INDEPENDENCE
MISSOURI
A GREAT AMERICAN STORY

Stay Well Committee

August 22, 2024 2:00 PM,

In person meeting

17221 East 23rd St S, Independence, MO 64057

To view minutes from last meeting click here.

WELCOME

APPROVAL OF MINUTES

FINANCIAL STATEMENT

1. Presented by the Finance Department

UPDATE FROM CIGNA

1. Presented by Carol 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. Cigna Program Updates
    2. Independence Final 2025 Renewal Projections

NEXT MEETING DATE

1. September 24, 2024 at 2:00 pm in conference room IUC 117

INDEPENDENCE
★ MISSOURI ★

2024 Plan Year

Monthly Plan Performance Overview Report

Presented by CBIZ

July 2024

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Executive Summary

July 2024

Enrollment

	Current Year				Prior Year	
	July 2024	Change from Prior	YTD Average	Change from Prior	July 2023	YTD Average
Total	**1,108**	**-2.4%**	**1,115**	**-1.2%**	**1,135**	**1,129**
OAP 1	*214*	-27.5%	*221*	-26.9%	*295*	*303*
OAP 2	*288*	5.5%	*292*	8.2%	*273*	*270*
Local Plus	*248*	16.4%	*249*	19.3%	*213*	*209*
Base Plan	*83*	27.7%	*76*	24.7%	*65*	*61*
COBRA	*0*	-100.0%	*0*	200.0%	*1*	0
Retiree	*275*	1.5%	*276*	1.1%	*271*	273

Plan Costs

	July 2024	Change from Prior	YTD Total	Change from Prior	July 2023	YTD Total
Medical Claims	**$811,629**	**17.1%**	**$6,349,571**	**-19.2%**	**$693,144**	**$7,854,173**
OAP 1 (includes COBRA)	*$172,508*	1.6%	*$1,520,909*	-39.8%	*$169,832*	*$2,524,530*
OAP 2 (includes COBRA)	*$150,787*	-12.4%	*$1,792,476*	-1.3%	*$172,182*	*$1,815,913*
Local Plus (includes COBRA)	*$164,430*	53.6%	*$944,260*	33.4%	*$107,050*	*$707,713*
Base Plan (includes COBRA)	*$10,262*	-25.0%	*$47,601*	19.2%	*$13,678*	*$39,926*
Retiree (includes runout)	*$313,642*	36.1%	*$2,044,325*	-26.1%	*$230,403*	*$2,766,091*
Rx Claims	**$393,030**	**-9.7%**	**$3,013,010**	**8.4%**	**$435,071**	**$2,779,193**
OAP 1 (includes COBRA)	*$115,714*	-10.7%	*$998,279*	-7.7%	*$129,586*	*$1,081,852*
OAP 2 (includes COBRA)	*$93,373*	-2.6%	*$611,359*	54.8%	*$95,859*	*$394,815*
Local Plus (includes COBRA)	*$25,582*	91.5%	*$136,546*	140.3%	*$13,359*	*$56,822*
Base Plan (includes COBRA)	*$3,309*	115.0%	*$12,773*	10.3%	*$1,539*	*$11,579*
Retiree (includes runout)	*$155,052*	-20.4%	*$1,254,053*	1.6%	*$194,729*	*$1,234,126*
Stop Loss Reimbursements	($123,092)		($306,988)		$0	($3,348)
Rx Rebates	$0		($886,388)		$0	($652,178)
Total Net Claims	**$1,081,567**	**-4.1%**	**$8,169,204**	**-18.1%**	**$1,128,216**	**$9,977,841**
Fixed Costs	$217,847	2.2%	$1,534,541	3.0%	$213,203	$1,489,497
Total Net Plan Expenses	**$1,299,414**	**-3.1%**	**$9,703,746**	**-15.4%**	**$1,341,418**	**$11,467,337**
Total PEPM	*$1,172.76*	-0.8%	*$1,242.95*	-14.3%	*$1,181.87*	*$1,450.83*

Projected Plan Funding

	July 2024	Change from Prior	YTD Total	Change from Prior	July 2023	YTD Total
Total	**$1,667,843**	**3.1%**	**$11,823,466**	**4.3%**	**$1,617,338**	**$11,331,484**
Surplus/(Deficit)	$368,429	33.5%	$2,119,720	-1660.3%	$275,920	($135,853)
Funding Vs. Expenses	77.9%	-6.1%	82.1%	-18.9%	82.9%	101.2%

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	214						1,549
OAP 2	294	294	292	297	290	290	288						2,045
Local Plus	253	254	247	248	248	245	248						1,743
Base Plan	73	72	74	77	78	78	83						535
OAP 1 COBRA	1	1	0	0	1	0	0						3
OAP 2 COBRA	0	0	0	0	0	0	0						0
Local Plus COBRA	0	0	0	0	0	0	0						0
Base Plan COBRA	0	0	0	0	0	0	0						0
Pre 65 Retiree OAP 1	211	212	211	208	207	206	204						1,459
Pre 65 Retiree OAP 2	55	56	56	57	58	59	60						401
Pre 65 Retiree Local Plus	7	7	7	7	8	9	9						54
Pre 65 Retiree Base Plan	3	3	3	3	2	2	2						18
Total Participants	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**	**1,108**						**7,807**
Claims													*Sum*
Medical Claims													
OAP 1	$ 177,990.70	$ 213,691.09	$ 263,694.22	$ 149,077.55	$ 220,381.47	$ 322,350.00	$ 172,507.75	$ -	$ -	$ -	$ -	$ -	$ 1,519,692.78
OAP 2	$ 214,349.22	$ 495,187.29	$ 259,032.43	$ 230,518.35	$ 203,198.58	$ 239,402.89	$ 150,787.11	$ -	$ -	$ -	$ -	$ -	$ 1,792,475.87
Local Plus	$ 115,958.14	$ 181,240.11	$ 128,457.06	$ 97,141.85	$ 160,977.68	$ 96,055.00	$ 164,430.49	$ -	$ -	$ -	$ -	$ -	$ 944,260.33
Base Plan	$ 4,197.02	$ 10,398.41	$ 6,891.25	$ 4,361.10	$ 3,795.61	$ 7,695.35	$ 10,261.98	$ -	$ -	$ -	$ -	$ -	$ 47,600.72
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	$ 299,821.25	$ -	$ -	$ -	$ -	$ -	$ 1,549,706.90
Pre 65 Retiree OAP 2	$ 33,310.82	$ 28,031.37	$ 32,571.98	$ 24,022.35	$ 295,120.79	$ 59,020.83	$ 9,958.47	$ -	$ -	$ -	$ -	$ -	$ 482,036.61
Pre 65 Retiree Local Plus	$ 1,608.06	$ 1,058.56	$ 508.37	$ 2,676.55	$ 687.93	$ 1,020.56	$ 3,827.23	$ -	$ -	$ -	$ -	$ -	$ 11,387.26
Pre 65 Retiree Base Plan	$ 68.89	$ 771.24	$ 78.54	$ 98.34	$ 106.81	$ 35.08	$ 35.08	$ -	$ -	$ -	$ -	$ -	$ 1,193.98
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Medical Claims Paid	$ 629,474.96	$ 1,085,036.17	$ 951,718.55	$ 740,250.69	$ 1,092,345.06	$ 1,039,115.99	$ 811,629.36	$ -	$ -	$ -	$ -	$ -	$ 6,349,570.78
Prescription Claims													
OAP 1	$ 156,556.99	$ 122,213.83	$ 165,792.05	$ 137,523.72	$ 150,860.51	$ 149,424.08	$ 115,714.11	$ -	$ -	$ -	$ -	$ -	$ 998,085.29
OAP 2	$ 71,109.73	$ 69,620.19	$ 87,650.35	$ 99,308.40	$ 89,911.19	$ 100,386.49	$ 93,372.59	$ -	$ -	$ -	$ -	$ -	$ 611,358.94
Local Plus	$ 11,872.85	$ 4,474.16	$ 25,428.28	$ 23,886.17	$ 28,296.80	$ 17,006.13	$ 25,581.65	$ -	$ -	$ -	$ -	$ -	$ 136,546.04
Base Plan	$ 1,823.44	$ 2,587.60	$ 482.29	$ 477.73	$ 3,015.90	$ 1,076.39	$ 3,309.48	$ -	$ -	$ -	$ -	$ -	$ 12,772.83
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	$ 148,879.91	$ -	$ -	$ -	$ -	$ -	$ 1,172,505.04
Pre 65 Retiree OAP 2	$ 7,630.64	$ 3,443.67	$ 12,313.20	$ 13,116.06	$ 15,520.37	$ 14,505.16	$ 5,507.81	$ -	$ -	$ -	$ -	$ -	$ 72,036.91
Pre 65 Retiree Local Plus	$ 59.14	$ 81.53	$ 58.03	$ 6.71	$ 617.57	$ 7,904.21	$ 633.36	$ -	$ -	$ -	$ -	$ -	$ 9,360.55
Pre 65 Retiree Base Plan	$ -	$ 73.13	$ -	$ 20.78	$ 25.45	$ -	$ 31.22	$ -	$ -	$ -	$ -	$ -	$ 150.58
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 431,026.31	$ 334,522.51	$ 495,305.61	$ 446,472.64	$ 443,315.92	$ 469,336.58	$ 393,030.13	$ -	$ -	$ -	$ -	$ -	$ 3,013,009.70
Total ISL Reimbursements	$ (96,216.49)	$ (87,679.17)	$ -	$ -	$ -	$ -	$ (123,092.46)	$ -	$ -	$ -	$ -	$ -	$ (306,988.12)
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	$ 2,136,290.48	$ -	$ -	$ -	$ -	$ -	$ 15,052,364.42
Total Claims (Med+Rx+ISL Reim)	**$ 964,284.78**	**$ 1,331,879.51**	**$ 1,069,916.41**	**$ 1,124,406.53**	**$ 1,535,660.98**	**$ 1,061,489.10**	**$ 1,081,567.03**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	***$ 8,169,204.34***
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 61,227.54	$ 61,336.68	$ 60,790.98	$ 60,954.69	$ 60,736.41	$ 60,518.13	$ 60,463.56	$ -	$ -	$ -	$ -	$ -	$ 426,027.99
Stop Loss Premium	$ 150,258.24	$ 150,526.08	$ 149,186.88	$ 149,588.64	$ 149,052.96	$ 148,517.28	$ 148,383.36	$ -	$ -	$ -	$ -	$ -	$ 1,045,513.44
CBIZ Consulting Fees	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ 63,000.00
Total Expenses	**$ 220,485.78**	**$ 220,862.76**	**$ 218,977.86**	**$ 219,543.33**	**$ 218,789.37**	**$ 218,035.41**	**$ 217,846.92**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,534,541.43**
Total Plan Expenses (Claims + Fixed)	**$ 1,184,770.56**	**$ 1,552,742.27**	**$ 1,288,894.27**	**$ 1,343,949.86**	**$ 1,754,450.35**	**$ 1,279,524.51**	**$ 1,299,413.95**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,703,745.77**

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	$ 1,375,066.87	$ -	$ -	$ -	$ -	$ -	$ 9,738,351.84
Employee Funding	$ 300,434.69	$ 301,867.91	$ 298,469.55	$ 297,524.24	$ 295,539.08	$ 294,830.26	$ 292,776.35	$ -	$ -	$ -	$ -	$ -	$ 2,081,442.08
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**	**$ 1,667,843.22**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 11,823,465.85**
Funding Surplus/(Deficit)	**$ 520,753.87**	**$ 159,348.84**	**$ 403,493.25**	**$ 346,857.35**	**$ (74,009.45)**	**$ 394,846.95**	**$ 368,429.27**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,119,720.08**
Expense / Funding Ratio	**69.47%**	**90.69%**	**76.16%**	**79.49%**	**104.40%**	**76.42%**	**77.91%**	**-**	**-**	**-**	**-**	**-**	**82.07%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,055.95	$ 1,381.44	$ 1,157.00	$ 1,203.18	$ 1,576.33	$ 1,153.76	$ 1,172.76	$ -	$ -	$ -	$ -	$ -	**$ 1,242.95**
Total Claim Cost PEPM	$ 859.43	$ 1,184.95	$ 960.43	$ 1,006.63	$ 1,379.75	$ 957.16	$ 976.14	$ -	$ -	$ -	$ -	$ -	**$ 1,046.39**
Total Employee Cost PEPM **	$ 268.60	$ 269.39	$ 267.93	$ 266.36	$ 267.16	$ 265.85	$ 264.24	$ -	$ -	$ -	$ -	$ -	**$ 267.08**
Employer Plan Cost PEPM	$ 1,251.48	$ 1,253.82	$ 1,251.27	$ 1,247.34	$ 1,242.67	$ 1,243.95	$ 1,241.04	$ -	$ -	$ -	$ -	$ -	**$ 1,247.39**

*** Employee cost PEPM includes COBRA premiums*

The City of Independence Monthly Performance Overview Report

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

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Plan YTD
Enrollment													*Sum*
Plans													
OAP 1	214												214
OAP 2	288												288
Local Plus	248												248
Base Plan	83												83
OAP 1 COBRA	0												0
OAP 2 COBRA	0												0
Local Plus COBRA	0												0
Base Plan COBRA	0												0
Pre 65 Retiree OAP 1	204												204
Pre 65 Retiree OAP 2	60												60
Pre 65 Retiree Local Plus	9												9
Pre 65 Retiree Base Plan	2												2
Total Participants	**1,108**												**1,108**
Claims													*Sum*
Medical Claims													
OAP 1	$ 172,507.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 172,507.75
OAP 2	$ 150,787.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 150,787.11
Local Plus	$ 164,430.49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 164,430.49
Base Plan	$ 10,261.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,261.98
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 299,821.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 299,821.25
Pre 65 Retiree OAP 2	$ 9,958.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,958.47
Pre 65 Retiree Local Plus	$ 3,827.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,827.23
Pre 65 Retiree Base Plan	$ 35.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 35.08
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Medical Claims Paid	$ 811,629.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 811,629.36
Prescription Claims													
OAP 1	$ 115,714.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 115,714.11
OAP 2	$ 93,372.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 93,372.59
Local Plus	$ 25,581.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,581.65
Base Plan	$ 3,309.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,309.48
OAP 1 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OAP 2 COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Plus COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Base Plan COBRA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pre 65 Retiree OAP 1	$ 148,879.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 148,879.91
Pre 65 Retiree OAP 2	$ 5,507.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,507.81
Pre 65 Retiree Local Plus	$ 633.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 633.36
Pre 65 Retiree Base Plan	$ 31.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 31.22
Retiree Runout	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Prescription Claims Paid	$ 393,030.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 393,030.13
Total ISL Reimbursements	$ (123,092.46)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (123,092.46)
Rx Rebates	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Aggregate Attachment Point	$ 2,136,290.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,136,290.48
Total Claims (Med+Rx+ISL Reim)	**$ 1,081,567.03**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,081,567.03**
Fixed Expenses													*Sum*
Fixed Expenses													
Administration Fees	$ 60,463.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 60,463.56
Stop Loss Premium	$ 148,383.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 148,383.36
CBIZ Consulting Fees	$ 9,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,000.00
Total Expenses	**$ 217,846.92**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 217,846.92**
Total Plan Expenses (Claims + Fixed)	**$ 1,299,413.95**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,299,413.95**

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Plan YTD
Employer and Employee Funding													***Sum***
Funding Components													
Employer Funding	$ 1,375,066.87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,375,066.87
Employee Funding	$ 292,776.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 292,776.35
COBRA Funding	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total ER and EE Funding	**$ 1,667,843.22**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,667,843.22**
Funding Surplus/(Deficit)	**$ 368,429.27**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 368,429.27**
Expense / Funding Ratio	**77.91%**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**77.91%**
Plan Cost Summary PEPM													***Avg PEPM***
Total Plan Cost PEPM	$ 1,172.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,172.76**
Total Claim Cost PEPM	$ 976.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 976.14**
Total Employee Cost PEPM **	$ 264.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 264.24**
Employer Plan Cost PEPM	$ 1,241.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,241.04**

*** Employee cost PEPM includes COBRA premiums*

The City of Independence Performance Overview Report

2024 Medical Enrollment by Plan & Tier

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Plan YTD
Enrollment													Average
Plans													
OAP 1													
Employee Only	76	75	76	76	76	75	72						75
Employee + Spouse	32	33	32	32	32	31	31						32
Employee + Child	45	44	45	43	43	43	41						43
Family	72	73	71	69	70	71	70						71
OAP 2													
Employee Only	95	96	98	101	99	100	100						98
Employee + Spouse	47	46	44	44	42	42	44						44
Employee + Child	49	47	45	47	46	47	45						47
Family	103	105	105	105	103	101	99						103
Local Plus													
Employee Only	96	97	92	91	96	95	97						95
Employee + Spouse	22	22	22	24	22	22	23						22
Employee + Child	59	61	61	60	58	56	55						59
Family	76	74	72	73	72	72	73						73
Base Plan													
Employee Only	66	65	67	68	68	68	73						68
Employee + Spouse	1	1	1	3	3	3	3						2
Employee + Child	3	3	3	3	4	4	4						3
Family	3	3	3	3	3	3	3						3
OAP 1 COBRA													
Employee Only	1	1	0	0	0	0	0						1
Employee + Spouse	0	0	0	0	0	0	0						0
Employee + Child	0	0	0	0	1	0	0						1
Family	0	0	0	0	0	0	0						0
OAP 2 COBRA													
Employee Only	0	0	0	0	0	0	0						0
Employee + Spouse	0	0	0	0	0	0	0						0
Employee + Child	0	0	0	0	0	0	0						0
Family	0	0	0	0	0	0	0						0
Local Plus COBRA													
Employee Only	0	0	0	0	0	0	0						0
Employee + Spouse	0	0	0	0	0	0	0						0
Employee + Child	0	0	0	0	0	0	0						0
Family	0	0	0	0	0	0	0						0
Base Plan COBRA													
Employee Only	0	0	0	0	0	0	0						0
Employee + Spouse	0	0	0	0	0	0	0						0
Employee + Child	0	0	0	0	0	0	0						0
Family	0	0	0	0	0	0	0						0
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Plan YTD
Pre 65 Retiree OAP 1													
Employee Only	128	129	127	126	125	123	121						126
Employee + Spouse	46	46	45	43	43	44	43						44
Employee + Child	17	16	18	17	17	18	18						17
Family	20	21	21	22	22	21	22						21
Pre 65 Retiree OAP 2													
Employee Only	30	30	31	32	33	34	35						32
Employee + Spouse	10	10	9	9	9	8	7						9
Employee + Child	7	7	7	7	7	7	7						7
Family	8	9	9	9	9	10	11						9
Pre 65 Retiree Local Plus													
Employee Only	2	2	2	2	3	3	3						2
Employee + Spouse	3	3	3	3	3	3	3						3
Employee + Child	1	1	1	1	1	2	2						1
Family	1	1	1	1	1	1	1						1
Pre 65 Retiree Base Plan													
Employee Only	2	2	2	2	2	2	2						2
Employee + Spouse	0	0	0	0	0	0	0						0
Employee + Child	1	1	1	1	0	0	0						1
Family	0	0	0	0	0	0	0						0
Total Participants	**1,122**	**1,124**	**1,114**	**1,117**	**1,113**	**1,109**	**1,108**						**1,115**

Large Claimants by Month

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

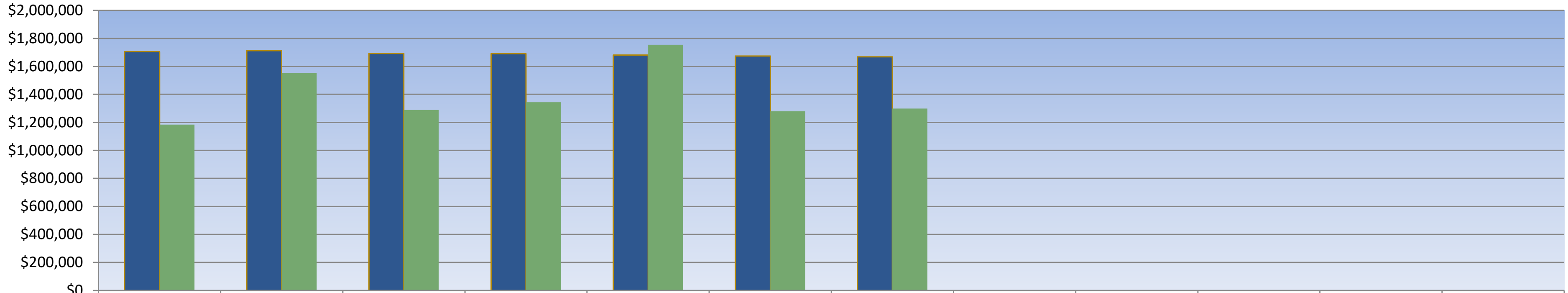
Current Year
Year Paid: 1/1/2024 to 12/31/2024

Member ID	Plan	Relationship	Status	Diagnosis	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
433500330545212	OAP2	Retiree	EE	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE		$153,552	$2,510	$377	$0	$4,398	$107						**$160,944**
216850330544966	OAP1	Retiree	EE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY			$171,824	$124,712	$60,880	$62,213	$7,311						**$426,940**
472900330545118	OAP1	Retiree	CH	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS					$180,296	$35,972	$36,151						**$252,419**
																	$0
																	$0
						$153,552	**$174,334**	**$125,089**	**$241,176**	**$102,583**	**$43,569**						**$840,303**

CBIZ

Medical & Rx
Comparison for: All>All>All>All

Month By Month Funding vs Costs



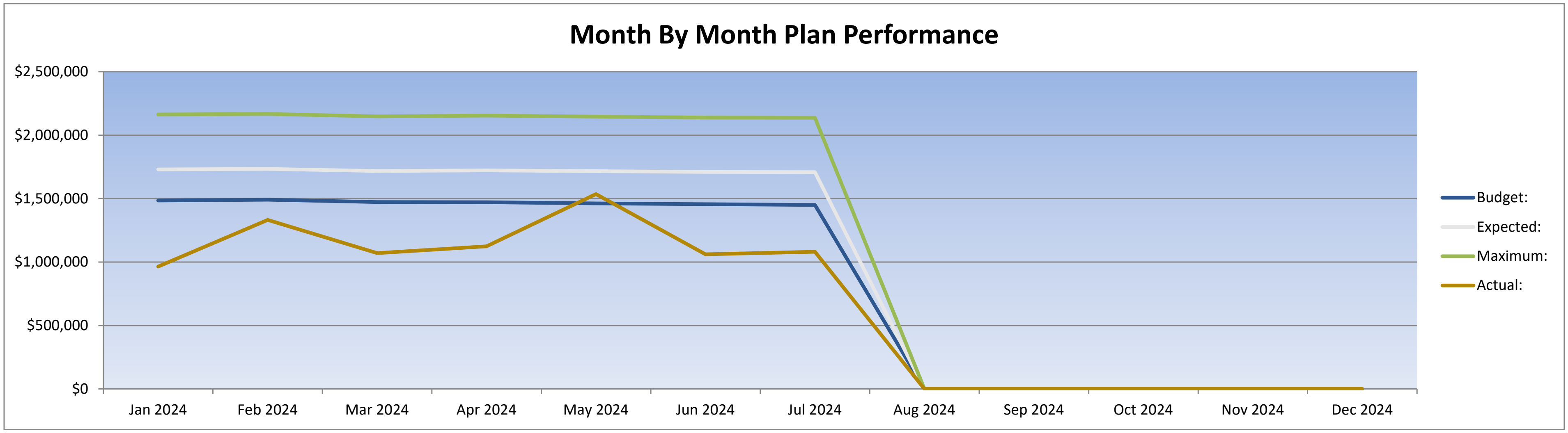
	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Funding	$1,705,524	$1,712,091	$1,692,388	$1,690,807	$1,680,441	$1,674,371	$1,667,843	$0	$0	$0	$0	$0
Costs	$1,184,771	$1,552,742	$1,288,894	$1,343,950	$1,754,450	$1,279,525	$1,299,414	$0	$0	$0	$0	$0

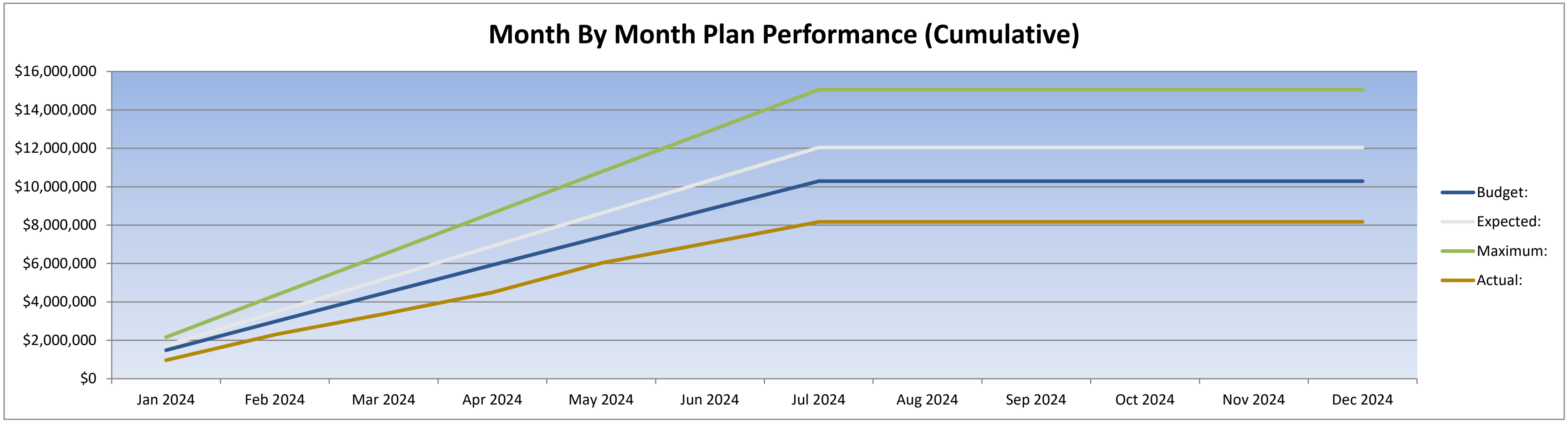
Notes:

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

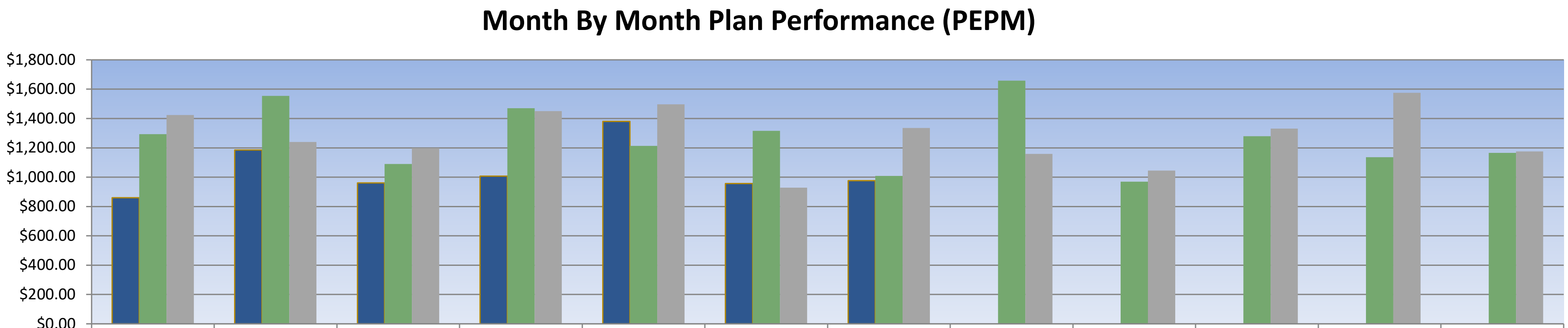
Maximum is aggregate attachment (if applicable)

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	$957.16	$976.14	$0.00	$0.00	$0.00	$0.00	$0.00
Plan Year 2023	$1,292.70	$1,554.34	$1,089.23	$1,469.92	$1,213.16	$1,315.67	$1,009.14	$1,657.74	$969.69	$1,279.32	$1,135.63	$1,165.51
Plan Year 2022	$1,423.48	$1,240.52	$1,197.68	$1,450.09	$1,496.43	$928.15	$1,335.07	$1,158.22	$1,044.59	$1,330.77	$1,575.52	$1,175.06

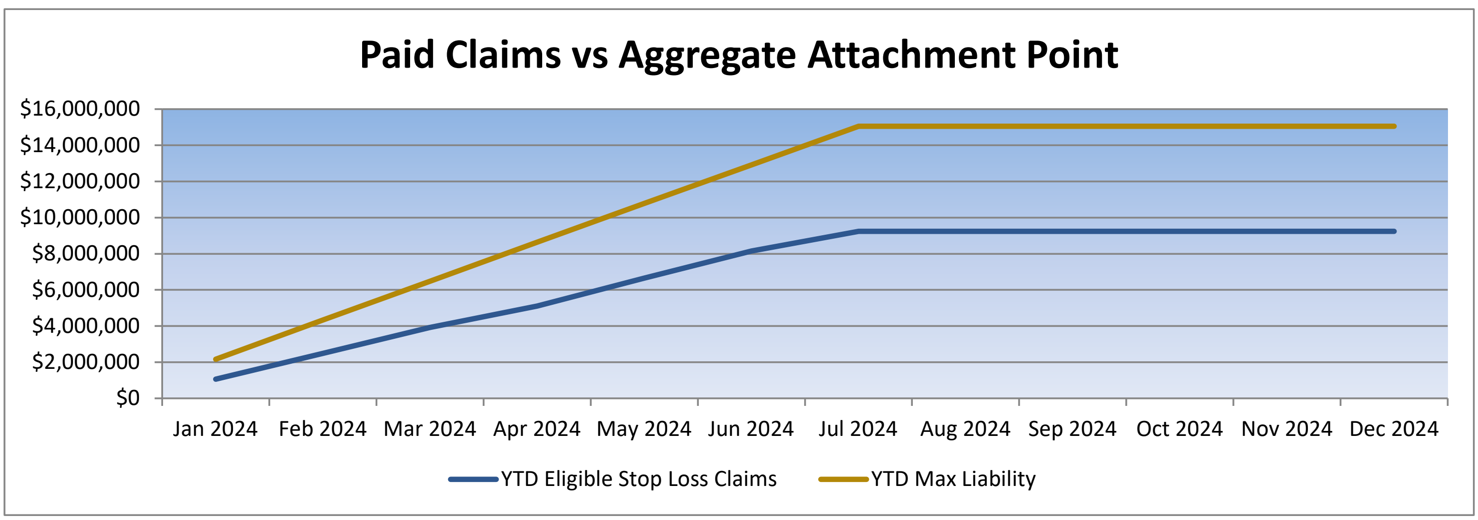
Notes:

Medical & Rx
Comparison for: All>All>All>All

Aggregate Stop Loss Accounting

Jan 1, 2024 through Dec 31, 2024

Month	YTD Eligible Stop Loss Claims	YTD Max Liability	YTD Amount Over Aggregate	Eligible Claims as a % of Max
Jan 2024	$1,060,501	$2,163,283	$0	49.02%
Feb 2024	$2,480,060	$4,330,423	$0	57.27%
Mar 2024	$3,927,084	$6,478,282	$0	60.62%
Apr 2024	$5,113,807	$8,631,925	$0	59.24%
May 2024	$6,649,468	$10,777,855	$0	61.70%
Jun 2024	$8,157,921	$12,916,074	$0	63.16%
Jul 2024	$9,239,488	$15,052,364	$0	61.38%
Aug 2024	$9,239,488	$15,052,364	$0	61.38%
Sep 2024	$9,239,488	$15,052,364	$0	61.38%
Oct 2024	$9,239,488	$15,052,364	$0	61.38%
Nov 2024	$9,239,488	$15,052,364	$0	61.38%
Dec 2024	$9,239,488	$15,052,364	$0	61.38%



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	7,807

Claims	2020	2021	2022	2023	2024
Medical and Rx - Active and COBRA					
Gross Paid Claims*	$ 19,171,791	$ 19,659,877	$ 20,910,902	$ 19,147,265	$ 9,362,580
Stop-Loss Reimbursements**	$ (290,631)	$ (799,762)	$ (2,397,744)	$ (739,638)	$ (306,988)
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	$ 16,956,246	$ 8,169,204
PEPY Net Paid Claims	**$ 15,406.30**	**$ 15,761.33**	**$ 15,353.44**	**$ 15,153.03**	**$ 12,556.74**

*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	$ 426,028
Stop Loss Premium	$ 1,466,339	$ 1,640,181	$ 1,835,874	$ 1,738,657	$ 1,045,513
CBIZ Consulting Fees	$ -	$ 120,000	$ 108,000	$ 108,000	$ 63,000
Total Fixed Costs	**$ 2,078,275**	**$ 2,362,781**	**$ 2,603,297**	**$ 2,560,624**	**$ 1,534,541**
PEPY Fixed	**$ 1,794.84**	**$ 2,072.01**	**$ 2,312.33**	**$ 2,288.31**	**$ 2,358.72**

Stop-Loss Premium Loss Ratio	**20%**	**49%**	**131%**	**43%**	**29%**

Plan Cost Summary					
Total Plan Cost PEPY	$ 17,201	$ 17,833	$ 17,666	$ 17,441	$ 14,915
Total Employee Cost PEPY	$ 3,038	$ 3,177	$ 3,240	$ 3,128	$ 3,205
Total Employer Cost PEPY (net of EE contributions)	$ 14,163	$ 14,656	$ 14,426	$ 14,314	$ 11,710

City of Independence

StayWell Meeting

August 22, 2024

Offered by Cigna Health and Life Insurance Company

Supporting those who take specialty medications along the right path for care

Cigna Pathwell Specialty® is our therapy-specific care program that guides those who take specialty medications through integrated benefits that support holistic, high-quality care for our customers while managing the high-cost specialty medications.

- Robust, high-performing* Open Access Plus based (OAP-based) **national network** of more than 28,000 local, affordable providers and pharmacies**
- Dedicated **care management team** that guides members and providers to in-network providers
- **Optimized drug coverage management** of affordable, clinically appropriate specialty medications
- **Integrated strategy with benefit optimization** that looks across pharmacy and medical benefits to maximize savings
- **Comprehensive whole-person health approach** that offers additional support through programs such as: HelloFresh®, Caregiver Bridge, Foodsmart™ and Oncology Consult

Cigna Pathwell Specialty clients can see a

15%+

reduction in medical spend.***

*High-performing providers are those identified as having superior results based upon Cigna Healthcare's quality and cost efficiency methodology as assessed on an annual basis. Quality designations are not a guarantee of the quality of care delivered to individual patients. Providers are solely responsible for any treatment provided.** Number of providers as of February 2023. Subject to change *** Cigna Healthcare analysis 2022 based on commercial national book of business. Individual results and savings will vary and are not guaranteed. For ASO clients only. Savings vary by market, funding type and utilization and are subject to change.

Omada Complete

Modular programs for virtual-first care

All programs include behavioral health support

Program	DPP	Diabetes	Hypertension
Clinical Indication	Prediabetes + At Risk	Type 1 & 2 Diabetes	High Blood Pressure
Care Team	Health Coach Behavioral Health Specialist	Health Coach Diabetes Specialist Behavioral Health Specialist	Health Coach Hypertension Specialist Behavioral Health Specialist
Connected Devices	Connected Scale	Scale, Blood Glucose Monitor, Continuous Glucose Monitor	Scale, Blood Pressure Monitor
Feature Highlights	Nutrition counseling Interest-Based Communities	Personalized content Interactive lessons	Targeted outreach Curated peer groups

Cigna Pathwell Bone & Joint®

A Condition-Specific Care program that guides your members with spine, knee, hip, and shoulder conditions to the right path for care using a comprehensive whole person health approach

Early Identification & Engagement

Digital Experience

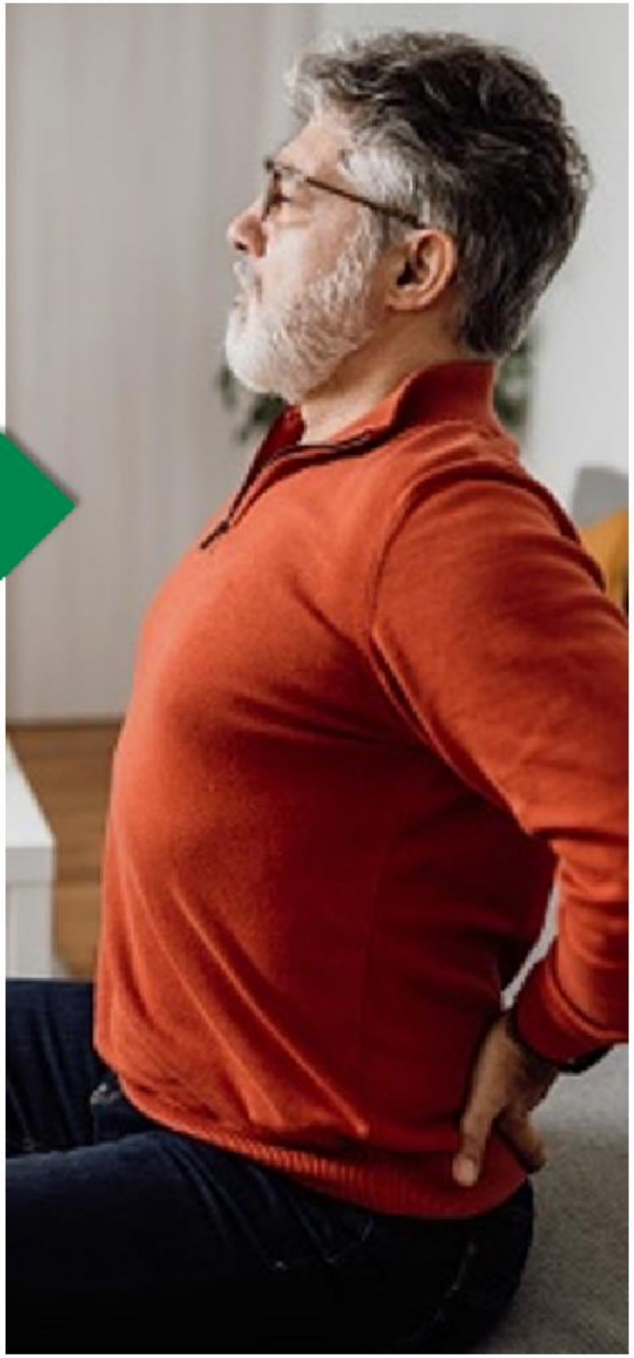
Dedicated Care Advocate (RN/PT)

Holistic Care Path Support

$0/low-cost surgery benefit[1]

Up to $600 travel benefit[2] for surgery

100% coverage for physical therapy visits[3]



1. When program participation requirements are met for Condition-Specific Care benefit. Admission through discharge. For non-HSA plans, the employer's plan pays 100% of eligible expenses. For HSA plans, the employer's plan pays 100% after deductible is met. 2 For surgery with designated provider >60 miles from home . Amount varies based on factors such as treatment plan, location and duration of facility stay and subject to program participation requirement. 3. Optional benefit for ASO clients covers up to five (5) visits.

Demand grows for GLP-1 drugs as view on obesity shifts

Controlling costs and optimizing health outcomes requires utilization management and lifestyle change

- Inappropriate use of medications containing GLP-1-agonists is **creating shortages** and **access to care issues** for customers managing diabetes.
- Clients are **facing increasing pressure** to cover these highly effective medications, as obesity is now viewed as a chronic condition.
- High prevalence, high cost of GLP-1s, and potential need for lifelong therapy may led to dramatic **increases in usage and cost:**
  - Wegovy® costs[1] about $1,300/month
  - Zepbound™ costs[1] about $1,000/month
- Obesity substantially raises an individual's risk of developing type 2 diabetes, coronary heart disease and hypertension[2]

42%
of adults in the U.S. are obese.[3]

$1,861
higher annual medical costs than for people with healthy weight.[3]

5%
weight loss can decrease the risk of chronic diseases related to obesity.[4]

Introducing

EncircleRx℠ for Cigna

The next evolution in benefit coverage of weight management medications

EncircleRx for Cigna[5] offers:

- **Enhanced management** to ensure that appropriate customers have access
  - Higher BMI and documentation of weight-related comorbidities
- Required enrollment and ongoing engagement with a **lifestyle modification program**
- Appropriate **prescriber and pharmacy management** with enhanced fraud, waste, and abuse activities focused on GLP-1s

1. Could Zepbound's Lower Cost Start a Weight Loss Drug Price War?" Nancy Schimelpfening. December 2023. https://www.healthline.com/health-news/zepbound-cost-lower. 2. Centers for Disease Control and Prevention Know Your Risk for Heart Disease https://www.cdc.gov/heartdisease/risk_factors.htm Last reviewed: March 21, 2023. Accessed February 2024. 3. Centers for Disease Control Overweight and Obesity. Data and Statistics. https://www.cdc.gov/obesity/data/adult.html. Last reviewed: May 17, 2022. Accessed February 2024. 4. Centers for Disease Control and Prevention. Healthy Weight, Nutrition, and Physical Activity. https://www.cdc.gov/healthyweight/losing_weight/index.html Last reviewed: June 15, 2023. Accessed February 2024. 5. Available 1/1/2025 for ASO clients through Proclaim. A PMPM client fee applies and includes a performance guarantee.

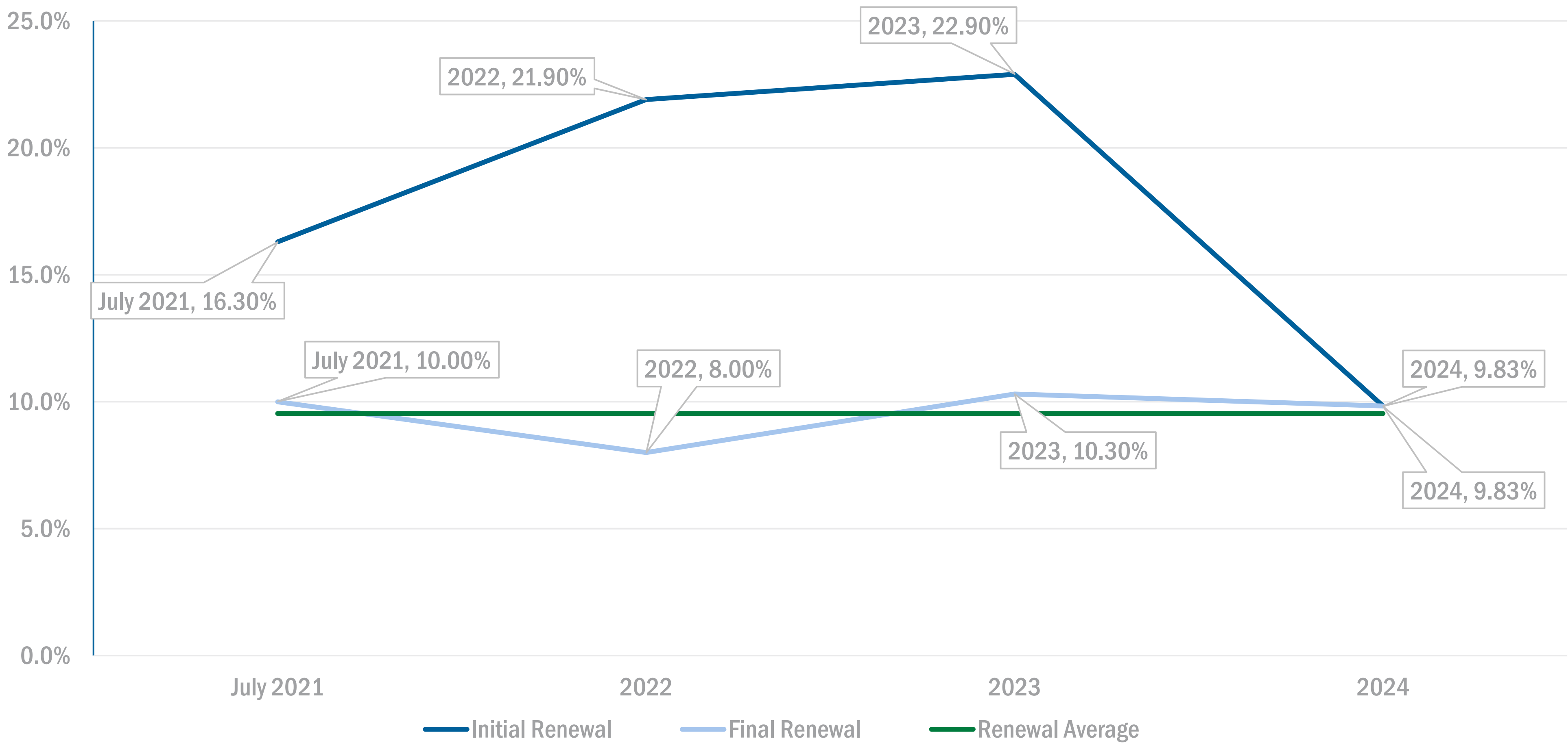
CITY OF INDEPENDENCE

Stay Well Plan - Final 2025 Projection

August 22, 2024

CBIZ

Renewal History



2025 Final Medical/Rx Funding Projection

	Increase to Premium Equivalent Rates:	+7.34% / +$1,469,987 / +$110.56 PEPM
Assumptions	Medical & Rx Claims Used	Period 1: August 2023 – July 2024; Period 2: August 2022 – July 2023
	Weighting of Experience Periods	Period 1: 80% / Period 2: 20%
	Trend Factors	Medical: 7.2%, Rx: 9.9%
	Enrollment	No changes assumed as of July 2024 (1,108)
	Plan Design Changes	No changes assumed
	Cigna Admin Fees	No Admin Fee increase assumed
	Stop Loss Increase	25% Placeholder increase – Individual Stop Loss 5% Placeholder increase – Aggregate Stop Loss
	Claims Margin Applied	Medical: 2%; Rx: 2%

2025 Sample Contributions

	2024				2025			
	EE	City	Total	Enrollment	EE	City	Total	EE Change
OAP 1	*20%*				*20%*			
EE	$186.39	$745.56	$931.95	193	$200.08	$800.32	$1,000.40	$13.69
EE + Spouse	$451.08	$1,804.31	$2,255.39	74	$484.21	$1,936.83	$2,421.04	$33.13
EE + Child(ren)	$361.61	$1,446.43	$1,808.03	59	$388.17	$1,552.66	$1,940.83	$26.56
Family	$630.01	$2,520.03	$3,150.04	92	$676.28	$2,705.12	$3,381.40	$46.27
OAP 2	*18%*				18%			
EE	$128.08	$583.48	$711.56	135	$137.49	$626.33	$763.82	$9.41
EE + Spouse	$309.96	$1,412.04	$1,722.00	51	$332.73	$1,515.75	$1,848.48	$22.77
EE + Child(ren)	$248.48	$1,131.98	$1,380.46	52	$266.73	$1,215.12	$1,481.85	$18.25
Family	$432.92	$1,972.19	$2,405.11	110	$464.72	$2,117.04	$2,581.76	$31.80
Local Plus	*14%*				14%			
EE	$92.86	$570.41	$663.27	100	$99.68	$612.31	$711.99	$6.82
EE + Spouse	$224.72	$1,380.43	$1,605.15	26	$241.23	$1,481.82	$1,723.04	$16.50
EE + Child(ren)	$180.15	$1,106.63	$1,286.78	57	$193.38	$1,187.91	$1,381.29	$13.23
Family	$313.87	$1,928.04	$2,241.90	74	$336.92	$2,069.64	$2,406.56	$23.05
Base Plan	*13%*				13%			
EE	$0.00	$569.72	$569.72	75	$0.00	$611.56	$611.56	$0.00
EE + Spouse	$179.24	$1,199.53	$1,378.77	3	$192.40	$1,287.63	$1,480.04	$13.17
EE + Child(ren)	$143.69	$961.62	$1,105.31	4	$154.24	$1,032.25	$1,186.49	$10.55
Family	$250.34	$1,675.38	$1,925.72	3	$268.73	$1,798.43	$2,067.16	$18.39
Annual Total	$3,513,316	$16,500,803	$20,014,119	1,108	$3,771,360	$17,712,742	$21,484,103	
Change					$258,044	$1,211,940	$1,469,984	
Change					7.34%	7.34%	7.34%	

Current Plan Designs

In-Network Benefits	OAP 1	OAP 2	Local Plus	Base Plan
Network	OAP	OAP	Local Plus	OAP
Deductible Individual / Family	$2,500 / $5,500	$2,000 / $4,000	$1,750 / $3,500	$3,500 / $7,000
HSA Contribution	N/A	$600 / $1,200	$700 / $1,400	$0
Member Coinsurance	20%	20%	20%	20%
Out-of-Pocket Maximum Individual / Family	$5,500 / $11,000	$4,000 / $8,000	$3,500 / $7,000	$7,000 / $14,000
Physician Visits Office (PCP/Specialist)	$45/$80	Deductible then 20%	Deductible then 20%	Deductible then 20%
Preventative Care	100% Covered	100% Covered	100% Covered	100% Covered
Urgent Care / ER	$100 copay / $300 copay, then Ded then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient / Outpatient	$200 copay, then Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drug Level 1/ Level 2 / Level 3 / Specialty	$15/$40/$75/$200	Deductible then 20%	Deductible then 20%	Deductible then 20%