



City of Joplin, MO

Summary Healthcare Budget Projections, Assumptions, Rates & Fees for January 1, 2022

October 4, 2021 / Kimberly Wixson

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Executive Summary

- The City experienced an operating surplus in fiscal 2020 and a year-to-date operating deficit in fiscal 2021. The City is expected to continue to experience a deficit in fiscal year 2021.
- 2021 contribution rates are projected to change as follows:
 - Medical & prescription drug contribution rates will increase by approximately 8.3%.
 - Dental premium rates and corresponding contribution rates do not change.
 - Vision premium rates and corresponding contribution rates do not change.
 - Life and AD&D insurance premium rates and contributions do not change.
- Projections are based on the assumptions and plan changes described within this report.
- The following table demonstrates the historical budget increases from 2013 to present along with the respective year's prospective claims trend:

CY	Single	Family	% Change	PPO Medical Trend
2013	\$358.30	\$1,003.26	-	8.8%
2014	\$358.30	\$1,003.26	0.0%	7.9%
2015	\$400.38	\$1,121.10	14.3%	7.8%
2016	\$417.60	\$1,169.32	4.3%	7.8%
2017	\$466.82	\$1,307.14	11.8%	7.6%
2018	\$472.32	\$1,322.52	1.2%	7.7%
2019	\$472.32	\$1,322.52	0.0%	7.1%
2020	\$498.88	\$1,396.91	5.6%	6.8%
2021	\$504.13	\$1,411.61	1.1%	7.7%
2022	\$545.96	\$1,528.72	8.3%	7.3%

Budget Projections

PROJECTED INCOME AND EXPENSE, FISCAL YEARS ENDED DECEMBER 31

12 Months Ending	Aggregate			PPPM		
	Dec-21	Dec-22	Dec-23	Dec-21	Dec-22	Dec-23
Income						
City Contributions	\$4,777,700	\$5,153,600	\$5,529,000	\$804.33	\$867.61	\$930.81
Employee Contributions	1,206,800	1,291,500	1,377,800	203.16	217.42	231.95
Retiree/COBRA Contributions	127,200	136,500	146,100	21.41	22.98	24.60
Total Income	\$6,111,700	\$6,581,600	\$7,052,900	\$1,028.90	\$1,108.01	\$1,187.36
Expenses						
Medical	\$3,938,600	\$4,187,000	\$4,452,800	\$663.06	\$704.88	\$749.63
Prescription Drug	1,252,400	1,352,600	1,460,800	210.84	227.71	245.93
Prescription Drug Rebates	(377,300)	(407,500)	(440,100)	(63.52)	(68.60)	(74.09)
Dental Premium	314,300	314,300	323,700	52.91	52.91	54.49
Vision Premium	43,400	43,400	43,400	7.31	7.31	7.31
Life Insurance Premium	88,700	88,700	88,700	14.93	14.93	14.93
Stop-Loss Insurance Premium	697,400	802,000	922,300	117.41	135.02	155.27
ASO / EAP Fees	194,700	194,700	194,700	32.78	32.78	32.78
ACA Fees	3,300	3,400	3,400	0.56	0.57	0.57
Total Expenses	\$6,155,500	\$6,578,600	\$7,049,700	\$1,036.28	\$1,107.51	\$1,186.82
Operating Surplus (Deficit)	(\$43,800)	\$3,000	\$3,200	(\$7.38)	\$0.50	\$0.54
Enrollment	495	495	495	495	495	495
Beginning Fund Assets	\$2,555,776	\$2,511,976	\$2,514,976			
Ending Fund Assets	\$2,511,976	\$2,514,976	\$2,518,176			
Reserve Months	4.6	4.3	4.0			
Suggested Reserves						
Claims Fluctuation	\$2,628,100	\$2,804,600	\$2,993,900			
Months	4.8	4.8	4.8			
Reserve (Shortfall)/Surplus	(\$116,124)	(\$289,624)	(\$475,724)			

Notes:

- Fund assets are net of incurred but not reported claims.
- Medical and prescription drug claims projections are based on data through July 31, 2021.

Assumptions

ASSUMPTIONS FOR FISCAL YEAR ENDING DECEMBER 31

	2021	2022	2023
Trend on Expenses			
Medical	7%	7%	7%
Prescription Drug	8%	8%	8%
Dental Premium	1st Year Rate	Rate Hold	3%
Vision Premium	Rate Hold	Rate Hold	Rate Hold
Life Insurance Premium	Renewal	Rate Hold	Rate Hold
Accidental Death and Dismemberment	Renewal	Rate Hold	Rate Hold
Stop-Loss Insurance Premium	1st Year Rate	15%	15%
ASO Fees	1st Year Rate	Rate Hold	Rate Hold
Enrollment			
Actives	484	484	484
Retirees/COBRA	11	11	11

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 2022 renewal is expected to be ready in October.
- 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.

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 2021 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.

Medical and Prescription Drug Large Claimant Exhibit

	January 1, 2018 - December 31, 2018		January 1, 2019 - December 31, 2019		January 1, 2020 - December 31, 2020		January 1, 2021 - July 31, 2021		Total	
	Number of Claimants	Dollar Amount	Number of Claimants	Dollar Amount	Number of Claimants	Dollar Amount	Number of Claimants	Dollar Amount	Number of Claimants	Dollar Amount
\$50,000 - \$99,999	9	\$559,849	7	\$482,832	8	\$510,735	8	\$509,812	32	\$2,063,227
\$100,000 - \$149,999	2	\$266,815	1	\$113,596	3	\$350,277	2	\$211,901	8	\$942,589
\$150,000 - \$199,999	0	\$0	0	\$0	1	\$187,358	0	\$0	1	\$187,358
\$200,000 - \$249,999	0	\$0	1	\$212,195	0	\$0	0	\$0	1	\$212,195
\$250,000 - \$499,999	0	\$0	0	\$0	2	\$579,352	1	\$301,608	3	\$880,960
\$500,000 - \$999,999	0	\$0	0	\$0	0	\$0	0	\$0	-	\$0
Greater than or Equal to \$1 million	0	\$0	0	\$0	1	\$1,011,624	0	\$0	1	\$1,011,624
Total	11	\$826,663	9	\$808,623	15	\$2,639,346	11	\$1,023,320	46	\$5,297,953
Percent Change from Previous Year	-	-	-18.2%	-2.2%	66.7%	226.4%	-	-	-	-
Total Claims	\$3,861,967		\$4,270,798		\$5,820,368		\$3,122,504		\$17,075,636	
Percent of Total Claims	21.4%		18.9%		45.3%		32.8%		31.0%	

Data from 2018 through 2020 is provided by Anthem. Data from January through July 2021 includes Anthem run-out and data from UMR.

2022 Renewals

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

- **ASO and Stop-Loss Fees**

- UnitedHealthcare (UHC) replaced Anthem as the new administrative services and stop-loss vendor effective January 1, 2021. The current UHC fees are guaranteed for 3 years through December 31, 2023.
- The 2022 stop-loss premium rate reflects an assumed 15% increase to the current premium from UHC. The 2022 renewal is expected to be ready in October.

- **Dental Premium**

- Delta Dental replaced Cigna as the new dental services vendor effective January 1, 2021. The current premium rates are guaranteed for 2 years through December 31, 2022.
- Dental contribution rates will not change consistent with the rate guarantee.

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

- The current premium rates are guaranteed for 3 years through December 31, 2023.
- Life and AD&D contribution rates will not change consistent with the rate guarantee.

- **Long Term Disability Premium**

- MetLife replaced Guardian as the new long-term disability vendor effective January 1, 2021. The current premium rate is guaranteed for 3 years through December 31, 2023.

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

2022 Renewals

The exhibit below outlines all of the 2022 renewal terms:

Carrier	Coverage Type	2022 Rates		Reduction in Annual Cost from Previous Year	Guarantee Period
UHC	Administrative Services	\$32.77 PCPM		Rate Guarantee	1/1/21-12/31/23 (Year 2 of 3)
UHC	Stop-Loss	N/A – In Process		N/A	N/A
Delta Dental	Dental	\$27.96 PCPM – Single \$74.36 PCPM – Family		Rate Guarantee	1/1/21-12/31/22 (Year 2 of 2)
Symetra	Life and AD&D	\$0.098 – Basic Life Per \$1,000 \$0.020 - AD&D Per \$1,000		Rate Guarantee	1/1/21-12/31/23 (Year 2 of 3)
MetLife	Disability	\$0.180 – Active Per \$100 Payroll \$0.183 – Pension Per \$100 Payroll		Rate Guarantee	1/1/21-12/31/23 (Year 2 of 3)
EyeMed	Vision	<u>Exam Only</u> \$1.43 PCPM – Single \$2.72 PCPM – EE+1 \$2.87 PCPM – EE+Children \$4.22 PCPM – Family	<u>Plan H</u> \$5.33 PCPM – Single \$10.12 PCPM – EE+1 \$10.65 PCPM – EE+Children \$15.65 PCPM – Family	Rate Guarantee	1/1/20-12/31/23 (Year 3 of 4)

City Contribution Structure

- **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 2021 Monthly Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2021

City Contributions	Single	Family	Employee + Spouse	Employee + Child(ren)
PPO	\$504.14	\$1,058.71		
Dental Insurance	\$19.58	\$48.34		
Employee Basic Life Insurance	Contributions vary by age and salary			
Employee Contributions	Single	Family	Employee + Spouse	Employee + Child(ren)
PPO	\$0.00	\$352.91		
Dental Insurance	\$8.40	\$26.04		
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	\$514.21	\$1,439.84		
Dental Insurance	\$28.52	\$75.86		
Vision - Exam Only	\$1.48	\$4.30	\$2.78	\$2.94
Vision - Plan H	\$5.44	\$15.98	\$10.32	\$10.88

Projected 2022 Monthly Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2022

City Contributions	Single	% Change	Family	% Change	Employee + Spouse	% Change	Employee + Child(ren)	% Change
PPO	\$545.96	8.3%	\$1,146.54	8.3%				
Dental Insurance	\$19.58	0.0%	\$48.34	0.0%				
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%	\$382.18	8.3%				
Dental Insurance	\$8.40	0.0%	\$26.04	0.0%				
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	\$556.88	8.3%	\$1,559.30	8.3%				
Dental Insurance	\$28.52	0.0%	\$75.86	0.0%				
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

Symetra Basic Life and AD&D	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Life Premium Per \$1,000 of Coverage	\$0.098	\$0.098	\$0.098	\$0.115	\$0.115	\$0.098	\$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	\$0.020	1/1/2024
Symetra Supplemental Life	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Premium Per \$1,000 of Coverage - By Age								
Under 25	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.04	\$0.04	1/1/2024
25 - 29	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.04	\$0.04	
30 - 34	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.04	\$0.04	
35 - 39	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	\$0.06	\$0.06	
40 - 44	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.10	\$0.10	
45 - 49	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.15	\$0.15	
50 - 54	\$0.33	\$0.33	\$0.33	\$0.33	\$0.33	\$0.24	\$0.24	
55 - 59	\$0.53	\$0.53	\$0.53	\$0.53	\$0.53	\$0.36	\$0.36	
60 - 64	\$0.71	\$0.71	\$0.71	\$0.71	\$0.71	\$0.49	\$0.49	
65 - 69	\$1.11	\$1.11	\$1.11	\$1.11	\$1.11	\$0.73	\$0.73	
70 - 74	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.57	\$1.57	
75 +	\$2.90	\$2.90	\$2.90	\$2.90	\$2.90	\$2.73	\$2.73	
Child Rate	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	
Anthem Specific Stop-Loss	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Single			\$40.24	\$45.07	\$65.73			Terminated
Family			\$128.82	\$144.28	\$141.40			
Composite	\$75.14	\$81.90						
Specific Deductible	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000			
UnitedHealthcare Specific Stop-Loss	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Single						\$67.38	N/A	1/1/2022
Family						\$168.45	N/A	
Composite								
Specific Deductible						\$150,000	N/A	

Historical Insurance Premium Rates & Vendor Fees

- continued

Anthem BCBS Medical and Drug ASO / EAP	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Per Employee Per Month	\$39.90	\$41.10	\$41.10	\$41.10	\$41.10			Terminated
UnitedHealthcare Medical and Drug ASO / EAP								
Per Employee Per Month						\$32.77	\$32.77	1/1/2024
Delta Dental	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Single						\$27.96	\$27.96	1/1/2023
Family						\$74.36	\$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			
EyeMed Vision Exam Only	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Single	\$1.43	\$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	\$2.72	
EE + Children	\$2.87	\$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	\$4.22	
EyeMed Vision Plan H	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	Next Renewal
Single	\$5.33	\$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	\$10.12	
EE + Children	\$10.65	\$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	\$15.65	

Appendix: 2020 Financial Statement

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Beginning Balance	\$2,981,834 ¹	\$3,146,270	\$3,159,371	\$3,147,219	\$3,225,867	\$3,386,716	\$3,363,306	\$3,412,077	\$3,419,995	\$3,418,668	\$3,237,794	\$3,181,987	\$2,981,834
Income													
City Contributions	\$588,741	\$395,882	\$404,702	\$406,634	\$404,365	\$404,614	\$401,047	\$404,834	\$399,784	\$399,526	\$395,025	\$514,736	\$5,119,891
Employee Contributions ²	154,597	110,494	109,659	118,726	111,159	115,205	112,549	110,383	116,589	101,407	110,959	171,658	1,443,385
Interest Income ³	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	\$743,338	\$506,376	\$514,361	\$525,360	\$515,524	\$519,820	\$513,596	\$515,217	\$516,372	\$500,933	\$505,984	\$686,394	\$6,563,276
Expense													
Medical ⁴	\$403,867	\$274,808	\$374,775	\$437,324	\$155,170	\$637,726	\$273,577	\$302,750	\$309,173	\$827,434	\$502,759	\$482,750	\$4,982,113
Stop Loss Reimbursements	(47,088)	0	(86,298)	(188,168)	(18,824)	(398,507)	(22,192)	(33,662)	(15,118)	(376,649)	(181,415)	(88,626)	(1,456,547)
Prescription Drug ⁴	111,022	103,858	122,951	80,460	101,436	105,053	96,319	115,880	106,821	106,191	121,803	126,448	1,298,242
Dental Premium	27,542	27,677	27,557	28,046	28,056	28,265	27,816	27,995	28,076	27,845	27,956	27,086	333,917
Vision Premium	3,577	3,602	3,592	3,640	3,632	3,666	3,660	3,611	3,639	3,575	3,626	3,619	43,439
Life Premium	7,639	7,712	7,727	7,926	7,832	7,904	7,873	7,804	7,882	7,788	8,044	8,206	94,337
Stop-Loss Premium	52,256	50,824	51,289	52,506	52,460	52,243	52,637	52,111	52,308	51,621	52,213	51,299	623,767
Medical Administration ⁵	21,996	21,607	21,823	22,056	21,996	21,953	22,213	22,007	21,996	21,693	22,083	21,780	263,203
Special Events & Promotions	(4,826)	270	180	5	0	10	5	5	5	1,034	5	10	-3,297
ACA Fees	0	0	0	0	0	0	0	5,881	0	1,144	0	0	7,025
Administration ⁶	2,917	2,917	2,917	2,917	2,917	84,917	2,917	2,917	2,917	10,131	4,717	5,833	128,934
Total	\$578,902	\$493,275	\$526,513	\$446,712	\$354,675	\$543,230	\$464,825	\$507,299	\$517,699	\$681,807	\$561,791	\$638,405	\$6,315,133
Operating Surplus/(Deficit)	\$164,436	\$13,101	(\$12,152)	\$78,648	\$160,849	(\$23,410)	\$48,771	\$7,918	(\$1,327)	(\$180,874)	(\$55,807)	\$47,989	\$248,143
Ending Balance	\$3,146,270	\$3,159,371	\$3,147,219	\$3,225,867	\$3,386,716	\$3,363,306	\$3,412,077	\$3,419,995	\$3,418,668	\$3,237,794	\$3,181,987	\$3,229,976	\$3,229,977
Active/COBRA Lives	497	496	489	503	508	501	497	494	501	493	492	491	497
Retiree Lives	10	9	9	9	7	7	7	7	9	10	9	9	9
Total	507	505	498	512	515	508	504	501	510	503	501	500	506

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.

⁵ Based on financial statements received from City of Joplin personnel. Includes an estimated \$213,500 in prescription drug rebates as an offset credit for the 2020 administration fee.

⁶ Administration expense includes "Operating Equipment" and "Building Improvements" line items from financial statements. The large amount of \$84,917 in June was due the increase in consulting fees for the Request-for-Proposal on multiple lines of coverage.

Appendix: 2021 YTD Financial Statement

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>Year to Date</u>
<u>Beginning Balance</u>	\$3,229,976	\$3,342,933	\$3,006,530	\$3,057,491	\$2,918,729	\$2,855,614	\$3,229,976
<u>Income</u>							
City Contributions	\$399,629	\$397,127	\$396,562	\$410,795	\$397,996	\$391,275	\$2,393,384
Employee Contributions ¹	114,370	109,716	109,070	114,357	110,171	109,586	667,270
Interest Income	0	0	0	0	0	0	0
Total	\$513,999	\$506,843	\$505,632	\$525,152	\$508,167	\$500,861	\$3,060,654
<u>Expense</u>							
Medical ²	218,910	\$363,626	\$221,044	\$512,841	\$527,228	\$419,747	\$2,263,396
Stop Loss Reimbursements	(17,294)	241,694	0	(140,803)	(235,912)	0	(152,315)
Prescription Drug ²	65,194	110,299	108,227	162,791	129,263	116,191	691,965
Prescription Drug Rebates ³	0	0	0	0	0	0	0
Dental Premium	26,283	26,627	26,330	26,330	25,995	26,338	157,903
Vision Premium	3,707	3,698	3,652	3,636	3,623	3,659	21,975
Life Premium	7,333	7,408	7,299	7,698	7,414	7,309	44,461
Stop-Loss Premium	62,967	62,091	59,227	60,238	57,610	57,576	359,709
Medical Administration ⁴	48,842	24,706	22,949	31,178	52,944	22,717	203,336
Special Events & Promotions	(14,900)	180	110	5	200	160	(14,245)
ACA Fees	0	0	0	0	0	0	0
Administration ⁵	0	2,917	5,833	0	2,917	2,917	14,584
Total	\$401,042	\$843,246	\$454,671	\$663,914	\$571,282	\$656,614	\$3,590,769
Operating Surplus/(Deficit)	\$112,957	(\$336,403)	\$50,961	(\$138,762)	(\$63,115)	(\$155,753)	(\$530,115)
<u>Ending Balance</u>	<u>\$3,342,933</u>	<u>\$3,006,530</u>	<u>\$3,057,491</u>	<u>\$2,918,729</u>	<u>\$2,855,614</u>	<u>\$2,699,861</u>	<u>\$2,699,861</u>
Active/COBRA Lives	489	486	487	487	487	483	487
Retiree Lives	9	9	9	10	10	10	10
Total	498	495	496	497	497	493	497

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.

³ Prescription drug rebates earned from UHC are on a quarterly basis.

⁴ Medical administration includes run out fees paid to Anthem and variable fees to UHC.

⁵ Administration expense includes "Operating Equipment" and "Building Improvements" line items from financial statements.