### **City of Manitowoc - Medical Funding Analysis Report**

### **Medical Summary**

Prepared By: Date Prepared: Associated Financial Group

Plan Year:

03/22/16 01/01/16 - 12/31/16

#### Medical & Rx Carriers:

Anthem & Anthem

Monthly Enrollment	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	48	49	49										146
Family	135	137	138										410
Total	183	186	187										556
Total Members	524	529	531										1,584
Total Medical Funding													
Single	25,552.80	26,085.15	26,085.15										\$77,723.10
Family	182,736.00	185,443.20	186,796.80										\$554,976.00
Sum of Total Medical Funding	\$208,288.80	\$211,528.35	\$212,881.95										\$632,699.10
Fixed Medical Costs													
Single	5,526.72	5,641.86	5,641.86										\$16,810.44
Family	30,970.35	31,429.17	31,658.58										\$94,058.10
AFG Consulting Fee	3,500.00	3,500.00	3,500.00										\$10,500.00
Sum of Total Fixed Medical Costs	\$39,997.07	\$40,571.03	\$40,800.44										\$121,368.54
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Total Fixed Costs	\$39,997.07	\$40,571.03	\$40,800.44										\$121,368.54
Claims Costs													
Medical Claims	18,222.00	53,439.00	55,030.00										\$126,691.00
Prescription Drug Claims	15,810.00	58,292.00	32,945.00										\$107,047.00
Auxiant Run Out	124,727.44	75,669.44	18,335.01										\$218,731.89
Serve You Run Out	15.00	0.00	0.00										\$15.00
Sum of Total Claims Costs	\$158,774.44	\$187,400.44	\$106,310.01										\$452,484.89
Reimbursements													
Specific Excess Loss	0.00	0.00	0.00										0.00
Prescription Drug Rebate	0.00	0.00	0.00										0.00
Sum of Reimbursements	\$0.00	\$0.00	\$0.00										\$0.00
Total Costs	\$198,771.51	\$227,971.47	\$147,110.45										\$573,853.43
Total Costs	\$190,771.31	Φ221,911.41	\$147,110.45										φυ/ 3,003.43
Funding Less Costs	\$9,517.29	(\$16,443.12)	\$65,771.50										\$58,845.67
YTD Plan Performance	\$9,517.29	(\$6,925.83)	\$58,845.67										
I ID FIAN PENORMANCE	ф9,517.29	(Φ0,920.03)	Ф00,040.07										l
YTD % of Total Costs to Funding													90.70%
YTD Average Monthly Cost													
Per Employee	\$1,086.18	\$1,156.49	\$1,032.11										\$1,032.11

## **City of Manitowoc - Medical Funding Analysis Report**

Plan Name:

Medical Plan

Prepared By: Date Prepared: Associated Financial Group

Plan Year:

03/22/16 01/01/16 - 12/31/16

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding										
Single	Family									
\$532.35	\$1,353.60									

	Total Monthly Fixed Costs					
	Single Family					
Administration Fee	\$42.55	\$42.55				
Specific Stop Loss (\$100,000)	\$59.22	\$165.83				
Aggregate Stop Loss	\$9.44	\$9.44				
COBRA	\$1.50	\$1.50				
PCORI	\$0.18	\$0.51				
ACA Reinsurance	\$2.25	\$9.58				
Sum of Total Monthly Fixed Costs	\$115.14	\$229.41				

Monthly Enrollment	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	48	49	49										146
Family	135	137	138										410
Total	183	186	187										556
Total Funding													
Single	25,552.80	26,085.15	26,085.15										\$77,723.10
Family	182,736.00	185,443.20	186,796.80										\$554,976.00
Sum of Total Funding	\$208,288.80	\$211,528.35	\$212,881.95										\$632,699.10
Fixed Costs													
Single	5,526.72	5,641.86	5,641.86										\$16,810.44
Family	30,970.35	31,429.17	31,658.58										\$94,058.10
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00										\$10,500.00
Sum of Total Fixed Costs	\$39,997.07	\$40,571.03	\$40,800.44										\$121,368.54
Claims Costs													
Medical Claims	18,222.00	53,439.00	55,030.00										\$126,691.00
Prescription Drug Claims	15,810.00	58,292.00	32,945.00										\$107,047.00
Auxiant Run Out	124,727.44	75,669.44	18,335.01										\$218,731.89
Serve You Run Out	15.00	0.00	0.00										\$15.00
Sum of Total Claims Costs	\$158,774.44	\$187,400.44	\$106,310.01										\$452,484.89
Reimbursements													
Specific Excess Loss	0.00	0.00	0.00										\$0.00
Prescription Drug Rebate	0.00	0.00	0.00										\$0.00
Sum of Reimbursements	\$0.00	\$0.00	\$0.00										\$0.00
Total Costs	\$198,771.51	\$227,971.47	\$147,110.45										\$573,853.43
	A0.545.00	(0.10.110.10)	005 774 70										A=0.04=.0=
Funding Less Costs	\$9,517.29	(\$16,443.12)	\$65,771.50										\$58,845.67
YTD Plan Performance	\$9,517.29	(\$6,925.83)	\$58,845.67										ı
YTD % of Total Costs to Funding													90.70%
YTD Average Monthly Cost	<b>04</b> 000 40	<b>M4.450.40</b>	<b>M4</b> 000 44										<b>#</b> 4 000 44
Per Employee	\$1,086.18	\$1,156.49	\$1,032.11										\$1,032.11

# **City of Manitowoc - Dental Funding Analysis Report**

Dental Summary

Prepared By: Date Prepared:

Associated Financial Group

Plan Year:

03/22/16 01/01/16 - 12/31/16

**Dental Carriers** 

Anthem													
Monthly Enrollment	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	51	50	0										101
Family	134	136	0										270
Total	185	186	0										371
Total Funding													
Single	2,322.54	2,277.00	0.00										\$4,599.54
Family	14,808.34	15,029.36	0.00										\$29,837.70
Sum of Total Funding	\$17,130.88	\$17,306.36	\$0.00										\$34,437.24
Fixed Costs													
Single	136.68	134.00	0.00										\$270.68
Family	359.12	364.48	0.00										\$723.60
Sum of Total Fixed Costs	\$495.80	\$498.48	\$0.00										\$994.28
Claims Costs													
Dental Claims	6,423.67	14,236.48	0.00										\$20,660.15
Sum of Total Claims Costs	\$6,423.67	\$14,236.48	\$0.00										\$20,660.15
Total Costs	\$6,919.47	\$14,734.96	\$0.00										\$21,654.43
Funding Less Costs	\$10,211.41	\$2,571.40	\$0.00										\$12,782.81
YTD Plan Performance	\$10,211.41	\$12,782.81	\$12,782.81										

YTD % of Total Costs to Funding

62.88%

YTD Average Monthly Cost

**Per Employee** \$37.40 \$58.37 \$58.37

\$58.37