

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 03/20/19
 Plan Year: 01/01/19 - 12/31/19

Medical & Rx Carriers:

Anthem & Anthem

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	47	47											94
Family	150	152											302
Total	197	199											396
Total Members	570	579											1,149
Total Medical Funding													
Single	29,033.78	29,033.78											\$58,067.56
Family	235,452.00	238,591.36											\$474,043.36
Sum of Total Medical Funding	\$264,485.78	\$267,625.14											\$532,110.92
Fixed Medical Costs													
Single	6,392.00	6,392.00											\$12,784.00
Family	41,127.00	41,675.36											\$82,802.36
AFG Consulting Fee	3,500.00	3,500.00											\$7,000.00
Sum of Total Fixed Medical Costs	\$51,019.00	\$51,567.36											\$102,586.36
Total Fixed Costs	\$51,019.00	\$51,567.36											\$102,586.36
Claims Costs													
Medical Claims	112,724.00	180,214.00											\$292,938.00
Prescription Drug Claims	55,740.00	68,047.00											\$123,787.00
Clinic Expenses	4,757.29	4,220.16											\$8,977.45
Discount Share	2,895.76	4,559.14											\$7,454.90
Sum of Total Claims Costs	\$176,117.05	\$257,040.30											\$433,157.35
Reimbursements													
Specific Excess Loss	(23,928.93)	0.00											(23,928.93)
Prescription Drug Rebate	0.00	0.00											0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00											(\$23,928.93)
Total Costs	\$203,207.12	\$308,607.66											\$511,814.78
Funding Less Costs	\$61,278.66	(\$40,982.52)											\$20,296.14
YTD Plan Performance	\$61,278.66	\$20,296.14											
YTD % of Total Costs to Funding													96.19%
YTD Average Monthly Cost Per Employee	\$1,031.51	\$1,292.46											\$1,292.46

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Associated Financial Group

Date Prepared: 03/20/19

Plan Year: 01/01/19 - 12/31/19

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding	
Single	Family
\$617.74	\$1,569.68

Total Monthly Fixed Costs		
Single	Family	
Administration Fee	\$40.22	\$40.22
Specific Stop Loss (\$100,000)	\$76.74	\$214.92
Aggregate Stop Loss	\$8.37	\$8.37
COBRA	\$0.66	\$0.66
Go365 Platform and Incentives	\$10.01	\$10.01
Sum of Total Monthly Fixed Costs	\$136.00	\$274.18

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	47	47											94
Family	150	152											302
Total	197	199											396
Total Funding													
Single	29,033.78	29,033.78											\$58,067.56
Family	235,452.00	238,591.36											\$474,043.36
Sum of Total Funding	\$264,485.78	\$267,625.14											\$532,110.92
Fixed Costs													
Single	6,392.00	6,392.00											\$12,784.00
Family	41,127.00	41,675.36											\$82,802.36
AFG Consulting Fee	\$3,500.00	\$3,500.00											\$7,000.00
Sum of Total Fixed Costs	\$51,019.00	\$51,567.36											\$102,586.36
Claims Costs													
Medical Claims	112,724.00	180,214.00											\$292,938.00
Prescription Drug Claims	55,740.00	68,047.00											\$123,787.00
Sum of Total Claims Costs	\$168,464.00	\$248,261.00											\$416,725.00
Reimbursements													
Specific Excess Loss	(23,928.93)	0.00											(\$23,928.93)
Prescription Drug Rebate	0.00	0.00											\$0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00											(\$23,928.93)
Total Costs	\$195,554.07	\$299,828.36											\$495,382.43
Funding Less Costs	\$68,931.71	(\$32,203.22)											\$36,728.49
YTD Plan Performance	\$68,931.71	\$36,728.49											
YTD % of Total Costs to Funding													93.10%
YTD Average Monthly Cost Per Employee	\$992.66	\$1,250.97											\$1,250.97

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
Date Prepared: 03/20/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers

Anthem

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	54	54											108
Family	144	145											289
Total	198	199											397

Total Funding													
Single	2,184.06	2,184.06											\$4,368.12
Family	15,352.60	15,307.78											\$30,660.38
Sum of Total Funding	\$17,536.66	\$17,491.84											\$35,028.50

Fixed Costs													
Single	144.72	144.72											\$289.44
Family	385.92	388.60											\$774.52
Sum of Total Fixed Costs	\$530.64	\$533.32											\$1,063.96

Claims Costs													
Dental Claims	16,379.64	15,352.34											\$31,731.98
Sum of Total Claims Costs	\$16,379.64	\$15,352.34											\$31,731.98

Total Costs	\$16,910.28	\$15,885.66											\$32,795.94
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Funding Less Costs	\$626.38	\$1,606.18											\$2,232.56
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YTD Plan Performance	\$626.38	\$2,232.56											
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YTD % of Total Costs to Funding													93.63%
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YTD Average Monthly Cost Per Employee	\$85.41	\$82.61											\$82.61
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 03/20/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$48.97	\$119.14

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
Sum of Total Monthly Fixed Costs	\$2.68	\$2.68

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	40	40											80
Family	122	121											243
Total	162	161											323
Total Funding													
Single	1,958.80	1,958.80											\$3,917.60
Family	14,535.08	14,415.94											\$28,951.02
Sum of Total Funding	\$16,493.88	\$16,374.74											\$32,868.62
Fixed Costs													
Single	107.20	107.20											\$214.40
Family	326.96	324.28											\$651.24
Sum of Total Fixed Costs	\$434.16	\$431.48											\$865.64
Claims Costs													
Dental Claims	15,674.64	14,712.34											\$30,386.98
Sum of Total Claims Costs	\$15,674.64	\$14,712.34											\$30,386.98
Total Costs	\$16,108.80	\$15,143.82											\$31,252.62
Funding Less Costs	\$385.08	\$1,230.92											\$1,616.00
YTD Plan Performance	\$385.08	\$1,616.00											
YTD % of Total Costs to Funding													95.08%
YTD Average Monthly Cost Per Employee	\$99.44	\$96.76											\$96.76

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 03/20/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$16.09	\$37.16

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
Sum of Total Monthly Fixed Costs	\$2.68	\$2.68

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	14	14											28
Family	22	24											46
Total	36	38											74
Total Funding													
Single	225.26	225.26											\$450.52
Family	817.52	891.84											\$1,709.36
Sum of Total Funding	\$1,042.78	\$1,117.10											\$2,159.88
Fixed Costs													
Single	37.52	37.52											\$75.04
Family	58.96	64.32											\$123.28
Sum of Total Fixed Costs	\$96.48	\$101.84											\$198.32
Claims Costs													
Dental Claims	705.00	640.00											\$1,345.00
Sum of Total Claims Costs	\$705.00	\$640.00											\$1,345.00
Total Costs	\$801.48	\$741.84											\$1,543.32
Funding Less Costs	\$241.30	\$375.26											\$616.56
YTD Plan Performance	\$241.30	\$616.56											
YTD % of Total Costs to Funding													71.45%
YTD Average Monthly Cost Per Employee	\$22.26	\$20.86											\$20.86