

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** USI Insurance Services  
**Date Prepared:** 10/19/20  
**Plan Year:** 01/01/20 - 12/31/20

**Medical & Rx Carriers:**  
Health Partners & Health Partners

Total Monthly Funding	
Single	Family
\$620.36	\$1,572.20

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$8.56	\$23.97
Specific Stop Loss (\$100,000)	\$56.39	\$157.89
Aggregate Stop Loss	\$3.38	\$9.46
Robin Fiduciary Fee	\$0.42	\$0.42
Go365 Platform and Incentives	\$10.51	\$10.51
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$100.75</b>	<b>\$244.58</b>

Monthly Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	52	51	52	52	52	52	53	52	53				469
Family	143	142	143	143	141	141	143	143	142				1,281
<b>Total</b>	<b>195</b>	<b>193</b>	<b>195</b>	<b>195</b>	<b>193</b>	<b>193</b>	<b>196</b>	<b>195</b>	<b>195</b>				<b>1,750</b>

Total Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	32,258.72	31,638.36	32,258.72	32,258.72	32,258.72	32,258.72	32,879.08	32,258.72	32,879.08				\$290,948.84
Family	224,824.60	223,252.40	224,824.60	224,824.60	221,680.20	221,680.20	224,824.60	224,824.60	223,252.40				\$2,013,988.20
<b>Sum of Total Funding</b>	<b>\$257,083.32</b>	<b>\$254,890.76</b>	<b>\$257,083.32</b>	<b>\$257,083.32</b>	<b>\$253,938.92</b>	<b>\$253,938.92</b>	<b>\$257,703.68</b>	<b>\$257,083.32</b>	<b>\$256,131.48</b>				<b>\$2,304,937.04</b>

Fixed Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	5,239.00	5,138.25	5,239.00	5,239.00	5,239.00	5,239.00	5,339.75	5,239.00	5,339.75				\$47,251.75
Family	34,974.94	34,730.36	34,974.94	34,974.94	34,485.78	34,485.78	34,974.94	34,974.94	34,730.36				\$313,306.98
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>\$43,713.94</b>	<b>\$43,368.61</b>	<b>\$43,713.94</b>	<b>\$43,713.94</b>	<b>\$43,224.78</b>	<b>\$43,224.78</b>	<b>\$43,814.69</b>	<b>\$43,713.94</b>	<b>\$43,570.11</b>				<b>\$392,058.73</b>

Claims Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Medical Claims	10,525.60	181,083.05	185,771.00	128,212.27	70,585.70	50,645.68	120,718.38	106,386.37	320,322.79				\$1,174,250.84
Prescription Drug Claims	9,369.49	17,615.13	18,850.62	38,480.68	27,782.90	31,960.24	60,305.79	32,775.45	41,712.05				\$278,852.35
Anthem Med Run Out	52,402.00	27,298.00	-57.00	3,480.00	527.00	-3,942.00	-1,757.00	327.00	On Oct FAR				\$78,278.00
Anthem Rx Run Out	-616.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	On Oct FAR				(\$616.00)
Shared Savings	0.00	295.95	174.95	27.12	69.96	132.81	494.10	76.66	487.06				\$1,758.61
Clinic Expenses	4,646.66	4,069.68	0.00	11,154.20	3,709.76	5,020.84	5,106.89	5,232.34	5,004.14				\$43,944.51
Discount Share	0.00	48.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00				\$48.82
<b>Sum of Total Claims Costs</b>	<b>\$76,327.75</b>	<b>\$230,410.63</b>	<b>\$204,739.57</b>	<b>\$181,354.27</b>	<b>\$102,675.32</b>	<b>\$83,817.57</b>	<b>\$184,868.16</b>	<b>\$144,797.82</b>	<b>\$367,526.04</b>				<b>\$1,576,517.13</b>

Reimbursements	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Specific Excess Loss	0.00	(25,032.25)	(250.23)	(7,189.57)	0.00	0.00	0.00	0.00	(70,604.32)				(\$103,076.37)
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>\$0.00</b>	<b>(\$25,032.25)</b>	<b>(\$250.23)</b>	<b>(\$7,189.57)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$70,604.32)</b>				<b>(\$103,076.37)</b>

<b>Total Costs</b>	<b>\$120,041.69</b>	<b>\$248,746.99</b>	<b>\$248,203.28</b>	<b>\$217,878.64</b>	<b>\$145,900.10</b>	<b>\$127,042.35</b>	<b>\$228,682.85</b>	<b>\$188,511.76</b>	<b>\$340,491.83</b>				<b>\$1,865,499.49</b>
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<b>Funding Less Costs</b>	<b>\$137,041.63</b>	<b>\$6,143.77</b>	<b>\$8,880.04</b>	<b>\$39,204.68</b>	<b>\$108,038.82</b>	<b>\$126,896.57</b>	<b>\$29,020.83</b>	<b>\$68,571.56</b>	<b>(\$84,360.35)</b>				<b>\$439,437.55</b>
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<b>YTD Plan Performance</b>	<b>\$137,041.63</b>	<b>\$143,185.40</b>	<b>\$152,065.44</b>	<b>\$191,270.12</b>	<b>\$299,308.94</b>	<b>\$426,205.51</b>	<b>\$455,226.34</b>	<b>\$523,797.90</b>	<b>\$439,437.55</b>				
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<b>YTD % of Total Costs to Funding</b>													80.93%
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YTD Average Monthly Cost Per Employee	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	\$615.60	\$950.49	\$1,058.31	\$1,073.10	\$1,010.06	\$951.73	\$982.72	\$980.71	\$1,066.00				\$1,066.00

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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**

Dental Plan

**Prepared By:** USI Insurance Services

**Date Prepared:** 10/19/20

**Plan Year:** 01/01/20 - 12/31/20

**Dental Carriers:**

Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

Total Monthly Fixed Costs	
Single	Family
\$4.50	\$4.50
<b>\$4.50</b>	<b>\$4.50</b>

Administration Fee  
Sum of Total Monthly Fixed Costs

Monthly Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	57	57	59	59	60	61	62	61	62				538
Family	136	135	136	136	133	132	134	133	133				1,208
<b>Total</b>	<b>193</b>	<b>192</b>	<b>195</b>	<b>195</b>	<b>193</b>	<b>193</b>	<b>196</b>	<b>194</b>	<b>195</b>				<b>1,746</b>

Total Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	2,285.70	2,285.70	2,365.90	2,365.90	2,406.00	2,446.10	2,486.20	2,446.10	2,486.20				\$21,573.80
Family	15,347.60	15,234.75	15,347.60	15,347.60	15,009.05	14,896.20	15,121.90	15,009.05	15,009.05				\$136,322.80
<b>Sum of Total Funding</b>	<b>\$17,633.30</b>	<b>\$17,520.45</b>	<b>\$17,713.50</b>	<b>\$17,713.50</b>	<b>\$17,415.05</b>	<b>\$17,342.30</b>	<b>\$17,608.10</b>	<b>\$17,455.15</b>	<b>\$17,495.25</b>				<b>\$157,896.60</b>

Fixed Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	256.50	256.50	265.50	265.50	270.00	274.50	279.00	274.50	279.00				\$2,421.00
Family	612.00	607.50	612.00	612.00	598.50	594.00	603.00	598.50	598.50				\$5,436.00
<b>Sum of Total Fixed Costs</b>	<b>\$868.50</b>	<b>\$864.00</b>	<b>\$877.50</b>	<b>\$877.50</b>	<b>\$868.50</b>	<b>\$868.50</b>	<b>\$882.00</b>	<b>\$873.00</b>	<b>\$877.50</b>				<b>\$7,857.00</b>

Claims Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Dental Claims	10,426.00	14,024.00	9,027.00	3,503.00	4,727.00	13,061.00	22,769.00	18,755.00	18,681.00				\$114,973.00
Anthem Run Out Claims	8,235.28	593.37	316.00	-317.00	0.00	0.00	0.00	-210.00	On Oct FAR				\$8,617.65
<b>Sum of Total Claims Costs</b>	<b>\$18,661.28</b>	<b>\$14,617.37</b>	<b>\$9,343.00</b>	<b>\$3,186.00</b>	<b>\$4,727.00</b>	<b>\$13,061.00</b>	<b>\$22,769.00</b>	<b>\$18,545.00</b>	<b>\$18,681.00</b>				<b>\$123,590.65</b>

Total Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	\$19,529.78	\$15,481.37	\$10,220.50	\$4,063.50	\$5,595.50	\$13,929.50	\$23,651.00	\$19,418.00	\$19,558.50				\$131,447.65

Funding Less Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	(\$1,896.48)	\$2,039.08	\$7,493.00	\$13,650.00	\$11,819.55	\$3,412.80	(\$6,042.90)	(\$1,962.85)	(\$2,063.25)				\$26,448.95

YTD Plan Performance	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	(\$1,896.48)	\$142.60	\$7,635.60	\$21,285.60	\$33,105.15	\$36,517.95	\$30,475.05	\$28,512.20	\$26,448.95				

YTD % of Total Costs to Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
													83.25%

YTD Average Monthly Cost Per Employee	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	\$101.19	\$90.94	\$77.99	\$63.61	\$56.71	\$59.28	\$68.14	\$72.14	\$75.29				\$75.29

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