City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By:

Associated Financial Group

Medical & Rx Carriers:

Anthem & Anthem

 Date Prepared:
 10/16/19

 Plan Year:
 01/01/19 - 12/31/19

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	49	50	53			_	429
Family	150	152	152	151	152	154	155	153	152				1,371
Total	197	199	199	196	197	200	204	203	205				1,800
Total Members	570	579	580	573	577	586	595	592	589				5,241
Total Medical Funding													
Single	29,033.78	29,033.78	29,033.78	27,798.30	27,798.30	28,416.04	30,269.26	30,887.00	32,740.22				\$265,010.46
Family	235,452.00	238,591.36	238,591.36	237,021.68	238,591.36	241,730.72	243,300.40	240,161.04	238,591.36				\$2,152,031.28
Sum of Total Medical Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$266,389.66	\$270,146.76	\$273,569.66	\$271,048.04	\$271,331.58				\$2,417,041.74
Fixed Medical Costs													
Single	6.392.00	6,392.00	6,392.00	6,120.00	6,120.00	6,256.00	6,664.00	6,800.00	7,208.00				\$58,344.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,675.36	42,223.72	42,497.90	41,949.54	41,675.36				\$375,900.78
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				\$31,500.00
Sum of Total Fixed Medical Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90	\$52,249.54	\$52,383.36				\$465,744.78
Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90	\$52,249.54	\$52,383.36				\$465,744.78
Claims Costs													
Medical Claims	112,724.00	180,214.00	204,891.00	152,956.00	97,419.00	106,688.00	101,385.00	131,656.00	133,107.00				\$1,221,040.00
Prescription Drug Claims	55,740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00	48,017.00	61,282.00				\$574,857.00
Clinic Expenses	4,757.29	4,220.16	4,661.37	4,835.72	4,629.88	4,877.77	4,850.11	4,529.43	5,061.66				\$42,423.39
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04	3,042.14	5,679.48				\$39,258.18
Sum of Total Claims Costs	\$176,117.05	\$257,040.30	\$299,182.86	\$214,451.30	\$172,895.73	\$185,375.47	\$180,141.15	\$187,244.57	\$205,130.14				\$1,877,578.57
Reimbursements													_
Specific Excess Loss	(23,928.93)	0.00	0.00	0.00	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	0.00	0.00				0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00	\$0.00	\$0.00	\$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	\$232,803.05	\$239,494.11	\$257,513.50				\$2,319,394.42
Funding Less Costs	\$61,278.66	(\$40,982.52)	(\$83,125.08)	(\$652.50)	\$42,198.57	\$32,791.57	\$40,766.61	\$31,553.93	\$13,818.08				\$97,647.32
YTD Plan Performance	\$61,278.66	\$20,296.14	(\$62,828.94)	(\$63,481.44)	(\$21,282.87)	\$11,508.70	\$52,275.31	\$83,829.24	\$97,647.32				
YTD % of Total Costs to Funding													95.96%
YTD Average Monthly Cost Per Employee	\$1,031.51	\$1,292.46	\$1,449.69	\$1,426.09	\$1,368.65	\$1,338.03	\$1,309.19	\$1,292.72	\$1,288.55				\$1,288.55

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Date Prepared: Associated Financial Group 10/16/19

Plan Year:

01/01/19 - 12/31/19

Medical & Rx Carriers:

Anthem & Anthem

Total Monti	nly Funding
Single	Family
\$617.74	\$1,569.68

ĺ	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	49	50	53				429
Family	150	152	152	151	152	154	155	153	152				1,371
Total	197	199	199	196	197	200	204	203	205				1,800
Total Funding													
Single	29,033.78	29,033.78	29,033.78	27,798.30	27,798.30	28,416.04	30,269.26	30,887.00	32,740.22				\$265,010.46
Family	235.452.00	238.591.36	238.591.36	237.021.68	238,591.36	241.730.72	243,300.40	240.161.04	238,591.36				\$2,152,031.28
Sum of Total Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$266,389.66	\$270,146.76	\$273,569.66	\$271,048.04	\$271,331.58				\$2,417,041.74
Fixed Costs													
Single	6,392.00	6,392.00	6,392.00	6,120.00	6,120.00	6,256.00	6,664.00	6,800.00	7,208.00				\$58,344.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,675.36	42,223.72	42,497.90	41,949.54	41,675.36				\$375,900.78
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				\$31,500.00
Sum of Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90	\$52,249.54	\$52,383.36				\$465,744.78
Claims Costs													
Medical Claims	112,724.00	180,214.00	204,891.00	152,956.00	97,419.00	106,688.00	101,385.00	131,656.00	133,107.00				\$1,221,040.00
Prescription Drug Claims	55.740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00	48,017.00	61,282.00				\$574,857.00
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04	3,042.14	5,679.48				\$39,258.18
Sum of Total Claims Costs	\$171,359.76	\$252,820.14	\$294,521.49	\$209,615.58	\$168,265.85	\$180,497.70	\$175,291.04	\$182,715.14	\$200,068.48				\$1,835,155.18
Reimbursements													
	(22,020,02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				(#00 000 00)
Specific Excess Loss Prescription Drug Rebate	(23,928.93)	0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00				(\$23,928.93) \$0.00
Sum of Reimbursements	(\$23.928.93)	\$0.00	\$0.00	\$0.00	0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00				(\$23,928.93)
Sum of Reimbursements	(\$23,920.93)	φ0.00	\$0.00	φυ.υυ	\$0.00	\$0.00	\$0.00	\$0.00	φ0.00				(\$23,926.93)
Total Costs	\$198,449.83	\$304,387.50	\$346,088.85	\$260,636.76	\$219,561.21	\$232,477.42	\$227,952.94	\$234,964.68	\$252,451.84				\$2,276,971.03
Funding Less Costs	\$66,035.95	(\$36,762.36)	(\$78,463.71)	\$4,183.22	\$46,828.45	\$37,669.34	\$45,616.72	\$36,083.36	\$18,879.74				\$140,070.71
VTD Dies Berfesser	* 00,005,05	\$00.070.F0	(040,400,40)	(\$45,000,00)	\$4.004.FF	\$20,400,00	005 407 04	\$404.400.0 7	\$440.070.74				-
YTD Plan Performance	\$66,035.95	\$29,273.59	(\$49,190.12)	(\$45,006.90)	\$1,821.55	\$39,490.89	\$85,107.61	\$121,190.97	\$140,070.71				
YTD % of Total Costs to Funding													94.20%
YTD Average Monthly Cost													
Per Employee	\$1,007.36	\$1,269.79	\$1,426.77	\$1,402.73	\$1,345.27	\$1,314.48	\$1,285.60	\$1,269.29	\$1,264.98				\$1,264.98

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Dental Carriers

Anthem

Prepared By:

Associated Financial Group

Date Prepared:

10/16/19

Plan Year:

01/01/19 - 12/31/19

<u>-</u>													
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	53	56	57	60				493
Family _	144	145	147	147	146	147	148	147	146				1,317
Total _	198	199	201	199	199	200	204	204	206				1,810
Total Funding													
Single	2,184.06	2,184.06	2,184.06	2,119.00	2,167.97	2,167.97	2,314.88	2,363.85	2,510.76				\$20,196.61
Family	15,352.60	15,307.78	15,546.06	15,464.08	15,344.94	15,382.10	15,419.26	15,382.10	15,344.94				\$138,543.86
Sum of Total Funding	\$17,536.66	\$17,491.84	\$17,730.12	\$17,583.08	\$17,512.91	\$17,550.07	\$17,734.14	\$17,745.95	\$17,855.70				\$158,740.47
Fixed Costs													
Single	144.72	144.72	144.72	139.36	142.04	142.04	150.08	152.76	160.80				\$1,321.24
Family	385.92	388.60	393.96	393.96	391.28	393.96	396.64	393.96	391.28				\$3,529.56
Sum of Total Fixed Costs	\$530.64	\$533.32	\$538.68	\$533.32	\$533.32	\$536.00	\$546.72	\$546.72	\$552.08				\$4,850.80
Claims Costs													
Dental Claims	16,379.64	15,352.34	17,644.41	16,359.19	19,727.83	11,409.60	14,982.68	17,456.73	11,883.57				\$141,195.99
Sum of Total Claims Costs	\$16,379.64	\$15,352.34	\$17,644.41	\$16,359.19	\$19,727.83	\$11,409.60	\$14,982.68	\$17,456.73	\$11,883.57				\$141,195.99
<u>-</u>													
Total Costs	\$16,910.28	\$15,885.66	\$18,183.09	\$16,892.51	\$20,261.15	\$11,945.60	\$15,529.40	\$18,003.45	\$12,435.65				\$146,046.79
Funding Less Costs	\$626.38	\$1,606.18	(\$452.97)	\$690.57	(\$2,748.24)	\$5,604.47	\$2,204.74	(\$257.50)	\$5,420.05				\$12,693.68
YTD Plan Performance	\$626.38	\$2,232.56	\$1,779.59	\$2,470.16	(\$278.08)	\$5,326.39	\$7,531.13	\$7,273.63	\$12,693.68				
YTD % of Total Costs to Funding													92.00%
110 /0 01 Total Costs to Fullding													92.00%
YTD Average Monthly Cost													
Per Employee	\$85.41	\$82.61	\$85.25	\$85.16	\$88.49	\$83.68	\$82.58	\$83.30	\$80.69				\$80.69

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Enhanced Dental

Prepared By:

Associated Financial Group 10/16/19

Date Prepared: Plan Year:

01/01/19 - 12/31/19

Dental Carriers:

Anthem

Total Montl	nly Funding
Single	Family
\$48.97	\$119.14

Single 40 40 40 39 40 40 43 44 47	Total	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19	Mar-19	Feb-19	Jan-19	Monthly Enrollment
Total Funding Single 1,958.80	373				47	44	43	40	40	39	40	40	40	Single
Total Funding Single 1,958.80 1,958.80 1,958.80 1,958.80 1,958.80 1,958.80 2,105.71 2,154.68 2,301.59 Family 14,535.08 14,415.94 14,635.22 14,535.08 14,415.94 14,712.92 125.96 125.96 125.96 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28 324.28	1,093				121	121	121	121	121	122	123	121	122	Family
Single Family 1,958.80 1,958.80 1,958.80 1,998.83 1,958.80 1,958.80 2,105.71 2,154.68 2,301.59 Family Sum of Total Funding \$16,393.88 \$16,374.74 \$16,613.02 \$16,444.91 \$16,6374.74 \$16,6374.74 \$16,521.65 \$16,570.62 \$16,717.53 Fixed Costs Single 107.20 107.20 104.52 107.20 107.20 115.24 117.92 125.96 Family 326.96 324.28 329.64 326.96 324.28 <t< td=""><td>1,466</td><td></td><td></td><td></td><td>168</td><td>165</td><td>164</td><td>161</td><td>161</td><td>161</td><td>163</td><td>161</td><td>162</td><td>Total</td></t<>	1,466				168	165	164	161	161	161	163	161	162	Total
Family 14,535.08 14,415.94 14,654.22 14,535.08 14,415.94														Total Funding
Sum of Total Funding \$16,493.88 \$16,374.74 \$16,613.02 \$16,444.91 \$16,374.74 \$16,521.65 \$16,500.62 \$16,717.53 Fixed Costs Single 107.20 107.20 107.20 107.20 107.20 107.20 115.24 117.92 125.96 Family 326.96 324.28 329.64 326.96 324.28<	\$18,265.81				2,301.59	2,154.68	2,105.71	1,958.80	1,958.80	1,909.83	1,958.80	1,958.80	1,958.80	Single
Fixed Costs Single 107.20 107.20 107.20 104.52 107.20 115.24 117.92 125.96 Family 326.96 324.28 329.64 326.96 324.28 324.28 324.28 324.28 324.28 324.28 324.28 Sum of Total Fixed Costs \$434.16 \$431.48 \$436.84 \$431.48 \$431.48 \$431.48 \$439.52 \$442.20 \$450.24 Claims Costs Dental Claims 15.674.64 14.712.34 15.760.41 14.445.19 18.026.83 9.461.60 14.183.68 15.908.73 11.151.87 Sum of Total Claims Costs \$15.674.64 \$14.712.34 \$15.760.41 \$14.445.19 \$18.026.83 \$9.461.60 \$14.183.68 \$15.908.73 \$11.151.87 Total Costs \$16.108.80 \$15.143.82 \$16.197.25 \$14.876.67 \$18.458.31 \$9.893.08 \$14.623.20 \$16.350.93 \$11.602.11 Funding Less Costs \$385.08 \$1.230.92 \$415.77 \$1.568.24 (\$2.083.57) \$6.481.66 \$1.898.45 \$219.69 \$5.115.42 YTD Plan Performance \$385.08 \$1.616.00 \$2.031.77 \$3.600.01 \$1.516.44 \$7.998.10 \$9.896.55 \$10.116.24 \$15.231.66	\$130,220.02				14,415.94	14,415.94	14,415.94	14,415.94	14,415.94	14,535.08	14,654.22	14,415.94	14,535.08	Family
Single 107.20 107.20 107.20 107.20 104.52 107.20 107.20 115.24 117.92 125.96 Family 326.96 324.28 329.64 326.96 324.28 324.28 324.28 324.28 324.28 Sum of Total Fixed Costs \$434.16 \$431.48 \$436.84 \$431.48 \$431.48 \$439.52 \$442.20 \$450.24 Claims Costs Dental Claims 15,674.64 14,712.34 15,760.41 14,445.19 18,026.83 9,461.60 14,183.68 15,908.73 11,151.87 Sum of Total Claims Costs \$15,674.64 \$14,712.34 \$15,760.41 \$14,445.19 \$18,026.83 \$9,461.60 \$14,183.68 \$15,908.73 \$11,151.87 Total Costs \$16,108.80 \$15,143.82 \$16,197.25 \$14,876.67 \$18,458.31 \$9,893.08 \$14,623.20 \$16,350.93 \$11,602.11 Funding Less Costs \$385.08 \$1,230.92 \$415.77 \$1,568.24 (\$2,083.57) \$6,481.66 \$1,898.45	\$148,485.83				\$16,717.53	\$16,570.62	\$16,521.65	\$16,374.74	\$16,374.74	\$16,444.91	\$16,613.02	\$16,374.74	\$16,493.88	Sum of Total Funding
Family 326.96 324.28 329.64 326.96 324.28<														Fixed Costs
Sum of Total Fixed Costs \$434.16 \$431.48 \$436.84 \$431.48 \$431.48 \$431.48 \$439.52 \$442.20 \$450.24 Claims Costs Dental Claims Dental Claims 15,674.64 14,712.34 15,760.41 14,445.19 18,026.83 9,461.60 14,183.68 15,908.73 11,151.87 Sum of Total Claims Costs \$15,674.64 \$14,712.34 \$15,760.41 \$14,445.19 \$18,026.83 \$9,461.60 \$14,183.68 \$15,908.73 \$11,151.87 Total Costs \$16,108.80 \$15,143.82 \$16,197.25 \$14,876.67 \$18,458.31 \$9,893.08 \$14,623.20 \$16,350.93 \$11,602.11 Funding Less Costs \$385.08 \$1,230.92 \$415.77 \$1,568.24 (\$2,083.57) \$6,481.66 \$1,898.45 \$219.69 \$5,115.42 YTD Plan Performance \$385.08 \$1,616.00 \$2,031.77 \$3,600.01 \$1,516.44 \$7,998.10 \$9,896.55 \$10,116.24 \$15,231.66	\$999.64				125.96	117.92	115.24	107.20	107.20	104.52	107.20	107.20	107.20	Single
Claims Costs Dental Claims \$\frac{15,674.64}{2} & \frac{14,712.34}{2} & \frac{15,760.41}{2} & \frac{14,445.19}{2} & \frac{18,026.83}{2} & \frac{9,461.60}{2} & \frac{14,183.68}{2} & \frac{15,908.73}{2} & \frac{11,151.87}{2} \] Total Costs \$\frac{16,108.80}{2} & \frac{\$15,143.82}{2} & \frac{\$16,197.25}{2} & \frac{\$14,876.67}{2} & \frac{\$18,458.31}{2} & \frac{\$9,893.08}{2} & \frac{\$14,623.20}{2} & \frac{\$16,350.93}{2} & \frac{\$11,602.11}{2} \] Funding Less Costs \$\frac{335.08}{385.08} & \frac{\$1,230.92}{2} & \frac{\$415.77}{2} & \frac{\$1,568.24}{2} & \frac{(\$2,083.57)}{2} & \frac{\$6,481.66}{2} & \frac{\$1,898.45}{2} & \frac{\$219.69}{2} & \frac{\$5,115.42}{2} \] YTD Plan Performance \$\frac{3385.08}{385.08} & \frac{\$1,616.00}{2} & \frac{\$2,031.77}{2} & \frac{33,600.01}{2} & \frac{\$1,516.44}{2} & \frac{\$7,998.10}{2} & \frac{\$9,896.55}{2} & \frac{\$10,116.24}{2} & \frac{\$15,231.66}{2} \]	\$2,929.24				324.28	324.28	324.28	324.28	324.28	326.96	329.64	324.28	326.96	Family
Dental Claims 15,674.64 14,712.34 15,60.41 14,445.19 18,026.83 9,461.60 14,183.68 15,908.73 11,151.87 Sum of Total Claims Costs \$15,674.64 \$14,712.34 \$15,760.41 \$14,445.19 \$18,026.83 \$9,461.60 \$14,183.68 \$15,908.73 \$11,151.87 Total Costs \$16,108.80 \$15,143.82 \$16,197.25 \$14,876.67 \$18,458.31 \$9,893.08 \$14,623.20 \$16,350.93 \$11,602.11 Funding Less Costs \$385.08 \$1,230.92 \$415.77 \$1,568.24 (\$2,083.57) \$6,481.66 \$1,898.45 \$219.69 \$5,115.42 YTD Plan Performance \$385.08 \$1,616.00 \$2,031.77 \$3,600.01 \$1,516.44 \$7,998.10 \$9,896.55 \$10,116.24 \$15,231.66	\$3,928.88				\$450.24	\$442.20	\$439.52	\$431.48	\$431.48	\$431.48	\$436.84	\$431.48	\$434.16	Sum of Total Fixed Costs
Sum of Total Claims Costs \$15,674.64 \$14,712.34 \$15,760.41 \$14,445.19 \$18,026.83 \$9,461.60 \$14,183.68 \$15,908.73 \$11,151.87 Total Costs \$16,108.80 \$15,143.82 \$16,197.25 \$14,876.67 \$18,458.31 \$9,893.08 \$14,623.20 \$16,350.93 \$11,602.11 Funding Less Costs \$385.08 \$1,230.92 \$415.77 \$1,568.24 (\$2,083.57) \$6,481.66 \$1,898.45 \$219.69 \$5,115.42 YTD Plan Performance \$385.08 \$1,616.00 \$2,031.77 \$3,600.01 \$1,516.44 \$7,998.10 \$9,896.55 \$10,116.24 \$15,231.66														Claims Costs
Total Costs \$16,108.80 \$15,143.82 \$16,197.25 \$14,876.67 \$18,458.31 \$9,893.08 \$14,623.20 \$16,350.93 \$11,602.11 Funding Less Costs \$385.08 \$1,230.92 \$415.77 \$1,568.24 (\$2,083.57) \$6,481.66 \$1,898.45 \$219.69 \$5,115.42 YTD Plan Performance \$385.08 \$1,616.00 \$2,031.77 \$3,600.01 \$1,516.44 \$7,998.10 \$9,896.55 \$10,116.24 \$15,231.66	\$129,325.29				11,151.87	15,908.73	14,183.68	9,461.60	18,026.83	14,445.19	15,760.41	14,712.34	15,674.64	Dental Claims
Funding Less Costs \$385.08 \$1,230.92 \$415.77 \$1,568.24 (\$2,083.57) \$6,481.66 \$1,898.45 \$219.69 \$5,115.42 YTD Plan Performance \$385.08 \$1,616.00 \$2,031.77 \$3,600.01 \$1,516.44 \$7,998.10 \$9,896.55 \$10,116.24 \$15,231.66	\$129,325.29				\$11,151.87	\$15,908.73	\$14,183.68	\$9,461.60	\$18,026.83	\$14,445.19	\$15,760.41	\$14,712.34	\$15,674.64	Sum of Total Claims Costs
YTD Plan Performance \$385.08 \$1,616.00 \$2,031.77 \$3,600.01 \$1,516.44 \$7,998.10 \$9,896.55 \$10,116.24 \$15,231.66	\$133,254.17				\$11,602.11	\$16,350.93	\$14,623.20	\$9,893.08	\$18,458.31	\$14,876.67	\$16,197.25	\$15,143.82	\$16,108.80	Total Costs
	\$15,231.66				\$5,115.42	\$219.69	\$1,898.45	\$6,481.66	(\$2,083.57)	\$1,568.24	\$415.77	\$1,230.92	\$385.08	Funding Less Costs
YTD % of Total Costs to Funding					\$15,231.66	\$10,116.24	\$9,896.55	\$7,998.10	\$1,516.44	\$3,600.01	\$2,031.77	\$1,616.00	\$385.08	YTD Plan Performance
	89.74%													YTD % of Total Costs to Funding
YTD Average Monthly Cost Per Employee \$99.44 \$96.76 \$97.63 \$96.33 \$99.98 \$93.58 \$92.94 \$93.72 \$90.90	\$90.90				***	400 =5	***	400 -5	***	***	407.05	400 75	***	

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Preventative Dental

Prepared By: Date Prepared: Associated Financial Group 10/16/19

Plan Year:

01/01/19 - 12/31/19

Dental Carriers:

Anthem

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

	Total Month	ly 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	13	13	13				120
Family	22	24	24	25	25	26	27	26	25				224
Total	36	38	38	38	38	39	40	39	38				344
Total Funding													
Single	225.26	225.26	225.26	209.17	209.17	209.17	209.17	209.17	209.17				\$1,930.80
Family	817.52	891.84	891.84	929.00	929.00	966.16	1,003.32	966.16	929.00				\$8,323.84
Sum of Total Funding	\$1,042.78	\$1,117.10	\$1,117.10	\$1,138.17	\$1,138.17	\$1,175.33	\$1,212.49	\$1,175.33	\$1,138.17				\$10,254.64
Fixed Costs													
Single	37.52	37.52	37.52	34.84	34.84	34.84	34.84	34.84	34.84				\$321.60
Family	58.96	64.32	64.32	67.00	67.00	69.68	72.36	69.68	67.00				\$600.32
Sum of Total Fixed Costs	\$96.48	\$101.84	\$101.84	\$101.84	\$101.84	\$104.52	\$107.20	\$104.52	\$101.84				\$921.92
Claims Costs													
Dental Claims	705.00	640.00	1,884.00	1,914.00	1,701.00	1,948.00	799.00	1,548.00	731.70				\$11,870.70
Sum of Total Claims Costs	\$705.00	\$640.00	\$1,884.00	\$1,914.00	\$1,701.00	\$1,948.00	\$799.00	\$1,548.00	\$731.70				\$11,870.70
Total Costs	\$801.48	\$741.84	\$1,985.84	\$2,015.84	\$1,802.84	\$2,052.52	\$906.20	\$1,652.52	\$833.54				\$12,792.62
Funding Less Costs	\$241.30	\$375.26	(\$868.74)	(\$877.67)	(\$664.67)	(\$877.19)	\$306.29	(\$477.19)	\$304.63				(\$2,537.98)
YTD Plan Performance	\$241.30	\$616.56	(\$252.18)	(\$1,129.85)	(\$1,794.52)	(\$2,671.71)	(\$2,365.42)	(\$2,842.61)	(\$2,537.98)				
YTD % of Total Costs to Funding													124.75%
YTD Average Monthly Cost Per Employee	\$22.26	\$20.86	\$31.51	\$36.97	\$39.08	\$41.41	\$38.60	\$39.08	\$37.19				\$37.19