

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: USI Insurance Services
Date Prepared: 10/20/21
Plan Year: 01/01/21 - 12/31/21

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	\$9.25	\$25.12
Specific Stop Loss (\$100,000)	\$62.03	\$173.68
Aggregate Stop Loss	\$3.38	\$9.46
Wellness Platform / Incentives	\$11.04	\$11.04
COBRA Fee	\$0.66	\$0.66
HSA Admin	\$1.85	\$1.85
Sum of Total Monthly Fixed Costs	\$88.21	\$221.81

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	55	56	56	55	57	57	59	59	59				513
Family	137	137	138	138	148	148	143	143	143				1,275
Total	192	193	194	193	205	205	202	202	202				1,788

Total Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	34,119.80	34,740.16	34,740.16	34,119.80	35,360.52	35,360.52	36,601.24	36,601.24	36,601.24				\$318,244.68
Family	215,391.40	215,391.40	216,963.60	216,963.60	232,685.60	232,685.60	224,824.60	224,824.60	224,824.60				\$2,004,555.00
Sum of Total Funding	\$249,511.20	\$250,131.56	\$251,703.76	\$251,083.40	\$268,046.12	\$268,046.12	\$261,425.84	\$261,425.84	\$261,425.84				\$2,322,799.68

Fixed Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	4,851.55	4,939.76	4,939.76	4,851.55	5,027.97	5,027.97	5,204.39	5,204.39	5,204.39				\$45,251.73
Family	30,387.97	30,387.97	30,609.78	30,609.78	32,827.88	32,827.88	31,718.83	31,718.83	31,718.83				\$282,807.75
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
Sum of Total Fixed Costs	\$38,739.52	\$38,827.73	\$39,049.54	\$38,961.33	\$41,355.85	\$41,355.85	\$40,423.22	\$40,423.22	\$40,423.22				\$359,559.48

Claims Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Medical Claims	133,428.60	174,568.73	268,674.52	217,063.03	154,680.68	138,003.70	108,478.63	132,388.48	303,210.57				\$1,630,496.94
Prescription Drug Claims	17,020.78	13,956.73	31,298.57	41,799.78	47,484.47	46,494.74	40,259.09	57,338.08	40,203.63				\$335,855.87
Shared Savings	263.95	1,710.03	818.14	904.67	607.97	118.35	161.39	255.94	162.94				\$5,003.38
Clinic Expenses	6,247.68	6,454.22	6,908.06	6,422.47	6,043.90	6,474.85	5,966.91	6,487.99	6,290.55				\$57,296.63
ER HSA Contribution	48,000.00	0.00	0.00	0.00	0.00	0.00	50,600.00	0.00	0.00				\$98,600.00
Sum of Total Claims Costs	\$204,961.01	\$196,689.71	\$307,699.29	\$266,189.95	\$208,817.02	\$191,091.64	\$205,466.02	\$196,470.49	\$349,867.69				\$2,127,252.82

Reimbursements	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Specific Excess Loss	0.00	0.00	(19,405.73)	(45,135.73)	(40,211.90)	(43,109.60)	(42,653.26)	(39,810.10)	(43,613.54)				(\$273,939.86)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				\$0.00
Sum of Reimbursements	\$0.00	\$0.00	(\$19,405.73)	(\$45,135.73)	(\$40,211.90)	(\$43,109.60)	(\$42,653.26)	(\$39,810.10)	(\$43,613.54)				(\$273,939.86)

Total Costs	\$243,700.53	\$235,517.44	\$327,343.10	\$260,015.55	\$209,960.97	\$189,337.89	\$203,235.98	\$197,083.61	\$346,677.37				\$2,212,872.44
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Funding Less Costs	\$5,810.67	\$14,614.12	(\$75,639.34)	(\$8,932.15)	\$58,085.15	\$78,708.23	\$58,189.86	\$64,342.23	(\$85,251.53)				\$109,927.24
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YTD Plan Performance	\$5,810.67	\$20,424.79	(\$55,214.55)	(\$64,146.70)	(\$6,061.55)	\$72,646.68	\$130,836.54	\$195,178.77	\$109,927.24				
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YTD % of Total Costs to Funding 95.27%

YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$1,269.27	\$1,244.72	\$1,393.02	\$1,381.58	\$1,306.59	\$1,240.17	\$1,206.01	\$1,176.67	\$1,237.62				\$1,237.62

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City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Dental Plan

Prepared By: USI Insurance Services

Date Prepared: 10/20/21

Plan Year: 01/01/21 - 12/31/21

Dental Carriers:

Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

Total Monthly Fixed Costs	
Single	Family
\$4.50	\$4.50
\$4.50	\$4.50

Administration Fee
Sum of Total Monthly Fixed Costs

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	58	59	59	59	62	63	63	65	65				553
Family	131	132	133	133	143	143	142	139	139				1,235
Total	189	191	192	192	205	206	205	204	204				1,788

Total Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	2,325.80	2,365.90	2,365.90	2,365.90	2,486.20	2,526.30	2,526.30	2,606.50	2,606.50				\$22,175.30
Family	14,783.35	14,896.20	15,009.05	15,009.05	16,137.55	16,137.55	16,024.70	15,686.15	15,686.15				\$139,369.75
Sum of Total Funding	\$17,109.15	\$17,262.10	\$17,374.95	\$17,374.95	\$18,623.75	\$18,663.85	\$18,551.00	\$18,292.65	\$18,292.65				\$161,545.05

Fixed Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	261.00	265.50	265.50	265.50	279.00	283.50	283.50	292.50	292.50				\$2,488.50
Family	589.50	594.00	598.50	598.50	643.50	643.50	639.00	625.50	625.50				\$5,557.50
Sum of Total Fixed Costs	\$850.50	\$859.50	\$864.00	\$864.00	\$922.50	\$927.00	\$922.50	\$918.00	\$918.00				\$8,046.00

Claims Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Dental Claims	11,756.00	16,507.00	21,437.00	16,374.00	15,946.00	16,894.00	9,753.00	12,344.00	19,141.00				\$140,152.00
Sum of Total Claims Costs	\$11,756.00	\$16,507.00	\$21,437.00	\$16,374.00	\$15,946.00	\$16,894.00	\$9,753.00	\$12,344.00	\$19,141.00				\$140,152.00

Total Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$12,606.50	\$17,366.50	\$22,301.00	\$17,238.00	\$16,868.50	\$17,821.00	\$10,675.50	\$13,262.00	\$20,059.00				\$148,198.00

Funding Less Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$4,502.65	(\$104.40)	(\$4,926.05)	\$136.95	\$1,755.25	\$842.85	\$7,875.50	\$5,030.65	(\$1,766.35)				\$13,347.05

YTD Plan Performance	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$4,502.65	\$4,398.25	(\$527.80)	(\$390.85)	\$1,364.40	\$2,207.25	\$10,082.75	\$15,113.40	\$13,347.05				

YTD % of Total Costs to Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
													91.74%

YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$66.70	\$78.88	\$91.39	\$90.98	\$89.14	\$88.68	\$83.24	\$80.90	\$82.88				\$82.88

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