City of Joplin, MO

Healthcare Budget Projections January 1, 2024

October 16, 2023 / Kimberly Wixson

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Segal

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Executive Summary

- The City experienced a deficit of $51,000 in calendar year 2022 and a year-to-date operating surplus of $513,100 so far in calendar year 2023. The City is expected to experience an overall surplus by the end of fiscal year 2023.
- 2024 contribution rates are projected to change as follows:
  - Medical & prescription drug contribution rates will increase by approximately 5.6%.
- Projections are based on the assumptions and plan changes described within this report.

Executive Summary *continued*

- The following table demonstrates the historical budget increases from 2013 to present along with the respective year's prospective claims trend based on our Segal Trend Survey:

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%
2023	$573.16	$1,604.90	5.0%	7.4%
2024	$605.06	$1,694.23	5.6%	6.8%

* Based on the 2024 Segal Health Plan Cost Trend Survey

Budget Projections

PROJECTED INCOME AND EXPENSE, FISCAL YEARS ENDED DECEMBER 31

	Aggregate			PPPM		
12 Months Ending December 31	**2023**	**2024**	**2025**	**2023**	**2024**	**2025**
Income						
City Contributions	$ 5,229,100	$ 5,521,300	$ 5,917,900	$ 898.47	$ 948.68	$ 1,016.82
Employee Contributions	$ 1,283,600	$ 1,352,300	$ 1,441,100	220.55	232.35	247.61
Retiree/COBRA Contributions	$ 134,800	$ 142,300	$ 151,500	23.16	24.45	26.03
Total Income	**$ 6,647,500**	**$ 7,015,900**	**$ 7,510,500**	**$1,142.18**	**$1,205.48**	**$1,290.46**
Expenses						
Medical	$ 3,770,100	$ 3,995,800	$ 4,237,300	$647.78	$686.56	$728.06
Prescription Drug	1,905,500	2,069,400	2,248,000	327.41	355.57	386.25
Prescription Drug Rebates	(474,600)	(515,400)	(559,900)	(81.55)	(88.56)	(96.20)
Dental Premium	302,800	325,500	325,500	52.03	55.93	55.93
Vision Premium	44,900	44,900	46,300	7.71	7.71	7.96
Life Insurance Premium	89,000	108,600	108,600	15.29	18.66	18.66
Stop-Loss Insurance Premium	662,400	762,300	876,700	113.81	130.98	150.64
ASO / EAP Fees	224,600	238,100	241,100	38.59	40.91	41.43
ACA Fees	3,400	3,500	3,600	0.58	0.60	0.62
Total Expenses	**$ 6,528,100**	**$ 7,032,700**	**$ 7,527,200**	**$1,121.65**	**$1,208.36**	**$1,293.35**
Operating Surplus (Deficit)	**$ 119,400**	**$ (16,800)**	**$ (16,700)**	**$20.53**	**($2.88)**	**($2.89)**
Enrollment	**485**	**485**	**485**	**485**	**485**	**485**
Beginning Fund Assets	**$2,184,227**	**$2,303,627**	**$2,286,827**			
Ending Fund Assets	**$2,303,627**	**$2,286,827**	**$2,270,127**			
Reserve Months	**3.9**	**3.6**	**3.3**			
Suggested Reserves						
Claims Fluctuation	**$1,339,800**	**$1,429,700**	**$1,526,500**			
Months	**2.5**	**2.4**	**2.4**			
Reserve (Shortfall)/Surplus	**$963,827**	**$857,127**	**$743,627**			

Notes:
- Fund assets are net of incurred but not reported claims.
- Medical and prescription drug claims projections are based on data through July 31, 2023.

2024 Renewals

- The City has agreements for various coverages with UMR, Symetra, and Delta Dental which are all set to renewal effective January 1, 2024.
- We are still waiting on the renewal proposal for stop-loss. In the budget projections, we have assumed a stop-loss increase of 15%.

Carrier	Coverage Type	1/1/2024	1/1/2025	1/1/2026
UHC	Administrative Services	$33.26	$33.75	$34.42
UHC	Stop Loss	TBD	TBD	TBD
UMR/Optum	EAP	$1.56	$1.56	TBD
Delta Dental	Dental	Employee: $30.06 Family: $79.94 (7.5% increase)	Employee: $30.06 Family: $79.94 (same as 2024)	TBD
Symetra	Life and AD&D	Basic Life: 50% increase AD&D: Rate Hold Supplemental Life: Rate Hold	TBD	TBD
MetLife	Disability	Rate Hold	Rate Hold	TBD
EyeMed	Vision	Rate Hold (Year 4 of 4)	TBD	TBD

- For reference we have provided Financial Ratings for each vendor on the following page.

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2024 Renewals - Financial Strength

- 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.

Financial Strength Rating			
Insurance Company	**Rating Agency**	**Rating**	**Date of Rating**
UnitedHealthcare Insurance Company	A.M. Best	A+ (Superior)	December 9, 2022
Delta Dental of Missouri	A.M. Best	NR (Not Rated)	-
Symetra Life Insurance Company	A.M. Best	A (Excellent)	March 31, 2023
Metropolitan Life Insurance Company	A.M. Best	A+ (Superior)	January 13, 2023
EyeMed Insurance Company	A.M. Best	A (Excellent)	January 25, 2023

- A.M. Best assigns an "Superior" rating to companies that have, in their opinion, a superior ability to meet their ongoing insurance obligations.
- A.M. Best assigns an "Excellent" rating to companies that have, in their opinion, an excellent ability to meet their ongoing insurance obligations.
- Delta Dental of Missouri is not rated by A.M. Best.
- 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.

Assumptions

	2023	2024	2025
Trend on Expenses			
Medical	7.0%	7.0%	7.0%
Prescription Drug	9.0%	9.0%	9.0%
Dental Premium	Rate Hold	Renewal	Rate Hold
Vision Premium	Rate Hold	Rate Hold	3.0%
Life Insurance Premium	Rate Hold	Renewal	0%
Accidental Death and Dismemberment	Rate Hold	Renewal	Rate Hold
Stop-Loss Insurance Premium	Renewal	15.0%	15.0%
ASO/EAP Fees	Rate Hold	Renewal	Rate Guarantee
Enrollment			
Actives	474	474	474
Retirees/COBRA	11	11	11

Notes:

- The percentage changes for self-funded medical and prescription drug are based on trend factors.
- 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 are found on page 13 and 14 of this report.

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, local market pressure, trend rates, and claims volatility. The accuracy and reliability of projections decrease as the projection period increases.

Medical and Prescription Drug Large Claimant Exhibit

	January 1, 2020 - December 31, 2020		January 1, 2021 - December 31, 2021		January 1, 2022 - December 31, 2022		January 1, 2023 - July 31, 2023		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	8	$510,735	12	$809,408	11	$793,619	6	$452,019	37	$2,565,781
$100,000 - $149,999	3	$350,277	7	$859,854	5	$598,462	4	$505,872	19	$2,314,466
$150,000 - $199,999	1	$187,358	1	$154,718	0	$0	0	$0	2	$342,076
$200,000 - $249,999	0	$0	0	$0	0	$0	0	$0	0	$0
$250,000 - $499,999	2	$579,352	0	$0	2	$732,875	0	$0	4	$1,312,227
$500,000 - $999,999	0	$0	1	$522,055	1	$679,895	0	$0	2	$1,201,950
Greater than or Equal to $1 million	1	$1,011,624	0	$0	0	$0	0	$0	1	$1,011,624
Total	15	$2,639,346	21	$2,346,034	19	$2,804,852	10	$957,891	65	$8,748,124
Percent Change from Previous Year			40.0%	-11.1%	-9.5%	19.6%	-47.4%	-65.8%		
Total Claims	$5,820,368		$5,721,037		$6,316,934		$3,235,212		$21,093,550	
Percent of Total Claims	45.3%		41.0%		44.4%		29.6%		41.5%	

Data from 2020 is provided by Anthem. Data from 2021 includes Anthem run-out and data from UMR. Data from January 2022 through July 2023 is from UMR only.

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 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 2023 Monthly Contribution Rates

City Contributions	Single	Family		
PPO	$573.16	$1,203.66		
Dental Insurance	$19.57	$48.33		
Employee Basic Life Insurance	Contributions vary by age and salary			

Employee Contributions	Single	Family	Employee + Spouse	Employee + Child(ren)
PPO	$0.00	$401.23		
Dental Insurance	$8.38	$26.02		
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	$584.62	$1,636.98		
Dental Insurance	$28.52	$75.85		
Vision - Exam Only	$1.48	$4.30	$2.78	$2.95
Vision - Plan H	$5.44	$15.98	$10.32	$10.88

Projected 2024 Monthly Contribution Rates

City Contributions	Single	% Change	Family	% Change
PPO	$605.06	5.6%	$1,270.68	5.6%
Dental Insurance	$21.04	7.5%	$51.96	7.5%
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%	$423.56	5.6%				
Dental Insurance	$9.02	7.6%	$27.98	7.5%				
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	$617.16	5.6%	$1,728.11	5.6%				
Dental Insurance	$30.66	7.5%	$81.54	7.5%				
Vision - Exam Only	$1.48	0.0%	$4.30	0.0%	$2.78	0.0%	$2.95	0.0%
Vision - Plan H	$5.44	0.1%	$15.98	0.0%	$10.32	0.0%	$10.88	0.0%

Historical Insurance Premium Rates & Vendor Fees

Coverage Category	Policy Period								Next Renewal
Symetra Basic Life and AD&D	**01/01/2017**	**01/01/2018**	**01/01/2019**	**01/01/2020**	**01/01/2021**	**01/01/2022**	**01/01/2023**	**01/01/2024**	**01/01/2025**
Life Premium Per $1,000 of Coverage	$0.098	$0.098	$0.115	$0.115	$0.098	$0.098	$0.098	$0.147	
AD&D Premium Per $1,000 of Coverage	$0.020	$0.020	$0.020	$0.020	$0.020	$0.020	$0.020	$0.020	
Symetra Supplemental Life	**01/01/2017**	**01/01/2018**	**01/01/2019**	**01/01/2020**	**01/01/2021**	**01/01/2022**	**01/01/2023**	**01/01/2024**	**01/01/2025**
Premium Per $1,000 of Coverage - By Age									
Under 25	$0.05	$0.05	$0.05	$0.05	$0.04	$0.04	$0.04	$0.04	
25 - 29	$0.05	$0.05	$0.05	$0.05	$0.04	$0.04	$0.04	$0.04	
30 - 34	$0.05	$0.05	$0.05	$0.05	$0.04	$0.04	$0.04	$0.04	
35 - 39	$0.08	$0.08	$0.08	$0.08	$0.06	$0.06	$0.06	$0.06	
40 - 44	$0.12	$0.12	$0.12	$0.12	$0.10	$0.10	$0.10	$0.10	
45 - 49	$0.19	$0.19	$0.19	$0.19	$0.15	$0.15	$0.15	$0.15	
50 - 54	$0.33	$0.33	$0.33	$0.33	$0.24	$0.24	$0.24	$0.24	
55 - 59	$0.53	$0.53	$0.53	$0.53	$0.36	$0.36	$0.36	$0.36	
60 - 64	$0.71	$0.71	$0.71	$0.71	$0.49	$0.49	$0.49	$0.49	
65 - 69	$1.11	$1.11	$1.11	$1.11	$0.73	$0.73	$0.73	$0.73	
70 - 74	$1.67	$1.67	$1.67	$1.67	$1.57	$1.57	$1.57	$1.57	
75 +	$2.90	$2.90	$2.90	$2.90	$2.73	$2.73	$2.73	$2.73	
Child Rate	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	
Anthem Specific Stop-Loss	**01/01/2017**	**01/01/2018**	**01/01/2019**	**01/01/2020**					**Terminated**
Single		$40.24	$45.07	$65.73					
Family		$128.82	$144.28	$141.40					
Composite	$81.90								
Specific Deductible	$150,000	$150,000	$150,000	$150,000					
UMR Specific Stop-Loss					**01/01/2021**	**01/01/2022**	**01/01/2023**	**01/01/2024**	**01/01/2024**
Single					$67.38	$57.57	$54.45	TBD	
Family					$168.45	$173.57	$182.97	TBD	
Composite									
Specific Deductible					$150,000	$175,000	$175,000	TBD	

Historical Insurance Premium Rates & Vendor Fees

continued

Anthem BCBS Medical and Drug ASO / EAP	01/01/2017	01/01/2018	01/01/2019	01/01/2020					Terminated
Per Employee Per Month	$41.10	$41.10	$41.10	$41.10					
UMR Medical and Drug ASO					**01/01/2021**	**01/01/2022**	**01/01/2023**	**01/01/2024**	**01/01/2027**
Per Employee Per Month					$38.48	$35.18	$35.18	$37.40	
UMR/Optum EAP					**01/01/2021**	**01/01/2022**	**01/01/2023**	**01/01/2024**	**01/01/2026**
Per Employee Per Month					$1.56	$1.56	$1.56	$1.56	

Cigna Dental	01/01/2017	01/01/2018	01/01/2019	01/01/2020					Terminated
Single	$26.74	$28.57	$28.57	$30.00					
Family	$71.05	$75.99	$75.99	$79.79					
Delta Dental					**01/01/2021**	**01/01/2022**	**01/01/2023**	**01/01/2024**	**01/01/2026**
Single					$27.96	$27.96	$27.96	$30.06	
Family					$74.36	$74.36	$74.36	$79.94	

EyeMed Vision Exam Only	01/01/2017	01/01/2018	01/01/2019	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024	01/01/2025
Single	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	$1.43	
EE + 1	$2.72	$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	$2.87	
Family	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	$4.22	

EyeMed Vision Plan H	01/01/2017	01/01/2018	01/01/2019	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024	01/01/2025
Single	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	
EE + 1	$10.12	$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	$10.65	
Family	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	$15.65	

Appendix: 2022 Financial Statement

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Beginning Balance	**$2,807,458**	**$2,987,156**	**$3,102,613**	**$3,188,635**	**$3,113,488**	**$2,992,894**	**$2,857,303**	**$2,814,929**	**$3,047,582**	**$3,218,198**	**$3,024,007**	**$3,104,197**	**$2,807,458**
Income													
City Contributions	$424,682	$421,033	$417,552	$407,907	$410,025	$397,199	$406,277	$402,541	$410,846	$209,988	$598,253	$421,850	$4,928,152
Employee Contributions[1]	118,716	109,147	118,545	112,854	110,076	113,738	114,022	104,505	119,229	64,276	153,664	124,390	1,363,163
Interest Income	0	0	0	0	500	150	122	1,300	0	0	0	0	2,072
Total	**$543,397**	**$530,180**	**$536,097**	**$520,760**	**$520,601**	**$511,087**	**$520,421**	**$508,346**	**$530,075**	**$274,264**	**$751,917**	**$546,241**	**$6,293,387**
Expense													
Medical[2]	$267,048	$193,034	$179,471	$453,994	$408,642	$384,964	$244,062	$277,926	$233,219	$357,057	$414,522	$690,880	$4,104,818
Workplace Wellness Grant	0	0	0	0	0	0	0	0	0	0	0	0	0
Stop Loss Reimbursements	0	(10,894)	0	0	0	0	0	(121,441)	(206,723)	(71,005)	(9,606)	(96,154)	(515,823)
Prescription Drug	109,220	117,631	153,285	124,696	124,194	149,977	209,080	128,431	217,840	169,148	154,727	187,360	1,845,589
Prescription Drug Rebates[3]	(128,673)	0	0	(95,960)	0	0	0	(94,812)	0	(97,229)	0	0	(416,674)
Dental Premium	26,218	26,255	26,366	25,836	25,687	25,390	24,691	25,352	24,980	25,065	24,860	25,018	305,717
Vision Premium	3,594	3,599	3,570	3,543	3,527	3,537	3,496	3,543	3,525	3,503	3,438	3,531	42,406
Life Premium	7,332	7,153	7,238	7,252	7,143	6,939	6,703	6,891	7,025	6,884	6,970	7,076	84,606
Stop-Loss Premium	55,819	56,108	56,222	54,777	54,200	54,432	53,105	54,028	53,796	54,143	53,508	54,259	654,397
Medical Administration	19,751	17,718	20,905	18,759	19,167	19,153	19,275	(15,608)	18,970	19,041	18,842	19,833	195,805
Special Events & Promotions	475	1,205	101	93	(4,282)	(632)	(533)	2,207	2,111	(1,068)	504	(578)	(396)
ACA Fees	0	0	0	0	0	0	0	6,260	0	0	1,045	0	7,306
Administration[4]	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,917	4,717	2,917	2,917	2,917	36,800
Total	**$363,699**	**$414,723**	**$450,076**	**$595,907**	**$641,195**	**$646,678**	**$562,795**	**$275,693**	**$359,459**	**$468,455**	**$671,727**	**$894,142**	**$6,344,549**
Operating Surplus/(Deficit)	$179,698	$115,456	$86,022	($75,146)	($120,594)	($135,591)	($42,374)	$232,653	$170,616	($194,191)	$80,190	($347,901)	($51,162)
Ending Balance	**$2,987,156**	**$3,102,613**	**$3,188,635**	**$3,113,488**	**$2,992,894**	**$2,857,303**	**$2,814,929**	**$3,047,582**	**$3,218,198**	**$3,024,007**	**$3,104,197**	**$2,756,295**	**$2,756,295**
Active/COBRA Lives	481	480	479	474	464	458	452	457	457	460	454	459	465
Retiree Lives	11	11	11	10	11	11	11	11	11	10	10	10	11
Total	492	491	490	484	475	469	463	468	468	470	464	469	475

[1] Employee contributions include Retiree and COBRA contributions.

[2] 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.

[3] Prescription drug rebates from UMR/Optum are received on a quarterly basis.

[4] Administration Expense includes "Operating Equipment" and "Building Improvements" line items from financial statements.

Appendix: 2023 YTD Financial Statement

	January	February	March	April	May	June	July	Total
Beginning Balance	**$2,756,295**	**$2,628,135**	**$2,964,139**	**$2,973,984**	**$3,145,070**	**$3,137,870**	**$3,143,211**	**$2,756,295**
Income								
City Contributions	$222,650	$639,177	$441,679	$434,704	$429,974	$432,232	$437,690	$3,038,105
Employee Contributions[1]	70,948	157,531	123,800	113,424	112,942	112,796	115,068	806,510
Interest Income	0	0	(0)	0	250	200	100	550
Total	**$293,598**	**$796,708**	**$565,479**	**$548,129**	**$543,166**	**$545,228**	**$552,858**	**$3,845,165**
Expense								
Medical[2]	$433,152	$319,316	$371,026	$246,775	$270,773	$259,037	$262,760	$2,162,839
Workplace Wellness Grant	0	0	0	0	0	0	0	0
Stop Loss Reimbursements	(255,585)	(127,291)	0	0	0	0	0	(382,875)
Prescription Drug	132,024	160,876	175,925	146,556	169,253	169,373	162,578	1,116,584
Prescription Drug Rebates[3]	(5,651)	0	(110,493)	(132,177)	(3,330)	0	(118,243)	(369,893)
Dental Premium	24,880	25,149	25,660	25,391	25,530	25,205	25,381	177,196
Vision Premium	3,641	3,720	3,773	3,756	3,761	3,738	3,745	26,133
Life Premium	7,352	7,502	7,594	7,594	7,587	7,612	7,913	53,155
Stop-Loss Premium	54,963	54,909	57,727	55,454	56,136	54,870	55,746	389,804
Medical Administration	19,675	18,487	20,786	19,293	18,721	19,377	22,502	138,841
Special Events & Promotions	1,475	(1,964)	20	(994)	(981)	676	(1,982)	(3,751)
ACA Fees	0	0	0	0	0	0	3,330	3,330
Administration[4]	5,833	0	3,616	5,394	2,917	0	2,917	20,677
Total	**$421,759**	**$460,704**	**$555,634**	**$377,042**	**$550,366**	**$539,887**	**$426,647**	**$3,332,039**
Operating Surplus/(Deficit)	($128,160)	$336,004	$9,845	$171,086	($7,200)	$5,341	$126,211	$513,127
Ending Balance	**$2,628,135**	**$2,964,139**	**$2,973,984**	**$3,145,070**	**$3,137,870**	**$3,143,211**	**$3,269,422**	**$3,269,422**
Active/COBRA Lives	448	451	467	494	463	461	466	464
Retiree Lives	10	11	10	10	10	10	10	10
Total	458	462	477	504	473	471	476	474

[1] Employee contributions include Retiree and COBRA contributions.

[2] 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.

[3] Prescription drug rebates from UMR/Optum are received on a quarterly basis. Includes pharmacy credit.

[4] Administration Expense includes "Operating Equipment" and "Building Improvements" line items from financial statements.