



# Monthly Medical & Dental Reporting

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**City of Manitowoc**

June 2025

Medical Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	\$337,721.16	\$333,799.71	\$333,799.71	\$330,742.92	\$330,742.92	\$333,397.86							\$2,000,204.28
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	191	188	188	186	186	186							1,125
Total Membership	498	492	492	488	488	492							2,950
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
*Total Fixed Costs	\$76,204.08	\$76,242.17	\$76,217.17	\$75,197.54	\$75,036.19	\$76,081.18							\$454,978.33
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$226,852.54	\$161,695.95	\$364,066.47	\$518,659.10	\$984,693.69	\$1,216,304.95							\$3,472,272.70
Prescription	\$44,786.32	\$52,845.12	\$50,749.13	\$113,950.06	\$80,370.19	\$60,718.25							\$403,419.07
Total Paid Claims	\$271,638.86	\$214,541.07	\$414,815.60	\$632,609.16	\$1,065,063.88	\$1,277,023.20							\$3,875,691.77
Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							\$0.00
Current Year SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	(\$699,266.89)							(\$727,582.82)
Total SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	(\$699,266.89)							(\$727,582.82)
Prescription Rebates	(\$20,532.50)	(\$20,210.00)	(\$20,210.00)	(\$19,995.00)	(\$19,995.00)	(\$19,995.00)							(\$120,937.50)
Shared Savings Fees	\$2,292.33	\$3,353.28	\$4,582.82	\$5,478.10	\$4,453.64	\$5,425.46							\$25,585.63
Total Cost of Care Fees	\$123.54	\$56.17	\$19.97	\$94.14	\$165.22	\$452.27							\$911.31
PaydHealth Savings Fees	\$3,157.41	\$1,555.98	\$4,325.67	\$339.87	\$3,839.48	\$1,121.72							\$14,340.13
Manty Clinic Fees	\$11,040.50	\$7,385.60	\$7,374.50	\$9,468.24	\$7,055.75	\$7,848.95							\$50,173.54
HSA Contributions	\$0.00	\$0.00	\$160,800.00	\$0.00	\$0.00	\$0.00							\$160,800.00
Consulting Contract	\$3,087.50	\$3,087.50	\$3,087.50	\$3,087.50	\$3,087.50	\$3,087.50							\$18,525.00
Total Adjustments	(\$831.22)	(\$4,771.47)	\$137,422.92	(\$7,285.54)	(\$1,393.41)	(\$701,325.99)							(\$578,184.71)
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$347,011.72	\$286,011.77	\$628,455.69	\$700,521.16	\$1,138,706.66	\$651,778.39							\$3,752,485.39
Total Funding Less Total Costs	(\$9,290.56)	\$47,787.94	(\$294,655.98)	(\$369,778.24)	(\$807,963.74)	(\$318,380.53)							(\$1,752,281.11)
Total Year to Date Reserves	(\$9,290.56)	\$38,497.38	(\$256,158.60)	(\$625,936.84)	(\$1,433,900.58)	(\$1,752,281.11)							(\$1,752,281.11)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	102.75%	85.68%	188.27%	211.80%	344.29%	195.50%							187.61%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,816.82	\$1,521.34	\$3,342.85	\$3,766.24	\$6,122.08	\$3,504.18							\$3,335.54

\*Includes Vitality Costs

The monthly and cumulative loss ratio percentages provided INCLUDE reimbursements and rebates.

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# General City & Library

Medical TPA:

Stop Loss:

Specific Deductible:

PBM:

Organ Transplant:

Health Partners

Symetra

\$100,000

MedImpact

N/A

Total Funding:

EE

FAM

Fixed Costs:

Admin Fees:

Specific

Aggregate


Total Fixed Cost:

Plan Year:

Date Updated:

1/1/2025-12/31/2025

7/15/2025



Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$25,075.14	\$23,345.82	\$24,210.48	\$24,210.48	\$24,210.48	\$23,345.82							\$144,398.22
FAM	\$166,601.88	\$166,601.88	\$166,601.88	\$164,409.75	\$164,409.75	\$166,601.88							\$995,227.02
Total Funding	\$191,677.02	\$189,947.70	\$190,812.36	\$188,620.23	\$188,620.23	\$189,947.70							\$1,139,625.24

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	29	27	28	28	28	27							167
FAM	76	76	76	75	75	76							454
Total Enrollment	105	103	104	103	103	103							621

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$5,499.27	\$5,120.01	\$5,309.64	\$5,309.64	\$5,309.64	\$5,120.01							\$31,668.21
FAM	\$37,308.40	\$37,308.40	\$37,308.40	\$36,817.50	\$36,817.50	\$37,308.40							\$222,868.60
Total Fixed Costs	\$42,807.67	\$42,428.41	\$42,618.04	\$42,127.14	\$42,127.14	\$42,428.41							\$254,536.81

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$104,446.06	\$129,856.55	\$219,118.78	\$117,584.41	\$74,874.92	\$86,033.24							\$731,913.96
Prescription	\$6,116.29	\$8,018.58	\$5,745.97	\$18,453.57	\$20,431.86	\$13,792.47							\$72,558.74
Total Paid Claims	\$110,562.35	\$137,875.13	\$224,864.75	\$136,037.98	\$95,306.78	\$99,825.71							\$804,472.70

Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							\$0.00
Current Year SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	\$0.00							(\$28,315.93)
Total Adjustments	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	\$0.00							(\$28,315.93)

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$153,370.02	\$180,303.54	\$244,925.25	\$172,406.73	\$137,433.92	\$142,254.12							\$1,030,693.58
Total Funding Less Total Costs	\$38,307.00	\$9,644.16	(\$54,112.89)	\$16,213.50	\$51,186.31	\$47,693.58							\$108,931.66
Total Year to Date Reserves	\$38,307.00	\$47,951.16	(\$6,161.73)	\$10,051.77	\$61,238.08	\$108,931.66							\$108,931.66

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	80.01%	94.92%	128.36%	91.40%	72.86%	74.89%							90.44%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,460.67	\$1,750.52	\$2,355.05	\$1,673.85	\$1,334.31	\$1,381.11							\$1,659.73

The monthly and cumulative loss ratio percentages provided INCLUDE specific reimbursements and gene therapy reimbursements.

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# Police & Fire

Medical TPA:  
Stop Loss:  
Specific Deductible:  
PBM:  
Organ Transplant:

Health Partners  
Symetra  
\$100,000  
MedImpact  
N/A

Total Funding:	EE	FAM
	\$864.66	\$2,192.13
Fixed Costs:		
Admin Fees:	\$7.52	\$7.52
Specific	\$168.97	\$470.24
Aggregate	\$13.14	\$13.14
Total Fixed Cost:	\$189.63	\$490.90

Plan Year: 1/1/2025-12/31/2025  
Date Updated: 7/15/2025



Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$27,669.12	\$27,669.12	\$26,804.46	\$25,939.80	\$25,939.80	\$25,075.14							\$159,097.44
FAM	\$118,375.02	\$116,182.89	\$116,182.89	\$116,182.89	\$116,182.89	\$118,375.02							\$701,481.60
Total Funding	\$146,044.14	\$143,852.01	\$142,987.35	\$142,122.69	\$142,122.69	\$143,450.16							\$860,579.04
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	32	32	31	30	30	29							184
FAM	54	53	53	53	53	54							320
Total Enrollment	86	85	84	83	83	83							504
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$6,068.16	\$6,068.16	\$5,878.53	\$5,688.90	\$5,688.90	\$5,499.27							\$34,891.92
FAM	\$26,508.60	\$26,017.70	\$26,017.70	\$26,017.70	\$26,017.70	\$26,508.60							\$157,088.00
Total Fixed Costs	\$32,576.76	\$32,085.86	\$31,896.23	\$31,706.60	\$31,706.60	\$32,007.87							\$191,979.92
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$122,406.48	\$31,839.40	\$144,947.69	\$401,074.69	\$909,818.77	\$1,130,271.71							\$2,740,358.74
Prescription	\$38,670.03	\$44,826.54	\$45,003.16	\$95,496.49	\$59,938.33	\$46,925.78							\$330,860.33
Total Paid Claims	\$161,076.51	\$76,665.94	\$189,950.85	\$496,571.18	\$969,757.10	\$1,177,197.49							\$3,071,219.07
Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							\$0.00
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$699,266.89)							(\$699,266.89)
Total Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$699,266.89)							(\$699,266.89)
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$193,653.27	\$108,751.80	\$221,847.08	\$528,277.78	\$1,001,463.70	\$509,938.47							\$2,563,932.10
Total Funding Less Total Costs	(\$47,609.13)	\$35,100.21	(\$78,859.73)	(\$386,155.09)	(\$859,341.01)	(\$366,488.31)							(\$1,703,353.06)
Total Year to Date Reserves	(\$47,609.13)	(\$12,508.92)	(\$91,368.65)	(\$477,523.74)	(\$1,336,864.75)	(\$1,703,353.06)							(\$1,703,353.06)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	132.60%	75.60%	155.15%	371.71%	704.65%	355.48%							297.93%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$2,251.78	\$1,279.43	\$2,641.04	\$6,364.79	\$12,065.83	\$6,143.84							\$5,087.17

The monthly and cumulative loss ratio percentages provided INCLUDE specific reimbursements and gene therapy reimbursements.

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Dental Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	\$18,503.46	\$18,221.53	\$18,426.29	\$18,264.06	\$18,264.06	\$18,298.70							\$109,978.10
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	201	198	201	199	199	198							1,196
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Fixed Costs	\$944.70	\$930.60	\$944.70	\$935.30	\$935.30	\$930.60							\$5,621.20
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Paid Claims	\$19,797.00	\$18,919.00	\$15,655.00	\$20,960.00	\$13,771.00	\$15,744.00							\$104,846.00
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$20,741.70	\$19,849.60	\$16,599.70	\$21,895.30	\$14,706.30	\$16,674.60							\$110,467.20
Total Funding Less Total Costs	(\$2,238.24)	(\$1,628.07)	\$1,826.59	(\$3,631.24)	\$3,557.76	\$1,624.10							(\$489.10)
Total Year to Date Reserves	(\$2,238.24)	(\$3,866.31)	(\$2,039.72)	(\$5,670.96)	(\$2,113.20)	(\$489.10)							(\$489.10)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	112.10%	108.93%	90.09%	119.88%	80.52%	91.12%							100.44%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$103.19	\$100.25	\$82.59	\$110.03	\$73.90	\$84.22							\$92.36

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Library & General City

Dental TPA: Delta Dental

Total Funding	EE	FAM
	\$42.53	\$119.70
Fixed Cost	\$4.70	\$4.70

Plan Year: 1/1/2025-12/31/2025  
Date Updated: 7/15/2025

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$1,531.08	\$1,446.02	\$1,531.08	\$1,531.08	\$1,531.08	\$1,488.55							\$9,058.89
FAM	\$7,421.40	\$7,421.40	\$7,421.40	\$7,301.70	\$7,301.70	\$7,301.70							\$44,169.30
Total Funding	\$8,952.48	\$8,867.42	\$8,952.48	\$8,832.78	\$8,832.78	\$8,790.25							\$53,228.19

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	36	34	36	36	36	35							213
FAM	62	62	62	61	61	61							369
Total Enrollment	98	96	98	97	97	96							582

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$169.20	\$159.80	\$169.20	\$169.20	\$169.20	\$164.50							\$1,001.10
FAM	\$291.40	\$291.40	\$291.40	\$286.70	\$286.70	\$286.70							\$1,734.30
Total Fixed Costs	\$460.60	\$451.20	\$460.60	\$455.90	\$455.90	\$451.20							\$2,735.40

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$7,935.00	\$8,080.00	\$5,220.00	\$7,386.00	\$6,290.00	\$6,310.00							\$41,221.00
Total Paid Claims	\$7,935.00	\$8,080.00	\$5,220.00	\$7,386.00	\$6,290.00	\$6,310.00							\$41,221.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$8,395.60	\$8,531.20	\$5,680.60	\$7,841.90	\$6,745.90	\$6,761.20							\$43,956.40
Total Funding Less Total Costs	\$556.88	\$336.22	\$3,271.88	\$990.88	\$2,086.88	\$2,029.05							\$9,271.79
Total Year to Date Reserves	\$556.88	\$893.10	\$4,164.98	\$5,155.86	\$7,242.74	\$9,271.79							\$9,271.79

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	93.78%	96.21%	63.45%	88.78%	76.37%	76.92%							82.58%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$85.67	\$88.87	\$57.97	\$80.84	\$69.55	\$70.43							\$75.53

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Fire & Police

Dental TPA:	Delta Dental	Total Funding	EE \$42.53	FAM \$119.70	Plan Year:	1/1/2025-12/31/2025
		Fixed Cost	\$4.70	\$4.70	Date Updated:	7/15/2025

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$1,403.49	\$1,446.02	\$1,446.02	\$1,403.49	\$1,403.49	\$1,360.96							\$8,463.47
FAM	\$7,541.10	\$7,301.70	\$7,421.40	\$7,421.40	\$7,421.40	\$7,541.10							\$44,648.10
Total Funding	\$8,944.59	\$8,747.72	\$8,867.42	\$8,824.89	\$8,824.89	\$8,902.06							\$53,111.57
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	33	34	34	33	33	32							199
FAM	63	61	62	62	62	63							373
Total Enrollment	96	95	96	95	95	95							572
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$155.10	\$159.80	\$159.80	\$155.10	\$155.10	\$150.40							\$935.30
FAM	\$296.10	\$286.70	\$291.40	\$291.40	\$291.40	\$296.10							\$1,753.10
Total Fixed Costs	\$451.20	\$446.50	\$451.20	\$446.50	\$446.50	\$446.50							\$2,688.40
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$11,360.00	\$10,586.00	\$7,950.00	\$12,825.00	\$7,480.00	\$8,566.00							\$58,767.00
Total Paid Claims	\$11,360.00	\$10,586.00	\$7,950.00	\$12,825.00	\$7,480.00	\$8,566.00							\$58,767.00
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$11,811.20	\$11,032.50	\$8,401.20	\$13,271.50	\$7,926.50	\$9,012.50							\$61,455.40
Total Funding Less Total Costs	(\$2,866.61)	(\$2,284.78)	\$466.22	(\$4,446.61)	\$898.39	(\$110.44)							(\$8,343.83)
Total Year to Date Reserves	(\$2,866.61)	(\$5,151.39)	(\$4,685.17)	(\$9,131.78)	(\$8,233.39)	(\$8,343.83)							(\$8,343.83)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	132.05%	126.12%	94.74%	150.39%	89.82%	101.24%							115.71%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	123.03	116.13	87.51	139.70	83.44	94.87							107.44

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COBRA & Retiree

Dental TPA:	Delta Dental	Total Funding	EE	FAM	Plan Year:	1/1/2025-12/31/2025
			\$42.53	\$119.70	Date Updated:	7/15/2025
		Fixed Cost	\$4.70	\$4.70		

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59							\$765.54
FAM	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80							\$2,872.80
Total Funding	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39							\$3,638.34

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	3	3	3	3	3	3							18
FAM	4	4	4	4	4	4							24
Total Enrollment	7	7	7	7	7	7							42

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10							\$84.60
FAM	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80							\$112.80
Total Fixed Costs	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90							\$197.40

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$502.00	\$253.00	\$2,485.00	\$749.00	\$1.00	\$868.00							\$4,858.00
Total Paid Claims	\$502.00	\$253.00	\$2,485.00	\$749.00	\$1.00	\$868.00							\$4,858.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$534.90	\$285.90	\$2,517.90	\$781.90	\$33.90	\$900.90							\$5,055.40
Total Funding Less Total Costs	\$71.49	\$320.49	(\$1,911.51)	(\$175.51)	\$572.49	(\$294.51)							(\$1,417.06)
Total Year to Date Reserves	\$71.49	\$391.98	(\$1,519.53)	(\$1,695.04)	(\$1,122.55)	(\$1,417.06)							(\$1,417.06)

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	88.21%	47.15%	415.23%	128.94%	5.59%	148.57%							138.95%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	76.41	40.84	359.70	111.70	4.84	128.70							120.37

The Funding Analysis Report (FAR) provided to clients of McClone is not a full representation of total costs incurred. The information provided in the FAR is meant to offer a general overview of the overall plan performance based on the information McClone is provided by the plan’s vendor partners. For specifics on the exact costs incurred, clients should refer to the billing invoices provided by their vendor partners.

