HEALTH TRANSIT POOL OF OHIO MEDINA COUNTY, OHIO

REGULAR AUDIT

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023





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Board of Directors Health Transit Pool of Ohio One Park Centre Drive Wadsworth, Ohio 44281

We have reviewed the *Independent Auditor's Report* of the Health Transit Pool of Ohio, Medina County, prepared by Rea & Associates, Inc., for the audit period January 1, 2024 through December 31, 2024. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Health Transit Pool of Ohio is responsible for compliance with these laws and regulations.

KEITH FABER Ohio Auditor of State

Tiffany L Ridenbaugh, CPA, CFE, CGFM Chief Deputy Auditor

Jany I Ridenbaugh

July 21, 2025



HEALTH TRANSIT POOL OF OHIO MEDINA COUNTY, OHIO

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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Independent Auditor's Report

Board of Directors Health Transit Pool of Ohio One Park Centre Drive Wadsworth, Ohio 44281

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Health Transit Pool of Ohio, Medina County, Ohio, (Health TP) as of and for the years ended December 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise Health TP's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Health Transit Pool of Ohio, Medina County, Ohio, as of December 31, 2024 and 2023, and the respective changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We have conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Health TP and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health TP's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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Health Transit Pool of Ohio Independent Auditor's Report Page 2 of 3

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and Government Audit Standards, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health TP's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health TP's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the required supplemental information as listed in the table of contents, to be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Health Transit Pool of Ohio Independent Auditor's Report Page 3 of 3

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated June 3, 2025 on our consideration of the Health TP's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health TP's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Health TP's internal control over financial reporting and compliance.

Rea & Associates, Inc.

Lea & Bassciates, Inc.

Medina, Ohio June 3, 2025

Management's Discussion and Analysis
For the Years Ended December 31, 2024 and 2023

This section of Health Transit Pool of Ohio's (Health TP) annual financial report presents management's overview discussion and analysis of Health TP's financial performance during the years ended December 31, 2024 and 2023. Please read it in conjunction with Health TP's financial statements, which immediately follow this section.

Introduction

In 2013, the Health TP set out to establish a health benefits program with eligibility for any Public Transit operating under Ohio statutory authority. The purpose of the Health TP is to offer a cost-effective alternative to the commercial market for medical, dental, vision, life and prescription drug coverage in addition to providing the corresponding risk management services. Health TP achieves these goals through group purchasing, self-insurance and the pooling of risk. Membership in Health TP is comprised exclusively of Ohio Political Subdivisions, Regional Transit Authorities, County Transit Boards, and other Ohio County Transit operations.

Health TP executed by-laws effective November 1, 2013, and is an Ohio Nonprofit Corporation authorized and governed pursuant to Section 9.833 of the Ohio Revised Code. The formation of Health TP was funded by the three founding members, METRO Regional Transit Authority (Akron), Stark Area Regional Transit Authority (Canton) and Toledo Area Regional Transit Authority (Toledo). In 2016, two additional members joined the pool; Portage Area Regional Transportation Authority (PARTA) and Western Reserve Transit Authority (Youngstown). LAKETRAN joined the pool in 2018. In 2021, Butler County Regional Transit Authority (BCRTA) joined the pool as part of the new small member group and became a full member in 2024. METRO Regional Transit Authority (Akron) voted to withdraw from the Pool effective January 1, 2022 and TARTA voted to withdraw from the Pool effective January 1, 2024. Dayton Regional Transit Authority joined the pool in 2024.

Using this Annual Report

Health TP operates as a proprietary enterprise fund and as such uses full accounting in accordance with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recognized when incurred. Health TP is not legally required to adopt a budget; however, under the by-laws the Health TP Board adopts a budget each year to monitor all expenses of the pool. Budget comparisons are not required for Health TP and therefore are not presented as required supplementary information in this report.

Financial Overview

This annual report consists of three parts - management's discussion and analysis (this section), the basic financial statements, and required supplementary information.

The three basic financial statements presented are as follows:

Statements of Net Position – This statement represents Health TP's position as of the periods ending December 31, 2024 and 2023. Information is presented about assets and liabilities with net position presented as the difference between the two. More detailed information is available in the accompanying financial statements.

Management's Discussion and Analysis
For the Years Ended December 31, 2024 and 2023

Statements of Revenue, Expenses, and Changes in Net Position - This statement reflects the operating and nonoperating revenue and expenses for the periods ending December 31, 2024 and 2023. Operating revenue consists primarily of member contributions, with the major sources of operating expenses being claims incurred but not reported (IBNR) and claims/loss expense. Non-operating expense consists of distributions to members of investment income.

Statements of Cash Flows - This statement is presented on the direct method of reporting and reflects cash flows from operating activities. Cash collections and payments are reflected in this statement to arrive at the net increase or decrease in cash and cash equivalents for the periods ended December 31, 2024 and 2023.

Condensed Financial Information

The following tables present the summarized financial position for Health TP on December 31, 2024, 2023 and 2022. In addition to net position, when assessing the overall health of Health TP, the reader needs to consider other nonfinancial factors such as the legal climate in the state, the general state of the financial markets, and the level of risk prevention undertaken by Health TP and its members. Summarized financial information is as follows:

Condensed Statement of Net Position

	2024	2023	2022
Assets Cash and Cash Equivalents Investments	\$ 1,754,634 3,235,008	\$ 3,322,230 2,474,732	\$ 4,888,085
Other Current Assets Total Assets	1,352,041 6,341,683	1,307,826 7,104,788	1,148,350 6,036,435
Liabilities	6,951,396	7,957,184	6,454,549
Net Position Unrestricted	\$ (609,713)	\$ (852,396)	\$ (418,114)

Other current assets include accounts receivable and prepaids.

Liabilities represent accounts payable for outside services, amounts actuarially calculated as reasonable estimates for claims incurred but not yet reported to the pool (IBNR), unearned premiums for the upcoming year, and credits owed to the members for pre-paid pooled claims members deposit funds on account to fund future liabilities.

Management's Discussion and Analysis For the Years Ended December 31, 2024 and 2023

Accounts payable decreased from 2023 to 2024 due to the timing of payments. The Health TP's reserves for unpaid claims is based on actuarial data and fluctuates with claims experience. The timing of member collections at year-end explains the volatility of unearned revenue over the three-year period, which also contributed to the combined decrease in cash and investments as fewer premiums for the subsequent year were received before December 31 than in the previous year.

Reserves for Claims

Health TP utilized United Health Care to adjust and pay medical claims. Reserves are established for the estimated amount that will be paid at some future date to settle the loss. Reserves are also established for claims that have occurred, but are not yet known to Health TP (IBNR) and for reported claims that are expected to develop. Risk Management resources (RMR) conducts an independent actuarial analysis to determine a funding rate and the adequacy and reasonableness of these reserves.

Condensed Statement of Changes in Net Position

	2024	2023	2022
Operating Revenues			
Membership Contributions	\$ 16,204,213	\$ 17,373,673	\$ 16,591,987
Member Claims Expense	(11,880,547)	(13,370,376)	(12,501,828)
Reinsurance/Stop-Loss Insurance Premiums	(1,747,570)	(2,000,904)	(1,982,323)
Total Net Operating Revenues	2,576,096	2,002,393	2,107,836
Operating Expenses			
IBNR and Claims/Loss Expense	1,892,270	2,116,474	1,943,321
General and Administrative Expenses	236,292	320,201	219,646
Total Operating Expenses	2,128,562	2,436,675	2,162,967
Operating Income (Loss)	447,534	(434,282)	(55,131)
Non-operating Expense			
Distributions to Members	(204,851)		
Change in Net Position	242,683	(434,282)	(55,131)
Net Position (Deficit) at Beginning of Year	(852,396)	(418,114)	(362,983)
Net Position (Deficit) at End of Year	\$ (609,713)	\$ (852,396)	\$ (418,114)

Contributions (Premiums) earned are recognized during the year of the coverage period. This amount is reduced by the member's deductible claims cost and the reinsurance and stop-loss purchased from the commercial insurance market to reduce the risk of large losses.

The retentions for the pool are determined at renewal each year by the Board of Trustees with analysis considered from the commercial costs as contrasted with the actuarial expense associated with raising or lower the retained risk.

Management's Discussion and Analysis For the Years Ended December 31, 2024 and 2023

Membership contributions decreased from 2023 to 2024 due to the decrease in claims expense from 2023 to 2024 and because of the withdrawal of TARTA. Membership contributions increased in 2023 from 2022 due to the increase in claims expense from 2022 to 2023. These amounts can vary from year to year based on the presence or absence of significantly large claims.

Financial Highlights and Future Planning

Health TP was designed to provide budget stability in an uncertain volatile health benefits market. With this purpose in mind, Health TP will continue to adjust with market conditions allowing the maximum benefits of the members. The Board will continually review the attachment point of purchased commercial insurance as it relates to the cost of self-insurance as a group.

Significant savings were seen by Health TP members through the sharing of group purchased fixed costs. By using industry standard purchasing methods, the group is able to control costs through the transparent purchasing process.

Health TP will be moving toward providing group wellness and other risk management services as a pool to help control the overall cost of the incurred claims.

Health TP will continue to market the pool to other eligible agencies.

Contacting Health TP's Management

This financial report is designed to provide a general overview of Health TP's finances. Questions concerning any of the data contained herein or requests for additional financial information should be directed to the Executive Director of Health TP, 1 Park Center Drive, #300, Wadsworth, OH 44281.

Statements of Net Position
As of December 31, 2024 and 2023

	2024	2023		
Assets				
Cash and Cash Equivalents	\$ 1,754,634	\$ 3,322,230		
Investments	3,235,008	2,474,732		
Accounts Receivable	996,083	984,826		
Prepaids	355,958	323,000		
Total Assets	6,341,683	7,104,788		
Liabilities				
Accounts Payable	1,747	35,059		
Reserves for Unpaid Claims	232,500	447,000		
Members Payable - Claims	2,096,674	2,134,474		
Unearned Revenue	4,620,475	5,340,651		
Total Liabilities	6,951,396	7,957,184		
Net Position				
Unrestricted	(609,713)	(852,396)		
Total Net Position	\$ (609,713)	\$ (852,396)		

See accompanying notes to the basic financial statements

Statements of Revenues, Expenses and Changes in Net Position For The Years Ended December 31, 2024 and 2023

		2024	2023		
Operating Revenues					
Membership Contributions	\$	16,204,213	\$	17,373,673	
Member Claims Expense		(11,880,547)		(13,370,376)	
Reinsurance/Stop-Loss Insurance Premiums		(1,747,570)		(2,000,904)	
Total Net Operating Revenues		2,576,096		2,002,393	
Operating Expenses					
IBNR and Claims/Loss Expense		1,892,270		2,116,474	
Corporate Legal Fees		3,375		7,188	
Actuarial Fees		19,500		19,500	
Commissions/Consulting		54,740		67,208	
All Other Administrative Expenses		158,677		226,305	
Total Operating Expenses		2,128,562		2,436,675	
Operating Income		447,534		(434,282)	
Non-operating Expense					
Distributions to Members		(204,851)			
Change in Net Position		242,683		(434,282)	
Total Net Position (Deficit), Beginning of Year	_	(852,396)		(418,114)	
Total Net Position (Deficit), End of Year	\$	(609,713)	\$	(852,396)	

See accompanying notes to the basic financial statements

Statements of Cash Flows For the Years Ended December 31, 2024 and 2023

	 2024	 2023
Cash Flows From Operating Activities		
Cash Received From Members	\$ 15,472,780	\$ 18,631,260
Cash Paid for Claims	(2,106,770)	(2,134,474)
Cash Paid for Members Claims	(11,918,347)	(12,972,223)
Cash Paid for Commercial Premiums & Claims Admin	(1,747,570)	(2,000,904)
Cash Paid for Administrative and General Expenses	(302,562)	 (614,782)
Net Cash Provided by (Used for) Operating Activities	(602,469)	908,877
Cash Flow From Non-Capital Financing Activities		
Distributions to Members	 (204,851)	
Cash Flow From Investing Activities		
Payments for Purchases of Investments	(760,276)	(2,474,732)
Net (Decrease) in Cash and Cash Equivalents	(1,567,596)	(1,565,855)
Cash and Cash Equivalents, Beginning of Year	3,322,230	4,888,085
Cash and Cash Equivalents, End of Year	\$ 1,754,634	\$ 3,322,230
Reconciliation of Operating Income (Loss) to Net Cash Provided by (Used for) Operating Activities:		
Operating Income (Loss)	\$ 447,534	\$ (434,282)
Changes in Assets and Liabilities:		
Accounts Receivable	(11,257)	(149,581)
Prepaids	(32,958)	(9,895)
Accounts Payable	(33,312)	(297,686)
Members Payable - Claims	(37,800)	398,153
Reserve for Unpaid Claims	(214,500)	(18,000)
Members Funds Held On Behalf - Unearned Revenue	 (720,176)	 1,420,168
Net Cash Flows Provided by (Used for) Operating Activities	\$ (602,469)	\$ 908,877

See accompanying notes to the basic financial statements

Notes to the Basic Financial Statements For the Years Ended December 31, 2024 and 2023

NOTE 1 - ORGANIZATION OVERVIEW

The Joint Self-Insurance Act authorizes Ohio political subdivisions to enter into an agreement to establish, maintain and administer joint self-insurance pools and joint risk management programs.

In 2013, the Ohio Transit Risk Pool (OTRP) set out to establish a health benefits program with eligibility for any Public Transit operating under Ohio statutory authority. The purpose of the Health Transit Pool of Ohio (Health TP) is to offer a cost-effective alternative to the commercial market for medical, dental, vision, life and prescription drug coverage and to provide the corresponding risk management services. Health TP achieves these goals through group purchasing, self-insurance and the pooling of risk.

Health TP executed by-laws effective November 1, 2013, and is an Ohio Nonprofit Corporation authorized and governed pursuant to Section 9.833 of the Ohio Revised Code. The formation of Health TP was funded by the three founding members, METRO Regional Transit Authority (Akron), Stark Area Regional Transit Authority (Canton) and Toledo Area Regional Transit Authority (Toledo). During 2016, Health TP accepted two additional members into the Pool; Portage Area Transportation Authority (Kent) and Western Reserve Transit Authority (Youngstown).

LAKETRAN joined the pool in 2018 and Butler County Regional Transit Authority (BCRTA) joined the pool as a small member in 2021 and became a full member for 2023. Greater Dayton Regional Transit Authority (GDRTA) joined in 2024. METRO Regional Transit Authority voted to withdraw from the Pool effective January 1, 2022 and TARTA voted to withdraw from the Pool effective January 1, 2024.

Health TP is governed by and construed in accordance with the laws of the State, and it is the intention of all Health TP members that their agreements and by-laws shall comply with Section 9.833 of the Ohio Revised Code.

Health TP is governed by a Board of Trustees consisting of one voting member appointed by the Board of each Health TP member. The executive committee consists of a President, Vice-President, Secretary, Treasurer and Assistant Treasurer.

Health TP uses third party administrators to process, approve, and deny claims, and to make payments to the medical providers for medical, prescriptions and optical, dental, life, short-term disability benefits and COBRA. Health TP utilizes the Ohio Transit Risk Pool (OTRP) as the managing Administrator. The financial activity for Health TP is independent and no funds are held at OTRP on behalf of Health TP. Health TP utilizes additional third-party services under contract: Accounting, Actuarial, Auditing, Brokerage, Banking and Corporate Legal.

Management believes the financial statements included in this report represent all of the financial activity of Health TP over which Health TP has the ability to exercise direct operating control.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Health TP uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

Notes to the Basic Financial Statements For the Years Ended December 31, 2024 and 2023

Cash, Cash Equivalents and Investments

To improve cash management, cash received by the Health TP is pooled and invested. Monies for all funds are maintained in this pool. Individual fund integrity is maintained through Health TP records.

Investments with an original maturity of three months or less at the time they are purchased by the Health TP and investments of the Health TP's cash management pool are presented on the financial statements as cash equivalents. Investments with an initial maturity of more than three months that were not purchased from the pool are reported as investments.

Investments are reported as assets. Accordingly, purchases of investments are not recorded as disbursements, and sales of investments are not recorded as receipts. Gains or losses at the time of sale are recorded as receipts or negative receipts (contra revenue), respectively.

Budgetary Process

The Health TP by-laws require that the Board of Health TP develop and approve and review a budget each fiscal year.

Accounts Receivable

Receivables from members are stated at net invoice amounts. Collectability of balances is reviewed periodically. Any amounts deemed to be uncollectible are written off at that time. Management has determined all amounts are collectible and no allowance for doubtful accounts is required.

Operating Revenues and Expenses

Operating revenues are those revenues that are generated directly from the primary activity of the enterprise fund. For Health TP, these revenues are coverage charges and services provided. Operating expenses are necessary costs incurred to provide the goods and/or services that are the primary activity of the fund. Revenues and expenses not meeting these definitions are reported as non-operating.

Member's Contribution Revenue and Unearned Revenue

Revenue contributions are paid monthly by participating members and are recognized as revenue over the policy period. Revenues are recorded when earned. Contributions collected in advance of applicable coverage periods are classified as Unearned Revenue. These funds are held by Health TP for the participating member to be used in a future period.

For the years ended December 31, 2024 and 2023, Health TP held a members payable claims liability for funds due back to the members claims paid in excess of \$75,000, up to the stop -loss threshold of \$175,000.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes to the Basic Financial Statements For the Years Ended December 31, 2024 and 2023

Tax Status

Health TP is a not-for-profit corporation as defined under Section 115 of the Internal Revenue Code. Accordingly, Health TP is exempt from federal, state and local taxes.

NOTE 3 - RISK MANAGEMENT

Health TP is exposed to various risks of loss from torts including but not limited to theft, loss of assets, business interruption; errors and omissions and directors and officers. Health TP owns no capital assets and is administered 100% by outside services. Each vendor is required under their respective agreements to carry all relevant insurance coverages with proof of coverage provided as required. The Ohio Transit Risk Pool (OTRP) provides comprehensive liability coverage to the Board of Directors.

Catastrophic loss protection is provided through the purchase of Reinsurance/Stop Loss/Excess coverage above the pooled risk. Health TP by-laws allow for a provision for special assessment in the event liabilities of the pool should exceed those amounts budgeted.

There has been no significant reduction in coverage from the prior year and claims have not exceeded coverage for any of the prior three years.

NOTE 4 - POOL TERMINATION

In the event of the termination of Health TP, all members of Health TP, past and present, are obligated for any necessary supplemental contribution attributable to years during which they were members. After all claims and related expenses have been properly paid or reserve established for the payment of any such claims, any surplus member's funds shall be distributed to members, past and present, in proportion to their interest in such surplus.

NOTE 5 - MEMBER WITHDRAW AND REMOVAL

Any Pool member wishing to withdraw from participation in Health TP shall give notification at least one hundred eighty days prior to the anniversary date of Health TP's health plan. The effective date of withdraw will be January 1. Any Pool withdrawn member shall continue to have all obligations for those loss years in which the withdrawn member participated. Funds may be returned by a withdrawn member pursuant to the agreements of Health TP.

Any Pool member which withdraws from Health TP shall not have any return of equity, if any, until the policy years during which the withdrawn or terminated member's participated in the Pool have been formally closed by vote of the Board of Trustees. Such funds will only be returned after all outstanding payments and future obligations have been met.

NOTE 6 - MEMBER ADDITION

The Pool may add additional members wishing to participate in Health TP. The new members must complete an application and execute a copy of Health TP's by-laws.

Notes to the Basic Financial Statements For the Years Ended December 31, 2024 and 2023

NOTE 7 – DEPOSITS AND INVESTMENTS

The Health TP has established an investment policy that was originally adopted by the Health TP's board of trustees in February 2023. The Health TP may invest in any type of security allowed for by state or federal statute. Approved investments may include U.S. dollar-denominated debt securities issued by the U.S. government and its agencies, interest-bearing certificates of deposit, STAR-Ohio or other successor investment pools operated or managed by the treasurer of the State of Ohio, money market funds, state and local municipal bonds, and corporate bonds. Money market funds must be invested in U.S. dollar-denominated debt securities issued by the U.S. government and its agencies.

The Health TP's cash and investments are subject to several types of risk which are examined in more detail below.

Deposits

As of December 31, 2024, \$1,511,740 of the Health TP's bank balance was exposed to custodial risk while \$250,000 was covered by FDIC. Of the uninsured bank balance, all was collateralized with securities held by the pledging institution's trust department, but not in the Health TP's name.

As of December 31, 2023, \$3,078,241 of the Health TP's bank balance was exposed to custodial risk while \$250,000 was covered by FDIC. Of the uninsured bank balance, all was collateralized with securities held by the pledging institution's trust department, but not in the Health TP's name.

Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the Health TP will not be able to recover deposits or collateral securities that are in possession of an outside party. The Health TP does not have a specific deposit policy for custodial credit risk of bank deposits; however, the Health TP believes that, due to the dollar amounts of cash deposits and the limits of FDIC insurance, it is impractical to insure all deposits. As a result, the Health TP evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Investments

As of December 31, 2024, the Health TP had the following investments and maturities:

		Investment							
	S&P Global	Measurement		rement Maturities in Years		Percent			
Investment Type	Rating	Amount		(<1)	(1-3)	of Total			
Fair Value:									
US Government Agencies	AA	\$	985,563	\$ 250,150	\$ 735,413	30.47%			
US Treasury Notes	N/A		2,249,445	1,250,384	999,061	69.53%			
		\$	3,235,008	\$ 1,500,534	\$ 1,734,474	100.00%			

The Health TP categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets. Level 2

Notes to the Basic Financial Statements For the Years Ended December 31, 2024 and 2023

inputs are significant other observable inputs. Level 3 inputs are significant unobservable inputs. The above table identifies the Health TP's recurring fair value measurements as of December 31, 2024. The Health TP's fair value investments are Level 2 since valued using methodologies that incorporate market inputs such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers, and reference data including market research publications. Market indicators and industry and economic events are also monitored which could require the need to acquire further market data.

Custodial Credit Risk of Investments

Custodial credit risk is the risk that, in the event of the failure of the custodian, the Health TP will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. As of December 31, 2024, the Health TP's investments were held by the investments' counterparty.

Interest Rate Risk

As a means of limiting its exposure to fair value losses caused by rising interest rates, the Health TP's investment policy requires that operating funds be invested primarily in short-term investments maturing within two years from the date of purchase and that the Health TP's investment portfolio be structured so that securities mature to meet cash requirements for ongoing operations and/or long-term debt payments. The stated intent of the policy is to avoid the need to sell securities prior to maturity.

Credit Risk

Credit risk is the risk that an issuer to an investment will not fulfill its obligations. The investments as of fiscal year-end are summarized in the table above.

Concentration of Credit Risk

The Health TP places no limit on the amount the Health TP may invest in any one issuer. See the investment concentration percentages in the table above.

NOTE 8 - ACTUARIAL LOSS RESERVE FOR UNPAID CLAIMS

Health TP's reserve for unpaid claims is determined using actuarial analysis and is computed in accordance with accepted loss reserving standards. The reserve represents a liability for both reported and unreported insured events and the ultimate net cost of all claims incurred which were unpaid at year-end.

Although Health TP's actuary considers both Health TP's experience and industry data in determining such reserves, assumption and projections as to future events are necessary and ultimate loss may differ significantly from amount projected. Reserves are not discounted. No reserve is posted for ancillary coverages as they are not self-insured.

A comparison of Health TP's cash to the remaining actuarially-measured liabilities as of December 31, 2024 and 2023 is as follows:

	2024	 2023	 2022
Cash and Investments	\$ 4,989,642	\$ 5,796,962	\$ 4,888,085
Actuarial Reserve	\$ 232,500	\$ 447,000	\$ 465,000

Notes to the Basic Financial Statements For the Years Ended December 31, 2024 and 2023

NOTE 9 - RESERVES FOR CLAIMS

Health TP establishes reserves for claims adjustment expenses for both reported and unreported insured events. A summary of changes in the reserves for claims and claims adjustment expenses for Health TP for the years ended December 31, 2024, 2023 and 2022 are as follows:

	2024	2023	2022		
1) Reserve for unpaid claims, beginning of period	\$ 447,000	\$ 465,000	\$ 258,000		
2) Incurred losses and loss adjustment expense	1,892,270	2,116,474	1,943,321		
3) Payment of claims	(2,106,770)	(2,134,474)	(1,736,321)		
4) Reserve for unpaid claims, end of period	\$ 232,500	\$ 447,000	\$ 465,000		

NOTE 10 - SELF-INSURED RETENTION

During 2024 and 2023, all fully Self-Insured Health TP members retained the first \$75,000 per person for medical and prescription coverage with the pool retaining the loss from \$75,000 to \$175,000 per person. United Healthcare reimburses all amounts above the stop loss of \$175,000.

NOTE 11 - EXCESS INSURANCE COVERAGE

Reinsurance/Stop Loss/Excess coverage is purchased above the pooled risk to protect Health TP and its members from catastrophic loss. During the 2024 and 2023 coverage year, Health TP purchased excess stop loss insurance for its Medical and Prescription plan. This coverage includes a specific stop loss limit of \$175,000 per subscriber and aggregate stop loss at 125% of expected claims to an aggregate maximum limit of reimbursement of \$1,000,000. Stop loss coverage for ancillary coverage is not considered necessary because there is a maximum benefit in place.

NOTE 12 - CLAIMS

Due to the lag in reporting paid claims from the carrier, claims liabilities including pre-paid claims and claims within the reinsurance layer are pre-paid by the Health TP members through weekly invoicing. Over the remaining period of the contract for major medical, claims will continue to develop and liabilities will continue to develop for the loss year. Future liabilities representing pre-paid claims will subsequently be identified and credits will be provided to Members as credit memos for a future time.

NOTE 14 - UNEARNED REVENUE

Due to the lag in reporting paid claims from the carrier and the nature of the timing of the self-insured claims for members, Health TP members deposit fund on-account as a pre-payment of future liabilities. As of December 31, 2024 and 2023, Health TP held \$4,620,475 and \$5,340,651 in pre-payments, respectively.

NOTE 15 – CONTINGENCY

Due to potential claim liabilities for Loss Year (11) 2024, the Health TP Board may be required to make a supplemental special assessment to the pool members to cover any liability that may arise from claims that occurred in 2024 but paid in 2025.

REQUIRED SUPPLEMENTARY INFORMATION

Notes to the Required Supplementary Information For the Years Ended December 31, 2024 and 2023

The table on the following page outlines how Health TP's earned revenues (net of reinsurance) compare to related costs of loss (net of loss assumed by reinsurers) and other expenses assumed by Health TP as of the end of the last two years. The columns of the table show data for successive policy years.

The following table is reported on a policy-year basis. This method assigns incurred losses and claim adjustment expenses to the year in which the event that triggered coverage under the risk pool insurance policy or participating contract occurred.

The rows of the table are defined as follows:

- (1) This line shows the total of each fiscal year's gross earned contribution revenue and any investment income, contribution revenue ceded to excess insurers, and net earned contributions revenue and any reported investment revenue.
- (2) This line shows each fiscal year's other operating costs, including overhead and claims expense not allocable to individual claims.
- (3) This line shows the gross incurred claims and allocated claims adjustment expenses, claims assumed by reinsurers, and net incurred claims and allocated adjustment expenses (both paid and accrued) as originally reported at the end of the first year in which the event that triggered coverage under the contract occurred (policy year).
- (4) This section illustrates the cumulative amounts paid as of the end of the two policy years.
- (5) This line shows the latest re-estimated amount of claims assumed by reinsurers as of the end of the current year for each policy year.
- (6) This line shows the increase or decrease in the previous year's estimate. This annual re-estimation results from new information received on known claims, re-evaluation of existing information on known claims, as well as emergence of new claims not previously known.
- (7) This line compares the latest re-estimated net incurred claims amount to the amount originally established (line 3) and shows whether this latest estimate of net claims cost is greater or less than originally thought. As data for individual policy years matures, the correlation between original estimates and re-estimated amounts is commonly used to evaluate the accuracy of incurred claims currently recognized in less mature policy years.

HEALTH TRANSIT POOL OF OHIO

Medina County, Ohio

Required Supplementary Information

Statement of Reconciliation of Net Reserves for Claims and Claims Adjustment Expenses by Type of Contract

Fiscal and Policy Years Ended December 31, 2024 2022 Medical Medical Pharmacy Total Pharmacy Total Medical Pharmacy Total Reserves for claims and claims adjustment expenses -Beginning of fiscal year 670,188 (223,188)447,000 521,392 (56,392)465,000 386,909 (128,909)258,000 Incurred claims and claim adjustments expenses: Provision for insured events of the current fiscal year 1,077,302 122,698 1,200,000 916,716 183,285 1,100,001 1,177,271 297,729 1,475,000 Change in provision for insured events of prior fiscal year 469,082 223,188 692,270 960,081 56,392 1,016,473 339,412 128,909 468,321 345,886 1,892,270 239,677 1,516,683 426,638 1,943,321 Total incurred claims and claim adjustments 1,546,384 1,876,797 2,116,474 Payments: Claims and claims adjustment expenses attributed to insured events of the current fiscal year 1,710,890 395,880 2,106,770 1,728,001 406,473 2,134,474 1,382,200 354,121 1,736,321 Claims and claims adjustment expenses attributed to insured events of the prior fiscal year 1,728,001 406,473 1,382,200 354,121 1,736,321 Total payments 1,710,890 395,880 2,106,770 2,134,474 Reserve for claims and claims adjustment expenses -End of fiscal year 232,500 670,188 \$ (223,188) 447,000 521,392

HEALTH TRANSIT POOL OF OHIO

Medina County, Ohio

Required Supplementary Information

Schedule of Claims Information for All Lines of Coverage

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
(1) Required Premium Revenue										
Earned	\$ 11,419,698	\$ 14,574,397	\$ 17,342,042	\$ 19,511,021	\$ 20,283,753	\$ 20,070,710	\$ 24,351,594	\$ 16,591,987	\$ 17,373,673	\$ 16,204,213
Ceded	1,116,884	1,503,454	1,442,518	1,359,167	1,104,281	1,222,350	2,255,777	1,982,323	2,000,904	1,747,570
Net earned	10,302,814	13,070,943	15,899,524	18,151,854	19,179,472	18,848,360	22,095,817	14,609,664	15,372,769	14,456,643
(2) Unallocated Pool Expenses	150,384	162,502	205,810	336,837	374,138	324,618	359,688	219,645	320,200	236,292
(3) Estimated Total Claims - End of Policy Year										
Incurred	10,579,674	13,929,285	14,906,855	18,784,356	18,191,645	19,977,147	22,415,030	13,546,645	15,959,902	20,485,509
Ceded	218,647	562,337	1,023,141	1,115,927	1,002,244	1,006,763	1,729,651	793,442	1,860,596	6,083,683
Net Incurred	10,361,027	13,366,948	13,883,714	17,668,429	17,189,401	18,970,384	20,685,379	12,753,203	14,099,306	14,401,825
(4) Net Paid Claims (Cumulative) as of										
End of policy year	10,361,027	13,366,948	13,883,714	17,668,429	17,189,401	18,970,384	20,685,379	12,753,203	14,099,306	14,401,826
One year later	10,330,565	15,035,290	14,906,512	18,318,796	17,429,830	18,969,876	22,411,521	12,288,203	15,512,902	-
Two years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	18,969,876	22,420,362	12,288,203	-	_
Three years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	18,969,876	22,420,362	-	_	_
Four years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	18,969,876	_		_	_
Five years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	_	_	_	_	_
Six years later	10,330,565	15,035,290	14,906,512	18,318,796	-	-	-	-	_	_
Seven years later	10,330,565	15,035,290	14,906,512	-		-	-		_	_
Eight years later	10,330,565	15,035,290	· · · · -			-	-		_	_
Nine years later	10,330,565	-	-	-	-	-	-	-	-	-
(5) Re-estimated Ceded Claims	218,647	562,337	1,023,141	1,115,927	1,002,244	1,006,763	1,729,651	793,442	1,860,596	6,083,683
(6) Re-estimated Net Incurred Claims										
End of policy year	10,361,027	13,366,948	13,883,714	17,668,429	17,189,401	18,970,384	20,685,379	12,753,203	14,099,306	14,401,826
One year later	10,330,565	15,035,290	14,906,512	18,318,796	17,429,830	18,969,876	22,411,521	12,288,203	15,512,902	-
Two years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	18,969,876	22,420,362	12,288,203	-	-
Three years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	18,969,876	22,420,362	-	-	-
Four years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	18,969,876	-	-	-	-
Five years later	10,330,565	15,035,290	14,906,512	18,318,796	16,347,765	-	-	-	-	-
Six years later	10,330,565	15,035,290	14,906,512	18,318,796	-	-	-	-	-	-
Seven years later	10,330,565	15,035,290	14,906,512	-	-	-	-	-	-	-
Eight years later	10,330,565	15,035,290	-	-	-	-	-	-	-	-
Nine years later	10,330,565	-	-	-	-	-	-	-	-	-
(7) Change in Estimated Incurred Claims and										
Expenses from End of Policy Year	\$ 30,462	\$ (1,668,342)	\$ (1,022,798)	\$ (650,367)	\$ 841,636	\$ 508	\$ (1,734,983)	\$ -	\$ -	\$ -



Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors Health Transit Pool of Ohio One Park Centre Drive Wadsworth, Ohio 44281

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Audit Standards*), the financial statements of the Health Transit Pool of Ohio, Medina County, Ohio (Health TP) as of and for the year ended December 31, 2024, and the related notes to the financial statements, which collectively comprise the Health TP's basic financial statements, and have issued our report thereon dated June 3, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health TP's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health TP's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health TP's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health TP's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Health Transit Pool of Ohio Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* Page 2 of 2

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health TP's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health TP's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Lea & Associates, Inc.

Rea & Associate, Inc. Medina, Ohio June 3, 2025



HEALTH TRANSIT POOL OF OHIO

MEDINA COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 7/31/2025

65 East State Street, Columbus, Ohio 43215 Phone: 614-466-4514 or 800-282-0370