

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/16/19
 Plan Year: 01/01/19 - 12/31/19

Medical & Rx Carriers:

Anthem & Anthem

| | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|--|---------------|---------------|---------------|---------------|---------------|--------------|--------|--------|--------|--------|--------|--------|----------------|
| Monthly Enrollment | | | | | | | | | | | | | |
| Single | 47 | 47 | 47 | 45 | 45 | 46 | | | | | | | 277 |
| Family | 150 | 152 | 152 | 151 | 152 | 154 | | | | | | | 911 |
| Total | 197 | 199 | 199 | 196 | 197 | 200 | | | | | | | 1,188 |
| Total Members | 570 | 579 | 580 | 573 | 577 | 586 | | | | | | | 3,465 |
| Total Medical Funding | | | | | | | | | | | | | |
| Single | 29,033.78 | 29,033.78 | 29,033.78 | 27,798.30 | 27,798.30 | 28,416.04 | | | | | | | \$171,113.98 |
| Family | 235,452.00 | 238,591.36 | 238,591.36 | 237,021.68 | 238,591.36 | 241,730.72 | | | | | | | \$1,429,978.48 |
| Sum of Total Medical Funding | \$264,485.78 | \$267,625.14 | \$267,625.14 | \$264,819.98 | \$266,389.66 | \$270,146.76 | | | | | | | \$1,601,092.46 |
| Fixed Medical Costs | | | | | | | | | | | | | |
| Single | 6,392.00 | 6,392.00 | 6,392.00 | 6,120.00 | 6,120.00 | 6,256.00 | | | | | | | \$37,672.00 |
| Family | 41,127.00 | 41,675.36 | 41,675.36 | 41,401.18 | 41,675.36 | 42,223.72 | | | | | | | \$249,777.98 |
| AFG Consulting Fee | 3,500.00 | 3,500.00 | 3,500.00 | 3,500.00 | 3,500.00 | 3,500.00 | | | | | | | \$21,000.00 |
| Sum of Total Fixed Medical Costs | \$51,019.00 | \$51,567.36 | \$51,567.36 | \$51,021.18 | \$51,295.36 | \$51,979.72 | | | | | | | \$308,449.98 |
| Total Fixed Costs | \$51,019.00 | \$51,567.36 | \$51,567.36 | \$51,021.18 | \$51,295.36 | \$51,979.72 | | | | | | | \$308,449.98 |
| Claims Costs | | | | | | | | | | | | | |
| Medical Claims | 112,724.00 | 180,214.00 | 204,891.00 | 152,956.00 | 97,419.00 | 106,688.00 | | | | | | | \$854,892.00 |
| Prescription Drug Claims | 55,740.00 | 68,047.00 | 83,734.00 | 51,409.00 | 67,646.00 | 70,045.00 | | | | | | | \$396,621.00 |
| Clinic Expenses | 4,757.29 | 4,220.16 | 4,661.37 | 4,835.72 | 4,629.88 | 4,877.77 | | | | | | | \$27,982.19 |
| Discount Share | 2,895.76 | 4,559.14 | 5,896.49 | 5,250.58 | 3,200.85 | 3,764.70 | | | | | | | \$25,567.52 |
| Sum of Total Claims Costs | \$176,117.05 | \$257,040.30 | \$299,182.86 | \$214,451.30 | \$172,895.73 | \$185,375.47 | | | | | | | \$1,305,062.71 |
| Reimbursements | | | | | | | | | | | | | |
| Specific Excess Loss | (23,928.93) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | (23,928.93) |
| Prescription Drug Rebate | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | 0.00 |
| Sum of Reimbursements | (\$23,928.93) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | (\$23,928.93) |
| Total Costs | \$203,207.12 | \$308,607.66 | \$350,750.22 | \$265,472.48 | \$224,191.09 | \$237,355.19 | | | | | | | \$1,589,583.76 |
| Funding Less Costs | \$61,278.66 | (\$40,982.52) | (\$83,125.08) | (\$652.50) | \$42,198.57 | \$32,791.57 | | | | | | | \$11,508.70 |
| YTD Plan Performance | \$61,278.66 | \$20,296.14 | (\$62,828.94) | (\$63,481.44) | (\$21,282.87) | \$11,508.70 | | | | | | | |
| YTD % of Total Costs to Funding | | | | | | | | | | | | | 99.28% |
| YTD Average Monthly Cost Per Employee | \$1,031.51 | \$1,292.46 | \$1,449.69 | \$1,426.09 | \$1,368.65 | \$1,338.03 | | | | | | | \$1,338.03 |

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 07/16/19
Plan Year: 01/01/19 - 12/31/19

Medical & Rx Carriers:
Anthem & Anthem

| Total Monthly Funding | |
|-----------------------|------------|
| Single | Family |
| \$617.74 | \$1,569.68 |

| Total Monthly Fixed Costs | | |
|---|-----------------|-----------------|
| Single | Family | |
| Administration Fee | \$40.22 | \$40.22 |
| Specific Stop Loss (\$100,000) | \$76.74 | \$214.92 |
| Aggregate Stop Loss | \$8.37 | \$8.37 |
| COBRA | \$0.66 | \$0.66 |
| Go365 Platform and Incentives | \$10.01 | \$10.01 |
| Sum of Total Monthly Fixed Costs | \$136.00 | \$274.18 |

| Monthly Enrollment | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|--|----------------------|----------------------|----------------------|----------------------|---------------------|---------------------|--------|--------|--------|--------|--------|--------|-----------------------|
| Single | 47 | 47 | 47 | 45 | 45 | 46 | | | | | | | 277 |
| Family | 150 | 152 | 152 | 151 | 152 | 154 | | | | | | | 911 |
| Total | 197 | 199 | 199 | 196 | 197 | 200 | | | | | | | 1,188 |
| Total Funding | | | | | | | | | | | | | |
| Single | 29,033.78 | 29,033.78 | 29,033.78 | 27,798.30 | 27,798.30 | 28,416.04 | | | | | | | \$171,113.98 |
| Family | 235,452.00 | 238,591.36 | 238,591.36 | 237,021.68 | 238,591.36 | 241,730.72 | | | | | | | \$1,429,978.48 |
| Sum of Total Funding | \$264,485.78 | \$267,625.14 | \$267,625.14 | \$264,819.98 | \$266,389.66 | \$270,146.76 | | | | | | | \$1,601,092.46 |
| Fixed Costs | | | | | | | | | | | | | |
| Single | 6,392.00 | 6,392.00 | 6,392.00 | 6,120.00 | 6,120.00 | 6,256.00 | | | | | | | \$37,672.00 |
| Family | 41,127.00 | 41,675.36 | 41,675.36 | 41,401.18 | 41,675.36 | 42,223.72 | | | | | | | \$249,777.98 |
| AFG Consulting Fee | \$3,500.00 | \$3,500.00 | \$3,500.00 | \$3,500.00 | \$3,500.00 | \$3,500.00 | | | | | | | \$21,000.00 |
| Sum of Total Fixed Costs | \$51,019.00 | \$51,567.36 | \$51,567.36 | \$51,021.18 | \$51,295.36 | \$51,979.72 | | | | | | | \$308,449.98 |
| Claims Costs | | | | | | | | | | | | | |
| Medical Claims | 112,724.00 | 180,214.00 | 204,891.00 | 152,956.00 | 97,419.00 | 106,688.00 | | | | | | | \$854,892.00 |
| Prescription Drug Claims | 55,740.00 | 68,047.00 | 83,734.00 | 51,409.00 | 67,646.00 | 70,045.00 | | | | | | | \$396,621.00 |
| Discount Share | 2,895.76 | 4,559.14 | 5,896.49 | 5,250.58 | 3,200.85 | 3,764.70 | | | | | | | \$25,567.52 |
| Sum of Total Claims Costs | \$171,359.76 | \$252,820.14 | \$294,521.49 | \$209,615.58 | \$168,265.85 | \$180,497.70 | | | | | | | \$1,277,080.52 |
| Reimbursements | | | | | | | | | | | | | |
| Specific Excess Loss | (23,928.93) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | (\$23,928.93) |
| Prescription Drug Rebate | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | \$0.00 |
| Sum of Reimbursements | (\$23,928.93) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | (\$23,928.93) |
| Total Costs | \$198,449.83 | \$304,387.50 | \$346,088.85 | \$260,636.76 | \$219,561.21 | \$232,477.42 | | | | | | | \$1,561,601.57 |
| Funding Less Costs | \$66,035.95 | (\$36,762.36) | (\$78,463.71) | \$4,183.22 | \$46,828.45 | \$37,669.34 | | | | | | | \$39,490.89 |
| YTD Plan Performance | \$66,035.95 | \$29,273.59 | (\$49,190.12) | (\$45,006.90) | \$1,821.55 | \$39,490.89 | | | | | | | |
| YTD % of Total Costs to Funding | | | | | | | | | | | | | 97.53% |
| YTD Average Monthly Cost Per Employee | \$1,007.36 | \$1,269.79 | \$1,426.77 | \$1,402.73 | \$1,345.27 | \$1,314.48 | | | | | | | \$1,314.48 |

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/16/19
 Plan Year: 01/01/19 - 12/31/19

Dental Carriers

Anthem

| Monthly Enrollment | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|--|--------------------|--------------------|--------------------|--------------------|---------------------|--------------------|--------|--------|--------|--------|--------|--------|---------------------|
| Single | 54 | 54 | 54 | 52 | 53 | 52 | | | | | | | 319 |
| Family | 144 | 145 | 147 | 147 | 146 | 147 | | | | | | | 876 |
| Total | 198 | 199 | 201 | 199 | 199 | 199 | | | | | | | 1,195 |
| Total Funding | | | | | | | | | | | | | |
| Single | 2,184.06 | 2,184.06 | 2,184.06 | 2,119.00 | 2,167.97 | 2,119.00 | | | | | | | \$12,958.15 |
| Family | 15,352.60 | 15,307.78 | 15,546.06 | 15,464.08 | 15,344.94 | 15,382.10 | | | | | | | \$92,397.56 |
| Sum of Total Funding | \$17,536.66 | \$17,491.84 | \$17,730.12 | \$17,583.08 | \$17,512.91 | \$17,501.10 | | | | | | | \$105,355.71 |
| Fixed Costs | | | | | | | | | | | | | |
| Single | 144.72 | 144.72 | 144.72 | 139.36 | 142.04 | 139.36 | | | | | | | \$854.92 |
| Family | 385.92 | 388.60 | 393.96 | 393.96 | 391.28 | 393.96 | | | | | | | \$2,347.68 |
| Sum of Total Fixed Costs | \$530.64 | \$533.32 | \$538.68 | \$533.32 | \$533.32 | \$533.32 | | | | | | | \$3,202.60 |
| Claims Costs | | | | | | | | | | | | | |
| Dental Claims | 16,379.64 | 15,352.34 | 17,644.41 | 16,359.19 | 19,727.83 | 11,409.60 | | | | | | | \$96,873.01 |
| Sum of Total Claims Costs | \$16,379.64 | \$15,352.34 | \$17,644.41 | \$16,359.19 | \$19,727.83 | \$11,409.60 | | | | | | | \$96,873.01 |
| Total Costs | \$16,910.28 | \$15,885.66 | \$18,183.09 | \$16,892.51 | \$20,261.15 | \$11,942.92 | | | | | | | \$100,075.61 |
| Funding Less Costs | \$626.38 | \$1,606.18 | (\$452.97) | \$690.57 | (\$2,748.24) | \$5,558.18 | | | | | | | \$5,280.10 |
| YTD Plan Performance | \$626.38 | \$2,232.56 | \$1,779.59 | \$2,470.16 | (\$278.08) | \$5,280.10 | | | | | | | |
| YTD % of Total Costs to Funding | | | | | | | | | | | | | 94.99% |
| YTD Average Monthly Cost Per Employee | \$85.41 | \$82.61 | \$85.25 | \$85.16 | \$88.49 | \$83.75 | | | | | | | \$83.75 |

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 07/16/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers:
Anthem

| Total Monthly Funding | |
|-----------------------|----------|
| Single | Family |
| \$48.97 | \$119.14 |

| | Total Monthly Fixed Costs | |
|---|---------------------------|---------------|
| | Single | Family |
| Administration Fee | \$2.68 | \$2.68 |
| Renewal Fee | \$0.00 | \$0.00 |
| Sum of Total Monthly Fixed Costs | \$2.68 | \$2.68 |

| Monthly Enrollment | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|--------------------|------------|------------|------------|------------|------------|------------|--------|--------|--------|--------|--------|--------|------------|
| Single | 40 | 40 | 40 | 39 | 40 | 39 | | | | | | | 238 |
| Family | 122 | 121 | 123 | 122 | 121 | 121 | | | | | | | 730 |
| Total | 162 | 161 | 163 | 161 | 161 | 160 | | | | | | | 968 |

| Total Funding | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|-----------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------|--------|--------|--------|--------|--------|--------------------|
| Single | 1,958.80 | 1,958.80 | 1,958.80 | 1,909.83 | 1,958.80 | 1,909.83 | | | | | | | \$11,654.86 |
| Family | 14,535.08 | 14,415.94 | 14,654.22 | 14,535.08 | 14,415.94 | 14,415.94 | | | | | | | \$86,972.20 |
| Sum of Total Funding | \$16,493.88 | \$16,374.74 | \$16,613.02 | \$16,444.91 | \$16,374.74 | \$16,325.77 | | | | | | | \$98,627.06 |

| Fixed Costs | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------|--------|--------|--------|--------|--------|-------------------|
| Single | 107.20 | 107.20 | 107.20 | 104.52 | 107.20 | 104.52 | | | | | | | \$637.84 |
| Family | 326.96 | 324.28 | 329.64 | 326.96 | 324.28 | 324.28 | | | | | | | \$1,956.40 |
| Sum of Total Fixed Costs | \$434.16 | \$431.48 | \$436.84 | \$431.48 | \$431.48 | \$428.80 | | | | | | | \$2,594.24 |

| Claims Costs | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|----------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-------------------|--------|--------|--------|--------|--------|--------|--------------------|
| Dental Claims | 15,674.64 | 14,712.34 | 15,760.41 | 14,445.19 | 18,026.83 | 9,461.60 | | | | | | | \$88,081.01 |
| Sum of Total Claims Costs | \$15,674.64 | \$14,712.34 | \$15,760.41 | \$14,445.19 | \$18,026.83 | \$9,461.60 | | | | | | | \$88,081.01 |

| Total Costs | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|-------------|-------------|-------------|-------------|-------------|-------------|------------|--------|--------|--------|--------|--------|--------|-------------|
| | \$16,108.80 | \$15,143.82 | \$16,197.25 | \$14,876.67 | \$18,458.31 | \$9,890.40 | | | | | | | \$90,675.25 |

| Funding Less Costs | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|--------------------|----------|------------|----------|------------|--------------|------------|--------|--------|--------|--------|--------|--------|------------|
| | \$385.08 | \$1,230.92 | \$415.77 | \$1,568.24 | (\$2,083.57) | \$6,435.37 | | | | | | | \$7,951.81 |

| YTD Plan Performance | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|----------------------|----------|------------|------------|------------|------------|------------|--------|--------|--------|--------|--------|--------|-------|
| | \$385.08 | \$1,616.00 | \$2,031.77 | \$3,600.01 | \$1,516.44 | \$7,951.81 | | | | | | | |

| YTD % of Total Costs to Funding | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | | | | | | | | | 91.94% |

| YTD Average Monthly Cost Per Employee | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|---------------------------------------|---------|---------|---------|---------|---------|---------|--------|--------|--------|--------|--------|--------|---------|
| | \$99.44 | \$96.76 | \$97.63 | \$96.33 | \$99.98 | \$93.67 | | | | | | | \$93.67 |

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 07/16/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers:
Anthem

| Total Monthly Funding | |
|-----------------------|---------|
| Single | Family |
| \$16.09 | \$37.16 |

| | Total Monthly Fixed Costs | |
|---|---------------------------|---------------|
| | Single | Family |
| Administration Fee | \$2.68 | \$2.68 |
| Renewal Fee | \$0.00 | \$0.00 |
| Sum of Total Monthly Fixed Costs | \$2.68 | \$2.68 |

| Monthly Enrollment | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Total |
|--|-------------------|-------------------|-------------------|---------------------|---------------------|---------------------|--------|--------|--------|--------|--------|--------|---------------------|
| Single | 14 | 14 | 14 | 13 | 13 | 13 | | | | | | | 81 |
| Family | 22 | 24 | 24 | 25 | 25 | 26 | | | | | | | 146 |
| Total | 36 | 38 | 38 | 38 | 38 | 39 | | | | | | | 227 |
| Total Funding | | | | | | | | | | | | | |
| Single | 225.26 | 225.26 | 225.26 | 209.17 | 209.17 | 209.17 | | | | | | | \$1,303.29 |
| Family | 817.52 | 891.84 | 891.84 | 929.00 | 929.00 | 966.16 | | | | | | | \$5,425.36 |
| Sum of Total Funding | \$1,042.78 | \$1,117.10 | \$1,117.10 | \$1,138.17 | \$1,138.17 | \$1,175.33 | | | | | | | \$6,728.65 |
| Fixed Costs | | | | | | | | | | | | | |
| Single | 37.52 | 37.52 | 37.52 | 34.84 | 34.84 | 34.84 | | | | | | | \$217.08 |
| Family | 58.96 | 64.32 | 64.32 | 67.00 | 67.00 | 69.68 | | | | | | | \$391.28 |
| Sum of Total Fixed Costs | \$96.48 | \$101.84 | \$101.84 | \$101.84 | \$101.84 | \$104.52 | | | | | | | \$608.36 |
| Claims Costs | | | | | | | | | | | | | |
| Dental Claims | 705.00 | 640.00 | 1,884.00 | 1,914.00 | 1,701.00 | 1,948.00 | | | | | | | \$8,792.00 |
| Sum of Total Claims Costs | \$705.00 | \$640.00 | \$1,884.00 | \$1,914.00 | \$1,701.00 | \$1,948.00 | | | | | | | \$8,792.00 |
| Total Costs | \$801.48 | \$741.84 | \$1,985.84 | \$2,015.84 | \$1,802.84 | \$2,052.52 | | | | | | | \$9,400.36 |
| Funding Less Costs | \$241.30 | \$375.26 | (\$868.74) | (\$877.67) | (\$664.67) | (\$877.19) | | | | | | | (\$2,671.71) |
| YTD Plan Performance | \$241.30 | \$616.56 | (\$252.18) | (\$1,129.85) | (\$1,794.52) | (\$2,671.71) | | | | | | | |
| YTD % of Total Costs to Funding | | | | | | | | | | | | | 139.71% |
| YTD Average Monthly Cost Per Employee | \$22.26 | \$20.86 | \$31.51 | \$36.97 | \$39.08 | \$41.41 | | | | | | | \$41.41 |