Stay Well Committee

September 23, 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 Kevin Kueker 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

1. Virtual PT comparison

NEW BUSINESS

NEXT MEETING DATE

1. October 28, 2025, at 2:00 pm in conference room 117 IUC

INDEPENDENCE
FINANCE & ADMINISTRATION
ACCOUNTING DIVISION

DATE: September 16, 2025

TO: Stay Well Committee

FROM: Jessica Earl, Accounting Manager

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

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

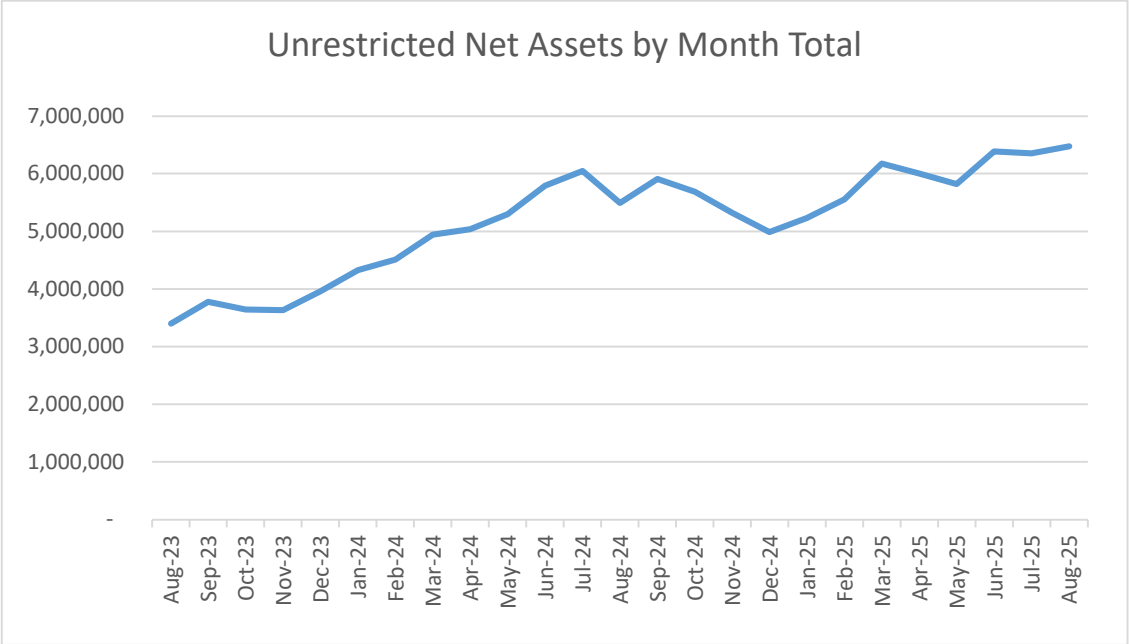
Monthly Highlights:

- OAP1 Plan: Net income of $106,971
- OAP2 Plan: Net loss of $26,179
- Local Plus (LP) Plan: Net loss of $10,176
- Base Plan: Net income of $48,860

Year-to-Date Summary:
As of August – marking the 2nd month of the fiscal year – the Stay Well Fund has generated a year-to-date net income of $86,276, resulting in an ending unrestricted net assets balance of $6,473,695.

Key Notes from the Financial Statements:

- CBIZ Fee Allocation
  For the period of July through December, the $10,000 monthly CBIZ fee is split with 10% paid by HR and the remaining $9,000 allocated among the four plans as follows:
  - OAP1: 32%
  - OAP2: 31.6%
  - LP: 26.3%
  - Base: 10.1%
- Incurred But Not Reported (IBNR)
  The IBNR amount has been updated using figures provided by CBIZ as of June 30, 2025. This reflects an increase of $46,300 since June 2024. This year-end adjustment impacts the fund balance/retained earnings but is not considered a true expense. However, for ACFR reporting, it will continue to be reported as an expense in accordance with Generally Accepted Accounting Principles (GAAP).
- ARPA program funds totaling $6,250,000 were received in 2021 and 2022. This funding was unusual and supplemental to normal operations. The program has now ended, and while the funds are no longer shown separately on the graphs, they remain included in the total fund balance.


Unrestricted Net Assets by Month Total
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
-
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
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Mar-25
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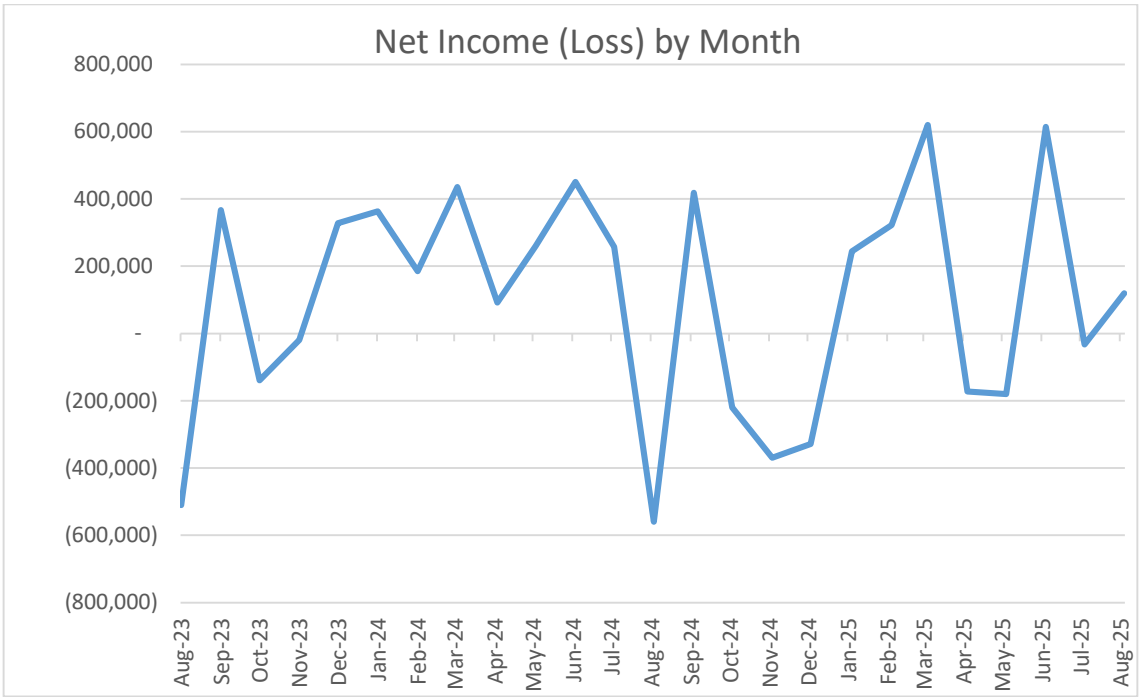
Jun-25
Jul-25
Aug-25


Net Income (Loss) by Month
800,000
600,000
400,000
200,000
-
(200,000)
(400,000)
(600,000)
(800,000)
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25

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

Assets:	
Pooled cash and investments	8,178,695
Accounts receivable	-
Accrued interest receviable	-
Prepaid Items	-
Due from other funds	-
Total assets	8,178,695
Liabilities:	
Accounts and contracts payable	-
Accrued liabilities/Due to other funds	-
Self-insurance claims (IBNR)	1,705,000
Total liabilities	1,705,000
Net Assets:	
Unrestricted	6,473,695
Total net assets (deficit)	6,473,695
Total liabilities and net assets	8,178,695

Stay Well Fund
Statement of Revenues, Expenditures, and Changes in Fund Balances
For the month ending August 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	686,567	574,497	440,877	97,668	1,368,640	1,145,664	884,436	195,079	3,593,819
Prescription Rebates	-	-	-	-	-	-	-	-	-
Insurance Refunds	12,910	7,853	21	69	54,586	11,584	1,234	135	67,539
Reinsurance Reimbursement/Stop Loss	-	-	-	-	-	-	9,292	-	9,292
Total revenues	699,477	582,350	440,898	97,737	1,423,226	1,157,248	894,962	195,214	3,670,650
Medical Expenditures									
Administrative Services	18,905	18,960	17,102	7,103	37,592	38,029	34,587	13,824	124,033
Medical Benefits	298,257	341,855	309,176	10,894	727,130	663,453	451,038	31,987	1,873,609
Prescriptions	243,309	187,634	71,244	8,548	519,957	363,293	172,173	25,451	1,080,874
Stop Loss Premiums	57,072	57,236	51,185	21,422	113,817	114,798	103,024	41,700	373,339
Affordable Care Act Research Fee	-	-	-	-	2,164	2,137	1,778	683	6,762
HSA Funding	-	-	-	-	-	81,036	80,850	-	161,886
Misc.	-	-	-	-	-	-	-	-	-
Total Medical Expenditures	617,543	605,684	448,707	47,968	1,400,661	1,262,746	843,451	113,646	3,620,503
Other Expeditures									
Banking Fees	813	-	-	-	1,552	-	-	-	1,552
Other Services (CBIZ)	2,880	2,844	2,367	909	5,760	5,688	4,734	1,818	18,000
Other Services (Claim Review)	-	-	-	-	-	-	-	-	-
Events,Meetings, Printing, Misc Office Supplies	-	-	-	-	-	-	-	-	-
Total Other Expenses	3,693	2,844	2,367	909	7,312	5,688	4,734	1,818	19,552
Total Operating Expenditures	621,237	608,528	451,074	48,877	1,407,973	1,268,434	848,185	115,464	3,640,055
Net Income (Loss) from Operations	78,240	(26,179)	(10,176)	48,860	15,254	(111,186)	46,777	79,750	30,595
Non-Operating Income									
Interest Income	28,469	-	-	-	55,229	-	-	-	55,229
Misc. Income	262	-	-	-	452	-	-	-	452
Total non operating income	28,731	-	-	-	55,681	-	-	-	55,681
Net Income (Loss)	106,971	(26,179)	(10,176)	48,860	70,935	(111,186)	46,777	79,750	86,276
Decrease (Increase) in IBNR for current FY									-
Adjusted Beginning Retained Earnings									6,387,420
Ending Retained Earnings									6,473,695

INDEPENDENCE
★ MISSOURI ★

2025 Plan Year

Monthly Plan Performance Overview Report

Presented by CBIZ

August 2025

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City of Independence, MO | 2025 Executive Summary

August 2025

Enrollment

	Current Year				Prior Year	
	August 2025	Change from Prior	YTD Average	Change from Prior	August 2024	YTD Average
Total	**1,134**	**2.3%**	**1,138**	**2.1%**	**1,109**	**1,115**
OAP 1	*176*	-14.6%	*179*	-18.4%	*206*	*219*
OAP 2	*286*	-1.0%	*289*	-1.0%	*289*	*292*
Local Plus	*298*	19.2%	*296*	18.7%	*250*	*249*
Base Plan	*122*	37.1%	*118*	50.6%	*89*	*78*
COBRA	*0*	N/A	*0*	-33.3%	*0*	0
Retiree	*252*	-8.4%	*257*	-6.9%	*275*	276

Plan Costs

	August 2025	Change from Prior	YTD Total	Change from Prior	August 2024	YTD Total
Medical Claims	**$1,076,140**	**-27.7%**	**$9,081,623**	**15.9%**	**$1,489,400**	**$7,838,971**
OAP 1 (includes COBRA)	*$239,461*	3.4%	*$1,961,803*	11.9%	*$231,548*	*$1,752,457*
OAP 2 (includes COBRA)	*$334,497*	-52.5%	*$2,486,442*	-0.4%	*$704,818*	*$2,497,294*
Local Plus (includes COBRA)	*$340,965*	93.9%	*$2,017,220*	80.1%	*$175,809*	*$1,120,069*
Base Plan (includes COBRA)	*$16,480*	211.5%	*$317,025*	499.4%	*$5,290*	*$52,891*
Retiree (includes runout)	*$144,737*	-61.1%	*$2,299,133*	-4.8%	*$371,936*	*$2,416,261*
Rx Claims	**$369,828**	**-35.7%**	**$3,082,763**	**-14.1%**	**$574,787**	**$3,587,797**
OAP 1 (includes COBRA)	*$83,702*	-47.8%	*$788,202*	-32.0%	*$160,267*	*$1,158,545*
OAP 2 (includes COBRA)	*$127,298*	-31.6%	*$892,158*	11.9%	*$186,006*	*$797,365*
Local Plus (includes COBRA)	*$32,779*	82.6%	*$251,688*	62.9%	*$17,950*	*$154,496*
Base Plan (includes COBRA)	*$2,347*	-67.9%	*$49,265*	145.4%	*$7,305*	*$20,078*
Retiree (includes runout)	*$123,703*	-39.1%	*$1,101,450*	-24.4%	*$203,259*	*$1,457,312*
Stop Loss Reimbursements	$0		($588,791)		($7,311)	($314,300)
Rx Rebates	$0		($928,640)		$0	($886,388)
Total Net Claims	**$1,445,968**	**-29.7%**	**$10,646,956**	**4.1%**	**$2,056,876**	**$10,226,080**
Fixed Costs	$256,325	17.6%	$2,057,364	17.4%	$218,035	$1,752,577
Total Net Plan Expenses	**$1,702,294**	**-25.2%**	**$12,704,320**	**6.1%**	**$2,274,911**	**$11,978,657**
Total PEPM	*$1,501.14*	-26.8%	*$1,395.62*	3.9%	*$2,051.32*	*$1,343.50*

Projected Plan Funding

	August 2025	Change from Prior	YTD Total	Change from Prior	August 2024	YTD Total
Total	**$1,794,658**	**7.3%**	**$14,433,341**	**6.9%**	**$1,672,364**	**$13,495,830**
Surplus/(Deficit)	$92,364	-115.3%	$1,729,021	14.0%	($602,547)	$1,517,173
Funding Vs. Expenses	94.9%	-30.3%	88.0%	-0.8%	136.0%	88.8%

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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	180	180	180	180	178	179	176					1,432
OAP 2	294	288	290	291	287	288	286	286					2,310
Local Plus	290	289	292	298	297	299	302	298					2,365
Base Plan	112	113	112	116	120	120	125	122					940
OAP 1 COBRA	0	0	0	0	0	0	0	0					0
OAP 2 COBRA	1	1	0	0	0	0	0	0					2
Local Plus COBRA	0	0	0	0	0	0	0	0					0
Base Plan COBRA	0	0	0	0	0	0	0	0					0
Pre 65 Retiree OAP 1	187	183	178	177	172	170	170	172					1,409
Pre 65 Retiree OAP 2	67	66	66	63	63	63	64	64					516
Pre 65 Retiree Local Plus	12	12	13	13	13	13	12	13					101
Pre 65 Retiree Base Plan	4	4	4	4	3	3	3	3					28
	-	-	-	-	-	-	-	-					-
Total Participants	**1,146**	**1,136**	**1,135**	**1,142**	**1,135**	**1,134**	**1,141**	**1,134**					**9,103**
Claims													*Sum*
Medical Claims													
OAP 1	$ 225,791.32	$ 418,397.72	$ 179,934.57	$ 194,241.88	$ 209,229.14	$ 203,468.28	$ 291,280.59	$ 239,460.56	$ -	$ -	$ -	$ -	$ 1,961,804.06
OAP 2	$ 345,253.07	$ 322,973.29	$ 264,130.99	$ 317,553.25	$ 316,086.75	$ 342,133.11	$ 243,680.59	$ 334,496.99	$ -	$ -	$ -	$ -	$ 2,486,308.04
Local Plus	$ 133,315.01	$ 156,122.57	$ 183,422.34	$ 259,797.75	$ 584,437.54	$ 177,549.03	$ 181,610.31	$ 340,965.45	$ -	$ -	$ -	$ -	$ 2,017,220.00
Base Plan	$ 23,856.90	$ 11,462.23	$ 81,235.24	$ 72,383.25	$ 17,011.32	$ 67,863.36	$ 26,732.76	$ 16,480.28	$ -	$ -	$ -	$ -	$ 317,025.34
OAP 1 COBRA	$ -	$ -	$ (1.38)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (1.38)
OAP 2 COBRA	$ 48.89	$ 49.18	$ 36.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 134.34
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 199,584.20	$ 273,434.45	$ 251,893.70	$ 157,145.22	$ 153,622.37	$ 126,214.92	$ 150,078.32	$ 92,452.17	$ -	$ -	$ -	$ -	$ 1,404,425.35
Pre 65 Retiree OAP 2	$ 120,061.18	$ 41,536.84	$ 64,284.11	$ 202,995.54	$ 134,485.11	$ 131,248.90	$ 111,516.01	$ 45,362.38	$ -	$ -	$ -	$ -	$ 851,490.07
Pre 65 Retiree Local Plus	$ 1,995.41	$ 2,603.60	$ 2,666.92	$ 11,227.25	$ 8,616.49	$ 3,873.86	$ 3,421.61	$ 6,336.51	$ -	$ -	$ -	$ -	$ 40,741.65
Pre 65 Retiree Base Plan	$ 38.92	$ 112.86	$ 263.72	$ 393.10	$ 112.86	$ 277.48	$ 691.44	$ 585.59	$ -	$ -	$ -	$ -	$ 2,475.97
Total Medical Claims Paid	$ 1,049,944.90	$ 1,226,692.74	$ 1,027,866.48	$ 1,215,737.24	$ 1,423,601.58	$ 1,052,628.94	$ 1,009,011.63	$ 1,076,139.93	$ -	$ -	$ -	$ -	$ 9,081,623.44
Prescription Claims													
OAP 1	$ 144,493.00	$ 111,101.58	$ 109,423.90	$ 86,673.88	$ 82,552.19	$ 80,288.55	$ 89,967.30	$ 83,701.96	$ -	$ -	$ -	$ -	$ 788,202.36
OAP 2	$ 74,822.00	$ 106,181.68	$ 105,409.71	$ 127,032.00	$ 105,971.80	$ 123,478.54	$ 121,941.58	$ 127,297.51	$ -	$ -	$ -	$ -	$ 892,134.82
Local Plus	$ 16,904.00	$ 36,647.17	$ 25,105.76	$ 27,292.54	$ 30,041.11	$ 26,693.91	$ 56,224.45	$ 32,779.19	$ -	$ -	$ -	$ -	$ 251,688.13
Base Plan	$ 3,844.66	$ 5,930.43	$ 2,637.52	$ 8,385.02	$ 6,456.07	$ 9,655.85	$ 10,008.69	$ 2,346.92	$ -	$ -	$ -	$ -	$ 49,265.16
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ 23.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23.35
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 115,589.57	$ 166,959.54	$ 133,589.84	$ 109,755.92	$ 122,447.99	$ 124,240.81	$ 132,903.68	$ 108,956.14	$ -	$ -	$ -	$ -	$ 1,014,443.49
Pre 65 Retiree OAP 2	$ 8,242.97	$ 6,686.76	$ 5,301.86	$ 9,541.82	$ 10,724.80	$ 11,398.90	$ 16,497.27	$ 14,409.14	$ -	$ -	$ -	$ -	$ 82,803.52
Pre 65 Retiree Local Plus	$ 238.61	$ (5.18)	$ 277.81	$ 313.43	$ 223.48	$ 1,465.01	$ 342.42	$ 337.48	$ -	$ -	$ -	$ -	$ 3,193.06
Pre 65 Retiree Base Plan	$ 15.90	$ 388.92	$ -	$ 22.83	$ -	$ 73.86	$ 508.04	$ -	$ -	$ -	$ -	$ -	$ 1,009.55
Total Prescription Claims Paid	$ 364,174.06	$ 433,890.90	$ 381,746.40	$ 369,017.44	$ 358,417.44	$ 377,295.43	$ 428,393.43	$ 369,828.34	$ -	$ -	$ -	$ -	$ 3,082,763.44
Total ISL Reimbursements	$ (181,961.52)	$ (397,537.85)	$ -	$ -	$ -	$ -	$ (9,291.77)	$ -	$ -	$ -	$ -	$ -	$ (588,791.14)
Aggregate Attachment Point	$ 1,988,596.50	$ 1,971,244.00	$ 1,969,508.75	$ 1,981,655.50	$ 1,969,508.75	$ 1,967,773.50	$ 1,979,920.25	$ 1,967,773.50	$ -	$ -	$ -	$ -	$ 15,795,980.75
Rx Rebates	$ -	$ -	$ (457,666.09)	$ -	$ -	$ (470,973.66)	$ -	$ -	$ -	$ -	$ -	$ -	$ (928,639.75)
Total Claims (Med+Rx+ISL Reim)	**$ 1,232,157.44**	**$ 1,263,045.79**	**$ 951,946.79**	**$ 1,584,754.68**	**$ 1,782,019.02**	**$ 958,950.71**	**$ 1,428,113.29**	**$ 1,445,968.27**	**$ -**	**$ -**	**$ -**	**$ -**	***$ 10,646,955.99***
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 62,537.22	$ 61,991.52	$ 61,936.95	$ 62,318.94	$ 61,936.95	$ 61,882.38	$ 62,264.37	$ 61,882.38	$ -	$ -	$ -	$ -	$ 496,750.71
Stop Loss Premium	$ 187,405.38	$ 185,770.08	$ 185,606.55	$ 186,751.26	$ 185,606.55	$ 185,443.02	$ 186,587.73	$ 185,443.02	$ -	$ -	$ -	$ -	$ 1,488,613.59
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	$ -	$ -	$ -	$ -	$ 72,000.00
Total Expenses	**$ 258,942.60**	**$ 256,761.60**	**$ 256,543.50**	**$ 258,070.20**	**$ 256,543.50**	**$ 256,325.40**	**$ 257,852.10**	**$ 256,325.40**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,057,364.30**
Total Plan Expenses (Claims + Fixed)	**$ 1,491,100.04**	**$ 1,519,807.39**	**$ 1,208,490.29**	**$ 1,842,824.88**	**$ 2,038,562.52**	**$ 1,215,276.11**	**$ 1,685,965.39**	**$ 1,702,293.67**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,704,320.29**
Employer and Employee Funding													***Sum***
Funding Components													
Employer Funding	$ 1,500,530.80	$ 1,493,916.36	$ 1,497,445.63	$ 1,501,585.87	$ 1,495,092.61	$ 1,491,001.57	$ 1,496,688.35	$ 1,488,866.71	$ -	$ -	$ -	$ -	$ 11,965,127.90
Employee Funding	$ 310,754.49	$ 309,245.47	$ 309,723.38	$ 309,813.05	$ 307,773.49	$ 306,584.56	$ 307,000.52	$ 305,790.79	$ -	$ -	$ -	$ -	$ 2,466,685.75
COBRA Funding	$ 763.82	$ 763.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,527.64
Total ER and EE Funding	**$ 1,812,049.11**	**$ 1,803,925.65**	**$ 1,807,169.01**	**$ 1,811,398.92**	**$ 1,802,866.10**	**$ 1,797,586.13**	**$ 1,803,688.87**	**$ 1,794,657.50**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 14,433,341.29**
Funding Surplus/(Deficit)	**$ 320,949.07**	**$ 284,118.26**	**$ 598,678.72**	**$ (31,425.96)**	**$ (235,696.42)**	**$ 582,310.02**	**$ 117,723.48**	**$ 92,363.83**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,729,021.00**
Expense / Funding Ratio	**82.29%**	**84.25%**	**66.87%**	**101.73%**	**113.07%**	**67.61%**	**93.47%**	**94.85%**	**-**	**-**	**-**	**-**	**88.02%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,301.13	$ 1,337.86	$ 1,064.75	$ 1,613.68	$ 1,796.09	$ 1,071.67	$ 1,477.62	$ 1,501.14	$ -	$ -	$ -	$ -	**$ 1,395.62**
Total Claim Cost PEPM	$ 1,075.18	$ 1,111.84	$ 838.72	$ 1,387.70	$ 1,570.06	$ 845.64	$ 1,251.63	$ 1,275.10	$ -	$ -	$ -	$ -	**$ 1,169.61**
Total Employee Cost PEPM **	$ 271.83	$ 272.90	$ 272.88	$ 271.29	$ 271.17	$ 270.36	$ 269.06	$ 269.66	$ -	$ -	$ -	$ -	**$ 271.14**
Employer Plan Cost PEPM	$ 1,309.36	$ 1,315.07	$ 1,319.34	$ 1,314.87	$ 1,317.26	$ 1,314.82	$ 1,311.73	$ 1,312.93	$ -	$ -	$ -	$ -	**$ 1,314.42**

*** Employee cost PEPM includes COBRA premiums*

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The City of Independence Monthly Performance Overview Report

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

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Plan YTD
Enrollment													*Sum*
Plans													
OAP 1	179	176											355
OAP 2	286	286											572
Local Plus	302	298											600
Base Plan	125	122											247
OAP 1 COBRA	0	0											0
OAP 2 COBRA	0	0											0
Local Plus COBRA	0	0											0
Base Plan COBRA	0	0											0
Pre 65 Retiree OAP 1	170	172											342
Pre 65 Retiree OAP 2	64	64											128
Pre 65 Retiree Local Plus	12	13											25
Pre 65 Retiree Base Plan	3	3											6
	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Participants	**1,141**	**1,134**											**2,275**
Claims													*Sum*
Medical Claims													
OAP 1	$ 291,280.59	$ 239,460.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 530,741.15
OAP 2	$ 243,680.59	$ 334,496.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 578,177.58
Local Plus	$ 181,610.31	$ 340,965.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 522,575.76
Base Plan	$ 26,732.76	$ 16,480.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 43,213.04
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 150,078.32	$ 92,452.17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 242,530.49
Pre 65 Retiree OAP 2	$ 111,516.01	$ 45,362.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 156,878.39
Pre 65 Retiree Local Plus	$ 3,421.61	$ 6,336.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,758.12
Pre 65 Retiree Base Plan	$ 691.44	$ 585.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,277.03
Total Medical Claims Paid	$ 1,009,011.63	$ 1,076,139.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,085,151.56
Prescription Claims													
OAP 1	$ 89,967.30	$ 83,701.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 173,669.26
OAP 2	$ 121,941.58	$ 127,297.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 249,239.09
Local Plus	$ 56,224.45	$ 32,779.19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 89,003.64
Base Plan	$ 10,008.69	$ 2,346.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,355.61
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 132,903.68	$ 108,956.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 241,859.82
Pre 65 Retiree OAP 2	$ 16,497.27	$ 14,409.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30,906.41
Pre 65 Retiree Local Plus	$ 342.42	$ 337.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 679.90
Pre 65 Retiree Base Plan	$ 508.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 508.04
Total Prescription Claims Paid	$ 428,393.43	$ 369,828.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 798,221.77
Total ISL Reimbursements	$ (9,291.77)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (9,291.77)
Aggregate Attachment Point	$ 1,979,920.25	$ 1,967,773.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,947,693.75
Rx Rebates	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Claims (Med+Rx+ISL Reim)	**$ 1,428,113.29**	**$ 1,445,968.27**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	***$ 2,874,081.56***
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 62,264.37	$ 61,882.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 124,146.75
Stop Loss Premium	$ 186,587.73	$ 185,443.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 372,030.75
CBIZ Consulting Fees	$ 9,000.00	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,000.00
Total Expenses	**$ 257,852.10**	**$ 256,325.40**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 514,177.50**
Total Plan Expenses (Claims + Fixed)	**$ 1,685,965.39**	**$ 1,702,293.67**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,388,259.06**
Employer and Employee Funding													***Sum***
Funding Components													
Employer Funding	$ 1,496,688.35	$ 1,488,866.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,985,555.06
Employee Funding	$ 307,000.52	$ 305,790.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 612,791.31
COBRA Funding	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total ER and EE Funding	**$ 1,803,688.87**	**$ 1,794,657.50**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,598,346.37**
Funding Surplus/(Deficit)	**$ 117,723.48**	**$ 92,363.83**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 210,087.31**
Expense / Funding Ratio	**93.47%**	**94.85%**	-	-	-	-	-	-	-	-	-	-	**94.16%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,477.62	$ 1,501.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,489.34**
Total Claim Cost PEPM	$ 1,251.63	$ 1,275.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,263.33**
Total Employee Cost PEPM **	$ 269.06	$ 269.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 269.36**
Employer Plan Cost PEPM	$ 1,311.73	$ 1,312.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,312.33**

*** Employee cost PEPM includes COBRA premiums*

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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
155810415385821	Local Plus	SP	Active	STEMI INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY					$284,324	$0	$0	$0					**$284,324**
606720750763558	OAP 2	CH	Active	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI					$158,213	$25,212	$27,197	$21,976					**$232,598**
688370330544556	OAP 1	CH	Retiree	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY					$162,462	$35,497	$35,521	$0					**$233,480**
765490497551272	OAP 2	EE	Active	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY					$184,518	$12,399	$16,646	$14,834					**$228,397**
898660761337103	Local Plus	SP	Active	LIVER CELL CARCINOMA					$225,988	$9,490	$33,100	$98,771					**$367,349**
962060516562987	OAP 1	EE	Active	SEPSIS, UNSPECIFIED ORGANISM					$200,537	$2,338	$806	$3,706					**$207,387**
977120367437310	OAP 2	SP	Active	MECH COMPL OF INTERNAL RIGHT KNEE PROSTHESIS, INIT ENCNTR						$243,700	$39,276	$54,035					**$337,011**
606730750763558	OAP 2	CH	Active	CONGENITAL DEFORMITY OF HIP, UNSPECIFIED							$171,331	$29,848					**$201,179**
851330330545196	OAP 2	EE	Retiree	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY							$165,735	$5,149					**$170,884**
653340773415178	OAP 1	EE	Active	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST								$150,361					**$150,361**
					$0	**$0**	**$0**	**$0**	**$1,216,042**	**$328,636**	**$489,612**	**$378,680**	**$0**	**$0**	**$0**	**$0**	**$2,412,970**

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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	55	55	55	55	54	56	56					55
Employee + Spouse	32	32	32	32	32	31	30	29					31
Employee + Child	31	32	32	32	32	31	30	30					31
Family	60	61	61	61	61	62	63	61					61
OAP 2													
Employee Only	94	91	94	94	93	93	90	90					92
Employee + Spouse	48	47	46	47	46	46	47	46					47
Employee + Child	46	45	45	45	44	45	46	46					45
Family	106	105	105	105	104	104	103	104					105
Local Plus													
Employee Only	122	122	122	127	125	126	127	125					125
Employee + Spouse	29	28	28	28	27	28	29	28					28
Employee + Child	58	57	59	60	60	61	61	61					60
Family	81	82	83	83	85	84	85	84					83
Base Plan													
Employee Only	95	94	92	96	101	102	106	103					99
Employee + Spouse	5	5	5	4	4	3	3	3					4
Employee + Child	4	5	4	5	5	5	6	6					5
Family	8	9	11	11	10	10	10	10					10
OAP 1 COBRA													
Employee Only	0	0	0	0	0	0	0	0					0
Employee + Spouse	0	0	0	0	0	0	0	0					0
Employee + Child	0	0	0	0	0	0	0	0					0
Family	0	0	0	0	0	0	0	0					0
OAP 2 COBRA													
Employee Only	1	1	0	0	0	0	0	0					1
Employee + Spouse	0	0	0	0	0	0	0	0					0
Employee + Child	0	0	0	0	0	0	0	0					0
Family	0	0	0	0	0	0	0	0					0
Local Plus COBRA													
Employee Only	0	0	0	0	0	0	0	0					0
Employee + Spouse	0	0	0	0	0	0	0	0					0
Employee + Child	0	0	0	0	0	0	0	0					0
Family	0	0	0	0	0	0	0	0					0
Base Plan COBRA													
Employee Only	0	0	0	0	0	0	0	0					0
Employee + Spouse	0	0	0	0	0	0	0	0					0
Employee + Child	0	0	0	0	0	0	0	0					0
Family	0	0	0	0	0	0	0	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	102	97	97	92	92	93	93					96
Employee + Spouse	46	45	44	43	43	43	41	42					43
Employee + Child	19	19	19	19	19	18	19	19					19
Family	17	17	18	18	18	17	17	18					18
Pre 65 Retiree OAP 2													
Employee Only	40	39	39	36	36	36	37	38					38
Employee + Spouse	4	4	4	4	4	4	4	4					4
Employee + Child	11	11	11	11	10	10	10	9					10
Family	12	12	12	12	13	13	13	13					13
Pre 65 Retiree Local Plus													
Employee Only	5	5	6	6	6	6	5	5					6
Employee + Spouse	3	3	3	3	3	3	3	4					3
Employee + Child	3	3	3	3	3	3	3	3					3
Family	1	1	1	1	1	1	1	1					1
Pre 65 Retiree Base Plan													
Employee Only	4	4	4	4	3	3	3	3					4
Employee + Spouse	0	0	0	0	0	0	0	0					0
Employee + Child	0	0	0	0	0	0	0	0					0
Family	0	0	0	0	0	0	0	0					0
Total Participants	**1,146**	**1,136**	**1,135**	**1,142**	**1,135**	**1,134**	**1,141**	**1,134**					**1,138**

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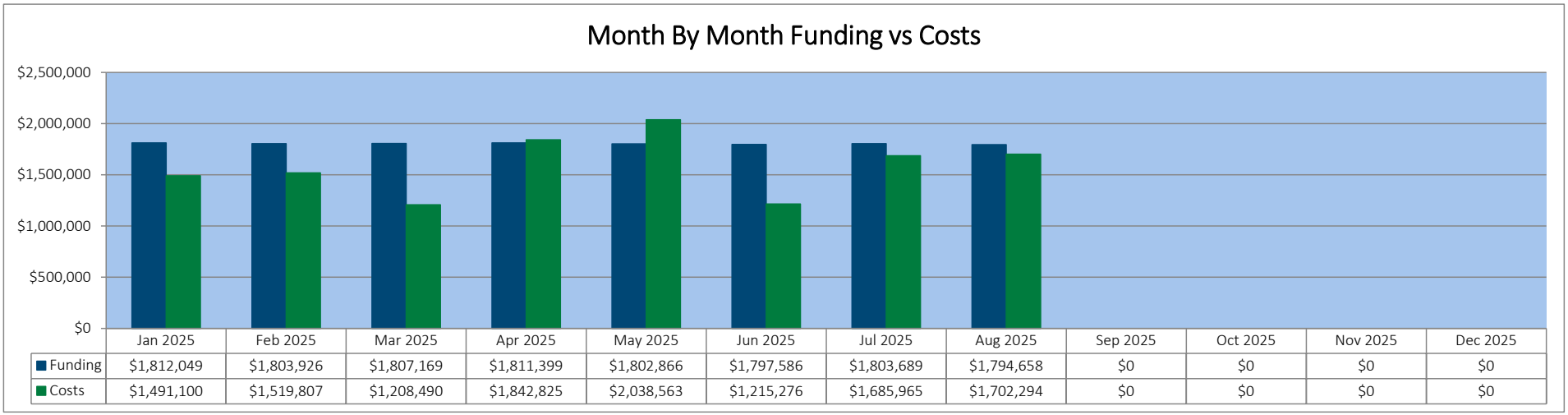
Monthly Funding vs Costs

Medical & Rx

Comparison for: All>All>All>All



	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	$1,803,926	$1,807,169	$1,811,399	$1,802,866	$1,797,586	$1,803,689	$1,794,658	$0	$0	$0	$0
Costs	$1,491,100	$1,519,807	$1,208,490	$1,842,825	$2,038,563	$1,215,276	$1,685,965	$1,702,294	$0	$0	$0	$0

Notes:

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

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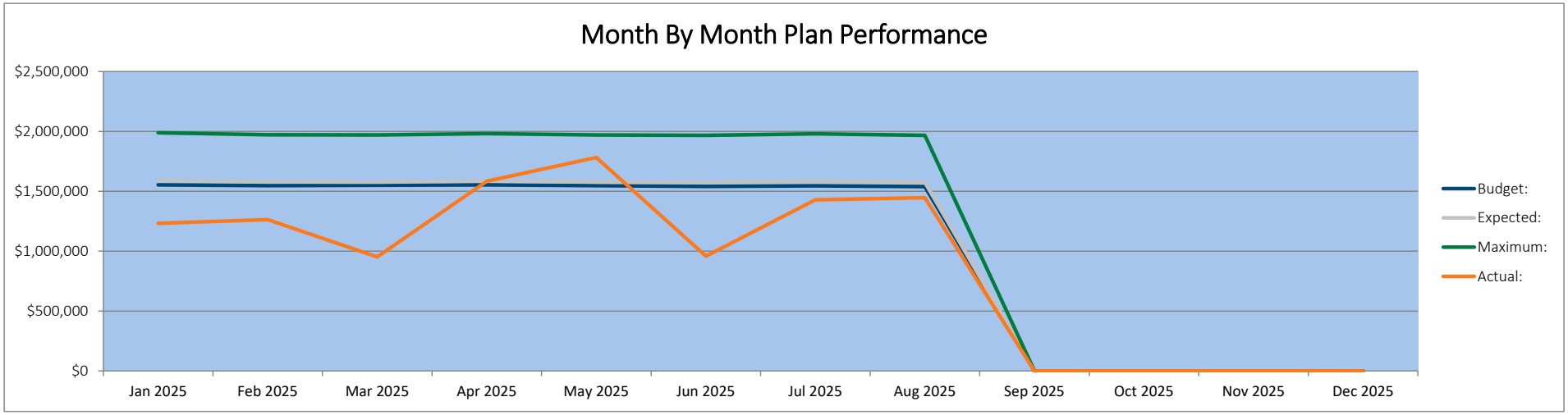
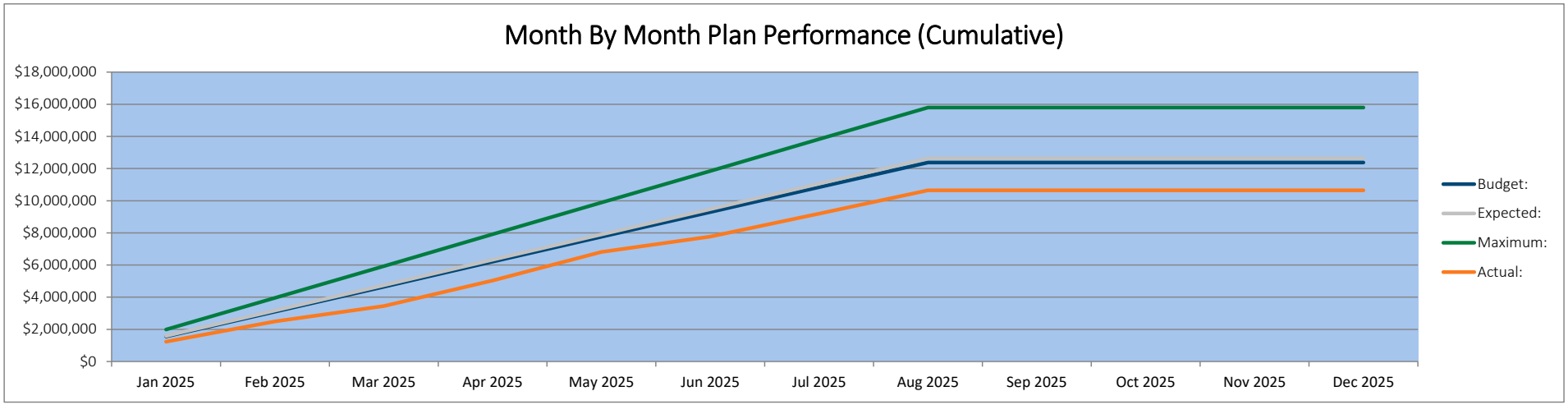
Monthly Plan Performance

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

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

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

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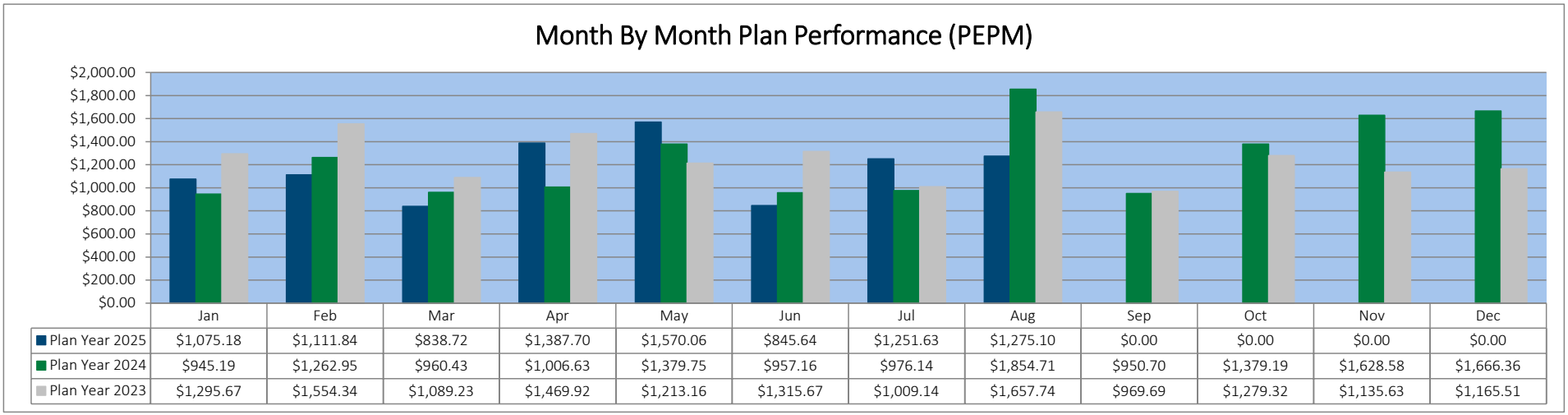
Monthly Plan Performance (PEPM)

Medical & Rx

Comparison for: All>All>All>All



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Plan Year 2025	$1,075.18	$1,111.84	$838.72	$1,387.70	$1,570.06	$845.64	$1,251.63	$1,275.10	$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:

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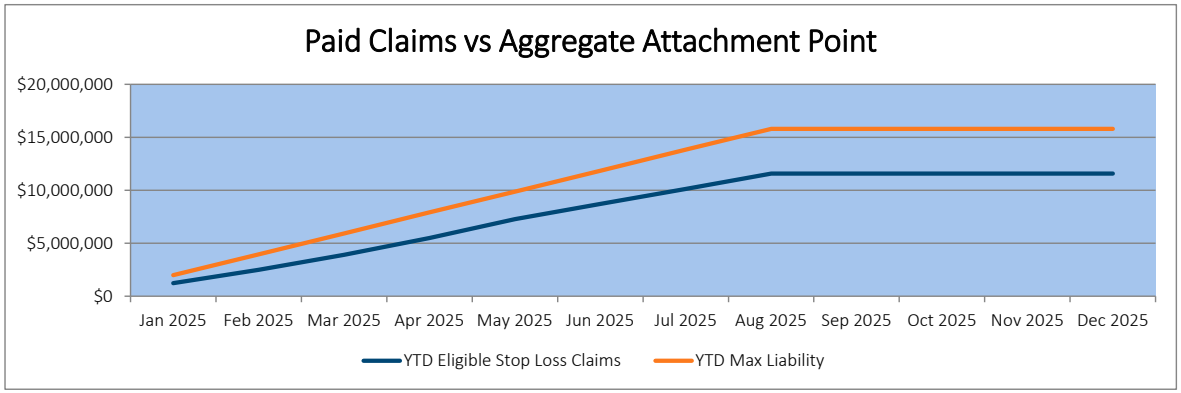
Aggregate Stop Loss Accounting

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	$2,495,203	$3,959,841	$0	63.01%
Mar 2025	$3,904,816	$5,929,349	$0	65.86%
Apr 2025	$5,489,571	$7,911,005	$0	69.39%
May 2025	$7,271,590	$9,880,514	$0	73.60%
Jun 2025	$8,701,514	$11,848,287	$0	73.44%
Jul 2025	$10,129,627	$13,828,207	$0	73.25%
Aug 2025	$11,575,596	$15,795,981	$0	73.28%
Sep 2025	$11,575,596	$15,795,981	$0	73.28%
Oct 2025	$11,575,596	$15,795,981	$0	73.28%
Nov 2025	$11,575,596	$15,795,981	$0	73.28%
Dec 2025	$11,575,596	$15,795,981	$0	73.28%



Notes:

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

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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	9,103

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	$ 12,164,387
Stop-Loss Reimbursements**	$ (799,762)	$ (2,397,744)	$ (739,638)	$ (564,380)	$ (588,791)
Rx Rebates	$ (886,950)	$ (1,227,738)	$ (1,451,381)	$ (1,784,834)	$ (928,640)
Net Paid Claims	$ 17,973,164	$ 17,285,420	$ 16,956,246	$ 16,772,176	$ 10,646,956
PEPY Net Paid Claims	**$ 15,761.33**	**$ 15,353.44**	**$ 15,153.03**	**$ 14,976.27**	**$ 14,035.31**

**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	$ 496,751
Stop Loss Premium	$ 1,640,181	$ 1,835,874	$ 1,738,657	$ 1,799,751	$ 1,488,614
CBIZ Consulting Fees	$ 120,000	$ 108,000	$ 108,000	$ 108,000	$ 72,000
Total Fixed Costs	**$ 2,362,781**	**$ 2,603,297**	**$ 2,560,624**	**$ 2,641,117**	**$ 2,057,364.30**
PEPY Fixed	**$ 2,072.01**	**$ 2,312.33**	**$ 2,288.31**	**$ 2,358.32**	**$ 2,712.11**

Stop-Loss Premium Loss Ratio	49%	131%	43%	31%	40%

Plan Cost Summary					
Total Plan Cost PEPY	$ 17,833	$ 17,666	$ 17,441	$ 17,335	$ 16,747
Total Employee Cost PEPY	$ 3,177	$ 3,240	$ 3,128	$ 3,172	$ 3,254
Total Employer Cost PEPY (net of EE contributions)	$ 14,656	$ 14,426	$ 14,314	$ 14,162	$ 13,494

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