

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

Prepared By: Associated Financial Group  
 Date Prepared: 11/21/17  
 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	50	49	49	50		555
Family	144	145	146	146	144	146	147	144	146	147	148		1,603
<b>Total</b>	<b>196</b>	<b>195</b>	<b>198</b>	<b>198</b>	<b>195</b>	<b>196</b>	<b>197</b>	<b>194</b>	<b>195</b>	<b>196</b>	<b>198</b>		<b>2,158</b>

### Total Members

	560	562	567	568	560	570	576	566	569	570	576		6,244
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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	28,057.50	27,496.35	27,496.35	28,057.50		\$311,438.25
Family	204,636.96	206,058.05	207,479.14	207,479.14	204,636.96	207,479.14	208,900.23	204,636.96	207,479.14	208,900.23	210,321.32		\$2,278,007.27
<b>Sum of Total Medical Funding</b>	<b>\$233,816.76</b>	<b>\$234,115.55</b>	<b>\$236,658.94</b>	<b>\$236,658.94</b>	<b>\$233,255.61</b>	<b>\$235,536.64</b>	<b>\$236,957.73</b>	<b>\$232,694.46</b>	<b>\$234,975.49</b>	<b>\$236,396.58</b>	<b>\$238,378.82</b>		<b>\$2,589,445.52</b>

### 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	6,154.00	6,030.92	6,030.92	6,154.00		\$68,309.40
Family	34,659.36	34,900.05	35,140.74	35,140.74	34,659.36	35,140.74	35,381.43	34,659.36	35,140.74	35,381.43	35,622.12		\$385,826.07
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	3,500.00		\$38,500.00
<b>Sum of Total Fixed Medical Costs</b>	<b>\$44,559.52</b>	<b>\$44,554.05</b>	<b>\$45,040.90</b>	<b>\$45,040.90</b>	<b>\$44,436.44</b>	<b>\$44,794.74</b>	<b>\$45,035.43</b>	<b>\$44,313.36</b>	<b>\$44,671.66</b>	<b>\$44,912.35</b>	<b>\$45,276.12</b>		<b>\$492,635.47</b>

### Total Fixed Costs

	\$44,559.52	\$44,554.05	\$45,040.90	\$45,040.90	\$44,436.44	\$44,794.74	\$45,035.43	\$44,313.36	\$44,671.66	\$44,912.35	\$45,276.12		\$492,635.47
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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	171,382.00	145,764.00	114,559.00	180,990.00		\$1,736,616.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00	53,958.00	45,653.00	73,149.00	66,593.00	40,173.00	75,702.00	49,939.00	66,807.00		\$641,840.00
Clinic Rental	138.75	138.75	138.75	138.75	138.75	138.75	138.75	172.05	172.05	172.05	172.05		\$1,659.45
Clinic Expenses	5,324.56	5,075.41	3,878.16	4,327.41	4,883.23	4,634.83	4,542.09	6,022.63	5,492.25	6,069.80	6,241.35		\$56,491.72
FSA Contributions	21,100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$21,100.00
<b>Sum of Total Claims Costs</b>	<b>\$496,373.31</b>	<b>\$208,326.16</b>	<b>\$187,458.91</b>	<b>\$161,505.16</b>	<b>\$142,774.98</b>	<b>\$237,110.58</b>	<b>\$154,327.84</b>	<b>\$217,749.68</b>	<b>\$227,130.30</b>	<b>\$170,739.85</b>	<b>\$254,210.40</b>		<b>\$2,457,707.17</b>

### Reimbursements

Specific Excess Loss	(109,728.20)	(70,596.44)	(666.38)	(18,894.98)	6,691.14	(10,661.69)	(11,882.74)	(12,064.58)	(25,132.61)	(26,215.18)	(44,315.47)		(323,467.13)
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		0.00
<b>Sum of Reimbursements</b>	<b>(\$109,728.20)</b>	<b>(\$70,596.44)</b>	<b>(\$666.38)</b>	<b>(\$18,894.98)</b>	<b>\$6,691.14</b>	<b>(\$10,661.69)</b>	<b>(\$11,882.74)</b>	<b>(\$12,064.58)</b>	<b>(\$25,132.61)</b>	<b>(\$26,215.18)</b>	<b>(\$44,315.47)</b>		<b>(\$323,467.13)</b>

### Total Costs

	\$431,204.63	\$182,283.77	\$231,833.43	\$187,651.08	\$193,902.56	\$271,243.63	\$187,480.53	\$249,998.46	\$246,669.35	\$189,437.02	\$255,171.05		\$2,626,875.51
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### Funding Less Costs

	(\$197,387.87)	\$51,831.78	\$4,825.51	\$49,007.86	\$39,353.05	(\$35,706.99)	\$49,477.20	(\$17,304.00)	(\$11,693.86)	\$46,959.56	(\$16,792.23)		(\$37,429.99)
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### YTD Plan Performance

	(\$197,387.87)	(\$145,556.09)	(\$140,730.58)	(\$91,722.72)	(\$52,369.67)	(\$88,076.66)	(\$38,599.46)	(\$55,903.46)	(\$67,597.32)	(\$20,637.76)	(\$37,429.99)		
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### YTD % of Total Costs to Funding

101.45%

### YTD Average Monthly Cost

#### Per Employee

	\$2,200.02	\$1,569.02	\$1,435.18	\$1,312.54	\$1,249.36	\$1,271.75	\$1,225.89	\$1,233.65	\$1,237.11	\$1,210.05	\$1,217.27		\$1,217.27
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# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** Associated Financial Group  
**Date Prepared:** 11/21/17  
**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	\$46.81
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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$123.08</b>	<b>\$240.69</b>

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	50	49	49	50		555
Family	144	145	146	146	144	146	147	144	146	147	148		1,603
<b>Total</b>	<b>196</b>	<b>195</b>	<b>198</b>	<b>198</b>	<b>195</b>	<b>196</b>	<b>197</b>	<b>194</b>	<b>195</b>	<b>196</b>	<b>198</b>		<b>2,158</b>
<b>Total Funding</b>													
Single	29,179.80	28,057.50	29,179.80	29,179.80	28,618.65	28,057.50	28,057.50	28,057.50	27,496.35	27,496.35	28,057.50		\$311,438.25
Family	204,636.96	206,058.05	207,479.14	207,479.14	204,636.96	207,479.14	208,900.23	204,636.96	207,479.14	208,900.23	210,321.32		\$2,278,007.27
<b>Sum of Total Funding</b>	<b>\$233,816.76</b>	<b>\$234,115.55</b>	<b>\$236,658.94</b>	<b>\$236,658.94</b>	<b>\$233,255.61</b>	<b>\$235,536.64</b>	<b>\$236,957.73</b>	<b>\$232,694.46</b>	<b>\$234,975.49</b>	<b>\$236,396.58</b>	<b>\$238,378.82</b>		<b>\$2,589,445.52</b>
<b>Fixed Costs</b>													
Single	6,400.16	6,154.00	6,400.16	6,400.16	6,277.08	6,154.00	6,154.00	6,154.00	6,030.92	6,030.92	6,154.00		\$68,309.40
Family	34,659.36	34,900.05	35,140.74	35,140.74	34,659.36	35,140.74	35,381.43	34,659.36	35,140.74	35,381.43	35,622.12		\$385,826.07
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	\$3,500.00		\$38,500.00
<b>Sum of Total Fixed Costs</b>	<b>\$44,559.52</b>	<b>\$44,554.05</b>	<b>\$45,040.90</b>	<b>\$45,040.90</b>	<b>\$44,436.44</b>	<b>\$44,794.74</b>	<b>\$45,035.43</b>	<b>\$44,313.36</b>	<b>\$44,671.66</b>	<b>\$44,912.35</b>	<b>\$45,276.12</b>		<b>\$492,635.47</b>
<b>Claims Costs</b>													
Medical Claims	423,581.00	133,514.00	129,403.00	103,081.00	92,100.00	159,188.00	83,054.00	171,382.00	145,764.00	114,559.00	180,990.00		\$1,736,616.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00	53,958.00	45,653.00	73,149.00	66,593.00	40,173.00	75,702.00	49,939.00	66,807.00		\$641,840.00
<b>Sum of Total Claims Costs</b>	<b>\$469,810.00</b>	<b>\$203,112.00</b>	<b>\$183,442.00</b>	<b>\$157,039.00</b>	<b>\$137,753.00</b>	<b>\$232,337.00</b>	<b>\$149,647.00</b>	<b>\$211,555.00</b>	<b>\$221,466.00</b>	<b>\$164,498.00</b>	<b>\$247,797.00</b>		<b>\$2,378,456.00</b>
<b>Reimbursements</b>													
Specific Excess Loss	(109,728.20)	(70,596.44)	(666.38)	(18,894.98)	6,691.14	(10,661.69)	(11,882.74)	(12,064.58)	(25,132.61)	(26,215.18)	(44,315.47)		(\$323,467.13)
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		\$0.00
<b>Sum of Reimbursements</b>	<b>(\$109,728.20)</b>	<b>(\$70,596.44)</b>	<b>(\$666.38)</b>	<b>(\$18,894.98)</b>	<b>\$6,691.14</b>	<b>(\$10,661.69)</b>	<b>(\$11,882.74)</b>	<b>(\$12,064.58)</b>	<b>(\$25,132.61)</b>	<b>(\$26,215.18)</b>	<b>(\$44,315.47)</b>		<b>(\$323,467.13)</b>
<b>Total Costs</b>	<b>\$404,641.32</b>	<b>\$177,069.61</b>	<b>\$227,816.52</b>	<b>\$183,184.92</b>	<b>\$188,880.58</b>	<b>\$266,470.05</b>	<b>\$182,799.69</b>	<b>\$243,803.78</b>	<b>\$241,005.05</b>	<b>\$183,195.17</b>	<b>\$248,757.65</b>		<b>\$2,547,624.34</b>
<b>Funding Less Costs</b>	<b>(\$170,824.56)</b>	<b>\$57,045.94</b>	<b>\$8,842.42</b>	<b>\$53,474.02</b>	<b>\$44,375.03</b>	<b>(\$30,933.41)</b>	<b>\$54,158.04</b>	<b>(\$11,109.32)</b>	<b>(\$6,029.56)</b>	<b>\$53,201.41</b>	<b>(\$10,378.83)</b>		<b>\$41,821.18</b>
<b>YTD Plan Performance</b>	<b>(\$170,824.56)</b>	<b>(\$113,778.62)</b>	<b>(\$104,936.20)</b>	<b>(\$51,462.18)</b>	<b>(\$7,087.15)</b>	<b>(\$38,020.56)</b>	<b>\$16,137.48</b>	<b>\$5,028.16</b>	<b>(\$1,001.40)</b>	<b>\$52,200.01</b>	<b>\$41,821.18</b>		
<b>YTD % of Total Costs to Funding</b>													98.38%
<b>YTD Average Monthly Cost Per Employee</b>	\$2,064.50	\$1,487.75	\$1,374.41	\$1,261.39	\$1,203.25	\$1,229.26	\$1,186.08	\$1,194.82	\$1,199.36	\$1,172.89	\$1,180.55		\$1,180.55

# City of Manitowoc - Dental Funding Analysis Report

## Dental Summary

Prepared By: Associated Financial Group  
 Date Prepared: 11/21/17  
 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	52	53	51	52		578
Family	142	144	144	144	142	145	144	142	144	145	145		1,581
<b>Total</b>	<b>196</b>	<b>196</b>	<b>197</b>	<b>198</b>	<b>195</b>	<b>197</b>	<b>196</b>	<b>194</b>	<b>197</b>	<b>196</b>	<b>197</b>		<b>2,159</b>

## Total Funding

Single	2,002.56	1,911.48	1,957.02	2,002.56	1,957.02	1,911.48	1,911.48	1,941.92	1,987.46	1,926.82	1,972.36		\$21,482.16
Family	14,553.92	14,774.94	14,774.94	14,774.94	14,478.02	14,581.85	14,547.24	14,326.22	14,547.24	14,581.85	14,581.85		\$160,523.01
<b>Sum of Total Funding</b>	<b>\$16,556.48</b>	<b>\$16,686.42</b>	<b>\$16,731.96</b>	<b>\$16,777.50</b>	<b>\$16,435.04</b>	<b>\$16,493.33</b>	<b>\$16,458.72</b>	<b>\$16,268.14</b>	<b>\$16,534.70</b>	<b>\$16,508.67</b>	<b>\$16,554.21</b>		<b>\$182,005.17</b>

## Fixed Costs

Single	144.72	139.36	142.04	144.72	142.04	139.36	139.36	139.36	142.04	136.68	139.36		\$1,549.04
Family	380.56	385.92	385.92	385.92	380.56	388.60	385.92	380.56	385.92	388.60	388.60		\$4,237.08
<b>Sum of Total Fixed Costs</b>	<b>\$525.28</b>	<b>\$525.28</b>	<b>\$527.96</b>	<b>\$530.64</b>	<b>\$522.60</b>	<b>\$527.96</b>	<b>\$525.28</b>	<b>\$519.92</b>	<b>\$527.96</b>	<b>\$525.28</b>	<b>\$527.96</b>		<b>\$5,786.12</b>

## 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	15,336.39	11,346.67	11,543.47	18,355.90		\$174,983.14
<b>Sum of Total Claims Costs</b>	<b>\$20,662.00</b>	<b>\$15,602.67</b>	<b>\$20,245.00</b>	<b>\$14,339.06</b>	<b>\$15,004.70</b>	<b>\$23,278.08</b>	<b>\$9,269.20</b>	<b>\$15,336.39</b>	<b>\$11,346.67</b>	<b>\$11,543.47</b>	<b>\$18,355.90</b>		<b>\$174,983.14</b>

## Total Costs

<b>Total Costs</b>	<b>\$21,187.28</b>	<b>\$16,127.95</b>	<b>\$20,772.96</b>	<b>\$14,869.70</b>	<b>\$15,527.30</b>	<b>\$23,806.04</b>	<b>\$9,794.48</b>	<b>\$15,856.31</b>	<b>\$11,874.63</b>	<b>\$12,068.75</b>	<b>\$18,883.86</b>		<b>\$180,769.26</b>
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## Funding Less Costs

<b>Funding Less Costs</b>	<b>(\$4,630.80)</b>	<b>\$558.47</b>	<b>(\$4,041.00)</b>	<b>\$1,907.80</b>	<b>\$907.74</b>	<b>(\$7,312.71)</b>	<b>\$6,664.24</b>	<b>\$411.83</b>	<b>\$4,660.07</b>	<b>\$4,439.92</b>	<b>(\$2,329.65)</b>		<b>\$1,235.91</b>
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## YTD Plan Performance

<b>YTD Plan Performance</b>	<b>(\$4,630.80)</b>	<b>(\$4,072.33)</b>	<b>(\$8,113.33)</b>	<b>(\$6,205.53)</b>	<b>(\$5,297.79)</b>	<b>(\$12,610.50)</b>	<b>(\$5,946.26)</b>	<b>(\$5,534.43)</b>	<b>(\$874.36)</b>	<b>\$3,565.56</b>	<b>\$1,235.91</b>		
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## YTD % of Total Costs to Funding

99.32%

## YTD Average Monthly Cost Per Employee

<b>YTD Average Monthly Cost Per Employee</b>	<b>\$108.10</b>	<b>\$95.19</b>	<b>\$98.62</b>	<b>\$92.70</b>	<b>\$90.11</b>	<b>\$95.24</b>	<b>\$88.79</b>	<b>\$87.92</b>	<b>\$84.83</b>	<b>\$82.51</b>	<b>\$83.73</b>		<b>\$83.73</b>
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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Dental Carriers:**  
Anthem

**Prepared By:** Associated Financial Group  
**Date Prepared:** 11/21/17  
**Plan Year:** 01/01/17 - 12/31/17

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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.68</b>	<b>\$2.68</b>

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	38	39	38	39	39	419
Family	127	129	129	129	126	126	126	124	126	126	126	126	1,394
<b>Total</b>	<b>166</b>	<b>166</b>	<b>167</b>	<b>168</b>	<b>164</b>	<b>163</b>	<b>163</b>	<b>162</b>	<b>165</b>	<b>164</b>	<b>165</b>		<b>1,813</b>
<b>Total Funding</b>													
Single	1,776.06	1,684.98	1,730.52	1,776.06	1,730.52	1,684.98	1,684.98	1,730.52	1,776.06	1,730.52	1,776.06		\$19,081.26
Family	14,034.77	14,255.79	14,255.79	14,255.79	13,924.26	13,924.26	13,924.26	13,703.24	13,924.26	13,924.26	13,924.26		\$154,050.94
<b>Sum of Total Funding</b>	<b>\$15,810.83</b>	<b>\$15,940.77</b>	<b>\$15,986.31</b>	<b>\$16,031.85</b>	<b>\$15,654.78</b>	<b>\$15,609.24</b>	<b>\$15,609.24</b>	<b>\$15,433.76</b>	<b>\$15,700.32</b>	<b>\$15,654.78</b>	<b>\$15,700.32</b>		<b>\$173,132.20</b>
<b>Fixed Costs</b>													
Single	104.52	99.16	101.84	104.52	101.84	99.16	99.16	101.84	104.52	101.84	104.52		\$1,122.92
Family	340.36	345.72	345.72	345.72	337.68	337.68	337.68	332.32	337.68	337.68	337.68		\$3,735.92
<b>Sum of Total Fixed Costs</b>	<b>\$444.88</b>	<b>\$444.88</b>	<b>\$447.56</b>	<b>\$450.24</b>	<b>\$439.52</b>	<b>\$436.84</b>	<b>\$436.84</b>	<b>\$434.16</b>	<b>\$442.20</b>	<b>\$439.52</b>	<b>\$442.20</b>		<b>\$4,858.84</b>
<b>Claims Costs</b>													
Dental Claims	19,799.00	15,123.67	19,802.00	13,854.06	13,876.70	21,374.08	8,264.20	14,224.39	10,935.67	10,944.47	17,496.90		\$165,695.14
<b>Sum of Total Claims Costs</b>	<b>\$19,799.00</b>	<b>\$15,123.67</b>	<b>\$19,802.00</b>	<b>\$13,854.06</b>	<b>\$13,876.70</b>	<b>\$21,374.08</b>	<b>\$8,264.20</b>	<b>\$14,224.39</b>	<b>\$10,935.67</b>	<b>\$10,944.47</b>	<b>\$17,496.90</b>		<b>\$165,695.14</b>
<b>Total Costs</b>	<b>\$20,243.88</b>	<b>\$15,568.55</b>	<b>\$20,249.56</b>	<b>\$14,304.30</b>	<b>\$14,316.22</b>	<b>\$21,810.92</b>	<b>\$8,701.04</b>	<b>\$14,658.55</b>	<b>\$11,377.87</b>	<b>\$11,383.99</b>	<b>\$17,939.10</b>		<b>\$170,553.98</b>
<b>Funding Less Costs</b>	<b>(\$4,433.05)</b>	<b>\$372.22</b>	<b>(\$4,263.25)</b>	<b>\$1,727.55</b>	<b>\$1,338.56</b>	<b>(\$6,201.68)</b>	<b>\$6,908.20</b>	<b>\$775.21</b>	<b>\$4,322.45</b>	<b>\$4,270.79</b>	<b>(\$2,238.78)</b>		<b>\$2,578.22</b>
<b>YTD Plan Performance</b>	<b>(\$4,433.05)</b>	<b>(\$4,060.83)</b>	<b>(\$8,324.08)</b>	<b>(\$6,596.53)</b>	<b>(\$5,257.97)</b>	<b>(\$11,459.65)</b>	<b>(\$4,551.45)</b>	<b>(\$3,776.24)</b>	<b>\$546.21</b>	<b>\$4,817.00</b>	<b>\$2,578.22</b>		
<b>YTD % of Total Costs to Funding</b>													98.51%
<b>YTD Average Monthly Cost Per Employee</b>	\$121.95	\$107.87	\$112.35	\$105.50	\$101.90	\$107.14	\$99.56	\$98.45	\$95.17	\$92.61	\$94.07		\$94.07

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Dental Carriers:**  
Anthem

**Prepared By:** Associated Financial Group  
**Date Prepared:** 11/21/17  
**Plan Year:** 01/01/17 - 12/31/17

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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.68</b>	<b>\$2.68</b>

	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
<b>Monthly Enrollment</b>													
Single	15	15	15	15	15	15	15	14	14	13	13	13	159
Family	15	15	15	15	15	16	18	18	18	19	19	19	187
<b>Total</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>31</b>	<b>34</b>	<b>33</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>346</b>
<b>Total Funding</b>													
Single	226.50	226.50	226.50	226.50	226.50	226.50	226.50	211.40	211.40	196.30	196.30		\$2,400.90
Family	519.15	519.15	519.15	519.15	553.76	657.59	622.98	622.98	622.98	657.59	657.59		\$6,472.07
<b>Sum of Total Funding</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$780.26</b>	<b>\$884.09</b>	<b>\$849.48</b>	<b>\$834.38</b>	<b>\$834.38</b>	<b>\$853.89</b>	<b>\$853.89</b>		<b>\$8,872.97</b>
<b>Fixed Costs</b>													
Single	40.20	40.20	40.20	40.20	40.20	40.20	40.20	37.52	37.52	34.84	34.84		\$426.12
Family	40.20	40.20	40.20	40.20	42.88	50.92	48.24	48.24	48.24	50.92	50.92		\$501.16
<b>Sum of Total Fixed Costs</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$83.08</b>	<b>\$91.12</b>	<b>\$88.44</b>	<b>\$85.76</b>	<b>\$85.76</b>	<b>\$85.76</b>	<b>\$85.76</b>		<b>\$927.28</b>
<b>Claims Costs</b>													
Dental Claims	863.00	479.00	443.00	485.00	1,128.00	1,904.00	1,005.00	1,112.00	411.00	599.00	859.00		\$9,288.00
<b>Sum of Total Claims Costs</b>	<b>\$863.00</b>	<b>\$479.00</b>	<b>\$443.00</b>	<b>\$485.00</b>	<b>\$1,128.00</b>	<b>\$1,904.00</b>	<b>\$1,005.00</b>	<b>\$1,112.00</b>	<b>\$411.00</b>	<b>\$599.00</b>	<b>\$859.00</b>		<b>\$9,288.00</b>
<b>Total Costs</b>	<b>\$943.40</b>	<b>\$559.40</b>	<b>\$523.40</b>	<b>\$565.40</b>	<b>\$1,211.08</b>	<b>\$1,995.12</b>	<b>\$1,093.44</b>	<b>\$1,197.76</b>	<b>\$496.76</b>	<b>\$684.76</b>	<b>\$944.76</b>		<b>\$10,215.28</b>
<b>Funding Less Costs</b>	<b>(\$197.75)</b>	<b>\$186.25</b>	<b>\$222.25</b>	<b>\$180.25</b>	<b>(\$430.82)</b>	<b>(\$1,111.03)</b>	<b>(\$243.96)</b>	<b>(\$363.38)</b>	<b>\$337.62</b>	<b>\$169.13</b>	<b>(\$90.87)</b>		<b>(\$1,342.31)</b>
<b>YTD Plan Performance</b>	<b>(\$197.75)</b>	<b>(\$11.50)</b>	<b>\$210.75</b>	<b>\$391.00</b>	<b>(\$39.82)</b>	<b>(\$1,150.85)</b>	<b>(\$1,394.81)</b>	<b>(\$1,758.19)</b>	<b>(\$1,420.57)</b>	<b>(\$1,251.44)</b>	<b>(\$1,342.31)</b>		
<b>YTD % of Total Costs to Funding</b>													115.13%
<b>YTD Average Monthly Cost Per Employee</b>	\$31.45	\$25.05	\$22.51	\$21.60	\$25.18	\$31.34	\$31.61	\$32.36	\$30.45	\$29.52	\$29.52		\$29.52