

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/18/17
 Plan Year: 01/01/17 - 12/31/17

Medical & Rx Carriers:

Anthem & Anthem

Monthly Enrollment

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	52	50	52	52	51	50	50						357
Family	144	145	146	146	144	146	147						1,018
Total	196	195	198	198	195	196	197						1,375

Total Members	560	562	567	568	560	570	575						3,962
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Total Medical Funding

Single	29,179.80	28,057.50	29,179.80	29,179.80	28,618.65	28,057.50	28,057.50						\$200,330.55
Family	204,636.96	206,058.05	207,479.14	207,479.14	204,636.96	207,479.14	208,900.23						\$1,446,669.62
Sum of Total Medical Funding	\$233,816.76	\$234,115.55	\$236,658.94	\$236,658.94	\$233,255.61	\$235,536.64	\$236,957.73						\$1,647,000.17

Fixed Medical Costs

Single	6,400.16	6,154.00	6,400.16	6,400.16	6,277.08	6,154.00	6,154.00						\$43,939.56
Family	34,663.68	34,904.40	35,145.12	35,145.12	34,663.68	35,145.12	35,385.84						\$245,052.96
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00						\$24,500.00
Sum of Total Fixed Medical Costs	\$44,563.84	\$44,558.40	\$45,045.28	\$45,045.28	\$44,440.76	\$44,799.12	\$45,039.84						\$313,492.52

Total Fixed Costs	\$44,563.84	\$44,558.40	\$45,045.28	\$45,045.28	\$44,440.76	\$44,799.12	\$45,039.84						\$313,492.52
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Claims Costs

Medical Claims	423,581.00	133,514.00	129,403.00	103,081.00	92,100.00	159,188.00	83,054.00						\$1,123,921.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00	53,958.00	45,653.00	73,149.00	66,593.00						\$409,219.00
Clinic Rental	138.75	138.75	138.75	138.75	138.75	138.75	138.75						\$971.25
Clinic Expenses	5,324.56	5,075.41	3,878.16	4,327.41	4,883.23	4,634.83	4,542.09						\$32,665.69
FSA Contributions	21,100.00	0.00	0.00	0.00	0.00	0.00	0.00						\$21,100.00
Sum of Total Claims Costs	\$496,373.31	\$208,326.16	\$187,458.91	\$161,505.16	\$142,774.98	\$237,110.58	\$154,327.84						\$1,587,876.94

Reimbursements

Specific Excess Loss	(109,728.20)	(70,596.44)	(666.38)	(18,489.21)	(4,414.14)	(212.36)	(11,891.04)						(215,997.77)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00
Sum of Reimbursements	(\$109,728.20)	(\$70,596.44)	(\$666.38)	(\$18,489.21)	(\$4,414.14)	(\$212.36)	(\$11,891.04)						(\$215,997.77)

Total Costs	\$431,208.95	\$182,288.12	\$231,837.81	\$188,061.23	\$182,801.60	\$281,697.34	\$187,476.64						\$1,685,371.69
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Funding Less Costs	(\$197,392.19)	\$51,827.43	\$4,821.13	\$48,597.71	\$50,454.01	(\$46,160.70)	\$49,481.09						(\$38,371.52)
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YTD Plan Performance	(\$197,392.19)	(\$145,564.76)	(\$140,743.63)	(\$92,145.92)	(\$41,691.91)	(\$87,852.61)	(\$38,371.52)						
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YTD % of Total Costs to Funding													102.33%
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YTD Average Monthly Cost Per Employee	\$2,200.05	\$1,569.05	\$1,435.20	\$1,313.08	\$1,238.49	\$1,271.56	\$1,225.72						\$1,225.72
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City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Associated Financial Group

Date Prepared: 07/18/17

Plan Year: 01/01/17 - 12/31/17

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding	
Single	Family
\$561.15	\$1,421.09

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$46.81	\$46.84
Specific Stop Loss (\$100,000)	\$65.14	\$182.41
Aggregate Stop Loss	\$9.44	\$9.44
COBRA	\$1.50	\$1.50
PCORI	\$0.19	\$0.53
ACA Reinsurance	\$0.00	\$0.00
Sum of Total Monthly Fixed Costs	\$123.08	\$240.72

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Monthly Enrollment													
Single	52	50	52	52	51	50	50						357
Family	144	145	146	146	144	146	147						1,018
Total	196	195	198	198	195	196	197						1,375
Total Funding													
Single	29,179.80	28,057.50	29,179.80	29,179.80	28,618.65	28,057.50	28,057.50						\$200,330.55
Family	204,636.96	206,058.05	207,479.14	207,479.14	204,636.96	207,479.14	208,900.23						\$1,446,669.62
Sum of Total Funding	\$233,816.76	\$234,115.55	\$236,658.94	\$236,658.94	\$233,255.61	\$235,536.64	\$236,957.73						\$1,647,000.17
Fixed Costs													
Single	6,400.16	6,154.00	6,400.16	6,400.16	6,277.08	6,154.00	6,154.00						\$43,939.56
Family	34,663.68	34,904.40	35,145.12	35,145.12	34,663.68	35,145.12	35,385.84						\$245,052.96
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00						\$24,500.00
Sum of Total Fixed Costs	\$44,563.84	\$44,558.40	\$45,045.28	\$45,045.28	\$44,440.76	\$44,799.12	\$45,039.84						\$313,492.52
Claims Costs													
Medical Claims	423,581.00	133,514.00	129,403.00	103,081.00	92,100.00	159,188.00	83,054.00						\$1,123,921.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00	53,958.00	45,653.00	73,149.00	66,593.00						\$409,219.00
Sum of Total Claims Costs	\$469,810.00	\$203,112.00	\$183,442.00	\$157,039.00	\$137,753.00	\$232,337.00	\$149,647.00						\$1,533,140.00
Reimbursements													
Specific Excess Loss	(109,728.20)	(70,596.44)	(666.38)	(18,489.21)	(4,414.14)	(212.36)	(11,891.04)						(\$215,997.77)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00						\$0.00
Sum of Reimbursements	(\$109,728.20)	(\$70,596.44)	(\$666.38)	(\$18,489.21)	(\$4,414.14)	(\$212.36)	(\$11,891.04)						(\$215,997.77)
Total Costs	\$404,645.64	\$177,073.96	\$227,820.90	\$183,595.07	\$177,779.62	\$276,923.76	\$182,795.80						\$1,630,634.75
Funding Less Costs	(\$170,828.88)	\$57,041.59	\$8,838.04	\$53,063.87	\$55,475.99	(\$41,387.12)	\$54,161.93						\$16,365.42
YTD Plan Performance	(\$170,828.88)	(\$113,787.29)	(\$104,949.25)	(\$51,885.38)	\$3,590.61	(\$37,796.51)	\$16,365.42						
YTD % of Total Costs to Funding													99.01%
YTD Average Monthly Cost Per Employee	\$2,064.52	\$1,487.77	\$1,374.43	\$1,261.93	\$1,192.38	\$1,229.07	\$1,185.92						\$1,185.92

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/18/17
 Plan Year: 01/01/17 - 12/31/17

Dental Carriers

Anthem

Monthly Enrollment	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	54	52	53	54	53	52	52						370
Family	142	144	144	144	142	145	144						1,005
Total	196	196	197	198	195	197	196						1,375
Total Funding													
Single	2,002.56	1,911.48	1,957.02	2,002.56	1,957.02	1,911.48	1,911.48						\$13,653.60
Family	14,553.92	14,774.94	14,774.94	14,774.94	14,478.02	14,581.85	14,547.24						\$102,485.85
Sum of Total Funding	\$16,556.48	\$16,686.42	\$16,731.96	\$16,777.50	\$16,435.04	\$16,493.33	\$16,458.72						\$116,139.45
Fixed Costs													
Single	144.72	139.36	142.04	144.72	142.04	139.36	139.36						\$991.60
Family	380.56	385.92	385.92	385.92	380.56	388.60	385.92						\$2,693.40
Sum of Total Fixed Costs	\$525.28	\$525.28	\$527.96	\$530.64	\$522.60	\$527.96	\$525.28						\$3,685.00
Claims Costs													
Dental Claims	20,662.00	15,602.67	20,245.00	14,339.06	15,004.70	23,278.08	9,269.20						\$118,400.71
Sum of Total Claims Costs	\$20,662.00	\$15,602.67	\$20,245.00	\$14,339.06	\$15,004.70	\$23,278.08	\$9,269.20						\$118,400.71
Total Costs	\$21,187.28	\$16,127.95	\$20,772.96	\$14,869.70	\$15,527.30	\$23,806.04	\$9,794.48						\$122,085.71
Funding Less Costs	(\$4,630.80)	\$558.47	(\$4,041.00)	\$1,907.80	\$907.74	(\$7,312.71)	\$6,664.24						(\$5,946.26)
YTD Plan Performance	(\$4,630.80)	(\$4,072.33)	(\$8,113.33)	(\$6,205.53)	(\$5,297.79)	(\$12,610.50)	(\$5,946.26)						
YTD % of Total Costs to Funding													105.12%
YTD Average Monthly Cost Per Employee	\$108.10	\$95.19	\$98.62	\$92.70	\$90.11	\$95.24	\$88.79						\$88.79

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 07/18/17
Plan Year: 01/01/17 - 12/31/17

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$45.54	\$110.51

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

Monthly Enrollment	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	39	37	38	39	38	37	37						265
Family	127	129	129	129	126	126	126						892
Total	166	166	167	168	164	163	163						1,157

Total Funding	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	1,776.06	1,684.98	1,730.52	1,776.06	1,730.52	1,684.98	1,684.98						\$12,068.10
Family	14,034.77	14,255.79	14,255.79	14,255.79	13,924.26	13,924.26	13,924.26						\$98,574.92
Sum of Total Funding	\$15,810.83	\$15,940.77	\$15,986.31	\$16,031.85	\$15,654.78	\$15,609.24	\$15,609.24						\$110,643.02

Fixed Costs	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	104.52	99.16	101.84	104.52	101.84	99.16	99.16						\$710.20
Family	340.36	345.72	345.72	345.72	337.68	337.68	337.68						\$2,390.56
Sum of Total Fixed Costs	\$444.88	\$444.88	\$447.56	\$450.24	\$439.52	\$436.84	\$436.84						\$3,100.76

Claims Costs	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Dental Claims	19,799.00	15,123.67	19,802.00	13,854.06	13,876.70	21,374.08	8,264.20						\$112,093.71
Sum of Total Claims Costs	\$19,799.00	\$15,123.67	\$19,802.00	\$13,854.06	\$13,876.70	\$21,374.08	\$8,264.20						\$112,093.71

Total Costs	\$20,243.88	\$15,568.55	\$20,249.56	\$14,304.30	\$14,316.22	\$21,810.92	\$8,701.04						\$115,194.47
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Funding Less Costs	(\$4,433.05)	\$372.22	(\$4,263.25)	\$1,727.55	\$1,338.56	(\$6,201.68)	\$6,908.20						(\$4,551.45)
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YTD Plan Performance	(\$4,433.05)	(\$4,060.83)	(\$8,324.08)	(\$6,596.53)	(\$5,257.97)	(\$11,459.65)	(\$4,551.45)						
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YTD % of Total Costs to Funding													104.11%
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YTD Average Monthly Cost Per Employee	\$121.95	\$107.87	\$112.35	\$105.50	\$101.90	\$107.14	\$99.56						\$99.56
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 07/18/17
Plan Year: 01/01/17 - 12/31/17

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$15.10	\$34.61

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

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Monthly Enrollment													
Single	15	15	15	15	15	15	15						105
Family	15	15	15	15	16	19	18						113
Total	30	30	30	30	31	34	33						218
Total Funding													
Single	226.50	226.50	226.50	226.50	226.50	226.50	226.50						\$1,585.50
Family	519.15	519.15	519.15	519.15	553.76	657.59	622.98						\$3,910.93
Sum of Total Funding	\$745.65	\$745.65	\$745.65	\$745.65	\$780.26	\$884.09	\$849.48						\$5,496.43
Fixed Costs													
Single	40.20	40.20	40.20	40.20	40.20	40.20	40.20						\$281.40
Family	40.20	40.20	40.20	40.20	42.88	50.92	48.24						\$302.84
Sum of Total Fixed Costs	\$80.40	\$80.40	\$80.40	\$80.40	\$83.08	\$91.12	\$88.44						\$584.24
Claims Costs													
Dental Claims	863.00	479.00	443.00	485.00	1,128.00	1,904.00	1,005.00						\$6,307.00
Sum of Total Claims Costs	\$863.00	\$479.00	\$443.00	\$485.00	\$1,128.00	\$1,904.00	\$1,005.00						\$6,307.00
Total Costs	\$943.40	\$559.40	\$523.40	\$565.40	\$1,211.08	\$1,995.12	\$1,093.44						\$6,891.24
Funding Less Costs	(\$197.75)	\$186.25	\$222.25	\$180.25	(\$430.82)	(\$1,111.03)	(\$243.96)						(\$1,394.81)
YTD Plan Performance	(\$197.75)	(\$11.50)	\$210.75	\$391.00	(\$39.82)	(\$1,150.85)	(\$1,394.81)						
YTD % of Total Costs to Funding													125.38%
YTD Average Monthly Cost Per Employee	\$31.45	\$25.05	\$22.51	\$21.60	\$25.18	\$31.34	\$31.61						\$31.61