

Health Trust Income Statement

	FY '24 YTD 12-11	FY '25 Projection	FY '25 Projection with Gallagher Funding Recommendations	\$ Difference	% Difference
REVENUES					
Premiums					
Medical Premiums	\$10,993,318.00	\$10,461,672.00	\$13,167,899.16	\$2,706,227.16	25.9%
Dental Premiums	\$863,468.00	\$789,492.80	\$789,492.80	\$0.00	0.0%
Total Premiums	\$11,856,786.00	\$11,251,164.80	\$13,957,391.96	\$2,706,227.16	24.1%
Other					
Interest on Savings	\$188,738.00	\$101,797.65	\$180,000.00		
Other miscellaneous revenue	\$0.00	\$0.00	\$2,000,000.00	\$2,000,000.00	
Drug rebate	\$812,816.00	\$812,816.00	\$812,816.00		
Stop loss reimbursement	\$1,148,849.00	\$0.00	\$0.00		
Unrealized gain (loss)	\$255,152.00	\$0.00	\$0.00		
Total Miscellaneous	\$2,150,403.00	\$914,613.65	\$2,992,816.00	\$2,078,202.35	
Total REVENUES	\$14,007,189.00	\$12,165,778.45	\$16,950,207.96	\$4,784,429.51	39.3%
EXPENDITURES					
Claims					
HRA claims	\$521,938.00	\$444,265.91	\$444,265.91		
Medical claims	\$9,918,531.00	\$8,255,578.00	\$8,255,578.00		
Vision claims	\$140,926.00	\$145,899.00	\$145,899.00		
Dental claims	\$500,048.00	\$462,248.49	\$462,248.49		
Pharmacy claims	\$2,965,865.00	\$3,402,860.00	\$3,402,860.00		
Willamette fees	\$304,446.00	\$314,501.94	\$314,501.94		
Total claims	\$14,351,754.00	\$13,025,353.33	\$13,025,353.33		
Administration					
Medical admin	\$1,951,965.00	\$1,722,702.00	\$1,722,702.00		
Vision admin	\$26,539.00	\$25,279.56	\$25,279.56		
Dental admin	\$46,240.00	\$37,012.00	\$37,012.00		
Trustees fiduciary ins.	\$7,116.00	\$7,116.00	\$7,116.00		
Misc.	\$0.00	\$0.00	\$0.00		
Total Medical admin fees	\$2,031,860.00	\$1,792,109.56	\$1,792,109.56		
Total EXPENDITURES	\$16,383,614.00	\$14,817,462.89	\$14,872,593.47	-	-
BEGINNING NET ASSETS	\$5,158,959.00	\$2,782,534.00	\$2,782,534.00		
NET SURPLUS/(DEFICIT)	-\$2,376,425.00	-\$2,651,684.44	\$2,077,614.49		
ENDING NET ASSETS	\$2,782,534.00	\$130,849.56	\$4,860,148.49	\$4,729,298.93	3614%
HRA Liability	\$747,638.00	\$747,638.00	\$747,638.00		
IBNR Liability	\$700,853.00	\$700,853.00	\$700,853.00		
Total	\$1,334,043.00	-\$1,317,641.44	\$3,411,657.49	\$4,729,298.93	

*Based on our calculations using the DOI surplus formula this account should have a recommended surplus fund balance of \$3,427,624 to \$4,172,119.

2024 Monthly Medical Rates				
Current	County Contribution	Employee Contribution	Total	
Employee Only	\$970.00	\$0.00	\$970.00	318
Employee/Spouse	\$970.00	\$240.00	\$1,210.00	92
Employee/Child	\$970.00	\$52.00	\$1,022.00	83
Employee/Children	\$970.00	\$108.00	\$1,078.00	102
Employee/Family	\$970.00	\$356.00	\$1,326.00	194
Estimated Annual Premium	\$9,183,960.00	\$1,277,712.00	\$10,461,672.00	789
	87.8%	12.2%		
2025 Monthly Medical Rate Option 1				
Same Employee Contribution	County Contribution	Employee Contribution	Total	
Employee Only	\$1,255.83	\$0.00	\$1,255.83	
Employee/Spouse	\$1,255.83	\$240.00	\$1,495.83	
Employee/Child	\$1,255.83	\$52.00	\$1,307.83	
Employee/Children	\$1,255.83	\$108.00	\$1,363.83	
Employee/Family	\$1,255.83	\$356.00	\$1,611.83	
Estimated Annual Premium	\$11,890,187.16	\$1,277,712.00	\$13,167,899.16	
	90.3%	9.7%		
2025 Monthly Medical Rate Option 2				
Same % Split	County Contribution	Employee Contribution	Total	
Employee Only	\$1,220.92	\$34.91	\$1,255.83	
Employee/Spouse	\$1,220.92	\$274.91	\$1,495.83	
Employee/Child	\$1,220.92	\$86.91	\$1,307.83	
Employee/Children	\$1,220.92	\$142.91	\$1,363.83	
Employee/Family	\$1,220.92	\$390.91	\$1,611.83	
Estimated Annual Premium	\$11,559,668.39	\$1,608,230.77	\$13,167,899.16	
	87.8%	12.2%		