# CITY OF MANITOWOC PERSONNEL COMMITTEE MEETING



#### PRESENTED BY:

**Jay Scott** 

Senior Vice President, Employee Benefits Practice Group Leader

Shawn Esslinger

Vice President, Benefits Consultant

February 2016





#### **AGENDA**

- 2015 MEDICAL, PRESCRIPTION DRUG AND DENTAL PLAN PERFORMANCE
- 2014 COMPARED TO 2015 MEDICAL PLAN PERFORMANCE
- MAJOR AREAS OF HEALTHCARE COST INCREASE
- TOP HEALTHCARE PROVIDERS
- MEDICAL CLAIMS PAID BY COST ALLOCATION
- PRESCRIPTION DRUG UTILIZATION
- HEALTHCARE INITIATIVES LEAD BY HR AND FINANCE DEPARTMENTS
- MANTY HEALTH & WELLNESS CENTER UPDATE



## 2015 MEDICAL AND PRESCRIPTION DRUG PLAN PERFORMANCE

#### **City of Manitowoc - Medical Funding Analysis Report**

Medical Summary											Prepared By: Date Prepared:	Associate	d Financial Group 01/21/16
Medical & Rx Carriers: Auxiant & Serve You											Plan Year:	0	1/01/15 - 12/31/1
Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single Family	59 135	56 136	58 136	53 138	53 138	48 138	49 139	52 138	51 137	49 137	47 137	47 137	62 1,64
Total	194	192	194	191	191	186	188	190	188	186	184	184	2,26
Total Members	530	528	530	532	532	527	533	532	528	527	527	527	6,35
Total Medical Funding													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00	26,112.00	26,656.00	28,288.00	27,744.00	26,656.00	25,568.00	25,568.00	\$338,368.0
Family Sum of Total Medical Funding	191,700.00 \$223,796.00	193,120.00	193,120.00	195,960.00	195,960.00 \$224,792.00	195,960.00	197,380.00 \$224,036.00	195,960.00	194,540.00 \$222,284.00	194,540.00	194,540.00 \$220,108.00	194,540.00	\$2,337,320.00 \$2,675,688.00
ū	\$223,796.00	\$223,584.00	\$224,672.00	\$224,792.00	\$224,792.00	\$222,072.00	\$224,036.00	\$224,248.00	\$222,284.00	\$221,196.00	\$220,108.00	\$220,108.00	\$2,675,688.0
Total HRA Funding Single	988.25	938.00	971.50	887.75	887.75	804.00	820.75	871.00	854.25	820.75	787.25	787.25	10,418.5
Family	3.948.75	3,978.00	3.978.00	4,036.50	4.036.50	4,036.50	4,065.75	4,036.50	4,007.25	4.007.25	4,007.25	4,007.25	48.145.5
Sum of Total HRA Funding	\$4,937.00	\$4,916.00	\$4,949.50	\$4,924.25	\$4,924.25	\$4,840.50	\$4,886.50	\$4,907.50	\$4,861.50	\$4,828.00	\$4,794.50	\$4,794.50	\$58,564.00
Total Funding	\$228,733.00	\$228,500.00	\$229,621.50	\$229,716.25	\$229,716.25	\$226,912.50	\$228,922.50	\$229,155.50	\$227,145.50	\$226,024.00	\$224,902.50	\$224,902.50	\$2,734,252.00
Fixed Medical Costs													
Single	5,779.64	5,723.76	5,928.18	5,417.13	5,417.13	4,906.08	5,008.29	5,314.92	5,212.71	5,008.29	4,803.87	4,803.87	\$63,323.87
Family	28,791.45	29,582.72	29,582.72	30,017.76	30,017.76	30,017.76	30,235.28	30,017.76	29,800.24	29,800.24	29,800.24	29,800.24	\$357,464.17
AFG Consulting Fee Sum of Total Fixed Medical Costs	3,500.00 \$38,071.09	3,500.00 \$38,806.48	3,500.00 \$39,010.90	3,500.00 \$38,934.89	3,500.00 \$38,934.89	3,500.00 \$38,423.84	3,500.00 \$38,743.57	3,500.00 \$38,832.68	3,500.00 \$38,512.95	3,500.00 \$38,308.53	3,500.00 \$38,104.11	3,500.00 \$38,104.11	\$42,000.00 \$462,788.04
Fixed HRA Costs	2.												
Single	250.75	238.00	246.50	225.25	225.25	204.00	208.25	221.00	216.75	208.25	199.75	199.75	\$2,643.50
Family	573.75	578.00	578.00	586.50	586.50	586.50	590.75	586.50	582.25	582.25	582.25	582.25	\$6,995.50
Sum of Total HRA Fixed Costs	\$824.50	\$816.00	\$824.50	\$811.75	\$811.75	\$790.50	\$799.00	\$807.50	\$799.00	\$790.50	\$782.00	\$782.00	\$9,639.00
Total Fixed Costs	\$38,895.59	\$39,622.48	\$39,835.40	\$39,746.64	\$39,746.64	\$39,214.34	\$39,542.57	\$39,640.18	\$39,311.95	\$39,099.03	\$38,886.11	\$38,886.11	\$472,427.04
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88	299,032.77	123,537.49	98,480.60	162,348.58	182,607.20	202,446.26	244,632.61	\$2,268,607.78
Prescription Drug Claims HRA Claims	28,707.69 1,000.00	10,908.04 4,181.56	45,139.14 4.447.53	21,763.74 4,186.17	25,545.91 1,962.23	29,188.69 2,913.80	23,042.27 5,172.00	36,715.82 5,748.13	37,467.94 2,907.56	36,516.57 4,146.84	44,069.57 3,975.31	58,038.01 6,158.15	\$397,103.39 \$46,799.28
Sum of Total Claims Costs	\$324,803.77	\$186,294.06	\$259,251.49	\$122,549.94	\$210,465.02	\$331,135.26	\$151,751.76	\$140,944.55	\$202,724.08	\$223,270.61	\$250,491.14	\$308,828.77	\$2,712,510.45
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00	0.00	(10,038.95)	0.00	0.00	0.00	(19,682.88)	(22,260.60)	(63,279.11
Prescription Drug Rebate	(3,136.00)	0.00	0.00	(3,074.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(6,210.00
Sum of Reimbursements	(\$14,432.68)	\$0.00	\$0.00	(\$3,074.00)	\$0.00	\$0.00	(\$10,038.95)	\$0.00	\$0.00	\$0.00	(\$19,682.88)	(\$22,260.60)	(\$69,489.11
Total Costs	\$349,266.68	\$225,916.54	\$299,086.89	\$159,222.58	\$250,211.66	\$370,349.60	\$181,255.38	\$180,584.73	\$242,036.03	\$262,369.64	\$269,694.37	\$325,454.28	\$3,115,448.38
Funding Less Costs	(\$120,533.68)	\$2,583.46	(\$69,465.39)	\$70,493.67	(\$20,495.41)	(\$143,437.10)	\$47,667.12	\$48,570.77	(\$14,890.53)	(\$36,345.64)	(\$44,791.87)	(\$100,551.78	(\$439,760.38
YTD Plan Performance	(\$120,533.68)	(\$117,950.22)	(\$187,415.61)	(\$116,921.94)	(\$137,417.35)	(\$280,854.45)	(\$233,187.33)	(\$184,616.56)	(\$199,507.09)	(\$235,852.73)	(\$280,644.60)	(\$381,196.38)	_
YTD % of Total Costs to Funding												(	116.44%
YTD Average Monthly Cost													
Per Employee	\$1,800.34	\$1,490.11	\$1,507.36	\$1,340.46	\$1,334.41	\$1,440.81	\$1,373.73	\$1,321.03	\$1,317.35	\$1,326.47	\$1,338.77	\$1,373.65	\$1,373.65

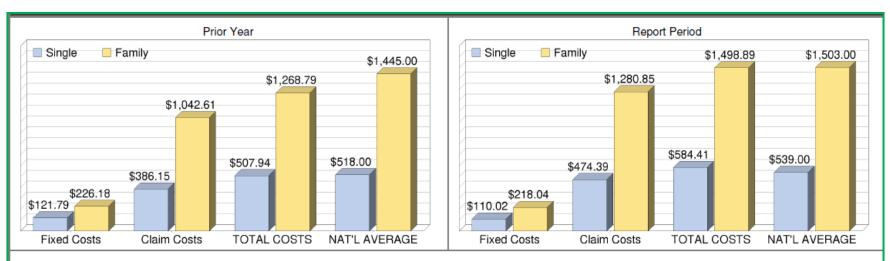
### **2015 DENTAL PLAN PERFORMANCE**

#### City of Manitowoc - Dental Funding Analysis Report

Dental Summary  Dental Carriers											Prepared By: late Prepared: Plan Year:		d Financial Group 01/21/16 1/01/15 - 12/31/15
Auxiant											Plan Year:	U	1/01/15 - 12/31/15
Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	53	51	53	51	51	46	48	51	51	50	48	48	601
Family	133	134	134	134	134	134	135	134	134	134	134	134	1,608
Total	186	185	187	185	185	180	183	185	185	184	182	182	2,209
Total Funding													
Single	1,745.70	1,654.62	1,624.26	1,563.54	1,563.54	1,396.56	1,487.64	1,593.90	1,593.90	1,609.08	1,487.64	1,487.64	\$18,808.02
Family	12,962.77	13,073.36	13,073.36	13,149.26	13,149.26	13,149.26	13,259.85	13,149.26	13,149.26	13,301.06	13,149.26	13,149.26	\$157,715.22
Sum of Total Funding	\$14,708.47	\$14,727.98	\$14,697.62	\$14,712.80	\$14,712.80	\$14,545.82	\$14,747.49	\$14,743.16	\$14,743.16	\$14,910.14	\$14,636.90	\$14,636.90	\$176,523.24
Fixed Costs													
Single	115.54	111.18	115.54	111.18	111.18	100.28	104.64	111.18	111.18	109.00	104.64	104.64	\$1,310.18
Family	289.94	292.12	292.12	292.12	292.12	292.12	294.30	292.12	292.12	292.12	292.12	292.12	\$3,505.44
Sum of Total Fixed Costs	\$405.48	\$403.30	\$407.66	\$403.30	\$403.30	\$392.40	\$398.94	\$403.30	\$403.30	\$401.12	\$396.76	\$396.76	\$4,815.62
Claims Costs													
Dental Claims	13,607.55	19,758.21	23,987.45	16,640.01	13,459.90	14,235.60	20,493.43	12,721.60	14,068.60	16,275.81	18,270.01	15,990.60	\$199,508.77
Sum of Total Claims Costs	\$13,607.55	\$19,758.21	\$23,987.45	\$16,640.01	\$13,459.90	\$14,235.60	\$20,493.43	\$12,721.60	\$14,068.60	\$16,275.81	\$18,270.01	\$15,990.60	\$199,508.77
Total Costs	\$14,013.03	\$20,161.51	\$24,395.11	\$17,043.31	\$13,863.20	\$14,628.00	\$20,892.37	\$13,124.90	\$14,471.90	\$16,676.93	\$18,666.77	\$16,387.36	\$204,324.39
Funding Less Costs	\$695.44	(\$5,433.53)	(\$9.697.49)	(\$2,330.51)	\$849.60	(\$82.18)	(\$6,144.88)	\$1,618.26	\$271.26	(\$1,766.79)	(\$4,029.87)	(\$1,750.46)	\$27,801.15
<b>3</b>	********	(+=,-===)	(+=,===,	(+=		(+)	(+=,-==,	* 4,5 * 5 * 5		(+-)	(+ 1,==111)	(**,***********************************	
YTD Plan Performance	\$695.44	(\$4,738.09)	(\$14,435.58)	(\$16,766.09)	(\$15,916.49)	(\$15,998.67)	(\$22,143.55)	(\$20,525.29)	(\$20,254.03)	(\$22,020.82)	(\$26,050.69)	(\$27,801.15)	
YTD % of Total Costs to Funding													115.75%
YTD Average Monthly Cost Per Employee	\$75.34	\$92.11	\$104.96	\$101.77	\$96.42	\$93.96	\$96.82	\$93.58	\$91.87	\$91.75	\$92.72	\$92.50	\$92.50

Enhanced Dental Plan -113%, Preventative Plan - 148%

#### MEDICAL PLAN YEAR OVER YEAR COMPARISON



Fixed costs are all administration fees, vendor fees, stop loss premium, and consulting fees combined. The total cost then is the average single/family net cost of the plan for the plan year. This is useful to compare year over year and as a fully-insured premium comparison.

National Average Source: Kaiser Family Foundation 2014 | Kaiser/Towers Watson Projection 2015



### **MAJOR AREAS OF COST INCREASE**

Code	Description	Charges	Paid	Avg PEPM	Prior Avg PEPM	Diff	Bench Avg PEPM	Prior Bench Avg PEPM
15	PRESCRIPTION DRUGS	\$395,855.96	\$395,677.41	\$174.46	\$101.95	71.13%	\$126.26	\$110.52
05	INP HOSP MISCELLANEOUS	\$421,865.81	\$274,377.14	\$120.98	\$107.66	12.37%	\$124.68	\$127.15
07	HOSPITAL OUTPATIENT	\$781,391.99	\$413,901.43	\$182.50	\$109.28	67.00%	\$121.82	\$115.55
04	DIAG X-RAY/LAB HOSP/PROF	\$593,597.49	\$280,882.69	\$123.85	\$122.71	0.92%	\$99.27	\$104.31
17	SURGERY	\$634,863.82	\$316,796.42	\$139.68	\$117.23	19.16%	\$67.22	\$69.52
12	PHYSICIAN OP/OFFICE VISIT	\$298,280.03	\$123,278.57	\$54.36	\$49.40	10.03%	\$40.79	\$41.30
33	EMERGENCY MEDICAL CARE	\$206,014.13	\$67,600.06	\$29.81	\$22.67	31.47%	\$40.75	\$44.29
06	HOSPITAL ROOM AND BOARD	\$69,460.00	\$37,727.18	\$16.63	\$30.04	-44.62%	\$38.35	\$32.69
14	ROUTINE CARE	\$190,787.82	\$120,826.44	\$53.27	\$43.58	22.25%	\$34.80	\$33.92
01	ANESTHESIA	\$124,675.24	\$74,293.51	\$32.76	\$24.17	35.53%	\$18.22	\$19.40
20	SPECIAL BENEFITS-NOT S&A	\$11,123.47	\$11,123.47	\$4.90	\$4.18	17.30%	\$17.35	\$11.88
75	CHEMOTHERAPY	\$10,798.83	\$6,922.47	\$3.05	\$37.51	-91.86%	\$14.91	\$16.97
45	PHYSICAL/SPEECH/OCC THPY	\$134,513.75	\$55,710.59	\$24.56	\$4.96	395.40%	\$13.68	\$14.13
32	RADIATION THERAPY	\$145,381.25	\$51,868.17	\$22.87	\$2.83	708.86%	\$13.14	\$10.35
CR	COLONOSCOPY ROUTINE	\$84,303.46	\$44,165.74	\$19.47	\$7.83	148.76%	\$11.47	\$10.28
11	PHYSICIAN INPATIENT VISIT	\$26,233.00	\$9,543.29	\$4.21	\$4.56	-7.81%	\$10.32	\$8.65
44	OUTPATIENT PSYCH CHARGES	\$32,105.79	\$7,381.69	\$3.25	\$5.16	-36.90%	\$10.25	\$10.12
09	INJECTIONS	\$15,620.01	\$10,218.73	\$4.51	\$7.94	-43.27%	\$8.30	\$8.90
76	MEDICAL EQUIPMENT/SUPPLY	\$19,531.80	\$5,122.54	\$2.26	\$3.90	-42.16%	\$8.07	\$8.42
BL	BALANCE PAYMENT	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$6.34	\$4.92
28	AMBULANCE	\$13,280.58	\$7,682.40	\$3.39	\$4.71	-28.08%	\$5.66	\$5.03
66	DIALYSIS	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$5.48	\$4.40
69	AMBULATORY SURGERY CENTER	\$32,103.02	\$17,688.00	\$7.80	\$1.62	380.65%	\$5.47	\$4.33
02	CHIROPRACTIC	\$50,918.50	\$8,527.30	\$3.76	\$4.03	-6.66%	\$5.21	\$5.11
58	MAMMOGRAMS ROUTINE	\$39,592.21	\$24,909.64	\$10.98	\$7.60	44.46%	\$4.71	\$4.73
	Totals	\$4,332,297.96	\$2,366,224.88	\$1,043.31	\$825.52		\$852.52	\$826.87

## **TOP HEALTHCARE PROVIDERS**

MEDICAL P		1			1		
FIN	Provider	Zip	In Network	Claims In	Out Of Network	Claims Out	Total
391211629	AURORA MEDICAL CENTER MANITOWOC	54308	\$407,813.06	232	\$0.00	0	\$407,813.06
391678306	AURORA MEDICAL GROUP	53234	\$367,538.86	1,590	\$0.00	0	\$367,538.86
390806395	HOLY FAMILY MEMORIAL NETWORK CLINIC	54221	\$246,222.67	749	\$0.00	0	\$246,222.67
391947472	AURORA BAYCARE MEDICAL CENTER	54308	\$238,824.08	163	\$0.00	0	\$238,824.08
391943214	BAYCARE CLINIC LLP	54324	\$147,368.42	239	\$0.00	0	\$147,368.42
390812532	CHILDRENS HOSPITAL OF WI	53278	\$115,965.08	23	\$0.00	0	\$115,965.08
391351587	DERMATOLOGY ASSOCIATES OF WI	54220	\$78,839.13	226	\$0.00	0	\$78,839.13
390806261	MEDICAL COLLEGE OF WISCONSIN	53288	\$73,361.98	95	\$0.00	0	\$73,361.98
272953799	AURORA MEDICAL CENTER GRAFTON	54308	\$33,566.84	2	\$0.00	0	\$33,566.84
396105970	FROEDTERT HOSPITAL	53278	\$23,400.39	9	\$0.00	0	\$23,400.39
390817529	PREVEA HEALTH CENTERS	54307	\$20,317.46	82	\$0.00	0	\$20,317.46
391264986	ALL SAINTS MEDICAL CENTER	55486	\$17,780.90	8	\$0.00	0	\$17,780.90
202208109	RADIATION ONCOLOGY ASSOCIATES LTD	60695	\$15,492.10	9	\$0.00	0	\$15,492.10
390884478	BELLIN HOSP DBA FMC	54305	\$15,111.48	81	\$0.00	0	\$15,111.48
390930748	AURORA SHEBOYGAN MEMORIAL MEDICAL	54308	\$14,904.73	7	\$0.00	0	\$14,904.73
390830664	THEDA CLARK MEDICAL CENTER	54912	\$13,664.17	8	\$0.00	0	\$13,664.17
261132759	ORTHOPEDIC SPORTS MEDICINE SPEC	54311	\$12,736.67	14	\$0.00	0	\$12,736.67
205054269	SMART CHOICE MRI LLC	53092	\$9,780.00	18	\$0.00	0	\$9,780.00
391926320	WOMENS HEALTH CARE OB-GYN SC	54304	\$7,938.59	4	\$0.00	0	\$7,938.59
391678579	CENTENE MGMT CORP	60689	\$0.00	0	\$6,958.35	1	\$6,958.35
391102739	GREAT LAKES PATHOLOGISTS SC	53278	\$6,774.46	106	\$0.00	0	\$6,774.46
391174769	LAKESHORE RADIOLOGY ASSOCIATES SC	60197	\$6,070.30	80	\$0.00	0	\$6,070.30
391127163	NHS AFFINITY MEDICAL GROUP	02284	\$5,965.22	16	\$0.00	0	\$5,965.22
390824015	APPLETON MEDICAL CENTER	54912	\$5,605.13	5	\$0.00	0	\$5,605.13
202219588	ATHLETIC & THERAPEUTIC INSTITUTE OF	60674	\$5,310.08	77	\$0.00	0	\$5,310.08
		TOTAL	\$1,890,351.80	3,843	\$6,958.35	1	\$1,897,310.15

#### **CLAIMS PAID BY COST ALLOCATION**

	PRIOR YEAR COST ALLOCATION BY PAID RANGE									
Paid Range	Members <sup>1</sup>	% Of Total	Accumulated %	Total Paid <sup>2</sup>	% Of Total	Accumulated %				
No Claims Paid <sup>3</sup>	113	17.82%	17.82%							
Paid Less Than 250	132	20.82%	38.64%	\$-36,952.24	-1.82%	-1.82%				
Paid 250 - 499	82	12.93%	51.58%	\$29,012.05	1.43%	-0.39%				
Paid 500 - 749	61	9.62%	61.20%	\$37,605.26	1.85%	1.46%				
Paid 750 - 999	43	6.78%	67.98%	\$36,645.51	1.80%	3.26%				
Paid 1,000 - 1,999	59	9.31%	77.29%	\$83,419.09	4.10%	7.36%				
Paid 2,000 - 2,999	42	6.62%	83.91%	\$105,221.94	5.17%	12.54%				
Paid 3,000 - 3,999	16	2.52%	86.44%	\$54,380.56	2.67%	15.21%				
Paid 4,000 - 4,999	19	3.00%	89.43%	\$84,508.34	4.16%	19.37%				
Paid 5,000 - 9,999	28	4.42%	93.85%	\$200,213.83	9.85%	29.21%				
Paid 10,000 - 19,999	22	3.47%	97.32%	\$306,779.44	15.09%	44.30%				
Paid 20,000 - 29,999	3	0.47%	97.79%	\$73,712.82	3.62%	47.92%				
Paid 30,000 - 39,999	4	0.63%	98.42%	\$135,942.67	6.68%	54.61%				
Paid 40,000 - 49,999	3	0.47%	98.90%	\$128,938.30	6.34%	60.95%				

17.82% of the population had \$0 paid (Benchmark: 0.15% of the population had \$0 paid).

99.53%

100.00%

\$297,775.04

\$496,376.93

0.63%

0.47%

87.46% of the plan cost came from 16.09% of the population (Benchmark: 89.51% of the cost from 24.39% of the population).

3

Paid 50,000 - 99,999

Paid 100,000 Or More

75.59%

100.00%

14.64%

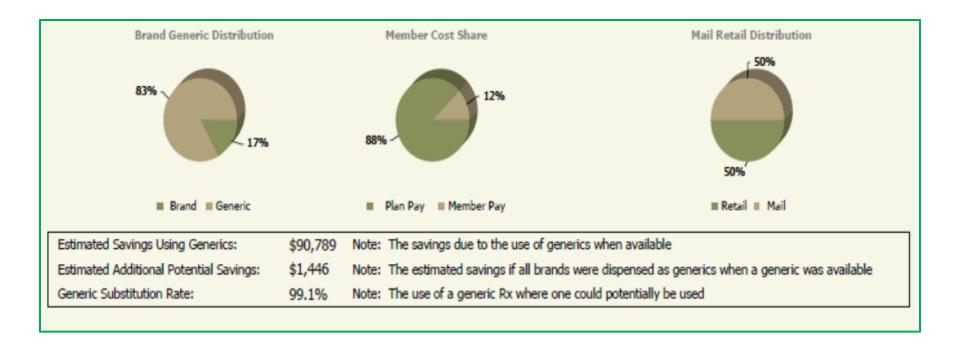
24.41%

<sup>&</sup>lt;sup>1</sup> Included: Any eligible members or members with paid claims during this report's date range.

<sup>&</sup>lt;sup>2</sup> Any negative values are due to voids and adjustments.

<sup>&</sup>lt;sup>3</sup> Includes no payment on claims due to deductibles and/or copays.

#### PRESCRIPTION DRUG UTILIZATION





## HEALTHCARE COST INITIATIVES LEAD BY HR AND FINANCE DEPARTMENTS – 2015 /2016

- Clinic Partner RFP, Partner Selection, and Clinic Implementation Project (Jun-Dec 2015)
  - ✓ Aurora selected out of five finalists
  - ✓ Review clinic locations and operation decisions (ongoing)
  - ✓ New clinic branding/marketing
  - ✓ Communication plan to employees
  - ✓ Occupational Health services transition needs (ongoing)
  - ✓ Review and implementation of \$0 cost Rx and lab services
- Medical TPA, Pharmacy PBM, and Dental TPA: RFP and Vendor Selection Project (Jun-Dec 2015)
  - ✓ Replaced Auxiant with Anthem (Medical and Dental TPA)
  - ✓ Replaced ServeYou with Anthem ESI (Rx PBM)
  - ✓ Plan design review and changes implemented as approved by council



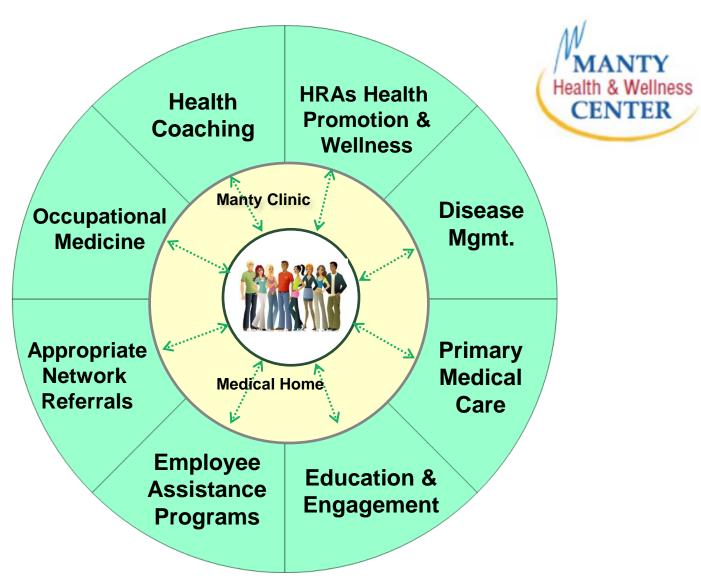
#### HEALTHCARE COST INITIATIVES CONT.

#### Miscellaneous

- ✓ Medical and dental plan funding and budget review
- ✓ SmartChoice MRI direct agreement and implementation
- ✓ COBRA and FSA vendor change and implementation.
- ✓ December open enrollment meetings conducted to introduce new vendors, clinic and HRA/wellness program changes
- ✓ ACA vendor search and preparation for newly required reporting to IRS and tax form processing to plan participants
- ✓ Taft-Hartley Labor Act and consolidation review of the central states benefit programs



### THE MANTY HEALTH & WELLNESS CENTER





#### **MANTY HEALTH & WELLNESS CENTER - ROI**

#### CITY OF MANITOWOC 2016 ROI ESTIMATE Manty Health & Wellness Center

Care Services	2016 Manty Clinic Care Cost		2014 Medical Plan/ City Cost			Difference/ (Savings) Est.		
Office Visits	\$	49,400.00	\$	114,400.00	\$	(65,000.00)		
Lab Services*	\$	15,493.00	\$	38,756.50	\$	(23,263.50)		
Pharmacy		NA		NA		NA		
Occupational Health		TBD		TBD		TBD		
Clinic Lease	\$	1,665.00	\$	-		N/A		
Wellness	\$	8	\$	13,800.00	\$	(13,800.00)		
EAP (6 visits per episode of care)	\$	=	\$	8,712.00	\$	(8,712.00)		
Anthem Blue Priority RN Navigator	\$	(3,900.00)				N/A		
Aurora BayCare investment	\$	(6,250.00)				N/A		
Total	\$	56,408.00	\$	175,668.50	\$	(110,775.50)		

<sup>\*2014</sup> average plan payment for an office visit (non-routine) was \$110 and savings shown above assumes 1040 visits at Manty Health & Wellness Center (maximum usage). The value of the benefit to employees is not included in this illustration.

<sup>\*\*\*</sup>Does not include "soft savings" from decreases in utilization and costs associated with chronic illness.





<sup>\*\*</sup>Assume 50% of relevent labs are re-directed to the Manty Health & Wellness Center.

## **QUESTIONS?**



