City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Medical & Rx Carriers:

Health Partners & Health Partners

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

 Prepared By:
 USI Insurance Services

 Date Prepared:
 07/20/20

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

	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							
n 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	52	52							311
Family	143	142	143	143	141	141							853
Total	195	193	195	195	193	193							1,164
Total Funding													
Single	32,258.72	31,638.36	32,258.72	32,258.72	32,258.72	32,258.72							\$192,931.96
Family	224,824.60	223,252.40	224,824.60	224,824.60	221,680.20	221,680.20							\$1,341,086.60
Sum of Total Funding	\$257,083.32	\$254,890.76	\$257,083.32	\$257,083.32	\$253,938.92	\$253,938.92							\$1,534,018.56
Fixed Costs													
Single	5,239.00	5,138.25	5,239.00	5,239.00	5,239.00	5,239.00							\$31,333.25
Family	34,974.94	34,730.36	34,974.94	34,974.94	34,485.78	34,485.78							\$208,626.74
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00							\$21,000.00
Sum of Total Fixed Costs	\$43,713.94	\$43,368.61	\$43,713.94	\$43,713.94	\$43,224.78	\$43,224.78							\$260,959.99
Claims Costs													
Medical Claims	10,525.60	181,083.05	185,771.00	128,212.27	70,585.70	50,645.68							\$626,823.30
Prescription Drug Claims	9,369.49	17,615.13	18,850.62	38,480.68	27,782.90	31,960.24							\$144,059.06
Anthem Med Run Out	52,402.00	27,298.00	-57.00	3,480.00	527.00	-3,942.00							\$79,708.00
Anthem Rx Run Out	-616.00	0.00	0.00	0.00	0.00	0.00							(\$616.00)
Shared Savings	0.00	295.95	174.95	27.12	69.96	132.81							\$700.79
Clinic Expenses	4,646.66	4,069.68	0.00	11,154.20	3,709.76	5,020.84							\$28,601.14
Discount Share	0.00	48.82	0.00	0.00	0.00	0.00							\$48.82
Sum of Total Claims Costs	\$76,327.75	\$230,410.63	\$204,739.57	\$181,354.27	\$102,675.32	\$83,817.57							\$879,325.11
Reimbursements													
Specific Excess Loss	0.00	(25,032.25)	(250.23)	(7,189.57)	0.00	0.00							(\$32,472.05)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00							\$0.00
Sum of Reimbursements	\$0.00	(\$25,032.25)	(\$250.23)	(\$7,189.57)	\$0.00	\$0.00							(\$32,472.05)
Total Costs	\$120,041.69	\$248,746.99	\$248,203.28	\$217,878.64	\$145,900.10	\$127,042.35							\$1,107,813.05
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Funding Less Costs	\$137,041.63	\$6,143.77	\$8,880.04	\$39,204.68	\$108,038.82	\$126,896.57							\$426,205.51
YTD Plan Performance	\$137,041.63	\$143,185.40	\$152,065.44	\$191,270.12	\$299,308.94	\$426,205.51							
YTD % of Total Costs to Funding													72.22%
YTD Average Monthly Cost Per Employee	\$615.60	\$950.49	\$1,058.31	\$1,073.10	\$1,010.06	\$951.73							\$951.73

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City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Dental Plan

Dental Carriers:

Delta Dental

Prepared By: Date Prepared:

USI Insurance Services 07/20/20

Plan Year:

01/01/20 - 12/31/20

Total Monthly Funding Family \$40.10 \$112.85

Total Monthly Fixed Costs \$4.50 Administration Fee \$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	60	61							353
Family	136	135	136	136	133	132							808
Total	193	192	195	195	193	193							1,161
Total Funding													
Single	2,285.70	2,285.70	2,365.90	2,365.90	2,406.00	2,446.10							\$14,155.30
Family	15,347.60	15,234.75	15,347.60	15,347.60	15,009.05	14,896.20							\$91,182.80
Sum of Total Funding	\$17,633.30	\$17,520.45	\$17,713.50	\$17,713.50	\$17,415.05	\$17,342.30							\$105,338.10
Fixed Costs													
Single	256.50	256.50	265.50	265.50	270.00	274.50							\$1,588.50
Family	612.00	607.50	612.00	612.00	598.50	594.00							\$3,636.00
Sum of Total Fixed Costs	\$868.50	\$864.00	\$877.50	\$877.50	\$868.50	\$868.50							\$5,224.50
Claims Costs													
Dental Claims	10,426.00	14,024.00	9,027.00	3,503.00	4,727.00	13,061.00							\$54,768.00
Anthem Run Out Claims	8,235.28	593.37	316.00	-317.00	0.00	0.00							\$8,827.65
Sum of Total Claims Costs	\$18,661.28	\$14,617.37	\$9,343.00	\$3,186.00	\$4,727.00	\$13,061.00							\$63,595.65
Total Costs	\$19,529.78	\$15,481.37	\$10,220.50	\$4,063.50	\$5,595.50	\$13,929.50							\$68,820.15
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Funding Less Costs	(\$1,896.48)	\$2,039.08	\$7,493.00	\$13,650.00	\$11,819.55	\$3,412.80							\$36,517.95
YTD Plan Performance	(\$1,896.48)	\$142.60	\$7,635.60	\$21,285.60	\$33,105.15	\$36,517.95							
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YTD % of Total Costs to Funding													65.33%
YTD Average Monthly Cost													
Per Employee	\$101.19	\$90.94	\$77.99	\$63.61	\$56.71	\$59.28							\$59.28

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