

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 04/10/15
 Plan Year: 01/01/15 - 12/31/15

Medical & Rx Carriers: Auxiant & Serve You

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	59	56	58										173
Family	135	136	136										407
Total	194	192	194										580
Total Members	530	528	530										1,588
Total Medical Funding													
Single	32,096.00	30,464.00	31,552.00										\$94,112.00
Family	191,700.00	193,120.00	193,120.00										\$577,940.00
Sum of Total Medical Funding	\$223,796.00	\$223,584.00	\$224,672.00										\$672,052.00
Total HRA Funding													
Single	737.50	700.00	725.00										2,162.50
Family	3,375.00	3,400.00	3,400.00										10,175.00
Sum of Total HRA Funding	\$4,112.50	\$4,100.00	\$4,125.00										\$12,337.50
Total Funding	\$227,908.50	\$227,684.00	\$228,797.00										\$684,389.50
Fixed Medical Costs													
Single	5,662.23	5,612.32	5,812.76										\$17,087.31
Family	27,048.60	27,826.96	27,826.96										\$82,702.52
PCORI Fee (\$2.08 PMPY)	91.87	91.52	91.87										\$275.25
ACA Reinsurance Fee (\$3.67 PMPM)	1,945.10	1,937.76	1,945.10										\$5,827.96
Sum of Total Fixed Medical Costs	\$34,747.80	\$35,468.56	\$35,676.69										\$105,893.04
Fixed HRA Costs													
Single	250.75	238.00	246.50										\$735.25
Family	573.75	578.00	578.00										\$1,729.75
Sum of Total HRA Fixed Costs	\$824.50	\$816.00	\$824.50										\$2,465.00
Total Fixed Costs	\$35,572.30	\$36,284.56	\$36,501.19										\$108,358.04
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82										\$675,965.36
Prescription Drug Claims	28,707.69	10,908.04	45,139.14										\$84,754.87
HRA Claims	1,000.00	4,181.56	4,447.53										\$9,629.09
Sum of Total Claims Costs	\$324,803.77	\$186,294.06	\$259,251.49										\$770,349.32
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00										(11,296.68)
Prescription Drug Rebate	0.00	0.00	0.00										0.00
Sum of Reimbursements	(\$11,296.68)	\$0.00	\$0.00										(\$11,296.68)
Total Costs	\$349,079.39	\$222,578.62	\$295,752.68										\$867,410.68
Funding Less Costs	(\$121,170.89)	\$5,105.38	(\$66,955.68)										(\$195,358.68)
YTD Plan Performance	(\$121,170.89)	(\$116,065.51)	(\$183,021.18)										
YTD % of Total Costs to Funding													129.07%
YTD Average Monthly Cost Per Employee	\$1,799.38	\$1,480.98	\$1,495.54										\$1,495.54

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

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Medical & Rx Carriers:
Auxiant & Serve You

Total Monthly Funding	
Single	Family
\$544.00	\$1,420.00

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$15.65	\$15.65
Specific Stop Loss (\$100,000)	\$54.16	\$145.28
Aggregate Stop Loss	\$6.59	\$6.59
Fully Insured Transplant Fee	\$10.22	\$23.49
PPO Access Fee	\$5.50	\$5.50
UR Fees	\$2.85	\$2.85
COBRA Fees	\$1.00	\$1.00
Sum of Total Monthly Fixed Costs	\$95.97	\$200.36

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	59	56	58										173
Family	135	136	136										407
Total	194	192	194										580
Total Funding													
Single	32,096.00	30,464.00	31,552.00										\$94,112.00
Family	191,700.00	193,120.00	193,120.00										\$577,940.00
Sum of Total Funding	\$223,796.00	\$223,584.00	\$224,672.00										\$672,052.00
Fixed Costs													
Single	5,662.23	5,374.32	5,566.26										\$16,602.81
Family	27,048.60	27,248.96	27,248.96										\$81,546.52
Sum of Total Fixed Costs	\$32,710.83	\$32,623.28	\$32,815.22										\$98,149.33
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82										\$675,965.36
Prescription Drug Claims	28,707.69	10,908.04	45,139.14										\$84,754.87
Sum of Total Claims Costs	\$323,803.77	\$182,112.50	\$254,803.96										\$760,720.23
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00										(\$11,296.68)
Prescription Drug Rebate	0.00	0.00	0.00										\$0.00
Sum of Reimbursements	(\$11,296.68)	\$0.00	\$0.00										(\$11,296.68)
Total Costs	\$345,217.92	\$214,735.78	\$287,619.18										\$847,572.88
Funding Less Costs	(\$121,421.92)	\$8,848.22	(\$62,947.18)										(\$175,520.88)
YTD Plan Performance	(\$121,421.92)	(\$112,573.70)	(\$175,520.88)										
YTD % of Total Costs to Funding													126.12%
YTD Average Monthly Cost Per Employee	\$1,779.47	\$1,450.66	\$1,461.33										\$1,461.33

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
HRA

Total Monthly Funding	
Single	Family
\$12.50	\$25.00

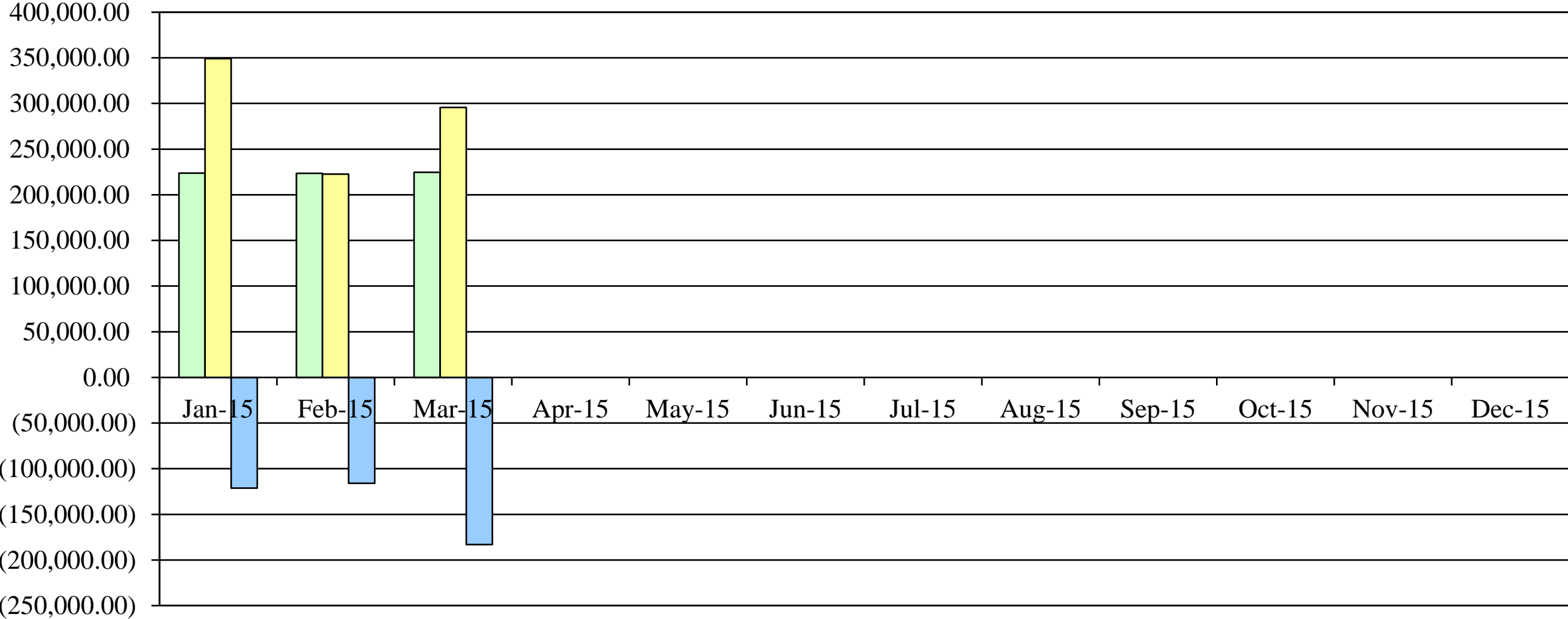
Prepared By: Associated Financial Group
Date Prepared: 04/10/15
Plan Year: 01/01/15 - 12/31/15

Medical & Rx Carriers:
Auxiant & Serve You

Total Monthly Fixed Costs	
Single	Family
HRA Admin Fee \$4.25	\$4.25
Sum of Total Monthly Fixed Costs \$4.25	\$4.25

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Monthly Enrollment													
Single	59	56	58										173
Family	135	136	136										407
Total	194	192	194										580
Total Funding													
Single	737.50	700.00	725.00										\$2,162.50
Family	3,375.00	3,400.00	3,400.00										\$10,175.00
Sum of Total Funding	\$4,112.50	\$4,100.00	\$4,125.00										\$12,337.50
Fixed Costs													
Single	250.75	238.00	246.50										\$735.25
Family	573.75	578.00	578.00										\$1,729.75
Sum of Total Fixed Costs	\$824.50	\$816.00	\$824.50										\$2,465.00
Claims Costs													
HRA Claims	1,000.00	4,181.56	4,447.53										\$9,629.09
Sum of Total Claims Costs	\$1,000.00	\$4,181.56	\$4,447.53										\$9,629.09
Total Costs	\$1,824.50	\$4,997.56	\$5,272.03										\$12,094.09
Funding Less Costs	\$2,288.00	(\$897.56)	(\$1,147.03)										\$243.41
YTD Plan Performance	\$2,288.00	\$1,390.44	\$243.41										
YTD % of Total Costs to Funding													98.03%
YTD Average Monthly Cost Per Employee	\$9.40	\$17.67	\$20.85										\$20.85

Medical Summary Graph



Total Funding
 Total Costs
 YTD Plan Performance

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 04/10/15
 Plan Year: 01/01/15 - 12/31/15

Dental Carriers

Auxiant

Monthly Enrollment

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	53	51	53										157
Family	133	134	134										401
Total	186	185	187										558

Total Funding

Single	1,745.70	1,654.62	1,624.26										\$5,024.58
Family	12,962.77	13,073.36	13,073.36										\$39,109.49
Sum of Total Funding	\$14,708.47	\$14,727.98	\$14,697.62										\$44,134.07

Fixed Costs

Single	115.54	111.18	115.54										\$342.26
Family	289.94	292.12	292.12										\$874.18
Sum of Total Fixed Costs	\$405.48	\$403.30	\$407.66										\$1,216.44

Claims Costs

Dental Claims	13,607.55	19,758.21	23,987.45										\$57,353.21
Sum of Total Claims Costs	\$13,607.55	\$19,758.21	\$23,987.45										\$57,353.21

Total Costs

Total Costs	\$14,013.03	\$20,161.51	\$24,395.11										\$58,569.65
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Funding Less Costs

Funding Less Costs	\$695.44	(\$5,433.53)	(\$9,697.49)										(\$14,435.58)
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YTD Plan Performance

YTD Plan Performance	\$695.44	(\$4,738.09)	(\$14,435.58)										
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YTD % of Total Costs to Funding

YTD % of Total Costs to Funding														132.71%
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YTD Average Monthly Cost

Per Employee	\$75.34	\$92.11	\$104.96											\$104.96
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 04/10/15
Plan Year: 01/01/15 - 12/31/15

Dental Carriers:
Auxiant

Total Monthly Funding	
Single	Family
\$45.54	\$110.59

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
Sum of Total Monthly Fixed Costs	\$2.18	\$2.18

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	31	29	27										87
Family	110	111	111										332
Total	141	140	138										419
Total Funding													
Single	1,411.74	1,320.66	1,229.58										\$3,961.98
Family	12,164.90	12,275.49	12,275.49										\$36,715.88
Sum of Total Funding	\$13,576.64	\$13,596.15	\$13,505.07										\$40,677.86
Fixed Costs													
Single	67.58	63.22	58.86										\$189.66
Family	239.80	241.98	241.98										\$723.76
Sum of Total Fixed Costs	\$307.38	\$305.20	\$300.84										\$913.42
Claims Costs													
Dental Claims	11,779.55	17,765.21	22,158.86										\$51,703.62
Sum of Total Claims Costs	\$11,779.55	\$17,765.21	\$22,158.86										\$51,703.62
Total Costs	\$12,086.93	\$18,070.41	\$22,459.70										\$52,617.04
Funding Less Costs	\$1,489.71	(\$4,474.26)	(\$8,954.63)										(\$11,939.18)
YTD Plan Performance	\$1,489.71	(\$2,984.55)	(\$11,939.18)										
YTD % of Total Costs to Funding													129.35%
YTD Average Monthly Cost Per Employee	\$85.72	\$107.32	\$125.58										\$125.58

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 04/10/15
Plan Year: 01/01/15 - 12/31/15

Dental Carriers:
Auxiant

Total Monthly Funding	
Single	Family
\$15.18	\$34.69

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
Sum of Total Monthly Fixed Costs	\$2.18	\$2.18

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	22	22	26										70
Family	23	23	23										69
Total	45	45	49										139

Total Funding													
Single	333.96	333.96	394.68										\$1,062.60
Family	797.87	797.87	797.87										\$2,393.61
Sum of Total Funding	\$1,131.83	\$1,131.83	\$1,192.55										\$3,456.21

Fixed Costs													
Single	47.96	47.96	56.68										\$152.60
Family	50.14	50.14	50.14										\$150.42
Sum of Total Fixed Costs	\$98.10	\$98.10	\$106.82										\$303.02

Claims Costs													
Dental Claims	1,828.00	1,993.00	1,828.59										\$5,649.59
Sum of Total Claims Costs	\$1,828.00	\$1,993.00	\$1,828.59										\$5,649.59

Total Costs	\$1,926.10	\$2,091.10	\$1,935.41										\$5,952.61
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Funding Less Costs	(\$794.27)	(\$959.27)	(\$742.86)										(\$2,496.40)
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YTD Plan Performance	(\$794.27)	(\$1,753.54)	(\$2,496.40)										
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YTD % of Total Costs to Funding													172.23%
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YTD Average Monthly Cost Per Employee	\$42.80	\$44.64	\$42.82										\$42.82
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Dental Summary Graph

