Monthly Medical & Dental Reporting

City of Manitowoc

January 2026

Medical Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	**$376,216.67**												**$376,216.67**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	**187**												**187**
Total Membership	**498**												**498**

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
***Total Fixed Costs**	**$109,760.94**												**$109,760.94**

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	$112,602.95												$112,602.95
Prescription	$87,136.34												$87,136.34
Total Paid Claims	**$199,739.29**												**$199,739.29**

Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	$0.00												$0.00
Current Year SL Reimbursements	$0.00												$0.00
Total SL Reimbursements	$0.00												$0.00
Prescription Rebates	$0.00												$0.00
Shared Savings Fees	$1,195.72												$1,195.72
Total Cost of Care Fees	$22.70												$22.70
Manty Clinic Fees	$8,856.77												$8,856.77
HSA Contributions	$0.00												$0.00
Consulting Contract	$3,187.50												$3,187.50
Total Adjustments	**$13,262.69**												**$13,262.69**

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	$322,762.92												**$322,762.92**
Total Funding Less Total Costs	$53,453.75												**$53,453.75**
Total Year to Date Reserves	**$53,453.75**												**$53,453.75**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	85.79%												**85.79%**

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	$1,726.00												**$1,726.00**

Misc Fees Not Incl. in Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
WEX - Dependent Care FSA	$28.00												$28.00
EAP (Empathia-MyLifeMatters)	$555.50												$555.50

*Includes Vitality Costs

The monthly and cumulative loss ratio percentages provided INCLUDE reimbursements and rebates.

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General City & Library

Medical TPA:	**Health Partners**
Stop Loss:	**Symetra**
Specific Deductible:	**$100,000**
PBM:	**CRx / CVS Caremark**
Organ Transplant:	**HCC**

Total Funding:	**EE**	**FAM**
	$977.06	$2,477.11

Fixed Costs:		
Admin Fees:	$57.18	$57.18
Specific	$216.58	$592.91
Aggregate	$15.83	$15.83
Total Fixed Cost:	$302.95	$692.02

Plan Year:	1/1/2026-12/31/2026
Date Updated:	2/23/2026

Monthly Funding	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	$25,403.56												$25,403.56
FAM	$195,691.69												$195,691.69
Total Funding	**$221,095.25**												**$221,095.25**

Enrollment	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	26												26
FAM	79												79
Total Enrollment	**105**												**105**

Monthly Fixed Costs	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	$7,876.70												$7,876.70
FAM	$54,669.58												$54,669.58
Total Fixed Costs	**$62,546.28**												**$62,546.28**

Paid Claims	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
Medical	$83,752.57												$83,752.57
Prescription	$8,713.97												$8,713.97
Total Paid Claims	**$92,466.54**												**$92,466.54**

Adjustments	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
Prior Year SL Reimbursements	$0.00												$0.00
Current Year SL Reimbursements	$0.00												$0.00
Total Adjustments	**$0.00**												**$0.00**

Plan Summary	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
Total Monthly Costs	$155,012.82												$155,012.82
Total Funding Less Total Costs	$66,082.43												$66,082.43
Total Year to Date Reserves	**$66,082.43**												**$66,082.43**

Monthly Loss Ratio	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	70.11%												**70.11%**

Cost PEPM	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	$1,476.31												**$1,476.31**

The monthly and cumulative loss ratio percentages provided INCLUDE specific reimbursements and gene therapy reimbursements.

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Police & Fire

Medical TPA:	**Health Partners**
Stop Loss:	**Symetra**
Specific Deductible:	**$100,000**
PBM:	**CRx / CVS Caremark**
Organ Transplant:	**HCC**

Total Funding:	**EE**	**FAM**
	$977.06	$2,477.11

Fixed Costs:		
Admin Fees:	$57.18	$57.18
Specific	$216.58	$592.91
Aggregate	$15.83	$15.83
Total Fixed Cost:	$302.95	$692.02

Plan Year:	**1/1/2026-12/31/2026**
Date Updated:	**2/23/2026**

Monthly Funding	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	$31,265.92												$31,265.92
FAM	$123,855.50												$123,855.50
Total Funding	**$155,121.42**												**$155,121.42**

Enrollment	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	32												32
FAM	50												50
Total Enrollment	**82**												**82**

Monthly Fixed Costs	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	$9,694.40												$9,694.40
FAM	$34,601.00												$34,601.00
Total Fixed Costs	**$44,295.40**												**$44,295.40**

Paid Claims	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
Medical	$28,850.38												$28,850.38
Prescription	$78,422.37												$78,422.37
Total Paid Claims	**$107,272.75**												**$107,272.75**

Adjustments	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
Prior Year SL Reimbursements	$0.00												$0.00
Current Year SL Reimbursements	$0.00												$0.00
Total Adjustments	**$0.00**												**$0.00**

Plan Summary	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
Total Monthly Costs	$151,568.15												$151,568.15
Total Funding Less Total Costs	$3,553.27												$3,553.27
Total Year to Date Reserves	**$3,553.27**												**$3,553.27**

Monthly Loss Ratio	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	97.71%												**97.71%**

Cost PEPM	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	$1,848.39												**$1,848.39**

The monthly and cumulative loss ratio percentages provided INCLUDE specific reimbursements and gene therapy reimbursements.

Dental Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	**$17,796.23**												**$17,796.23**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	**195**												**195**

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Fixed Costs	**$921.20**												**$921.20**

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Paid Claims	**$18,173.00**												**$18,173.00**

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	$19,094.20												$19,094.20
Total Funding Less Total Costs	($1,297.97)												($1,297.97)
Total Year to Date Reserves	**($1,297.97)**												**($1,297.97)**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.29%												**107.29%**

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	$97.92												**$97.92**

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Library & General City

Dental TPA:	Delta Dental

Total Funding	EE	FAM
	$42.53	$0.00
Fixed Cost	$4.90	$4.90

Plan Year:	1/1/2026-12/31/2026
Date Updated:	2/23/2026

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	$1,148.31												$1,148.31
FAM	$8,019.90												$8,019.90
Total Funding	**$9,168.21**												**$9,168.21**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	27												27
FAM	67												67
Total Enrollment	**94**												**94**

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	$132.30												$132.30
FAM	$328.30												$328.30
Total Fixed Costs	**$460.60**												**$460.60**

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	$8,576.00												$8,576.00
Total Paid Claims	**$8,576.00**												**$8,576.00**

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	$9,036.60												$9,036.60
Total Funding Less Total Costs	$131.61												$131.61
Total Year to Date Reserves	**$131.61**												**$131.61**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	98.56%												**98.56%**

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	$96.13												**$96.13**

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Fire & Police

Dental TPA:	Delta Dental

Total Funding	EE	FAM
	$42.53	$119.70
Fixed Cost	$4.90	$4.90

Plan Year:	1/1/2026-12/31/2026
Date Updated:	2/23/2026

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	$1,446.02												$1,446.02
FAM	$7,182.00												$7,182.00
Total Funding	**$8,628.02**												**$8,628.02**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	34												34
FAM	60												60
Total Enrollment	**94**												**94**

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	$166.60												$166.60
FAM	$294.00												$294.00
Total Fixed Costs	**$460.60**												**$460.60**

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	$9,597.00												$9,597.00
Total Paid Claims	**$9,597.00**												**$9,597.00**

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	$10,057.60												$10,057.60
Total Funding Less Total Costs	($1,429.58)												($1,429.58)
Total Year to Date Reserves	**($1,429.58)**												**($1,429.58)**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	116.57%												**116.57%**

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.00												**107.00**

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