Stay Well Committee

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

INDEPENDENCE
★ FINANCE & ADMINISTRATION ★
ACCOUNTING DIVISION

DATE: February 19, 2025

TO: Stay Well Committee

FROM: Jessica Earl, Accounting Manager

SUBJECT: Monthly Financial Report – Stay Well Fund (January 2025)

Attached are the financial statements for the Stay Well Fund for the month ending January 2025.

For the month of January, the OAP1 plan had a net income of $58,116. The OAP2 Plan had a net income of $9,412 for the month. The Local Plus (LP) Plan realized a net income of $137,641 for the month. The Base Plan realized a net income of $38,985 for the month.

Through January, the 7th month of the fiscal year, the Fund is experiencing a net loss of $559,423, which has resulted in an ending unrestricted net assets balance of $5,232,049.

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:

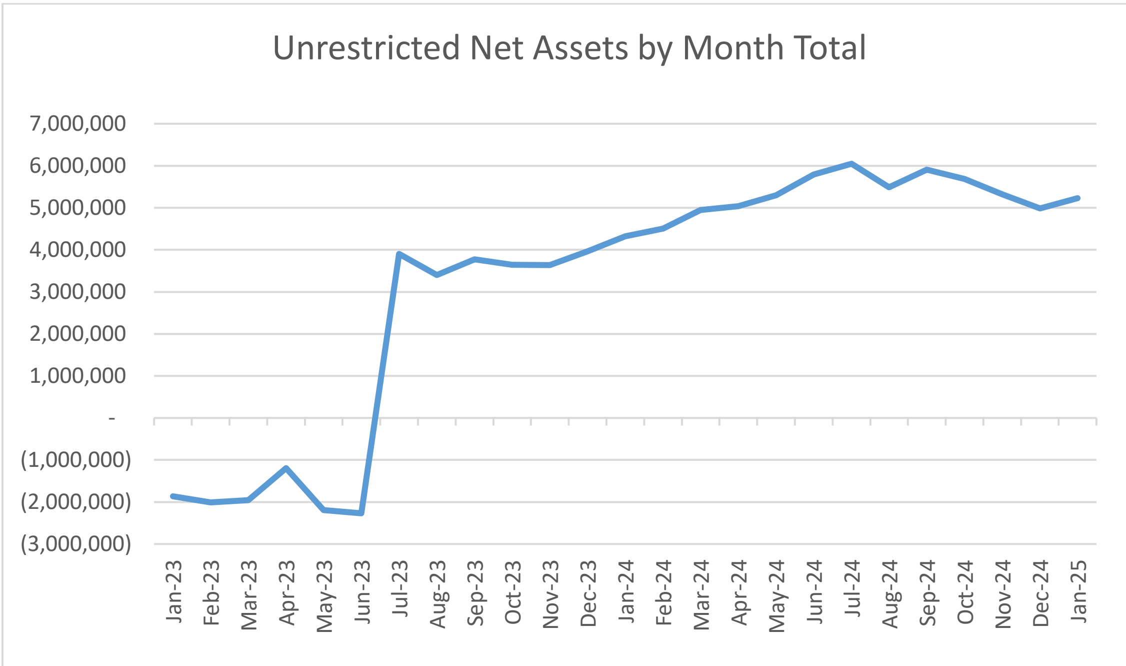
*The $10,000 monthly fee for CBIZ, July through December, was being paid 10% by HR and the balance of $9,000 was being split among the four plans (39% OAP1, 31.1% OAP2, 23.2% LP, and 6.7% BASE). For January through June, it is being paid 10% by HR and the balance of $9,000 is being split among the four plans (32% OAP1, 31.6% OAP2, 26.3% LP, and 10.1% BASE).

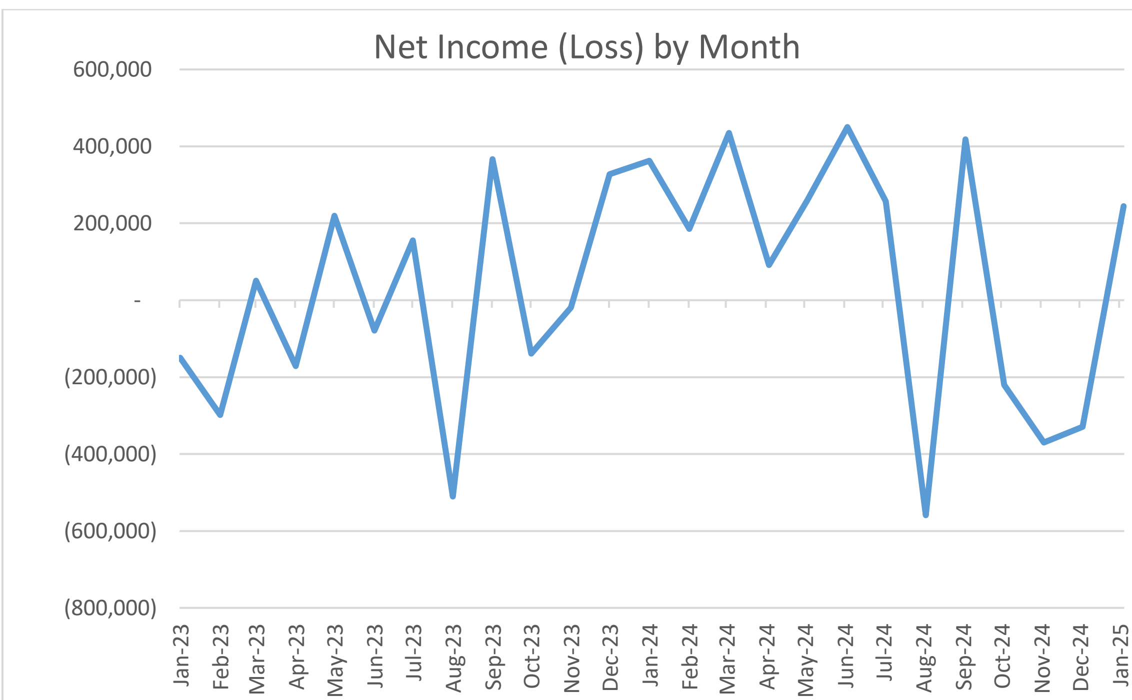
*The prescription rebate reflected in the statement is related to 2024Q2 ($447,139.22) and 2024Q3 (451,306.31) and is split based on plan information provided by Cigna.

*As part of the RFP process, Cigna agreed to a $30,000 fee holiday for the month of December 2024 and an $80,000 fee holiday for the month of January 2025. The credits were applied to the December and January Cigna invoices.

*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).





Combining Statement of Net Assets
For the month ending January 31, 2025

Assets:	
Pooled cash and investments	6,890,749
Accounts receivable	-
Accrued interest receviable	-
Prepaid Items	-
Due from other funds	-
Total assets	6,890,749
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	5,232,049
Total net assets (deficit)	5,232,049
Total liabilities and net assets	6,890,749

Stay Well Fund
Statement of Revenues, Expenditures, and Changes in Fund Balances
For the month ending January 31, 2025

	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	706,635	591,573	427,820	86,170	5,089,368	3,749,545	2,575,239	489,230	11,903,382
Prescription Rebates	-	-	-	-	577,819	255,198	59,113	6,315	898,446
Insurance Refunds	10,315	4,907	889	-	80,697	239,027	51,017	383	371,124
Reinsurance Reimbursement/Stop Loss	82,638	99,323	-	-	601,056	145,286	-	-	746,342
Total revenues	799,588	695,803	428,708	86,170	6,348,941	4,389,055	2,685,370	495,928	13,919,293
Medical Expenditures									
Administrative Services	1,220	1,424	1,114	459	118,627	115,652	75,411	32,110	341,801
Medical Benefits	361,851	421,907	95,517	18,211	3,650,304	3,329,853	1,255,743	56,797	8,292,697
Prescriptions	333,922	131,451	57,825	9,545	2,606,840	1,305,495	478,760	60,004	4,451,098
Stop Loss Premiums	59,198	59,034	49,386	18,969	388,507	339,463	263,390	96,643	1,088,003
Affordable Care Act Research Fee	-	-	-	-	2,509	2,001	1,492	431	6,433
HSA Funding	-	72,575	87,225	-	-	230,675	225,650	-	456,325
Misc.	-	-	-	-	-	-	-	-	-
Total Medical Expenditures	756,190	686,392	291,067	47,185	6,766,787	5,323,138	2,300,447	245,985	14,636,356
Other Expeditures									
Banking Fees	699	-	-	-	4,746	-	-	-	4,746
Other Services (CBIZ)	10,000	-	-	-	27,550	13,995	10,440	3,015	55,000
Other Services (Claim Review)	-	-	-	-	-	-	-	-	-
Events,Meetings, Printing, Misc Office Supplies	-	-	-	-	1,314	374	58	13	1,758
Total Other Expenses	10,699	-	-	-	33,610	14,369	10,498	3,028	61,504
Total Operating Expenditures	766,889	686,392	291,067	47,185	6,800,396	5,337,507	2,310,945	249,013	14,697,861
Net Income (Loss) from Operations	32,699	9,412	137,641	38,985	(451,455)	(948,451)	374,425	246,915	(778,567)
Non-Operating Income									
Interest Income	25,417	-	-	-	190,146	-	-	-	190,146
Misc. Income	-	-	-	-	28,999	-	-	-	28,999
Total non operating income	25,417	-	-	-	219,144	-	-	-	219,144
Net Income (Loss)	58,116	9,412	137,641	38,985	(232,311)	(948,451)	374,425	246,915	(559,423)
Increase (decrease) in IBNR for current FY									-
Adjusted Beginning Retained Earnings									5,791,472
Ending Retained Earnings									5,232,049

INDEPENDENCE
MISSOURI

2025 Plan Year

Monthly Plan Performance Overview Report

Presented by CBIZ

January 2025

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City of Independence, MO | 2025 Executive Summary
Executive Summary

January 2025

Enrollment

	Current Year				Prior Year	
	January 2025	Change from Prior	YTD Average	Change from Prior	January 2024	YTD Average
Total	**1,146**	**2.1%**	**1,146**	**2.1%**	**1,122**	**1,122**
OAP 1	*179*	-20.4%	*179*	-20.4%	*225*	*225*
OAP 2	*294*	0.0%	*294*	0.0%	*294*	*294*
Local Plus	*290*	14.6%	*290*	14.6%	*253*	*253*
Base Plan	*112*	53.4%	*112*	53.4%	*73*	*73*
COBRA	*1*	0.0%	*1*	0.0%	*1*	1
Retiree	*270*	-2.2%	*270*	-2.2%	*276*	276

Plan Costs

	January 2025	Change from Prior	YTD Total	Change from Prior	January 2024	YTD Total
Medical Claims	**$1,049,945**	**66.8%**	**$1,049,945**	**66.8%**	**$629,475**	**$629,475**
OAP 1 (includes COBRA)	*$225,791*	26.8%	*$225,791*	26.8%	*$178,034*	*$178,034*
OAP 2 (includes COBRA)	*$345,302*	61.1%	*$345,302*	61.1%	*$214,349*	*$214,349*
Local Plus (includes COBRA)	*$133,315*	15.0%	*$133,315*	15.0%	*$115,958*	*$115,958*
Base Plan (includes COBRA)	*$23,857*	468.4%	*$23,857*	468.4%	*$4,197*	*$4,197*
Retiree (includes runout)	*$321,680*	175.1%	*$321,680*	175.1%	*$116,936*	*$116,936*
Rx Claims	**$364,174**	**-15.5%**	**$364,174**	**-15.5%**	**$431,026**	**$431,026**
OAP 1 (includes COBRA)	*$144,493*	-7.8%	*$144,493*	-7.8%	*$156,751*	*$156,751*
OAP 2 (includes COBRA)	*$74,845*	5.3%	*$74,845*	5.3%	*$71,110*	*$71,110*
Local Plus (includes COBRA)	*$16,904*	42.4%	*$16,904*	42.4%	*$11,873*	*$11,873*
Base Plan (includes COBRA)	*$3,845*	110.8%	*$3,845*	110.8%	*$1,823*	*$1,823*
Retiree (includes runout)	*$124,087*	-34.5%	*$124,087*	-34.5%	*$189,470*	*$189,470*
Stop Loss Reimbursements	($181,962)		($181,962)		($96,216)	($96,216)
Rx Rebates	$0		$0		$0	$0
Total Net Claims	**$1,232,157**	**27.8%**	**$1,232,157**	**27.8%**	**$964,285**	**$964,285**
Fixed Costs	$258,943	17.4%	$258,943	17.4%	$220,486	$220,486
Total Net Plan Expenses	**$1,491,100**	**25.9%**	**$1,491,100**	**25.9%**	**$1,184,771**	**$1,184,771**
Total PEPM	*$1,301.13*	23.2%	*$1,301.13*	23.2%	*$1,055.95*	*$1,055.95*

Projected Plan Funding

	January 2025	Change from Prior	YTD Total	Change from Prior	January 2024	YTD Total
Total	**$1,812,049**	**6.2%**	**$1,812,049**	**6.2%**	**$1,705,524**	**$1,705,524**
Surplus/(Deficit)	$320,949	-38.4%	$320,949	-38.4%	$520,754	$520,754
Funding Vs. Expenses	82.3%	18.5%	82.3%	18.5%	69.5%	69.5%

The City of Independence Monthly Performance Overview Report

Medical & Rx Overview for: All>All>All starting: Jan 2025

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Plan YTD
Enrollment													*Sum*
Plans													
OAP 1	179												179
OAP 2	294												294
Local Plus	290												290
Base Plan	112												112
OAP 1 COBRA	0												0
OAP 2 COBRA	1												1
Local Plus COBRA	0												0
Base Plan COBRA	0												0
Pre 65 Retiree OAP 1	187												187
Pre 65 Retiree OAP 2	67												67
Pre 65 Retiree Local Plus	12												12
Pre 65 Retiree Base Plan	4												4
	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Participants	**1,146**												**1,146**
Claims													*Sum*
Medical Claims													
OAP 1	$ 225,791.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 225,791.32
OAP 2	$ 345,253.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 345,253.07
Local Plus	$ 133,315.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 133,315.01
Base Plan	$ 23,856.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23,856.90
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ 48.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 48.89
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 199,584.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 199,584.20
Pre 65 Retiree OAP 2	$ 120,061.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 120,061.18
Pre 65 Retiree Local Plus	$ 1,995.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,995.41
Pre 65 Retiree Base Plan	$ 38.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 38.92
Total Medical Claims Paid	$ 1,049,944.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,049,944.90
Prescription Claims													
OAP 1	$ 144,493.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 144,493.00
OAP 2	$ 74,822.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 74,822.00
Local Plus	$ 16,904.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 16,904.00
Base Plan	$ 3,844.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,844.66
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ 23.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23.35
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 115,589.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 115,589.57
Pre 65 Retiree OAP 2	$ 8,242.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,242.97
Pre 65 Retiree Local Plus	$ 238.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 238.61
Pre 65 Retiree Base Plan	$ 15.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15.90
Total Prescription Claims Paid	$ 364,174.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 364,174.06
Total ISL Reimbursements	$ (181,961.52)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (181,961.52)
Aggregate Attachment Point	$ 1,988,596.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,988,596.50
Rx Rebates	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Claims (Med+Rx+ISL Reim)	**$ 1,232,157.44**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	*$ 1,232,157.44*
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 62,537.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 62,537.22
Stop Loss Premium	$ 187,405.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 187,405.38
CBIZ Consulting Fees	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,000.00
Total Expenses	**$ 258,942.60**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 258,942.60**
Total Plan Expenses (Claims + Fixed)	**$ 1,491,100.04**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,491,100.04**
Employer and Employee Funding													*Sum*
Funding Components													
Employer Funding	$ 1,500,530.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,500,530.80
Employee Funding	$ 310,754.49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 310,754.49
COBRA Funding	$ 763.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 763.82
Total ER and EE Funding	**$ 1,812,049.11**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,812,049.11**
Funding Surplus/(Deficit)	**$ 320,949.07**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 320,949.07**
Expense / Funding Ratio	**82.29%**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**82.29%**
Plan Cost Summary PEPM													*Avg PEPM*
Total Plan Cost PEPM	$ 1,301.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,301.13**
Total Claim Cost PEPM	$ 1,075.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,075.18**
Total Employee Cost PEPM **	$ 271.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 271.83**
Employer Plan Cost PEPM	$ 1,309.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,309.36**

*** Employee cost PEPM includes COBRA premiums*

The City of Independence Monthly Performance Overview Report

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	179						1,411
OAP 2	288	289	291	290	290	293	294						2,035
Local Plus	248	250	260	263	264	266	290						1,841
Base Plan	83	89	99	100	99	101	112						683
OAP 1 COBRA	0	0	0	0	0	0	0						0
OAP 2 COBRA	0	0	0	0	0	1	1						2
Local Plus COBRA	0	0	0	0	0	0	0						0
Base Plan COBRA	0	0	0	0	0	0	0						0
Pre 65 Retiree OAP 1	204	205	203	204	205	200	187						1,408
Pre 65 Retiree OAP 2	60	59	59	58	60	61	67						424
Pre 65 Retiree Local Plus	9	9	9	9	9	9	12						66
Pre 65 Retiree Base Plan	2	2	2	2	2	2	4						16
Total Participants	**1,108**	**1,109**	**1,128**	**1,131**	**1,130**	**1,134**	**1,146**	-	-	-	-	-	**7,886**
Claims													*Sum*
Medical Claims													
OAP 1	$ 172,507.75	$ 231,547.80	$ 169,551.43	$ 231,051.21	$ 261,608.63	$ 310,158.29	$ 225,791.32	$ -	$ -	$ -	$ -	$ -	$ 1,602,216.43
OAP 2	$ 150,787.11	$ 704,817.89	$ 557,523.72	$ 273,459.12	$ 409,586.32	$ 579,306.64	$ 345,253.07	$ -	$ -	$ -	$ -	$ -	$ 3,020,733.87
Local Plus	$ 164,430.49	$ 175,808.95	$ 108,641.35	$ 229,058.71	$ 273,275.96	$ 402,348.78	$ 133,315.01	$ -	$ -	$ -	$ -	$ -	$ 1,486,879.25
Base Plan	$ 10,261.98	$ 5,289.83	$ 9,828.87	$ 18,044.21	$ 13,914.32	$ 9,161.61	$ 23,856.90	$ -	$ -	$ -	$ -	$ -	$ 90,357.72
OAP 1 COBRA	$ -	$ -	$ (78.26)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (78.26)
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ 48.89	$ -	$ -	$ -	$ -	$ -	$ 48.89
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	$ 199,584.20	$ -	$ -	$ -	$ -	$ -	$ 2,440,694.93
Pre 65 Retiree OAP 2	$ 9,958.47	$ 39,634.22	$ 56,637.36	$ 23,602.64	$ 42,774.68	$ 57,171.81	$ 120,061.18	$ -	$ -	$ -	$ -	$ -	$ 349,840.36
Pre 65 Retiree Local Plus	$ 3,827.23	$ 1,682.04	$ 1,151.51	$ 1,135.34	$ 1,387.03	$ 684.49	$ 1,995.41	$ -	$ -	$ -	$ -	$ -	$ 11,863.05
Pre 65 Retiree Base Plan	$ 35.08	$ 35.08	$ 35.08	$ 31.85	$ 42.15	$ 38.92	$ 38.92	$ -	$ -	$ -	$ -	$ -	$ 257.08
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	$ 1,049,944.90	$ -	$ -	$ -	$ -	$ -	$ 9,002,813.32
Prescription Claims													
OAP 1	$ 115,714.11	$ 160,266.60	$ 122,224.68	$ 171,852.94	$ 141,034.74	$ 173,174.84	$ 144,493.00	$ -	$ -	$ -	$ -	$ -	$ 1,028,760.91
OAP 2	$ 93,372.59	$ 186,006.16	$ 181,239.64	$ 147,301.69	$ 147,472.50	$ 116,540.61	$ 74,822.00	$ -	$ -	$ -	$ -	$ -	$ 946,755.19
Local Plus	$ 25,581.65	$ 17,950.25	$ 33,153.20	$ 23,954.65	$ 21,226.44	$ 25,659.87	$ 16,904.00	$ -	$ -	$ -	$ -	$ -	$ 164,430.06
Base Plan	$ 3,309.48	$ 7,304.71	$ 647.76	$ 1,409.91	$ 9,082.41	$ 551.03	$ 3,844.66	$ -	$ -	$ -	$ -	$ -	$ 26,149.96
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ 5.26	$ 23.35	$ -	$ -	$ -	$ -	$ -	$ 28.61
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	$ 115,589.57	$ -	$ -	$ -	$ -	$ -	$ 1,106,199.41
Pre 65 Retiree OAP 2	$ 5,507.81	$ 15,488.49	$ 9,547.04	$ 10,727.66	$ 18,088.06	$ 12,997.61	$ 8,242.97	$ -	$ -	$ -	$ -	$ -	$ 80,599.64
Pre 65 Retiree Local Plus	$ 633.36	$ 1,742.30	$ 780.71	$ 8,284.02	$ 2,051.60	$ 7,941.46	$ 238.61	$ -	$ -	$ -	$ -	$ -	$ 21,672.06
Pre 65 Retiree Base Plan	$ 31.22	$ 88.96	$ -	$ 16.86	$ 25.45	$ -	$ 15.90	$ -	$ -	$ -	$ -	$ -	$ 178.39
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 393,030.13	$ 574,786.83	$ 491,616.61	$ 532,613.62	$ 506,521.24	$ 512,031.74	$ 364,174.06	$ -	$ -	$ -	$ -	$ -	$ 3,374,774.23
Total ISL Reimbursements	$ (123,092.46)	$ (7,311.49)	$ (114,286.52)	$ (151,147.12)	$ (168,542.86)	$ -	$ (181,961.52)	$ -	$ -	$ -	$ -	$ -	$ (746,341.97)
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	$ 1,988,596.50	$ -	$ -	$ -	$ -	$ -	$ 14,983,720.90
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**	**$ 1,232,157.44**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,732,800.05**
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	$ 62,537.22	$ -	$ -	$ -	$ -	$ -	$ 430,339.02
Stop Loss Premium	$ 148,383.36	$ 148,517.28	$ 151,061.76	$ 151,463.52	$ 151,329.60	$ 151,865.28	$ 187,405.38	$ -	$ -	$ -	$ -	$ -	$ 1,090,026.18
CBIZ Consulting Fees	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ 63,000.00
Total Expenses	**$ 217,846.92**	**$ 218,035.41**	**$ 221,616.72**	**$ 222,182.19**	**$ 221,993.70**	**$ 222,747.66**	**$ 258,942.60**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,583,365.20**
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**	**$ 1,491,100.04**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,316,165.25**

	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	$ 1,500,530.80	$ -	$ -	$ -	$ -	$ -	$ 9,825,791.10
Employee Funding	$ 292,776.35	$ 292,631.20	$ 293,110.67	$ 294,163.12	$ 293,380.60	$ 293,602.97	$ 310,754.49	$ -	$ -	$ -	$ -	$ -	$ 2,070,419.40
COBRA Funding	$ -	$ -	$ -	$ -	$ -	$ 711.56	$ 763.82	$ -	$ -	$ -	$ -	$ -	$ 1,475.38
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**	**$ 1,812,049.11**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 11,897,685.88**
Funding Surplus/(Deficit)	**$ 368,429.27**	**$ (602,547.48)**	**$ 389,109.95**	**$ (93,215.59)**	**$ (377,532.38)**	**$ (423,672.21)**	**$ 320,949.07**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (418,479.37)**
Expense / Funding Ratio	**77.91%**	**136.03%**	**76.88%**	**105.52%**	**122.41%**	**125.09%**	**82.29%**	-	-	-	-	-	**103.52%**
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	$ 1,301.13	$ -	$ -	$ -	$ -	$ -	**$ 1,561.78**
Total Claim Cost PEPM	$ 976.14	$ 1,854.71	$ 950.70	$ 1,379.19	$ 1,628.58	$ 1,666.36	$ 1,075.18	$ -	$ -	$ -	$ -	$ -	**$ 1,360.99**
Total Employee Cost PEPM **	$ 264.24	$ 263.87	$ 259.85	$ 260.09	$ 259.63	$ 259.54	$ 271.83	$ -	$ -	$ -	$ -	$ -	**$ 262.73**
Employer Plan Cost PEPM	$ 1,241.04	$ 1,244.12	$ 1,232.27	$ 1,233.13	$ 1,231.31	$ 1,229.64	$ 1,309.36	$ -	$ -	$ -	$ -	$ -	**$ 1,245.98**

Large Claimants by

Current Year
Year Paid: 1/1/2025 to 12/31/2025

Member ID	Plan	Relationship	Status	Diagnosis	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
None as of January																	
					$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

The City of Independence Performance Overview Report
2024 Medical Enrollment by Plan & Tier

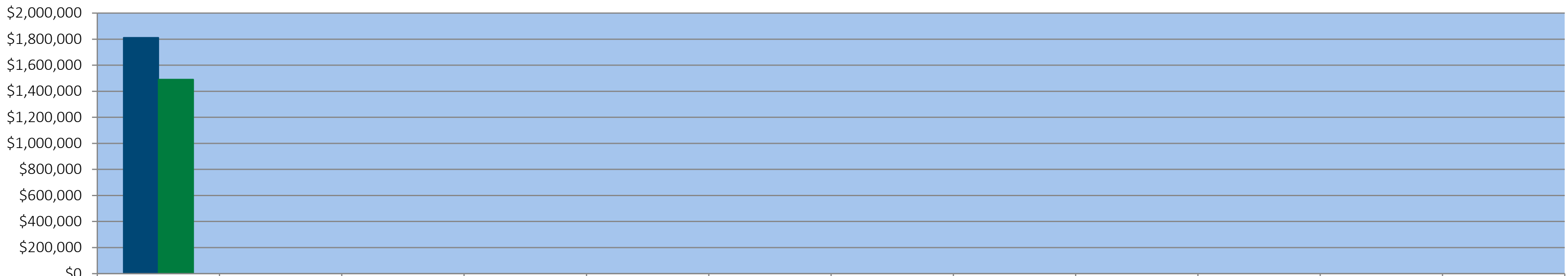
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Plan YTD
Enrollment													Average
Plans													
OAP 1													
Employee Only	56												56
Employee + Spouse	32												32
Employee + Child	31												31
Family	60												60
OAP 2													
Employee Only	94												94
Employee + Spouse	48												48
Employee + Child	46												46
Family	106												106
Local Plus													
Employee Only	122												122
Employee + Spouse	29												29
Employee + Child	58												58
Family	81												81
Base Plan													
Employee Only	95												95
Employee + Spouse	5												5
Employee + Child	4												4
Family	8												8
OAP 1 COBRA													
Employee Only	0												0
Employee + Spouse	0												0
Employee + Child	0												0
Family	0												0
OAP 2 COBRA													
Employee Only	1												1
Employee + Spouse	0												0
Employee + Child	0												0
Family	0												0
Local Plus COBRA													
Employee Only	0												0
Employee + Spouse	0												0
Employee + Child	0												0
Family	0												0
Base Plan COBRA													
Employee Only	0												0
Employee + Spouse	0												0
Employee + Child	0												0
Family	0												0
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Plan YTD
Pre 65 Retiree OAP 1													
Employee Only	105												105
Employee + Spouse	46												46
Employee + Child	19												19
Family	17												17
Pre 65 Retiree OAP 2													
Employee Only	40												40
Employee + Spouse	4												4
Employee + Child	11												11
Family	12												12
Pre 65 Retiree Local Plus													
Employee Only	5												5
Employee + Spouse	3												3
Employee + Child	3												3
Family	1												1
Pre 65 Retiree Base Plan													
Employee Only	4												4
Employee + Spouse	0												0
Employee + Child	0												0
Family	0												0
Total Participants	**1,146**												**1,146**

Monthly Funding vs Costs

Medical & Rx

Comparison for: All>All>All>All

Month By Month Funding vs Costs



	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Funding	$1,812,049	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Costs	$1,491,100	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

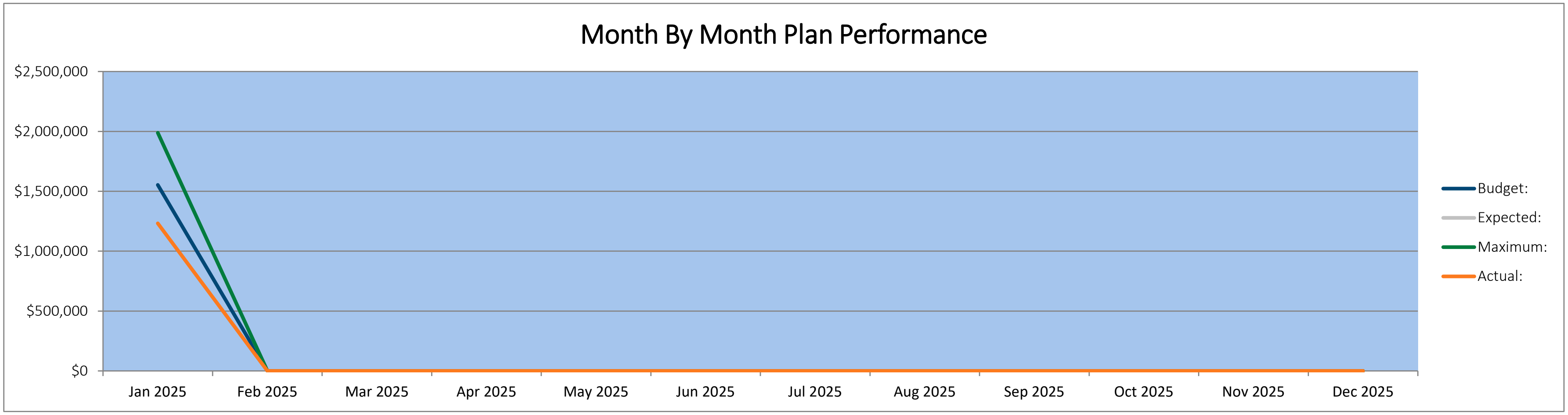
Notes:

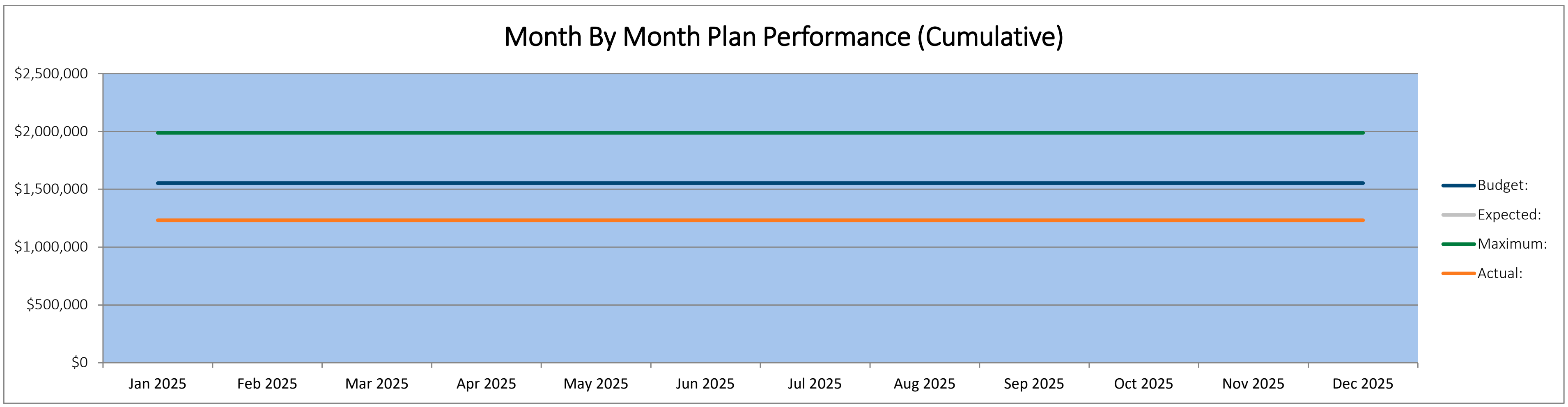
Costs include Claims, Capitation, Medical Value Payments, Admin Fees, Stop Loss Premium, and other Fees.

Monthly Plan Performance

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, eg 125%) (will only be shown if applicable)

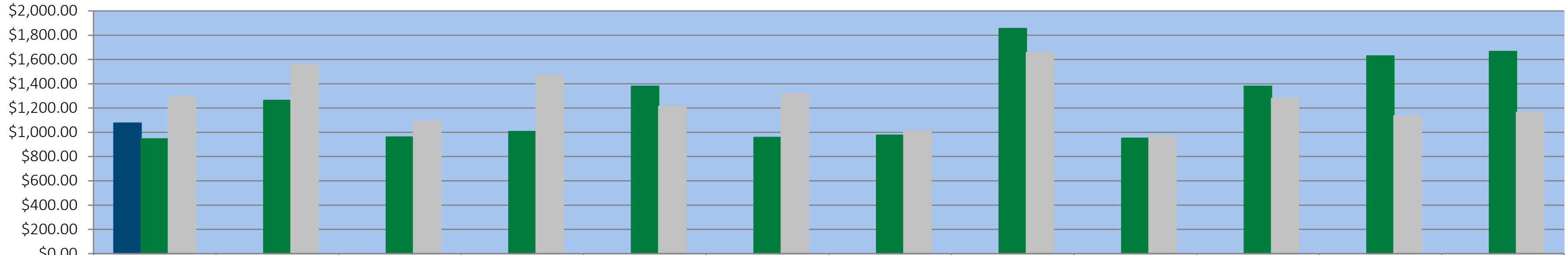
Actual is Gross Claims minus Stop Loss Reimbursement and Rx Rebates Paid.

Monthly Plan Performance (PEPM)

Medical & Rx

Comparison for: All>All>All>All

Month By Month Plan Performance (PEPM)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Plan Year 2025	$1,075.18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Plan Year 2024	$945.19	$1,262.95	$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	$1,295.67	$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

Notes:

Aggregate Stop Loss Accounting

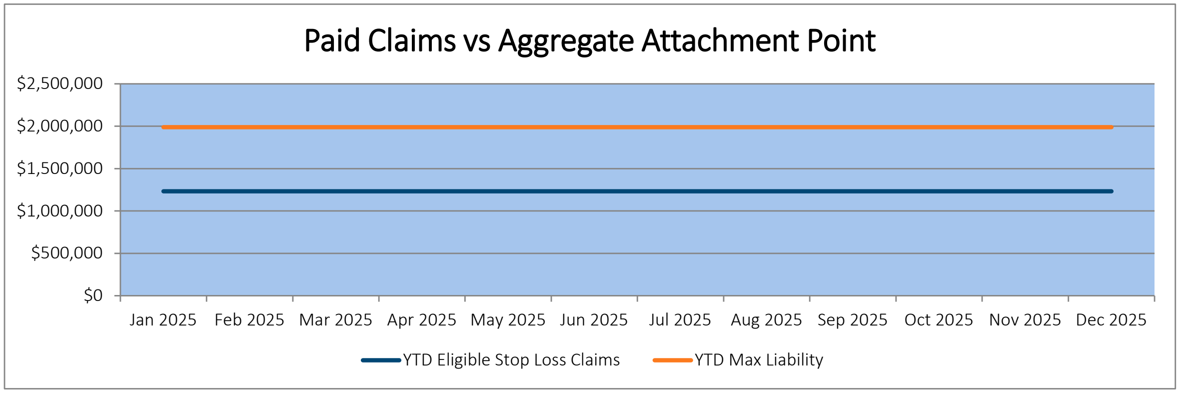
Medical & Rx

Comparison for: All>All>All>All

Aggregate Stop Loss Accounting

Jan 1, 2025 through Dec 31, 2025

Month	YTD Eligible Stop Loss Claims	YTD Max Liability	YTD Amount Over Aggregate	Eligible Claims as a % of Max
Jan 2025	$1,232,157	$1,988,597	$0	61.96%
Feb 2025	$1,232,157	$1,988,597	$0	61.96%
Mar 2025	$1,232,157	$1,988,597	$0	61.96%
Apr 2025	$1,232,157	$1,988,597	$0	61.96%
May 2025	$1,232,157	$1,988,597	$0	61.96%
Jun 2025	$1,232,157	$1,988,597	$0	61.96%
Jul 2025	$1,232,157	$1,988,597	$0	61.96%
Aug 2025	$1,232,157	$1,988,597	$0	61.96%
Sep 2025	$1,232,157	$1,988,597	$0	61.96%
Oct 2025	$1,232,157	$1,988,597	$0	61.96%
Nov 2025	$1,232,157	$1,988,597	$0	61.96%
Dec 2025	$1,232,157	$1,988,597	$0	61.96%



Notes:

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

Year Over Year Comparison

Period	2021	2022	2023	2024	2025
	Jan 2021 to Dec 2021	*Jan 2022 to Dec 2022*	*Jan 2023 to Dec 2023*	*Jan 2024 to Dec 2024*	*Jan 2025 to Dec 2025*

Enrollment					
Active and COBRA Participants (Total Subscriber-Months)	13,684	13,510	13,428	13,439	1,146

Claims	2021	2022	2023	2024	2025
Medical and Rx - Active and COBRA					
Gross Paid Claims*	$ 19,659,877	$ 20,910,902	$ 19,147,265	$ 19,121,390	$ 1,414,119
Stop-Loss Reimbursements**	$ (799,762)	$ (2,397,744)	$ (739,638)	$ (564,380)	$ (181,962)
Rx Rebates	$ (886,950)	$ (1,227,738)	$ (1,451,381)	$ (1,784,834)	$ -
Net Paid Claims	$ 17,973,164	$ 17,285,420	$ 16,956,246	$ 16,772,176	$ 1,232,157
PEPY Net Paid Claims	**$ 15,761.33**	**$ 15,353.44**	**$ 15,153.03**	**$ 14,976.27**	**$ 12,902.17**

**Includes Medical, Rx Claims*

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

Fixed Costs					
Expenses - Active and COBRA					
Administration Fees	$ 602,599	$ 659,423	$ 713,967	$ 733,366	$ 62,537
Stop Loss Premium	$ 1,640,181	$ 1,835,874	$ 1,738,657	$ 1,799,751	$ 187,405
CBIZ Consulting Fees	$ 120,000	$ 108,000	$ 108,000	$ 108,000	$ 9,000
Total Fixed Costs	**$ 2,362,781**	**$ 2,603,297**	**$ 2,560,624**	**$ 2,641,117**	**$ 258,942.60**
PEPY Fixed	**$ 2,072.01**	**$ 2,312.33**	**$ 2,288.31**	**$ 2,358.32**	**$ 2,711.44**

Stop-Loss Premium Loss Ratio	49%	131%	43%	31%	97%

Plan Cost Summary					
Total Plan Cost PEPY	$ 17,833	$ 17,666	$ 17,441	$ 17,335	$ 15,614
Total Employee Cost PEPY	$ 3,177	$ 3,240	$ 3,128	$ 3,172	$ 3,262
Total Employer Cost PEPY (net of EE contributions)	$ 14,656	$ 14,426	$ 14,314	$ 14,162	$ 12,352

CBIZ