

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Associated Financial Group

Date Prepared: 05/18/20

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
Sum of Total Monthly Fixed Costs	\$100.75	\$244.58

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									207
Family	143	142	143	143									571
Total	195	193	195	195									778

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									\$128,414.52
Family	224,824.60	223,252.40	224,824.60	224,824.60									\$897,726.20
Sum of Total Funding	\$257,083.32	\$254,890.76	\$257,083.32	\$257,083.32									\$1,026,140.72

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									\$20,855.25
Family	34,974.94	34,730.36	34,974.94	34,974.94									\$139,655.18
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00									\$14,000.00
Sum of Total Fixed Costs	\$43,713.94	\$43,368.61	\$43,713.94	\$43,713.94									\$174,510.43

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									\$505,591.92
Prescription Drug Claims	9,369.49	17,615.13	18,850.62	38,480.68									\$84,315.92
Anthem Med Run Out	52,402.00	27,298.00	-57.00	3,480.00									\$83,123.00
Anthem Rx Run Out	-616.00	0.00	0.00	0.00									(\$616.00)
Shared Savings	0.00	295.95	174.95	27.12									\$498.02
Clinic Expenses	4,646.66	4,069.68	0.00	0.00									\$8,716.34
Discount Share	0.00	48.82	0.00	0.00									\$48.82
Sum of Total Claims Costs	\$76,327.75	\$230,410.63	\$204,739.57	\$170,200.07									\$681,678.02

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)									(\$32,472.05)
Prescription Drug Rebate	0.00	0.00	0.00	0.00									\$0.00
Sum of Reimbursements	\$0.00	(\$25,032.25)	(\$250.23)	(\$7,189.57)									(\$32,472.05)

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
	\$120,041.69	\$248,746.99	\$248,203.28	\$206,724.44									\$823,716.40

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
	\$137,041.63	\$6,143.77	\$8,880.04	\$50,358.88									\$202,424.32

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
	\$137,041.63	\$143,185.40	\$152,065.44	\$202,424.32									\$534,616.79

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
	80.27%	80.27%	80.27%	80.27%									80.27%

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	\$1,058.76									\$1,058.76

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Dental Plan

Prepared By: Associated Financial Group
Date Prepared: 05/18/20
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
Administration Fee	\$4.50	\$4.50
Sum of Total Monthly Fixed Costs	\$4.50	\$4.50

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									232
Family	136	135	136	136									543
Total	193	192	195	195									775

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									\$9,303.20
Family	15,347.60	15,234.75	15,347.60	15,347.60									\$61,277.55
Sum of Total Funding	\$17,633.30	\$17,520.45	\$17,713.50	\$17,713.50									\$70,580.75

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									\$1,044.00
Family	612.00	607.50	612.00	612.00									\$2,443.50
Sum of Total Fixed Costs	\$868.50	\$864.00	\$877.50	\$877.50									\$3,487.50

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									\$36,980.00
Anthem Run Out Claims	8,235.28	593.37	316.00	-317.00									\$8,827.65
Sum of Total Claims Costs	\$18,661.28	\$14,617.37	\$9,343.00	\$3,186.00									\$45,807.65

Total Costs	\$19,529.78	\$15,481.37	\$10,220.50	\$4,063.50									\$49,295.15
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Funding Less Costs	(\$1,896.48)	\$2,039.08	\$7,493.00	\$13,650.00									\$21,285.60
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YTD Plan Performance	(\$1,896.48)	\$142.60	\$7,635.60	\$21,285.60									
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YTD % of Total Costs to Funding													69.84%
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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
	\$101.19	\$90.94	\$77.99	\$63.61									\$63.61