

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** USI Insurance Services  
**Date Prepared:** 05/24/21  
**Plan Year:** 01/01/21 - 12/31/21

**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	\$9.25 / \$25.12
Specific Stop Loss (\$100,000)	\$62.03 / \$173.68
Aggregate Stop Loss	\$3.38 / \$9.46
Wellness Platform / Incentives	\$11.04 / \$11.04
COBRA Fee	\$0.66 / \$0.66
HSA Admin	\$1.85 / \$1.85
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$88.21 / \$221.81</b>

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	55	56	56	55									222
Family	137	137	138	138									550
<b>Total</b>	<b>192</b>	<b>193</b>	<b>194</b>	<b>193</b>									<b>772</b>
<b>Total Funding</b>													
Single	34,119.80	34,740.16	34,740.16	34,119.80									\$137,719.92
Family	215,391.40	215,391.40	216,963.60	216,963.60									\$864,710.00
<b>Sum of Total Funding</b>	<b>\$249,511.20</b>	<b>\$250,131.56</b>	<b>\$251,703.76</b>	<b>\$251,083.40</b>									<b>\$1,002,429.92</b>
<b>Fixed Costs</b>													
Single	4,851.55	4,939.76	4,939.76	4,851.55									\$19,582.62
Family	30,387.97	30,387.97	30,609.78	30,609.78									\$121,995.50
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00									\$14,000.00
<b>Sum of Total Fixed Costs</b>	<b>\$38,739.52</b>	<b>\$38,827.73</b>	<b>\$39,049.54</b>	<b>\$38,961.33</b>									<b>\$155,578.12</b>
<b>Claims Costs</b>													
Medical Claims	133,428.60	174,568.73	268,674.52	217,063.03									\$793,734.88
Prescription Drug Claims	17,020.78	13,956.73	31,298.57	41,799.78									\$104,075.86
Shared Savings	263.95	1,710.03	818.14	904.67									\$3,696.79
Clinic Expenses	6,247.68	6,454.22	6,908.06	6,422.47									\$26,032.43
ER HSA Contribution	48,000.00	0.00	0.00	0.00									\$48,000.00
<b>Sum of Total Claims Costs</b>	<b>\$204,961.01</b>	<b>\$196,689.71</b>	<b>\$307,699.29</b>	<b>\$266,189.95</b>									<b>\$975,539.96</b>
<b>Reimbursements</b>													
Specific Excess Loss	0.00	0.00	(19,405.73)	(45,135.73)									(\$64,541.46)
Prescription Drug Rebate	0.00	0.00	0.00	0.00									\$0.00
<b>Sum of Reimbursements</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$19,405.73)</b>	<b>(\$45,135.73)</b>									<b>(\$64,541.46)</b>
<b>Total Costs</b>	<b>\$243,700.53</b>	<b>\$235,517.44</b>	<b>\$327,343.10</b>	<b>\$260,015.55</b>									<b>\$1,066,576.62</b>
<b>Funding Less Costs</b>	<b>\$5,810.67</b>	<b>\$14,614.12</b>	<b>(\$75,639.34)</b>	<b>(\$8,932.15)</b>									<b>(\$64,146.70)</b>
<b>YTD Plan Performance</b>	<b>\$5,810.67</b>	<b>\$20,424.79</b>	<b>(\$55,214.55)</b>	<b>(\$64,146.70)</b>									
<b>YTD % of Total Costs to Funding</b>													106.40%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,269.27</b>	<b>\$1,244.72</b>	<b>\$1,393.02</b>	<b>\$1,381.58</b>									<b>\$1,381.58</b>

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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Dental Plan

**Prepared By:** USI Insurance Services  
**Date Prepared:** 05/24/21  
**Plan Year:** 01/01/21 - 12/31/21

**Dental Carriers:**  
Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$4.50	\$4.50
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$4.50</b>	<b>\$4.50</b>

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	58	59	59	59	59								235
Family	131	132	133	133									529
<b>Total</b>	<b>189</b>	<b>191</b>	<b>192</b>	<b>192</b>									<b>764</b>

Total Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	2,325.80	2,365.90	2,365.90	2,365.90									\$9,423.50
Family	14,783.35	14,896.20	15,009.05	15,009.05									\$59,697.65
<b>Sum of Total Funding</b>	<b>\$17,109.15</b>	<b>\$17,262.10</b>	<b>\$17,374.95</b>	<b>\$17,374.95</b>									<b>\$69,121.15</b>

Fixed Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	261.00	265.50	265.50	265.50									\$1,057.50
Family	589.50	594.00	598.50	598.50									\$2,380.50
<b>Sum of Total Fixed Costs</b>	<b>\$850.50</b>	<b>\$859.50</b>	<b>\$864.00</b>	<b>\$864.00</b>									<b>\$3,438.00</b>

Claims Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Dental Claims	11,756.00	16,507.00	21,437.00	16,374.00									\$66,074.00
<b>Sum of Total Claims Costs</b>	<b>\$11,756.00</b>	<b>\$16,507.00</b>	<b>\$21,437.00</b>	<b>\$16,374.00</b>									<b>\$66,074.00</b>

<b>Total Costs</b>	<b>\$12,606.50</b>	<b>\$17,366.50</b>	<b>\$22,301.00</b>	<b>\$17,238.00</b>									<b>\$69,512.00</b>
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<b>Funding Less Costs</b>	<b>\$4,502.65</b>	<b>(\$104.40)</b>	<b>(\$4,926.05)</b>	<b>\$136.95</b>									<b>(\$390.85)</b>
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<b>YTD Plan Performance</b>	<b>\$4,502.65</b>	<b>\$4,398.25</b>	<b>(\$527.80)</b>	<b>(\$390.85)</b>									
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<b>YTD % of Total Costs to Funding</b>													100.57%
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YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$66.70	\$78.88	\$91.39	\$90.98									\$90.98

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