

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

### Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Associated Financial Group

Date Prepared: 10/16/19

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

	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
<b>Monthly Enrollment</b>													
Single	47	47	47	45	45	46	49	50	53				429
Family	150	152	152	151	152	154	155	153	152				1,371
<b>Total</b>	197	199	199	196	197	200	204	203	205				1,800
<b>Total Members</b>	570	579	580	573	577	586	595	592	589				5,241
<b>Total Medical Funding</b>													
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
<b>Sum of Total Medical Funding</b>	\$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
<b>Fixed Medical Costs</b>													
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
<b>Sum of Total Fixed Medical Costs</b>	\$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
<b>Total Fixed Costs</b>	\$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
<b>Claims Costs</b>													
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
<b>Sum of Total Claims Costs</b>	\$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
<b>Reimbursements</b>													
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
<b>Sum of Reimbursements</b>	(\$23,928.93)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				(\$23,928.93)
<b>Total Costs</b>	\$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
<b>Funding Less Costs</b>	\$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
<b>YTD Plan Performance</b>	\$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				
<b>YTD % of Total Costs to Funding</b>													95.96%
<b>YTD Average Monthly Cost Per Employee</b>	\$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:** Associated Financial Group  
**Date Prepared:** 10/16/19  
**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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$136.00</b>	<b>\$274.18</b>

	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
<b>Monthly Enrollment</b>													
Single	47	47	47	45	45	46	49	50	53				429
Family	150	152	152	151	152	154	155	153	152				1,371
<b>Total</b>	<b>197</b>	<b>199</b>	<b>199</b>	<b>196</b>	<b>197</b>	<b>200</b>	<b>204</b>	<b>203</b>	<b>205</b>				<b>1,800</b>
<b>Total Funding</b>													
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
<b>Sum of Total Funding</b>	<b>\$264,485.78</b>	<b>\$267,625.14</b>	<b>\$267,625.14</b>	<b>\$264,819.98</b>	<b>\$266,389.66</b>	<b>\$270,146.76</b>	<b>\$273,569.66</b>	<b>\$271,048.04</b>	<b>\$271,331.58</b>				<b>\$2,417,041.74</b>
<b>Fixed Costs</b>													
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
<b>Sum of Total Fixed Costs</b>	<b>\$51,019.00</b>	<b>\$51,567.36</b>	<b>\$51,567.36</b>	<b>\$51,021.18</b>	<b>\$51,295.36</b>	<b>\$51,979.72</b>	<b>\$52,661.90</b>	<b>\$52,249.54</b>	<b>\$52,383.36</b>				<b>\$465,744.78</b>
<b>Claims Costs</b>													
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
<b>Sum of Total Claims Costs</b>	<b>\$171,359.76</b>	<b>\$252,820.14</b>	<b>\$294,521.49</b>	<b>\$209,615.58</b>	<b>\$168,265.85</b>	<b>\$180,497.70</b>	<b>\$175,291.04</b>	<b>\$182,715.14</b>	<b>\$200,068.48</b>				<b>\$1,835,155.18</b>
<b>Reimbursements</b>													
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
<b>Sum of Reimbursements</b>	<b>(\$23,928.93)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>(\$23,928.93)</b>
<b>Total Costs</b>	<b>\$198,449.83</b>	<b>\$304,387.50</b>	<b>\$346,088.85</b>	<b>\$260,636.76</b>	<b>\$219,561.21</b>	<b>\$232,477.42</b>	<b>\$227,952.94</b>	<b>\$234,964.68</b>	<b>\$252,451.84</b>				<b>\$2,276,971.03</b>
<b>Funding Less Costs</b>	<b>\$66,035.95</b>	<b>(\$36,762.36)</b>	<b>(\$78,463.71)</b>	<b>\$4,183.22</b>	<b>\$46,828.45</b>	<b>\$37,669.34</b>	<b>\$45,616.72</b>	<b>\$36,083.36</b>	<b>\$18,879.74</b>				<b>\$140,070.71</b>
<b>YTD Plan Performance</b>	<b>\$66,035.95</b>	<b>\$29,273.59</b>	<b>(\$49,190.12)</b>	<b>(\$45,006.90)</b>	<b>\$1,821.55</b>	<b>\$39,490.89</b>	<b>\$85,107.61</b>	<b>\$121,190.97</b>	<b>\$140,070.71</b>				
<b>YTD % of Total Costs to Funding</b>													94.20%
<b>YTD Average Monthly Cost Per Employee</b>	\$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

Prepared By: Associated Financial Group  
 Date Prepared: 10/16/19  
 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	53	56	57	60				493
Family	144	145	147	147	146	147	148	147	146				1,317
<b>Total</b>	<b>198</b>	<b>199</b>	<b>201</b>	<b>199</b>	<b>199</b>	<b>200</b>	<b>204</b>	<b>204</b>	<b>206</b>				<b>1,810</b>

## 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
<b>Sum of Total Funding</b>	<b>\$17,536.66</b>	<b>\$17,491.84</b>	<b>\$17,730.12</b>	<b>\$17,583.08</b>	<b>\$17,512.91</b>	<b>\$17,550.07</b>	<b>\$17,734.14</b>	<b>\$17,745.95</b>	<b>\$17,855.70</b>				<b>\$158,740.47</b>

## 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
<b>Sum of Total Fixed Costs</b>	<b>\$530.64</b>	<b>\$533.32</b>	<b>\$538.68</b>	<b>\$533.32</b>	<b>\$533.32</b>	<b>\$536.00</b>	<b>\$546.72</b>	<b>\$546.72</b>	<b>\$552.08</b>				<b>\$4,850.80</b>

## 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
<b>Sum of Total Claims Costs</b>	<b>\$16,379.64</b>	<b>\$15,352.34</b>	<b>\$17,644.41</b>	<b>\$16,359.19</b>	<b>\$19,727.83</b>	<b>\$11,409.60</b>	<b>\$14,982.68</b>	<b>\$17,456.73</b>	<b>\$11,883.57</b>				<b>\$141,195.99</b>

## Total Costs

<b>Total Costs</b>	<b>\$16,910.28</b>	<b>\$15,885.66</b>	<b>\$18,183.09</b>	<b>\$16,892.51</b>	<b>\$20,261.15</b>	<b>\$11,945.60</b>	<b>\$15,529.40</b>	<b>\$18,003.45</b>	<b>\$12,435.65</b>				<b>\$146,046.79</b>
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## Funding Less Costs

<b>Funding Less Costs</b>	<b>\$626.38</b>	<b>\$1,606.18</b>	<b>(\$452.97)</b>	<b>\$690.57</b>	<b>(\$2,748.24)</b>	<b>\$5,604.47</b>	<b>\$2,204.74</b>	<b>(\$257.50)</b>	<b>\$5,420.05</b>				<b>\$12,693.68</b>
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## YTD Plan Performance

<b>YTD Plan Performance</b>	<b>\$626.38</b>	<b>\$2,232.56</b>	<b>\$1,779.59</b>	<b>\$2,470.16</b>	<b>(\$278.08)</b>	<b>\$5,326.39</b>	<b>\$7,531.13</b>	<b>\$7,273.63</b>	<b>\$12,693.68</b>				
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## YTD % of Total Costs to Funding

92.00%

## YTD Average Monthly Cost

### Per Employee

<b>YTD Average Monthly Cost Per Employee</b>	<b>\$85.41</b>	<b>\$82.61</b>	<b>\$85.25</b>	<b>\$85.16</b>	<b>\$88.49</b>	<b>\$83.68</b>	<b>\$82.58</b>	<b>\$83.30</b>	<b>\$80.69</b>				<b>\$80.69</b>
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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 10/16/19  
**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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.68</b>	<b>\$2.68</b>

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	40	43	44	47				373
Family	122	121	123	122	121	121	121	121	121				1,093
<b>Total</b>	<b>162</b>	<b>161</b>	<b>163</b>	<b>161</b>	<b>161</b>	<b>161</b>	<b>164</b>	<b>165</b>	<b>168</b>				<b>1,466</b>

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	1,958.80	2,105.71	2,154.68	2,301.59				\$18,265.81
Family	14,535.08	14,415.94	14,654.22	14,535.08	14,415.94	14,415.94	14,415.94	14,415.94	14,415.94				\$130,220.02
<b>Sum of Total Funding</b>	<b>\$16,493.88</b>	<b>\$16,374.74</b>	<b>\$16,613.02</b>	<b>\$16,444.91</b>	<b>\$16,374.74</b>	<b>\$16,374.74</b>	<b>\$16,521.65</b>	<b>\$16,570.62</b>	<b>\$16,717.53</b>				<b>\$148,485.83</b>

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	107.20	115.24	117.92	125.96				\$999.64
Family	326.96	324.28	329.64	326.96	324.28	324.28	324.28	324.28	324.28				\$2,929.24
<b>Sum of Total Fixed Costs</b>	<b>\$434.16</b>	<b>\$431.48</b>	<b>\$436.84</b>	<b>\$431.48</b>	<b>\$431.48</b>	<b>\$431.48</b>	<b>\$439.52</b>	<b>\$442.20</b>	<b>\$450.24</b>				<b>\$3,928.88</b>

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	14,183.68	15,908.73	11,151.87				\$129,325.29
<b>Sum of Total Claims Costs</b>	<b>\$15,674.64</b>	<b>\$14,712.34</b>	<b>\$15,760.41</b>	<b>\$14,445.19</b>	<b>\$18,026.83</b>	<b>\$9,461.60</b>	<b>\$14,183.68</b>	<b>\$15,908.73</b>	<b>\$11,151.87</b>				<b>\$129,325.29</b>

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	\$9,893.08	\$14,623.20	\$16,350.93	\$11,602.11				\$133,254.17

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)	\$6,481.66	\$1,898.45	\$219.69	\$5,115.42				\$15,231.66

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	\$7,998.10	\$9,896.55	\$10,116.24	\$15,231.66				

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
													89.74%

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	\$93.58	\$92.94	\$93.72	\$90.90				\$90.90

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 10/16/19  
**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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.68</b>	<b>\$2.68</b>

	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
<b>Monthly Enrollment</b>													
Single	14	14	14	13	13	13	13	13	13	13			120
Family	22	24	24	25	25	26	27	26	25				224
<b>Total</b>	<b>36</b>	<b>38</b>	<b>38</b>	<b>38</b>	<b>38</b>	<b>39</b>	<b>40</b>	<b>39</b>	<b>38</b>				<b>344</b>
<b>Total Funding</b>													
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
<b>Sum of Total Funding</b>	<b>\$1,042.78</b>	<b>\$1,117.10</b>	<b>\$1,117.10</b>	<b>\$1,138.17</b>	<b>\$1,138.17</b>	<b>\$1,175.33</b>	<b>\$1,212.49</b>	<b>\$1,175.33</b>	<b>\$1,138.17</b>				<b>\$10,254.64</b>
<b>Fixed Costs</b>													
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
<b>Sum of Total Fixed Costs</b>	<b>\$96.48</b>	<b>\$101.84</b>	<b>\$101.84</b>	<b>\$101.84</b>	<b>\$101.84</b>	<b>\$104.52</b>	<b>\$107.20</b>	<b>\$104.52</b>	<b>\$101.84</b>				<b>\$921.92</b>
<b>Claims Costs</b>													
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
<b>Sum of Total Claims Costs</b>	<b>\$705.00</b>	<b>\$640.00</b>	<b>\$1,884.00</b>	<b>\$1,914.00</b>	<b>\$1,701.00</b>	<b>\$1,948.00</b>	<b>\$799.00</b>	<b>\$1,548.00</b>	<b>\$731.70</b>				<b>\$11,870.70</b>
<b>Total Costs</b>	<b>\$801.48</b>	<b>\$741.84</b>	<b>\$1,985.84</b>	<b>\$2,015.84</b>	<b>\$1,802.84</b>	<b>\$2,052.52</b>	<b>\$906.20</b>	<b>\$1,652.52</b>	<b>\$833.54</b>				<b>\$12,792.62</b>
<b>Funding Less Costs</b>	<b>\$241.30</b>	<b>\$375.26</b>	<b>(\$868.74)</b>	<b>(\$877.67)</b>	<b>(\$664.67)</b>	<b>(\$877.19)</b>	<b>\$306.29</b>	<b>(\$477.19)</b>	<b>\$304.63</b>				<b>(\$2,537.98)</b>
<b>YTD Plan Performance</b>	<b>\$241.30</b>	<b>\$616.56</b>	<b>(\$252.18)</b>	<b>(\$1,129.85)</b>	<b>(\$1,794.52)</b>	<b>(\$2,671.71)</b>	<b>(\$2,365.42)</b>	<b>(\$2,842.61)</b>	<b>(\$2,537.98)</b>				
<b>YTD % of Total Costs to Funding</b>													124.75%
<b>YTD Average Monthly Cost Per Employee</b>	\$22.26	\$20.86	\$31.51	\$36.97	\$39.08	\$41.41	\$38.60	\$39.08	\$37.19				\$37.19