

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: USI Insurance Services
Date Prepared: 11/18/20
Plan Year: 01/01/20 - 12/31/20

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	\$8.56	\$23.97
Specific Stop Loss (\$100,000)	\$56.39	\$157.89
Aggregate Stop Loss	\$3.38	\$9.46
Robin Fiduciary Fee	\$0.42	\$0.42
Go365 Platform and Incentives	\$10.51	\$10.51
Sum of Total Monthly Fixed Costs	\$100.75	\$244.58

Monthly Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	52	51	52	52	52	52	53	52	53	53			522
Family	143	142	143	143	141	141	143	143	142	141			1,422
Total	195	193	195	195	193	193	196	195	195	194			1,944

Total Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	32,258.72	31,638.36	32,258.72	32,258.72	32,258.72	32,258.72	32,879.08	32,258.72	32,879.08	32,879.08			\$323,827.92
Family	224,824.60	223,252.40	224,824.60	224,824.60	221,680.20	221,680.20	224,824.60	224,824.60	223,252.40	221,680.20			\$2,235,668.40
Sum of Total Funding	\$257,083.32	\$254,890.76	\$257,083.32	\$257,083.32	\$253,938.92	\$253,938.92	\$257,703.68	\$257,083.32	\$256,131.48	\$254,559.28			\$2,559,496.32

Fixed Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	5,239.00	5,138.25	5,239.00	5,239.00	5,239.00	5,239.00	5,339.75	5,239.00	5,339.75	5,339.75			\$52,591.50
Family	34,974.94	34,730.36	34,974.94	34,974.94	34,485.78	34,485.78	34,974.94	34,974.94	34,730.36	34,485.78			\$347,792.76
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	\$3,500.00	\$3,500.00			\$35,000.00
Sum of Total Fixed Costs	\$43,713.94	\$43,368.61	\$43,713.94	\$43,713.94	\$43,224.78	\$43,224.78	\$43,814.69	\$43,713.94	\$43,570.11	\$43,325.53			\$435,384.26

Claims Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Medical Claims	10,525.60	181,083.05	185,771.00	128,212.27	70,585.70	50,645.68	120,718.38	106,386.37	320,322.79	221,347.63			\$1,395,598.47
Prescription Drug Claims	9,369.49	17,615.13	18,850.62	38,480.68	27,782.90	31,960.24	60,305.79	32,775.45	41,712.05	50,079.10			\$328,931.45
Anthem Med Run Out	52,402.00	27,298.00	-57.00	3,480.00	527.00	-3,942.00	-1,757.00	327.00	9.00	-33.00			\$78,254.00
Anthem Rx Run Out	-616.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			(\$616.00)
Shared Savings	0.00	295.95	174.95	27.12	69.96	132.81	494.10	76.66	487.06	1,299.16			\$3,057.77
Clinic Expenses	4,646.66	4,069.68	0.00	11,154.20	3,709.76	5,020.84	5,106.89	5,232.34	5,004.14	5,318.48			\$49,262.99
Discount Share	0.00	48.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$48.82
Sum of Total Claims Costs	\$76,327.75	\$230,410.63	\$204,739.57	\$181,354.27	\$102,675.32	\$83,817.57	\$184,868.16	\$144,797.82	\$367,535.04	\$278,011.37			\$1,854,537.50

Reimbursements	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Specific Excess Loss	0.00	(25,032.25)	(250.23)	(7,189.57)	0.00	0.00	0.00	0.00	(70,604.32)	(21,019.31)			(\$124,095.68)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$0.00
Sum of Reimbursements	\$0.00	(\$25,032.25)	(\$250.23)	(\$7,189.57)	\$0.00	\$0.00	\$0.00	\$0.00	(\$70,604.32)	(\$21,019.31)			(\$124,095.68)

Total Costs	\$120,041.69	\$248,746.99	\$248,203.28	\$217,878.64	\$145,900.10	\$127,042.35	\$228,682.85	\$188,511.76	\$340,500.83	\$300,317.59			\$2,165,826.08
--------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	--	--	-----------------------

Funding Less Costs	\$137,041.63	\$6,143.77	\$8,880.04	\$39,204.68	\$108,038.82	\$126,896.57	\$29,020.83	\$68,571.56	(\$84,369.35)	(\$45,758.31)			\$393,670.24
---------------------------	---------------------	-------------------	-------------------	--------------------	---------------------	---------------------	--------------------	--------------------	----------------------	----------------------	--	--	---------------------

YTD Plan Performance	\$137,041.63	\$143,185.40	\$152,065.44	\$191,270.12	\$299,308.94	\$426,205.51	\$455,226.34	\$523,797.90	\$439,428.55	\$393,670.24			
-----------------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	--	--	--

YTD % of Total Costs to Funding													84.62%
--	--	--	--	--	--	--	--	--	--	--	--	--	--------

YTD Average Monthly Cost Per Employee	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	\$615.60	\$950.49	\$1,058.31	\$1,073.10	\$1,010.06	\$951.73	\$982.72	\$980.71	\$1,066.00	\$1,114.11			\$1,114.11

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: 11/18/20

Plan Year: 01/01/20 - 12/31/20

Dental Carriers:

Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

Total Monthly Fixed Costs	
Single	Family
\$4.50	\$4.50
\$4.50	\$4.50

Administration Fee
Sum of Total Monthly Fixed Costs

Monthly Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	57	57	59	59	60	61	62	61	62	62			600
Family	136	135	136	136	133	132	134	133	133	132			1,340
Total	193	192	195	195	193	193	196	194	195	194			1,940

Total Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	2,285.70	2,285.70	2,365.90	2,365.90	2,406.00	2,446.10	2,486.20	2,446.10	2,486.20	2,486.20			\$24,060.00
Family	15,347.60	15,234.75	15,347.60	15,347.60	15,009.05	14,896.20	15,121.90	15,009.05	15,009.05	14,896.20			\$151,219.00
Sum of Total Funding	\$17,633.30	\$17,520.45	\$17,713.50	\$17,713.50	\$17,415.05	\$17,342.30	\$17,608.10	\$17,455.15	\$17,495.25	\$17,382.40			\$175,279.00

Fixed Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	256.50	256.50	265.50	265.50	270.00	274.50	279.00	274.50	279.00	279.00			\$2,700.00
Family	612.00	607.50	612.00	612.00	598.50	594.00	603.00	598.50	598.50	594.00			\$6,030.00
Sum of Total Fixed Costs	\$868.50	\$864.00	\$877.50	\$877.50	\$868.50	\$868.50	\$882.00	\$873.00	\$877.50	\$873.00			\$8,730.00

Claims Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Dental Claims	10,426.00	14,024.00	9,027.00	3,503.00	4,727.00	13,061.00	22,769.00	18,755.00	18,681.00	12,759.00			\$127,732.00
Anthem Run Out Claims	8,235.28	593.37	316.00	-317.00	0.00	0.00	0.00	-210.00	4,947.57	-1,228.34			\$12,336.88
Sum of Total Claims Costs	\$18,661.28	\$14,617.37	\$9,343.00	\$3,186.00	\$4,727.00	\$13,061.00	\$22,769.00	\$18,545.00	\$23,628.57	\$11,530.66			\$140,068.88

Total Costs	\$19,529.78	\$15,481.37	\$10,220.50	\$4,063.50	\$5,595.50	\$13,929.50	\$23,651.00	\$19,418.00	\$24,506.07	\$12,403.66			\$148,798.88
--------------------	--------------------	--------------------	--------------------	-------------------	-------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--	--	---------------------

Funding Less Costs	(\$1,896.48)	\$2,039.08	\$7,493.00	\$13,650.00	\$11,819.55	\$3,412.80	(\$6,042.90)	(\$1,962.85)	(\$7,010.82)	\$4,978.74			\$26,480.12
---------------------------	---------------------	-------------------	-------------------	--------------------	--------------------	-------------------	---------------------	---------------------	---------------------	-------------------	--	--	--------------------

YTD Plan Performance	(\$1,896.48)	\$142.60	\$7,635.60	\$21,285.60	\$33,105.15	\$36,517.95	\$30,475.05	\$28,512.20	\$21,501.38	\$26,480.12			
-----------------------------	---------------------	-----------------	-------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--	--	--

YTD % of Total Costs to Funding													84.89%
--	--	--	--	--	--	--	--	--	--	--	--	--	--------

YTD Average Monthly Cost Per Employee	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	\$101.19	\$90.94	\$77.99	\$63.61	\$56.71	\$59.28	\$68.14	\$72.14	\$78.12	\$76.70			\$76.70

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

© 2020 USI Insurance Services. All rights reserved.