JOPLIN CITY COUNCIL
INFORMAL MEETING
MONDAY, OCTOBER 7, 2024
5TH FLOOR COUNCIL CHAMBERS
602 S. MAIN ST.
5:15 PM

This meeting can be livestreamed at http://www.joplinmo.org/182/Video-Multimedia

AGENDA

1. Semi-Annual Insurance Update by Segal

Notice posted at 12:00 p.m. on this 3rd day of October 2024. (RSMo 610.020)

The City of Joplin is committed to comply with the Americans with Disabilities Act. The Joplin City Council Chambers is wheelchair accessible. Request for reasonable special accommodations must be made 48 hours prior to the meeting. Please email the City Clerk's office at hnagy@joplinmo.org or call (417) 624-0820 ext. 1220 for assistance.

Ad Omnia Parata

City of Joplin, MO

Healthcare Budget Projections

January 1, 2025

September 18, 2024 / Kimberly Wixson

© 2024 by The Segal Group, Inc.

Segal

Agenda

Executive Summary

Budget Projections

Assumptions

City Contribution Formulas

2024 & 2025 Contribution Rates

High-Cost Claimants

2023 & 2024 Financials

2025 Renewals

Historical Premium Rates and Fees

Carrier Financial Ratings

Disclaimers

Executive Summary

- We are projecting a surplus of approximately $226,000 in fiscal 2024.
- Based on the modeling assumptions noted within this report, we are projecting a contribution rate increase of 4.9% for medical & prescription drug coverage.
- For reference below are rate changes since 2014 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]
2014	$358.30	$1,003.26	0.0%	7.9%	6.3%	7.4%
2015	$400.38	$1,121.10	14.3%	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%

[1] Based on 2025 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

PROJECTED INCOME AND EXPENSE, FISCAL YEARS ENDED DECEMBER 31

	Aggregate			PEPM		
12 Months Ending December 31	**2024**	**2025**	**2026**	**2024**	**2025**	**2026**
Income						
City Contributions	$5,876,900	$6,158,567	$6,669,467	$927.54	$972.00	$1,052.63
Employee Contributions	1,350,954	1,413,318	1,520,718	213.22	223.06	240.01
Retiree/COBRA Contributions	77,900	81,000	87,400	12.29	12.78	13.79
Total Income	**$7,305,754**	**$7,652,885**	**$8,277,585**	**$1,153.05**	**$1,207.84**	**$1,306.43**
Expenses						
Medical	$3,717,000	$3,940,000	$4,176,400	$586.65	$621.84	$659.15
Prescription Drug	2,490,400	2,789,200	3,123,900	393.06	440.21	493.04
Prescription Drug Rebates	(622,600)	(697,300)	(781,000)	(98.26)	(110.05)	(123.26)
Dental Premium	341,200	341,200	354,900	53.85	53.85	56.01
Vision Premium	46,700	46,700	46,700	7.37	7.37	7.37
Life Insurance Premium	128,900	146,400	146,400	20.34	23.11	23.11
Stop-Loss Insurance Premium	715,200	822,500	945,900	112.88	129.81	149.29
ASO / EAP Fees	259,200	259,200	259,200	40.91	40.91	40.91
ACA Fees	3,400	3,500	3,600	0.54	0.55	0.57
Total Expenses	**$7,079,400**	**$7,651,400**	**$8,276,000**	**$1,117.34**	**$1,207.60**	**$1,306.19**
Operating Surplus (Deficit)	**$226,354**	**$1,485**	**$1,585**	**$35.71**	**$0.24**	**$0.24**
Enrollment	**528**	**528**	**528**	**528**	**528**	**528**
Beginning Fund Assets	**$2,996,574**	**$3,222,928**	**$3,224,413**			
Ending Fund Assets	**$3,222,928**	**$3,224,413**	**$3,225,998**			
Reserve Months	**5.1**	**4.7**	**4.3**			
Suggested Reserves						
Claims Fluctuation	**$1,415,300**	**$1,528,600**	**$1,652,100**			
Months	**2.2**	**2.2**	**2.2**			
Reserve (Shortfall)/Surplus	**$1,807,628**	**$1,695,813**	**$1,573,898**			

Assumptions

ASSUMPTIONS FOR FISCAL YEAR ENDING DECEMBER 31

	2024	2025	2026
Trend on Expenses			
Medical	6.0%	6.0%	6.0%
Prescription Drug	12.0%	12.0%	12.0%
Dental Premium	Renewal	2nd Year	4.0%
Vision Premium	4th Year	Renewal	0.0%
Life and AD&D	Renewal	Renewal	0.0%
Stop-Loss Insurance Premium	Renewal	15.0%	15.0%
ASO Fees	Renewal	2nd Year	3rd Year
Enrollment			
Actives	521	521	521
COBRA/Retirees	7	7	7
Total	**528**	**528**	**528**

- The Stop-Loss renewal is not available yet. We are assuming a 15% trend on Stop-Loss premium cost.
- Voluntary vision plan renewal has been received. We are applying the proposed renewal increase in these budget projections.
- Life and ADD renewal has been received. We are applying the proposed renewal increase in these budget projections.

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.

2024 Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2024

City Contributions	Single	Family		
PPO	$605.06	$1,270.68		
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	$423.56		
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	$617.16	$1,728.12		
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

2025 Contribution Rates

MONTHLY CONTRIBUTIONS, FISCAL YEAR ENDING DECEMBER 31, 2025

City Contributions	Single	% Change	Family	% Change
PPO	$634.44	4.9%	$1,332.38	4.9%
Dental Insurance	$21.04	0.0%	$51.96	0.0%
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%	$444.12	4.9%				
Dental Insurance	$9.02	0.0%	$27.98	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	$647.12	4.9%	$1,812.04	4.9%				
Dental Insurance	$30.66	0.0%	$81.54	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%

High-Cost Claimants

High Cost Claimants Medical & Rx Combined

	Jan 2021 - Dec 2021		Jan 2022 - Dec 2022		Jan 2023 - Dec 2023		Jan 2024 - Jul 2024		Total All Periods	
Claim Range	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**
$50,000 - $99,999	10	$695,257	11	$793,619	4	$281,738	8	$540,141	33	$2,310,755
$100,000 - $149,999	6	$754,177	5	$598,462	4	$504,062	2	$241,707	17	$2,098,408
$150,000 - $199,999	1	$156,219	0	$0	3	$532,338	0	$0	4	$688,556
$200,000 - $249,999	0	$0	0	$0	1	$233,907	0	$0	1	$233,907
$250,000 - $499,999	0	$0	2	$732,875	2	$574,922	0	$0	4	$1,307,797
$500,000 - $999,999	1	$522,055	1	$679,895	0	$0	0	$0	2	$1,201,950
>$999,999	0	$0	0	$0	0	$0	0	$0	0	$0
Total	**18**	**$2,127,707**	**19**	**$2,804,852**	**14**	**$2,126,966**	**10**	**$781,848**	**61**	**$7,841,373**
Percent Change from Previous Year	**-**	**-**	**5.6%**	**31.8%**	**-26.3%**	**-24.2%**	**-28.6%**	**-63.2%**		
Total Claims	**$5,721,037**		**$6,316,934**		**$6,132,392**		**$3,373,023**		**$21,543,386**	
Percent of Total Claims	37.2%		44.4%		34.7%		23.2%		36.4%	

	Jan 2021 - Dec 2021		Jan 2022 - Dec 2022		Jan 2023 - Dec 2023		Jan 2024 - Jul 2024		Total All Periods	
Diagnosis Category	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**	**Claimants**	**Total Claims**
Prescription Drugs	4	$377,095	6	$544,824	5	$660,659	5	$433,144	20	$2,015,723
Factors influencing health status and contact with health services	3	$732,670	2	$541,449	2	$396,215	0	$0	7	$1,670,334
Neoplasms	2	$131,843	3	$798,102	1	$133,485	1	$62,371	7	$1,125,801
Diseases of the musculoskeletal system and connective tissue	2	$155,353	2	$158,635	1	$86,481	0	$0	5	$400,469
Covid-19	3	$333,192	1	$60,033	0	$0	0	$0	4	$393,225
Injury, poisoning, and certain other consequences of external causes	2	$261,555	2	$212,033	0	$0	0	$0	4	$473,588
Diseases of the circulatory system	1	$74,753	1	$123,351	1	$321,224	1	$59,520	4	$578,848
Diseases of the digestive system	0	$0	0	$0	1	$199,821	2	$161,631	3	$361,453
Mental, Behavioral and Neurodevelopmental disorders	1	$61,246	0	$0	0	$0	0	$0	1	$61,246
Certain infections and parasitic diseases	0	$0	1	$302,291	0	$0	0	$0	1	$302,291
Endocrine, nutritional and metabolic diseases	0	$0	1	$64,134	0	$0	0	$0	1	$64,134
Diseases of the nervous system	0	$0	0	$0	1	$151,348	0	$0	1	$151,348
Diseases of the respiratory system	0	$0	0	$0	1	$126,065	1	$65,182	2	$191,247
Congenital malformations, deformations and chromosomal abnormalities	0	$0	0	$0	1	$51,667	0	$0	1	$51,667

2023 Financials

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Beginning Balance	**$2,707,469**	**$2,579,526**	**$2,915,483**	**$2,925,158**	**$3,096,244**	**$3,089,044**	**$3,094,385**	**$3,220,596**	**$3,190,789**	**$2,997,808**	**$3,023,701**	**$3,147,386**	**$2,707,469**
Income													
City Contributions	$222,650	$639,177	$441,679	$434,704	$429,974	$432,232	$437,690	$446,392	$453,827	$454,352	$446,200	$482,523	$5,321,399
Employee Contributions[1]	70,948	157,531	123,800	113,424	112,942	112,796	115,068	113,444	112,496	114,622	118,525	121,620	1,387,217
Interest Income[2]	-	-	(0)	-	250	200	100	-	450	-	-	-	1,000
Total	**$293,598**	**$796,708**	**$565,479**	**$548,129**	**$543,166**	**$545,228**	**$552,858**	**$559,836**	**$566,773**	**$568,974**	**$564,725**	**$604,143**	**$6,709,616**
Expense													
Medical[3]	$433,152	$319,534	$371,195	$246,775	$270,773	$259,037	$262,760	$288,914	$444,994	$408,830	$295,594	$423,760	$4,025,316
Stop Loss Reimbursements	(255,585)	(127,291)	-	-	-	-	-	-	(2,148)	(61,367)	(162,578)	(52,933)	(661,901)
Prescription Drug	132,024	160,876	175,925	146,556	169,253	169,373	162,578	183,032	204,088	160,110	189,502	262,769	2,116,087
Prescription Drug Rebates[4]	(5,651)	-	(110,493)	(132,177)	(3,330)	-	(118,243)	(223)	(5,118)	(84,719)	-	-	(459,953)
Dental Premium	24,880	25,149	25,660	25,391	25,530	25,205	25,381	25,482	25,847	26,350	25,810	26,014	306,700
Vision Premium	3,641	3,720	3,773	3,756	3,761	3,738	3,745	3,745	3,784	3,813	3,756	3,756	44,987
Life Premium	7,352	7,502	7,594	7,594	7,587	7,612	7,913	7,954	8,127	8,285	8,216	8,287	94,024
Stop-Loss Premium	54,963	54,909	57,727	55,454	56,136	54,870	55,746	56,142	56,924	58,072	57,083	57,235	675,260
Medical Administration	19,675	18,487	20,786	19,293	18,721	19,377	22,502	19,740	19,927	21,263	21,106	20,751	241,627
Special Events & Promotions	1,475	(1,964)	20	(994)	(981)	676	(1,982)	(977)	468	(473)	(365)	(557)	(5,656)
Fees & Permits	-	-	-	-	-	-	3,330	-	-	-	-	-	3,330
Administration[5]	5,833	-	3,616	5,394	2,917	-	2,917	5,833	2,917	2,917	2,917	5,872	41,132
Total	**$421,759**	**$460,921**	**$555,803**	**$377,042**	**$550,366**	**$539,887**	**$426,647**	**$589,643**	**$759,809**	**$543,081**	**$441,040**	**$754,955**	**$6,420,953**
Operating Surplus/(Deficit)	**($128,160)**	**$335,787**	**$9,675**	**$171,086**	**($7,200)**	**$5,341**	**$126,211**	**($29,807)**	**($193,036)**	**$25,893**	**$123,685**	**($150,812)**	**$288,663**
Ending Balance	**$2,579,309**	**$2,915,313**	**$2,925,158**	**$3,096,244**	**$3,089,044**	**$3,094,385**	**$3,220,596**	**$3,190,789**	**$2,997,753**	**$3,023,701**	**$3,147,386**	**$2,996,574**	**$2,996,574**
Active/COBRA Lives	458	457	458	458	458	458	458	458	458	458	459	460	458
Retiree Lives	10	11	10	10	10	10	10	10	10	10	9	8	10
Total	**468**	**468**	**468**	**468**	**468**	**468**	**468**	**468**	**468**	**468**	**468**	**468**	**468**

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.

2024 Financials

	January	February	March	April	May	June	Total
Beginning Balance	**$2,781,873**	**$3,003,488**	**$2,961,891**	**$2,907,745**	**$3,111,814**	**$3,291,946**	**$2,781,873**
Income							
City Contributions	$492,688	$492,476	$488,268	$488,757	$488,026	$491,675	$2,941,889
Employee Contributions[1]	120,806	121,611	121,457	117,892	109,144	117,517	708,427
Interest Income[2]	-	-	-	-	-	-	-
Total	**$613,494**	**$614,088**	**$609,725**	**$606,649**	**$597,170**	**$609,192**	**$3,650,316**
Expense							
Medical[3]	$297,268	$291,096	$365,629	$252,387	$8,909	$505,062	$1,720,351
Stop Loss Reimbursements	(220,172)	(6,169)	(1,499)	138,148	-	-	(89,691)
Prescription Drug	190,877	242,339	172,644	176,753	281,312	142,616	1,206,541
Prescription Drug Rebates[4]	(1,724)	-	-	(290,161)	-	(1,525)	(293,410)
Dental Premium	28,403	28,715	28,877	28,646	18,960	28,287	161,888
Vision Premium	3,861	3,908	3,909	3,885	3,859	3,844	23,266
Life Premium	10,622	10,831	10,910	10,840	10,802	10,732	64,737
Stop-Loss Premium	60,375	59,700	61,196	59,282	59,288	60,089	359,930
Medical Administration	21,897	22,342	21,292	21,239	21,953	22,605	131,330
Special Events & Promotions	470	5	(2,004)	(918)	686	468	(1,293)
Fees & Permits	-	-	-	-	-	3,597	3,597
Administration[5]	-	2,917	2,917	2,480	11,267	2,917	22,497
Total	**$391,879**	**$655,684**	**$663,870**	**$402,581**	**$417,037**	**$778,692**	**$3,309,743**
Operating Surplus/(Deficit)	**$221,615**	**($41,597)**	**($54,146)**	**$204,068**	**$180,133**	**($169,500)**	**$340,573**
Ending Balance	**$3,003,488**	**$2,961,891**	**$2,907,745**	**$3,111,814**	**$3,291,946**	**$3,122,446**	**$2,907,745**
Active/COBRA Lives	519	525	530	521	525	521	524
Retiree Lives	8	7	2	5	5	5	5
Total	**527**	**532**	**532**	**526**	**530**	**526**	**529**

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 Renewals

- 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 Renewals

Carrier	Coverage Type	1/1/2024	1/1/2025
UHC	Administrative Services (Base Fee)	$33.26 PCPM	$33.75 PCPM
UMR/Optum	EAP	$1.56 PCPM	$1.56 PCPM
UHC/Berkshire	Stop Loss	Single: $57.66 PCPM Family: $186.67 PCPM	TBD
Dental Dental	Dental	Single: $30.06 PCPM Family: $79.94 PCPM	Single: $30.06 PCPM Family: $79.94 PCPM
Symetra	Life and AD&D	Basic Life $0.147 per $1,000 AD&D $0.020 per $1,000	Basic Life $0.167 per $1,000 AD&D $0.020 per $1,000
MetLife	Disability	Rate Hold	Rate Hold
EyeMed	Vision	Rate Hold (Year 4 of 4)	Renewal

PCPM = Per Contract Per Month
TBD = To Be Determined

- 2025 renewal terms for stop-loss coverage have not yet been determined. We are assuming a 15% increase in the projections.
- 2025 renewal terms for the voluntary vision reflect the current proposal: Rate hold guaranteed for 4 years.
- 2025 renewal terms for Life and AD&D coverage are the current proposal: Basic life rates would increase 13.6%, guaranteed for 12 months.
- **2026 will be a bid year for the City. All the current agreements will be revised.**

Historical Premiums and Fees

Historical Premium Rates and Fees

Effective Date	1/1/2021	1/1/2022	1/1/2023	1/1/2024	1/1/2025
Dental	**Delta Dental**	**Delta Dental**	**Delta Dental**	**Delta Dental**	**Delta Dental**
Single Rate PCPM	$27.96	$27.96	$27.96	$30.06	$30.06
Family Rate PCPM	$74.36	$74.36	$74.36	$79.94	$79.94
Vision	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**	**EyeMed**
Vision Exam Only					
Single Rate PCPM	$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
EE+1 Rate PCPM	$2.72	$2.72	$2.72	$2.72	$2.72
Family Rate PCPM	$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
EE+Child(ren) Rate PCPM	$10.65	$10.65	$10.65	$10.65	$10.65
EE+1 Rate PCPM	$10.12	$10.12	$10.12	$10.12	$10.12
Family Rate PCPM	$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	TBD
Single Rate PCPM	$67.38	$57.57	$54.45	$57.66	TBD
Family Rate PCPM	$168.45	$173.57	$182.97	$186.67	TBD
Administrative Services	**UMR**	**UMR**	**UMR**	**UMR**	**UMR**
ASO Fee	$32.77	$32.77	$32.77	$33.26	$33.75
Online Events and Challenges	$1.15	$1.15	$1.15	$1.15	$1.15
Plan Adviser	$2.95	$2.95	$2.95	$2.95	$2.95
Incentive Solutions	$0.90	$0.90	$0.90	$0.90	$0.90
Wellness Credit	($2.59)	($2.59)	($2.59)	($0.86)	($0.86)
EAP Premium	$1.56	$1.56	$1.56	$1.56	$1.56
Total ASO/EAP Fees	**$36.74**	**$36.74**	**$36.74**	**$38.96**	**$39.45**
COBRA Fee	$1.05	$1.05	$1.05	$1.07	$1.09
Life / AD&D Premium	**Symetra**	**Symetra**	**Symetra**	**Symetra**	**Symetra**
Basic Life per $1,000	$0.098	$0.098	$0.098	$0.147	$0.167
AD&D per $1,000	$0.020	$0.020	$0.020	$0.020	$0.020
Voluntary Supplemental Life per $1,000					
Under 25	$0.04	$0.04	$0.04	$0.04	$0.04
25 - 29	$0.04	$0.04	$0.04	$0.04	$0.04
30 - 34	$0.04	$0.04	$0.04	$0.04	$0.04
35 - 39	$0.06	$0.06	$0.06	$0.06	$0.06
40 - 44	$0.10	$0.10	$0.10	$0.10	$0.10
45 - 49	$0.15	$0.15	$0.15	$0.15	$0.15
50 - 54	$0.24	$0.24	$0.24	$0.24	$0.24
55 - 59	$0.36	$0.36	$0.36	$0.36	$0.36
60 - 64	$0.49	$0.49	$0.49	$0.49	$0.49
65 - 69	$0.73	$0.73	$0.73	$0.73	$0.73
70 - 74	$1.57	$1.57	$1.57	$1.57	$1.57
75+	$2.73	$2.73	$2.73	$2.73	$2.73
Child Rate	$0.07	$0.07	$0.07	$0.07	$0.07

PCPM = Per Contract Per Month
TBD = To Be Determined

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.

Financial Strength Rating

Insurance Company	Rating Agency	Rating	Date of Rating
UnitedHealthcare Insurance Company	A.M. Best	A+ (Superior)	12/14/23
Delta Dental of Missouri	A.M. Best	NR (Not Rated)	-
Symetra Life Insurance Company	A.M. Best	A (Excellent)	04/24/24
Metropolitan Life Insurance Company	A.M. Best	A+ (Superior)	02/08/24
EyeMed Insurance Company	A.M. Best	A (Excellent)	01/31/24

- 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.
- This document has been prepared for the exclusive use and benefit of the City of Joplin, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as may be required by law, this document should not be shared, copied or quoted, in whole or in part, without the consent of Segal. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.