

Dental Plan Performance Monitor Prepared for City of Manitowoc



I. REPORT PARAMETERS

A. Dental Administrator: Auxiant Monthly Rates used for Calculating Dental Premiums*:

Single \$29.68

Family \$88.47

*Weighted Average of The Two Plans Based on Enrollment

II. PLAN EXPERIENCE

	COST ANA	ALYSIS		ENROLI	LMENT	
Month	Administration	Paid Claims	TOTAL PLAN COSTS	Single Contracts	Family Contracts	TOTAL CONTRACTS
January 2014	\$566	\$22,589	\$23,156	56	140	196
February 2014	\$552	\$15,638	\$16,190	56	135	191
March 2014	\$569	\$12,173	\$12,743	59	138	197
April 2014	\$578	\$19,018	\$19,596	62	138	200
May 2014	\$578	\$14,326	\$14,904	62	138	200
June 2014	\$575	\$10,150	\$10,725	62	137	199
July 2014	\$575	\$18,345	\$18,920	64	135	199
August 2014	\$569	\$12,519	\$13,088	61	136	197
September 2014						
October 2014						
November 2014						
December 2014						
TOTALS	\$4,563	\$124,758	\$129,322	482	1,097	1,579

III. KEY INDICATORS

Average Single Enrollmen	60	Total Plan Costs:	\$129,322
Average Family Enrollmer	137	Projected Plan Costs:	\$111,362
Average Total Enrollment	197	Dollar Difference:	(\$17,960)
		Funding Loss Ratio:	116%
		Total Costs per Employee per Year:	\$983