

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By:

USI Insurance Services

Date Prepared:

12/20/21

Plan Year:

01/01/21 - 12/31/21

| | | | | |
|---|-----------------------|------------|----------------------------------|-----------------|
| Medical & Rx Carriers: Health Partners & Health Partners | Total Monthly Funding | | Total Monthly Fixed Costs | |
| | Single | Family | Single | Family |
| | \$620.36 | \$1,572.20 | | |
| | | | | |
| | | | 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 |
| | | | Sum of Total Monthly Fixed Costs | \$88.21\$221.81 |

| | 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 |
|---------------------------------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|---------------|--------|----------------|
| Monthly Enrollment | | | | | | | | | | | | | |
| Single | 55 | 56 | 56 | 55 | 57 | 57 | 59 | 59 | 59 | 60 | 59 | | 632 |
| Family | 137 | 137 | 138 | 138 | 148 | 148 | 143 | 143 | 143 | 144 | 145 | | 1,564 |
| Total | 192 | 193 | 194 | 193 | 205 | 205 | 202 | 202 | 202 | 204 | 204 | | 2,196 |
| Total Funding | | | | | | | | | | | | | |
| Single | 34,119.80 | 34,740.16 | 34,740.16 | 34,119.80 | 35,360.52 | 35,360.52 | 36,601.24 | 36,601.24 | 36,601.24 | 37,221.60 | 36,601.24 | | \$392,067.52 |
| Family | 215,391.40 | 215,391.40 | 216,963.60 | 216,963.60 | 232,685.60 | 232,685.60 | 224,824.60 | 224,824.60 | 224,824.60 | 226,396.80 | 227,969.00 | | \$2,458,920.80 |
| Sum of Total Funding | \$249,511.20 | \$250,131.56 | \$251,703.76 | \$251,083.40 | \$268,046.12 | \$268,046.12 | \$261,425.84 | \$261,425.84 | \$261,425.84 | \$263,618.40 | \$264,570.24 | | \$2,850,988.32 |
| Fixed Costs | | | | | | | | | | | | | |
| Single | 4,851.55 | 4,939.76 | 4,939.76 | 4,851.55 | 5,027.97 | 5,027.97 | 5,204.39 | 5,204.39 | 5,204.39 | 5,292.60 | 5,204.39 | | \$55,748.72 |
| Family | 30,387.97 | 30,387.97 | 30,609.78 | 30,609.78 | 32,827.88 | 32,827.88 | 31,718.83 | 31,718.83 | 31,718.83 | 31,940.64 | 32,162.45 | | \$346,910.84 |
| 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 |
| Sum of Total Fixed Costs | \$38,739.52 | \$38,827.73 | \$39,049.54 | \$38,961.33 | \$41,355.85 | \$41,355.85 | \$40,423.22 | \$40,423.22 | \$40,423.22 | \$40,733.24 | \$40,866.84 | | \$441,159.56 |
| Claims Costs | | | | | | | | | | | | | |
| Medical Claims | 133,428.60 | 174,568.73 | 268,674.52 | 217,063.03 | 154,680.68 | 138,003.70 | 108,478.63 | 132,388.48 | 303,210.57 | 292,949.93 | 250,141.03 | | \$2,173,587.90 |
| Prescription Drug Claims | 17,020.78 | 13,956.73 | 31,298.57 | 41,799.78 | 47,484.47 | 46,494.74 | 40,259.09 | 57,338.08 | 40,203.63 | 40,679.57 | 58,137.86 | | \$434,673.30 |
| Shared Savings | 263.95 | 1,710.03 | 818.14 | 904.67 | 607.97 | 118.35 | 161.39 | 255.94 | 162.94 | 422.52 | 411.83 | | \$5,837.73 |
| Clinic Expenses | 6,247.68 | 6,454.22 | 6,908.06 | 6,422.47 | 6,043.90 | 6,474.85 | 5,966.91 | 6,487.99 | 6,290.55 | 6,307.39 | 6,402.94 | | \$70,006.96 |
| ER HSA Contribution | 48,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 50,600.00 | 0.00 | 0.00 | 0.00 | 0.00 | | \$98,600.00 |
| Sum of Total Claims Costs | \$204,961.01 | \$196,689.71 | \$307,699.29 | \$266,189.95 | \$208,817.02 | \$191,091.64 | \$205,466.02 | \$196,470.49 | \$349,867.69 | \$340,359.41 | \$315,093.66 | | \$2,782,705.89 |
| Reimbursements | | | | | | | | | | | | | |
| Specific Excess Loss | 0.00 | 0.00 | (19,405.73) | (45,135.73) | (40,211.90) | (43,109.60) | (42,653.26) | (39,810.10) | (43,613.54) | (112,435.68) | (43,830.33) | | (\$430,205.87) |
| 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 |
| Sum of Reimbursements | \$0.00 | \$0.00 | (\$19,405.73) | (\$45,135.73) | (\$40,211.90) | (\$43,109.60) | (\$42,653.26) | (\$39,810.10) | (\$43,613.54) | (\$112,435.68) | (\$43,830.33) | | (\$430,205.87) |
| Total Costs | \$243,700.53 | \$235,517.44 | \$327,343.10 | \$260,015.55 | \$209,960.97 | \$189,337.89 | \$203,235.98 | \$197,083.61 | \$346,677.37 | \$268,656.97 | \$312,130.17 | | \$2,793,659.58 |
| Funding Less Costs | \$5,810.67 | \$14,614.12 | (\$75,639.34) | (\$8,932.15) | \$58,085.15 | \$78,708.23 | \$58,189.86 | \$64,342.23 | (\$85,251.53) | (\$5,038.57) | (\$47,559.93) | | \$57,328.74 |
| YTD Plan Performance | \$5,810.67 | \$20,424.79 | (\$55,214.55) | (\$64,146.70) | (\$6,061.55) | \$72,646.68 | \$130,836.54 | \$195,178.77 | \$109,927.24 | \$104,888.67 | \$57,328.74 | | |
| YTD % of Total Costs to Funding | | | | | | | | | | | | | 97.99% |
| YTD Average Monthly Cost Per Employee | \$1,269.27 | \$1,244.72 | \$1,393.02 | \$1,381.58 | \$1,306.59 | \$1,240.17 | \$1,206.01 | \$1,176.67 | \$1,237.62 | \$1,245.75 | \$1,272.16 | | \$1,272.16 |

CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Dental Plan

Prepared By: USI Insurance Services

Date Prepared: 12/20/21

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 |
| Sum of Total Monthly Fixed Costs \$4.50 | \$4.50 |

| 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 | 62 | 63 | 63 | 65 | 65 | 65 | 64 | | 682 |
| Family | 131 | 132 | 133 | 133 | 143 | 143 | 142 | 139 | 139 | 140 | 141 | | 1,516 |
| Total | 189 | 191 | 192 | 192 | 205 | 206 | 205 | 204 | 204 | 205 | 205 | | 2,198 |

| Total Funding | | | | | | | | | | | | | |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|--------------|
| Single | 2,325.80 | 2,365.90 | 2,365.90 | 2,365.90 | 2,486.20 | 2,526.30 | 2,526.30 | 2,606.50 | 2,606.50 | 2,606.50 | 2,566.40 | | \$27,348.20 |
| Family | 14,783.35 | 14,896.20 | 15,009.05 | 15,009.05 | 16,137.55 | 16,137.55 | 16,024.70 | 15,686.15 | 15,686.15 | 15,799.00 | 15,911.85 | | \$171,080.60 |
| Sum of Total Funding | \$17,109.15 | \$17,262.10 | \$17,374.95 | \$17,374.95 | \$18,623.75 | \$18,663.85 | \$18,551.00 | \$18,292.65 | \$18,292.65 | \$18,405.50 | \$18,478.25 | | \$198,428.80 |

| Fixed Costs | | | | | | | | | | | | | |
|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|------------|
| Single | 261.00 | 265.50 | 265.50 | 265.50 | 279.00 | 283.50 | 283.50 | 292.50 | 292.50 | 292.50 | 288.00 | | \$3,069.00 |
| Family | 589.50 | 594.00 | 598.50 | 598.50 | 643.50 | 643.50 | 639.00 | 625.50 | 625.50 | 630.00 | 634.50 | | \$6,822.00 |
| Sum of Total Fixed Costs | \$850.50 | \$859.50 | \$864.00 | \$864.00 | \$922.50 | \$927.00 | \$922.50 | \$918.00 | \$918.00 | \$922.50 | \$922.50 | | \$9,891.00 |

| Claims Costs | | | | | | | | | | | | | |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|-------------|--|--------------|
| Dental Claims | 11,756.00 | 16,507.00 | 21,437.00 | 16,374.00 | 15,946.00 | 16,894.00 | 9,753.00 | 12,344.00 | 19,141.00 | 15,827.00 | 13,304.00 | | \$169,283.00 |
| Sum of Total Claims Costs | \$11,756.00 | \$16,507.00 | \$21,437.00 | \$16,374.00 | \$15,946.00 | \$16,894.00 | \$9,753.00 | \$12,344.00 | \$19,141.00 | \$15,827.00 | \$13,304.00 | | \$169,283.00 |

| | | | | | | | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|--------------|
| Total Costs | \$12,606.50 | \$17,366.50 | \$22,301.00 | \$17,238.00 | \$16,868.50 | \$17,821.00 | \$10,675.50 | \$13,262.00 | \$20,059.00 | \$16,749.50 | \$14,226.50 | | \$179,174.00 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|--------------|

| | | | | | | | | | | | | | |
|--------------------|------------|------------|--------------|----------|------------|----------|------------|------------|--------------|------------|------------|--|-------------|
| Funding Less Costs | \$4,502.65 | (\$104.40) | (\$4,926.05) | \$136.95 | \$1,755.25 | \$842.85 | \$7,875.50 | \$5,030.65 | (\$1,766.35) | \$1,656.00 | \$4,251.75 | | \$19,254.80 |
|--------------------|------------|------------|--------------|----------|------------|----------|------------|------------|--------------|------------|------------|--|-------------|

| | | | | | | | | | | | | | |
|----------------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|--|--|
| YTD Plan Performance | \$4,502.65 | \$4,398.25 | (\$527.80) | (\$390.85) | \$1,364.40 | \$2,207.25 | \$10,082.75 | \$15,113.40 | \$13,347.05 | \$15,003.05 | \$19,254.80 | | |
|----------------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|--|--|

| | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--------|
| YTD % of Total Costs to Funding | | | | | | | | | | | | | 90.30% |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--------|

| | | | | | | | | | | | | | |
|---------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|---------|
| YTD Average Monthly Cost Per Employee | \$66.70 | \$78.88 | \$91.39 | \$90.98 | \$89.14 | \$88.68 | \$83.24 | \$80.90 | \$82.88 | \$82.76 | \$81.52 | | \$81.52 |
|---------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|---------|

CONFIDENTIAL AND PROPRIETARY: This document and the information contained herein is confidential and proprietary information of USI Insurance Services LLC ("USI"). Recipient agrees not to copy, reproduce or distribute this document, in whole or in part, without the prior written consent of USI. Estimates are illustrative given data limitation, may not be cumulative and are subject to change based on carrier underwriting