

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/20/15
 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	53	53	48	49	52					428
Family	135	136	136	138	138	138	139	138					1,098
Total	194	192	194	191	191	186	188	190					1,526
Total Members	530	528	530	532	532	527	533	532					4,244
Total Medical Funding													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00	26,112.00	26,656.00	28,288.00					\$232,832.00
Family	191,700.00	193,120.00	193,120.00	195,960.00	195,960.00	195,960.00	197,380.00	195,960.00					\$1,559,160.00
Sum of Total Medical Funding	\$223,796.00	\$223,584.00	\$224,672.00	\$224,792.00	\$224,792.00	\$222,072.00	\$224,036.00	\$224,248.00					\$1,791,992.00
Total HRA Funding													
Single	988.25	938.00	971.50	887.75	887.75	804.00	820.75	871.00					7,169.00
Family	3,948.75	3,978.00	3,978.00	4,036.50	4,036.50	4,036.50	4,065.75	4,036.50					32,116.50
Sum of Total HRA Funding	\$4,937.00	\$4,916.00	\$4,949.50	\$4,924.25	\$4,924.25	\$4,840.50	\$4,886.50	\$4,907.50					\$39,285.50
Total Funding	\$228,733.00	\$228,500.00	\$229,621.50	\$229,716.25	\$229,716.25	\$226,912.50	\$228,922.50	\$229,155.50					\$1,831,277.50
Fixed Medical Costs													
Single	5,779.64	5,723.76	5,928.18	5,417.13	5,417.13	4,906.08	5,008.29	5,314.92					\$43,495.13
Family	28,791.45	29,582.72	29,582.72	30,017.76	30,017.76	30,017.76	30,235.28	30,017.76					\$238,263.21
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	\$38,071.09	\$38,806.48	\$39,010.90	\$38,934.89	\$38,934.89	\$38,423.84	\$38,743.57	\$38,832.68					\$309,758.34
Fixed HRA Costs													
Single	250.75	238.00	246.50	225.25	225.25	204.00	208.25	221.00					\$1,819.00
Family	573.75	578.00	578.00	586.50	586.50	586.50	590.75	586.50					\$4,666.50
Sum of Total HRA Fixed Costs	\$824.50	\$816.00	\$824.50	\$811.75	\$811.75	\$790.50	\$799.00	\$807.50					\$6,485.50
Total Fixed Costs	\$38,895.59	\$39,622.48	\$39,835.40	\$39,746.64	\$39,746.64	\$39,214.34	\$39,542.57	\$39,640.18					\$316,243.84
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88	299,032.77	123,537.49	98,480.60					\$1,476,573.13
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74	25,545.91	29,188.69	23,042.27	36,715.82					\$221,011.30
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17	1,962.23	2,913.80	5,172.00	5,748.13					\$29,611.42
Sum of Total Claims Costs	\$324,803.77	\$186,294.06	\$259,251.49	\$122,549.94	\$210,465.02	\$331,135.26	\$151,751.76	\$140,944.55					\$1,727,195.85
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00	0.00	(10,038.95)	0.00					(21,335.63)
Prescription Drug Rebate	(3,136.00)	0.00	0.00	(3,074.00)	0.00	0.00	0.00	0.00					(6,210.00)
Sum of Reimbursements	(\$14,432.68)	\$0.00	\$0.00	(\$3,074.00)	\$0.00	\$0.00	(\$10,038.95)	\$0.00					(\$27,545.63)
Total Costs	\$349,266.68	\$225,916.54	\$299,086.89	\$159,222.58	\$250,211.66	\$370,349.60	\$181,255.38	\$180,584.73					\$2,015,894.06
Funding Less Costs	(\$120,533.68)	\$2,583.46	(\$69,465.39)	\$70,493.67	(\$20,495.41)	(\$143,437.10)	\$47,667.12	\$48,570.77					(\$223,902.06)
YTD Plan Performance	(\$120,533.68)	(\$117,950.22)	(\$187,415.61)	(\$116,921.94)	(\$137,417.35)	(\$280,854.45)	(\$233,187.33)	(\$184,616.56)					
YTD % of Total Costs to Funding													112.49%
YTD Average Monthly Cost Per Employee	\$1,800.34	\$1,490.11	\$1,507.36	\$1,340.46	\$1,334.41	\$1,440.81	\$1,373.73	\$1,321.03					\$1,321.03

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 07/20/15
Plan Year: 01/01/15 - 12/31/15

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	\$3.65	\$3.65
UR Fees	\$2.85	\$2.85
COBRA Fees	\$1.00	\$1.00
PCORI Fee	\$0.17	\$0.67
ACA Reinsurance Fee	\$3.67	\$14.09
Sum of Total Monthly Fixed Costs	\$97.96	\$213.27

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	53	53	48	49	52					428
Family	135	136	136	138	138	138	139	138					1,098
Total	194	192	194	191	191	186	188	190					1,526
Total Funding													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00	26,112.00	26,656.00	28,288.00					\$232,832.00
Family	191,700.00	193,120.00	193,120.00	195,960.00	195,960.00	195,960.00	197,380.00	195,960.00					\$1,559,160.00
Sum of Total Funding	\$223,796.00	\$223,584.00	\$224,672.00	\$224,792.00	\$224,792.00	\$222,072.00	\$224,036.00	\$224,248.00					\$1,791,992.00
Fixed Costs													
Single	5,779.64	5,485.76	5,681.68	5,191.88	5,191.88	4,702.08	4,800.04	5,093.92					\$41,926.88
Family	28,791.45	29,004.72	29,004.72	29,431.26	29,431.26	29,431.26	29,644.53	29,431.26					\$234,170.46
Sum of Total Fixed Costs	\$34,571.09	\$34,490.48	\$34,686.40	\$34,623.14	\$34,623.14	\$34,133.34	\$34,444.57	\$34,525.18					\$276,097.34
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88	299,032.77	123,537.49	98,480.60					\$1,476,573.13
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74	25,545.91	29,188.69	23,042.27	36,715.82					\$221,011.30
Sum of Total Claims Costs	\$323,803.77	\$182,112.50	\$254,803.96	\$118,363.77	\$208,502.79	\$328,221.46	\$146,579.76	\$135,196.42					\$1,697,584.43
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00	0.00	(10,038.95)	0.00					(\$21,335.63)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					\$0.00
Sum of Reimbursements	(\$11,296.68)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$10,038.95)	\$0.00					(\$21,335.63)
Total Costs	\$347,078.18	\$216,602.98	\$289,490.36	\$152,986.91	\$243,125.93	\$362,354.80	\$170,985.38	\$169,721.60					\$1,952,346.14
Funding Less Costs	(\$123,282.18)	\$6,981.02	(\$64,818.36)	\$71,805.09	(\$18,333.93)	(\$140,282.80)	\$53,050.62	\$54,526.40					(\$160,354.14)
YTD Plan Performance	(\$123,282.18)	(\$116,301.16)	(\$181,119.52)	(\$109,314.43)	(\$127,648.36)	(\$267,931.16)	(\$214,880.54)	(\$160,354.14)					
YTD % of Total Costs to Funding													108.95%
YTD Average Monthly Cost Per Employee	\$1,789.06	\$1,460.31	\$1,470.99	\$1,305.00	\$1,298.63	\$1,403.87	\$1,334.30	\$1,279.39					\$1,279.39

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
HRA

Total Monthly Funding	
Single	Family
\$16.75	\$29.25

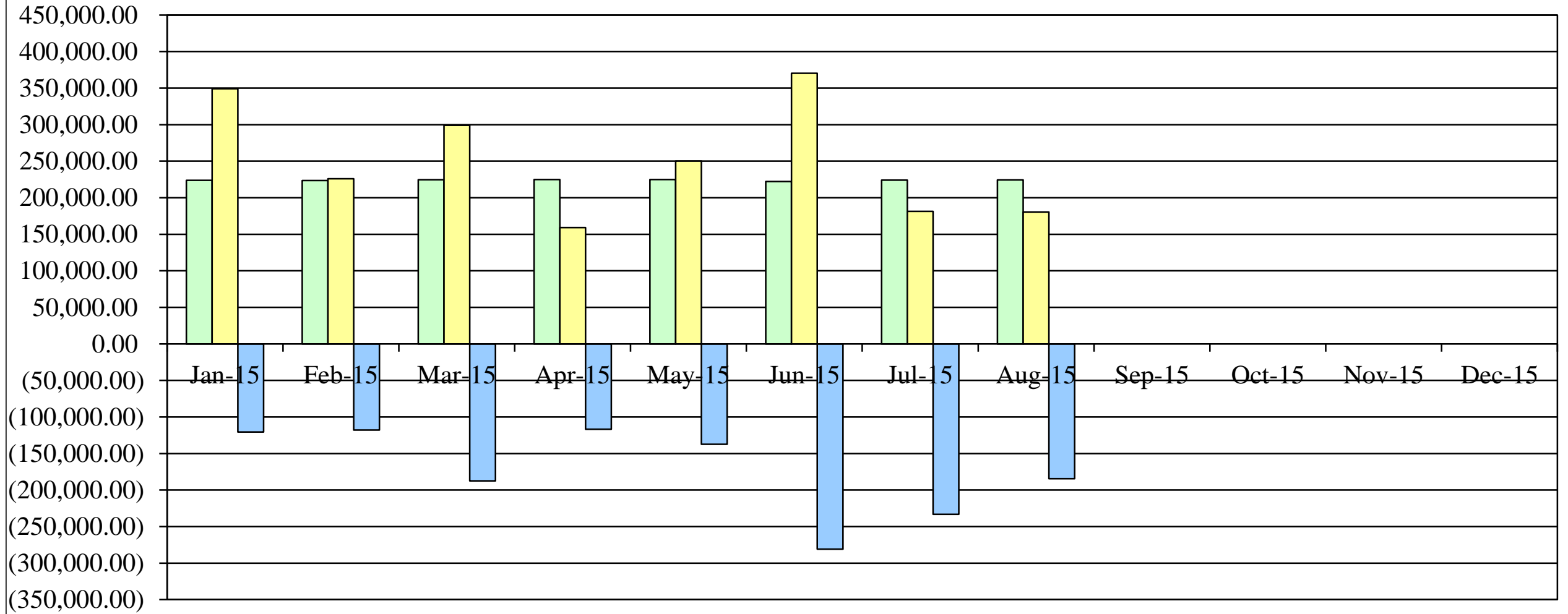
Prepared By: Associated Financial Group
Date Prepared: 07/20/15
Plan Year: 01/01/15 - 12/31/15

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	53	53	48	49	52					428
Family	135	136	136	138	138	138	139	138					1,098
Total	194	192	194	191	191	186	188	190					1,526
Total Funding													
Single	988.25	938.00	971.50	887.75	887.75	804.00	820.75	871.00					\$7,169.00
Family	3,948.75	3,978.00	3,978.00	4,036.50	4,036.50	4,036.50	4,065.75	4,036.50					\$32,116.50
Sum of Total Funding	\$4,937.00	\$4,916.00	\$4,949.50	\$4,924.25	\$4,924.25	\$4,840.50	\$4,886.50	\$4,907.50					\$39,285.50
Fixed Costs													
Single	250.75	238.00	246.50	225.25	225.25	204.00	208.25	221.00					\$1,819.00
Family	573.75	578.00	578.00	586.50	586.50	586.50	590.75	586.50					\$4,666.50
Sum of Total Fixed Costs	\$824.50	\$816.00	\$824.50	\$811.75	\$811.75	\$790.50	\$799.00	\$807.50					\$6,485.50
Claims Costs													
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17	1,962.23	2,913.80	5,172.00	5,748.13					\$29,611.42
Sum of Total Claims Costs	\$1,000.00	\$4,181.56	\$4,447.53	\$4,186.17	\$1,962.23	\$2,913.80	\$5,172.00	\$5,748.13					\$29,611.42
Total Costs	\$1,824.50	\$4,997.56	\$5,272.03	\$4,997.92	\$2,773.98	\$3,704.30	\$5,971.00	\$6,555.63					\$36,096.92
Funding Less Costs	\$3,112.50	(\$81.56)	(\$322.53)	(\$73.67)	\$2,150.27	\$1,136.20	(\$1,084.50)	(\$1,648.13)					\$3,188.58
YTD Plan Performance	\$3,112.50	\$3,030.94	\$2,708.41	\$2,634.74	\$4,785.01	\$5,921.21	\$4,836.71	\$3,188.58					
YTD % of Total Costs to Funding													91.88%
YTD Average Monthly Cost Per Employee	\$9.40	\$17.67	\$20.85	\$22.17	\$20.65	\$20.53	\$22.11	\$23.65					\$23.65

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: 07/20/15
 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	51	51	46	48	51					404
Family	133	134	134	134	134	134	135	134					1,072
Total	186	185	187	185	185	180	183	185					1,476

Total Funding

Single	1,745.70	1,654.62	1,624.26	1,563.54	1,563.54	1,396.56	1,487.64	1,593.90					\$12,629.76
Family	12,962.77	13,073.36	13,073.36	13,149.26	13,149.26	13,149.26	13,259.85	13,149.26					\$104,966.38
Sum of Total Funding	\$14,708.47	\$14,727.98	\$14,697.62	\$14,712.80	\$14,712.80	\$14,545.82	\$14,747.49	\$14,743.16					\$117,596.14

Fixed Costs

Single	115.54	111.18	115.54	111.18	111.18	100.28	104.64	111.18					\$880.72
Family	289.94	292.12	292.12	292.12	292.12	292.12	294.30	292.12					\$2,336.96
Sum of Total Fixed Costs	\$405.48	\$403.30	\$407.66	\$403.30	\$403.30	\$392.40	\$398.94	\$403.30					\$3,217.68

Claims Costs

Dental Claims	13,607.55	19,758.21	23,987.45	16,640.01	13,459.90	14,235.60	20,493.43	12,721.60					\$134,903.75
Sum of Total Claims Costs	\$13,607.55	\$19,758.21	\$23,987.45	\$16,640.01	\$13,459.90	\$14,235.60	\$20,493.43	\$12,721.60					\$134,903.75

Total Costs

Total Costs	\$14,013.03	\$20,161.51	\$24,395.11	\$17,043.31	\$13,863.20	\$14,628.00	\$20,892.37	\$13,124.90					\$138,121.43
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Funding Less Costs

Funding Less Costs	\$695.44	(\$5,433.53)	(\$9,697.49)	(\$2,330.51)	\$849.60	(\$82.18)	(\$6,144.88)	\$1,618.26					(\$20,525.29)
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YTD Plan Performance

YTD Plan Performance	\$695.44	(\$4,738.09)	(\$14,435.58)	(\$16,766.09)	(\$15,916.49)	(\$15,998.67)	(\$22,143.55)	(\$20,525.29)					
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YTD % of Total Costs to Funding

117.45%

YTD Average Monthly Cost

Per Employee

Per Employee	\$75.34	\$92.11	\$104.96	\$101.77	\$96.42	\$93.96	\$96.82	\$93.58					\$93.58
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 07/20/15
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	26	26	23	25	27					214
Family	110	111	111	112	112	112	113	112					893
Total	141	140	138	138	138	135	138	139					1,107

Total Funding	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	1,411.74	1,320.66	1,229.58	1,184.04	1,184.04	1,047.42	1,138.50	1,229.58					\$9,745.56
Family	12,164.90	12,275.49	12,275.49	12,386.08	12,386.08	12,386.08	12,496.67	12,386.08					\$98,756.87
Sum of Total Funding	\$13,576.64	\$13,596.15	\$13,505.07	\$13,570.12	\$13,570.12	\$13,433.50	\$13,635.17	\$13,615.66					\$108,502.43

Fixed Costs	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	67.58	63.22	58.86	56.68	56.68	50.14	54.50	58.86					\$466.52
Family	239.80	241.98	241.98	244.16	244.16	244.16	246.34	244.16					\$1,946.74
Sum of Total Fixed Costs	\$307.38	\$305.20	\$300.84	\$300.84	\$300.84	\$294.30	\$300.84	\$303.02					\$2,413.26

Claims Costs	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
Dental Claims	11,779.55	17,765.21	22,158.86	15,042.01	11,535.90	13,369.60	19,061.43	12,000.60					\$122,713.16
Sum of Total Claims Costs	\$11,779.55	\$17,765.21	\$22,158.86	\$15,042.01	\$11,535.90	\$13,369.60	\$19,061.43	\$12,000.60					\$122,713.16

Total Costs	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
	\$12,086.93	\$18,070.41	\$22,459.70	\$15,342.85	\$11,836.74	\$13,663.90	\$19,362.27	\$12,303.62					\$125,126.42

Funding Less Costs	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
	\$1,489.71	(\$4,474.26)	(\$8,954.63)	(\$1,772.73)	\$1,733.38	(\$230.40)	(\$5,727.10)	\$1,312.04					(\$16,623.99)

YTD Plan Performance	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
	\$1,489.71	(\$2,984.55)	(\$11,939.18)	(\$13,711.91)	(\$11,978.53)	(\$12,208.93)	(\$17,936.03)	(\$16,623.99)					

YTD % of Total Costs to Funding	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
													115.32%

YTD Average Monthly Cost Per Employee	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
	\$85.72	\$107.32	\$125.58	\$122.01	\$114.82	\$112.60	\$116.55	\$113.03					\$113.03

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 07/20/15
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	25	25	23	23	24					190
Family	23	23	23	22	22	22	22	22					179
Total	45	45	49	47	47	45	45	46					369
Total Funding													
Single	333.96	333.96	394.68	379.50	379.50	349.14	349.14	364.32					\$2,884.20
Family	797.87	797.87	797.87	763.18	763.18	763.18	763.18	763.18					\$6,209.51
Sum of Total Funding	\$1,131.83	\$1,131.83	\$1,192.55	\$1,142.68	\$1,142.68	\$1,112.32	\$1,112.32	\$1,127.50					\$9,093.71
Fixed Costs													
Single	47.96	47.96	56.68	54.50	54.50	50.14	50.14	52.32					\$414.20
Family	50.14	50.14	50.14	47.96	47.96	47.96	47.96	47.96					\$390.22
Sum of Total Fixed Costs	\$98.10	\$98.10	\$106.82	\$102.46	\$102.46	\$98.10	\$98.10	\$100.28					\$804.42
Claims Costs													
Dental Claims	1,828.00	1,993.00	1,828.59	1,598.00	1,924.00	866.00	1,432.00	721.00					\$12,190.59
Sum of Total Claims Costs	\$1,828.00	\$1,993.00	\$1,828.59	\$1,598.00	\$1,924.00	\$866.00	\$1,432.00	\$721.00					\$12,190.59
Total Costs	\$1,926.10	\$2,091.10	\$1,935.41	\$1,700.46	\$2,026.46	\$964.10	\$1,530.10	\$821.28					\$12,995.01
Funding Less Costs	(\$794.27)	(\$959.27)	(\$742.86)	(\$557.78)	(\$883.78)	\$148.22	(\$417.78)	\$306.22					(\$3,901.30)
YTD Plan Performance	(\$794.27)	(\$1,753.54)	(\$2,496.40)	(\$3,054.18)	(\$3,937.96)	(\$3,789.74)	(\$4,207.52)	(\$3,901.30)					
YTD % of Total Costs to Funding													142.90%
YTD Average Monthly Cost Per Employee	\$42.80	\$44.64	\$42.82	\$41.15	\$41.54	\$38.29	\$37.69	\$35.22					\$35.22

Dental Summary Graph

