

Health Plan Performance Monitor Prepared for City of Manitowoc



I. REPORT PARAMETERS

A. Medical Administrator: Auxiant Employer Rates used for Calculating Health Premiums*:

B. Prescription Drug Administrator: Serve You Single \$534.00

C. Reinsurance Carrier: HCC Life Family \$1,394.00

D. Specific Stop-Loss Deductible: \$100,000 *Weighted Average Based On Enrollment

E. Aggregating Specific Deductible: \$0

II. PLAN EXPERIENCE

	FD	KED COST ANALYS	SIS		VARI	ABLE COST ANAL	YSIS	_		ENROLL	MENT	_
Month	Provider Network Fees	Administration	Reinsurance Premiums	TOTAL FIXED COSTS	Medical Paid Claims	Prescription Drug Costs	Paid Claims Over Stop Loss Deductible	TOTAL VARIABLE COSTS	TOTAL PLAN COSTS	Single Contracts	Family Contracts	TOTAL CONTRACTS
January 2014	\$990	\$7,783	\$28,314	\$37,087	\$147,048	\$24,087	\$0	\$171,135	\$208,221	73	147	220
February 2014	\$972	\$7,643	\$27,572	\$36,187	\$46,345	\$0	\$0	\$46,345	\$82,531	74	142	216
March 2014												
April 2014												
May 2014												
June 2014												
July 2014												
August 2014												
September 2014												
October 2014												
November 2014												
December 2014												
TOTALS	\$1,962	\$15,427	\$55,885	\$73,274	\$193,392	\$24,087	\$0	\$217,479	\$290,753	147	289	436

III. KEY INDICATORS

Average Single Enrollment:	74	Total Plan Costs:	\$290,753	Fixed Costs per Employee per Year:	\$2,017
Average Family Enrollment:	145	Projected Plan Costs:	\$481,364	Variable Costs per Employee per Year	\$5,986
Average Total Enrollment:	218	Dollar Difference:	\$190,611	Total Costs per Employee per Year:	\$8,002

Funding Loss Ratio: 60%