

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

Prepared By: Associated Financial Group  
 Date Prepared: 05/18/15  
 Plan Year: 01/01/15 - 12/31/15

### Medical & Rx Carriers: Auxiant & Serve You

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	59	56	58	53									226
Family	135	136	136	138									545
<b>Total</b>	<b>194</b>	<b>192</b>	<b>194</b>	<b>191</b>									<b>771</b>
<b>Total Members</b>	<b>530</b>	<b>528</b>	<b>530</b>	<b>532</b>									<b>2,120</b>
<b>Total Medical Funding</b>													
Single	32,096.00	30,464.00	31,552.00	28,832.00									\$122,944.00
Family	191,700.00	193,120.00	193,120.00	195,960.00									\$773,900.00
<b>Sum of Total Medical Funding</b>	<b>\$223,796.00</b>	<b>\$223,584.00</b>	<b>\$224,672.00</b>	<b>\$224,792.00</b>									<b>\$896,844.00</b>
<b>Total HRA Funding</b>													
Single	737.50	700.00	725.00	162.50									2,325.00
Family	3,375.00	3,400.00	3,400.00	3,450.00									13,625.00
<b>Sum of Total HRA Funding</b>	<b>\$4,112.50</b>	<b>\$4,100.00</b>	<b>\$4,125.00</b>	<b>\$3,612.50</b>									<b>\$15,950.00</b>
<b>Total Funding</b>	<b>\$227,908.50</b>	<b>\$227,684.00</b>	<b>\$228,797.00</b>	<b>\$228,404.50</b>									<b>\$912,794.00</b>
<b>Fixed Medical Costs</b>													
Single	5,662.23	5,612.32	5,812.76	5,141.66									\$22,228.97
Family	27,048.60	27,826.96	27,826.96	28,236.18									\$110,938.70
PCORI Fee (\$2.08 PMPY)	91.87	91.52	91.87	92.21									\$367.47
ACA Reinsurance Fee (\$3.67 PMPM)	1,945.10	1,937.76	1,945.10	1,952.44									\$7,780.40
<b>Sum of Total Fixed Medical Costs</b>	<b>\$34,747.80</b>	<b>\$35,468.56</b>	<b>\$35,676.69</b>	<b>\$35,422.49</b>									<b>\$141,315.54</b>
<b>Fixed HRA Costs</b>													
Single	250.75	238.00	246.50	55.25									\$790.50
Family	573.75	578.00	578.00	586.50									\$2,316.25
<b>Sum of Total HRA Fixed Costs</b>	<b>\$824.50</b>	<b>\$816.00</b>	<b>\$824.50</b>	<b>\$641.75</b>									<b>\$3,106.75</b>
<b>Total Fixed Costs</b>	<b>\$35,572.30</b>	<b>\$36,284.56</b>	<b>\$36,501.19</b>	<b>\$36,064.24</b>									<b>\$144,422.29</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03									\$772,565.39
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74									\$106,518.61
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17									\$13,815.26
<b>Sum of Total Claims Costs</b>	<b>\$324,803.77</b>	<b>\$186,294.06</b>	<b>\$259,251.49</b>	<b>\$122,549.94</b>									<b>\$892,899.26</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00									(11,296.68)
Prescription Drug Rebate	0.00	0.00	0.00	0.00									0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>									<b>(\$11,296.68)</b>
<b>Total Costs</b>	<b>\$349,079.39</b>	<b>\$222,578.62</b>	<b>\$295,752.68</b>	<b>\$158,614.18</b>									<b>\$1,026,024.87</b>
<b>Funding Less Costs</b>	<b>(\$121,170.89)</b>	<b>\$5,105.38</b>	<b>(\$66,955.68)</b>	<b>\$69,790.32</b>									<b>(\$129,180.87)</b>
<b>YTD Plan Performance</b>	<b>(\$121,170.89)</b>	<b>(\$116,065.51)</b>	<b>(\$183,021.18)</b>	<b>(\$113,230.87)</b>									
<b>YTD % of Total Costs to Funding</b>													114.40%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,799.38</b>	<b>\$1,480.98</b>	<b>\$1,495.54</b>	<b>\$1,330.77</b>									<b>\$1,330.77</b>

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** Associated Financial Group  
**Date Prepared:** 05/18/15  
**Plan Year:** 01/01/15 - 12/31/15

**Medical & Rx Carriers:**  
Auxiant & Serve You

Total Monthly Funding	
Single	Family
\$544.00	\$1,420.00

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$15.65	\$15.65
Specific Stop Loss (\$100,000)	\$54.16	\$145.28
Aggregate Stop Loss	\$6.59	\$6.59
Fully Insured Transplant Fee	\$10.22	\$23.49
PPO Access Fee	\$5.50	\$5.50
UR Fees	\$2.85	\$2.85
COBRA Fees	\$1.00	\$1.00
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$95.97</b>	<b>\$200.36</b>

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	59	56	58	53									226
Family	135	136	136	138									545
<b>Total</b>	<b>194</b>	<b>192</b>	<b>194</b>	<b>191</b>									<b>771</b>
<b>Total Funding</b>													
Single	32,096.00	30,464.00	31,552.00	28,832.00									\$122,944.00
Family	191,700.00	193,120.00	193,120.00	195,960.00									\$773,900.00
<b>Sum of Total Funding</b>	<b>\$223,796.00</b>	<b>\$223,584.00</b>	<b>\$224,672.00</b>	<b>\$224,792.00</b>									<b>\$896,844.00</b>
<b>Fixed Costs</b>													
Single	5,662.23	5,374.32	5,566.26	5,086.41									\$21,689.22
Family	27,048.60	27,248.96	27,248.96	27,649.68									\$109,196.20
<b>Sum of Total Fixed Costs</b>	<b>\$32,710.83</b>	<b>\$32,623.28</b>	<b>\$32,815.22</b>	<b>\$32,736.09</b>									<b>\$130,885.42</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03									\$772,565.39
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74									\$106,518.61
<b>Sum of Total Claims Costs</b>	<b>\$323,803.77</b>	<b>\$182,112.50</b>	<b>\$254,803.96</b>	<b>\$118,363.77</b>									<b>\$879,084.00</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00									(\$11,296.68)
Prescription Drug Rebate	0.00	0.00	0.00	0.00									\$0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>									<b>(\$11,296.68)</b>
<b>Total Costs</b>	<b>\$345,217.92</b>	<b>\$214,735.78</b>	<b>\$287,619.18</b>	<b>\$151,099.86</b>									<b>\$998,672.74</b>
<b>Funding Less Costs</b>	<b>(\$121,421.92)</b>	<b>\$8,848.22</b>	<b>(\$62,947.18)</b>	<b>\$73,692.14</b>									<b>(\$101,828.74)</b>
<b>YTD Plan Performance</b>	<b>(\$121,421.92)</b>	<b>(\$112,573.70)</b>	<b>(\$175,520.88)</b>	<b>(\$101,828.74)</b>									
<b>YTD % of Total Costs to Funding</b>													111.35%
<b>YTD Average Monthly Cost Per Employee</b>	\$1,779.47	\$1,450.66	\$1,461.33	\$1,295.30									\$1,295.30

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
HRA

Total Monthly Funding	
Single	Family
\$12.50	\$25.00

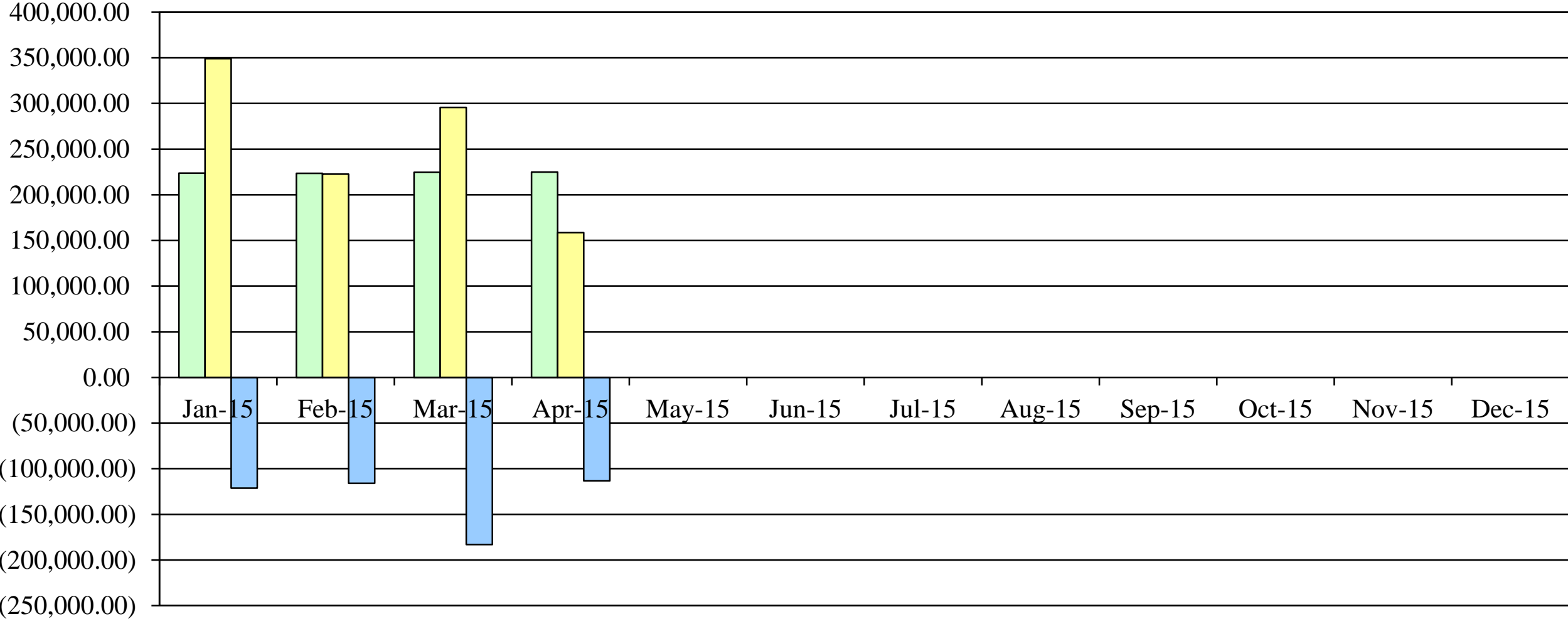
**Prepared By:** Associated Financial Group  
**Date Prepared:** 05/18/15  
**Plan Year:** 01/01/15 - 12/31/15

**Medical & Rx Carriers:**  
Auxiant & Serve You

Total Monthly Fixed Costs	
Single	Family
HRA Admin Fee \$4.25	\$4.25
<b>Sum of Total Monthly Fixed Costs</b> \$4.25	<b>\$4.25</b>

	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
<b>Monthly Enrollment</b>													
Single	59	56	58	13									186
Family	135	136	136	138									545
<b>Total</b>	194	192	194	151									731
<b>Total Funding</b>													
Single	737.50	700.00	725.00	162.50									\$2,325.00
Family	3,375.00	3,400.00	3,400.00	3,450.00									\$13,625.00
<b>Sum of Total Funding</b>	\$4,112.50	\$4,100.00	\$4,125.00	\$3,612.50									\$15,950.00
<b>Fixed Costs</b>													
Single	250.75	238.00	246.50	55.25									\$790.50
Family	573.75	578.00	578.00	586.50									\$2,316.25
<b>Sum of Total Fixed Costs</b>	\$824.50	\$816.00	\$824.50	\$641.75									\$3,106.75
<b>Claims Costs</b>													
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17									\$13,815.26
<b>Sum of Total Claims Costs</b>	\$1,000.00	\$4,181.56	\$4,447.53	\$4,186.17									\$13,815.26
<b>Total Costs</b>	\$1,824.50	\$4,997.56	\$5,272.03	\$4,827.92									\$16,922.01
<b>Funding Less Costs</b>	\$2,288.00	(\$897.56)	(\$1,147.03)	(\$1,215.42)									(\$972.01)
<b>YTD Plan Performance</b>	\$2,288.00	\$1,390.44	\$243.41	(\$972.01)									
<b>YTD % of Total Costs to Funding</b>													106.09%
<b>YTD Average Monthly Cost Per Employee</b>	\$9.40	\$17.67	\$20.85	\$23.15									\$23.15

# Medical Summary Graph



# City of Manitowoc - Dental Funding Analysis Report

## Dental Summary

Prepared By: Associated Financial Group  
 Date Prepared: 05/18/15  
 Plan Year: 01/01/15 - 12/31/15

## Dental Carriers

Auxiant

### 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									208
Family	133	134	134	134									535
<b>Total</b>	<b>186</b>	<b>185</b>	<b>187</b>	<b>185</b>									<b>743</b>

### Total Funding

Single	1,745.70	1,654.62	1,624.26	1,563.54									\$6,588.12
Family	12,962.77	13,073.36	13,073.36	13,149.26									\$52,258.75
<b>Sum of Total Funding</b>	<b>\$14,708.47</b>	<b>\$14,727.98</b>	<b>\$14,697.62</b>	<b>\$14,712.80</b>									<b>\$58,846.87</b>

### Fixed Costs

Single	115.54	111.18	115.54	111.18									\$453.44
Family	289.94	292.12	292.12	292.12									\$1,166.30
<b>Sum of Total Fixed Costs</b>	<b>\$405.48</b>	<b>\$403.30</b>	<b>\$407.66</b>	<b>\$403.30</b>									<b>\$1,619.74</b>

### Claims Costs

Dental Claims	13,607.55	19,758.21	23,987.45	16,640.01									\$73,993.22
<b>Sum of Total Claims Costs</b>	<b>\$13,607.55</b>	<b>\$19,758.21</b>	<b>\$23,987.45</b>	<b>\$16,640.01</b>									<b>\$73,993.22</b>

### Total Costs

<b>Total Costs</b>	<b>\$14,013.03</b>	<b>\$20,161.51</b>	<b>\$24,395.11</b>	<b>\$17,043.31</b>									<b>\$75,612.96</b>
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### Funding Less Costs

<b>Funding Less Costs</b>	<b>\$695.44</b>	<b>(\$5,433.53)</b>	<b>(\$9,697.49)</b>	<b>(\$2,330.51)</b>									<b>(\$16,766.09)</b>
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### YTD Plan Performance

<b>YTD Plan Performance</b>	<b>\$695.44</b>	<b>(\$4,738.09)</b>	<b>(\$14,435.58)</b>	<b>(\$16,766.09)</b>									
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### YTD % of Total Costs to Funding

<b>YTD % of Total Costs to Funding</b>													128.49%
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### YTD Average Monthly Cost

<b>Per Employee</b>	<b>\$75.34</b>	<b>\$92.11</b>	<b>\$104.96</b>	<b>\$101.77</b>									<b>\$101.77</b>
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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 05/18/15  
**Plan Year:** 01/01/15 - 12/31/15

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$45.54	\$110.59

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.18</b>	<b>\$2.18</b>

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	31	29	27	26									113
Family	110	111	111	112									444
<b>Total</b>	<b>141</b>	<b>140</b>	<b>138</b>	<b>138</b>									<b>557</b>
<b>Total Funding</b>													
Single	1,411.74	1,320.66	1,229.58	1,184.04									\$5,146.02
Family	12,164.90	12,275.49	12,275.49	12,386.08									\$49,101.96
<b>Sum of Total Funding</b>	<b>\$13,576.64</b>	<b>\$13,596.15</b>	<b>\$13,505.07</b>	<b>\$13,570.12</b>									<b>\$54,247.98</b>
<b>Fixed Costs</b>													
Single	67.58	63.22	58.86	56.68									\$246.34
Family	239.80	241.98	241.98	244.16									\$967.92
<b>Sum of Total Fixed Costs</b>	<b>\$307.38</b>	<b>\$305.20</b>	<b>\$300.84</b>	<b>\$300.84</b>									<b>\$1,214.26</b>
<b>Claims Costs</b>													
Dental Claims	11,779.55	17,765.21	22,158.86	15,042.01									\$66,745.63
<b>Sum of Total Claims Costs</b>	<b>\$11,779.55</b>	<b>\$17,765.21</b>	<b>\$22,158.86</b>	<b>\$15,042.01</b>									<b>\$66,745.63</b>
<b>Total Costs</b>	<b>\$12,086.93</b>	<b>\$18,070.41</b>	<b>\$22,459.70</b>	<b>\$15,342.85</b>									<b>\$67,959.89</b>
<b>Funding Less Costs</b>	<b>\$1,489.71</b>	<b>(\$4,474.26)</b>	<b>(\$8,954.63)</b>	<b>(\$1,772.73)</b>									<b>(\$13,711.91)</b>
<b>YTD Plan Performance</b>	<b>\$1,489.71</b>	<b>(\$2,984.55)</b>	<b>(\$11,939.18)</b>	<b>(\$13,711.91)</b>									
<b>YTD % of Total Costs to Funding</b>													125.28%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$85.72</b>	<b>\$107.32</b>	<b>\$125.58</b>	<b>\$122.01</b>									<b>\$122.01</b>

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 05/18/15  
**Plan Year:** 01/01/15 - 12/31/15

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$15.18	\$34.69

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.18</b>	<b>\$2.18</b>

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	22	22	26	25									95
Family	23	23	23	22									91
<b>Total</b>	<b>45</b>	<b>45</b>	<b>49</b>	<b>47</b>									<b>186</b>

<b>Total Funding</b>													
Single	333.96	333.96	394.68	379.50									\$1,442.10
Family	797.87	797.87	797.87	763.18									\$3,156.79
<b>Sum of Total Funding</b>	<b>\$1,131.83</b>	<b>\$1,131.83</b>	<b>\$1,192.55</b>	<b>\$1,142.68</b>									<b>\$4,598.89</b>

<b>Fixed Costs</b>													
Single	47.96	47.96	56.68	54.50									\$207.10
Family	50.14	50.14	50.14	47.96									\$198.38
<b>Sum of Total Fixed Costs</b>	<b>\$98.10</b>	<b>\$98.10</b>	<b>\$106.82</b>	<b>\$102.46</b>									<b>\$405.48</b>

<b>Claims Costs</b>													
Dental Claims	1,828.00	1,993.00	1,828.59	1,598.00									\$7,247.59
<b>Sum of Total Claims Costs</b>	<b>\$1,828.00</b>	<b>\$1,993.00</b>	<b>\$1,828.59</b>	<b>\$1,598.00</b>									<b>\$7,247.59</b>

<b>Total Costs</b>	<b>\$1,926.10</b>	<b>\$2,091.10</b>	<b>\$1,935.41</b>	<b>\$1,700.46</b>									<b>\$7,653.07</b>
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<b>Funding Less Costs</b>	<b>(\$794.27)</b>	<b>(\$959.27)</b>	<b>(\$742.86)</b>	<b>(\$557.78)</b>									<b>(\$3,054.18)</b>
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<b>YTD Plan Performance</b>	<b>(\$794.27)</b>	<b>(\$1,753.54)</b>	<b>(\$2,496.40)</b>	<b>(\$3,054.18)</b>									
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<b>YTD % of Total Costs to Funding</b>													166.41%
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<b>YTD Average Monthly Cost Per Employee</b>	\$42.80	\$44.64	\$42.82	\$41.15									\$41.15
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## Dental Summary Graph

