

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 09/17/18
 Plan Year: 01/01/18 - 12/31/18

Medical & Rx Carriers:

Anthem & Anthem

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Monthly Enrollment													
Single	49	49	48	49	49	47	45	46					382
Family	149	149	151	153	153	153	151	152					1,211
Total	198	198	199	202	202	200	196	198					1,593
Total Members	575	575	581	589	590	587	574	577					4,648
Total Medical Funding													
Single	29,719.97	29,719.97	29,113.44	29,719.97	29,719.97	28,506.91	27,293.85	27,900.38					\$231,694.46
Family	229,302.06	229,302.06	232,379.94	235,457.82	235,457.82	235,457.82	232,379.94	233,918.88					\$1,863,656.34
Sum of Total Medical Funding	\$259,022.03	\$259,022.03	\$261,493.38	\$265,177.79	\$265,177.79	\$263,964.73	\$259,673.79	\$261,819.26					\$2,095,350.80
Fixed Medical Costs													
Single	6,531.21	6,531.21	6,397.92	6,531.21	6,531.21	6,264.63	5,998.05	6,131.34					\$50,916.78
Family	39,334.51	39,334.51	39,862.49	40,390.47	40,390.47	40,390.47	39,862.49	40,126.48					\$319,691.89
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00					\$28,000.00
Sum of Total Fixed Medical Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10	\$49,360.54	\$49,757.82					\$398,608.67
Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10	\$49,360.54	\$49,757.82					\$398,608.67
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00	164,074.00	89,751.00	173,829.00	81,942.00	133,582.00					\$1,122,886.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00	80,393.00	57,808.00	78,771.00	64,522.00	58,756.00					\$534,841.00
Clinic Rental	172.05	172.05	172.05	172.05	172.05	172.05	172.05	172.05					\$1,376.40
Clinic Expenses	5,993.44	5,309.90	6,095.38	5,526.46	6,327.66	5,563.16	5,850.56	5,698.85					\$46,365.41
Discount Share	4,521.93	3,863.16	3,396.29	4,795.57	0.00	7,456.82	2,422.95	1,632.44					\$28,089.16
Sum of Total Claims Costs	\$254,671.42	\$243,046.11	\$206,277.72	\$254,961.08	\$154,058.71	\$265,792.03	\$154,909.56	\$199,841.34					\$1,733,557.97
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)	(12,233.09)	(184.14)	(1,424.42)	(45.46)	(300.86)					(27,584.39)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)	(\$12,233.09)	(\$184.14)	(\$1,424.42)	(\$45.46)	(\$300.86)					(\$27,584.39)
Total Costs	\$293,980.19	\$292,411.83	\$252,698.66	\$293,149.67	\$204,296.25	\$314,522.71	\$204,224.64	\$249,298.30					\$2,104,582.25
Funding Less Costs	(\$34,958.16)	(\$33,389.80)	\$8,794.72	(\$27,971.88)	\$60,881.54	(\$50,557.98)	\$55,449.15	\$12,520.96					(\$9,231.45)
YTD Plan Performance	(\$34,958.16)	(\$68,347.96)	(\$59,553.24)	(\$87,525.12)	(\$26,643.58)	(\$77,201.56)	(\$21,752.41)	(\$9,231.45)					
YTD % of Total Costs to Funding													100.44%
YTD Average Monthly Cost Per Employee	\$1,484.75	\$1,480.79	\$1,410.24	\$1,420.63	\$1,337.87	\$1,377.03	\$1,329.95	\$1,321.14					\$1,321.14

NOTE: For the month of February 2018, the City Council and Mayor declared a premium holiday for all employees enrolled in the medical plan.

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 09/17/18
Plan Year: 01/01/18 - 12/31/18

Medical & Rx Carriers:
Anthem & Anthem

Total Monthly Funding	
Single	Family
\$606.53	\$1,538.94

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$40.22	\$40.22
Specific Stop Loss (\$100,000)	\$72.40	\$202.75
Aggregate Stop Loss	\$9.44	\$9.44
COBRA	\$1.50	\$1.50
Go365 Platform and Incentives	\$9.53	\$9.53
PCORI	\$0.20	\$0.55
Sum of Total Monthly Fixed Costs	\$133.29	\$263.99

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	49	49	48	49	49	47	45	46					382
Family	149	149	151	153	153	153	151	152					1,211
Total	198	198	199	202	202	200	196	198					1,593
Total Funding													
Single	29,719.97	29,719.97	29,113.44	29,719.97	29,719.97	28,506.91	27,293.85	27,900.38					\$231,694.46
Family	229,302.06	229,302.06	232,379.94	235,457.82	235,457.82	235,457.82	232,379.94	233,918.88					\$1,863,656.34
Sum of Total Funding	\$259,022.03	\$259,022.03	\$261,493.38	\$265,177.79	\$265,177.79	\$263,964.73	\$259,673.79	\$261,819.26					\$2,095,350.80
Fixed Costs													
Single	6,531.21	6,531.21	6,397.92	6,531.21	6,531.21	6,264.63	5,998.05	6,131.34					\$50,916.78
Family	39,334.51	39,334.51	39,862.49	40,390.47	40,390.47	40,390.47	39,862.49	40,126.48					\$319,691.89
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00					\$28,000.00
Sum of Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10	\$49,360.54	\$49,757.82					\$398,608.67
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00	164,074.00	89,751.00	173,829.00	81,942.00	133,582.00					\$1,122,886.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00	80,393.00	57,808.00	78,771.00	64,522.00	58,756.00					\$534,841.00
Sum of Total Claims Costs	\$243,984.00	\$233,701.00	\$196,614.00	\$244,467.00	\$147,559.00	\$252,600.00	\$146,464.00	\$192,338.00					\$1,657,727.00
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)	(12,233.09)	(184.14)	(1,424.42)	(45.46)	(300.86)					(\$27,584.39)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					\$0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)	(\$12,233.09)	(\$184.14)	(\$1,424.42)	(\$45.46)	(\$300.86)					(\$27,584.39)
Total Costs	\$283,292.77	\$283,066.72	\$243,034.94	\$282,655.59	\$197,796.54	\$301,330.68	\$195,779.08	\$241,794.96					\$2,028,751.28
Funding Less Costs	(\$24,270.74)	(\$24,044.69)	\$18,458.44	(\$17,477.80)	\$67,381.25	(\$37,365.95)	\$63,894.71	\$20,024.30					\$66,599.52
YTD Plan Performance	(\$24,270.74)	(\$48,315.43)	(\$29,856.99)	(\$47,334.79)	\$20,046.46	(\$17,319.49)	\$46,575.22	\$66,599.52					
YTD % of Total Costs to Funding													96.82%
YTD Average Monthly Cost Per Employee	\$1,430.77	\$1,430.20	\$1,360.33	\$1,370.20	\$1,291.14	\$1,327.09	\$1,280.97	\$1,273.54					\$1,273.54

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 09/17/18
 Plan Year: 01/01/18 - 12/31/18

Dental Carriers

Anthem

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	53	53	52	53	53	51	51	53					419
Family	143	144	146	149	148	149	147	146					1,172
Total	196	197	198	202	201	200	198	199					1,591

Total Funding

Single	2,135.09	2,135.09	2,086.12	2,102.21	2,102.21	2,004.27	2,004.27	2,102.21					\$16,671.47
Family	15,315.44	15,352.60	15,508.90	15,702.36	15,583.22	15,702.36	15,464.08	15,344.94					\$123,973.90
Sum of Total Funding	\$17,450.53	\$17,487.69	\$17,595.02	\$17,804.57	\$17,685.43	\$17,706.63	\$17,468.35	\$17,447.15					\$140,645.37

Fixed Costs

Single	142.04	142.04	139.36	142.04	142.04	136.68	136.68	142.04					\$1,122.92
Family	383.24	385.92	391.28	399.32	396.64	399.32	393.96	391.28					\$3,140.96
Sum of Total Fixed Costs	\$525.28	\$527.96	\$530.64	\$541.36	\$538.68	\$536.00	\$530.64	\$533.32					\$4,263.88

Claims Costs

Dental Claims	13,019.28	13,954.21	20,340.52	17,053.38	21,230.88	14,208.92	13,876.04	22,790.17					\$136,473.40
Sum of Total Claims Costs	\$13,019.28	\$13,954.21	\$20,340.52	\$17,053.38	\$21,230.88	\$14,208.92	\$13,876.04	\$22,790.17					\$136,473.40

Total Costs

Total Costs	\$13,544.56	\$14,482.17	\$20,871.16	\$17,594.74	\$21,769.56	\$14,744.92	\$14,406.68	\$23,323.49					\$140,737.28
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Funding Less Costs

Funding Less Costs	\$3,905.97	\$3,005.52	(\$3,276.14)	\$209.83	(\$4,084.13)	\$2,961.71	\$3,061.67	(\$5,876.34)					(\$91.91)
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YTD Plan Performance

YTD Plan Performance	\$3,905.97	\$6,911.49	\$3,635.35	\$3,845.18	(\$238.95)	\$2,722.76	\$5,784.43	(\$91.91)					
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YTD % of Total Costs to Funding

100.07%

YTD Average Monthly Cost

Per Employee

Per Employee	\$69.10	\$71.31	\$82.74	\$83.85	\$88.79	\$86.27	\$84.35	\$88.46					\$88.46
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Dental Carriers:
Anthem

Prepared By: Associated Financial Group
Date Prepared: 09/17/18
Plan Year: 01/01/18 - 12/31/18

Total Monthly Funding	
Single	Family
\$48.97	\$119.14

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
Sum of Total Monthly Fixed Costs	\$2.68	\$2.68

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	39	39	38	38	38	36	36	38	38				302
Family	122	122	123	124	123	124	122	121					981
Total	161	161	161	162	161	160	158	159					1,283

Total Funding	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	1,909.83	1,909.83	1,860.86	1,860.86	1,860.86	1,762.92	1,762.92	1,860.86					\$14,788.94
Family	14,535.08	14,535.08	14,654.22	14,773.36	14,654.22	14,773.36	14,535.08	14,415.94					\$116,876.34
Sum of Total Funding	\$16,444.91	\$16,444.91	\$16,515.08	\$16,634.22	\$16,515.08	\$16,536.28	\$16,298.00	\$16,276.80					\$131,665.28

Fixed Costs	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	104.52	104.52	101.84	101.84	101.84	96.48	96.48	101.84					\$809.36
Family	326.96	326.96	329.64	332.32	329.64	332.32	326.96	324.28					\$2,629.08
Sum of Total Fixed Costs	\$431.48	\$431.48	\$431.48	\$434.16	\$431.48	\$428.80	\$423.44	\$426.12					\$3,438.44

Claims Costs	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Dental Claims	12,449.28	12,894.21	18,826.52	15,186.38	19,864.88	12,406.92	13,727.04	20,600.17					\$125,955.40
Sum of Total Claims Costs	\$12,449.28	\$12,894.21	\$18,826.52	\$15,186.38	\$19,864.88	\$12,406.92	\$13,727.04	\$20,600.17					\$125,955.40

Total Costs	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
	\$12,880.76	\$13,325.69	\$19,258.00	\$15,620.54	\$20,296.36	\$12,835.72	\$14,150.48	\$21,026.29					\$129,393.84

Funding Less Costs	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
	\$3,564.15	\$3,119.22	(\$2,742.92)	\$1,013.68	(\$3,781.28)	\$3,700.56	\$2,147.52	(\$4,749.49)					\$2,271.44

YTD Plan Performance	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
	\$3,564.15	\$6,683.37	\$3,940.45	\$4,954.13	\$1,172.85	\$4,873.41	\$7,020.93	\$2,271.44					

YTD % of Total Costs to Funding	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
													98.27%

YTD Average Monthly Cost Per Employee	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
	\$80.00	\$81.39	\$94.13	\$94.71	\$100.97	\$97.53	\$96.41	\$100.85					\$100.85

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Dental Carriers:
Anthem

Prepared By: Associated Financial Group
Date Prepared: 09/17/18
Plan Year: 01/01/18 - 12/31/18

Total Monthly Funding	
Single	Family
\$16.09	\$37.16

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
Sum of Total Monthly Fixed Costs	\$2.68	\$2.68

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Monthly Enrollment													
Single	14	14	14	15	15	15	15	15					117
Family	21	22	23	25	25	25	25	25					191
Total	35	36	37	40	40	40	40	40					308
Total Funding													
Single	225.26	225.26	225.26	241.35	241.35	241.35	241.35	241.35					\$1,882.53
Family	780.36	817.52	854.68	929.00	929.00	929.00	929.00	929.00					\$7,097.56
Sum of Total Funding	\$1,005.62	\$1,042.78	\$1,079.94	\$1,170.35	\$1,170.35	\$1,170.35	\$1,170.35	\$1,170.35					\$8,980.09
Fixed Costs													
Single	37.52	37.52	37.52	40.20	40.20	40.20	40.20	40.20					\$313.56
Family	56.28	58.96	61.64	67.00	67.00	67.00	67.00	67.00					\$511.88
Sum of Total Fixed Costs	\$93.80	\$96.48	\$99.16	\$107.20	\$107.20	\$107.20	\$107.20	\$107.20					\$825.44
Claims Costs													
Dental Claims	570.00	1,060.00	1,514.00	1,867.00	1,366.00	1,802.00	149.00	2,190.00					\$10,518.00
Sum of Total Claims Costs	\$570.00	\$1,060.00	\$1,514.00	\$1,867.00	\$1,366.00	\$1,802.00	\$149.00	\$2,190.00					\$10,518.00
Total Costs	\$663.80	\$1,156.48	\$1,613.16	\$1,974.20	\$1,473.20	\$1,909.20	\$256.20	\$2,297.20					\$11,343.44
Funding Less Costs	\$341.82	(\$113.70)	(\$533.22)	(\$803.85)	(\$302.85)	(\$738.85)	\$914.15	(\$1,126.85)					(\$2,363.35)
YTD Plan Performance	\$341.82	\$228.12	(\$305.10)	(\$1,108.95)	(\$1,411.80)	(\$2,150.65)	(\$1,236.50)	(\$2,363.35)					
YTD % of Total Costs to Funding													126.32%
YTD Average Monthly Cost Per Employee	\$18.97	\$25.64	\$31.79	\$36.54	\$36.60	\$38.55	\$33.75	\$36.83					\$36.83