

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 05/19/16
 Plan Year: 01/01/16 - 12/31/16

Medical & Rx Carriers:

Anthem & Anthem

Monthly Enrollment	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	48	49	49	49									195
Family	135	137	138	137									547
Total	183	186	187	186									742
Total Members	524	529	531	528									2,112
Total Medical Funding													
Single	25,552.80	26,085.15	26,085.15	26,085.15									\$103,808.25
Family	182,736.00	185,443.20	186,796.80	185,443.20									\$740,419.20
Sum of Total Medical Funding	\$208,288.80	\$211,528.35	\$212,881.95	\$211,528.35									\$844,227.45
Fixed Medical Costs													
Single	5,526.72	5,641.86	5,641.86	5,641.86									\$22,452.30
Family	30,970.35	31,429.17	31,658.58	31,429.17									\$125,487.27
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00									\$14,000.00
Sum of Total Fixed Medical Costs	\$39,997.07	\$40,571.03	\$40,800.44	\$40,571.03									\$161,939.57
Total Fixed Costs	\$39,997.07	\$40,571.03	\$40,800.44	\$40,571.03									\$161,939.57
Claims Costs													
Medical Claims	18,222.00	53,439.00	55,030.00	115,636.00									\$242,327.00
Prescription Drug Claims	15,810.00	58,292.00	32,945.00	67,980.00									\$175,027.00
Auxiant Run Out	124,727.44	75,669.44	18,335.01	1,245.60									\$219,977.49
Serve You Run Out	15.00	0.00	0.00	0.00									\$15.00
Sum of Total Claims Costs	\$158,774.44	\$187,400.44	\$106,310.01	\$184,861.60									\$637,346.49
Reimbursements													
Specific Excess Loss	0.00	0.00	0.00	0.00									0.00
Prescription Drug Rebate	0.00	0.00	0.00	0.00									0.00
Sum of Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00									\$0.00
Total Costs	\$198,771.51	\$227,971.47	\$147,110.45	\$225,432.63									\$799,286.06
Funding Less Costs	\$9,517.29	(\$16,443.12)	\$65,771.50	(\$13,904.28)									\$44,941.39
YTD Plan Performance	\$9,517.29	(\$6,925.83)	\$58,845.67	\$44,941.39									
YTD % of Total Costs to Funding													94.68%
YTD Average Monthly Cost Per Employee	\$1,086.18	\$1,156.49	\$1,032.11	\$1,077.20									\$1,077.20

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Associated Financial Group

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Plan Year: 01/01/16 - 12/31/16

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding	
Single	Family
\$532.35	\$1,353.60

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$42.55	\$42.55
Specific Stop Loss (\$100,000)	\$59.22	\$165.83
Aggregate Stop Loss	\$9.44	\$9.44
COBRA	\$1.50	\$1.50
PCORI	\$0.18	\$0.51
ACA Reinsurance	\$2.25	\$9.58
Sum of Total Monthly Fixed Costs	\$115.14	\$229.41

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Total Funding													
Single	25,552.80	26,085.15	26,085.15	26,085.15									\$103,808.25
Family	182,736.00	185,443.20	186,796.80	185,443.20									\$740,419.20
Sum of Total Funding	\$208,288.80	\$211,528.35	\$212,881.95	\$211,528.35									\$844,227.45
Fixed Costs													
Single	5,526.72	5,641.86	5,641.86	5,641.86									\$22,452.30
Family	30,970.35	31,429.17	31,658.58	31,429.17									\$125,487.27
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00									\$14,000.00
Sum of Total Fixed Costs	\$39,997.07	\$40,571.03	\$40,800.44	\$40,571.03									\$161,939.57
Claims Costs													
Medical Claims	18,222.00	53,439.00	55,030.00	115,636.00									\$242,327.00
Prescription Drug Claims	15,810.00	58,292.00	32,945.00	67,980.00									\$175,027.00
Auxiant Run Out	124,727.44	75,669.44	18,335.01	1,245.60									\$219,977.49
Serve You Run Out	15.00	0.00	0.00	0.00									\$15.00
Sum of Total Claims Costs	\$158,774.44	\$187,400.44	\$106,310.01	\$184,861.60									\$637,346.49
Reimbursements													
Specific Excess Loss	0.00	0.00	0.00	0.00									\$0.00
Prescription Drug Rebate	0.00	0.00	0.00	0.00									\$0.00
Sum of Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00									\$0.00
Total Costs	\$198,771.51	\$227,971.47	\$147,110.45	\$225,432.63									\$799,286.06
Funding Less Costs	\$9,517.29	(\$16,443.12)	\$65,771.50	(\$13,904.28)									\$44,941.39
YTD Plan Performance	\$9,517.29	(\$6,925.83)	\$58,845.67	\$44,941.39									
YTD % of Total Costs to Funding													94.68%
YTD Average Monthly Cost Per Employee	\$1,086.18	\$1,156.49	\$1,032.11	\$1,077.20									\$1,077.20

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 05/19/16
 Plan Year: 01/01/16 - 12/31/16

Dental Carriers

Anthem

Monthly Enrollment

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	51	51	50										152
Family	134	136	137										407
Total	185	187	187										559

Total Funding

Single	1,835.50	1,835.50	1,820.40										\$5,491.40
Family	13,593.94	13,814.96	13,925.47										\$41,334.37
Sum of Total Funding	\$15,429.44	\$15,650.46	\$15,745.87										\$46,825.77

Fixed Costs

Single	136.68	136.68	134.00										\$407.36
Family	359.12	364.48	367.16										\$1,090.76
Sum of Total Fixed Costs	\$495.80	\$501.16	\$501.16										\$1,498.12

Claims Costs

Dental Claims	6,423.67	14,236.48	18,351.84										\$39,011.99
Sum of Total Claims Costs	\$6,423.67	\$14,236.48	\$18,351.84										\$39,011.99

Total Costs

Total Costs	\$6,919.47	\$14,737.64	\$18,853.00										\$40,510.11
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Funding Less Costs

Funding Less Costs	\$8,509.97	\$912.82	(\$3,107.13)										\$6,315.66
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YTD Plan Performance

YTD Plan Performance	\$8,509.97	\$9,422.79	\$6,315.66										
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YTD % of Total Costs to Funding

86.51%

YTD Average Monthly Cost

Per Employee

Per Employee	\$37.40	\$58.22	\$72.47										\$72.47
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