INDEPENDENCE
MISSOURI
A GREAT AMERICAN STORY

Stay Well Committee Minutes

November 18, 2025 2:00 PM

In person meeting

17221 East 23rd St S, Independence, MO 64057

To view minutes from last meeting click here.

WELCOME

Also present: Bethany Dickey/HR, Kevin Kueker/Cigna, Johnathan Crass/CBiz, Lisa Phillips/Cigna, Jacob Arnold/Finance, Scarleta Smarter/Cigna, Caitlin Waters/CBiz, Savannah Thornton

APPROVAL OF MINUTES

FINANCIAL STATEMENT

The Financial Reports were distributed and discussed for October 2025. This report contains charts for Unrestricted Net Assets, Net Income (Loss) by Month, and Net Income (Loss) by Plan by Month.

For the month of **October 2025:**

- The OAP 1 plan had a net income of $152,521.
- The OAP 2 plan had a net loss of ($117,797).
- Local Plus plan had a net income of $4,856.
- Base plan had a net income of $44,224.
- For the fourth month of the fiscal year, the Fund is experiencing a net income of $564,562 which has resulted in an ending unrestricted net assets balance of $6,951,982.

1. Presented by the Finance Department

UPDATE FROM CIGNA

1. Presented by Kevin Kueker and Lisa Phillips

Savannah Thornton was introduced as our new Supplemental Health Representative.

FINANCIAL REPORT

1. Presented by CBiz

The Monthly Medical Financial Overview was distributed and discussed **October 2025** from CBiz.

- Plan Funding for the year is $1,795,484.00 with a surplus of $166,643.00
- Current enrollment for OAP 1, OAP 2, Local Plus, Base Plan, Cobra, and Retirees is 1,135.
- PEPM for Oct 2025 - 1435.10 vs. Oct 2024 - 1575.64
- Reporting 12 high-cost claims and 1 over $150,000 thru October 2025.

UPDATE FROM HR

1. Presented by Bethany Dickey

Open enrollment is complete. Analysis is still in progress.

WELLNESS ACTIVITIES

1. Presented by Selena Good

No update available

OLD BUSINESS

NEW BUSINESS

1. Benefit Consultant Contact

Motion to recommend to City Manager to enter into a contract with CBiz and keep the current percentage splits with HR, Staywell, and Finance.

NEXT MEETING DATE

1. December 16, 2025 at 2:00 pm in conference room 117 IUC

INDEPENDENCE
★ MISSOURI ★

2025 Plan Year

Monthly Plan Performance Overview Report

Presented by CBIZ

October 2025

City of Independence, MO | 2025 Executive Summary

October 2025

Enrollment

	Current Year				Prior Year	
	October 2025	Change from Prior	YTD Average	Change from Prior	October 2024	YTD Average
Total	**1,135**	**0.4%**	**1,137**	**1.7%**	**1,131**	**1,118**
OAP 1	*173*	-15.6%	*178*	-17.9%	*205*	*217*
OAP 2	*284*	-2.1%	*288*	-1.2%	*290*	*292*
Local Plus	*305*	16.0%	*297*	17.9%	*263*	*252*
Base Plan	*125*	25.0%	*119*	44.2%	*100*	*82*
COBRA	*0*	N/A	*0*	-33.3%	*0*	0
Retiree	*248*	-9.2%	*255*	-7.3%	*273*	275

Plan Costs

	October 2025	Change from Prior	YTD Total	Change from Prior	October 2024	YTD Total
Medical Claims	**$1,120,583**	**-4.9%**	**$11,341,670**	**11.6%**	**$1,178,398**	**$10,159,563**
OAP 1 (includes COBRA)	*$183,303*	-20.7%	*$2,513,366*	16.7%	*$231,051*	*$2,152,981*
OAP 2 (includes COBRA)	*$345,103*	26.2%	*$3,127,286*	-6.0%	*$273,459*	*$3,328,277*
Local Plus (includes COBRA)	*$324,460*	41.6%	*$2,556,748*	75.4%	*$229,059*	*$1,457,769*
Base Plan (includes COBRA)	*$19,278*	6.8%	*$349,368*	332.6%	*$18,044*	*$80,764*
Retiree (includes runout)	*$248,439*	-41.8%	*$2,794,902*	-11.0%	*$426,784*	*$3,139,772*
Rx Claims	**$418,470**	**-21.4%**	**$3,922,919**	**-14.9%**	**$532,614**	**$4,612,027**
OAP 1 (includes COBRA)	*$76,221*	-55.6%	*$923,992*	-36.4%	*$171,853*	*$1,452,623*
OAP 2 (includes COBRA)	*$106,668*	-27.6%	*$1,132,160*	0.6%	*$147,302*	*$1,125,906*
Local Plus (includes COBRA)	*$54,932*	129.3%	*$349,340*	65.1%	*$23,955*	*$211,604*
Base Plan (includes COBRA)	*$9,053*	542.1%	*$63,973*	189.0%	*$1,410*	*$22,135*
Retiree (includes runout)	*$171,597*	-8.8%	*$1,453,454*	-19.2%	*$188,094*	*$1,799,758*
Stop Loss Reimbursements	($113,072)		($763,874)		($151,147)	($579,733)
Rx Rebates	($53,685)		($1,364,077)		$0	($1,333,527)
Total Net Claims	**$1,372,297**	**-12.0%**	**$13,136,638**	**2.2%**	**$1,559,864**	**$12,858,330**
Fixed Costs	$256,544	15.5%	$2,568,707	17.0%	$222,182	$2,196,376
Total Net Plan Expenses	**$1,628,841**	**-8.6%**	**$15,705,345**	**4.3%**	**$1,782,046**	**$15,054,705**
Total PEPM	*$1,435.10*	-8.9%	*$1,381.90*	2.6%	*$1,575.64*	*$1,347.18*

Projected Plan Funding

	October 2025	Change from Prior	YTD Total	Change from Prior	October 2024	YTD Total
Total	**$1,795,484**	**6.3%**	**$18,015,589**	**6.8%**	**$1,688,831**	**$16,867,772**
Surplus/(Deficit)	$166,643	-278.8%	$2,310,244	27.4%	($93,216)	$1,813,067
Funding Vs. Expenses	90.7%	-14.0%	87.2%	-2.3%	105.5%	89.3%

CBIZ

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	173	173			1,778
OAP 2	294	288	290	291	287	288	286	286	285	284			2,879
Local Plus	290	289	292	298	297	299	302	298	297	305			2,967
Base Plan	112	113	112	116	120	120	125	122	122	125			1,187
OAP 1 COBRA	0	0	0	0	0	0	0	0	0	0			0
OAP 2 COBRA	1	1	0	0	0	0	0	0	0	0			2
Local Plus COBRA	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
Pre 65 Retiree OAP 1	187	183	178	177	172	170	170	172	171	168			1,748
Pre 65 Retiree OAP 2	67	66	66	63	63	63	64	64	64	65			645
Pre 65 Retiree Local Plus	12	12	13	13	13	13	12	13	12	12			125
Pre 65 Retiree Base Plan	4	4	4	4	3	3	3	3	3	3			34
	-	-	-	-	-	-	-	-	-	-			-
Total Participants	**1,146**	**1,136**	**1,135**	**1,142**	**1,135**	**1,134**	**1,141**	**1,134**	**1,127**	**1,135**			**11,365**
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	$ 368,260.27	$ 183,303.07	$ -	$ -	$ 2,513,367.40
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	$ 295,740.85	$ 345,102.77	$ -	$ -	$ 3,127,151.66
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	$ 215,067.65	$ 324,459.87	$ -	$ -	$ 2,556,747.52
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	$ 13,064.50	$ 19,277.75	$ -	$ -	$ 349,367.59
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	$ 135,406.57	$ 112,465.89	$ -	$ -	$ 1,652,297.81
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	$ 106,984.86	$ 131,586.45	$ -	$ -	$ 1,090,061.38
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	$ 4,525.40	$ 3,793.30	$ -	$ -	$ 49,060.35
Pre 65 Retiree Base Plan	$ 38.92	$ 112.86	$ 263.72	$ 393.10	$ 112.86	$ 277.48	$ 691.44	$ 585.59	$ 413.06	$ 593.82	$ -	$ -	$ 3,482.85
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	$ 1,139,463.16	$ 1,120,582.92	$ -	$ -	$ 11,341,669.52
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	$ 59,568.21	$ 76,220.96	$ -	$ -	$ 923,991.53
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	$ 133,334.77	$ 106,667.51	$ -	$ -	$ 1,132,137.10
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	$ 42,719.39	$ 54,932.34	$ -	$ -	$ 349,339.86
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	$ 5,655.15	$ 9,052.89	$ -	$ -	$ 63,973.20
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	$ 127,776.94	$ 146,845.14	$ -	$ -	$ 1,289,065.57
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	$ 50,774.21	$ 23,738.46	$ -	$ -	$ 157,316.19
Pre 65 Retiree Local Plus	$ 238.61	$ (5.18)	$ 277.81	$ 313.43	$ 223.48	$ 1,465.01	$ 342.42	$ 337.48	$ 1,498.79	$ 910.05	$ -	$ -	$ 5,601.90
Pre 65 Retiree Base Plan	$ 15.90	$ 388.92	$ -	$ 22.83	$ -	$ 73.86	$ 508.04	$ -	$ 357.46	$ 103.06	$ -	$ -	$ 1,470.07
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	$ 421,684.92	$ 418,470.41	$ -	$ -	$ 3,922,918.77
Total ISL Reimbursements	$ (181,961.52)	$ (397,537.85)	$ -	$ -	$ -	$ -	$ (9,291.77)	$ -	$ (62,010.67)	$ (113,071.70)	$ -	$ -	$ (763,873.51)
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	$ 1,955,626.75	$ 1,969,508.75	$ -	$ -	$ 19,721,116.25
Rx Rebates	$ -	$ -	$ (457,666.09)	$ -	$ -	$ (470,973.66)	$ -	$ -	$ (381,752.16)	$ (53,684.63)	$ -	$ -	$ (1,364,076.54)
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**	**$ 1,117,385.25**	**$ 1,372,297.00**	**$ -**	**$ -**	***$ 13,136,638.24***
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	$ 61,500.39	$ 61,936.95	$ -	$ -	$ 620,188.05
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	$ 184,298.31	$ 185,606.55	$ -	$ -	$ 1,858,518.45
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	$ -	$ -	$ 90,000.00
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**	**$ 254,798.70**	**$ 256,543.50**	**$ -**	**$ -**	**$ 2,568,706.50**
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**	**$ 1,372,183.95**	**$ 1,628,840.50**	**$ -**	**$ -**	**$ 15,705,344.74**
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	$ 1,482,353.19	$ 1,490,303.32	$ -	$ -	$ 14,937,784.41
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	$ 304,410.38	$ 305,180.48	$ -	$ -	$ 3,076,276.61
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**	**$ 1,786,763.57**	**$ 1,795,483.80**	**$ -**	**$ -**	**$ 18,015,588.66**
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**	**$ 414,579.62**	**$ 166,643.30**	**$ -**	**$ -**	**$ 2,310,243.92**
Expense / Funding Ratio	**82.29%**	**84.25%**	**66.87%**	**101.73%**	**113.07%**	**67.61%**	**93.47%**	**94.85%**	**76.80%**	**90.72%**	**-**	**-**	**87.18%**
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	$ 1,217.55	$ 1,435.10	$ -	$ -	**$ 1,381.90**
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	$ 991.47	$ 1,209.07	$ -	$ -	**$ 1,155.89**
Total Employee Cost PEPM **	$ 271.83	$ 272.90	$ 272.88	$ 271.29	$ 271.17	$ 270.36	$ 269.06	$ 269.66	$ 270.11	$ 268.88	$ -	$ -	**$ 270.81**
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	$ 1,315.31	$ 1,313.04	$ -	$ -	**$ 1,314.37**

*** Employee cost PEPM includes COBRA premiums*

CBIZ

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	173	173									701
OAP 2	286	286	285	284									1,141
Local Plus	302	298	297	305									1,202
Base Plan	125	122	122	125									494
OAP 1 COBRA	0	0	0	0									0
OAP 2 COBRA	0	0	0	0									0
Local Plus COBRA	0	0	0	0									0
Base Plan COBRA	0	0	0	0									0
Pre 65 Retiree OAP 1	170	172	171	168									681
Pre 65 Retiree OAP 2	64	64	64	65									257
Pre 65 Retiree Local Plus	12	13	12	12									49
Pre 65 Retiree Base Plan	3	3	3	3									12
	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Participants	**1,141**	**1,134**	**1,127**	**1,135**									**4,537**
Claims													*Sum*
Medical Claims													
OAP 1	$ 291,280.59	$ 239,460.56	$ 368,260.27	$ 183,303.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,082,304.49
OAP 2	$ 243,680.59	$ 334,496.99	$ 295,740.85	$ 345,102.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,219,021.20
Local Plus	$ 181,610.31	$ 340,965.45	$ 215,067.65	$ 324,459.87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,062,103.28
Base Plan	$ 26,732.76	$ 16,480.28	$ 13,064.50	$ 19,277.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 75,555.29
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 150,078.32	$ 92,452.17	$ 135,406.57	$ 112,465.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 490,402.95
Pre 65 Retiree OAP 2	$ 111,516.01	$ 45,362.38	$ 106,984.86	$ 131,586.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 395,449.70
Pre 65 Retiree Local Plus	$ 3,421.61	$ 6,336.51	$ 4,525.40	$ 3,793.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,076.82
Pre 65 Retiree Base Plan	$ 691.44	$ 585.59	$ 413.06	$ 593.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,283.91
Total Medical Claims Paid	$ 1,009,011.63	$ 1,076,139.93	$ 1,139,463.16	$ 1,120,582.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,345,197.64
Prescription Claims													
OAP 1	$ 89,967.30	$ 83,701.96	$ 59,568.21	$ 76,220.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 309,458.43
OAP 2	$ 121,941.58	$ 127,297.51	$ 133,334.77	$ 106,667.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 489,241.37
Local Plus	$ 56,224.45	$ 32,779.19	$ 42,719.39	$ 54,932.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 186,655.37
Base Plan	$ 10,008.69	$ 2,346.92	$ 5,655.15	$ 9,052.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 27,063.65
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 132,903.68	$ 108,956.14	$ 127,776.94	$ 146,845.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 516,481.90
Pre 65 Retiree OAP 2	$ 16,497.27	$ 14,409.14	$ 50,774.21	$ 23,738.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 105,419.08
Pre 65 Retiree Local Plus	$ 342.42	$ 337.48	$ 1,498.79	$ 910.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,088.74
Pre 65 Retiree Base Plan	$ 508.04	$ -	$ 357.46	$ 103.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 968.56
Total Prescription Claims Paid	$ 428,393.43	$ 369,828.34	$ 421,684.92	$ 418,470.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,638,377.10
Total ISL Reimbursements	$ (9,291.77)	$ -	$ (62,010.67)	$ (113,071.70)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (184,374.14)
Aggregate Attachment Point	$ 1,979,920.25	$ 1,967,773.50	$ 1,955,626.75	$ 1,969,508.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,872,829.25
Rx Rebates	$ -	$ -	$ (381,752.16)	$ (53,684.63)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (435,436.79)
Total Claims (Med+Rx+ISL Reim)	**$ 1,428,113.29**	**$ 1,445,968.27**	**$ 1,117,385.25**	**$ 1,372,297.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	***$ 5,363,763.81***
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 62,264.37	$ 61,882.38	$ 61,500.39	$ 61,936.95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 247,584.09
Stop Loss Premium	$ 186,587.73	$ 185,443.02	$ 184,298.31	$ 185,606.55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 741,935.61
CBIZ Consulting Fees	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 36,000.00
Total Expenses	**$ 257,852.10**	**$ 256,325.40**	**$ 254,798.70**	**$ 256,543.50**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,025,519.70**
Total Plan Expenses (Claims + Fixed)	**$ 1,685,965.39**	**$ 1,702,293.67**	**$ 1,372,183.95**	**$ 1,628,840.50**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 6,389,283.51**
Employer and Employee Funding													***Sum***
Funding Components													
Employer Funding	$ 1,496,688.35	$ 1,488,866.71	$ 1,482,353.19	$ 1,490,303.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,958,211.57
Employee Funding	$ 307,000.52	$ 305,790.79	$ 304,410.38	$ 305,180.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,222,382.17
COBRA Funding	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total ER and EE Funding	**$ 1,803,688.87**	**$ 1,794,657.50**	**$ 1,786,763.57**	**$ 1,795,483.80**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 7,180,593.74**
Funding Surplus/(Deficit)	**$ 117,723.48**	**$ 92,363.83**	**$ 414,579.62**	**$ 166,643.30**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 791,310.23**
Expense / Funding Ratio	**93.47%**	**94.85%**	**76.80%**	**90.72%**	-	-	-	-	-	-	-	-	**88.98%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,477.62	$ 1,501.14	$ 1,217.55	$ 1,435.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,408.26**
Total Claim Cost PEPM	$ 1,251.63	$ 1,275.10	$ 991.47	$ 1,209.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,182.23**
Total Employee Cost PEPM **	$ 269.06	$ 269.66	$ 270.11	$ 268.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 269.43**
Employer Plan Cost PEPM	$ 1,311.73	$ 1,312.93	$ 1,315.31	$ 1,313.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,313.25**

*** 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	$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	$48,045	$556			**$281,199**
688370330544556	OAP 1	CH	Retiree	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY					$162,462	$35,497	$35,521	$0	$3,479	$2,760			**$239,719**
765490497551272	OAP 2	EE	Active	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY					$184,518	$12,399	$16,646	$14,834	$16	$17,618			**$246,031**
898660761337103	Local Plus	SP	Active	LIVER CELL CARCINOMA					$225,988	$9,490	$33,100	$98,771	$25,654	$102,980			**$495,983**
962060516562987	OAP 1	EE	Active	SEPSIS, UNSPECIFIED ORGANISM					$200,537	$2,338	$806	$3,706	$31,537	$3,338			**$242,262**
977120367437310	OAP 2	SP	Active	MECH COMPL OF INTERNAL RIGHT KNEE PROSTHESIS, INIT ENCNTR						$243,700	$39,276	$54,035	$20,733	$103,859			**$461,603**
606730750763558	OAP 2	CH	Active	CONGENITAL DEFORMITY OF HIP, UNSPECIFIED							$171,331	$29,848	$23,530	$23,917			**$248,626**
851330330545196	OAP 2	EE	Retiree	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY							$165,735	$5,149	$55,925	$28,295			**$255,104**
653340773415178	OAP 1	EE	Active	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY								$150,361	$36,465	$4,009			**$190,835**
985280330544698	OAP 1	EE	Active	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS									$173,618	$38,685			**$212,303**
64210330545210	OAP 1	CH	Retiree	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS										$157,790			**$157,790**
					$0	**$0**	**$0**	**$0**	**$1,216,042**	**$328,636**	**$489,612**	**$378,680**	**$419,002**	**$483,807**	**$0**	**$0**	**$3,315,779**

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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	56	56			55
Employee + Spouse	32	32	32	32	32	31	30	29	26	26			30
Employee + Child	31	32	32	32	32	31	30	30	30	30			31
Family	60	61	61	61	61	62	63	61	61	61			61
OAP 2													
Employee Only	94	91	94	94	93	93	90	90	88	89			92
Employee + Spouse	48	47	46	47	46	46	47	46	47	46			47
Employee + Child	46	45	45	45	44	45	46	46	46	45			45
Family	106	105	105	105	104	104	103	104	104	104			104
Local Plus													
Employee Only	122	122	122	127	125	126	127	125	125	129			125
Employee + Spouse	29	28	28	28	27	28	29	28	28	28			28
Employee + Child	58	57	59	60	60	61	61	61	61	63			60
Family	81	82	83	83	85	84	85	84	83	85			84
Base Plan													
Employee Only	95	94	92	96	101	102	106	103	102	104			100
Employee + Spouse	5	5	5	4	4	3	3	3	3	4			4
Employee + Child	4	5	4	5	5	5	6	6	6	6			5
Family	8	9	11	11	10	10	10	10	11	11			10
OAP 1 COBRA													
Employee Only	0	0	0	0	0	0	0	0	0	0			0
Employee + Spouse	0	0	0	0	0	0	0	0	0	0			0
Employee + Child	0	0	0	0	0	0	0	0	0	0			0
Family	0	0	0	0	0	0	0	0	0	0			0
OAP 2 COBRA													
Employee Only	1	1	0	0	0	0	0	0	0	0			1
Employee + Spouse	0	0	0	0	0	0	0	0	0	0			0
Employee + Child	0	0	0	0	0	0	0	0	0	0			0
Family	0	0	0	0	0	0	0	0	0	0			0
Local Plus COBRA													
Employee Only	0	0	0	0	0	0	0	0	0	0			0
Employee + Spouse	0	0	0	0	0	0	0	0	0	0			0
Employee + Child	0	0	0	0	0	0	0	0	0	0			0
Family	0	0	0	0	0	0	0	0	0	0			0
Base Plan COBRA													
Employee Only	0	0	0	0	0	0	0	0	0	0			0
Employee + Spouse	0	0	0	0	0	0	0	0	0	0			0
Employee + Child	0	0	0	0	0	0	0	0	0	0			0
Family	0	0	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	91	89			95
Employee + Spouse	46	45	44	43	43	43	41	42	42	41			43
Employee + Child	19	19	19	19	19	18	19	19	19	19			19
Family	17	17	18	18	18	17	17	18	19	19			18
Pre 65 Retiree OAP 2													
Employee Only	40	39	39	36	36	36	37	38	38	38			38
Employee + Spouse	4	4	4	4	4	4	4	4	4	4			4
Employee + Child	11	11	11	11	10	10	10	9	9	9			10
Family	12	12	12	12	13	13	13	13	13	14			13
Pre 65 Retiree Local Plus													
Employee Only	5	5	6	6	6	6	5	5	5	5			5
Employee + Spouse	3	3	3	3	3	3	3	4	4	4			3
Employee + Child	3	3	3	3	3	3	3	3	2	2			3
Family	1	1	1	1	1	1	1	1	1	1			1
Pre 65 Retiree Base Plan													
Employee Only	4	4	4	4	3	3	3	3	3	3			3
Employee + Spouse	0	0	0	0	0	0	0	0	0	0			0
Employee + Child	0	0	0	0	0	0	0	0	0	0			0
Family	0	0	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**	**1,127**	**1,135**			**1,137**

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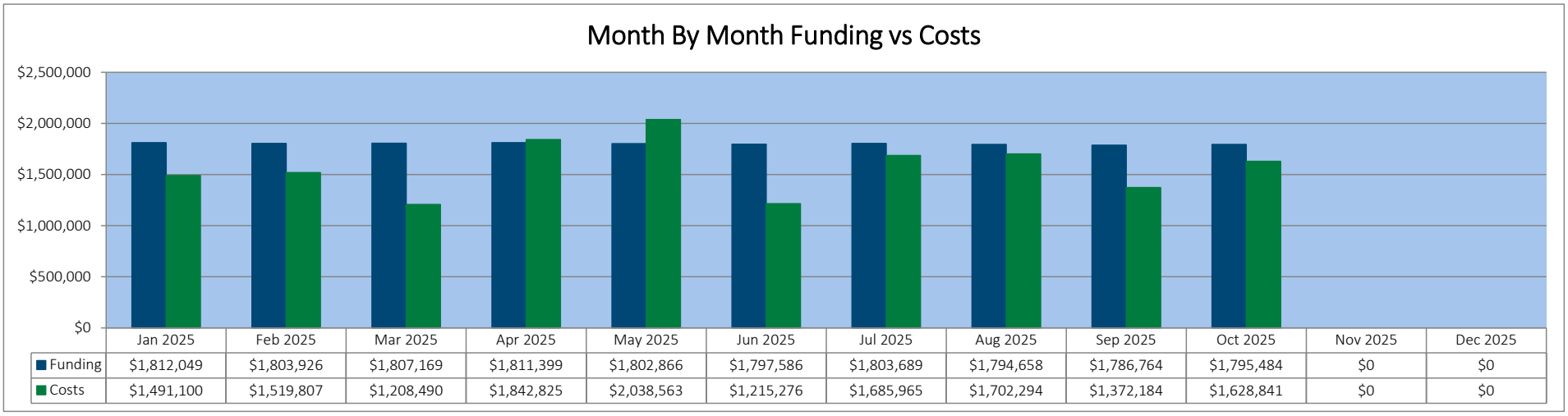
Monthly Funding vs Costs

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	$1,786,764	$1,795,484	$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	$1,372,184	$1,628,841	$0	$0

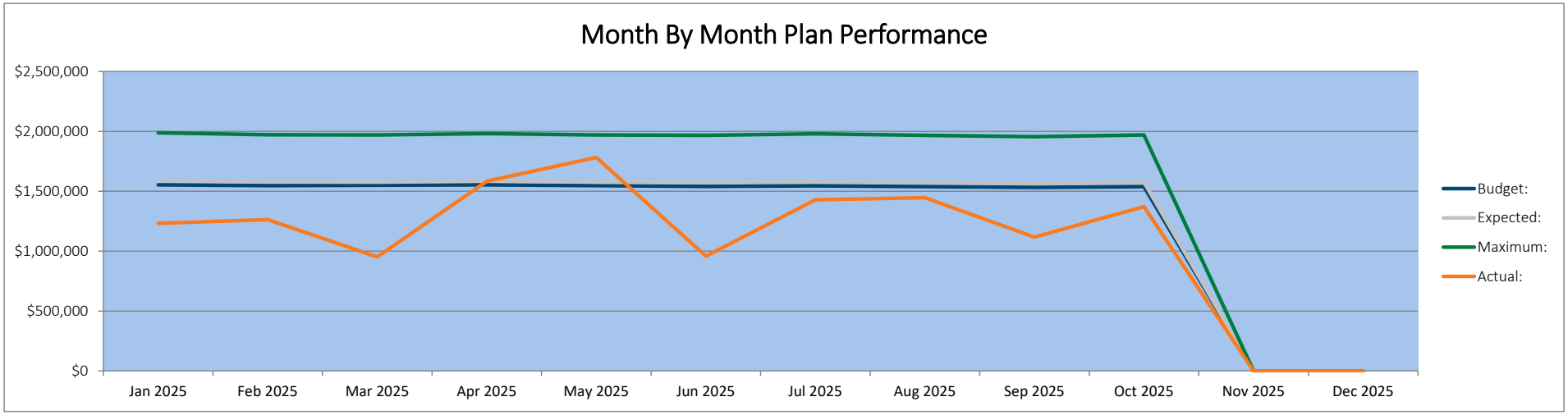
Notes:

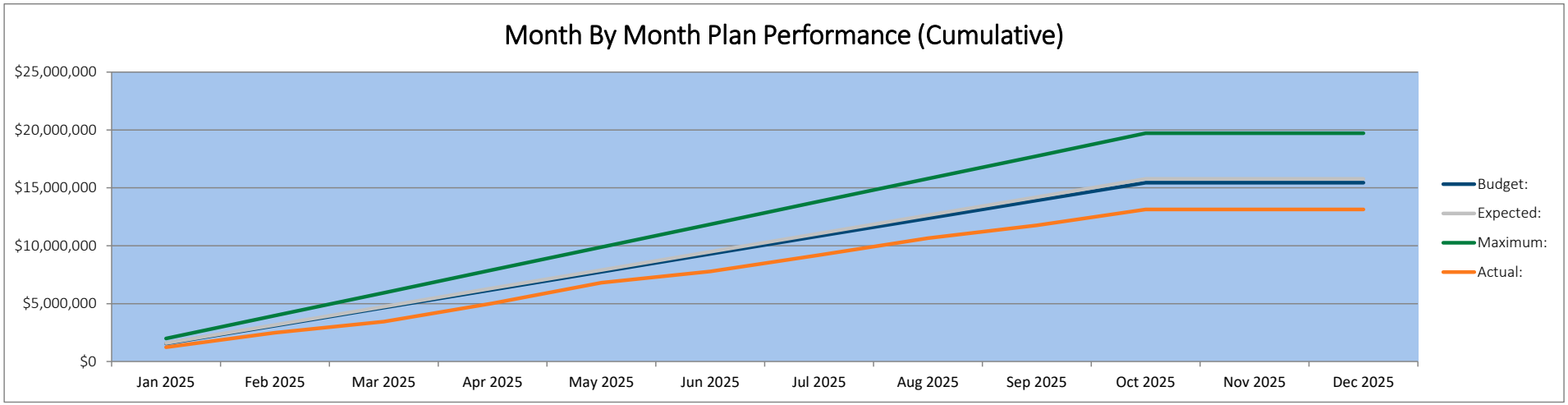
Costs include Claims, Admin Fees, Stop Loss Premium, and other Fees.

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

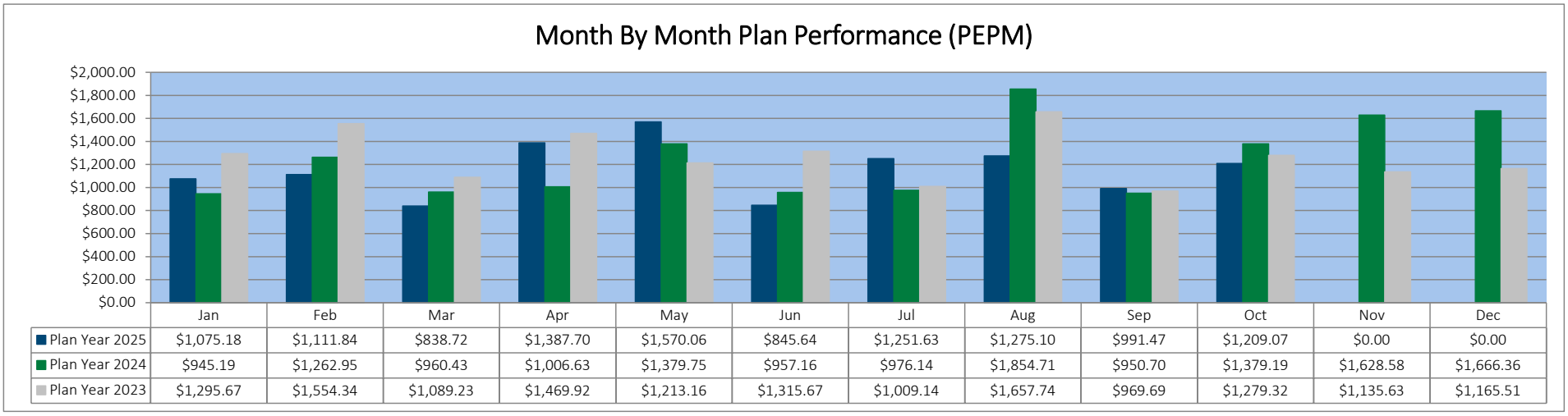
Expected is calculated as Maximum / (Corridor Factor, 125%)

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

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	$991.47	$1,209.07	$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

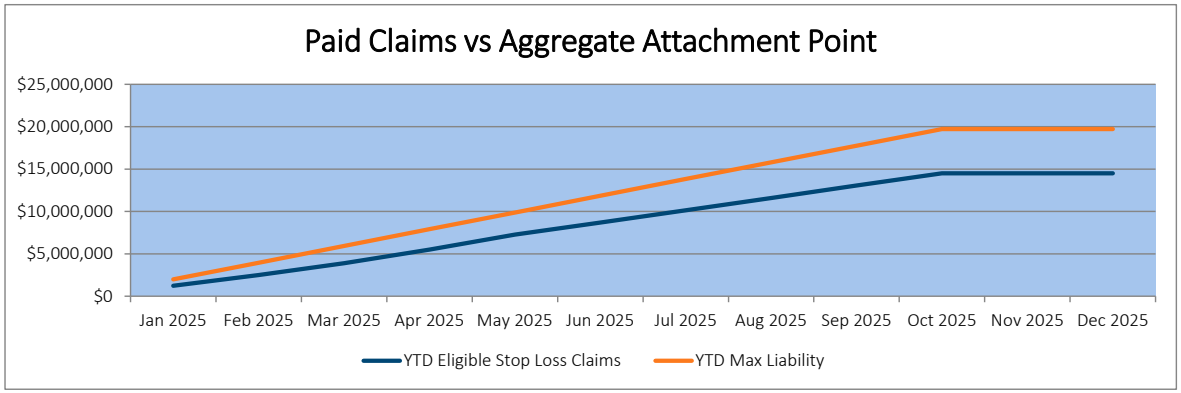
Notes:

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	$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	$13,074,733	$17,751,608	$0	73.65%
Oct 2025	$14,500,715	$19,721,116	$0	73.53%
Nov 2025	$14,500,715	$19,721,116	$0	73.53%
Dec 2025	$14,500,715	$19,721,116	$0	73.53%



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	11,365

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	$ 15,264,588
Stop-Loss Reimbursements**	$ (799,762)	$ (2,397,744)	$ (739,638)	$ (564,380)	$ (763,874)
Rx Rebates	$ (886,950)	$ (1,227,738)	$ (1,451,381)	$ (1,784,834)	$ (1,364,077)
Net Paid Claims	$ 17,973,164	$ 17,285,420	$ 16,956,246	$ 16,772,176	$ 13,136,638
PEPY Net Paid Claims	**$ 15,761.33**	**$ 15,353.44**	**$ 15,153.03**	**$ 14,976.27**	**$ 13,870.63**

**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	$ 620,188
Stop Loss Premium	$ 1,640,181	$ 1,835,874	$ 1,738,657	$ 1,799,751	$ 1,858,518
CBIZ Consulting Fees	$ 120,000	$ 108,000	$ 108,000	$ 108,000	$ 90,000
Total Fixed Costs	**$ 2,362,781**	**$ 2,603,297**	**$ 2,560,624**	**$ 2,641,117**	**$ 2,568,706.50**
PEPY Fixed	**$ 2,072.01**	**$ 2,312.33**	**$ 2,288.31**	**$ 2,358.32**	**$ 2,712.23**

Stop-Loss Premium Loss Ratio	49%	131%	43%	31%	41%

Plan Cost Summary					
Total Plan Cost PEPY	$ 17,833	$ 17,666	$ 17,441	$ 17,335	$ 16,583
Total Employee Cost PEPY	$ 3,177	$ 3,240	$ 3,128	$ 3,172	$ 3,250
Total Employer Cost PEPY (net of EE contributions)	$ 14,656	$ 14,426	$ 14,314	$ 14,162	$ 13,333