursement/Stop Loss	-	-	-	-	518,418	45,962	-	-	564,380
Total revenues	994,267	702,434	426,254	78,146	5,549,353	3,693,252	2,256,661	409,757	11,909,023
Medical Expenditures									
Administrative Services	5,157	19,058	1,719	5,566	117,408	114,228	74,297	31,651	337,584
Medical Benefits	729,403	614,532	339,482	4,149	3,288,453	2,907,946	1,160,225	38,586	7,395,210
Prescriptions	399,645	166,309	130,832	5,558	2,272,918	1,174,043	420,935	50,459	3,918,355
Stop Loss Premiums	53,568	47,006	36,694	13,660	329,309	280,428	214,004	77,674	901,416
Affordable Care Act Research Fee	-	-	-	-	2,509	2,001	1,492	431	6,433
HSA Funding	-	-	-	-	-	158,100	138,425	-	296,525
Misc.	-	-	-	-	-	-	-	-	-
Total Medical Expenditures	1,187,774	846,905	508,727	28,933	6,010,596	4,636,746	2,009,379	198,800	12,855,522
Other Expeditures				-					
Banking Fees	693	-	-	-	4,047	-	-	-	4,047
Other Services (CBIZ)	3,510	2,799	2,088	603	17,550	13,995	10,440	3,015	45,000
Other Services (Claim Review)	-	-	-	-	-	-	-	-	-
Events,Meetings, Printing, Misc Office Supplies	-	-	-	-	1,314	374	58	13	1,758
Total Other Expenses	4,203	2,799	2,088	603	22,911	14,369	10,498	3,028	50,805
Total Operating Expenditures	1,191,977	849,704	510,815	29,536	6,033,507	4,651,115	2,019,877	201,828	12,906,327
Net Income (Loss) from Operations	(197,710)	(147,270)	(84,561)	48,610	(484,154)	(957,863)	236,784	207,929	(997,304)
Non-Operating Income									
Interest Income	26,828	-	-	-	164,728	-	-	-	164,728
Misc. Income	24,867	-	-	-	28,999	-	-	-	28,999
Total non operating income	51,695	-	-	-	193,727	-	-	-	193,727
Net Income (Loss)	(146,014)	(147,270)	(84,561)	48,610	(290,427)	(957,863)	236,784	207,929	(803,577)
Increase (decrease) in IBNR for current FY									-
Adjusted Beginning Retained Earnings									5,791,472
Ending Retained Earnings									4,987,895

INDEPENDENCE
FINANCE & ADMINISTRATION
ACCOUNTING DIVISION

DATE: January 22, 2025

TO: Stay Well Committee

FROM: Jessica Earl, Accounting Manager

SUBJECT: Monthly Financial Report – Stay Well Fund (December 2024)

Attached are the financial statements for the Stay Well Fund for the month ending December 2024.

For the month of December, the OAP1 plan had a net loss of $146,014. The OAP2 Plan had a net loss of $147,270 for the month. The Local Plus (LP) Plan realized a net loss of $84,561 for the month. The Base Plan realized a net income of $48,610 for the month.

Through December, the 6th month of the fiscal year, the Fund is experiencing a net loss of $803,577, which has resulted in an ending unrestricted net assets balance of $4,987,895.

Figures and graphs now represent Fund Balance taking the $6,250,000 ARPA program funds received into account. This explains the large spike in the first graph. Since that funding was unusual and supplemental to normal operations, this graph did not include those funds in 2021 and 2022 when they were received. The program has now ended and therefore those funds are now being shown as part of the fund balance.

A few things to note in the financial statement attached:

*The $10,000 monthly fee for CBIZ, July through December, is being paid 10% by HR and the balance of $9,000 is being split among the four plans (39% OAP1, 31.1% OAP2, 23.2% LP and 6.7% BASE.

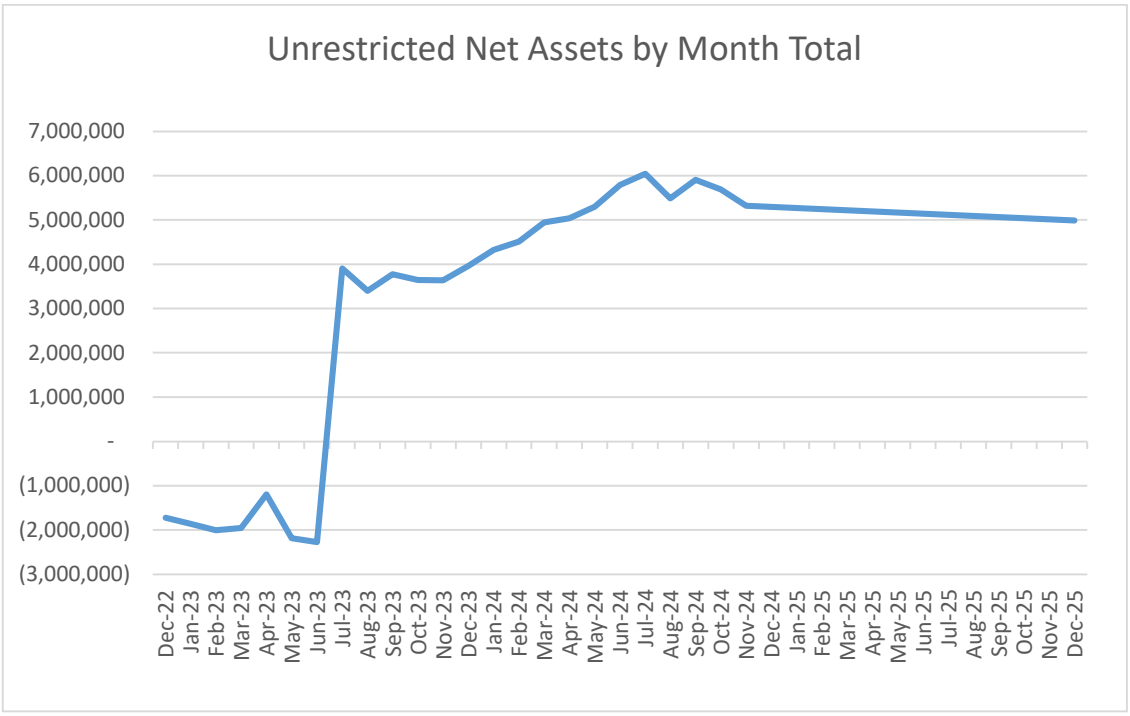
*The prescription rebate reflected in the statement is related to 2024Q2 ($447,139.22) and 2024Q3 (451,306.31) and is split based on plan information provided by Cigna.

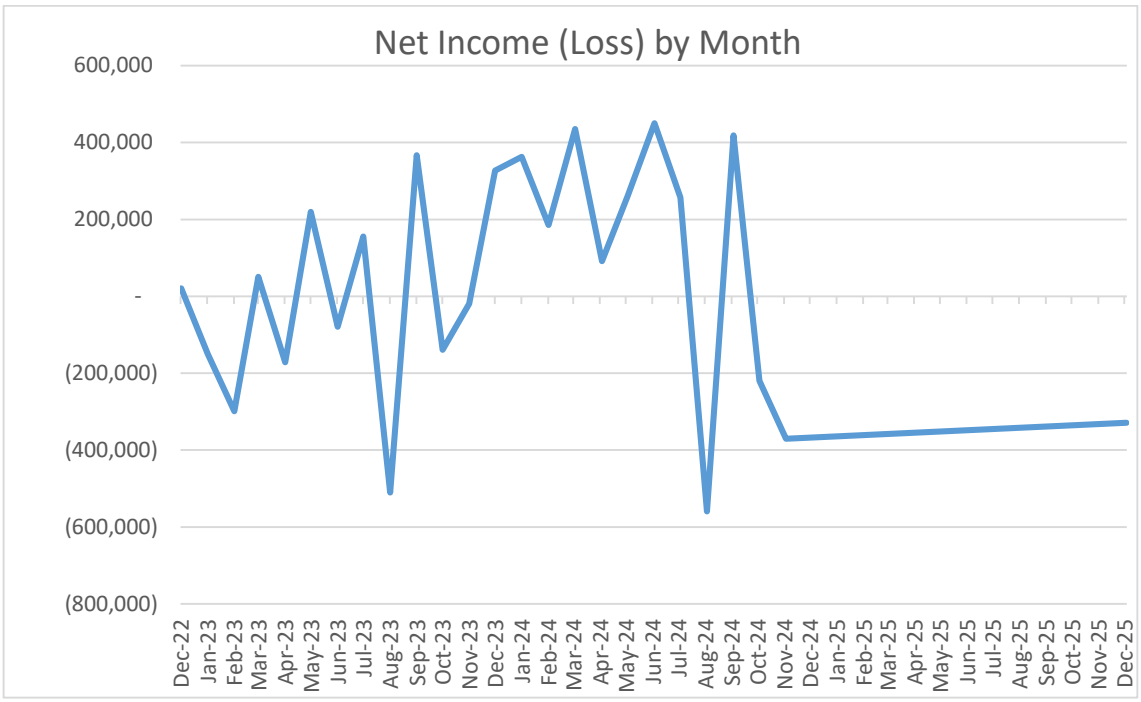
*As part of the RFP process, Cigna agreed to a $30,000 fee holiday for the month of December. The credit was applied to the December Cigna invoice.

*The miscellaneous income shown for December is a result of Cigna checks received for prior year unclaimed property in the total amount of $24,867.16

The IBNR figure reflected on the statement has been updated with the numbers provided by CBIZ as of June 30, 2024. IBNR has decreased by $45,500 since June 2023. This adjustment has been

accounted for in the ending retained earnings balance as it is a year-end entry that impacts the fund balance/retained earnings but is not a true expense. For ACFR reporting purposes it will continue to show as an expense as required under Generally Accepted Accounting Principles (GAAP).





INDEPENDENCE
★ MISSOURI ★

2024 Plan Year

Monthly Plan Performance Overview Report

Presented by CBIZ

December 2024

Executive Summary

December 2024

Enrollment

	Current Year				Prior Year	
	December 2024	Change from Prior	YTD Average	Change from Prior	December 2023	YTD Average
Total	**1,134**	**1.1%**	**1,120**	**-0.5%**	**1,122**	**1,126**
OAP 1	*201*	-27.2%	*214*	-27.4%	*276*	*295*
OAP 2	*293*	12.7%	*292*	8.6%	*260*	*268*
Local Plus	*266*	14.2%	*254*	17.7%	*233*	*216*
Base Plan	*101*	40.3%	*85*	30.3%	*72*	*65*
COBRA	*1*	0.0%	*0*	-33.3%	*1*	1
Retiree	*272*	-1.4%	*275*	0.3%	*276*	274

Plan Costs

	December 2024	Change from Prior	YTD Total	Change from Prior	December 2023	YTD Total
Medical Claims	**$1,828,927**	**40.3%**	**$13,490,810**	**-4.0%**	**$1,303,245**	**$14,055,043**
OAP 1 (includes COBRA)	*$310,158*	-5.9%	*$2,724,748*	-38.7%	*$329,443*	*$4,448,545*
OAP 2 (includes COBRA)	*$579,307*	89.2%	*$4,317,170*	23.4%	*$306,198*	*$3,498,299*
Local Plus (includes COBRA)	*$402,349*	176.6%	*$2,133,394*	55.4%	*$145,452*	*$1,372,962*
Base Plan (includes COBRA)	*$9,162*	-79.0%	*$103,840*	-6.7%	*$43,671*	*$111,333*
Retiree (includes runout)	*$527,952*	10.3%	*$4,211,658*	-8.9%	*$478,482*	*$4,623,904*
Rx Claims	**$512,032**	**9.9%**	**$5,630,580**	**10.6%**	**$465,728**	**$5,092,195**
OAP 1 (includes COBRA)	*$173,175*	3.4%	*$1,766,833*	-7.7%	*$167,491*	*$1,914,728*
OAP 2 (includes COBRA)	*$116,546*	10.3%	*$1,389,925*	50.4%	*$105,655*	*$923,885*
Local Plus (includes COBRA)	*$25,660*	0.4%	*$258,490*	63.9%	*$25,545*	*$157,749*
Base Plan (includes COBRA)	*$551*	-85.1%	*$31,769*	46.1%	*$3,705*	*$21,751*
Retiree (includes runout)	*$196,100*	20.1%	*$2,183,563*	5.3%	*$163,333*	*$2,074,082*
Stop Loss Reimbursements	$0		($748,276)		($61,666)	($742,986)
Rx Rebates	($451,306)		($1,784,834)		($404,269)	($1,451,381)
Total Net Claims	**$1,889,652**	**45.0%**	**$16,588,280**	**-2.2%**	**$1,303,039**	**$16,952,871**
Fixed Costs	$222,748	4.5%	$2,641,117	3.1%	$213,203	$2,560,624
Total Net Plan Expenses	**$2,112,400**	**39.3%**	**$19,229,397**	**-1.5%**	**$1,516,242**	**$19,513,495**
Total PEPM	*$1,862.79*	37.8%	*$1,430.87*	-0.9%	*$1,351.37*	*$1,444.37*

Projected Plan Funding

	December 2024	Change from Prior	YTD Total	Change from Prior	December 2023	YTD Total
Total	**$1,688,728**	**5.8%**	**$20,241,259**	**4.3%**	**$1,596,257**	**$19,409,084**
Surplus/(Deficit)	($423,672)	-629.5%	$1,011,862	-1069.1%	$80,015	($104,411)
Funding Vs. Expenses	125.1%	31.7%	95.0%	-5.5%	95.0%	100.5%

Medical & Rx Overview for: All>All>All starting: Jan 2024

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Plan YTD
Enrollment													*Sum*
Plans													
OAP 1	225	225	224	220	221	220	214	206	205	205	201	201	2,567
OAP 2	294	294	292	297	290	290	288	289	291	290	290	293	3,498
Local Plus	253	254	247	248	248	245	248	250	260	263	264	266	3,046
Base Plan	73	72	74	77	78	78	83	89	99	100	99	101	1,023
OAP 1 COBRA	1	1	0	0	1	0	0	0	0	0	0	0	3
OAP 2 COBRA	0	0	0	0	0	0	0	0	0	0	0	1	1
Local Plus COBRA	0	0	0	0	0	0	0	0	0	0	0	0	0
Base Plan COBRA	0	0	0	0	0	0	0	0	0	0	0	0	0
Pre 65 Retiree OAP 1	211	212	211	208	207	206	204	205	203	204	205	200	2,476
Pre 65 Retiree OAP 2	55	56	56	57	58	59	60	59	59	58	60	61	698
Pre 65 Retiree Local Plus	7	7	7	7	8	9	9	9	9	9	9	9	99
Pre 65 Retiree Base Plan	3	3	3	3	2	2	2	2	2	2	2	2	28
Total Participants	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**	**1,108**	**1,109**	**1,128**	**1,131**	**1,130**	**1,134**	**13,439**
Claims													*Sum*
Medical Claims													
OAP 1	$ 177,990.70	$ 213,691.09	$ 263,694.22	$ 149,077.55	$ 220,381.47	$ 322,350.00	$ 172,507.75	$ 231,547.80	$ 169,551.43	$ 231,051.21	$ 261,608.63	$ 310,158.29	$ 2,723,610.14
OAP 2	$ 214,349.22	$ 495,187.29	$ 259,032.43	$ 230,518.35	$ 203,198.58	$ 239,402.89	$ 150,787.11	$ 704,817.89	$ 557,523.72	$ 273,459.12	$ 409,586.32	$ 579,306.64	$ 4,317,169.56
Local Plus	$ 115,958.14	$ 181,240.11	$ 128,457.06	$ 97,141.85	$ 160,977.68	$ 96,055.00	$ 164,430.49	$ 175,808.95	$ 108,641.35	$ 229,058.71	$ 273,275.96	$ 402,348.78	$ 2,133,394.08
Base Plan	$ 4,197.02	$ 10,398.41	$ 6,891.25	$ 4,361.10	$ 3,795.61	$ 7,695.35	$ 10,261.98	$ 5,289.83	$ 9,828.87	$ 18,044.21	$ 13,914.32	$ 9,161.61	$ 103,839.56
OAP 1 COBRA	$ 43.46	$ 43.51	$ 38.11	$ (4.38)	$ 819.94	$ 275.69	$ -	$ -	$ (78.26)	$ -	$ -	$ -	$ 1,138.07
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 81,948.65	$ 154,614.59	$ 260,446.59	$ 232,358.98	$ 207,256.25	$ 313,260.59	$ 299,821.25	$ 330,584.63	$ 238,903.46	$ 402,014.42	$ 499,730.65	$ 470,056.32	$ 3,490,996.38
Pre 65 Retiree OAP 2	$ 33,310.82	$ 28,031.37	$ 32,571.98	$ 24,022.35	$ 295,120.79	$ 59,020.83	$ 9,958.47	$ 39,634.22	$ 56,637.36	$ 23,602.64	$ 42,774.68	$ 57,171.81	$ 701,857.32
Pre 65 Retiree Local Plus	$ 1,608.06	$ 1,058.56	$ 508.37	$ 2,676.55	$ 687.93	$ 1,020.56	$ 3,827.23	$ 1,682.04	$ 1,151.51	$ 1,135.34	$ 1,387.03	$ 684.49	$ 17,427.67
Pre 65 Retiree Base Plan	$ 68.89	$ 771.24	$ 78.54	$ 98.34	$ 106.81	$ 35.08	$ 35.08	$ 35.08	$ 35.08	$ 31.85	$ 42.15	$ 38.92	$ 1,377.06
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Medical Claims Paid	$ 629,474.96	$ 1,085,036.17	$ 951,718.55	$ 740,250.69	$ 1,092,345.06	$ 1,039,115.99	$ 811,629.36	$ 1,489,400.44	$ 1,142,194.52	$ 1,178,397.50	$ 1,502,319.74	$ 1,828,926.86	$ 13,490,809.84
Prescription Claims													
OAP 1	$ 156,556.99	$ 122,213.83	$ 165,792.05	$ 137,523.72	$ 150,860.51	$ 149,424.08	$ 115,714.11	$ 160,266.60	$ 122,224.68	$ 171,852.94	$ 141,034.74	$ 173,174.84	$ 1,766,639.09
OAP 2	$ 71,109.73	$ 69,620.19	$ 87,650.35	$ 99,308.40	$ 89,911.19	$ 100,386.49	$ 93,372.59	$ 186,006.16	$ 181,239.64	$ 147,301.69	$ 147,472.50	$ 116,540.61	$ 1,389,919.54
Local Plus	$ 11,872.85	$ 4,474.16	$ 25,428.28	$ 23,886.17	$ 28,296.80	$ 17,006.13	$ 25,581.65	$ 17,950.25	$ 33,153.20	$ 23,954.65	$ 21,226.44	$ 25,659.87	$ 258,490.45
Base Plan	$ 1,823.44	$ 2,587.60	$ 482.29	$ 477.73	$ 3,015.90	$ 1,076.39	$ 3,309.48	$ 7,304.71	$ 647.76	$ 1,409.91	$ 9,082.41	$ 551.03	$ 31,768.65
OAP 1 COBRA	$ 193.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 193.52
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5.26	$ 5.26
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 181,780.00	$ 132,028.40	$ 203,581.41	$ 172,133.07	$ 155,068.13	$ 179,034.12	$ 148,879.91	$ 185,939.36	$ 144,023.58	$ 169,065.89	$ 167,540.04	$ 175,161.06	$ 2,014,234.97
Pre 65 Retiree OAP 2	$ 7,630.64	$ 3,443.67	$ 12,313.20	$ 13,116.06	$ 15,520.37	$ 14,505.16	$ 5,507.81	$ 15,488.49	$ 9,547.04	$ 10,727.66	$ 18,088.06	$ 12,997.61	$ 138,885.77
Pre 65 Retiree Local Plus	$ 59.14	$ 81.53	$ 58.03	$ 6.71	$ 617.57	$ 7,904.21	$ 633.36	$ 1,742.30	$ 780.71	$ 8,284.02	$ 2,051.60	$ 7,941.46	$ 30,160.64
Pre 65 Retiree Base Plan	$ -	$ 73.13	$ -	$ 20.78	$ 25.45	$ -	$ 31.22	$ 88.96	$ -	$ 16.86	$ 25.45	$ -	$ 281.85
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 431,026.31	$ 334,522.51	$ 495,305.61	$ 446,472.64	$ 443,315.92	$ 469,336.58	$ 393,030.13	$ 574,786.83	$ 491,616.61	$ 532,613.62	$ 506,521.24	$ 512,031.74	$ 5,630,579.74
Total ISL Reimbursements	$ (96,216.49)	$ (87,679.17)	$ -	$ -	$ -	$ -	$ (123,092.46)	$ (7,311.49)	$ (114,286.52)	$ (151,147.12)	$ (168,542.86)	$ -	$ (748,276.11)
Rx Rebates	$ -	$ -	$ (377,107.75)	$ (62,316.80)	$ -	$ (446,963.47)	$ -	$ -	$ (447,139.22)	$ -	$ -	$ (451,306.31)	$ (1,784,833.55)
Aggregate Attachment Point	$ 2,163,283.32	$ 2,167,139.44	$ 2,147,858.84	$ 2,153,643.02	$ 2,145,930.78	$ 2,138,218.54	$ 2,136,290.48	$ 2,138,218.54	$ 2,174,851.68	$ 2,180,635.86	$ 2,178,707.80	$ 2,186,420.04	$ 25,911,198.34
Total Claims (Med+Rx+ISL Reim)	**$ 964,284.78**	**$ 1,331,879.51**	**$ 1,069,916.41**	**$ 1,124,406.53**	**$ 1,535,660.98**	**$ 1,061,489.10**	**$ 1,081,567.03**	**$ 2,056,875.78**	**$ 1,072,385.39**	**$ 1,559,864.00**	**$ 1,840,298.12**	**$ 1,889,652.29**	***$ 16,588,279.92***
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 61,227.54	$ 61,336.68	$ 60,790.98	$ 60,954.69	$ 60,736.41	$ 60,518.13	$ 60,463.56	$ 60,518.13	$ 61,554.96	$ 61,718.67	$ 61,664.10	$ 61,882.38	$ 733,366.23
Stop Loss Premium	$ 150,258.24	$ 150,526.08	$ 149,186.88	$ 149,588.64	$ 149,052.96	$ 148,517.28	$ 148,383.36	$ 148,517.28	$ 151,061.76	$ 151,463.52	$ 151,329.60	$ 151,865.28	$ 1,799,750.88
CBIZ Consulting Fees	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 108,000.00
Total Expenses	**$ 220,485.78**	**$ 220,862.76**	**$ 218,977.86**	**$ 219,543.33**	**$ 218,789.37**	**$ 218,035.41**	**$ 217,846.92**	**$ 218,035.41**	**$ 221,616.72**	**$ 222,182.19**	**$ 221,993.70**	**$ 222,747.66**	**$ 2,641,117.11**
Total Plan Expenses (Claims + Fixed)	**$ 1,184,770.56**	**$ 1,552,742.27**	**$ 1,288,894.27**	**$ 1,343,949.86**	**$ 1,754,450.35**	**$ 1,279,524.51**	**$ 1,299,413.95**	**$ 2,274,911.19**	**$ 1,294,002.11**	**$ 1,782,046.19**	**$ 2,062,291.82**	**$ 2,112,399.95**	**$ 19,229,397.03**

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Plan YTD
Employer and Employee Funding													***Sum***
Funding Components													
Employer Funding	$ 1,404,157.79	$ 1,409,291.25	$ 1,393,917.97	$ 1,393,282.97	$ 1,383,093.79	$ 1,379,541.20	$ 1,375,066.87	$ 1,379,732.51	$ 1,390,001.39	$ 1,394,667.48	$ 1,391,378.84	$ 1,394,413.21	$ 16,688,545.27
Employee Funding	$ 300,434.69	$ 301,867.91	$ 298,469.55	$ 297,524.24	$ 295,539.08	$ 294,830.26	$ 292,776.35	$ 292,631.20	$ 293,110.67	$ 294,163.12	$ 293,380.60	$ 293,602.97	$ 3,548,330.64
COBRA Funding	$ 931.95	$ 931.95	$ -	$ -	$ 1,808.03	$ -	$ -	$ -	$ -	$ -	$ -	$ 711.56	$ 4,383.49
Total ER and EE Funding	**$ 1,705,524.43**	**$ 1,712,091.11**	**$ 1,692,387.52**	**$ 1,690,807.21**	**$ 1,680,440.90**	**$ 1,674,371.46**	**$ 1,667,843.22**	**$ 1,672,363.71**	**$ 1,683,112.06**	**$ 1,688,830.60**	**$ 1,684,759.44**	**$ 1,688,727.74**	**$ 20,241,259.40**
Funding Surplus/(Deficit)	**$ 520,753.87**	**$ 159,348.84**	**$ 403,493.25**	**$ 346,857.35**	**$ (74,009.45)**	**$ 394,846.95**	**$ 368,429.27**	**$ (602,547.48)**	**$ 389,109.95**	**$ (93,215.59)**	**$ (377,532.38)**	**$ (423,672.21)**	**$ 1,011,862.37**
Expense / Funding Ratio	**69.47%**	**90.69%**	**76.16%**	**79.49%**	**104.40%**	**76.42%**	**77.91%**	**136.03%**	**76.88%**	**105.52%**	**122.41%**	**125.09%**	**95.00%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,055.95	$ 1,381.44	$ 1,157.00	$ 1,203.18	$ 1,576.33	$ 1,153.76	$ 1,172.76	$ 2,051.32	$ 1,147.16	$ 1,575.64	$ 1,825.04	$ 1,862.79	**$ 1,430.87**
Total Claim Cost PEPM	$ 859.43	$ 1,184.95	$ 960.43	$ 1,006.63	$ 1,379.75	$ 957.16	$ 976.14	$ 1,854.71	$ 950.70	$ 1,379.19	$ 1,628.58	$ 1,666.36	**$ 1,234.34**
Total Employee Cost PEPM **	$ 268.60	$ 269.39	$ 267.93	$ 266.36	$ 267.16	$ 265.85	$ 264.24	$ 263.87	$ 259.85	$ 260.09	$ 259.63	$ 259.54	**$ 264.36**
Employer Plan Cost PEPM	$ 1,251.48	$ 1,253.82	$ 1,251.27	$ 1,247.34	$ 1,242.67	$ 1,243.95	$ 1,241.04	$ 1,244.12	$ 1,232.27	$ 1,233.13	$ 1,231.31	$ 1,229.64	**$ 1,241.80**

*** Employee cost PEPM includes COBRA premiums*

Medical & Rx Overview for: All>All>All starting: Jul 2024

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Plan YTD
Enrollment													*Sum*
Plans													
OAP 1	214	206	205	205	201	201							1,232
OAP 2	288	289	291	290	290	293							1,741
Local Plus	248	250	260	263	264	266							1,551
Base Plan	83	89	99	100	99	101							571
OAP 1 COBRA	0	0	0	0	0	0							0
OAP 2 COBRA	0	0	0	0	0	1							1
Local Plus COBRA	0	0	0	0	0	0							0
Base Plan COBRA	0	0	0	0	0	0							0
Pre 65 Retiree OAP 1	204	205	203	204	205	200							1,221
Pre 65 Retiree OAP 2	60	59	59	58	60	61							357
Pre 65 Retiree Local Plus	9	9	9	9	9	9							54
Pre 65 Retiree Base Plan	2	2	2	2	2	2							12
Total Participants	**1,108**	**1,109**	**1,128**	**1,131**	**1,130**	**1,134**							**6,740**
Claims													*Sum*
Medical Claims													
OAP 1	$ 172,507.75	$ 231,547.80	$ 169,551.43	$ 231,051.21	$ 261,608.63	$ 310,158.29	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,376,425.11
OAP 2	$ 150,787.11	$ 704,817.89	$ 557,523.72	$ 273,459.12	$ 409,586.32	$ 579,306.64	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,675,480.80
Local Plus	$ 164,430.49	$ 175,808.95	$ 108,641.35	$ 229,058.71	$ 273,275.96	$ 402,348.78	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,353,564.24
Base Plan	$ 10,261.98	$ 5,289.83	$ 9,828.87	$ 18,044.21	$ 13,914.32	$ 9,161.61	$ -	$ -	$ -	$ -	$ -	$ -	$ 66,500.82
OAP 1 COBRA	$ -	$ -	$ (78.26)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (78.26)
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 299,821.25	$ 330,584.63	$ 238,903.46	$ 402,014.42	$ 499,730.65	$ 470,056.32	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,241,110.73
Pre 65 Retiree OAP 2	$ 9,958.47	$ 39,634.22	$ 56,637.36	$ 23,602.64	$ 42,774.68	$ 57,171.81	$ -	$ -	$ -	$ -	$ -	$ -	$ 229,779.18
Pre 65 Retiree Local Plus	$ 3,827.23	$ 1,682.04	$ 1,151.51	$ 1,135.34	$ 1,387.03	$ 684.49	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,867.64
Pre 65 Retiree Base Plan	$ 35.08	$ 35.08	$ 35.08	$ 31.85	$ 42.15	$ 38.92	$ -	$ -	$ -	$ -	$ -	$ -	$ 218.16
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Medical Claims Paid	$ 811,629.36	$ 1,489,400.44	$ 1,142,194.52	$ 1,178,397.50	$ 1,502,319.74	$ 1,828,926.86	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,952,868.42
Prescription Claims													
OAP 1	$ 115,714.11	$ 160,266.60	$ 122,224.68	$ 171,852.94	$ 141,034.74	$ 173,174.84	$ -	$ -	$ -	$ -	$ -	$ -	$ 884,267.91
OAP 2	$ 93,372.59	$ 186,006.16	$ 181,239.64	$ 147,301.69	$ 147,472.50	$ 116,540.61	$ -	$ -	$ -	$ -	$ -	$ -	$ 871,933.19
Local Plus	$ 25,581.65	$ 17,950.25	$ 33,153.20	$ 23,954.65	$ 21,226.44	$ 25,659.87	$ -	$ -	$ -	$ -	$ -	$ -	$ 147,526.06
Base Plan	$ 3,309.48	$ 7,304.71	$ 647.76	$ 1,409.91	$ 9,082.41	$ 551.03	$ -	$ -	$ -	$ -	$ -	$ -	$ 22,305.30
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ 5.26	$ -	$ -	$ -	$ -	$ -	$ -	$ 5.26
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 148,879.91	$ 185,939.36	$ 144,023.58	$ 169,065.89	$ 167,540.04	$ 175,161.06	$ -	$ -	$ -	$ -	$ -	$ -	$ 990,609.84
Pre 65 Retiree OAP 2	$ 5,507.81	$ 15,488.49	$ 9,547.04	$ 10,727.66	$ 18,088.06	$ 12,997.61	$ -	$ -	$ -	$ -	$ -	$ -	$ 72,356.67
Pre 65 Retiree Local Plus	$ 633.36	$ 1,742.30	$ 780.71	$ 8,284.02	$ 2,051.60	$ 7,941.46	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,433.45
Pre 65 Retiree Base Plan	$ 31.22	$ 88.96	$ -	$ 16.86	$ 25.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 162.49
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 393,030.13	$ 574,786.83	$ 491,616.61	$ 532,613.62	$ 506,521.24	$ 512,031.74	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,010,600.17
Total ISL Reimbursements	$ (123,092.46)	$ (7,311.49)	$ (114,286.52)	$ (151,147.12)	$ (168,542.86)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (564,380.45)
Rx Rebates	$ -	$ -	$ (447,139.22)	$ -	$ -	$ (451,306.31)	$ -	$ -	$ -	$ -	$ -	$ -	$ (898,445.53)
Aggregate Attachment Point	$ 2,136,290.48	$ 2,138,218.54	$ 2,174,851.68	$ 2,180,635.86	$ 2,178,707.80	$ 2,186,420.04	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,995,124.40
Total Claims (Med+Rx+ISL Reim)	**$ 1,081,567.03**	**$ 2,056,875.78**	**$ 1,072,385.39**	**$ 1,559,864.00**	**$ 1,840,298.12**	**$ 1,889,652.29**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,500,642.61**
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 60,463.56	$ 60,518.13	$ 61,554.96	$ 61,718.67	$ 61,664.10	$ 61,882.38	$ -	$ -	$ -	$ -	$ -	$ -	$ 367,801.80
Stop Loss Premium	$ 148,383.36	$ 148,517.28	$ 151,061.76	$ 151,463.52	$ 151,329.60	$ 151,865.28	$ -	$ -	$ -	$ -	$ -	$ -	$ 902,620.80
CBIZ Consulting Fees	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 54,000.00
Total Expenses	**$ 217,846.92**	**$ 218,035.41**	**$ 221,616.72**	**$ 222,182.19**	**$ 221,993.70**	**$ 222,747.66**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,324,422.60**
Total Plan Expenses (Claims + Fixed)	**$ 1,299,413.95**	**$ 2,274,911.19**	**$ 1,294,002.11**	**$ 1,782,046.19**	**$ 2,062,291.82**	**$ 2,112,399.95**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,825,065.21**

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Plan YTD
Employer and Employee Funding													***Sum***
Funding Components													
Employer Funding	$ 1,375,066.87	$ 1,379,732.51	$ 1,390,001.39	$ 1,394,667.48	$ 1,391,378.84	$ 1,394,413.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,325,260.30
Employee Funding	$ 292,776.35	$ 292,631.20	$ 293,110.67	$ 294,163.12	$ 293,380.60	$ 293,602.97	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,759,664.91
COBRA Funding	$ -	$ -	$ -	$ -	$ -	$ 711.56	$ -	$ -	$ -	$ -	$ -	$ -	$ 711.56
Total ER and EE Funding	**$ 1,667,843.22**	**$ 1,672,363.71**	**$ 1,683,112.06**	**$ 1,688,830.60**	**$ 1,684,759.44**	**$ 1,688,727.74**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,085,636.77**
Funding Surplus/(Deficit)	**$ 368,429.27**	**$ (602,547.48)**	**$ 389,109.95**	**$ (93,215.59)**	**$ (377,532.38)**	**$ (423,672.21)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (739,428.44)**
Expense / Funding Ratio	**77.91%**	**136.03%**	**76.88%**	**105.52%**	**122.41%**	**125.09%**	**-**	**-**	**-**	**-**	**-**	**-**	**107.33%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,172.76	$ 2,051.32	$ 1,147.16	$ 1,575.64	$ 1,825.04	$ 1,862.79	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,606.09**
Total Claim Cost PEPM	$ 976.14	$ 1,854.71	$ 950.70	$ 1,379.19	$ 1,628.58	$ 1,666.36	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,409.59**
Total Employee Cost PEPM **	$ 264.24	$ 263.87	$ 259.85	$ 260.09	$ 259.63	$ 259.54	$ -	$ -	$ -	$ -	$ -	$ -	**$ 261.18**
Employer Plan Cost PEPM	$ 1,241.04	$ 1,244.12	$ 1,232.27	$ 1,233.13	$ 1,231.31	$ 1,229.64	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,235.20**

*** Employee cost PEPM includes COBRA premiums*

The City of Independence Performance Overview Report

2024 Medical Enrollment by Plan & Tier

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Plan YTD Average
Enrollment													
Plans													
OAP 1													
Employee Only	76	75	76	76	76	75	72	69	69	68	69	70	73
Employee + Spouse	32	33	32	32	32	31	31	31	31	33	30	29	31
Employee + Child	45	44	45	43	43	43	41	38	37	36	36	36	41
Family	72	73	71	69	70	71	70	68	68	68	66	66	69
OAP 2													
Employee Only	95	96	98	101	99	100	100	100	100	99	96	98	99
Employee + Spouse	47	46	44	44	42	42	44	45	45	45	46	44	45
Employee + Child	49	47	45	47	46	47	45	44	43	44	44	44	45
Family	103	105	105	105	103	101	99	100	103	102	104	107	103
Local Plus													
Employee Only	96	97	92	91	96	95	97	96	105	108	110	112	100
Employee + Spouse	22	22	22	24	22	22	23	22	23	23	23	24	23
Employee + Child	59	61	61	60	58	56	55	56	56	58	57	56	58
Family	76	74	72	73	72	72	73	76	76	74	74	74	74
Base Plan													
Employee Only	66	65	67	68	68	68	73	76	86	85	83	83	74
Employee + Spouse	1	1	1	3	3	3	3	4	4	4	4	4	3
Employee + Child	3	3	3	3	4	4	4	5	5	5	6	7	4
Family	3	3	3	3	3	3	3	4	4	6	6	7	4
OAP 1 COBRA													
Employee Only	1	1	0	0	0	0	0	0	0	0	0	0	1
Employee + Spouse	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Child	0	0	0	0	1	0	0	0	0	0	0	0	1
Family	0	0	0	0	0	0	0	0	0	0	0	0	0
OAP 2 COBRA													
Employee Only	0	0	0	0	0	0	0	0	0	0	0	1	1
Employee + Spouse	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Child	0	0	0	0	0	0	0	0	0	0	0	0	0
Family	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Plus COBRA													
Employee Only	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Spouse	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Child	0	0	0	0	0	0	0	0	0	0	0	0	0
Family	0	0	0	0	0	0	0	0	0	0	0	0	0
Base Plan COBRA													
Employee Only	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Spouse	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Child	0	0	0	0	0	0	0	0	0	0	0	0	0
Family	0	0	0	0	0	0	0	0	0	0	0	0	0

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Plan YTD
Pre 65 Retiree OAP 1													
Employee Only	128	129	127	126	125	123	121	120	119	119	118	113	122
Employee + Spouse	46	46	45	43	43	44	43	44	43	42	44	44	44
Employee + Child	17	16	18	17	17	18	18	18	19	19	20	21	18
Family	20	21	21	22	22	21	22	23	22	24	23	22	22
Pre 65 Retiree OAP 2													
Employee Only	30	30	31	32	33	34	35	33	35	35	37	38	34
Employee + Spouse	10	10	9	9	9	8	7	7	5	4	4	4	7
Employee + Child	7	7	7	7	7	7	7	8	8	8	8	8	7
Family	8	9	9	9	9	10	11	11	11	11	11	11	10
Pre 65 Retiree Local Plus													
Employee Only	2	2	2	2	3	3	3	3	3	3	3	3	3
Employee + Spouse	3	3	3	3	3	3	3	3	3	3	3	3	3
Employee + Child	1	1	1	1	1	2	2	2	2	2	2	2	2
Family	1	1	1	1	1	1	1	1	1	1	1	1	1
Pre 65 Retiree Base Plan													
Employee Only	2	2	2	2	2	2	2	2	2	2	2	2	2
Employee + Spouse	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee + Child	1	1	1	1	0	0	0	0	0	0	0	0	1
Family	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Participants	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**	**1,108**						

Large Claimants by Month

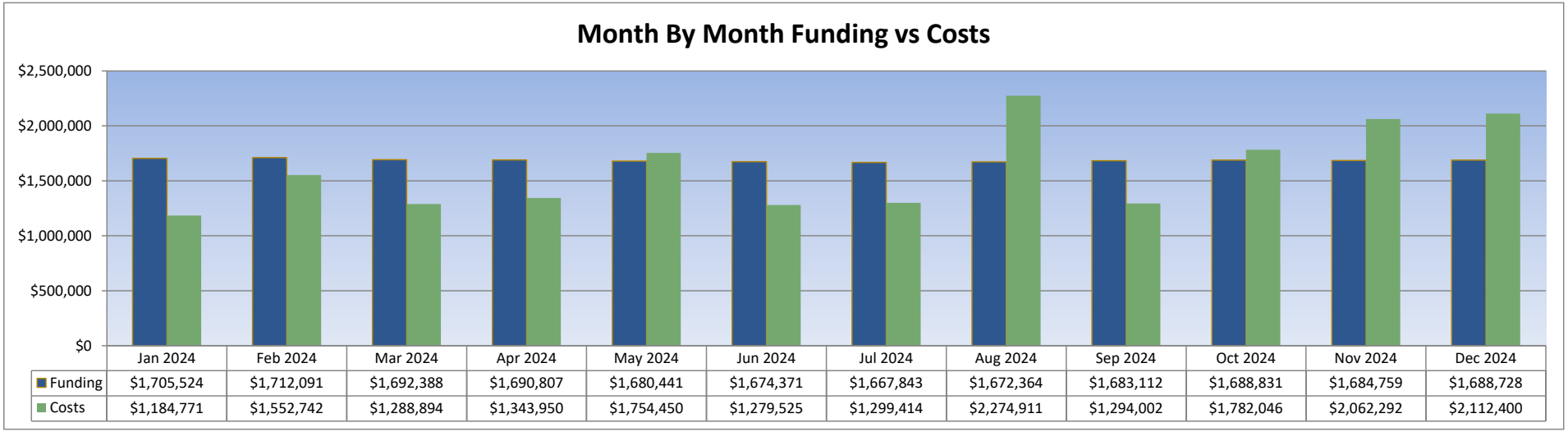
Large Claimant Exhibit for: All>All>All As of Dec 2024

Current Year
Year Paid: **1/1/2024 to 12/31/2024**

Member ID	Plan	Relationship	Status	Diagnosis	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
433500330545212	OAP2	Retiree	EE	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE		$153,552	$2,510	$377	$0	$4,398	$107	$230	$316	$47	$382	$423	**$162,342**
216850330544966	OAP1	Retiree	EE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY			$171,824	$124,712	$60,880	$62,213	$7,311	$114,287	$38,563	$84,647	$46,859	$80,495	**$791,791**
472900330545118	OAP1	Retiree	CH	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS					$180,296	$35,972	$36,151	$35,176	$36,985	$37,934	$35,779	$35,854	**$434,147**
62500600951646	OAP 2	Active	CH	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION								$257,489	$3,019	$5,498	$4,819	$2,117	**$272,942**
239610539365673	OAP 2	Active	SP	SEPSIS, UNSPECIFIED ORGANISM								$150,808	$28,885	$29,688	$35,429	$258,264	**$503,074**
328780330545411	OAP 1	Active	EE	INFECT/INFLM REACTION DUE TO INTERNAL LEFT HIP PROSTH, INIT								$151,435	$867	$5,657	$1	$157	**$158,117**
606720750763558	OAP 2	Active	CH	SEPTO-OPTIC DYSPLASIA OF BRAIN								$191,424	$30,177	$17,750	$47,176	$18,628	**$305,155**
606720750763558	OAP 2	Active	CH	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP								$338,003	$26,198	$19,765	$45,435	$34,675	**$464,076**
765490497551272	OAP 2	Active	EE	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY									$209,807	$4,146	$101,860	$10,138	**$325,951**
836190617620865	OAP 2	Active	EE	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE									$156,535	$6,078	$10,700	$460	**$173,773**
896100330545026	OAP 1	Retiree	EE	BILIARY ACUTE PANCREATITIS WITH UNINFECTED NECROSIS									$150,782	$142	$0	$0	**$150,924**
341730330545357	OAP 2	Active	CH	PRADER-WILLI SYNDROME										$170,356	$60,101	$48,390	**$278,847**
898660761337103	Local Plus	Active	SP	LIVER CELL CARCINOMA										$167,732	$84,251	$10,243	**$262,226**
971610330544926	OAP 1	Retiree	SP	MALIGNANT NEOPLASM OF RECTUM										$157,284	$45,843	$11,175	**$214,302**
235310443719360	OAP 1	Active	EE	RESIDUAL HEMORRHOIDAL SKIN TAGS											$157,077	$27,983	**$185,060**
662350330544801	OAP 1	Active	CH	ENCNTR SCREEN FOR INFECTIONS W SEXL MODE OF TRANSMISS											$167,385	$1,188	**$168,573**
896100330545026	OAP 1	Retiree	CH	PHARMACY (NARCOLEPSY)											$151,991	$18,255	**$170,246**
496540636283276	Local Plus	Active	EE	ATHSCL NATIVE ARTERIES OF EXTREMITIES W GANGRENE, RIGHT LEG												$196,292	**$196,292**
570210659550340	OAP 1	Retiree	EE	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST												$161,034	**$161,034**
579750330544842	OAP 1	Retiree	EE	MALIGNANT NEOPLASM OF PROSTATE												$162,422	**$162,422**
680900676115563	OAP 1	Active	EE	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS												$156,418	**$156,418**
732870330545299	OAP 1	Retiree	EE	SEPSIS, UNSPECIFIED ORGANISM												$164,118	**$164,118**
851330330545196	OAP 1	Retiree	EE	SECONDARY AND UNSP MALIGNANT NEOPLASM OF INTRATHORAC NODES												$199,132	**$199,132**
						$153,552	**$174,334**	**$125,089**	**$241,176**	**$102,583**	**$43,569**	**$1,238,852**	**$682,134**	**$706,724**	**$995,088**	**$1,597,861**	**$6,060,962**

Medical & Rx

Comparison for: All>All>All>All



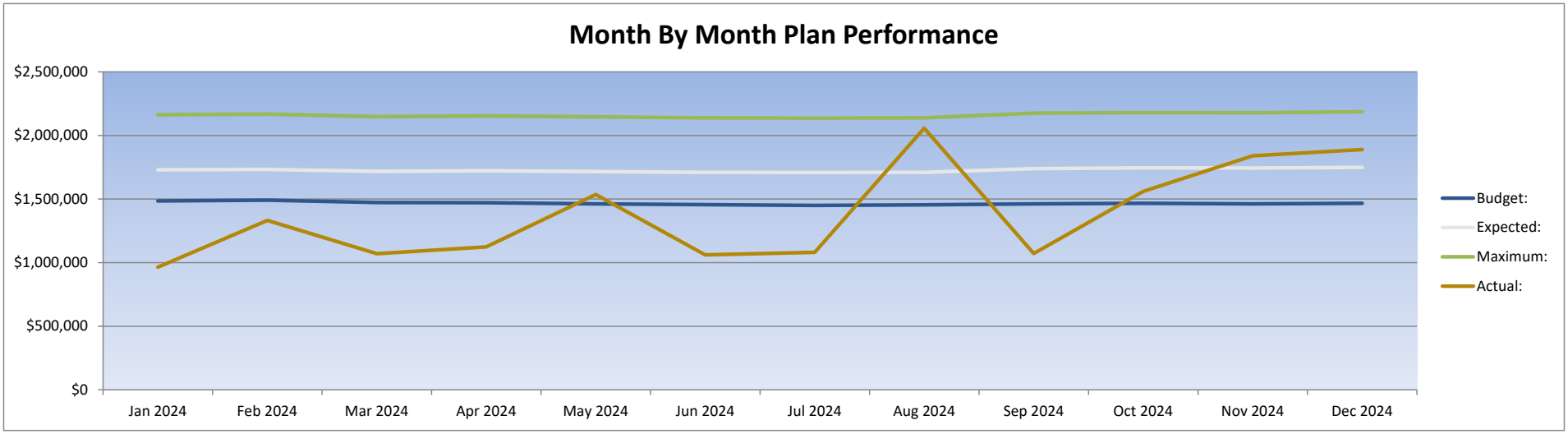
	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Funding	$1,705,524	$1,712,091	$1,692,388	$1,690,807	$1,680,441	$1,674,371	$1,667,843	$1,672,364	$1,683,112	$1,688,831	$1,684,759	$1,688,728
Costs	$1,184,771	$1,552,742	$1,288,894	$1,343,950	$1,754,450	$1,279,525	$1,299,414	$2,274,911	$1,294,002	$1,782,046	$2,062,292	$2,112,400

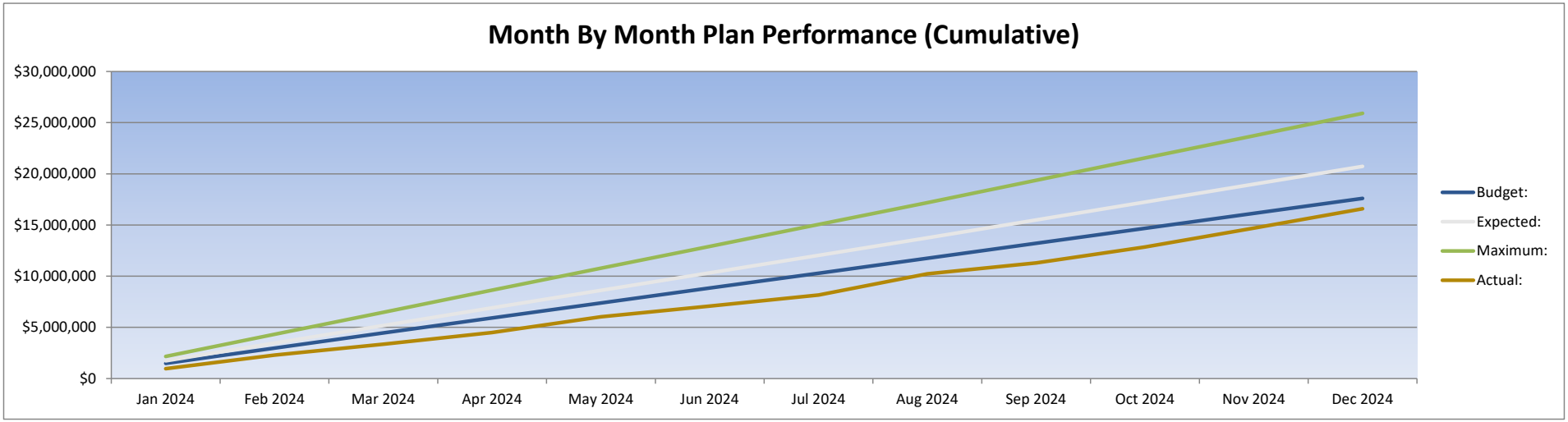
Notes:

Costs include Claims, Admin Fees, Stop Loss Premium, and other Fees.

Medical & Rx

Comparison for: All>All>All>All





Notes:

Budget is based on Funding Rates minus Admin Fees, Stop Loss Premium, and Expenses

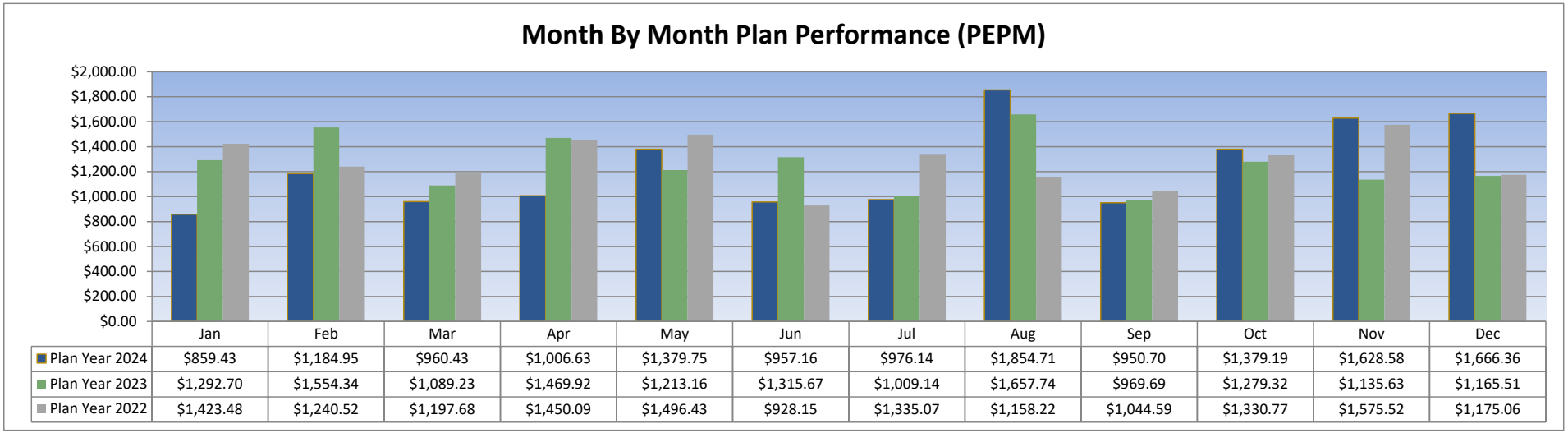
Maximum is aggregate attachment (if applicable)

Expected is calculated as Maximum / (Corridor Factor, 125%)

Actual is Gross Claims minus Stop Loss Reimbursement and Rx Rebates Paid.

Medical & Rx

Comparison for: All>All>All>All



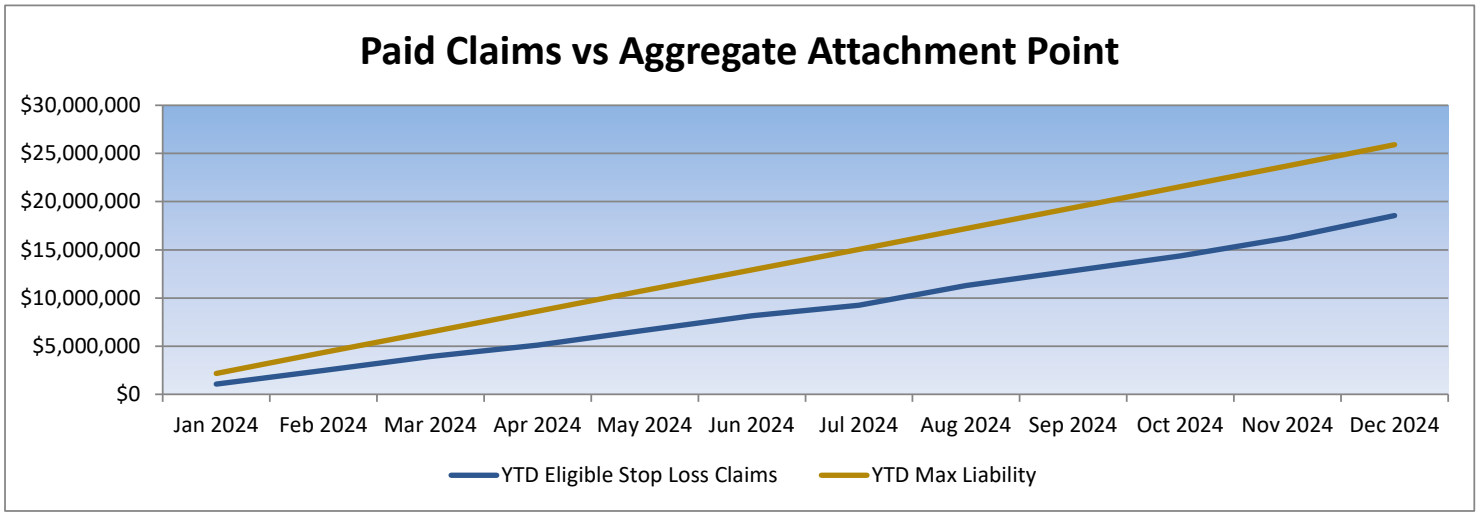
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Plan Year 2024	$859.43	$1,184.95	$960.43	$1,006.63	$1,379.75	$957.16	$976.14	$1,854.71	$950.70	$1,379.19	$1,628.58	$1,666.36
Plan Year 2023	$1,292.70	$1,554.34	$1,089.23	$1,469.92	$1,213.16	$1,315.67	$1,009.14	$1,657.74	$969.69	$1,279.32	$1,135.63	$1,165.51
Plan Year 2022	$1,423.48	$1,240.52	$1,197.68	$1,450.09	$1,496.43	$928.15	$1,335.07	$1,158.22	$1,044.59	$1,330.77	$1,575.52	$1,175.06

Notes:

Medical & Rx

Comparison for: All>All>All>All

Aggregate Stop Loss Accounting Jan 1, 2024 through Dec 31, 2024				
Month	YTD Eligible Stop Loss Claims	YTD Max Liability	YTD Amount Over Aggregate	Eligible Claims as a % of Max
Jan 2024	$1,060,501	$2,163,283	$0	49.02%
Feb 2024	$2,480,060	$4,330,423	$0	57.27%
Mar 2024	$3,927,084	$6,478,282	$0	60.62%
Apr 2024	$5,113,807	$8,631,925	$0	59.24%
May 2024	$6,649,468	$10,777,855	$0	61.70%
Jun 2024	$8,157,921	$12,916,074	$0	63.16%
Jul 2024	$9,239,488	$15,052,364	$0	61.38%
Aug 2024	$11,296,364	$17,190,583	$0	65.71%
Sep 2024	$12,815,888	$19,365,435	$0	66.18%
Oct 2024	$14,375,752	$21,546,071	$0	66.72%
Nov 2024	$16,216,051	$23,724,778	$0	68.35%
Dec 2024	$18,557,009	$25,911,198	$0	71.62%



Notes:

YTD Eligible Stop Loss Claims are Gross Claims minus Stop Loss Reimbursements

Year Over Year Comparison

Period	2020	2021	2022	2023	2024
	Jan 2020 to Dec 2020	*Jan 2021 to Dec 2021*	*Jan 2022 to Dec 2022*	*Jan 2023 to Dec 2023*	*Jan 2024 to Dec 2024*
Enrollment					
Active and COBRA Participants (Total Subscriber-Months)	13,895	13,684	13,510	13,428	13,439

Claims	2020	2021	2022	2023	2024
Medical and Rx - Active and COBRA					
Gross Paid Claims*	$ 19,171,791	$ 19,659,877	$ 20,910,902	$ 19,147,265	$ 19,121,390
Stop-Loss Reimbursements**	$ (290,631)	$ (799,762)	$ (2,397,744)	$ (739,638)	$ (748,276)
Rx Rebates	$ (1,041,943)	$ (886,950)	$ (1,227,738)	$ (1,451,381)	$ (1,784,834)
Net Paid Claims	$ 17,839,217	$ 17,973,164	$ 17,285,420	$ 16,956,246	$ 16,588,280
PEPY Net Paid Claims	**$ 15,406.30**	**$ 15,761.33**	**$ 15,353.44**	**$ 15,153.03**	**$ 14,812.07**

**Includes Medical, Rx*

***Stop Loss Reimbursements includes ISL and Aggregate reimbursements when applicable*

Fixed Costs					
Expenses - Active and COBRA					
Administration Fees	$ 611,936	$ 602,599	$ 659,423	$ 713,967	$ 733,366
Stop Loss Premium	$ 1,466,339	$ 1,640,181	$ 1,835,874	$ 1,738,657	$ 1,799,751
CBIZ Consulting Fees	$ -	$ 120,000	$ 108,000	$ 108,000	$ 108,000
Total Fixed Costs	**$ 2,078,275**	**$ 2,362,781**	**$ 2,603,297**	**$ 2,560,624**	**$ 2,641,117**
PEPY Fixed	**$ 1,794.84**	**$ 2,072.01**	**$ 2,312.33**	**$ 2,288.31**	**$ 2,358.32**

Stop-Loss Premium Loss Ratio	**20%**	**49%**	**131%**	**43%**	**42%**

Plan Cost Summary					
Total Plan Cost PEPY	$ 17,201	$ 17,833	$ 17,666	$ 17,441	$ 17,170
Total Employee Cost PEPY	$ 3,038	$ 3,177	$ 3,240	$ 3,128	$ 3,172
Total Employer Cost PEPY (net of EE contributions)	$ 14,163	$ 14,656	$ 14,426	$ 14,314	$ 13,998