

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Prepared By: Associated Financial Group

Date Prepared: 07/19/18

Plan Year: 01/01/18 - 12/31/18

Anthem & Anthem

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	49	49	48	49	49	47							291
Family	149	149	151	153	153	153							908
Total	198	198	199	202	202	200							1,199
Total Members	575	575	581	589	590	587							3,497
Total Medical Funding													
Single	29,719.97	29,719.97	29,113.44	29,719.97	29,719.97	28,506.91							\$176,500.23
Family	229,302.06	229,302.06	232,379.94	235,457.82	235,457.82	235,457.82							\$1,397,357.52
Sum of Total Medical Funding	\$259,022.03	\$259,022.03	\$261,493.38	\$265,177.79	\$265,177.79	\$263,964.73							\$1,573,857.75
Fixed Medical Costs													
Single	6,531.21	6,531.21	6,397.92	6,531.21	6,531.21	6,264.63							\$38,787.39
Family	39,334.51	39,334.51	39,862.49	40,390.47	40,390.47	40,390.47							\$239,702.92
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00							\$21,000.00
Sum of Total Fixed Medical Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10							\$299,490.31
Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10							\$299,490.31
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00	164,074.00	89,751.00	173,829.00							\$907,362.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00	80,393.00	57,808.00	78,771.00							\$411,563.00
Clinic Rental	172.05	172.05	172.05	172.05	172.05	172.05							\$1,032.30
Clinic Expenses	5,993.44	5,309.90	6,095.38	5,526.46	6,327.66	5,563.16							\$34,816.00
Sum of Total Claims Costs	\$250,149.49	\$239,182.95	\$202,881.43	\$250,165.51	\$154,058.71	\$258,335.21							\$1,354,773.30
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)	(12,233.09)	(184.14)	(1,424.42)							(27,238.07)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00							0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)	(\$12,233.09)	(\$184.14)	(\$1,424.42)							(\$27,238.07)
Total Costs	\$289,458.26	\$288,548.67	\$249,302.37	\$288,354.10	\$204,296.25	\$307,065.89							\$1,627,025.54
Funding Less Costs	(\$30,436.23)	(\$29,526.64)	\$12,191.01	(\$23,176.31)	\$60,881.54	(\$43,101.16)							(\$53,167.79)
YTD Plan Performance	(\$30,436.23)	(\$59,962.87)	(\$47,771.86)	(\$70,948.17)	(\$10,066.63)	(\$53,167.79)							
YTD % of Total Costs to Funding													103.38%
YTD Average Monthly Cost Per Employee	\$1,461.91	\$1,459.61	\$1,390.44	\$1,399.83	\$1,321.28	\$1,356.99							\$1,356.99

NOTE: For the month of February 2018, the City Council and Mayor declared a premium holiday for all employees enrolled in the medical plan.

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By:

Associated Financial Group

Date Prepared:

07/19/18

Plan Year:

01/01/18 - 12/31/18

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding	
Single	Family
\$606.53	\$1,538.94

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$40.22	\$40.22
Specific Stop Loss (\$100,000)	\$72.40	\$202.75
Aggregate Stop Loss	\$9.44	\$9.44
COBRA	\$1.50	\$1.50
Go365 Platform and Incentives	\$9.53	\$9.53
PCORI	\$0.20	\$0.55
Sum of Total Monthly Fixed Costs	\$133.29	\$263.99

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	49	49	48	49	49	47							291
Family	149	149	151	153	153	153							908
Total	198	198	199	202	202	200							1,199
Total Funding													
Single	29,719.97	29,719.97	29,113.44	29,719.97	29,719.97	28,506.91							\$176,500.23
Family	229,302.06	229,302.06	232,379.94	235,457.82	235,457.82	235,457.82							\$1,397,357.52
Sum of Total Funding	\$259,022.03	\$259,022.03	\$261,493.38	\$265,177.79	\$265,177.79	\$263,964.73							\$1,573,857.75
Fixed Costs													
Single	6,531.21	6,531.21	6,397.92	6,531.21	6,531.21	6,264.63							\$38,787.39
Family	39,334.51	39,334.51	39,862.49	40,390.47	40,390.47	40,390.47							\$239,702.92
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00							\$21,000.00
Sum of Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10							\$299,490.31
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00	164,074.00	89,751.00	173,829.00							\$907,362.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00	80,393.00	57,808.00	78,771.00							\$411,563.00
Sum of Total Claims Costs	\$243,984.00	\$233,701.00	\$196,614.00	\$244,467.00	\$147,559.00	\$252,600.00							\$1,318,925.00
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)	(12,233.09)	(184.14)	(1,424.42)							(\$27,238.07)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00							\$0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)	(\$12,233.09)	(\$184.14)	(\$1,424.42)							(\$27,238.07)
Total Costs	\$283,292.77	\$283,066.72	\$243,034.94	\$282,655.59	\$197,796.54	\$301,330.68							\$1,591,177.24
Funding Less Costs	(\$24,270.74)	(\$24,044.69)	\$18,458.44	(\$17,477.80)	\$67,381.25	(\$37,365.95)							(\$17,319.49)
YTD Plan Performance	(\$24,270.74)	(\$48,315.43)	(\$29,856.99)	(\$47,334.79)	\$20,046.46	(\$17,319.49)							
YTD % of Total Costs to Funding													101.10%
YTD Average Monthly Cost Per Employee	\$1,430.77	\$1,430.20	\$1,360.33	\$1,370.20	\$1,291.14	\$1,327.09							\$1,327.09

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group

Date Prepared: 07/19/18

Plan Year: 01/01/18 - 12/31/18

Dental Carriers

Anthem

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	53	53	52	53	53	51							315
Family	143	144	146	149	148	149							879
Total	196	197	198	202	201	200							1,194
Total Funding													
Single	2,135.09	2,135.09	2,086.12	2,102.21	2,102.21	2,004.27							\$12,564.99
Family	15,315.44	15,352.60	15,508.90	15,702.36	15,583.22	15,702.36							\$93,164.88
Sum of Total Funding	\$17,450.53	\$17,487.69	\$17,595.02	\$17,804.57	\$17,685.43	\$17,706.63							\$105,729.87
Fixed Costs													
Single	142.04	142.04	139.36	142.04	142.04	136.68							\$844.20
Family	383.24	385.92	391.28	399.32	396.64	399.32							\$2,355.72
Sum of Total Fixed Costs	\$525.28	\$527.96	\$530.64	\$541.36	\$538.68	\$536.00							\$3,199.92
Claims Costs													
Dental Claims	13,019.28	13,954.21	20,340.52	17,053.38	21,230.88	14,208.92							\$99,807.19
Sum of Total Claims Costs	\$13,019.28	\$13,954.21	\$20,340.52	\$17,053.38	\$21,230.88	\$14,208.92							\$99,807.19
Total Costs	\$13,544.56	\$14,482.17	\$20,871.16	\$17,594.74	\$21,769.56	\$14,744.92							\$103,007.11
Funding Less Costs	\$3,905.97	\$3,005.52	(\$3,276.14)	\$209.83	(\$4,084.13)	\$2,961.71							\$2,722.76
YTD Plan Performance	\$3,905.97	\$6,911.49	\$3,635.35	\$3,845.18	(\$238.95)	\$2,722.76							
YTD % of Total Costs to Funding													97.42%
YTD Average Monthly Cost													
Per Employee	\$69.10	\$71.31	\$82.74	\$83.85	\$88.79	\$86.27							\$86.27

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Dental Carriers:
Anthem

Prepared By:
Associated Financial Group

Date Prepared:
07/19/18

Plan Year:
01/01/18 - 12/31/18

Total Monthly Funding		Total Monthly Fixed Costs	
Single	Family	Single	Family
\$48.97	\$119.14		
		Administration Fee	\$2.68
		Renewal Fee	\$0.00
		Sum of Total Monthly Fixed Costs	\$2.68

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	39	39	38	38	38	36							228
Family	122	122	123	124	123	124							738
Total	161	161	161	162	161	160							966

Total Funding													
Single	1,909.83	1,909.83	1,860.86	1,860.86	1,860.86	1,762.92							\$11,165.16
Family	14,535.08	14,535.08	14,654.22	14,773.36	14,654.22	14,773.36							\$87,925.32
Sum of Total Funding	\$16,444.91	\$16,444.91	\$16,515.08	\$16,634.22	\$16,515.08	\$16,536.28							\$99,090.48

Fixed Costs													
Single	104.52	104.52	101.84	101.84	101.84	96.48							\$611.04
Family	326.96	326.96	329.64	332.32	329.64	332.32							\$1,977.84
Sum of Total Fixed Costs	\$431.48	\$431.48	\$431.48	\$434.16	\$431.48	\$428.80							\$2,588.88

Claims Costs													
Dental Claims	12,449.28	12,894.21	18,826.52	15,186.38	19,864.88	12,406.92							\$91,628.19
Sum of Total Claims Costs	\$12,449.28	\$12,894.21	\$18,826.52	\$15,186.38	\$19,864.88	\$12,406.92							\$91,628.19

Total Costs	\$12,880.76	\$13,325.69	\$19,258.00	\$15,620.54	\$20,296.36	\$12,835.72							\$94,217.07
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Funding Less Costs	\$3,564.15	\$3,119.22	(\$2,742.92)	\$1,013.68	(\$3,781.28)	\$3,700.56							\$4,873.41
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YTD Plan Performance	\$3,564.15	\$6,683.37	\$3,940.45	\$4,954.13	\$1,172.85	\$4,873.41							
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YTD % of Total Costs to Funding													95.08%
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YTD Average Monthly Cost Per Employee	\$80.00	\$81.39	\$94.13	\$94.71	\$100.97	\$97.53							\$97.53
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 07/19/18
Plan Year: 01/01/18 - 12/31/18

Dental Carriers: Anthem	Total Monthly Funding		Total Monthly Fixed Costs	
	Single	Family	Single	Family
	\$16.09	\$37.16		
			Administration Fee	
			Renewal Fee	
			Sum of Total Monthly Fixed Costs	

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Monthly Enrollment													
Single	14	14	14	15	15	15							87
Family	21	22	23	25	25	25							141
Total	35	36	37	40	40	40							228
Total Funding													
Single	225.26	225.26	225.26	241.35	241.35	241.35							\$1,399.83
Family	780.36	817.52	854.68	929.00	929.00	929.00							\$5,239.56
Sum of Total Funding	\$1,005.62	\$1,042.78	\$1,079.94	\$1,170.35	\$1,170.35	\$1,170.35							\$6,639.39
Fixed Costs													
Single	37.52	37.52	37.52	40.20	40.20	40.20							\$233.16
Family	56.28	58.96	61.64	67.00	67.00	67.00							\$377.88
Sum of Total Fixed Costs	\$93.80	\$96.48	\$99.16	\$107.20	\$107.20	\$107.20							\$611.04
Claims Costs													
Dental Claims	570.00	1,060.00	1,514.00	1,867.00	1,366.00	1,802.00							\$8,179.00
Sum of Total Claims Costs	\$570.00	\$1,060.00	\$1,514.00	\$1,867.00	\$1,366.00	\$1,802.00							\$8,179.00
Total Costs	\$663.80	\$1,156.48	\$1,613.16	\$1,974.20	\$1,473.20	\$1,909.20							\$8,790.04
Funding Less Costs	\$341.82	(\$113.70)	(\$533.22)	(\$803.85)	(\$302.85)	(\$738.85)							(\$2,150.65)
YTD Plan Performance	\$341.82	\$228.12	(\$305.10)	(\$1,108.95)	(\$1,411.80)	(\$2,150.65)							
YTD % of Total Costs to Funding													132.39%
YTD Average Monthly Cost Per Employee	\$18.97	\$25.64	\$31.79	\$36.54	\$36.60	\$38.55							\$38.55