

# 2025 GLOBAL MEDICAL TREND REPORT



November 2024





# About this report

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The information captured in this report is based on a survey of Lockton's worldwide offices conducted in September 2024 to capture current year and anticipated 2025 medical trend rates and important contextual information, including:

- Health conditions making the greatest contribution to claims.
- Other cost drivers affecting private health plans.
- Cost management strategies most frequently adopted by employers.
- Global and local market dynamics and regulatory developments.

Medical trend is the year-on-year increase in medical claims cost, an important factor in the calculation of future renewal rates. The information in this report, including projected 2025 medical trend, draws on Lockton Global's professional experience, 80 local insurance markets, and survey responses from leading international medical insurers. In some markets, carriers set their own trend. In others, trend is an indexed, set number used universally by all carriers. For those countries where a range was provided, the range has been averaged for comparison purposes. The report is intended to give HR professionals cost trend information for budgeting purposes, insight into prevailing health conditions and local market forces affecting cost, as well as a measure against which to evaluate their policy renewals. Please note that the trend rates provided in this report use 2024 market averages and 2025 projections based on anticipated inflation trend and our experience in each market. Actual plan renewal actions will be affected by additional factors specific to each plan, including plan design, claims experience, demographics, network structures, and carrier pricing strategies.

# Executive summary

**Average global medical trend in the coming year is again expected to sit close to 12%.** Employers can expect challenging renewal negotiations and will need to consider design, cost sharing, network changes, and better member education to reduce the impact of medical inflation on final renewal rate actions.

- **Double-digit increases** are expected in 53% of countries surveyed.
- **Negative health trends** are a key cost driver with cardiovascular, cancer, endocrine disorders (especially, diabetes), and musculoskeletal conditions at the forefront globally. Polychronic conditions and obesity-related conditions along with new expensive treatments to manage them are significant cost drivers. Behavioral and mental health issues, their impact on general health, and the long-term nature of their treatment represent a growing global challenge.
- **The post-COVID resumption of normal utilization**, including lingering delayed care and increasing levels of elective care, has been noted as an ongoing factor along with concern over continuing waves of COVID-19 cases.
- **General inflation** remains a significant contributor to the cost of medical goods and services even while CPI is forecast to moderate globally (expected to be down from 5.9% in 2024 to 4.5% in 2025).<sup>1</sup> Tight labor markets and shortages in medical staff have created wage pressure leading to overall cost increases for medical services, predominantly in Europe.
- **New and expensive medications and technologies** are contributing to cost globally but disproportionately in countries where employer plans rather than social health systems are the first payer for all care levels. Pressure to cover a wider range of specialty drugs is being felt globally, developments in precision medicine (pharmacogenomics, immunotherapy, targeted therapies, drug response prediction) that uses patient genetics represents higher near-term costs even if it has the potential to reduce long-term cost, and the expanded use of GLP-1 drugs is a prospect with unclear future cost implications that will be felt differently country by country.
- **Overwhelmed social medical systems** are contributing to the migration to private care, even in markets with strong social health institutions. Nearly half of responding countries noted this additional pressure on employer-sponsored private medical plans.
- **Unregulated private medical fees** and a lack of competitive pricing among providers concentrated in urban centers in Asia, Latin America, and Africa are further driving up the cost of care.

To address these cost pressures, employers most often rely on negotiation with carriers and less often on plan design changes or increasing the employee share of premium or claims cost. In many countries, employees do not contribute anything to the cost of their own coverage and may contribute minimally if at all to cover their dependents. Wellbeing programs are gaining traction globally, but with uncertain cost mitigation potential, there may be greater opportunity to manage cost in enhanced member education targeting better plan utilization.

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<sup>1</sup>Inflation Rate Average Consumer Prices, World Economic Outlook, International Monetary Fund, 2024.

## Medical cost trend

Global medical trend rates for 2025 are projected to remain relatively consistent with 2024, which means that average trend in every region other than the U.S. and Canada is projected to remain in the double digits. Trend in the Middle East and in South Asia is persistently above 15%.

Some countries are seeing changes of more than +/-25% from 2024, including Belgium, Denmark, Turkey, and South Korea. In the Middle East and North Africa, the projected trend is impacted by a relatively low rate in Israel, while other countries within the region are showing increasing trends. For Latin America and Caribbean and South Asia, most countries are following the increasing trends except Brazil and India. Individual country medical trend rates can be found at the end of the report.

Region	2024 medical trend	2025 medical trend projection	2025 inflation projection
Global <sup>1</sup>	11.40	11.68	6.29
Worldwide (Expatriate) <sup>2</sup>	10.45	10.00	4.50
U.S. & Canada	7.00	7.00	1.95
Latin America & Caribbean	10.25	11.70	14.67
Europe & Central Asia	11.57	11.51	4.08
Middle East & North Africa	19.25	16.25	6.82
Sub-Saharan Africa	10.83	11.33	6.53
South Asia	17.17	18.50	8.45
East Asia & Pacific	9.73	10.41	2.57

<sup>1</sup>Global inflation reflected in surveyed countries based on The Consumer Price Index (CPI) from Inflation Rate Average Consumer Prices, World Economic Outlook, International Monetary Fund, 2024.

<sup>2</sup>Worldwide inflation uses the CPI for all countries, including those not included in this report.

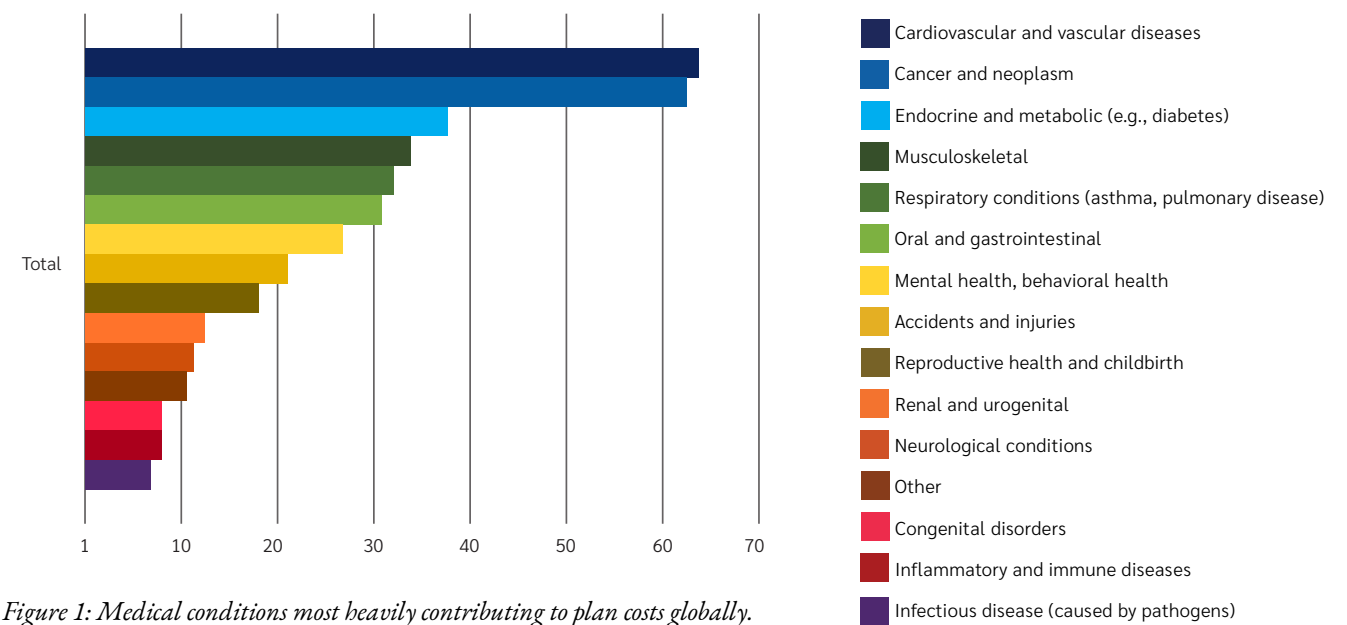
## Health trends

Globally, chronic conditions stemming from stress, inactivity, and poor nutrition represent a growing portion of claims. Musculoskeletal issues also continue to drive high claims on both an inpatient and outpatient level. Complex claims are on the rise, driven by cancer, cardiac conditions, psychosocial issues, chronic illnesses and comorbidities, mental health and stress, and diseases associated with obesity.

Early-onset cancers in adults under the age of 50 are increasing, particularly in high-income countries. This should concern employers who are seeing cancer claims at substantially higher rates in this working-age demographic, with gastrointestinal cancers showing the fastest-growing incidence rates. Ongoing research suggests that both personal lifestyle factors and environmental exposure are contributing to the observable increase that began in the 1990s.

Societal aging and life expectancy gains are leading to a greater number of individuals living longer with chronic diseases. Workers are retiring later for personal financial reasons and because governments are increasing the normal retirement age under the weight of social insurance solvency concerns. This means greater proportions of employees living with a higher incidence of chronic diseases.

In countries where workers are retiring later, employer plans will see higher medical claims associated with age-related illnesses and injuries. That is now being felt in countries that historically enjoyed the benefits of a younger working population but that are now graying. Employers in countries where private insurance is strictly subject to community rating will bear these cost trends regardless of their own demographics and claims experience.



## Non-health-related cost pressures

### INFLATION

Global inflation forecasts show a slow but steady decline after sharp spikes post-COVID. However, geopolitical events, such as the wars in Ukraine and Gaza, will continue to create instability with global consequences for supply chains and food and energy prices.

2023	2024	2025
6.85%	5.9%	4.5%

*Inflation rate, average consumer prices (IMF 2024)*

### MEDICAL PROFESSIONALS SHORTAGES

Demographic trends are pressuring social health systems and increasing wait times, which make them a less desirable care pathway for individuals with access to private health coverage.

Global healthcare infrastructure is being impacted by a shortage of medical professionals at a time when utilization is returning to pre-COVID patterns. Those seeking care are migrating from public to private insurance and providers. This trend is exacerbated by chronic understaffing and wage pressures in many countries, particularly in Europe,





that increase the cost of care and ultimately the cost of insurance. In Poland, for example, a quarter of physicians are over age 65, and the number of nurses is expected to drop from 300,000 to 200,000 in the next 10 years. Germany has experienced sharp increases in nursing wages along with higher statutory nursing staff requirements. In countries where physicians can deliver both public and private care (e.g., United Kingdom, New Zealand, Slovenia), delivery through the public system is under increasing pressure since it is less lucrative for providers.

### USAGE PATTERNS & ACCESS TO CARE

Individuals are taking a more proactive stance toward their own healthcare, which should ultimately mitigate high costs later. Unfortunately, in some markets poor consumerism is leading to increased overall costs. In Asia, there are also concerns about “doctor-induced demand,” where doctors order unnecessary tests and treatments that are accepted by patients because of the imbalance in information and authority. In Middle Eastern countries where healthcare has become an important economic growth engine and where employer-sponsored health insurance is mandatory, clinics and providers encourage individuals to take advantage of their medical policies in ways that are not cost-effective and don’t ultimately promote better health outcomes. Insurers, brokers, and employers have opportunities to educate employees on how to utilize their plans in more cost-effective ways.

To better manage utilization while increasing access to care, many employers are adding telehealth benefits to their local plans or implementing them globally on a stand-alone basis. Additionally, there has been a notable investment in preventative care and holistic wellbeing, with special focus on mental health, both to remain compliant in the increasing number of countries that mandate mental health benefits and to improve employee retention in tight labor markets. These are contributing to an overall increase in the cost of benefits programs.

### NEW PROGRAMS, TECHNOLOGIES, DRUGS, & THERAPIES

New medical technologies, drugs, and therapies available in many countries have improved health outcomes but at increased cost to plan sponsors. Social insurance and national purchasing power will mitigate the direct plan cost of newer specialty drugs in many countries, but the emergence of expensive individualized therapeutics and precision medicine and the potential expansion of GLP-1s represent unquantified risk to many plans. In parts of Latin America and Asia, imported medicines are significant cost drivers already.

# INSURANCE MARKET DYNAMICS & REGULATORY CHANGE

Insurance markets and claims administration are not competitive and efficient in many parts of the world. In Southeast Asian countries like Cambodia, Indonesia, and Vietnam, health insurance competition is limited, and primary care is delivered predominantly by hospital systems clustered in major urban centers at greater cost. Health insurance reform is ongoing in Chile and Colombia, and there is a general trend among regulators to require that policies cover a larger basket of basic care. Sadly, fraud at the provider and member levels continues to be a concern in parts of Latin America, Sub-Saharan Africa, and Asia.

Top three non-medical factors contributing to cost by region:

Global	U.S. & Canada	Latin America	Europe & Central Asia	Middle East	Sub-Saharan Africa	South Asia	East Asia
General inflation	New medications	General inflation	General inflation	New medications	General inflation	General inflation	General inflation
New medications	General inflation	New medications	New medications	New technology	New medications	Shift from public	Poor use of plan
New technology	New technology	Poor use of plan	New technology	Poor use of plan	New technology	Poor care management	New medications

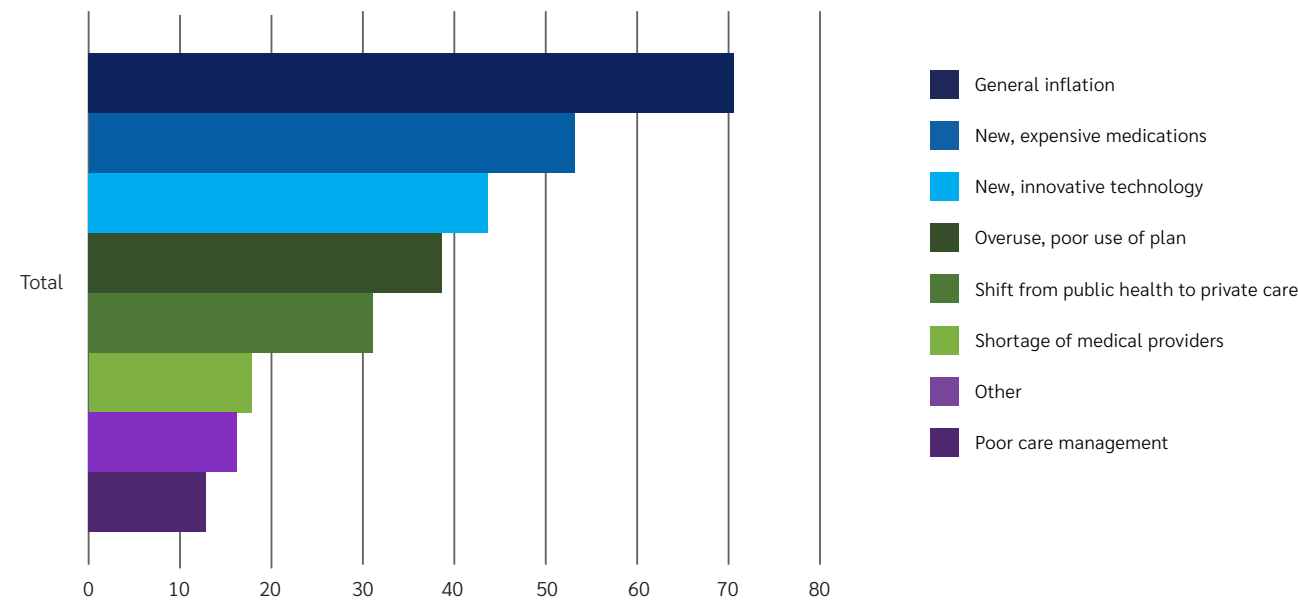


Figure 2: Other factors contributing to private health plan costs.

## Cost-containment strategies

With global medical costs trending higher and consumption returning to pre-COVID-19 pandemic levels, employers should reevaluate their strategies and seek innovative and flexible approaches to contain cost that don't sacrifice quality or access to care for their employees. Our survey shows that employers continue to rely primarily on carrier negotiation, but encouragingly, there is increased focus on wellness and prevention.

Employers can leverage vendor relationships to drive value in care delivery, reevaluate the coverage and cost control measures related to high-cost medications, and invest in preventive care and early detection. The cost of treating advanced diseases is far higher than the cost of early detection and prevention. The long-term cost impact can be significant with cardiovascular and metabolic diseases as well as cancer. If employers invest in comprehensive screening programs and preventive health initiatives that promote early detection, it will encourage employees to engage in proactive health management, thereby reducing the long-term costs associated with these conditions.

Governments are also focusing on health risk management (and to a lesser degree wellness) and are making employers take greater responsibility for overall worker health. Initiatives range from workplace psychosocial risk assessments required in multiple Asian and Latin American countries to mandatory physical exams in many European countries (health screenings will be mandated in Hungary in 2025), to national wellness programs like Singapore's new Healthier SG, a Ministry of Health-sponsored plan to holistically focus on preventative medicine to avoid chronic conditions.

In some countries, insurers are leading the way. Norwegian insurers for example are introducing deductibles on all treatments and limiting coverage to treatments that provide "lasting medical improvement." As a result, conditions such as migraines and other chronic conditions are not covered in the way they previously were.

Where it is advantageous, employers are shifting portions of employee or dependent coverage to top-up plans, healthcare cash plans, or specialized coverages, for instance for cancer, which not only provide employees with access to top-tier benefits but will also drive higher cost claims away from the primary medical plan.

While the trend to shift healthcare costs from public to private systems continues in most developed countries either as policy or a response to deteriorating social medical systems, employers may also engage in educating their employees regarding opportunities to use social or compulsory medical insurance, such as in Vietnam.



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## RENEWAL FACTORS

Medical renewal rates are adversely affected by market and plan-specific factors including:

- **General factors:**

- Underwriting adjustments on a carrier level reacting to health trends and ongoing claims ratios
- Local inflation
- Changes to medical infrastructure including staff shortages and supply chain issues
- Increasing costs of medical services
- Diminishing coverage under the public medical system expanding the private role
- New technologies, drugs, and therapies
- Local market conditions such as carriers entering or leaving the market

- **Plan-specific factors:**

- Poor claims experience
- Unfavorable shifts in group risk and demographics
- Design changes that expand or enhance coverage

There continues to be opportunity to encourage better plan utilization through employee education on using their plans in a cost-effective manner, such as using telemedicine, direct-pay networks as alternatives to non-network reimbursement, and high-quality providers that will reduce their own costs as well as improve the overall performance of the plan.

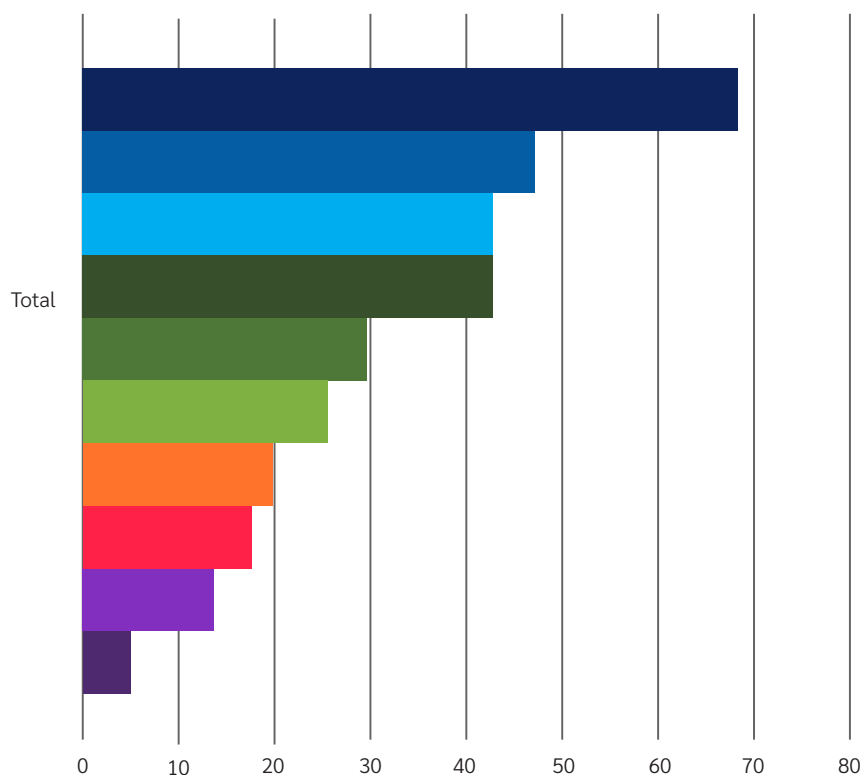
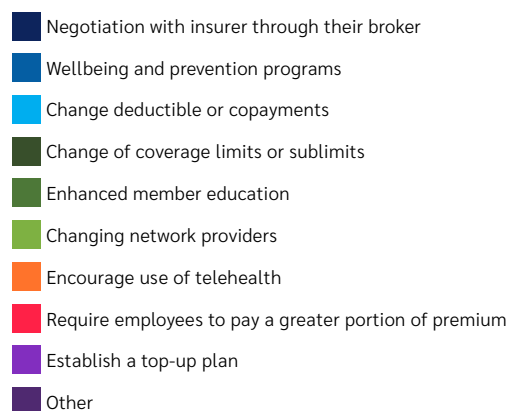


Figure 3: Cost containment strategies most frequently adopted by employers.





## Expatriate medical plan trends

International private medical coverage is seeing an increased cost trend in 2025. Previously, international medical trend across the global expatriate market had remained steady between 8.8% and 11% depending on the situs of the policy. Going into 2025, carriers are reporting a notable increase, with trend now ranging from 9.25% to 12% across the market and in some locations reaching as high as 14%. Factors that are driving international trend are advances in technology, the increasing cost of medical services and prescription drugs, global economic and geopolitical shifts, currency fluctuations, continued supply chain strains, and increased utilization from a workforce that is more health-conscious post-pandemic.

With a large proportion of the expatriate medical market being book rated rather than experience rated, international trend figures set the baseline for renewals for the upcoming year. After insurers identify their trend figure, they apply their rate action according to how a group's demographics have shifted from the prior year. For schemes with more than 100 employees, insurers use a blended approach of medical trend and policy experience, typically over a minimum of 24 months. Depending on a group's performance, renewal increases can be higher or lower than the trend figure stated.

Lockton's International Benefits Centre of Excellence anticipates a rise in expatriate assignments and global short-term travel in 2025, as companies return to a focus on international growth and expansion that was halted during the pandemic. Countries looking to promote greater foreign direct investment are also creating strong financial incentives for companies to do business in their jurisdiction. Geopolitical conflicts, nomad visas, global remote work, and local regulations will continue to be consequential to the expatriate medical market.

The global expatriate insurance market has seen some consolidation in 2024, most notably the partnership between Blue Cross Blue Shield Global and MetLife Worldwide resulting in the creation of their Globaline product in the US. In addition, GBG Insurance went into administration at the end of 2023 and secured an agreement with MGEN and Trawick International in early 2024 to act as alternative carriers for their medical, life and disability business. In another significant move, United Healthcare Global announced a change of partner in the Middle East, moving from Al Sagr National Insurance Company (ASNIC) to Qatar Insurance Company, effective 1 October 2024, suggesting a greater focus on the Middle East region. With competition tightening in the global expatriate insurance market, we anticipate new carriers around the globe will seek to gain market share and multinational organizations will give more consideration to where they situs their expatriate plans moving forward.

## Regional data

### TOP 5 CONDITIONS CONTRIBUTING TO PRIVATE HEALTH PLAN COSTS

Region	Condition 1	Condition 2	Condition 3	Condition 4	Condition 5
Global	Cancer and neoplasms	Cardiovascular and vascular diseases	Musculoskeletal	Respiratory conditions	Endocrine and metabolic
Worldwide (Expatriate)	Cancer and neoplasms	Musculoskeletal	Cardiovascular and vascular diseases	Reproductive health and childbirth	Endocrine and metabolic
U.S. & Canada	Cancer and neoplasms	Musculoskeletal	Endocrine and metabolic	Respiratory conditions	Cardiovascular and vascular diseases
Latin America & Caribbean	Cancer and neoplasms	Cardiovascular and vascular diseases	Respiratory conditions	Endocrine and metabolic	Oral and gastrointestinal
Europe & Central Asia	Cardiovascular and vascular diseases	Cancer and neoplasms	Musculoskeletal	Mental health, behavioral health	Endocrine and metabolic
Middle East & North Africa	Cancer and neoplasms	Cardiovascular and vascular diseases	Musculoskeletal	Respiratory conditions	Renal and urogenital
Sub-Saharan Africa	Infectious disease	Cancer and neoplasms	Respiratory conditions	Endocrine and metabolic	Cardiovascular and vascular diseases
South Asia	Cancer and neoplasms	Cardiovascular and vascular diseases	Reproductive health and childbirth	Respiratory conditions	Infectious disease
East Asia & Pacific	Cancer and neoplasms	Musculoskeletal	Cardiovascular and vascular diseases	Respiratory conditions	Oral and gastrointestinal



## OTHER FACTORS CONTRIBUTING TO PRIVATE HEALTH PLAN COSTS

Region	Cost Driver 1	Cost Driver 2	Cost Driver 3	Cost Driver 4	Cost Driver 5
Global	General inflation	New, expensive medications	New, innovative technology	Shift from public health to private care	Overuse, poor use of plan
Worldwide (Expatriate)	General inflation	New, expensive medications	Deferred care post-COVID-19	New, innovative technology	-
U.S. & Canada	New, expensive medications	General inflation	New, innovative technology	Shift from public health to private care	-
Latin America & Caribbean	General inflation	New, expensive medications	New, innovative technology	Overuse, poor use of plan	Shift from public health to private care
Europe & Central Asia	General inflation	New, expensive medications	New, innovative technology	Shift from public health to private care	Overuse, poor use of plan
Middle East & North Africa	New, expensive medications	Overuse, poor use of plan	General inflation	New, innovative technology	-
Sub-Saharan Africa	New, expensive medications	General inflation	New, innovative technology	Overuse, poor use of plan	Shortage of medical providers
South Asia	General inflation	Shift from public health to private care	Shortage of medical providers	New, expensive medications	New, innovative technology
East Asia & Pacific	General inflation	New, expensive medications	New, innovative technology	Overuse, poor use of plan	Shortage of medical providers

## COST CONTROL MEASURES MOST FREQUENTLY ADOPTED BY EMPLOYERS

Region	Strategy 1	Strategy 2	Strategy 3	Strategy 4	Strategy 5
Global	Negotiation with insurer through their broker	Change coverage limits or sublimits	Change deductible or copayments	Wellbeing and prevention programs	Changing network providers
Worldwide (Expatriate)	Change deductible or copayments	Require employees to pay a greater portion of premium	Negotiation with insurer through their broker	Establish a top-up plan	Encourage use of telehealth
U.S. & Canada	Negotiation with insurer through their broker	Require employees to pay a greater portion of premium	Change deductible or copayments	Change coverage limits or sublimits	Changing network providers
Latin America & Caribbean	Negotiation with insurer through their broker	Change deductible or copayments	Wellbeing and prevention program	Change coverage limits or sublimits	Require employees to pay a greater portion of premium
Europe & Central Asia	Negotiation with insurer through their broker	Change coverage limits or sublimits	Wellbeing and prevention program	Change deductible or copayments	Changing network providers
Middle East & North Africa	Negotiation with insurer through their broker	Change deductible or copayments	Wellbeing and prevention program	Encourage use of telehealth	Changing network providers
Sub-Saharan Africa	Negotiation with insurer through their broker	Change coverage limits or sublimits	Wellbeing and prevention program	Enhanced member education	Changing network providers
South Asia	Negotiation with insurer through their broker	Wellbeing and prevention program	Establish a top-up plan	Change coverage limits or sublimits	Enhanced member education
East Asia & Pacific	Negotiation with insurer through their broker	Change coverage limits or sublimits	Change deductible or copayments	Wellbeing and prevention program	Changing network providers

## MEDICAL TREND RATES

Country/region	2024 actual	2025 projected	2025 inflation*
<b>Global</b>	11.40	11.68	6.29
Worldwide (Expatriate)	10.45	10.00	4.50
<b>U.S. &amp; Canada</b>	7.00	7.00	1.95
Canada	7.00	7.00	1.90
United States	7.00	7.00	2.00
<b>Latin America &amp; Caribbean</b>	10.25	11.70	14.67
Argentina	No data	No data	59.60
Bolivia	12.00	14.00	4.20
Brazil	13.00	11.00	3.00
Chile	6.00	7.00	3.00
Colombia	6.86	9.50	3.60
Costa Rica	10.50	12.00	2.90
Dominican Republic	No data	No data	4.00
Ecuador	12.00	15.00	1.50
Guatemala	12.00	15.00	4.00
Jamaica	10.00	13.00	5.00
Mexico	16.00	18.00	3.30
Nicaragua	12.00	14.00	4.00
Paraguay	5.40	6.00	4.00
Peru	8.00	9.00	2.00
Puerto Rico	9.00	9.00	2.30
Trinidad & Tobago	5.00	7.00	2.20
Uruguay	16.00	16.00	5.50
Venezuela	No data	No data	150.00
<b>Europe &amp; Central Asia</b>	11.57	11.51	4.08
Azerbaijan	9.00	12.00	5.00
Belarus	No data	No data	6.50
Belgium	7.50	13.00	2.00
Bosnia & Herzegovina	No data	No data	2.70
Bulgaria	15.00	15.00	2.70
Croatia	5.00	6.00	2.20
Czech Republic	10.50	8.50	2.00



Country/region	2024 actual	2025 projected	2025 inflation*
<b>Europe &amp; Central Asia (cont.)</b>	<b>11.57</b>	<b>11.51</b>	<b>4.08</b>
Denmark	15.00	5.00	2.00
Estonia	15.00	15.00	2.50
Finland	7.90	10.00	1.90
France	8.00	3.00	1.80
Georgia	14.00	15.00	4.20
Germany	9.00	7.00	2.00
Greece	2.50	7.00	2.10
Hungary	15.00	18.00	3.50
Ireland	12.50	12.50	2.00
Italy	12.10	15.00	2.00
Kazakhstan	No data	No data	7.00
Latvia	10.40	8.00	3.60
Lithuania	9.00	8.00	2.30
Luxembourg	No data	No data	3.10
Moldova	No data	No data	5.00
Montenegro	8.00	10.00	2.70
Netherlands	7.40	8.00	2.10
Norway	4.20	5.00	2.60
North Macedonia	5.00	12.00	2.50
Poland	11.40	9.30	5.00
Portugal	9.50	8.00	2.00
Romania	23.00	20.00	4.00
Serbia	5.00	4.00	3.10
Slovak Republic	10.00	10.00	3.90
Slovenia	4.00	5.00	2.00
Spain	6.00	8.50	2.40
Sweden	5.00	5.00	2.00
Switzerland	8.70	6.00	1.20
Turkey	75.00	65.00	38.40
Ukraine	15.00	17.50	7.60
United Kingdom	15.00	13.00	2.00

Country/region	2024 actual	2025 projected	2025 inflation*
<b>Europe &amp; Central Asia (cont.)</b>	11.57	11.51	4.08
Uzbekistan	15.00	18.00	9.70
<b>Middle East &amp; North Africa</b>	19.25	16.25	6.82
Uzbekistan	15.00	18.00	9.70
Egypt	30.00	35.00	25.70
Israel	25.00	5.00	2.50
Jordan	No data	No data	2.40
Oman	10.00	12.00	1.50
United Arab Emirates	12.00	13.00	2.00
<b>Sub-Saharan Africa</b>	10.83	11.33	6.53
Ghana	15.00	15.00	11.50
Mauritius	8.50	9.00	3.60
South Africa	9.00	10.00	4.50
<b>South Asia</b>	17.17	18.50	8.45
India	9.50	7.50	4.20
Pakistan	24.00	28.00	12.70
Sri Lanka	18.00	20.00	No data
<b>East Asia &amp; Pacific</b>	9.73	10.41	2.57
Australia	3.03	4.00	3.00
Cambodia	9.00	10.00	3.00
China, People's Republic of	8.00	9.00	2.00
Hong Kong SAR	9.00	9.00	2.30
Indonesia	20.00	20.00	2.60
Japan	3.00	3.00	2.10
Malaysia	14.00	15.00	2.50
New Zealand	12.00	15.00	2.50
Papua New Guinea	1.00	1.20	4.80
Philippines	14.00	15.00	3.00
Singapore	11.00	10.00	2.50
South Korea	10.10	15.00	2.00
Taiwan	9.50	9.50	1.60
Thailand	15.00	15.00	1.20
Vietnam	7.35	5.40	3.40

\*The Consumer Price Index (CPI) from Inflation Rate Average Consumer Prices, World Economic Outlook, International Monetary Fund, 2024.



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UNCOMMONLY INDEPENDENT