



City of Joplin, MO

Summary Healthcare Budget Projections, Assumptions, Rates & Fees for January 1, 2021

September 30, 2020 / Kimberly Wixson

| Agenda

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Executive Summary

- The City experienced an operating deficit in fiscal 2019 and a surplus in year-to-date fiscal 2020.
 - Year-to-date fiscal 2020 (January through June 2020) experienced 2 large claimants with medical claims over \$150,000, totaling roughly \$979,100. This is a large increase compared to the same period last year (January through June 2019) where there were zero. This has led to \$738,900 in stop-loss reimbursements paid during year-to-date fiscal 2020.
- 2020 contribution rates are projected to change as follows:
 - Medical & prescription drug contribution rates will increase by approximately 1.1%.
 - Dental premium rates and corresponding contribution rates will decrease by 6.8%.
 - Vision premium rates and corresponding contribution rates do not change.
 - Life and AD&D insurance premium rates and contributions decrease by 12.6% on a composite basis.
- Projections are based on the assumptions and plan changes described within this report.

The projections provided are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases. Segal's pricing guidance is not intended to provide legal advice. Issues involving the interpretation of laws/regulations should be referred to legal counsel for authoritative advice.

The Coronavirus (COVID-19) pandemic is rapidly evolving and will likely impact the 2020 US economy and health plan claims projections for most Health Plan Sponsors. As a result, projections of near-term income and claim expenses could be significantly altered by emerging events. At this point, it is unclear what the income and cost impact will be for Health Plan Sponsors. Segal is working to develop plan cost adjustment factors and reports to apply to both short-term and long-term financial projections. However, unless specifically noted, this current report does not include any adjustments such as changes in eligibility, income, increases in healthcare costs or decreased investment returns. Additionally, the potential for federal or state fiscal relief is also not contemplated in these budget projections. Given the high level of uncertainty and fluidity of the current events, some plans may seek periodic updated estimates throughout the year to closely monitor health plan budget projections this year.

Budget Projections

PROJECTED INCOME AND EXPENSE, FISCAL YEARS ENDED DECEMBER 31						
12 Months Ending	Aggregate			PPPM		
	Dec-20	Dec-21	Dec-22	Dec-20	Dec-21	Dec-22
Income						
City Contributions	\$4,817,100	\$4,844,600	\$5,192,300	\$788.65	\$793.16	\$850.08
Employee Contributions	1,208,200	1,205,900	1,283,300	197.81	197.43	210.10
Retiree/COBRA Contributions	145,100	145,500	155,400	23.76	23.82	25.44
Total Income	\$6,170,400	\$6,196,000	\$6,631,000	\$1,010.22	\$1,014.41	\$1,085.62
Expenses						
Medical	\$3,339,700	\$3,826,500	\$4,094,400	\$546.77	\$626.47	\$670.33
Prescription Drug	1,407,300	1,018,400	1,099,900	230.40	166.73	180.08
Dental Premium	332,100	309,500	309,500	54.37	50.67	50.67
Vision Premium	43,500	43,500	43,500	7.12	7.12	7.12
Life Insurance Premium	93,500	81,700	81,700	15.31	13.38	13.38
Stop-Loss Insurance Premium	624,900	709,900	795,100	102.31	116.22	130.17
ASO / EAP Fees	251,000	200,200	200,200	41.09	32.78	32.78
ACA Fees	3,100	3,200	3,300	0.51	0.52	0.54
Total Expenses	\$6,095,100	\$6,192,900	\$6,627,600	\$997.88	\$1,013.89	\$1,085.07
Operating Surplus (Deficit)	\$75,300	\$3,100	\$3,400	\$12.34	\$0.52	\$0.55
Enrollment	509	509	509	509	509	509
Beginning Fund Assets	\$2,675,935	\$2,751,235	\$2,754,335			
Ending Fund Assets	\$2,751,235	\$2,754,335	\$2,757,735			
Reserve Months	5.3	5.0	4.7			
Suggested Reserves						
Claims Fluctuation	\$2,403,300	\$2,452,900	\$2,629,800			
Months	4.7	4.4	4.4			
Reserve (Shortfall)/Surplus	\$347,935	\$301,435	\$127,935			

Notes:

- Medical claims costs include out-of-network claims fees, equal to 50% of the discounted claims amount, which appear on the administrative fee invoices effective as of January 1, 2019.
- Fund assets are net of incurred but not reported claims.
- Medical and prescription drug claims projections are based on data through March 31, 2020, to exclude claims data possibly affected by the COVID-19 pandemic.

Assumptions

ASSUMPTIONS FOR FISCAL YEAR ENDING DECEMBER 31

	2020	2021	2022
Trend on Expenses			
Medical	7%	7%	7%
Prescription Drug	8%	8%	8%
Dental Premium	Renewal	1st Year Rate	Rate Hold
Vision Premium	Rate Hold	Rate Hold	Rate Hold
Life Insurance Premium	Rate Hold	Renewal	Rate Hold
Accidental Death and Dismemberment	Rate Hold	Renewal	Rate Hold
Stop-Loss Insurance Premium	Renewal	1st Year Rate	12%
ASO Fees	Rate Hold	1st Year Rate	Rate Hold
Enrollment			
Actives	495	495	495
Retirees/COBRA	14	14	14

Notes:

- The percentage changes for self-funded medical and prescription drug are based on trend factors.
- The Stop-Loss insurance premium renewal for 2021 is based on the proposed UnitedHealthcare – BP proposal on a 15/12 contract basis.
- The percentage changes shown for the remaining expenses, are based on actual premiums and fees if known or illustrative increases if unknown.
- Historical premiums and fees may be found on page 11 and 12 of this report.

2021 Renewals

The budget projections and monthly contribution rates reflect the following renewal rates:

- **ASO and Stop-Loss Fees**

- Following a bidding process, UnitedHealthcare (UHC) will replace Anthem as the new administrative services and stop-loss vendor effective January 1, 2021. The 2021 UHC ASO fee proposal reflects a 20.3% reduction from the current Anthem fee, and the UHC fees are guaranteed for 3 years through December 31, 2023.
- The 2021 stop-loss premium rate reflects the initial proposal from UHC. The 2021 proposal reflects a 13.7% increase on a composite basis.

- **Dental Premium**

- Following a bidding process, Delta Dental will replace Cigna as the new dental services vendor effective January 1, 2021. The 2021 Delta Dental fee proposal reflects a 6.8% reduction from the current Cigna premium rates, and premium rates are guaranteed for 2 years through December 31, 2022.
- Dental contribution rates will decrease consistent with the premium change.

- **Symetra Life and AD&D Premium**

- Following a bidding process, Symetra will remain the Life and AD&D vendor. The renewal reflects a 12.6% decrease on a composite basis from the current premium rate guaranteed for 3 years through December 31, 2023.
- Life and AD&D contribution rates will decrease consistent with the premium change.

- **Long Term Disability Premium**

- Following a bidding process, MetLife will replace Guardian as the new long-term disability vendor effective January 1, 2021. The 2021 proposal reflects a 50.3% decrease from the current Guardian premium rate, and the premium rate is guaranteed for 3 years through December 31, 2023.

- **More detailed information follows on the next page**

2021 Renewals

The results of our negotiations and bidding process with carriers is summarized below:

Carrier	Coverage Type	Proposed Renewal of Current Carrier	Best and Final Renewal	Reduction in Annual Cost	Guarantee Period
UHC (Formerly Anthem BCBS)	Administrative Services	\$63.78 PCPM	\$32.77 PCPM (-48.6%)	\$189,400	1/1/21-12/31/23 (3 years)
UHC (Formerly Anthem BCBS)	Stop Loss	N/A – In Process		N/A	1/1/21-12/31/21 (1 year)
Delta Dental (Formerly Cigna)	Dental	\$30.00 PCPM – Single \$79.79 PCPM – Family	\$27.96 PCPM – Single (-6.8%) \$74.36 PCPM – Family (-6.8%)	\$22,600	1/1/21-12/31/22 (2 years)
Symetra	Life and AD&D	\$0.115 – Basic Life Per \$1,000 \$0.020 - AD&D Per \$1,000	\$0.098 – Basic Life Per \$1,000 (-14.8%) \$0.020 - AD&D Per \$1,000	\$11,800	1/1/21-12/31/23 (3 years)
MetLife (Formerly Guardian)	Disability	\$0.29 – Active Per \$100 Payroll \$0.441 – Pension Per \$100 Payroll	\$0.180 – Active Per \$100 Payroll (-37.9%) \$0.183 – Pension Per \$100 Payroll (-58.5%)	\$20,900	1/1/21-12/31/23 (3 years)
EyeMed	Vision	N/A - Under rate guarantee		N/A	1/1/20-12/31/23 (4 years)
Total Reduction in Annual Cost				\$244,700	

- Reductions in annual costs resulting from negotiation and/or bidding are estimated based on 509 enrollees for Administrative Services coverage and 481 enrollees for dental coverage.

Plan Changes

- The exhibit below outlines the new plan design effective January 1, 2021

Plan Design Effective January 1, 2021		
	Current Plan	New Plan
Deductible - Single/Family		
Network	\$500/\$1,000	\$750/\$1,500
Non-Network	\$1,000/\$2,000	\$1,500/\$3,000
Out-of-Pocket (OOP) Maximum - Single/Family¹		
Network	\$1,500/\$3,000	\$2,000/\$4,000
Non-Network	\$4,500/\$9,000	\$6,000/\$12,000
Plan Coinsurance		
Network	80%	80%
Out of Network	60%	60%

n/a = Not Applicable

¹ *The OOP Limit includes the annual deductible.*

City Contribution Schedule

- **Medical & Prescription Drug** – The City pays 100% of the medical and prescription drug costs for single coverage; whereas, the City's cost share for family coverage is 75% with the employee covering the other 25%.
- **Dental** – The City and employee each pay a portion for both single and family coverage. For single coverage, the City's cost share is 70%. For family coverage, the City's cost share is 65%.
- **Life** – The City also provides 1.5 times the annual salary in life insurance benefits at no cost to the employee. Employees can purchase additional life insurance coverage as a voluntary benefit at full cost.
- **Vision** – Vision coverage is offered on a voluntary basis, and 100% is paid by employees.

Current 2020 Monthly Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2020

City Contributions	Single	Family	Employee + Spouse	Employee + Child(ren)
PPO	\$498.88	\$1,047.68		
Dental Insurance	\$21.00	\$51.86		
Employee Basic Life Insurance	Contributions vary by age and salary			
Employee Contributions	Single	Family	Employee + Spouse	Employee + Child(ren)
PPO	\$0.00	\$349.24		
Dental Insurance	\$9.00	\$27.94		
Vision - Exam Only	\$1.44	\$4.22	\$2.72	\$2.88
Vision - Plan H	\$5.34	\$15.66	\$10.12	\$10.66
Employee Supplemental Life - \$50,000	Contributions vary by age			
Spouse Voluntary Life - \$25,000	Contributions vary by age			
Child(ren) Voluntary Life - \$10,000	\$0.70 per child			
COBRA/Retiree Contributions	Single	Family	Employee + Spouse	Employee + Child(ren)
PPO	\$508.86	\$1,424.86		
Dental Insurance	\$30.60	\$81.40		
Vision - Exam Only	\$1.48	\$4.30	\$2.78	\$2.94
Vision - Plan H	\$5.44	\$15.98	\$10.32	\$10.88

Projected 2021 Monthly Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2021

City Contributions	Single	% Change	Family	% Change	Employee + Spouse	% Change	Employee + Child(ren)	% Change
PPO	\$504.14	1.1%	\$1,058.71	1.1%				
Dental Insurance	\$19.58	-6.8%	\$48.34	-6.8%				
Employee Basic Life Insurance	Contributions vary by age and salary							
Employee Contributions	Single	% Change	Family	% Change	Employee + Spouse	% Change	Employee + Child(ren)	% Change
PPO	\$0.00	0.0%	\$352.91	1.1%				
Dental Insurance	\$8.40	-6.7%	\$26.04	-6.8%				
Vision - Exam Only	\$1.44	0.0%	\$4.22	0.0%	\$2.72	0.0%	\$2.88	0.0%
Vision - Plan H	\$5.34	0.0%	\$15.66	0.0%	\$10.12	0.0%	\$10.66	0.0%
Employee Supplemental Life - \$50,000	Contributions vary by age							
Spouse Voluntary Life - \$25,000	Contributions vary by age							
Child(ren) Voluntary Life - \$10,000	\$0.70 per child							
COBRA/Retiree Contributions	Single	% Change	Family	% Change	Employee + Spouse	% Change	Employee + Child(ren)	% Change
PPO	\$514.21	1.1%	\$1,439.84	1.1%				
Dental Insurance	\$28.52	-6.8%	\$75.86	-6.8%				
Vision - Exam Only	\$1.48	0.0%	\$4.30	0.0%	\$2.78	0.0%	\$2.94	0.0%
Vision - Plan H	\$5.44	0.0%	\$15.98	0.0%	\$10.32	0.0%	\$10.88	0.0%

Historical Insurance Premium Rates & Vendor Fees

Hartford Basic Life and AD&D	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Life Premium Per \$1,000 of Coverage	\$0.110	\$0.121	\$0.121							Terminated
AD& D Premium Per \$1,000 of Coverage	\$0.015	\$0.015	\$0.015							Terminated
Symetra Basic Life and AD&D										
Life Premium Per \$1,000 of Coverage				\$0.098	\$0.098	\$0.098	\$0.115	\$0.115	\$0.098	1/1/2024
AD& D Premium Per \$1,000 of Coverage				\$0.020	\$0.020	\$0.020	\$0.020	\$0.020	\$0.020	1/1/2024
Hartford Voluntary Supplemental Life	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Premium Per \$1,000 of Coverage - By Age										Terminated
Under 35	\$0.05	\$0.05	\$0.05							
35 - 39	\$0.08	\$0.08	\$0.08							
40 - 44	\$0.12	\$0.12	\$0.12							
45 - 49	\$0.19	\$0.19	\$0.19							
50 - 54	\$0.33	\$0.33	\$0.33							
55 - 59	\$0.53	\$0.53	\$0.53							
60 - 64	\$0.71	\$0.71	\$0.71							
65 - 69	\$1.11	\$1.11	\$1.11							
70 - 74	\$1.93	\$1.93	\$1.93							
75+	\$3.34	\$3.34	\$3.34							
Child Rate	\$0.07	\$0.07	\$0.07							
Symetra Supplemental Life										
Premium Per \$1,000 of Coverage - By Age										
Under 25				\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.04	1/1/2024
25 - 29				\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.04	
30 - 34				\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.04	
35 - 39				\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	\$0.06	
40 - 44				\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.10	
45 - 49				\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.15	
50 - 54				\$0.33	\$0.33	\$0.33	\$0.33	\$0.33	\$0.24	
55 - 59				\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.36	
60 - 64				\$0.71	\$0.71	\$0.71	\$0.71	\$0.71	\$0.49	
65 - 69				\$1.11	\$1.11	\$1.11	\$1.11	\$1.11	\$0.73	
70 - 74				\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.57	
75 +				\$2.90	\$2.90	\$2.90	\$2.90	\$2.90	\$2.73	
Child Rate				\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	
Anthem Specific Stop-Loss	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Single						\$40.24	\$45.07	\$65.73		Terminated
Family						\$128.82	\$144.28	\$141.40		
Composite		\$59.94	\$69.11	\$75.14	\$81.90					
Specific Deductible		\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000		
UnitedHealthcare Specific Stop-Loss										
Single									\$67.38	1/1/2021
Family									\$168.45	
Composite										
Specific Deductible									\$150,000	

Historical Insurance Premium Rates & Vendor Fees

- continued

Anthem BCBS Medical and Drug ASO / EAP	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Per Employee Per Month	\$42.64	\$43.49	\$43.49	\$39.90	\$41.10	\$41.10	\$41.10	\$41.10		Terminated
UnitedHealthcare Medical and Drug ASO / EAP										
Per Employee Per Month									\$32.77	1/1/2024
Delta Dental	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Single	\$28.77	\$29.51	\$29.95						\$27.96	1/1/2023
Family	\$76.54	\$78.50	\$79.68						\$74.36	
CIGNA Dental										
Single				\$26.74	\$26.74	\$28.57	\$28.57	\$30.00		Terminated
Family				\$71.05	\$71.05	\$75.99	\$75.99	\$79.79		
Humana Vision Exam Plus (Basic)	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Single	\$1.66	\$1.66	\$1.77							Terminated
EE + 1	\$3.17	\$3.18	\$3.37							
EE + Children	\$3.34	\$3.34	\$3.55							
Family	\$4.98	\$4.98	\$5.30							
EyeMed Vision Exam Only										
Single				\$1.43	\$1.43	\$1.43	\$1.43	\$1.43	\$1.43	1/1/2024
EE + 1				\$2.72	\$2.72	\$2.72	\$2.72	\$2.72	\$2.72	
EE + Children				\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	
Family				\$4.22	\$4.22	\$4.22	\$4.22	\$4.22	\$4.22	
Humana Vision Care Plan (Extended)	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	Next Renewal
Single	\$5.09	\$5.10	\$5.42							Terminated
EE + 1	\$11.89	\$11.90	\$12.65							
EE + Children	\$11.21	\$11.22	\$11.93							
Family	\$18.57	\$18.58	\$19.76							
EyeMed Vision Plan H										
Single				\$5.33	\$5.33	\$5.33	\$5.33	\$5.33	\$5.33	1/1/2024
EE + 1				\$10.12	\$10.12	\$10.12	\$10.12	\$10.12	\$10.12	
EE + Children				\$10.65	\$10.65	\$10.65	\$10.65	\$10.65	\$10.65	
Family				\$15.65	\$15.65	\$15.65	\$15.65	\$15.65	\$15.65	

Appendix: 2019 Financial Statement

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Beginning Balance	\$3,011,102 ¹	\$3,362,359	\$3,400,940	\$3,442,118	\$3,508,677	\$3,469,833	\$3,370,206	\$3,222,344	\$3,208,164	\$3,307,998	\$3,205,002	\$3,371,943	\$3,011,102
Income													
City Contributions	\$562,163	\$378,894	\$376,061	\$377,190	\$375,302	\$373,905	\$376,338	\$379,765	\$383,493	\$372,919	\$382,608	\$208,127	\$4,546,765
Employee Contributions ²	144,154	103,552	104,566	102,980	107,276	102,709	104,345	108,594	106,559	91,995	113,892	67,515	1,258,137
Interest Income ³	0	0	0	0	0	0	0	0	0	(613)	0	0	(613)
Total	\$706,316	\$482,446	\$480,627	\$480,171	\$482,578	\$476,615	\$480,683	\$488,359	\$490,052	\$464,302	\$496,500	\$275,643	\$5,804,289
Expense													
Medical ⁴	\$198,639	\$157,283	\$201,586	\$208,397	\$286,846	\$372,407	\$408,316	\$312,739	\$179,205	\$352,034	\$121,099	\$472,233	\$3,270,783
Stop Loss Reimbursements	0	0	0	0	0	0	0	0	0	0	0	(14,944)	(14,944)
Prescription Drug ⁴	119,232	107,709	129,304	96,701	125,035	98,637	108,317	81,333	100,710	93,598	98,243	97,752	1,256,571
Dental Premium	26,161	25,885	26,228	26,342	26,066	26,244	26,104	26,361	26,399	26,342	25,962	26,521	314,615
Vision Premium	3,455	3,399	3,486	3,428	3,375	3,388	3,469	3,462	3,459	3,436	3,424	3,472	41,253
Life Premium	7,641	7,577	7,665	7,661	7,640	7,571	7,571	7,571	7,538	7,587	7,528	7,666	91,216
Stop-Loss Premium	0	94,711	47,518	46,381	47,500	46,345	47,202	46,499	47,319	47,572	46,887	47,157	565,091
Medical Administration ⁵	0	44,384	20,739	21,780	21,996	21,650	21,996	21,607	21,823	22,256	21,693	21,953	261,877
Special Events & Promotions	(2,986)	0	5	5	47	0	5	50	848	4,342	5	1,025	3,346
ACA Fees	0	0	0	0	0	0	0	0	0	0	0	0	0
Administration ⁶	2,917	2,917	2,917	2,917	2,917	0	5,565	2,917	2,917	10,131	4,717	2,917	43,749
Total	\$355,059	\$443,865	\$439,448	\$413,612	\$521,422	\$576,242	\$628,545	\$502,539	\$390,218	\$567,298	\$329,558	\$665,752	\$5,833,557
Operating Surplus/(Deficit)	\$351,257	\$38,581	\$41,178	\$66,559	(\$38,844)	(\$99,627)	(\$147,862)	(\$14,180)	\$99,834	(\$102,996)	\$166,941	(\$390,109)	(\$29,268)
Ending Balance	\$3,362,359	\$3,400,940	\$3,442,118	\$3,508,677	\$3,469,833	\$3,370,206	\$3,222,344	\$3,208,164	\$3,307,998	\$3,205,002	\$3,371,943	\$2,981,834	\$2,981,834
Active/COBRA Lives	492	487	495	495	495	495	495	496	496	495	492	497	494
Retiree Lives	9	8	8	8	8	10	9	9	10	10	10	10	9
Total	501	495	503	503	503	505	504	505	506	505	502	507	503

¹ Adjusted based on reconciliation to audited statements.

² Employee contributions include Retiree and COBRA contributions.

³ Interest income includes "Other Income" line item from financial statements.

⁴ Based on financial statements received from City of Joplin personnel. Reported medical and prescription drug payments are combined on the financial statements received from the City. Includes "Claims Refunded" line item from financial statements, and includes Out-of-Network fees from Anthem.

⁵ Based on financial statements received from City of Joplin personnel. Includes prescription drug rebates.

⁶ Administration expense includes "Operating Equipment" and "Building Improvements" line items from financial statements.

Appendix: 2020 YTD Financial Statement

	January	February	March	April	May	June	Year to Date
<u>Beginning Balance</u>	\$2,981,834	\$3,146,270	\$3,159,371	\$3,147,219	\$3,222,866	\$3,383,714	\$2,981,834
<u>Income</u>							
City Contributions	\$588,741	\$395,882	\$404,702	\$406,634	\$404,365	\$404,614	\$2,604,938
Employee Contributions ¹	154,597	110,494	109,659	115,726	111,159	115,205	716,840
Interest Income	0	0	0	0	0	0	0
Total	\$743,338	\$506,376	\$514,361	\$522,360	\$515,524	\$519,819	\$3,321,778
<u>Expense</u>							
Medical ²	403,867	\$274,808	\$374,775	\$437,325	\$226,298	\$637,726	\$2,354,799
Stop Loss Reimbursements	(47,088)	0	(86,298)	(188,168)	(18,824)	(398,507)	(738,885)
Prescription Drug ²	111,022	103,858	122,951	80,460	101,436	105,053	624,780
Dental Premium	27,542	27,677	27,557	28,046	28,056	28,265	167,143
Vision Premium	3,577	3,602	3,592	3,640	3,632	3,666	21,709
Life Premium	7,639	7,712	7,727	7,926	7,832	7,904	46,740
Stop-Loss Premium	52,256	50,824	51,289	52,506	52,460	52,243	311,578
Medical Administration ³	21,996	21,607	21,823	22,056	(49,131)	21,953	60,304
Special Events & Promotions	(4,826)	270	180	5	0	10	(4,361)
ACA Fees	0	0	0	0	0	0	0
Administration ⁴	2,917	2,917	2,917	2,917	2,917	84,917	99,502
Total	\$578,902	\$493,275	\$526,513	\$446,713	\$354,676	\$543,230	\$2,943,309
Operating Surplus/(Deficit)	\$164,436	\$13,101	(\$12,152)	\$75,647	\$160,848	(\$23,411)	\$378,469
<u>Ending Balance</u>	<u>\$3,146,270</u>	<u>\$3,159,371</u>	<u>\$3,147,219</u>	<u>\$3,222,866</u>	<u>\$3,383,714</u>	<u>\$3,360,303</u>	<u>\$3,360,303</u>
Active/COBRA Lives	497	496	489	503	508	501	499
Retiree Lives	10	9	9	9	7	7	9
Total	507	505	498	512	515	508	508

¹ Employee contributions include Retiree and COBRA contributions.

² Based on financial statements received from City of Joplin personnel. Reported medical and prescription drug payments are combined on the financial statements received from the City. Includes "Claims Refunded" line item from financial statements, and includes Out-of-Network fees from Anthem.

³ Adjusted to include prescription drug rebates.

⁴ Administration Expense includes "Operating Equipment" and "Building Improvements" line item from financial statements.