

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** USI Insurance Services  
**Date Prepared:** 09/23/21  
**Plan Year:** 01/01/21 - 12/31/21

**Medical & Rx Carriers:**  
Health Partners & Health Partners

Total Monthly Funding	
Single	Family
\$620.36	\$1,572.20

Total Monthly Fixed Costs		
Single	Family	
Administration Fee	\$9.25	\$25.12
Specific Stop Loss (\$100,000)	\$62.03	\$173.68
Aggregate Stop Loss	\$3.38	\$9.46
Wellness Platform / Incentives	\$11.04	\$11.04
COBRA Fee	\$0.66	\$0.66
HSA Admin	\$1.85	\$1.85
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$88.21</b>	<b>\$221.81</b>

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	55	56	56	55	57	57	59	59					454
Family	137	137	138	138	148	148	143	143					1,132
<b>Total</b>	<b>192</b>	<b>193</b>	<b>194</b>	<b>193</b>	<b>205</b>	<b>205</b>	<b>202</b>	<b>202</b>					<b>1,586</b>
<b>Total Funding</b>													
Single	34,119.80	34,740.16	34,740.16	34,119.80	35,360.52	35,360.52	36,601.24	36,601.24					\$281,643.44
Family	215,391.40	215,391.40	216,963.60	216,963.60	232,685.60	232,685.60	224,824.60	224,824.60					\$1,779,730.40
<b>Sum of Total Funding</b>	<b>\$249,511.20</b>	<b>\$250,131.56</b>	<b>\$251,703.76</b>	<b>\$251,083.40</b>	<b>\$268,046.12</b>	<b>\$268,046.12</b>	<b>\$261,425.84</b>	<b>\$261,425.84</b>					<b>\$2,061,373.84</b>
<b>Fixed Costs</b>													
Single	4,851.55	4,939.76	4,939.76	4,851.55	5,027.97	5,027.97	5,204.39	5,204.39					\$40,047.34
Family	30,387.97	30,387.97	30,609.78	30,609.78	32,827.88	32,827.88	31,718.83	31,718.83					\$251,088.92
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
<b>Sum of Total Fixed Costs</b>	<b>\$38,739.52</b>	<b>\$38,827.73</b>	<b>\$39,049.54</b>	<b>\$38,961.33</b>	<b>\$41,355.85</b>	<b>\$41,355.85</b>	<b>\$40,423.22</b>	<b>\$40,423.22</b>					<b>\$319,136.26</b>
<b>Claims Costs</b>													
Medical Claims	133,428.60	174,568.73	268,674.52	217,063.03	154,680.68	138,003.70	108,478.63	132,388.48					\$1,327,286.37
Prescription Drug Claims	17,020.78	13,956.73	31,298.57	41,799.78	47,484.47	46,494.74	40,259.09	57,338.08					\$295,652.24
Shared Savings	263.95	1,710.03	818.14	904.67	607.97	118.35	161.39	255.94					\$4,840.44
Clinic Expenses	6,247.68	6,454.22	6,908.06	6,422.47	6,043.90	6,474.85	5,966.91	6,487.99					\$51,006.08
ER HSA Contribution	48,000.00	0.00	0.00	0.00	0.00	0.00	50,600.00	0.00					\$98,600.00
<b>Sum of Total Claims Costs</b>	<b>\$204,961.01</b>	<b>\$196,689.71</b>	<b>\$307,699.29</b>	<b>\$266,189.95</b>	<b>\$208,817.02</b>	<b>\$191,091.64</b>	<b>\$205,466.02</b>	<b>\$196,470.49</b>					<b>\$1,777,385.13</b>
<b>Reimbursements</b>													
Specific Excess Loss	0.00	0.00	(19,405.73)	(45,135.73)	(40,211.90)	(43,109.60)	(42,653.26)	(39,810.10)					(\$230,326.32)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					\$0.00
<b>Sum of Reimbursements</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$19,405.73)</b>	<b>(\$45,135.73)</b>	<b>(\$40,211.90)</b>	<b>(\$43,109.60)</b>	<b>(\$42,653.26)</b>	<b>(\$39,810.10)</b>					<b>(\$230,326.32)</b>
<b>Total Costs</b>	<b>\$243,700.53</b>	<b>\$235,517.44</b>	<b>\$327,343.10</b>	<b>\$260,015.55</b>	<b>\$209,960.97</b>	<b>\$189,337.89</b>	<b>\$203,235.98</b>	<b>\$197,083.61</b>					<b>\$1,866,195.07</b>
<b>Funding Less Costs</b>	<b>\$5,810.67</b>	<b>\$14,614.12</b>	<b>(\$75,639.34)</b>	<b>(\$8,932.15)</b>	<b>\$58,085.15</b>	<b>\$78,708.23</b>	<b>\$58,189.86</b>	<b>\$64,342.23</b>					<b>\$195,178.77</b>
<b>YTD Plan Performance</b>	<b>\$5,810.67</b>	<b>\$20,424.79</b>	<b>(\$55,214.55)</b>	<b>(\$64,146.70)</b>	<b>(\$6,061.55)</b>	<b>\$72,646.68</b>	<b>\$130,836.54</b>	<b>\$195,178.77</b>					
<b>YTD % of Total Costs to Funding</b>													90.53%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,269.27</b>	<b>\$1,244.72</b>	<b>\$1,393.02</b>	<b>\$1,381.58</b>	<b>\$1,306.59</b>	<b>\$1,240.17</b>	<b>\$1,206.01</b>	<b>\$1,176.67</b>					<b>\$1,176.67</b>

CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Dental Plan

**Prepared By:** USI Insurance Services  
**Date Prepared:** 09/23/21  
**Plan Year:** 01/01/21 - 12/31/21

**Dental Carriers:**  
Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$4.50	\$4.50
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$4.50</b>	<b>\$4.50</b>

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	58	59	59	59	62	63	63	65					488
Family	131	132	133	133	143	143	142	139					1,096
<b>Total</b>	<b>189</b>	<b>191</b>	<b>192</b>	<b>192</b>	<b>205</b>	<b>206</b>	<b>205</b>	<b>204</b>					<b>1,584</b>

Total Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	2,325.80	2,365.90	2,365.90	2,365.90	2,486.20	2,526.30	2,526.30	2,606.50					\$19,568.80
Family	14,783.35	14,896.20	15,009.05	15,009.05	16,137.55	16,137.55	16,024.70	15,686.15					\$123,683.60
<b>Sum of Total Funding</b>	<b>\$17,109.15</b>	<b>\$17,262.10</b>	<b>\$17,374.95</b>	<b>\$17,374.95</b>	<b>\$18,623.75</b>	<b>\$18,663.85</b>	<b>\$18,551.00</b>	<b>\$18,292.65</b>					<b>\$143,252.40</b>

Fixed Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	261.00	265.50	265.50	265.50	279.00	283.50	283.50	292.50					\$2,196.00
Family	589.50	594.00	598.50	598.50	643.50	643.50	639.00	625.50					\$4,932.00
<b>Sum of Total Fixed Costs</b>	<b>\$850.50</b>	<b>\$859.50</b>	<b>\$864.00</b>	<b>\$864.00</b>	<b>\$922.50</b>	<b>\$927.00</b>	<b>\$922.50</b>	<b>\$918.00</b>					<b>\$7,128.00</b>

Claims Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Dental Claims	11,756.00	16,507.00	21,437.00	16,374.00	15,946.00	16,894.00	9,753.00	12,344.00					\$121,011.00
<b>Sum of Total Claims Costs</b>	<b>\$11,756.00</b>	<b>\$16,507.00</b>	<b>\$21,437.00</b>	<b>\$16,374.00</b>	<b>\$15,946.00</b>	<b>\$16,894.00</b>	<b>\$9,753.00</b>	<b>\$12,344.00</b>					<b>\$121,011.00</b>

Total Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$12,606.50	\$17,366.50	\$22,301.00	\$17,238.00	\$16,868.50	\$17,821.00	\$10,675.50	\$13,262.00					\$128,139.00

Funding Less Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$4,502.65	(\$104.40)	(\$4,926.05)	\$136.95	\$1,755.25	\$842.85	\$7,875.50	\$5,030.65					\$15,113.40

YTD Plan Performance	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$4,502.65	\$4,398.25	(\$527.80)	(\$390.85)	\$1,364.40	\$2,207.25	\$10,082.75	\$15,113.40					

YTD % of Total Costs to Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
													89.45%

YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$66.70	\$78.88	\$91.39	\$90.98	\$89.14	\$88.68	\$83.24	\$80.90					\$80.90

CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting

© 2021 USI Insurance Services. All rights reserved.