City of Joplin, MO

Healthcare Budget Projections

2026 Contribution Rates

September 12, 2025 / Kimberly Wixson

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Segal

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Executive Summary

- We are projecting a surplus of approximately $235,300 in fiscal 2025.
- Based on the modeling assumptions noted within this report, we're projecting a contribution rate increase of 1.1% for medical & prescription drug coverage.
- For reference, below are rate changes since 2015 in comparison to the projected trend from the Segal Trend Survey.

CY	Single	Family	% Change	Medical PPO Trend [1]	Rx Trend [1]	Composite Trend [1,2]
2015	$400.38	$1,121.10	11.7%	7.8%	8.6%	8.0%
2016	$417.60	$1,169.32	4.3%	7.8%	11.3%	8.9%
2017	$466.82	$1,307.14	11.8%	7.6%	11.6%	8.8%
2018	$472.32	$1,322.52	1.2%	7.7%	10.3%	8.5%
2019	$472.32	$1,322.52	0.0%	7.1%	7.5%	7.2%
2020	$498.88	$1,396.91	5.6%	6.8%	7.1%	6.9%
2021	$504.13	$1,411.61	1.1%	7.7%	7.3%	7.6%
2022	$545.96	$1,528.72	8.3%	7.3%	8.4%	7.6%
2023	$573.16	$1,604.90	5.0%	7.4%	9.8%	8.1%
2024	$605.06	$1,694.24	5.6%	6.8%	9.9%	7.7%
2025	$634.44	$1,776.50	4.9%	7.9%	11.4%	9.0%
2026	$641.32	$1,795.76	1.1%	9.3%	11.0%	9.8%

[1] Based on 2026 Segal Health Plan Cost Trend Survey
[2] Composite Trend is estimated by combining Medical PPO and Rx trends, assuming a weighting of 70% medical and 30% Rx

Budget Projections

12 Months Ending December 31	Aggregate 2025	Aggregate 2026	Aggregate 2027	PEPM 2025	PEPM 2026	PEPM 2027
Income						
City Contributions	$6,264,500	$6,276,100	$6,840,400	$968.54	$970.33	$1,057.58
Employee Contributions	1,407,900	1,392,100	1,509,500	217.67	215.23	233.38
Retiree/COBRA Contributions	57,000	56,400	61,200	8.81	8.72	9.46
Total Income	**$7,729,400**	**$7,724,600**	**$8,411,100**	**$1,195.02**	**$1,194.28**	**$1,300.42**
Expenses						
Medical	$3,845,400	$4,114,600	$4,402,600	$594.53	$636.15	$680.67
Prescription Drug	2,905,200	3,253,800	3,644,300	449.17	503.06	563.44
Prescription Drug Rebates	(871,600)	(1,301,500)	(1,457,700)	(134.76)	(201.22)	(225.37)
Dental Premium	359,500	319,600	341,900	55.58	49.41	52.86
Vision Premium	49,700	49,700	49,700	7.68	7.68	7.68
Life Insurance Premium	145,600	102,900	102,900	22.51	15.91	15.91
Stop-Loss Insurance Premium	777,700	894,400	1,028,500	120.24	138.28	159.01
ASO / EAP Fees	279,100	286,400	293,800	43.15	44.28	45.42
ACA Fees	3,500	3,600	3,700	0.54	0.56	0.57
Total Expenses	**$7,494,100**	**$7,723,500**	**$8,409,700**	**$1,158.64**	**$1,194.11**	**$1,300.19**
Operating Surplus (Deficit)	**$235,300**	**$1,100**	**$1,400**	**$36.38**	**$0.17**	**$0.23**
Enrollment	**539**	**539**	**539**	**539**	**539**	**539**
Beginning Fund Assets	**$3,143,438**	**$3,378,738**	**$3,379,838**			
Ending Fund Assets	**$3,378,738**	**$3,379,838**	**$3,381,238**			
Reserve Months	**5.2**	**4.8**	**4.4**			
Suggested Reserves						
Claims Fluctuation	**$1,489,200**	**$1,536,800**	**$1,669,100**			
Months	**2.3**	**2.2**	**2.2**			
Reserve (Shortfall)/Surplus	**$1,889,538**	**$1,843,038**	**$1,712,138**			

Assumptions

	2025	2026	2027
Trend on Expenses			
Medical	7.0%	7.0%	7.0%
Prescription Drug	12.0%	12.0%	12.0%
Dental Premium	Final Year	1st Year	7.0%
Vision Premium	Final Year	1st Year	Rate Hold
Life and AD&D	Final Year	1st Year	Rate Hold
Stop-Loss Insurance Premium	Renewal	15.0%	15.0%
ASO Fees	Final Year	1st Year	2nd Year
EAP Fees	Final Year	1st Year	3.0%
Enrollment			
Actives	535	535	535
COBRA/Retirees	4	4	4
Total	**539**	**539**	**539**

- The Stop-Loss renewal is not available yet. We are assuming a 15% trend on Stop-Loss premium cost.
- Dental premium and EAP fee increases assumed in 2027 are based on the maximum renewal increases allowed in the agreements (although the actual increase could be less).

City Contribution Formulas

- **Medical & Prescription Drug** – The City contributes 100% of the projected cost for single coverage and 75% for family coverage.
- **Dental** – The City contributes 70% of the projected cost for single coverage and 65% for family coverage.
- **Life and AD&D** – The City provides life insurance benefits equal to 1.5 times annual salary at no cost to the employees. Employees can purchase additional life insurance coverage on a voluntary basis, at full cost.
- **Vision** – Vision coverage is offered on a voluntary basis. Employees pay the full cost.

2025 Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2025

City Contributions	Single	Family		
PPO	$634.44	$1,332.38		
Dental Insurance	$21.04	$51.96		
Employee Basic Life Insurance	Contributions vary by salary			
Employee Contributions	**Single**	**Family**	**Employee + Spouse**	**Employee + Child(ren)**
PPO	$0.00	$444.12		
Dental Insurance	$9.02	$27.98		
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	$647.12	$1,812.04		
Dental Insurance	$30.66	$81.54		
Vision - Exam Only	$1.48	$4.30	$2.78	$2.94
Vision - Plan H	$5.44	$15.98	$10.32	$10.88

2026 Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2026

City Contributions	Single	% Change	Family	% Change				
PPO	$641.32	1.1%	$1,346.82	1.1%				
Dental Insurance	$19.08	-9.3%	$45.92	-11.6%				
Employee Basic Life Insurance	Contributions vary by salary							
Employee Contributions	**Single**	**% Change**	**Family**	**% Change**	**Employee + Spouse**	**% Change**	**Employee + Child(ren)**	**% Change**
PPO	$0.00	0.0%	$448.94	1.1%				
Dental Insurance	$8.18	-9.3%	$24.72	-11.7%				
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	$654.14	1.1%	$1,831.68	1.1%				
Dental Insurance	$27.82	-9.3%	$72.06	-11.6%				
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%

High-Cost Claimants

High-Cost Claimants Medical & Rx Combined

	Jan 2022 - Dec 2022		Jan 2023 - Dec 2023		Jan 2024 - Dec 2024		Jan 2025 - Jul 2025		Total All Periods	
Claim Range	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**
$50,000 - $99,999	11	$793,619	4	$281,738	18	$1,245,135	7	$463,407	40	$2,783,899
$100,000 - $149,999	5	$598,462	4	$504,062	2	$222,212	2	$214,607	13	$1,539,343
$150,000 - $199,999	0	$0	3	$532,338	2	$333,252	1	$150,789	6	$1,016,379
$200,000 - $249,999	0	$0	1	$233,907	1	$227,492	0	$0	2	$461,399
$250,000 - $499,999	2	$732,875	2	$574,922	0	$0	0	$0	4	$1,307,797
$500,000 - $999,999	1	$679,895	0	$0	0	$0	0	$0	1	$679,895
>$999,999	0	$0	0	$0	0	$0	0	$0	0	$0
Total	**19**	**$2,804,852**	**14**	**$2,126,966**	**23**	**$2,028,092**	**10**	**$828,802**	**66**	**$7,788,712**
Percent Change from Previous Year	**-**	**-**	**-26.3%**	**-24.2%**	**64.3%**	**-4.6%**	**-56.5%**	**-59.1%**		
Total Claims	**$6,316,934**		**$6,132,392**		**$6,162,195**		**$3,692,427**		**$22,303,948**	
Percent of Total Claims	44.4%		34.7%		32.9%		22.4%		34.9%	

	Jan 2022 - Dec 2022		Jan 2023 - Dec 2023		Jan 2024 - Dec 2024		Jan 2025 - Jul 2025		Total All Periods	
Diagnosis Category	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**
Prescription Drugs	6	$544,824	5	$660,659	13	$1,267,208	7	$570,588	31	$3,043,279
Neoplasms	3	$798,102	1	$133,485	1	$65,988	1	$110,841	6	$1,108,417
Factors influencing health status and contact with health services	2	$541,449	2	$396,215	1	$60,128	0	$0	5	$997,792
Diseases of the circulatory system	1	$123,351	1	$321,224	3	$215,903	2	$147,373	7	$807,851
Diseases of the digestive system	0	$0	1	$199,821	3	$257,172	0	$0	4	$456,994
Certain infections and parasitic diseases	1	$302,291	0	$0	0	$0	0	$0	1	$302,291
Diseases of the musculoskeletal system and connective tissue	2	$158,635	1	$86,481	0	$0	0	$0	3	$245,116
Injury, poisoning, and certain other consequences of external causes	2	$212,033	0	$0	0	$0	0	$0	2	$212,033
Diseases of the respiratory system	0	$0	1	$126,065	1	$65,448	0	$0	2	$191,513
Diseases of the nervous system	0	$0	1	$151,348	0	$0	0	$0	1	$151,348
Mental, Behavioral and Neurodevelopmental disorders	0	$0	0	$0	1	$96,244	0	$0	1	$96,244
Endocrine, nutritional and metabolic diseases	1	$64,134	0	$0	0	$0	0	$0	1	$64,134
Covid-19	1	$60,033	0	$0	0	$0	0	$0	1	$60,033
Congenital malformations, deformations and chromosomal abnormalities	0	$0	1	$51,667	0	$0	0	$0	1	$51,667

2024 Financials

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Beginning Balance	**$2,966,970**	**$3,188,585**	**$3,146,988**	**$3,092,842**	**$3,296,911**	**$3,477,043**	**$3,307,544**	**$3,482,598**	**$3,439,115**	**$3,408,495**	**$3,601,668**	**$3,539,413**	**$2,966,970**
Income													
City Contributions	$492,688	$492,476	$488,268	$488,757	$488,026	$491,675	$494,509	$505,713	$498,001	$501,305	$505,764	$274,026	$5,721,208
Employee Contributions[1]	120,806	121,611	121,457	117,892	117,993	117,517	119,416	119,834	116,222	119,855	119,096	74,490	1,386,190
Interest Income[2]	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**$613,494**	**$614,088**	**$609,725**	**$606,649**	**$606,019**	**$609,192**	**$613,925**	**$625,547**	**$614,223**	**$621,159**	**$624,861**	**$348,517**	**$7,107,398**
Expense													
Medical[3]	$297,268	$291,096	$365,629	$252,387	$8,909	$505,062	$274,365	$281,121	$287,400	$288,657	$313,734	$407,611	$3,573,238
Stop Loss Reimbursements	(220,172)	(6,169)	(1,499)	138,148	-	-	-	-	-	(570)	(26,179)	(25,786)	(142,227)
Prescription Drug	190,877	242,339	172,644	176,753	281,312	142,616	237,862	259,415	224,954	237,718	267,790	231,317	2,665,597
Prescription Drug Rebates[4]	(1,724)	-	-	(290,161)	-	(1,525)	(202,677)	-	-	(228,562)	-	-	(724,650)
Dental Premium	28,403	28,715	28,877	28,646	27,809	28,287	28,547	28,867	28,977	28,757	28,957	29,097	343,937
Vision Premium	3,861	3,908	3,909	3,885	3,859	3,844	3,902	3,910	3,913	3,916	3,922	3,969	46,799
Life Premium	10,622	10,831	10,910	10,840	10,802	10,732	10,854	10,991	11,267	11,296	11,219	11,402	131,767
Stop-Loss Premium	60,375	59,700	61,196	59,282	59,288	60,089	60,303	60,520	61,267	61,196	61,528	61,613	726,358
Medical Administration	21,897	22,342	21,292	21,239	21,953	22,605	21,688	21,095	22,087	22,124	22,434	22,327	263,086
Special Events & Promotions	470	5	(2,004)	(918)	686	468	1,108	194	2,063	540	794	25	3,431
Fees & Permits	-	-	-	-	-	3,597	-	-	-	-	-	-	3,597
Administration[5]	-	2,917	2,917	2,480	11,267	2,917	2,917	2,917	2,917	2,917	2,917	2,917	39,997
Total	**$391,879**	**$655,684**	**$663,870**	**$402,581**	**$425,886**	**$778,692**	**$438,870**	**$669,030**	**$644,844**	**$427,987**	**$687,116**	**$744,491**	**$6,930,930**
Operating Surplus/(Deficit)	**$221,615**	**($41,597)**	**($54,146)**	**$204,068**	**$180,133**	**($169,500)**	**$175,055**	**($43,483)**	**($30,620)**	**$193,173**	**($62,255)**	**($395,975)**	**$176,468**
Ending Balance	**$3,188,585**	**$3,146,988**	**$3,092,842**	**$3,296,911**	**$3,477,043**	**$3,307,544**	**$3,482,598**	**$3,439,115**	**$3,408,495**	**$3,601,668**	**$3,539,413**	**$3,143,438**	**$3,143,438**
Active/COBRA Lives	519	520	525	522	522	522	520	523	524	524	523	523	522
Retiree Lives	8	7	2	5	5	5	7	4	3	3	4	4	5
Total	**527**	**527**	**527**	**527**	**527**	**527**	**527**	**527**	**527**	**527**	**527**	**527**	**527**

1 Employee Contributions include Retiree and COBRA contributions.

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

3 Medical and prescription drug payments are combined on the financial statements prepared by the City. We have estimated monthly medical claims using monthly prescription drug claims as reported by the network carriers.

4 Prescription drug rebates from UHC are received on a quarterly basis.

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

2025 Financials

	January	February	March	April	May	June	Total
Beginning Balance	**$3,143,438**	**$3,706,099**	**$3,418,377**	**$3,731,870**	**$3,992,453**	**$3,863,277**	**$3,143,438**
Income							
City Contributions	$759,196	$264,593	$757,834	$514,530	$510,045	$516,591	$3,322,790
Employee Contributions[1]	180,171	77,330	176,909	128,592	128,793	128,829	820,625
Interest Income[2]	-	-	-	-	-	-	-
Total	**$939,368**	**$341,924**	**$934,743**	**$643,122**	**$638,837**	**$645,420**	**$4,143,414**
Expense							
Medical[3]	$256,833	$244,379	$268,786	$283,143	$365,376	$335,995	$1,754,512
Stop Loss Reimbursements	(54,089)	-	(175)	-	-	-	(54,264)
Prescription Drug	247,484	252,841	219,117	228,576	264,921	272,040	1,484,979
Prescription Drug Rebates[4]	(210,784)	(3,410)	-	(266,477)	-	-	(480,672)
Dental Premium	30,166	29,436	29,876	29,136	30,036	29,576	178,227
Vision Premium	4,174	4,117	4,161	4,140	4,183	4,102	24,877
Life Premium	12,190	12,095	12,150	12,100	12,297	12,156	72,988
Stop-Loss Premium	64,873	64,996	65,209	63,644	65,679	64,811	389,211
Medical Administration	22,596	22,057	22,518	21,802	22,482	23,202	134,656
Special Events & Promotions	347	218	(3,308)	1,039	(559)	765	(1,497)
Fees & Permits	-	-	-	-	-	4,008	4,008
Administration[5]	2,917	2,917	2,917	5,436	3,598	2,917	20,701
Total	**$376,706**	**$629,646**	**$621,251**	**$382,539**	**$768,013**	**$749,572**	**$3,527,727**
Operating Surplus/(Deficit)	**$562,661**	**($287,722)**	**$313,492**	**$260,583**	**($129,176)**	**($104,152)**	**$615,687**
Ending Balance	**$3,706,099**	**$3,418,377**	**$3,731,870**	**$3,992,453**	**$3,863,277**	**$3,759,125**	**$3,759,125**
Active/COBRA Lives	539	539	535	532	537	536	536
Retiree Lives	4	4	3	2	2	2	3
Total	**543**	**543**	**538**	**534**	**539**	**538**	**539**

1 Employee Contributions include Retiree and COBRA contributions.

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

3 Medical and prescription drug payments are combined on the financial statements prepared by the City. We have estimated monthly medical claims using monthly prescription drug claims as reported by the network carriers.

4 Prescription drug rebates from UHC are received on a quarterly basis.

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

2026 Vendor Agreements

- Below is a summary of the third-party carrier agreements and when those renew.
- For your reference we have provided Financial Ratings for each vendor listed on page 14.

Carrier	Coverage Type	1/1/2025	1/1/2026	1/1/2027
UHC	Administrative Services (Base Fee)	$33.75 PCPM	$33.72 PCPM	$34.72 PCPM
UMR/Optum	EAP	$1.56 PCPM	$2.38 PCPM	Up to 3% Increase
UHC/Berkley	Stop Loss	Single: $64.01 PCPM Family: $199.32 PCPM	TBD	TBD
MetLife (Delta in 2025)	Dental	Single: $30.06 PCPM Family: $79.94 PCPM	Single: $27.27 PCPM Family: $70.64 PCPM	Up to 7% Increase
MetLife (Symmetra in 2025)	Life and AD&D	Basic Life $0.167 per $1,000 AD&D $0.020 per $1,000	Basic Life $0.118 per $1,000 AD&D $0.021 per $1,000	Rate Hold
MetLife	Disability	Active: $0.18 per $100 Pension: $0.183 per $100	Active: $0.162 per $100 Pension: $0.165 per $100	Rate Hold
EyeMed	Vision	**Exam-Only Benefit** EE only: $1.43 PCPM EE+1: $2.72 PCPM EE+Ch(ren): $2.87 PCPM Family: $4.22 PCPM **Full Vision Plan** EE only: $5.33 PCPM EE+1: $10.12 PCPM EE+Ch(ren): $10.65 PCPM Family: $15.65 PCPM	Rate Hold	Rate Hold

PCPM = Per Contract Per Month
TBD = To Be Determined

Historical Premiums and Fees

Effective Date	1/1/2021	1/1/2022	1/1/2023	1/1/2024	1/1/2025	1/1/2026	1/1/2027	1/1/2028	1/1/2029	1/1/2030
Dental	**Delta Dental**	**Delta Dental**	**Delta Dental**	**Delta Dental**	**Delta Dental**	**MetLife**	**MetLife**	**MetLife**	**MetLife**	**MetLife**
Single Rate PCPM	$27.96	$27.96	$27.96	$30.06	$30.06	$27.27	TBD	TBD	TBD	TBD
Family Rate PCPM	$74.36	$74.36	$74.36	$79.94	$79.94	$70.64	TBD	TBD	TBD	TBD
Vision	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**
Vision Exam Only										
Single Rate PCPM	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43
EE+Child(ren) Rate PCPM	$2.87	$2.87	$2.87	$2.87	$2.87	$2.87	$2.87	$2.87	$2.87	$2.87
EE+1 Rate PCPM	$2.72	$2.72	$2.72	$2.72	$2.72	$2.72	$2.72	$2.72	$2.72	$2.72
Family Rate PCPM	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22
Vision Plan H										
Single Rate PCPM	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33
EE+Child(ren) Rate PCPM	$10.65	$10.65	$10.65	$10.65	$10.65	$10.65	$10.65	$10.65	$10.65	$10.65
EE+1 Rate PCPM	$10.12	$10.12	$10.12	$10.12	$10.12	$10.12	$10.12	$10.12	$10.12	$10.12
Family Rate PCPM	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65
Stop-Loss	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**					
Specific Deductible	$150,000	$175,000	$175,000	$175,000	$175,000					
Single Rate PCPM	$67.38	$57.57	$54.45	$57.66	$64.01					
Family Rate PCPM	$168.45	$173.57	$182.97	$186.67	$199.32					
Administration, DM & Wellness	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**
ASO Fee	$32.77	$32.77	$32.77	$33.26	$33.75	$33.72	$34.72	$35.74	$36.63	$37.55
Online Events and Challenges	$1.15	$1.15	$1.15	$1.15	$1.15	$1.15	$1.15	$1.15	$1.15	$1.15
Plan Adviser	$2.95	$2.95	$2.95	$2.95	$2.95	$2.95	$2.95	$2.95	$2.95	$2.95
Incentive Solutions	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90	$0.90
Total ASO Fees	**$37.77**	**$37.77**	**$37.77**	**$38.26**	**$38.75**	**$38.72**	**$39.72**	**$40.74**	**$41.63**	**$42.55**
COBRA Fee	$1.05	$1.05	$1.05	$1.07	$1.09	$1.12	$1.12	$1.12	$1.12	$1.12
EAP Premium	$1.56	$1.56	$1.56	$1.56	$1.56	$2.38	TBD	TBD	TBD	TBD
Life / AD&D Premium	**Symetra**	**Symetra**	**Symetra**	**Symetra**	**Symetra**	**MetLife**	**MetLife**	**MetLife**		
Basic Life per $1,000	$0.098	$0.098	$0.098	$0.147	$0.167	$0.118	$0.118	$0.118		
AD&D per $1,000	$0.020	$0.020	$0.020	$0.020	$0.020	$0.021	$0.021	$0.021		
Voluntary Supplemental Life per $1,000										
Under 25	$0.04	$0.04	$0.04	$0.04	$0.04	$0.05	$0.05	TBD		
25 - 29	$0.04	$0.04	$0.04	$0.04	$0.04	$0.05	$0.05	TBD		
30 - 34	$0.04	$0.04	$0.04	$0.04	$0.04	$0.05	$0.05	TBD		
35 - 39	$0.06	$0.06	$0.06	$0.06	$0.06	$0.08	$0.08	TBD		
40 - 44	$0.10	$0.10	$0.10	$0.10	$0.10	$0.10	$0.10	TBD		
45 - 49	$0.15	$0.15	$0.15	$0.15	$0.15	$0.15	$0.15	TBD		
50 - 54	$0.24	$0.24	$0.24	$0.24	$0.24	$0.23	$0.23	TBD		
55 - 59	$0.36	$0.36	$0.36	$0.36	$0.36	$0.43	$0.43	TBD		
60 - 64	$0.49	$0.49	$0.49	$0.49	$0.49	$0.66	$0.66	TBD		
65 - 69	$0.73	$0.73	$0.73	$0.73	$0.73	$1.11	$1.11	TBD		
70 - 74	$1.57	$1.57	$1.57	$1.57	$1.57	$1.67	$1.67	TBD		
75+	$2.73	$2.73	$2.73	$2.73	$2.73	$1.67	$1.67	TBD		
Child Rate	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	TBD		

PCPM = Per Contract Per Month
TBD = To Be Determined
N/A - Not Applicable

Carrier Financial Ratings

- Segal believes that it is important for clients to consider the financial strength of insurance companies which are candidates for initial selection or renewal as insurers to employee benefit plans. Therefore, we are providing the current claims paying ability rating that was available to us as of the date this document was prepared for the insurance company under consideration. We have provided A.M. Best's rating for your convenience. However, several other rating services (e.g., Standard & Poor's, Fitch and Moody's) also provide claims paying ability evaluations of insurance companies.

Insurance Company	Rating Agency	Rating	Date of Rating
UnitedHealthcare Insurance Company	A.M. Best	A+ (Superior)	06/04/25
Berkley Accident and Health	A.M. Best	A+ (Superior)	07/03/25
Metropolitan Life Insurance Company	A.M. Best	A+ (Superior)	03/06/25
EyeMed Insurance Company	A.M. Best	A (Excellent)	02/04/25

- Segal does not itself perform insurance company credit quality evaluations and does not offer any warranty as to the scope or reliability (e.g., with respect to an organization's ability to meet future obligations) of the insurance company.

Disclaimers

- The projections in this report 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, changes in medical innovation/FDA approvals, trend rates, and claims volatility. The accuracy and reliability of projections decrease as the projection period increases.
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