

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: USI Insurance Services
Date Prepared: 03/22/21
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											111
Family	137	137											274
Total	192	193											385
Total Funding													
Single	34,119.80	34,740.16											\$68,859.96
Family	215,391.40	215,391.40											\$430,782.80
Sum of Total Funding	\$249,511.20	\$250,131.56											\$499,642.76
Fixed Costs													
Single	4,851.55	4,939.76											\$9,791.31
Family	30,387.97	30,387.97											\$60,775.94
AFG Consulting Fee	\$3,500.00	\$3,500.00											\$7,000.00
Sum of Total Fixed Costs	\$38,739.52	\$38,827.73											\$77,567.25
Claims Costs													
Medical Claims	133,428.60	174,568.73											\$307,997.33
Prescription Drug Claims	17,020.78	13,956.73											\$30,977.51
Shared Savings	263.95	1,710.03											\$1,973.98
Clinic Expenses	6,247.68	6,454.22											\$12,701.90
ER HSA Contribution	48,000.00	0.00											\$48,000.00
Sum of Total Claims Costs	\$204,961.01	\$196,689.71											\$401,650.72
Reimbursements													
Specific Excess Loss	0.00	0.00											\$0.00
Prescription Drug Rebate	0.00	0.00											\$0.00
Sum of Reimbursements	\$0.00	\$0.00											\$0.00
Total Costs	\$243,700.53	\$235,517.44											\$479,217.97
Funding Less Costs	\$5,810.67	\$14,614.12											\$20,424.79
YTD Plan Performance	\$5,810.67	\$20,424.79											
YTD % of Total Costs to Funding													95.91%
YTD Average Monthly Cost Per Employee	\$1,269.27	\$1,244.72											\$1,244.72

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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Dental Plan

Prepared By: USI Insurance Services
Date Prepared: 03/22/21
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
Administration Fee	\$4.50	\$4.50
Sum of Total Monthly Fixed Costs	\$4.50	\$4.50

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											117
Family	131	132											263
Total	189	191											380

Total Funding													
Single	2,325.80	2,365.90											\$4,691.70
Family	14,783.35	14,896.20											\$29,679.55
Sum of Total Funding	\$17,109.15	\$17,262.10											\$34,371.25

Fixed Costs													
Single	261.00	265.50											\$526.50
Family	589.50	594.00											\$1,183.50
Sum of Total Fixed Costs	\$850.50	\$859.50											\$1,710.00

Claims Costs													
Dental Claims	11,756.00	16,507.00											\$28,263.00
Sum of Total Claims Costs	\$11,756.00	\$16,507.00											\$28,263.00

Total Costs	\$12,606.50	\$17,366.50											\$29,973.00
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Funding Less Costs	\$4,502.65	(\$104.40)											\$4,398.25
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YTD Plan Performance	\$4,502.65	\$4,398.25											
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YTD % of Total Costs to Funding													87.20%
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YTD Average Monthly Cost Per Employee	\$66.70	\$78.88											\$78.88
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