INDEPENDENCE
MISSOURI
A GREAT AMERICAN STORY

July 23, 2024 2:00 PM,

In person meeting

Conference Rm D – 111 E. Maple Ave., Independence, MO 64050

WELCOME

APPROVAL OF MINUTES

FINANCIAL STATEMENT

1. Presented by the Finance Department

UPDATE FROM CIGNA

1. Presented by Carol 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

1. RFP Update

NEW BUSINESS

1. Date change for August meeting

Next Meeting

1. The next Stay Well Committee Meeting will be held on **Thursday, August 22, 2024 at 2:00 PM in IUC 117.**

INDEPENDENCE
* FINANCE & ADMINISTRATION *
ACCOUNTING DIVISION

DATE: July 17, 2024

TO: Stay Well Committee

FROM: Jessica Earl, Accountant II

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

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

For the month of June, the OAP1 plan had a net income of $48,943. The OAP2 Plan had a net income of $168,272 for the month. The Local Plus (LP) Plan realized a net income of $199,922 for the month. The Base Plan realized a net income of $30,735 for the month.

Through June, the 12th month of the fiscal year, the Fund is experiencing a net gain of $1,995,674, which has resulted in an ending unrestricted net assets balance of $5,743,599.

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 second 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.

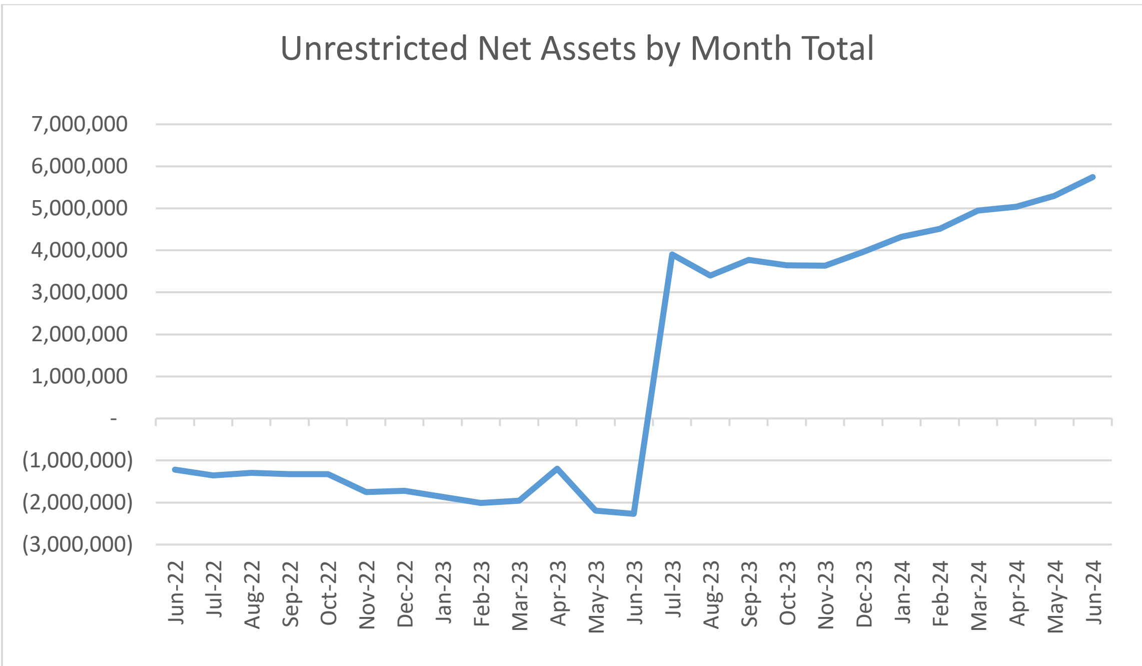
A few things to note in the financial statement attached:

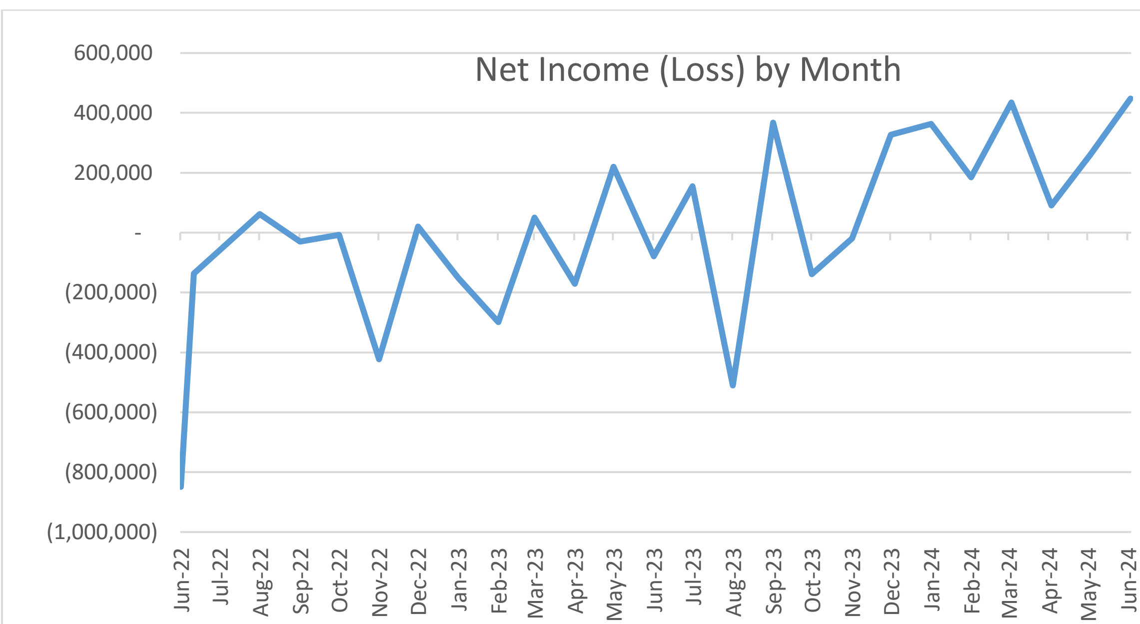
*The $10,000 monthly fee for CBIZ, July through December, is being paid 10% by HR and the balance of $9,000 is being split among the four plans (48.3% OAP1, 28% OAP2, 18.7% LP and 5% BASE). Beginning in January, the ratios were updated to 39% OAP1, 31.1% OAP2, 23.2% LP and 6.7% BASE.

*The prescription rebate reflected in the statement are related to 2023Q2 ($394,934.48), 2023Q3 ($404,268.87), 2023Q4 ($377,108), and 2024Q1 ($446,963.47) and is split based on plan information provided by Cigna.

*The June financial statement currently reflects that it is preliminary and subject to change. This is due to the possibility of year-end adjustments that have not yet taken place as the 2023-24 fiscal year is still open and active.

The IBNR figure reflected on the statement has been updated with the numbers provided by CBIZ as of June 30, 2023. IBNR has increased by $240,000 since June 2022. This adjustment has been accounted for in the beginning 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 June 30, 2024

Assets:	
Pooled cash and investments	7,442,647
Accounts receivable	5,152
Accrued interest receviable	-
Prepaid Items	-
Due from other funds	-
Total assets	7,447,799
Liabilities:	
Accounts and contracts payable	-
Accrued liabilities/Due to other funds	-
Self-insurance claims (IBNR)	1,704,200
Total liabilities	1,704,200
Net Assets:	
Unrestricted	5,743,599
Total net assets (deficit)	5,743,599
Total liabilities and net assets	7,447,799

Stay Well Fund
Statement of Revenues, Expenditures, and Changes in Fund Balances
For the month ending June 30, 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	758,455	522,641	342,430	53,076	9,606,936	5,791,915	3,869,743	588,683	19,857,277
Prescription Rebates	289,152	126,840	28,868	2,104	1,159,572	353,807	100,003	9,893	1,623,275
Insurance Refunds	6,638	9,545	1,288	38	228,006	38,476	32,562	3,034	302,077
Reinsurance Reimbursement/Stop Loss	21,536	-	-	-	706,912	247,373	-	-	954,285
Total revenues	1,075,781	659,025	372,586	55,217	11,701,426	6,431,570	4,002,307	601,611	22,736,914
Medical Expenditures									
Administrative Services	23,520	19,045	14,024	4,311	304,851	214,663	156,714	48,563	724,791
Medical Benefits	579,119	274,681	75,936	4,408	5,558,098	3,903,782	1,223,543	90,126	10,775,549
Prescriptions	391,693	147,752	47,005	4,466	4,679,007	1,780,289	622,906	58,560	7,140,763
Stop Loss Premiums	57,586	46,604	34,016	10,848	739,601	522,971	381,280	119,137	1,762,989
Affordable Care Act Research Fee	-	-	-	-	2,979	1,727	1,153	308	6,168
HSA Funding	-	150	-	-	-	316,600	254,800	-	571,400
Misc.	-	-	-	-	-	-	-	-	-
Total Medical Expenditures	1,051,918	488,233	170,981	24,032	11,284,537	6,740,032	2,640,397	316,694	20,981,661
Other Expeditures									
Banking Fees	684	-	-	-	6,776	-	-	-	6,776
Other Services (CBIZ)	4,347	2,520	1,683	450	52,164	30,240	20,196	5,400	108,000
Other Services (Claim Review)	-	-	-	-	-	-	-	-	-
Events,Meetings, Printing, Misc Office Supplies	-	-	-	-	1,308	278	33	16	1,635
Total Other Expenses	5,031	2,520	1,683	450	60,248	30,518	20,229	5,416	116,411
Total Operating Expenditures	1,056,949	490,753	172,664	24,482	11,344,785	6,770,550	2,660,626	322,111	21,098,072
Net Income (Loss) from Operations	18,833	168,272	199,922	30,735	356,641	(338,980)	1,341,681	279,500	1,638,842
Non-Operating Income									
Interest Income	30,027	-	-	-	286,988	-	-	-	286,988
Misc. Income	83	-	-	-	69,844	-	-	-	69,844
Total non operating income	30,110	-	-	-	356,832	-	-	-	356,832
Net Income (Loss)	48,943	168,272	199,922	30,735	713,473	(338,980)	1,341,681	279,500	1,995,674
Increase (decrease) in IBNR for current FY									-
Adjusted Beginning Retained Earnings									3,747,925
Ending Retained Earnings									5,743,599

INDEPENDENCE

★ MISSOURI ★

2024 Plan Year

Monthly Plan Performance Overview Report

Presented by CBIZ

June 2024

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Executive Summary

June 2024

Enrollment

	Current Year				Prior Year	
	June 2024	Change from Prior	YTD Average	Change from Prior	June 2023	YTD Average
Total	**1,109**	**-1.7%**	**1,117**	**-1.0%**	**1,128**	**1,128**
OAP 1	*220*	-26.4%	*223*	-26.8%	*299*	*304*
OAP 2	*290*	7.8%	*293*	8.7%	*269*	*270*
Local Plus	*245*	17.2%	*249*	19.8%	*209*	*208*
Base Plan	*78*	18.2%	*75*	24.2%	*66*	*61*
COBRA	*0*	N/A	*1*	N/A	*0*	0
Retiree	*276*	0.7%	*276*	1.0%	*274*	273

Plan Costs

	June 2024	Change from Prior	YTD Total	Change from Prior	June 2023	YTD Total
Medical Claims	**$1,039,116**	**-22.8%**	**$5,537,941**	**-22.7%**	**$1,346,379**	**$7,161,029**
OAP 1 (includes COBRA)	*$322,626*	-11.5%	*$1,348,401*	-42.7%	*$364,476*	*$2,354,698*
OAP 2 (includes COBRA)	*$239,403*	-14.2%	*$1,641,689*	-0.1%	*$279,147*	*$1,643,732*
Local Plus (includes COBRA)	*$96,055*	-45.3%	*$779,830*	29.8%	*$175,644*	*$600,663*
Base Plan (includes COBRA)	*$7,695*	18.0%	*$37,339*	42.3%	*$6,521*	*$26,248*
Retiree (includes runout)	*$373,337*	-28.3%	*$1,730,683*	-31.7%	*$520,591*	*$2,535,688*
Rx Claims	**$469,337**	**1.7%**	**$2,619,980**	**2.1%**	**$461,358**	**$2,566,907**
OAP 1 (includes COBRA)	*$149,424*	-10.4%	*$882,565*	-7.3%	*$166,703*	*$952,266*
OAP 2 (includes COBRA)	*$100,386*	14.9%	*$517,986*	73.3%	*$87,353*	*$298,956*
Local Plus (includes COBRA)	*$17,006*	4.6%	*$110,964*	155.3%	*$16,253*	*$43,463*
Base Plan (includes COBRA)	*$1,076*	-75.0%	*$9,463*	-5.7%	*$4,311*	*$10,039*
Retiree (includes runout)	*$201,443*	7.9%	*$1,099,001*	-12.9%	*$186,738*	*$1,262,183*
Stop Loss Reimbursements	($21,536)		($205,432)		$0	($3,348)
Rx Rebates	($446,963)		($886,388)		($338,165)	($652,178)
Total Net Claims	**$1,039,953**	**-29.2%**	**$7,066,101**	**-22.1%**	**$1,469,572**	**$9,072,410**
Fixed Costs	$218,035	2.4%	$1,316,695	3.2%	$213,020	$1,276,294
Total Net Plan Expenses	**$1,257,988**	**-25.2%**	**$8,382,796**	**-19.0%**	**$1,682,592**	**$10,348,704**
Total PEPM	*$1,134.34*	-24.0%	*$1,251.35*	-18.2%	*$1,491.66*	*$1,528.84*

Projected Plan Funding

	June 2024	Change from Prior	YTD Total	Change from Prior	June 2023	YTD Total
Total	**$1,674,371**	**3.9%**	**$10,155,623**	**4.5%**	**$1,611,433**	**$9,714,146**
Surplus/(Deficit)	$416,383	-685.1%	$1,772,827	-379.4%	($71,159)	($634,558)
Funding Vs. Expenses	75.1%	-28.0%	82.5%	-22.5%	104.4%	106.5%

The City of Independence Monthly Performance Overview Report

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							1,335
OAP 2	294	294	292	297	290	290							1,757
Local Plus	253	254	247	248	248	245							1,495
Base Plan	73	72	74	77	78	78							452
OAP 1 COBRA	1	1	0	0	1	0							3
OAP 2 COBRA	0	0	0	0	0	0							0
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	211	212	211	208	207	206							1,255
Pre 65 Retiree OAP 2	55	56	56	57	58	59							341
Pre 65 Retiree Local Plus	7	7	7	7	8	9							45
Pre 65 Retiree Base Plan	3	3	3	3	2	2							16
Total Participants	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**							**6,699**
Claims													*Sum*
Medical Claims													
OAP 1	$ 177,990.70	$ 213,691.09	$ 263,694.22	$ 149,077.55	$ 220,381.47	$ 322,350.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,347,185.03
OAP 2	$ 214,349.22	$ 495,187.29	$ 259,032.43	$ 230,518.35	$ 203,198.58	$ 239,402.89	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,641,688.76
Local Plus	$ 115,958.14	$ 181,240.11	$ 128,457.06	$ 97,141.85	$ 160,977.68	$ 96,055.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 779,829.84
Base Plan	$ 4,197.02	$ 10,398.41	$ 6,891.25	$ 4,361.10	$ 3,795.61	$ 7,695.35	$ -	$ -	$ -	$ -	$ -	$ -	$ 37,338.74
OAP 1 COBRA	$ 43.46	$ 43.51	$ 38.11	$ (4.38)	$ 819.94	$ 275.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,216.33
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	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,249,885.65
Pre 65 Retiree OAP 2	$ 33,310.82	$ 28,031.37	$ 32,571.98	$ 24,022.35	$ 295,120.79	$ 59,020.83	$ -	$ -	$ -	$ -	$ -	$ -	$ 472,078.14
Pre 65 Retiree Local Plus	$ 1,608.06	$ 1,058.56	$ 508.37	$ 2,676.55	$ 687.93	$ 1,020.56	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,560.03
Pre 65 Retiree Base Plan	$ 68.89	$ 771.24	$ 78.54	$ 98.34	$ 106.81	$ 35.08	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,158.90
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	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,537,941.42
Prescription Claims													
OAP 1	$ 156,556.99	$ 122,213.83	$ 165,792.05	$ 137,523.72	$ 150,860.51	$ 149,424.08	$ -	$ -	$ -	$ -	$ -	$ -	$ 882,371.18
OAP 2	$ 71,109.73	$ 69,620.19	$ 87,650.35	$ 99,308.40	$ 89,911.19	$ 100,386.49	$ -	$ -	$ -	$ -	$ -	$ -	$ 517,986.35
Local Plus	$ 11,872.85	$ 4,474.16	$ 25,428.28	$ 23,886.17	$ 28,296.80	$ 17,006.13	$ -	$ -	$ -	$ -	$ -	$ -	$ 110,964.39
Base Plan	$ 1,823.44	$ 2,587.60	$ 482.29	$ 477.73	$ 3,015.90	$ 1,076.39	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,463.35
OAP 1 COBRA	$ 193.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 193.52
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,023,625.13
Pre 65 Retiree OAP 2	$ 7,630.64	$ 3,443.67	$ 12,313.20	$ 13,116.06	$ 15,520.37	$ 14,505.16	$ -	$ -	$ -	$ -	$ -	$ -	$ 66,529.10
Pre 65 Retiree Local Plus	$ 59.14	$ 81.53	$ 58.03	$ 6.71	$ 617.57	$ 7,904.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,727.19
Pre 65 Retiree Base Plan	$ -	$ 73.13	$ -	$ 20.78	$ 25.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 119.36
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 431,026.31	$ 334,522.51	$ 495,305.61	$ 446,472.64	$ 443,315.92	$ 469,336.58	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,619,979.57
Total ISL Reimbursements	$ (96,216.49)	$ (87,679.17)	$ -	$ -	$ -	$ (21,536.04)	$ -	$ -	$ -	$ -	$ -	$ -	$ (205,431.70)
Rx Rebates	$ -	$ -	$ (377,107.75)	$ (62,316.80)	$ -	$ (446,963.47)	$ -	$ -	$ -	$ -	$ -	$ -	$ (886,388.02)
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	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,916,073.94
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**	**$ 1,039,953.06**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	***$ 7,066,101.27***
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	$ -	$ -	$ -	$ -	$ -	$ -	$ 365,564.43
Stop Loss Premium	$ 150,258.24	$ 150,526.08	$ 149,186.88	$ 149,588.64	$ 149,052.96	$ 148,517.28	$ -	$ -	$ -	$ -	$ -	$ -	$ 897,130.08
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	**$ 220,485.78**	**$ 220,862.76**	**$ 218,977.86**	**$ 219,543.33**	**$ 218,789.37**	**$ 218,035.41**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,316,694.51**
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**	**$ 1,257,988.47**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 8,382,795.78**

CBIZ

	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	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,363,284.97
Employee Funding	$ 300,434.69	$ 301,867.91	$ 298,469.55	$ 297,524.24	$ 295,539.08	$ 294,830.26	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,788,665.73
COBRA Funding	$ 931.95	$ 931.95	$ -	$ -	$ 1,808.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,671.93
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**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,155,622.63**
Funding Surplus/(Deficit)	**$ 520,753.87**	**$ 159,348.84**	**$ 403,493.25**	**$ 346,857.35**	**$ (74,009.45)**	**$ 416,382.99**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,772,826.85**
Expense / Funding Ratio	**69.47%**	**90.69%**	**76.16%**	**79.49%**	**104.40%**	**75.13%**	**-**	**-**	**-**	**-**	**-**	**-**	**82.54%**
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	$ 1,134.34	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,251.35**
Total Claim Cost PEPM	$ 859.43	$ 1,184.95	$ 960.43	$ 1,006.63	$ 1,379.75	$ 937.74	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,054.80**
Total Employee Cost PEPM **	$ 268.60	$ 269.39	$ 267.93	$ 266.36	$ 267.16	$ 265.85	$ -	$ -	$ -	$ -	$ -	$ -	**$ 267.55**
Employer Plan Cost PEPM	$ 1,251.48	$ 1,253.82	$ 1,251.27	$ 1,247.34	$ 1,242.67	$ 1,243.95	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,248.44**

*** Employee cost PEPM includes COBRA premiums*

The City of Independence Monthly Performance Overview Report

Medical & Rx Overview for: All>All>All starting: Jul 2023

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Plan YTD
Enrollment													*Sum*
Plans													
OAP 1	295	295	290	283	276	276	225	225	224	220	221	220	3,050
OAP 2	273	270	270	267	263	260	294	294	292	297	290	290	3,360
Local Plus	213	217	222	223	232	233	253	254	247	248	248	245	2,835
Base Plan	65	70	70	71	73	72	73	72	74	77	78	78	873
OAP 1 COBRA	1	1	1	1	1	1	1	1	0	0	1	0	9
OAP 2 COBRA	0	0	0	0	0	0	0	0	0	0	0	0	0
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	223	222	222	221	226	221	211	212	211	208	207	206	2,590
Pre 65 Retiree OAP 2	42	44	46	47	48	48	55	56	56	57	58	59	616
Pre 65 Retiree Local Plus	4	5	5	5	5	5	7	7	7	7	8	9	74
Pre 65 Retiree Base Plan	2	2	2	2	2	2	3	3	3	3	2	2	28
Total Participants	**1,118**	**1,126**	**1,128**	**1,120**	**1,126**	**1,118**	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**	**13,435**
Claims													*Sum*
Medical Claims													
OAP 1	$ 169,823.73	$ 474,373.83	$ 399,866.76	$ 525,587.99	$ 193,843.73	$ 329,399.95	$ 177,990.70	$ 213,691.09	$ 263,694.22	$ 149,077.55	$ 220,381.47	$ 322,350.00	$ 3,440,081.02
OAP 2	$ 172,181.70	$ 314,112.55	$ 428,498.03	$ 308,928.03	$ 324,704.98	$ 306,197.71	$ 214,349.22	$ 495,187.29	$ 259,032.43	$ 230,518.35	$ 203,198.58	$ 239,402.89	$ 3,496,311.76
Local Plus	$ 107,050.07	$ 89,563.00	$ 134,180.56	$ 114,141.28	$ 181,912.51	$ 145,451.62	$ 115,958.14	$ 181,240.11	$ 128,457.06	$ 97,141.85	$ 160,977.68	$ 96,055.00	$ 1,552,128.88
Base Plan	$ 13,677.69	$ 4,089.53	$ 8,183.90	$ 4,038.54	$ 11,424.23	$ 43,670.67	$ 4,197.02	$ 10,398.41	$ 6,891.25	$ 4,361.10	$ 3,795.61	$ 7,695.35	$ 122,423.30
OAP 1 COBRA	$ 8.70	$ 183.35	$ 178.85	$ 301.13	$ 235.76	$ 43.46	$ 43.46	$ 43.51	$ 38.11	$ (4.38)	$ 819.94	$ 275.69	$ 2,167.58
OAP 2 COBRA	$ -	$ (55.64)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (55.64)
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 154,787.72	$ 438,238.24	$ 177,233.60	$ 139,758.77	$ 215,201.57	$ 423,742.94	$ 81,948.65	$ 154,614.59	$ 260,446.59	$ 232,358.98	$ 207,256.25	$ 313,260.59	$ 2,798,848.49
Pre 65 Retiree OAP 2	$ 75,287.93	$ 82,338.79	$ 140,964.30	$ 110,729.41	$ 53,106.79	$ 54,271.65	$ 33,310.82	$ 28,031.37	$ 32,571.98	$ 24,022.35	$ 295,120.79	$ 59,020.83	$ 988,777.01
Pre 65 Retiree Local Plus	$ 259.73	$ 9,622.08	$ 3,897.77	$ 505.53	$ 6,557.60	$ 398.35	$ 1,608.06	$ 1,058.56	$ 508.37	$ 2,676.55	$ 687.93	$ 1,020.56	$ 28,801.09
Pre 65 Retiree Base Plan	$ 67.22	$ 67.22	$ 67.22	$ 700.18	$ 342.26	$ 68.89	$ 68.89	$ 771.24	$ 78.54	$ 98.34	$ 106.81	$ 35.08	$ 2,471.89
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Medical Claims Paid	$ 693,144.49	$ 1,412,532.95	$ 1,293,070.99	$ 1,204,690.86	$ 987,329.43	$ 1,303,245.24	$ 629,474.96	$ 1,085,036.17	$ 951,718.55	$ 740,250.69	$ 1,092,345.06	$ 1,039,115.99	$ 12,431,955.38
Prescription Claims													
OAP 1	$ 129,585.68	$ 205,093.01	$ 141,748.64	$ 136,828.24	$ 181,405.17	$ 167,490.76	$ 156,556.99	$ 122,213.83	$ 165,792.05	$ 137,523.72	$ 150,860.51	$ 149,424.08	$ 1,844,522.68
OAP 2	$ 95,858.60	$ 117,974.85	$ 85,591.62	$ 123,334.65	$ 96,514.85	$ 105,654.72	$ 71,109.73	$ 69,620.19	$ 87,650.35	$ 99,308.40	$ 89,911.19	$ 100,386.49	$ 1,142,915.64
Local Plus	$ 13,359.00	$ 15,262.05	$ 17,728.20	$ 19,119.33	$ 23,272.04	$ 25,545.43	$ 11,872.85	$ 4,474.16	$ 25,428.28	$ 23,886.17	$ 28,296.80	$ 17,006.13	$ 225,250.44
Base Plan	$ 1,539.26	$ 899.39	$ 3,430.03	$ 761.07	$ 1,377.21	$ 3,704.53	$ 1,823.44	$ 2,587.60	$ 482.29	$ 477.73	$ 3,015.90	$ 1,076.39	$ 21,174.84
OAP 1 COBRA	$ -	$ 142.62	$ -	$ -	$ 167.87	$ -	$ 193.52	$ -	$ -	$ -	$ -	$ -	$ 504.01
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 156,192.89	$ 168,465.19	$ 129,608.57	$ 146,067.03	$ 161,009.42	$ 143,584.43	$ 181,780.00	$ 132,028.40	$ 203,581.41	$ 172,133.07	$ 155,068.13	$ 179,034.12	$ 1,928,552.66
Pre 65 Retiree OAP 2	$ 38,499.75	$ 5,732.08	$ 30,322.09	$ 23,922.61	$ 11,129.05	$ 19,638.81	$ 7,630.64	$ 3,443.67	$ 12,313.20	$ 13,116.06	$ 15,520.37	$ 14,505.16	$ 195,773.49
Pre 65 Retiree Local Plus	$ 35.90	$ 24.81	$ 45.32	$ 175.57	$ 76.54	$ 109.38	$ 59.14	$ 81.53	$ 58.03	$ 6.71	$ 617.57	$ 7,904.21	$ 9,194.71
Pre 65 Retiree Base Plan	$ -	$ -	$ -	$ -	$ 44.91	$ -	$ -	$ 73.13	$ -	$ 20.78	$ 25.45	$ -	$ 164.27
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 435,071.08	$ 513,594.00	$ 408,474.47	$ 450,208.50	$ 474,997.06	$ 465,728.06	$ 431,026.31	$ 334,522.51	$ 495,305.61	$ 446,472.64	$ 443,315.92	$ 469,336.58	$ 5,368,052.74
Total ISL Reimbursements	$ -	$ (59,507.37)	$ (212,799.42)	$ (222,060.61)	$ (183,605.14)	$ (61,665.58)	$ (96,216.49)	$ (87,679.17)	$ -	$ -	$ -	$ (21,536.04)	$ (945,069.82)
Aggregate Attachment Point	$ 1,912,596.14	$ 1,926,281.98	$ 1,929,703.44	$ 1,916,017.60	$ 1,926,281.98	$ 1,912,596.14	$ 2,163,283.32	$ 2,167,139.44	$ 2,147,858.84	$ 2,153,643.02	$ 2,145,930.78	$ 2,138,218.54	$ 24,439,551.22
Rx Rebates	$ -	$ -	$ (394,934.48)	$ -	$ -	$ (404,268.87)	$ -	$ -	$ (377,107.75)	$ (62,316.80)	$ -	$ (446,963.47)	$ (1,685,591.37)
Total Claims (Med+Rx+ISL Reim)	**$ 1,128,215.57**	**$ 1,866,619.58**	**$ 1,093,811.56**	**$ 1,432,838.75**	**$ 1,278,721.35**	**$ 1,303,038.85**	**$ 964,284.78**	**$ 1,331,879.51**	**$ 1,069,916.41**	**$ 1,124,406.53**	**$ 1,535,660.98**	**$ 1,039,953.06**	***$ 15,169,346.93***
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 59,444.06	$ 59,869.42	$ 59,975.76	$ 59,550.40	$ 59,869.42	$ 59,444.06	$ 61,227.54	$ 61,336.68	$ 60,790.98	$ 60,954.69	$ 60,736.41	$ 60,518.13	$ 723,717.55
Stop Loss Premium	$ 144,758.64	$ 145,794.48	$ 146,053.44	$ 145,017.60	$ 145,794.48	$ 144,758.64	$ 150,258.24	$ 150,526.08	$ 149,186.88	$ 149,588.64	$ 149,052.96	$ 148,517.28	$ 1,769,307.36
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	**$ 213,202.70**	**$ 214,663.90**	**$ 215,029.20**	**$ 213,568.00**	**$ 214,663.90**	**$ 213,202.70**	**$ 220,485.78**	**$ 220,862.76**	**$ 218,977.86**	**$ 219,543.33**	**$ 218,789.37**	**$ 218,035.41**	**$ 2,601,024.91**
Total Plan Expenses (Claims + Fixed)	**$ 1,341,418.27**	**$ 2,081,283.48**	**$ 1,308,840.76**	**$ 1,646,406.75**	**$ 1,493,385.25**	**$ 1,516,241.55**	**$ 1,184,770.56**	**$ 1,552,742.27**	**$ 1,288,894.27**	**$ 1,343,949.86**	**$ 1,754,450.35**	**$ 1,257,988.47**	**$ 17,770,371.84**
Employer and Employee Funding													*Sum*
Funding Components													
Employer Funding	$ 1,325,089.10	$ 1,334,915.08	$ 1,337,972.55	$ 1,321,467.14	$ 1,322,166.87	$ 1,310,284.84	$ 1,404,157.79	$ 1,409,291.25	$ 1,393,917.97	$ 1,393,282.97	$ 1,383,093.79	$ 1,379,541.20	$ 16,315,180.55
Employee Funding	$ 291,400.45	$ 292,589.38	$ 292,602.40	$ 288,410.56	$ 287,825.03	$ 285,123.39	$ 300,434.69	$ 301,867.91	$ 298,469.55	$ 297,524.24	$ 295,539.08	$ 294,830.26	$ 3,526,616.94
COBRA Funding	$ 848.52	$ 848.52	$ 848.52	$ 848.52	$ 848.52	$ 848.52	$ 931.95	$ 931.95	$ -	$ -	$ 1,808.03	$ -	$ 8,763.05
Total ER and EE Funding	**$ 1,617,338.07**	**$ 1,628,352.98**	**$ 1,631,423.47**	**$ 1,610,726.22**	**$ 1,610,840.42**	**$ 1,596,256.75**	**$ 1,705,524.43**	**$ 1,712,091.11**	**$ 1,692,387.52**	**$ 1,690,807.21**	**$ 1,680,440.90**	**$ 1,674,371.46**	**$ 19,850,560.54**
Funding Surplus/(Deficit)	**$ 275,919.80**	**$ (452,930.50)**	**$ 322,582.71**	**$ (35,680.53)**	**$ 117,455.17**	**$ 80,015.20**	**$ 520,753.87**	**$ 159,348.84**	**$ 403,493.25**	**$ 346,857.35**	**$ (74,009.45)**	**$ 416,382.99**	**$ 2,080,188.70**
Expense / Funding Ratio	**82.94%**	**127.82%**	**80.23%**	**102.22%**	**92.71%**	**94.99%**	**69.47%**	**90.69%**	**76.16%**	**79.49%**	**104.40%**	**75.13%**	**89.52%**
Plan Cost Summary PEPM													*Avg PEPM*
Total Plan Cost PEPM	$ 1,199.84	$ 1,848.39	$ 1,160.32	$ 1,470.01	$ 1,326.27	$ 1,356.21	$ 1,055.95	$ 1,381.44	$ 1,157.00	$ 1,203.18	$ 1,576.33	$ 1,134.34	**$ 1,322.69**
Total Claim Cost PEPM	$ 1,009.14	$ 1,657.74	$ 969.69	$ 1,279.32	$ 1,135.63	$ 1,165.51	$ 859.43	$ 1,184.95	$ 960.43	$ 1,006.63	$ 1,379.75	$ 937.74	**$ 1,129.09**
Total Employee Cost PEPM	$ 261.40	$ 260.60	$ 260.15	$ 258.27	$ 256.37	$ 255.79	$ 268.60	$ 269.39	$ 267.93	$ 266.36	$ 267.16	$ 265.85	**$ 263.15**
Employer Plan Cost PEPM	$ 1,185.23	$ 1,185.54	$ 1,186.15	$ 1,179.88	$ 1,174.22	$ 1,171.99	$ 1,251.48	$ 1,253.82	$ 1,251.27	$ 1,247.34	$ 1,242.67	$ 1,243.95	**$ 1,214.38**

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							76
Employee + Spouse	32	33	32	32	32	31							32
Employee + Child	45	44	45	43	43	43							44
Family	72	73	71	69	70	71							71
OAP 2													
Employee Only	95	96	98	101	99	100							98
Employee + Spouse	47	46	44	44	42	42							44
Employee + Child	49	47	45	47	46	47							47
Family	103	105	105	105	103	101							104
Local Plus													
Employee Only	96	97	92	91	96	95							95
Employee + Spouse	22	22	22	24	22	22							22
Employee + Child	59	61	61	60	58	56							59
Family	76	74	72	73	72	72							73
Base Plan													
Employee Only	66	65	67	68	68	68							67
Employee + Spouse	1	1	1	3	3	3							2
Employee + Child	3	3	3	3	4	4							3
Family	3	3	3	3	3	3							3
OAP 1 COBRA													
Employee Only	1	1	0	0	0	0							1
Employee + Spouse	0	0	0	0	0	0							0
Employee + Child	0	0	0	0	1	0							1
Family	0	0	0	0	0	0							0
OAP 2 COBRA													
Employee Only	0	0	0	0	0	0							0
Employee + Spouse	0	0	0	0	0	0							0
Employee + Child	0	0	0	0	0	0							0
Family	0	0	0	0	0	0							0
Local Plus COBRA													
Employee Only	0	0	0	0	0	0							0
Employee + Spouse	0	0	0	0	0	0							0
Employee + Child	0	0	0	0	0	0							0
Family	0	0	0	0	0	0							0
Base Plan COBRA													
Employee Only	0	0	0	0	0	0							0
Employee + Spouse	0	0	0	0	0	0							0
Employee + Child	0	0	0	0	0	0							0
Family	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							126
Employee + Spouse	46	46	45	43	43	44							45
Employee + Child	17	16	18	17	17	18							17
Family	20	21	21	22	22	21							21
Pre 65 Retiree OAP 2													
Employee Only	30	30	31	32	33	34							32
Employee + Spouse	10	10	9	9	9	8							9
Employee + Child	7	7	7	7	7	7							7
Family	8	9	9	9	9	10							9
Pre 65 Retiree Local Plus													
Employee Only	2	2	2	2	3	3							2
Employee + Spouse	3	3	3	3	3	3							3
Employee + Child	1	1	1	1	1	2							1
Family	1	1	1	1	1	1							1
Pre 65 Retiree Base Plan													
Employee Only	2	2	2	2	2	2							2
Employee + Spouse	0	0	0	0	0	0							0
Employee + Child	1	1	1	1	0	0							1
Family	0	0	0	0	0	0							0
Total Participants	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**							**1,117**

Large Claimants by Month

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

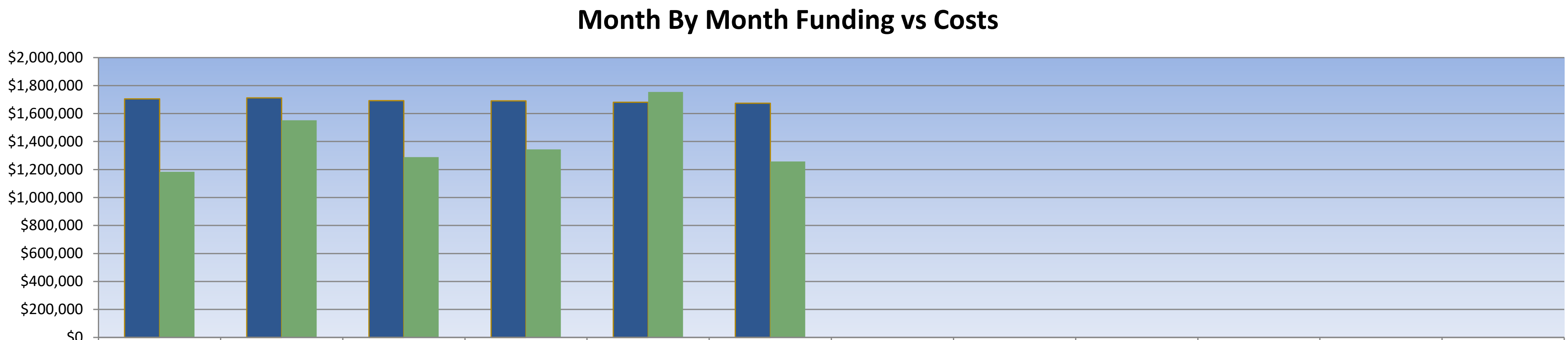
Current Year
Year Paid: **1/1/2024 to 12/31/2024**

Member ID	Plan	Relationship	Status	Diagnosis	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
433500330545212	OAP2	Active	EE	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE		$153,552	$2,510	$377	$0	$4,398							**$160,837**
216850330544966	OAP1	Retiree	EE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY			$171,824	$124,712	$60,880	$62,213							**$419,629**
472900330545118	OAP1	Retiree	CH	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS					$180,296	$35,972							**$216,268**
																	$0
																	$0
						$153,552	**$174,334**	**$125,089**	**$241,176**	**$102,583**							**$796,734**

CBIZ

Medical & Rx

Comparison for: All>All>All>All



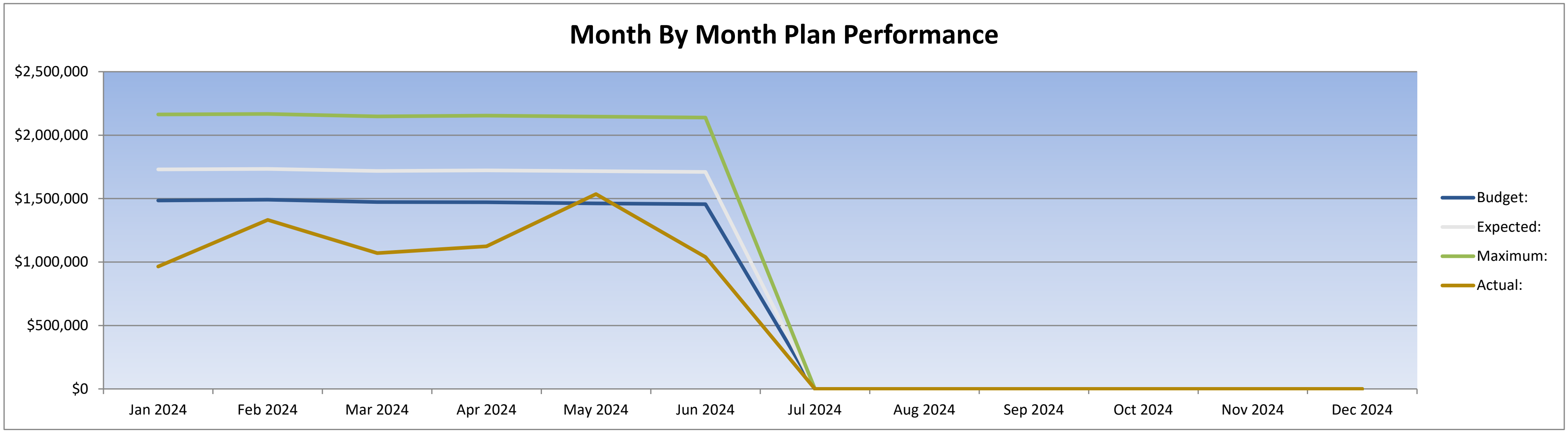
	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Funding	$1,705,524	$1,712,091	$1,692,388	$1,690,807	$1,680,441	$1,674,371	$0	$0	$0	$0	$0	$0
Costs	$1,184,771	$1,552,742	$1,288,894	$1,343,950	$1,754,450	$1,257,988	$0	$0	$0	$0	$0	$0

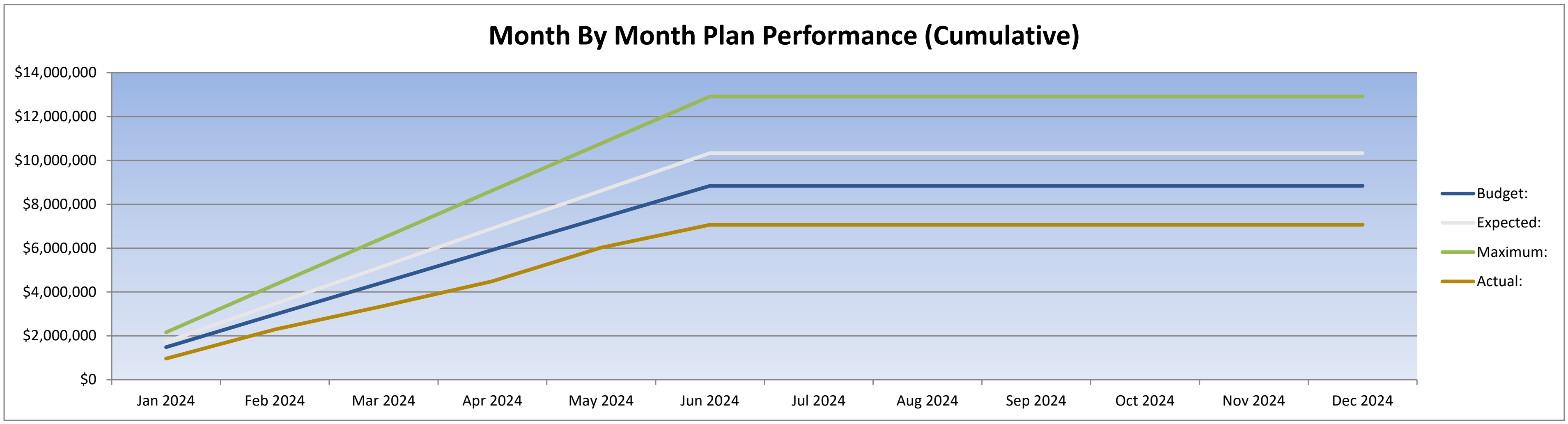
Notes:

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

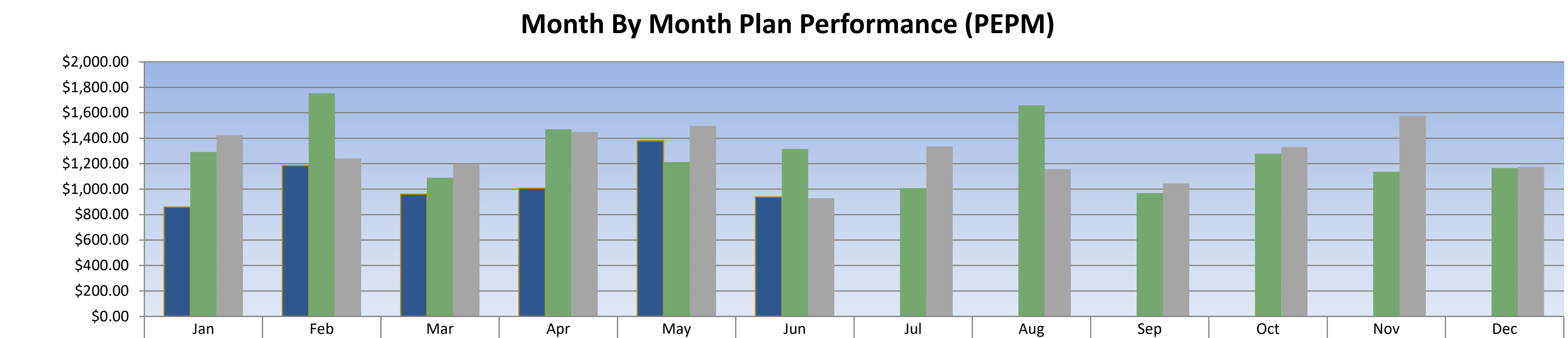
Maximum is aggregate attachment (if applicable)

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



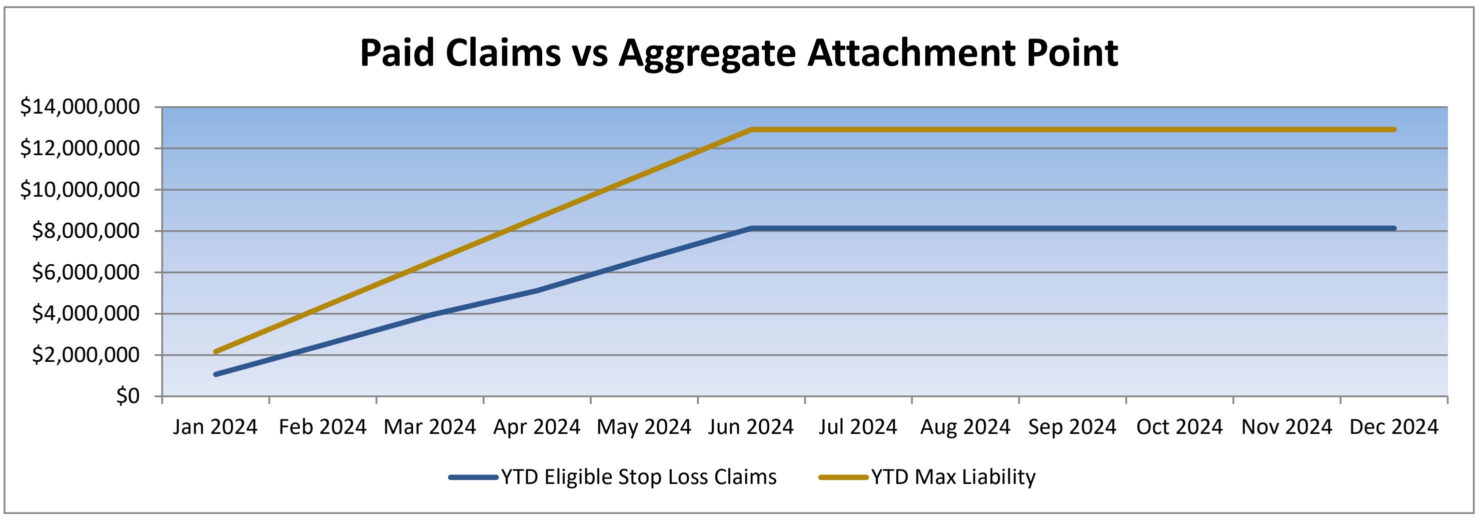
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Plan Year 2024	$859.43	$1,184.95	$960.43	$1,006.63	$1,379.75	$937.74	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Plan Year 2023	$1,292.70	$1,753.44	$1,089.23	$1,469.92	$1,213.16	$1,315.67	$1,009.14	$1,657.74	$969.69	$1,279.32	$1,135.63	$1,165.51
Plan Year 2022	$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	$8,136,385	$12,916,074	$0	62.99%
Jul 2024	$8,136,385	$12,916,074	$0	62.99%
Aug 2024	$8,136,385	$12,916,074	$0	62.99%
Sep 2024	$8,136,385	$12,916,074	$0	62.99%
Oct 2024	$8,136,385	$12,916,074	$0	62.99%
Nov 2024	$8,136,385	$12,916,074	$0	62.99%
Dec 2024	$8,136,385	$12,916,074	$0	62.99%



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	6,699

Claims	**2020**	**2021**	**2022**	**2023**	**2024**
Medical and Rx - Active and COBRA					
Gross Paid Claims*	$ 19,171,791	$ 19,659,877	$ 20,910,902	$ 19,370,050	$ 8,157,921
Stop-Loss Reimbursements**	$ (290,631)	$ (799,762)	$ (2,397,744)	$ (739,638)	$ (205,432)
Rx Rebates	$ (1,041,943)	$ (886,950)	$ (1,227,738)	$ (1,451,381)	$ (886,388)
Net Paid Claims	$ 17,839,217	$ 17,973,164	$ 17,285,420	$ 17,179,031	$ 7,066,101
PEPY Net Paid Claims	**$ 15,406.30**	**$ 15,761.33**	**$ 15,353.44**	**$ 15,352.13**	**$ 12,657.59**

**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	$ 365,564
Stop Loss Premium	$ 1,466,339	$ 1,640,181	$ 1,835,874	$ 1,738,657	$ 897,130
CBIZ Consulting Fees	$ -	$ 120,000	$ 108,000	$ 108,000	$ 54,000
Total Fixed Costs	**$ 2,078,275**	**$ 2,362,781**	**$ 2,603,297**	**$ 2,560,624**	**$ 1,316,695**
PEPY Fixed	**$ 1,794.84**	**$ 2,072.01**	**$ 2,312.33**	**$ 2,288.31**	**$ 2,358.61**

Stop-Loss Premium Loss Ratio	**20%**	**49%**	**131%**	**43%**	**23%**

Plan Cost Summary					
Total Plan Cost PEPY	$ 17,201	$ 17,833	$ 17,666	$ 17,640	$ 15,016
Total Employee Cost PEPY	$ 3,038	$ 3,177	$ 3,240	$ 3,128	$ 3,211
Total Employer Cost PEPY (net of EE contributions)	$ 14,163	$ 14,656	$ 14,426	$ 14,513	$ 11,806