

# Plan Year Reporting

# 2025-26



## Indian River County

Quarterly Reporting

Paid Claims through December 2025

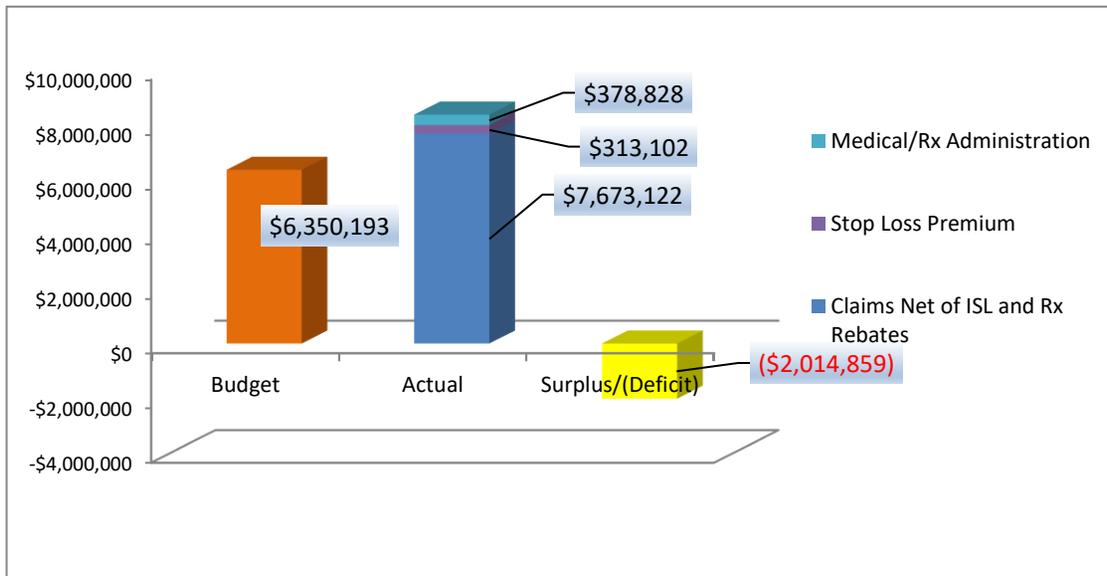
L O C K T O N C O M P A N I E S

**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Executive Summary: Plan YTD through December  
Actual versus Budget*

<b>Medical Plan Year-to-Date</b>	<b>Actual Versus Budget</b>	
	<b>Total \$</b>	<b>PEPM</b>



**Key:**  
**A:** Includes premium equivalent rates (accruals) multiplied by enrollment  
**B:** Net paid claims (medical & Rx), Rx rebates, ASO fees, and stop loss premium  
**C:** Budgeted accruals less actual plan cost

**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

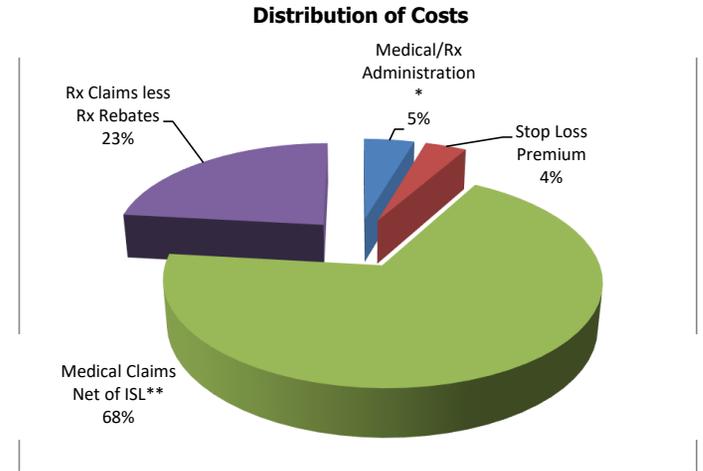
*Executive Summary: Plan YTD through December  
Historical Costs*

<b>Plan Cost History Plan YTD through December</b>			
		<b>October 2025 thru December 2025</b>	<b>October 2024 thru December 2024</b>
<b>Average Enrollment</b>		1,842	1,753
<b>Component of Cost</b>	<b>Total \$ Current</b>	<b>PEPM</b>	<b>PEPM</b>
Medical/Rx Administration*	\$378,828	\$69	\$51
Stop Loss Premium	\$313,102	\$57	\$52
Medical Claims Net of ISL**	\$5,730,241	\$1,037	\$759
Rx Claims less Rx Rebates	\$1,942,881	\$352	\$294
<b>Total</b>	<b>\$8,365,052</b>	<b>\$1,514</b>	<b>\$1,157</b>
Year-over-Year Trend		30.9%	N/A

<b>Trend History Plan YTD through December</b>		
		<b>October 2025 thru December 2025</b>
<b>Component of Cost</b>	<b>Total \$ Current</b>	<b>Trend</b>
Medical/Rx Administration*	\$378,828	34.5%
Stop Loss Premium	\$313,102	8.1%
Medical Claims Net of ISL**	\$5,730,241	36.7%
Rx Claims less Rx Rebates	\$1,942,881	19.4%
<b>Total</b>	<b>\$8,365,052</b>	<b>30.9%</b>

\*Includes Lantern PEPM fee

\*\*Includes Lantern claims



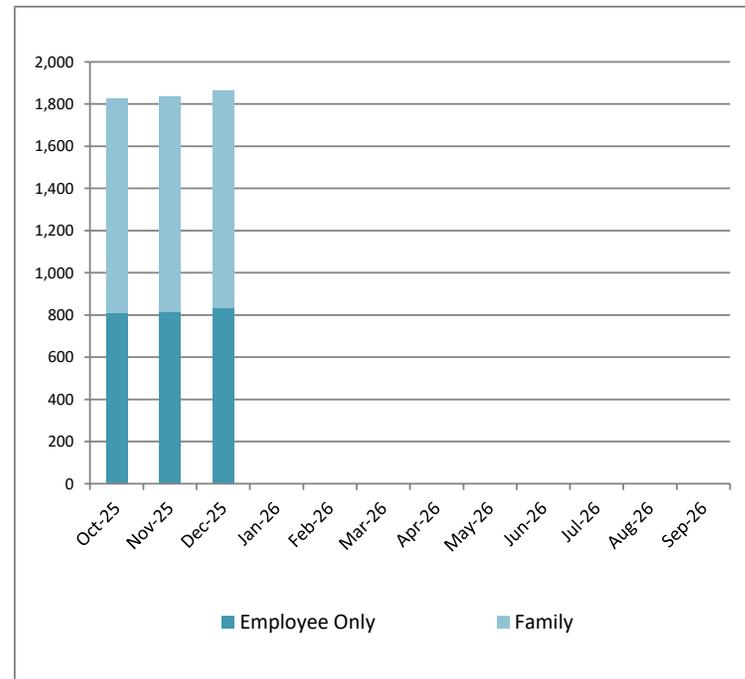
**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Membership and Enrollment  
Plan YTD through December*

<b>All Plans</b>					
<b>October 2025 thru December 2025</b>					
<b>Month/Year</b>	<b>Total Members</b>	<b>Employee Enrollment by Tier</b>			<b>Average Contract Size</b>
		<b>Employee Only</b>	<b>Family</b>	<b>Total</b>	
Oct-25	4,104	809	1,016	1,825	2.25
Nov-25	4,129	815	1,022	1,837	2.25
Dec-25	4,180	831	1,032	1,863	2.24
Jan-26					
Feb-26					
Mar-26					
Apr-26					
May-26					
Jun-26					
Jul-26					
Aug-26					
Sep-26					
<b>Total</b>	<b>12,413</b>	<b>2,455</b>	<b>3,070</b>	<b>5,525</b>	<b>2.25</b>
<b>Average</b>	<b>4,138</b>	<b>818</b>	<b>1,023</b>	<b>1,842</b>	
<b>Prior YTD Avg</b>	<b>3,863</b>	<b>789</b>	<b>964</b>	<b>1,753</b>	<b>2.20</b>
<b>% Change</b>	<b>7.1%</b>	<b>3.7%</b>	<b>6.2%</b>	<b>5.1%</b>	<b>1.9%</b>

**Employee Enrollment by Coverage Tier**



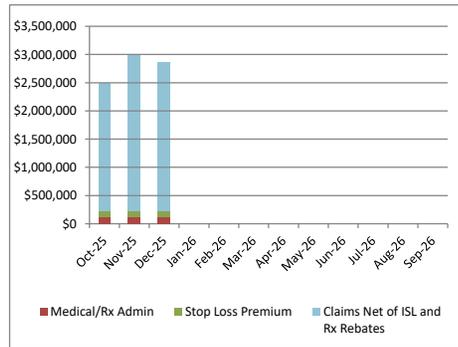
**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

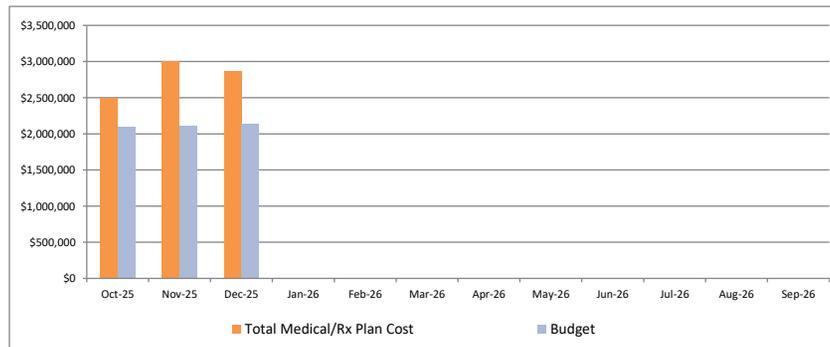
Medical/Rx Fixed Costs, Paid Claims and Budget  
Plan YTD through December

All Plans October 2025 thru December 2025															
Month/Year	Enrollment	Fixed Costs			Paid Claims							Total Medical/Rx Plan Cost	Actual vs. Budget		
		Medical/Rx Admin	Stop Loss Premium	Total Fixed Costs	Gross Medical Claims	Gross Rx Claims	Lantern Claims	Total Claims	Rx Rebates	Amounts over ISL	Claims Net of ISL and Rx Rebates		Budget	Surplus/ (Deficit)	Loss Ratio
Oct-25	1,825	\$125,161	\$103,423	\$228,583	\$1,409,385	\$810,869	\$47,159	\$2,267,414	\$0	\$0	\$2,267,414	\$2,495,997	\$2,099,220	(\$396,777)	118.9%
Nov-25	1,837	\$125,969	\$104,103	\$230,072	\$1,850,396	\$885,193	\$38,822	\$2,774,411	\$0	\$0	\$2,774,411	\$3,004,483	\$2,111,960	(\$892,523)	142.3%
Dec-25	1,863	\$127,699	\$105,576	\$233,275	\$2,374,236	\$993,440	\$10,243	\$3,377,919	\$746,622	\$0	\$2,631,297	\$2,864,572	\$2,139,013	(\$725,559)	133.9%
Jan-26															
Feb-26															
Mar-26															
Apr-26															
May-26															
Jun-26															
Jul-26															
Aug-26															
Sep-26															
<b>Total</b>	<b>5,525</b>	<b>\$378,828</b>	<b>\$313,102</b>	<b>\$691,930</b>	<b>\$5,634,017</b>	<b>\$2,689,502</b>	<b>\$96,224</b>	<b>\$8,419,743</b>	<b>\$746,622</b>	<b>\$0</b>	<b>\$7,673,122</b>	<b>\$8,365,052</b>	<b>\$6,350,193</b>	<b>(\$2,014,859)</b>	<b>131.7%</b>
<b>PEPM</b>	<b>1,842</b>	<b>\$69</b>	<b>\$57</b>	<b>\$125</b>	<b>\$1,020</b>	<b>\$487</b>	<b>\$17</b>	<b>\$1,524</b>	<b>\$135</b>	<b>\$0</b>	<b>\$1,389</b>	<b>\$1,514</b>	<b>\$1,149</b>	<b>(\$365)</b>	
Prior YTD	1,753	\$51	\$52	\$103	\$746	\$419	\$13	\$1,178	\$125	\$0	\$1,053	\$1,157	\$1,147	(\$9)	100.8%
% Change	5.1%	34.5%	8.1%	21.1%	36.7%	16.1%	34.9%	29.4%	8.3%	N/A	31.8%	30.9%	0.2%	3799.4%	

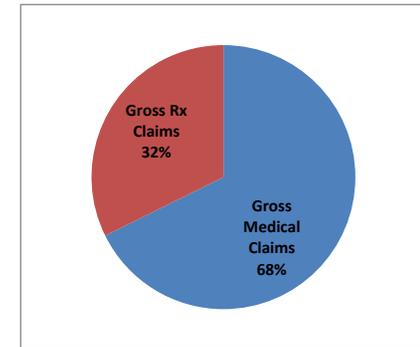
**Distribution of Plan Costs by Month**



**Actual vs. Budget by Month**



**Distribution of Claims**



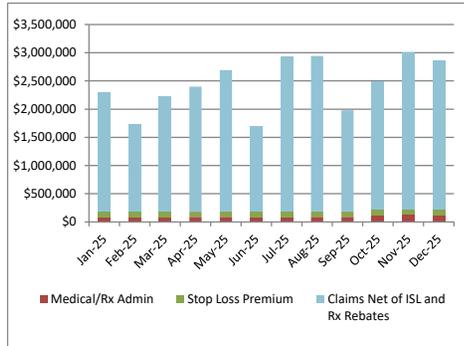
**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

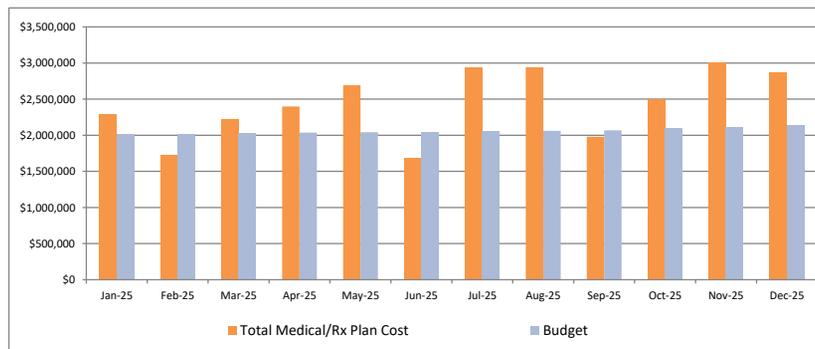
Medical/Rx Fixed Costs, Paid Claims and Budget  
Plan YTD through December

All Plans																
Rolling 12 Months																
Month/Year	Enrollment	Fixed Costs			Paid Claims								Total Medical/Rx Plan Cost	Actual vs. Budget		
		Medical/Rx Admin	Stop Loss Premium	Total Fixed Costs	Gross Medical Claims	Gross Rx Claims	Lantern Claims	Total Claims	Rx Rebates	Amounts over ISL	Claims Net of ISL and Rx Rebates	Budget		Surplus/ (Deficit)	Loss Ratio	
Jan-25	1,762	\$89,844	\$92,364	\$182,208	\$1,410,422	\$686,651	\$17,024	\$2,114,098	\$0	\$0	\$2,114,098	\$2,296,306	\$2,022,353	(\$273,954)	113.5%	
Feb-25	1,761	\$89,793	\$92,312	\$182,105	\$769,686	\$772,808	\$6,811	\$1,549,304	\$0	\$0	\$1,549,304	\$1,731,409	\$2,022,235	\$290,826	85.6%	
Mar-25	1,761	\$89,793	\$92,312	\$182,105	\$1,700,695	\$915,019	\$5,011	\$2,620,726	\$579,027	\$0	\$2,041,699	\$2,223,804	\$2,024,845	(\$198,959)	109.8%	
Apr-25	1,776	\$90,558	\$93,098	\$183,656	\$1,322,563	\$884,985	\$6,719	\$2,214,267	\$0	\$0	\$2,214,267	\$2,397,923	\$2,037,360	(\$360,563)	117.7%	
May-25	1,780	\$90,762	\$93,308	\$184,070	\$1,657,468	\$845,221	\$5,424	\$2,508,113	\$0	\$0	\$2,508,113	\$2,692,183	\$2,041,298	(\$650,885)	131.9%	
Jun-25	1,786	\$91,068	\$93,622	\$184,690	\$1,222,001	\$909,318	\$91,315	\$2,222,634	\$722,278	\$0	\$1,500,356	\$1,685,046	\$2,048,650	\$363,604	82.3%	
Jul-25	1,802	\$91,884	\$94,461	\$186,345	\$1,754,680	\$979,238	\$16,061	\$2,749,978	\$0	\$0	\$2,749,978	\$2,936,323	\$2,061,260	(\$875,063)	142.5%	
Aug-25	1,804	\$91,986	\$94,566	\$186,552	\$1,751,486	\$955,608	\$49,155	\$2,756,250	\$0	\$0	\$2,756,250	\$2,942,801	\$2,062,688	(\$880,114)	142.7%	
Sep-25	1,808	\$92,190	\$94,775	\$186,965	\$1,482,884	\$949,873	\$133,249	\$2,566,006	\$740,847	\$32,640	\$1,792,519	\$1,979,485	\$2,066,933	\$87,448	95.8%	
Oct-25	1,825	\$125,161	\$103,423	\$228,583	\$1,409,385	\$810,869	\$47,159	\$2,267,414	\$0	\$0	\$2,267,414	\$2,495,997	\$2,099,220	(\$396,777)	118.9%	
Nov-25	1,837	\$125,969	\$104,103	\$230,072	\$1,850,396	\$885,193	\$38,822	\$2,774,411	\$0	\$0	\$2,774,411	\$3,004,483	\$2,111,960	(\$892,523)	142.3%	
Dec-25	1,863	\$127,699	\$105,576	\$233,275	\$2,374,236	\$993,440	\$10,243	\$3,377,919	\$746,622	\$0	\$2,631,297	\$2,864,572	\$2,139,013	(\$725,559)	133.9%	
<b>Total</b>	<b>21,565</b>	<b>\$1,196,708</b>	<b>\$1,153,919</b>	<b>\$2,350,627</b>	<b>\$18,705,903</b>	<b>\$10,588,223</b>	<b>\$426,994</b>	<b>\$29,721,120</b>	<b>\$2,788,774</b>	<b>\$32,640</b>	<b>\$26,899,706</b>	<b>\$29,250,332</b>	<b>\$24,737,813</b>	<b>(\$4,512,520)</b>	<b>118.2%</b>	
<b>PEPM</b>	<b>1,797</b>	<b>\$55</b>	<b>\$54</b>	<b>\$109</b>	<b>\$867</b>	<b>\$491</b>	<b>\$20</b>	<b>\$1,378</b>	<b>\$129</b>	<b>\$2</b>	<b>\$1,247</b>	<b>\$1,356</b>	<b>\$1,147</b>	<b>(\$209)</b>		

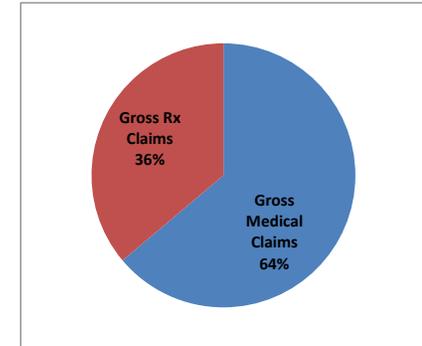
**Distribution of Plan Costs by Month**



**Actual vs. Budget by Month**



**Distribution of Claims**



**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Weight Loss GLP-1 Utilization  
Plan YTD through December*

<b>All Plans</b>				
<b>October 2025 thru December 2025</b>				
<b>Month/Year</b>	<b>Total RX</b>	<b>Total Utilizers</b>	<b>Plan Cost</b>	<b>Avg Plan Cost per Rx</b>
Oct-25	209	193	\$208,728	\$999
Nov-25	241	222	\$248,587	\$1,031
Dec-25	269	236	\$277,612	\$1,032
Jan-26				
Feb-26				
Mar-26				
Apr-26				
May-26				
Jun-26				
Jul-26				
Aug-26				
Sep-26				
<b>Total</b>	<b>719</b>	<b>651</b>	<b>\$734,928</b>	<b>\$1,022</b>

% of Total Rx Claims:	27%
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**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Large Claims  
Current Plan Year*

<b>Large Claims Current Plan Year</b>						
<b>Medical Claims Over \$50,000 Paid October 2025 through December 2025</b>						
<b>Individual Stop-Loss Deductible \$300,000 with Aggregating Specific Deductible of \$100,000 Paid Contract Basis, Medical and Rx</b>						
<b>Claimant</b>	<b>Gross Claims</b>	<b>Aggregating Specific Erosion</b>	<b>Stop-Loss Reimbursements</b>	<b>Net Claims</b>	<b>Diagnosis</b>	<b>Relationship</b>
1	\$228,808	\$0	\$0	\$228,808	Other specified sepsis	Subscriber
2	\$216,635	\$0	\$0	\$216,635	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester	Spouse
3	\$176,615	\$0	\$0	\$176,615	Other intervertebral disc displacement, lumbar region	Subscriber
4	\$155,480	\$0	\$0	\$155,480	Multiple myeloma not having achieved remission	Subscriber
5	\$140,729	\$0	\$0	\$140,729	Rx	Dependent
6	\$133,463	\$0	\$0	\$133,463	Non-ST elevation (NSTEMI) myocardial infarction	Subscriber
7	\$126,550	\$0	\$0	\$126,550	Encounter for antineoplastic radiation therapy	Subscriber
8	\$110,844	\$0	\$0	\$110,844	Respiratory distress syndrome of newborn	Dependent
9	\$109,123	\$0	\$0	\$109,123	Multiple myeloma not having achieved remission	Subscriber
10	\$108,316	\$0	\$0	\$108,316	Extreme immaturity of newborn, gestational age 26 completed weeks	Dependent
11	\$108,202	\$0	\$0	\$108,202	Respiratory distress syndrome of newborn	Dependent
12	\$101,290	\$0	\$0	\$101,290	Sepsis, unspecified organism	Dependent
13	\$87,139	\$0	\$0	\$87,139	Paroxysmal atrial fibrillation	Dependent
14	\$84,122	\$0	\$0	\$84,122	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Spouse
15	\$74,027	\$0	\$0	\$74,027	Other malignant neuroendocrine tumors	Spouse
16	\$72,997	\$0	\$0	\$72,997	Stress incontinence (female) (male)	Spouse
17	\$67,019	\$0	\$0	\$67,019	Non-ST elevation (NSTEMI) myocardial infarction	Spouse
18	\$66,034	\$0	\$0	\$66,034	Calculus of gallbladder with acute cholecystitis without obstruction	Spouse
19	\$63,703	\$0	\$0	\$63,703	Maternal care for low transverse scar from previous cesarean delivery	Spouse
20	\$60,957	\$0	\$0	\$60,957	Rx	Subscriber
21	\$60,525	\$0	\$0	\$60,525	Rx	Subscriber
22	\$59,948	\$0	\$0	\$59,948	Other disorders of autonomic nervous system	Spouse
23	\$56,859	\$0	\$0	\$56,859	Incisional hernia without obstruction or gangrene	Spouse
24	\$53,121	\$0	\$0	\$53,121	TBD	Subscriber
25	\$52,821	\$0	\$0	\$52,821	Rx	Subscriber

**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Large Claims  
Current Plan Year*

<b>Large Claims Current Plan Year</b>						
<b>Medical Claims Over \$50,000 Paid October 2025 through December 2025</b>						
<b>Individual Stop-Loss Deductible \$300,000 with Aggregating Specific Deductible of \$100,000 Paid Contract Basis, Medical and Rx</b>						
<b>Claimant</b>	<b>Gross Claims</b>	<b>Aggregating Specific Erosion</b>	<b>Stop-Loss Reimbursements</b>	<b>Net Claims</b>	<b>Diagnosis</b>	<b>Relationship</b>
26	\$52,304	\$0	\$0	\$52,304	Rx	Subscriber
27	\$51,187	\$0	\$0	\$51,187	Rx	Subscriber
<b>Total</b>	<b>\$2,678,816</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,678,816</b>		

**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

Large Claims

Large Claims Prior Plan Year						
Medical Claims Over \$50,000 Paid October 2024 through September 2025						
Individual Stop-Loss Deductible \$300,000 with Aggregating Specific Deductible of \$100,000 Paid Contract Basis, Medical and Rx						
Claimant	Gross Claims	Aggregating Specific Erosion	Stop-Loss Reimbursements	Net Claims	Diagnosis	Relationship
1	\$393,508	\$93,508	\$0	\$393,508	Rx	Dependent
2	\$339,131	\$6,492	\$32,640	\$306,492	Rx	Employee
3	\$299,615	\$0	\$0	\$299,615	Z5111 Encounter For Antineoplastic Chemotherapy	Spouse
4	\$285,316	\$0	\$0	\$285,316	D4819 Oth Neoplasm Of Uncertain Behavior Of Connctv/Soft Tiss	Employee
5	\$251,040	\$0	\$0	\$251,040	C7931 Secondary Malignant Neoplasm Of Brain	Spouse
6	\$239,949	\$0	\$0	\$239,949	Z5111 Encounter For Antineoplastic Chemotherapy	Spouse
7	\$239,068	\$0	\$0	\$239,068	C50419 Malig Neoplasm Of Upper-Outer Quadrant Of Unsp Female Breast	Spouse
8	\$220,137	\$0	\$0	\$220,137	Rx	Employee
9	\$215,771	\$0	\$0	\$215,771	Rx	Spouse
10	\$188,213	\$0	\$0	\$188,213	R569 Unspecified Convulsions	Dependent
11	\$182,907	\$0	\$0	\$182,907	I352 Nonrheumatic Aortic (Valve) Stenosis With Insufficiency	Spouse
12	\$181,807	\$0	\$0	\$181,807	Z5111 Encounter For Antineoplastic Chemotherapy	Employee
13	\$172,390	\$0	\$0	\$172,390	Rx	Employee
14	\$171,226	\$0	\$0	\$171,226	D800 Hereditary Hypogammaglobulinemia	Employee
15	\$156,242	\$0	\$0	\$156,242	N186 End Stage Renal Disease	Employee
16	\$146,136	\$0	\$0	\$146,136	G40219 Local-Rel Symptc Epi W Cmplx Part Seiz, Ntrct, W/O Stat Epi	Spouse
17	\$144,470	\$0	\$0	\$144,470	S069X0A Unsp Intracranial Injury W/O Loss Of Consciousness, Init	Dependent
18	\$142,997	\$0	\$0	\$142,997	K50112 Crohn'S Disease Of Large Intestine W Intestinal Obstruction	Dependent
19	\$135,403	\$0	\$0	\$135,403	C7A010 Malignant Carcinoid Tumor Of The Duodenum	Spouse
20	\$131,737	\$0	\$0	\$131,737	K222 Esophageal Obstruction	Spouse
21	\$127,631	\$0	\$0	\$127,631	N179 Acute Kidney Failure, Unspecified	Spouse
22	\$123,261	\$0	\$0	\$123,261	I214 Non-St Elevation (Nstemi) Myocardial Infarction	Employee
23	\$118,552	\$0	\$0	\$118,552	D839 Common Variable Immunodeficiency, Unspecified	Spouse
24	\$113,972	\$0	\$0	\$113,972	D649 Anemia, Unspecified	Employee
25	\$111,724	\$0	\$0	\$111,724	I493 Ventricular Premature Depolarization	Employee
26	\$109,228	\$0	\$0	\$109,228	Rx	Employee
27	\$106,803	\$0	\$0	\$106,803	Rx	Employee
28	\$105,662	\$0	\$0	\$105,662	F840 Autistic Disorder	Dependent
29	\$104,841	\$0	\$0	\$104,841	F1020 Alcohol Dependence, Uncomplicated	Employee
30	\$101,638	\$0	\$0	\$101,638	R1900 Intra-Abd And Pelvic Swelling, Mass And Lump, Unsp Site	Employee
31	\$95,612	\$0	\$0	\$95,612	Rx	Spouse
32	\$93,343	\$0	\$0	\$93,343	E1152 Type 2 Diabetes W Diabetic Peripheral Angiopathy W Gangrene	Employee
33	\$92,175	\$0	\$0	\$92,175	Rx	Employee
34	\$88,419	\$0	\$0	\$88,419	S72452A Displ Suprcndl Fx W/O Intrcndl Extn Lower End L Femur, Init	Spouse
35	\$87,432	\$0	\$0	\$87,432	Rx	Spouse
36	\$87,153	\$0	\$0	\$87,153	C561 Malignant Neoplasm Of Right Ovary	Spouse

**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Large Claims*

Large Claims Prior Plan Year						
Medical Claims Over \$50,000 Paid October 2024 through September 2025						
Individual Stop-Loss Deductible \$300,000 with Aggregating Specific Deductible of \$100,000 Paid Contract Basis, Medical and Rx						
Claimant	Gross Claims	Aggregating Specific Erosion	Stop-Loss Reimbursements	Net Claims	Diagnosis	Relationship
37	\$85,919	\$0	\$0	\$85,919	K5190 Ulcerative Colitis, Unspecified, Without Complications	Employee
38	\$84,929	\$0	\$0	\$84,929	Rx	Employee
39	\$84,726	\$0	\$0	\$84,726	I83029 Varicose Veins Of Left Lower Extremity W Ulcer Of Unsp Site	Employee
40	\$84,450	\$0	\$0	\$84,450	Rx	Spouse
41	\$83,376	\$0	\$0	\$83,376	Rx	Employee
42	\$81,410	\$0	\$0	\$81,410	Rx	Employee
43	\$81,032	\$0	\$0	\$81,032	Rx	Spouse
44	\$80,961	\$0	\$0	\$80,961	E1152 Type 2 Diabetes W Diabetic Peripheral Angiopathy W Gangrene	Spouse
45	\$80,513	\$0	\$0	\$80,513	N83202 Unspecified Ovarian Cyst, Left Side	Dependent
46	\$80,398	\$0	\$0	\$80,398	Rx	Spouse
47	\$78,816	\$0	\$0	\$78,816	M1711 Unilateral Primary Osteoarthritis, Right Knee	Spouse
48	\$77,402	\$0	\$0	\$77,402	G35 Multiple Sclerosis	Spouse
49	\$76,692	\$0	\$0	\$76,692	Rx	Employee
50	\$76,030	\$0	\$0	\$76,030	Rx	Employee
51	\$75,036	\$0	\$0	\$75,036	Rx	Spouse
52	\$73,155	\$0	\$0	\$73,155	S82851A Displaced Trimalleolar Fracture Of Right Lower Leg, Init	Employee
53	\$71,875	\$0	\$0	\$71,875	N186 End Stage Renal Disease	Employee
54	\$71,266	\$0	\$0	\$71,266	I4819 Other Persistent Atrial Fibrillation	Employee
55	\$68,983	\$0	\$0	\$68,983	C61 Malignant Neoplasm Of Prostate	Employee
56	\$68,589	\$0	\$0	\$68,589	Rx	Spouse
57	\$65,554	\$0	\$0	\$65,554	G248 Other Dystonia	Disabled Dependent
58	\$65,550	\$0	\$0	\$65,550	Rx	Spouse
59	\$65,116	\$0	\$0	\$65,116	C4492 Squamous Cell Carcinoma Of Skin, Unspecified	Spouse
60	\$64,872	\$0	\$0	\$64,872	D250 Submucous Leiomyoma Of Uterus	Spouse
61	\$64,861	\$0	\$0	\$64,861	Rx	Employee
62	\$64,596	\$0	\$0	\$64,596	D469 Myelodysplastic Syndrome, Unspecified	Employee
63	\$64,197	\$0	\$0	\$64,197	Rx	Spouse
64	\$63,107	\$0	\$0	\$63,107	N200 Calculus Of Kidney	Employee
65	\$62,416	\$0	\$0	\$62,416	M0609 Rheumatoid Arthritis W/O Rheumatoid Factor, Multiple Sites	Employee
66	\$61,551	\$0	\$0	\$61,551	Rx	Spouse
67	\$60,253	\$0	\$0	\$60,253	C541 Malignant Neoplasm Of Endometrium	Spouse
68	\$58,747	\$0	\$0	\$58,747	E43 Unspecified Severe Protein-Calorie Malnutrition	Employee
69	\$58,711	\$0	\$0	\$58,711	Rx	Employee
70	\$57,178	\$0	\$0	\$57,178	Rx	Spouse
71	\$54,084	\$0	\$0	\$54,084	O6014X0 Preterm Labor Third Tri W Preterm Delivery Third Tri, Unsp	Spouse
72	\$51,698	\$0	\$0	\$51,698	S42412A Displ Simple Suprcndl Fx W/O Intrcndl Fx L Humerus, Init	Dependent

**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Large Claims*

<b>Large Claims Prior Plan Year</b>						
<b>Medical Claims Over \$50,000 Paid October 2024 through September 2025</b>						
<b>Individual Stop-Loss Deductible \$300,000 with Aggregating Specific Deductible of \$100,000 Paid Contract Basis, Medical and Rx</b>						
<b>Claimant</b>	<b>Gross Claims</b>	<b>Aggregating Specific Erosion</b>	<b>Stop-Loss Reimbursements</b>	<b>Net Claims</b>	<b>Diagnosis</b>	<b>Relationship</b>
73	\$51,504	\$0	\$0	\$51,504	I6381 Other Cereb Infrc Due To Occls Or Stenosis Of Small Artery	Spouse
74	\$51,168	\$0	\$0	\$51,168	Rx	Dependent
75	\$50,246	\$0	\$0	\$50,246	I214 Non-St Elevation (Nstemi) Myocardial Infarction	Employee
<b>Total</b>	<b>\$8,605,476</b>	<b>\$100,000</b>	<b>\$32,640</b>	<b>\$8,572,836</b>		

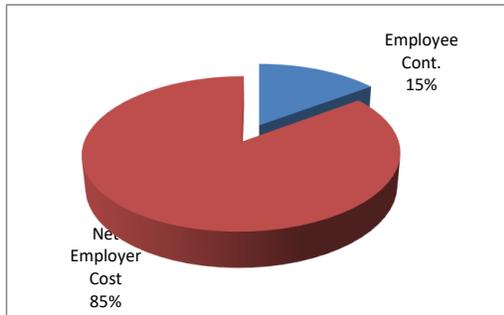
**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

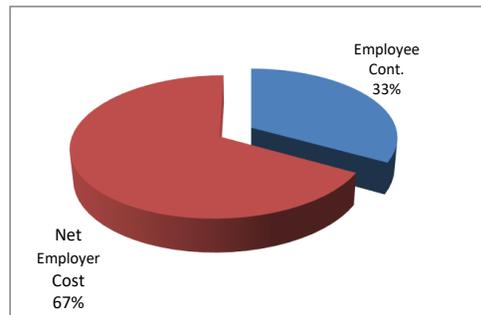
*Cost Share  
Plan YTD through December*

All Plans							
October 2025 thru December 2025							
Month/Year	Enrollment	Total Plan Costs			Payroll Contribution Cost Share		
		Total Fixed Costs	Total Net Medical/Rx Claims	Total Medical/Rx Plan Cost	Employee Payroll Contributions*	Net Employer Cost	Employee Cost Share (%)
Oct-25	1,825	\$228,583	\$2,267,414	\$2,495,997	\$410,240	\$2,085,757	16.4%
Nov-25	1,837	\$230,072	\$2,774,411	\$3,004,483	\$412,150	\$2,592,333	13.7%
Dec-25	1,863	\$233,275	\$2,631,297	\$2,864,572	\$416,953	\$2,447,619	14.6%
Jan-26							
Feb-26							
Mar-26							
Apr-26							
May-26							
Jun-26							
Jul-26							
Aug-26							
Sep-26							
<b>Total</b>	<b>5,525</b>	<b>\$691,930</b>	<b>\$7,673,122</b>	<b>\$8,365,052</b>	<b>\$1,239,343</b>	<b>\$7,125,709</b>	<b>14.8%</b>
PEPM	1,842	\$125	\$1,389	\$1,514	\$224	\$1,290	14.8%
Prior YTD	1,753	\$103	\$1,053	\$1,157	\$225	\$932	19.4%
% Change	5.1%	21.1%	31.8%	30.9%	-0.2%	38.4%	-23.7%

**Cost Share Based on Payroll Contributions  
Indian River County Cost Share**



**Lockton Book Cost Share**



\* Employee Contributions are based on active employee rates.

**Indian River County**  
**Quarterly Reporting**  
**Paid Claims through December 2025**

**Plan Financials**

*Enrollment by Plan*  
*Plan YTD through December*

<b>Enrollment by Plan</b>						
<b>October thru December 2025</b>						
<b>Month/Year</b>	<b>Gold</b>			<b>Silver</b>		
	<b>Employee Only</b>	<b>Family</b>	<b>Total</b>	<b>Employee Only</b>	<b>Family</b>	<b>Total</b>
Oct-25	476	738	1,214	333	278	611
Nov-25	478	740	1,218	337	282	619
Dec-25	490	747	1,237	341	285	626
Jan-26						
Feb-26						
Mar-26						
Apr-26						
May-26						
Jun-26						
Jul-26						
Aug-26						
Sep-26						
<b>Total</b>	<b>1,444</b>	<b>2,225</b>	<b>3,669</b>	<b>1,011</b>	<b>845</b>	<b>1,856</b>
<b>Average</b>	<b>481</b>	<b>742</b>	<b>1,223</b>	<b>337</b>	<b>282</b>	<b>619</b>
Prior YTD	479	710	1,189	310	254	564
% Change	0.4%	4.5%	2.9%	8.6%	11.2%	9.8%

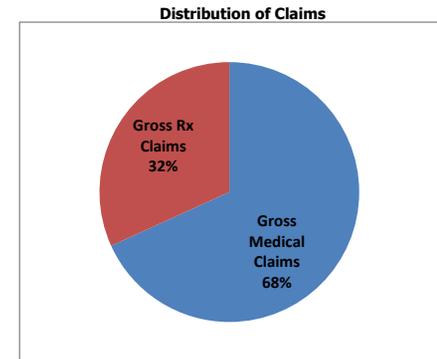
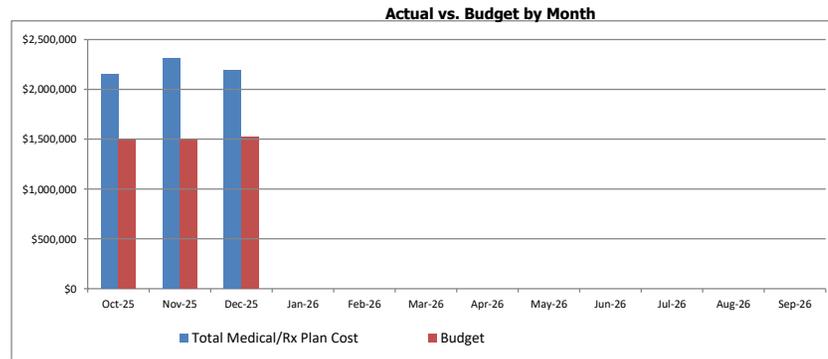
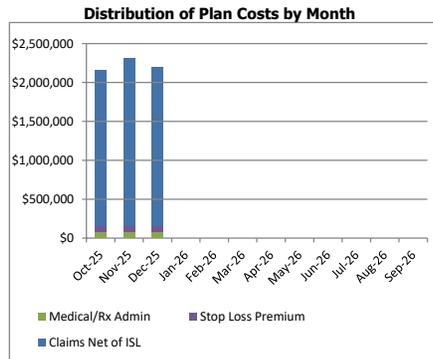
**Indian River County**  
**Quarterly Reporting**  
**Paid Claims through December 2025**

**Plan Financials**

Medical/Rx Fixed Costs, Paid Claims and Budget  
 Plan YTD through December

Gold															
October thru December 2025															
Month/Year	Enrollment	Fixed Costs			Paid Claims							Total Medical/Rx Plan Cost	Actual vs. Budget		
		Medical/Rx Admin	Stop Loss Premium	Total Fixed Costs	Gross Medical Claims	Gross Rx Claims	Lantern Claims*	Total Claims	Rx Rebates	Amounts over ISL	Claims Net of ISL		Budget	Surplus/ (Deficit)	Loss Ratio
Oct-25	1,214	\$83,257	\$68,797	\$152,055	\$1,295,412	\$669,535	\$37,663	\$2,002,610	\$0	\$0	\$2,002,610	\$2,154,665	\$1,496,250	(\$658,415)	144.0%
Nov-25	1,218	\$83,522	\$69,024	\$152,546	\$1,440,795	\$684,500	\$30,806	\$2,156,100	\$0	\$0	\$2,156,100	\$2,308,647	\$1,500,880	(\$807,767)	153.8%
Dec-25	1,237	\$84,790	\$70,101	\$154,890	\$1,842,472	\$779,186	\$8,119	\$2,629,777	\$589,410	\$0	\$2,040,367	\$2,195,257	\$1,521,135	(\$674,122)	144.3%
Jan-26															
Feb-26															
Mar-26															
Apr-26															
May-26															
Jun-26															
Jul-26															
Aug-26															
Sep-26															
<b>Total</b>	<b>3,669</b>	<b>\$251,569</b>	<b>\$207,922</b>	<b>\$459,492</b>	<b>\$4,578,679</b>	<b>\$2,133,221</b>	<b>\$76,588</b>	<b>\$6,788,487</b>	<b>\$589,410</b>	<b>\$0</b>	<b>\$6,199,077</b>	<b>\$6,658,569</b>	<b>\$4,518,265</b>	<b>(\$2,140,304)</b>	<b>147.4%</b>
PEPM	1,223	\$69	\$57	\$125	\$1,248	\$581	\$21	\$1,850	\$161	\$0	\$1,690	\$1,815	\$1,231	(\$583)	
Prior YTD	1,189	\$51	\$52	\$103	\$872	\$516	\$15	\$1,403	\$157	\$0	\$1,246	\$1,349	\$1,225	(\$124)	110.1%
% Change	2.9%	34.5%	8.1%	21.1%	43.0%	12.7%	40.9%	31.9%	2.0%	N/A	35.6%	34.5%	0.5%	370.0%	

\*Lantern claims are allocated by plan based on medical claims.



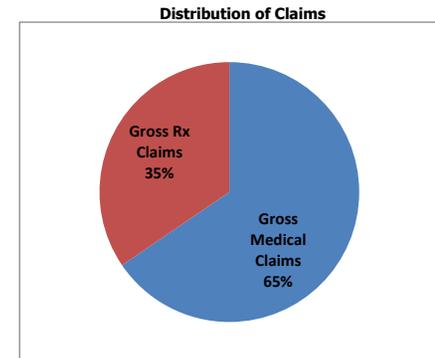
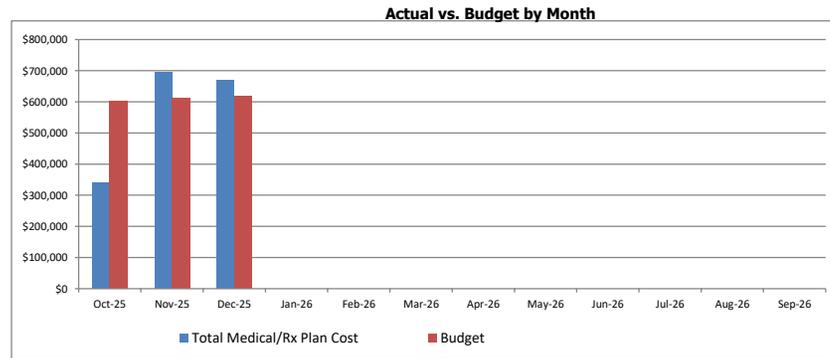
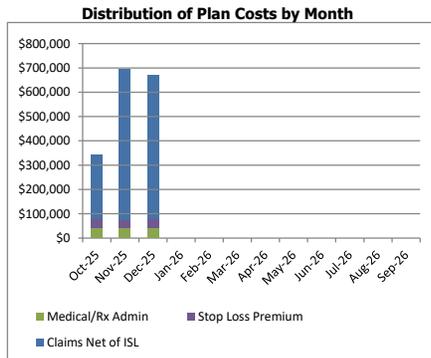
**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

Medical/Rx Fixed Costs, Paid Claims and Budget  
Plan YTD through December

Silver October thru December 2025															
		Fixed Costs			Paid Claims							Actual vs. Budget			
Month/Year	Enrollment	Medical/Rx Admin	Stop Loss Premium	Total Fixed Costs	Gross Medical Claims	Gross Rx Claims	Lantern Claims*	Total Claims	Rx Rebates	Amounts over ISL	Claims Net of ISL	Total Medical/Rx Plan Cost	Budget	Surplus/ (Deficit)	Loss Ratio
Oct-25	611	\$41,903	\$34,625	\$76,528	\$113,973	\$141,334	\$9,497	\$264,804	\$0	\$0	\$264,804	\$341,332	\$602,970	\$261,638	56.6%
Nov-25	619	\$42,447	\$35,079	\$77,526	\$409,601	\$200,693	\$8,017	\$618,311	\$0	\$0	\$618,311	\$695,836	\$611,080	(\$84,756)	113.9%
Dec-25	626	\$42,909	\$35,475	\$78,384	\$531,764	\$214,254	\$2,123	\$748,141	\$157,211	\$0	\$590,930	\$669,314	\$617,878	(\$51,437)	108.3%
Jan-26															
Feb-26															
Mar-26															
Apr-26															
May-26															
Jun-26															
Jul-26															
Aug-26															
Sep-26															
<b>Total</b>	<b>1,856</b>	<b>\$127,259</b>	<b>\$105,180</b>	<b>\$232,438</b>	<b>\$1,055,338</b>	<b>\$556,281</b>	<b>\$19,637</b>	<b>\$1,631,256</b>	<b>\$157,211</b>	<b>\$0</b>	<b>\$1,474,045</b>	<b>\$1,706,483</b>	<b>\$1,831,928</b>	<b>\$125,444</b>	<b>93.2%</b>
PEPM	619	\$69	\$57	\$125	\$569	\$300	\$11	\$879	\$85	\$0	\$794	\$919	\$987	\$68	
Prior YTD	564	\$51	\$52	\$103	\$479	\$215	\$9	\$703	\$56	\$0	\$648	\$751	\$984	\$233	76.4%
% Change	9.7%	34.5%	8.1%	21.1%	18.7%	39.2%	18.9%	24.9%	52.1%	N/A	22.6%	22.4%	0.3%	-70.9%	

\*Lantern claims are allocated by plan based on medical claims.

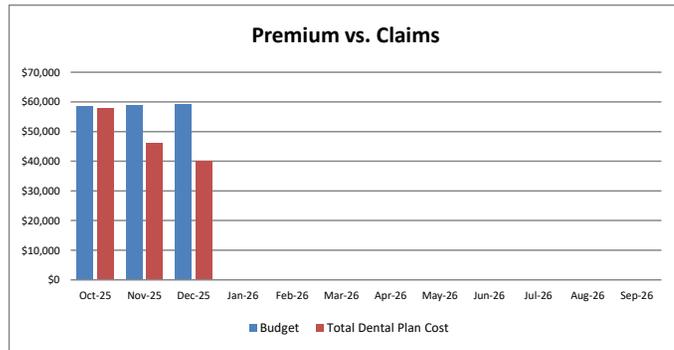


**Indian River County  
Quarterly Reporting**

**Plan Financials**

*Dental Fixed Costs, Paid Claims and Budget*

Dental - All plans							
October 2025 thru December 2025							
Month/Year	Enrollment	Dental Costs			Actual vs. Budget		
		Dental Admin	Dental Claims	Total Dental Plan Cost	Budget	Surplus / (Deficit)	Loss Ratio
Oct-25	1,084	\$4,065	\$53,863	\$57,928	\$58,598	\$670	98.9%
Nov-25	1,089	\$4,084	\$42,189	\$46,273	\$58,833	\$12,561	78.7%
Dec-25	1,096	\$4,110	\$35,797	\$39,907	\$59,149	\$19,242	67.5%
Jan-26							
Feb-26							
Mar-26							
Apr-26							
May-26							
Jun-26							
Jul-26							
Aug-26							
Sep-26							
<b>Total</b>	<b>3,269</b>	<b>\$12,259</b>	<b>\$131,849</b>	<b>\$144,108</b>	<b>\$176,580</b>	<b>\$32,472</b>	<b>81.6%</b>
PEPM	1,090	\$4	\$40	\$44	\$54	\$10	
Prior YTD	1,055	\$4	\$41	\$45	\$53	\$8	84.7%
% Change	3.3%	0.0%	-2.3%	-2.1%	1.6%	22.5%	

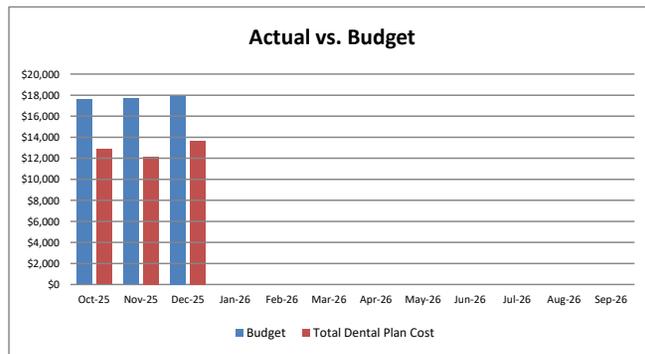


**Indian River County**  
**Quarterly Reporting**  
**Paid Claims through December 2025**

**Plan Financials**

*Dental Fixed Costs, Paid Claims and Budget*  
*Plan YTD through December*

<b>Dental - Low Plan</b>							
<b>October 2025 thru December 2025</b>							
<b>Month/Year</b>	<b>Enrollment</b>	<b>Dental Costs</b>			<b>Actual vs. Budget</b>		
		<b>Dental Admin</b>	<b>Dental Claims</b>	<b>Total Dental Plan Cost</b>	<b>Budget</b>	<b>Surplus / (Deficit)</b>	<b>Loss Ratio</b>
Oct-25	433	\$1,624	\$11,249	\$12,873	\$17,597	\$4,724	73.2%
Nov-25	437	\$1,639	\$10,540	\$12,179	\$17,687	\$5,508	68.9%
Dec-25	441	\$1,654	\$12,001	\$13,655	\$17,921	\$4,266	76.2%
Jan-26							
Feb-26							
Mar-26							
Apr-26							
May-26							
Jun-26							
Jul-26							
Aug-26							
Sep-26							
<b>Total</b>	<b>1,311</b>	<b>\$4,916</b>	<b>\$33,790</b>	<b>\$38,706</b>	<b>\$53,205</b>	<b>\$14,499</b>	<b>72.7%</b>
PEPM	437	\$4	\$26	\$30	\$41	\$11	
Prior YTD	421	\$4	\$24	\$28	\$40	\$12	69.7%
% Change	3.9%	0.0%	5.9%	5.1%	0.8%	-9.4%	

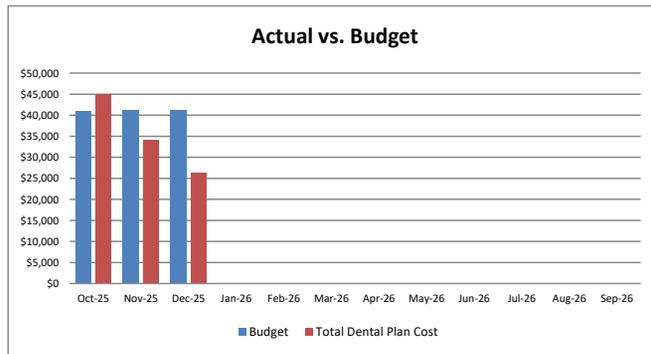


**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Plan Financials**

*Dental Fixed Costs, Paid Claims and Budget  
Plan YTD through December*

Dental High							
October 2025 thru December 2025							
Month/Year	Enrollment	Dental Costs			Actual vs. Budget		
		Dental Admin	Dental Claims	Total Dental Plan Cost	Budget	Surplus / (Deficit)	Loss Ratio
Oct-25	651	\$2,441	\$42,614	\$45,055	\$41,001	(\$4,055)	109.9%
Nov-25	652	\$2,445	\$31,649	\$34,094	\$41,147	\$7,053	82.9%
Dec-25	655	\$2,456	\$23,796	\$26,252	\$41,228	\$14,976	63.7%
Jan-26							
Feb-26							
Mar-26							
Apr-26							
May-26							
Jun-26							
Jul-26							
Aug-26							
Sep-26							
<b>Total</b>	<b>1,958</b>	<b>\$7,343</b>	<b>\$98,059</b>	<b>\$105,402</b>	<b>\$123,375</b>	<b>\$17,974</b>	<b>85.4%</b>
PEPM	653	\$4	\$50	\$54	\$63	\$9	
Prior YTD	634	\$4	\$53	\$56	\$62	\$5	91.3%
% Change	2.9%	0.0%	-4.7%	-4.4%	2.2%	70.3%	



**Indian River County  
Quarterly Reporting  
Paid Claims through December 2025**

**Glossary of Terms**

**Actual Plan Costs/Total Medical and Rx Plan Costs:** Includes medical and Rx claims net of stop loss reimbursements, administrative fees, stop loss premiums, employer HSA funding and ACA reinsurance fees

**Budgeted Accruals:** Premium equivalent rates multiplied by actual enrollment

**Surplus/Deficit:** The amount by which the actual plan costs falls short (surplus) or exceeds (deficit) the budgeted accruals

**Average Contract Size:** The average number of members per enrolled employee

**Gross Medical Claims:** Medical claims paid by Client before any stop loss reimbursement adjustments

**Gross Rx Claims:** Rx claims paid by Client before any stop loss reimbursement adjustments

**ISL:** Individual stop loss

**Loss Ratio:** Actual Plan Costs as a percent of budgeted premiums. An indicator of how the plan is performing. Goal is  $\leq 100\%$

**Employee Payroll Contributions:** Amount employees pay for coverage from their paychecks

## **Our Mission**

To be the worldwide value and service leader in insurance brokerage, employee benefits, and risk management

## **Our Goal**

To be the best place to do business and to work



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