

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

Prepared By: Associated Financial Group  
 Date Prepared: 03/13/15  
 Plan Year: 01/01/15 - 12/31/15

### Medical & Rx Carriers:

Auxiant & Serve You

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	59	56											115
Family	135	136											271
<b>Total</b>	<b>194</b>	<b>192</b>											<b>386</b>
<b>Total Members</b>	<b>530</b>	<b>528</b>											<b>1,058</b>
<b>Total Medical Funding</b>													
Single	32,096.00	30,464.00											\$62,560.00
Family	191,700.00	193,120.00											\$384,820.00
<b>Sum of Total Medical Funding</b>	<b>\$223,796.00</b>	<b>\$223,584.00</b>											<b>\$447,380.00</b>
<b>Total HRA Funding</b>													
Single	737.50	700.00											1,437.50
Family	3,375.00	3,400.00											6,775.00
<b>Sum of Total HRA Funding</b>	<b>\$4,112.50</b>	<b>\$4,100.00</b>											<b>\$8,212.50</b>
<b>Total Funding</b>	<b>\$227,908.50</b>	<b>\$227,684.00</b>											<b>\$455,592.50</b>
<b>Fixed Medical Costs</b>													
Single	5,662.23	5,612.32											\$11,274.55
Family	27,048.60	27,826.96											\$54,875.56
<b>Sum of Total Fixed Medical Costs</b>	<b>\$32,710.83</b>	<b>\$33,439.28</b>											<b>\$66,150.11</b>
<b>Fixed HRA Costs</b>													
Single	250.75	238.00											\$488.75
Family	573.75	578.00											\$1,151.75
<b>Sum of Total HRA Fixed Costs</b>	<b>\$824.50</b>	<b>\$816.00</b>											<b>\$1,640.50</b>
<b>Total Fixed Costs</b>	<b>\$33,535.33</b>	<b>\$34,255.28</b>											<b>\$67,790.61</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08	171,204.46											\$466,300.54
Prescription Drug Claims	28,707.69	10,908.04											\$39,615.73
HRA Claims	1,000.00	4,181.56											\$5,181.56
<b>Sum of Total Claims Costs</b>	<b>\$324,803.77</b>	<b>\$186,294.06</b>											<b>\$511,097.83</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)	0.00											(11,296.68)
Prescription Drug Rebate	0.00	0.00											0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>	<b>\$0.00</b>											<b>(\$11,296.68)</b>
<b>Total Costs</b>	<b>\$347,042.42</b>	<b>\$220,549.34</b>											<b>\$567,591.76</b>
<b>Funding Less Costs</b>	<b>(\$119,133.92)</b>	<b>\$7,134.66</b>											<b>(\$120,211.76)</b>
<b>YTD Plan Performance</b>	<b>(\$119,133.92)</b>	<b>(\$111,999.26)</b>											
<b>YTD % of Total Costs to Funding</b>													126.87%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,788.88</b>	<b>\$1,470.44</b>											<b>\$1,470.44</b>

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** Associated Financial Group  
**Date Prepared:** 03/13/15  
**Plan Year:** 01/01/15 - 12/31/15

**Medical & Rx Carriers:**  
Auxiant & Serve You

Total Monthly Funding	
Single	Family
\$544.00	\$1,420.00

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$15.65	\$15.65
Specific Stop Loss (\$xxxx)	\$54.16	\$145.28
Aggregate Stop Loss	\$6.59	\$6.59
Fully Insured Transplant Fee	\$10.22	\$23.49
PPO Access Fee	\$5.50	\$5.50
UR Fees	\$2.85	\$2.85
COBRA Fees	\$1.00	\$1.00
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$95.97</b>	<b>\$200.36</b>

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	59	56											115
Family	135	136											271
<b>Total</b>	<b>194</b>	<b>192</b>											<b>386</b>
<b>Total Funding</b>													
Single	32,096.00	30,464.00											\$62,560.00
Family	191,700.00	193,120.00											\$384,820.00
<b>Sum of Total Funding</b>	<b>\$223,796.00</b>	<b>\$223,584.00</b>											<b>\$447,380.00</b>
<b>Fixed Costs</b>													
Single	5,662.23	5,374.32											\$11,036.55
Family	27,048.60	27,248.96											\$54,297.56
<b>Sum of Total Fixed Costs</b>	<b>\$32,710.83</b>	<b>\$32,623.28</b>											<b>\$65,334.11</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08	171,204.46											\$466,300.54
Prescription Drug Claims	28,707.69	10,908.04											\$39,615.73
<b>Sum of Total Claims Costs</b>	<b>\$323,803.77</b>	<b>\$182,112.50</b>											<b>\$505,916.27</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)	0.00											(\$11,296.68)
Prescription Drug Rebate	0.00	0.00											\$0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>	<b>\$0.00</b>											<b>(\$11,296.68)</b>
<b>Total Costs</b>	<b>\$345,217.92</b>	<b>\$214,735.78</b>											<b>\$559,953.70</b>
<b>Funding Less Costs</b>	<b>(\$121,421.92)</b>	<b>\$8,848.22</b>											<b>(\$112,573.70)</b>
<b>YTD Plan Performance</b>	<b>(\$121,421.92)</b>	<b>(\$112,573.70)</b>											
<b>YTD % of Total Costs to Funding</b>													125.16%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,779.47</b>	<b>\$1,450.66</b>											<b>\$1,450.66</b>

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**

HRA

Total Monthly Funding	
Single	Family
\$12.50	\$25.00

**Prepared By:** Associated Financial Group

**Date Prepared:** 03/13/15

**Plan Year:** 01/01/15 - 12/31/15

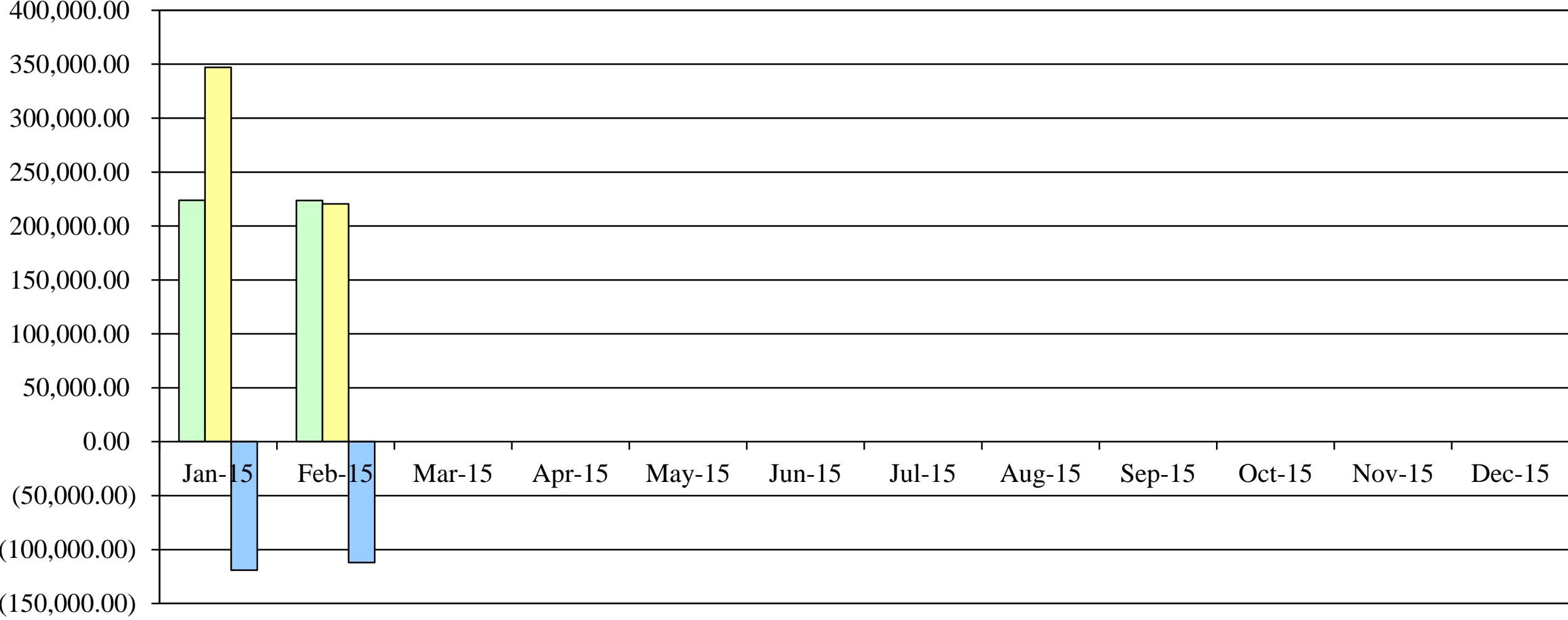
**Medical & Rx Carriers:**

Auxiant & Serve You

Total Monthly Fixed Costs	
Single	Family
HRA Admin Fee \$4.25	\$4.25
<b>Sum of Total Monthly Fixed Costs \$4.25</b>	<b>\$4.25</b>

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
<b>Monthly Enrollment</b>													
Single	59	56											115
Family	135	136											271
<b>Total</b>	194	192											386
<b>Total Funding</b>													
Single	737.50	700.00											\$1,437.50
Family	3,375.00	3,400.00											\$6,775.00
<b>Sum of Total Funding</b>	<b>\$4,112.50</b>	<b>\$4,100.00</b>											<b>\$8,212.50</b>
<b>Fixed Costs</b>													
Single	250.75	238.00											\$488.75
Family	573.75	578.00											\$1,151.75
<b>Sum of Total Fixed Costs</b>	<b>\$824.50</b>	<b>\$816.00</b>											<b>\$1,640.50</b>
<b>Claims Costs</b>													
HRA Claims	1,000.00	4,181.56											\$5,181.56
<b>Sum of Total Claims Costs</b>	<b>\$1,000.00</b>	<b>\$4,181.56</b>											<b>\$5,181.56</b>
<b>Total Costs</b>	<b>\$1,824.50</b>	<b>\$4,997.56</b>											<b>\$6,822.06</b>
<b>Funding Less Costs</b>	<b>\$2,288.00</b>	<b>(\$897.56)</b>											<b>\$1,390.44</b>
<b>YTD Plan Performance</b>	<b>\$2,288.00</b>	<b>\$1,390.44</b>											
<b>YTD % of Total Costs to Funding</b>													83.07%
<b>YTD Average Monthly Cost Per Employee</b>	\$9.40	\$17.67											\$17.67

# Medical Summary Graph



Total Funding
  Total Costs
  YTD Plan Performance

# City of Manitowoc - Dental Funding Analysis Report

**Dental Summary**

Prepared By: Associated Financial Group  
 Date Prepared: 03/13/15  
 Plan Year: 01/01/15 - 12/31/15

**Dental Carriers**

Auxiant

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	53	51											104
Family	133	134											267
<b>Total</b>	<b>186</b>	<b>185</b>											<b>371</b>

<b>Total Funding</b>													
Single	1,745.70	1,654.62											\$3,400.32
Family	12,962.77	13,073.36											\$26,036.13
<b>Sum of Total Funding</b>	<b>\$14,708.47</b>	<b>\$14,727.98</b>											<b>\$29,436.45</b>

<b>Fixed Costs</b>													
Single	115.54	111.18											\$226.72
Family	289.94	292.12											\$582.06
<b>Sum of Total Fixed Costs</b>	<b>\$405.48</b>	<b>\$403.30</b>											<b>\$808.78</b>

<b>Claims Costs</b>													
Dental Claims	13,607.55	0.00											\$13,607.55
<b>Sum of Total Claims Costs</b>	<b>\$13,607.55</b>	<b>\$0.00</b>											<b>\$13,607.55</b>

<b>Total Costs</b>	<b>\$14,013.03</b>	<b>\$403.30</b>											<b>\$14,416.33</b>
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<b>Funding Less Costs</b>	<b>\$695.44</b>	<b>\$14,324.68</b>											<b>\$15,020.12</b>
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<b>YTD Plan Performance</b>	<b>\$695.44</b>	<b>\$15,020.12</b>											
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<b>YTD % of Total Costs to Funding</b>													48.97%
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<b>YTD Average Monthly Cost Per Employee</b>	<b>\$75.34</b>	<b>\$38.86</b>											<b>\$38.86</b>
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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 03/13/15  
**Plan Year:** 01/01/15 - 12/31/15

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$45.54	\$110.59

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.18</b>	<b>\$2.18</b>

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	31	29											60
Family	110	111											221
<b>Total</b>	<b>141</b>	<b>140</b>											<b>281</b>
<b>Total Funding</b>													
Single	1,411.74	1,320.66											\$2,732.40
Family	12,164.90	12,275.49											\$24,440.39
<b>Sum of Total Funding</b>	<b>\$13,576.64</b>	<b>\$13,596.15</b>											<b>\$27,172.79</b>
<b>Fixed Costs</b>													
Single	67.58	63.22											\$130.80
Family	239.80	241.98											\$481.78
<b>Sum of Total Fixed Costs</b>	<b>\$307.38</b>	<b>\$305.20</b>											<b>\$612.58</b>
<b>Claims Costs</b>													
Dental Claims	11,779.55	0.00											\$11,779.55
<b>Sum of Total Claims Costs</b>	<b>\$11,779.55</b>	<b>\$0.00</b>											<b>\$11,779.55</b>
<b>Total Costs</b>	<b>\$12,086.93</b>	<b>\$305.20</b>											<b>\$12,392.13</b>
<b>Funding Less Costs</b>	<b>\$1,489.71</b>	<b>\$13,290.95</b>											<b>\$14,780.66</b>
<b>YTD Plan Performance</b>	<b>\$1,489.71</b>	<b>\$14,780.66</b>											
<b>YTD % of Total Costs to Funding</b>													45.60%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$85.72</b>	<b>\$44.10</b>											<b>\$44.10</b>

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 03/13/15  
**Plan Year:** 01/01/15 - 12/31/15

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$15.18	\$34.69

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.18</b>	<b>\$2.18</b>

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	22	22											44
Family	23	23											46
<b>Total</b>	<b>45</b>	<b>45</b>											<b>90</b>

<b>Total Funding</b>													
Single	333.96	333.96											\$667.92
Family	797.87	797.87											\$1,595.74
<b>Sum of Total Funding</b>	<b>\$1,131.83</b>	<b>\$1,131.83</b>											<b>\$2,263.66</b>

<b>Fixed Costs</b>													
Single	47.96	47.96											\$95.92
Family	50.14	50.14											\$100.28
<b>Sum of Total Fixed Costs</b>	<b>\$98.10</b>	<b>\$98.10</b>											<b>\$196.20</b>

<b>Claims Costs</b>													
Dental Claims	1,828.00	0.00											\$1,828.00
<b>Sum of Total Claims Costs</b>	<b>\$1,828.00</b>	<b>\$0.00</b>											<b>\$1,828.00</b>

<b>Total Costs</b>	<b>\$1,926.10</b>	<b>\$98.10</b>											<b>\$2,024.20</b>
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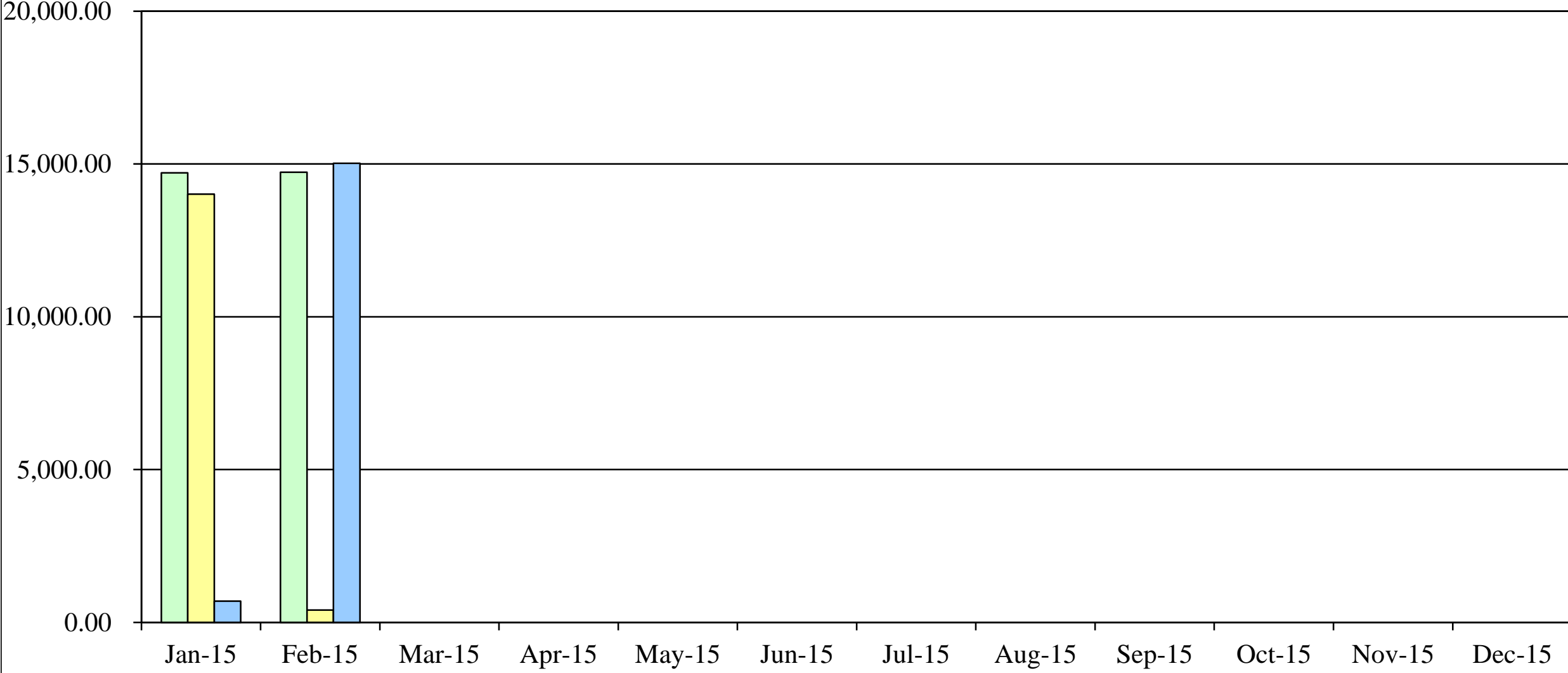
<b>Funding Less Costs</b>	<b>(\$794.27)</b>	<b>\$1,033.73</b>											<b>\$239.46</b>
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<b>YTD Plan Performance</b>	<b>(\$794.27)</b>	<b>\$239.46</b>											
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<b>YTD % of Total Costs to Funding</b>													89.42%
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<b>YTD Average Monthly Cost Per Employee</b>	<b>\$42.80</b>	<b>\$22.49</b>											<b>\$22.49</b>
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# Dental Summary Graph



Legend: ■ Total Funding    ■ Total Costs    ■ YTD Plan Performance