City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Date Prepared: Associated Financial Group

Plan Year:

03/16/18 01/01/18 - 12/31/18

Anthem & Anthem

Sum of Total Medical Funding \$259,022.03 \$259,022.03 Fixed Medical Costs Single 6,531.21 6,531.21 Single Family 39,334.51 39,334.51 39,334.51 AFG Consulting Fee 3,500.00 3,500.00 3,500.00 Sum of Total Fixed Medical Costs \$49,365.72 \$49,365.72 Total Fixed Costs \$49,366.72 \$49,365.72 Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,939.34 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,162.95 Reimbursements \$5,001,49.49 \$239,162.95 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) 0.00	98 298 396
Total Members 198 198 Total Members 575 575 Total Medical Funding Single (Property of the Medical Funding Single	396
Total Medical Funding 29,719.97 29,719.97 Single 29,719.97 29,719.97 Family 229,302.06 229,302.06 Sum of Total Medical Funding \$259,022.03 \$259,022.03 Fixed Medical Costs \$59,022.03 \$259,022.03 Fixed Medical Costs \$6,531.21 6,531.21 Family 30,304.51 39,334.51 Family 3,500.00 3,500.00 AFG Consulting Fee 3,500.00 3,500.00 Sum of Total Fixed Medical Costs \$49,365.72 \$49,365.72 Total Fixed Costs \$49,365.72 \$49,365.72 Claims Costs \$49,365.72 \$49,365.72 Medical Claims 184,700.0 16,365.20 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Express 5,993.44 5,309.99 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Sum of Total Claims Costs \$1,056.95 0.00 Seelfic Excess Loss (10,056.95) 0.00	
Total Medical Funding 29,719,97 29,719,97 29,302.06 293,002.06 293,002.06 293,002.06 293,002.06 329,002.03 \$259,002.03	1,150
Single Family 29,719.97 29,719.97 Sum of Total Medical Funding \$259,022.03 \$259,022.03 Fixed Medical Costs \$360,000 \$3,530.00 Single Family 6,531.21 6,531.21 Family Family 39,334.51 39,334.51 AFG Consulting Fee 3,500.00 3,500.00 Sum of Total Fixed Medical Costs \$49,365.72 \$49,365.72 Total Fixed Costs \$49,365.72 \$49,365.72 Claims Costs \$49,365.72 \$49,365.72 Prescription Drug Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements \$250,149.49 \$239,182.95 Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Prescription Drug Rebate 0.00 0.00	
Single Family 29,719.97 29,719.97 Sum of Total Medical Funding \$259,022.03 \$259,022.03 Fixed Medical Costs \$360,000 \$3,530.00 Single Family 6,531.21 6,531.21 Family Family 39,334.51 39,334.51 AFG Consulting Fee 3,500.00 3,500.00 Sum of Total Fixed Medical Costs \$49,365.72 \$49,365.72 Total Fixed Costs \$49,365.72 \$49,365.72 Claims Costs \$49,365.72 \$49,365.72 Prescription Drug Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements \$250,149.49 \$239,182.95 Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Prescription Drug Rebate 0.00 0.00	
Sam of Total Medical Funding \$29,020.06	\$59,439.94
Fixed Medical Costs Single 6,531.21 6,531.21 6,531.21 5,531.21	\$458,604.12
Single 6,531.21 6,531.21 6,531.21 93,334.51 39,334.51 39,334.51 39,334.51 39,334.51 3500.00 <th>\$518,044.06</th>	\$518,044.06
Single 6,531.21 6,531.21 6,531.21 93,334.51 39,334.51 39,334.51 39,334.51 39,334.51 3500.00 <th></th>	
Family 39.334.51 39.334.51 39.334.51 ASG Consulting Fee 3.500.00 </th <th>\$13,062.42</th>	\$13,062.42
AFG Consulting Fee 3,500.00 3,500.00 Sum of Total Fixed Medical Costs \$49,365.72 \$49,365.72 Total Fixed Costs \$49,365.72 \$49,365.72 Claims Costs Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$78,669.02
Sum of Total Fixed Medical Costs \$49,365.72 \$49,365.72 Total Fixed Costs \$49,365.72 \$49,365.72 Claims Costs Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements \$prescription Drug Rebate 0.00 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$7,000.00
Total Fixed Costs \$49,365.72 \$49,365.72 Claims Costs Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$98,731.44
Claims Costs Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements \$pecific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00 Sum of Reimbursements (\$10,056.95) \$0.00	
Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$98,731.44
Medical Claims 184,709.00 163,652.00 Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	
Prescription Drug Claims 59,275.00 70,049.00 Clinic Rental 172.05 172.05 Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements \$pecific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	0040 004 00
Clinic Rental Clinic Expenses 172.05 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements Specific Excess Loss Prescription Drug Rebate Prescription Drug Rebate Sum of Reimbursements (10,056.95) 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$348,361.00 \$129,324.00
Clinic Expenses 5,993.44 5,309.90 Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements \$ Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$344.10
Sum of Total Claims Costs \$250,149.49 \$239,182.95 Reimbursements Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$11,303.34
Reimbursements Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	\$489,332.44
Specific Excess Loss (10,056.95) 0.00 Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	ψ100,002.11
Prescription Drug Rebate 0.00 0.00 Sum of Reimbursements (\$10,056.95) \$0.00	
Sum of Reimbursements (\$10,056.95) \$0.00	(10,056.95)
	0.00
Total Costs \$289,458.26 \$288,548.67	(\$10,056.95)
	\$578,006.93

Funding Less Costs (\$30,436.23) (\$29,526.64)	(\$59,962.87)
YTD Plan Performance (\$30,436.23) (\$59,962.87)	
YTD % of Total Costs to Funding	111.57%
YTD Average Monthly Cost Per Employee \$1,461.91 \$1,459.61	\$1,459.61

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Date Prepared: Associated Financial Group 03/16/18

Plan Year:

01/01/18 - 12/31/18

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding								
Single	Family							
\$606.53	\$1,538.94							

<u>.</u>							
	Total Monthly Fixed Costs						
	Single	Family					
Administration Fee	\$40.22	\$40.22					
Specific Stop Loss (\$100,000)	\$72.40	\$202.75					
Aggregate Stop Loss	\$9.44	\$9.44					
COBRA	\$1.50	\$1.50					
Go365 Platform and Incentives	\$9.53	\$9.53					
PCORI	\$0.20	\$0.55					
Sum of Total Monthly Fixed Costs	\$133.29	\$263.99					

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single Family	49 149	49 149											98 298
Total	198	198											298 396
Total Funding													
Single Family	29,719.97 229.302.06	29,719.97 229,302.06											\$59,439.94 \$458,604.12
Sum of Total Funding	\$259,022.03	\$259,022.03											\$518,044.06
Fixed Costs													
Single	6,531.21	6,531.21											\$13,062.42
Family AFG Consulting Fee	39,334.51 \$3,500.00	39,334.51 \$3,500.00											\$78,669.02 \$7,000.00
Sum of Total Fixed Costs	\$49,365.72	\$49,365.72											\$98,731.44
Claims Costs													
Medical Claims Prescription Drug Claims	184,709.00 59.275.00	163,652.00 70,049.00											\$348,361.00 \$129,324.00
Sum of Total Claims Costs	\$243,984.00	\$233,701.00											\$477,685.00
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00 0.00											(\$10,056.95)
Prescription Drug Rebate Sum of Reimbursements	0.00 (\$10,056.95)	0.00 \$0.00											\$0.00 (\$10,056.95)
	, , ,	·											<u> </u>
Total Costs	\$283,292.77	\$283,066.72											\$566,359.49
Funding Less Costs	(\$24,270.74)	(\$24,044.69)											(\$48,315.43)
YTD Plan Performance	(\$24,270.74)	(\$48,315.43)											
YTD % of Total Costs to Funding													109.33%
YTD Average Monthly Cost													
Per Employee	\$1,430.77	\$1,430.20											\$1,430.20

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City of Manitowoc - Dental Funding Analysis Report

Dental Summary Prepared By:

Date Prepared:

Associated Financial Group 03/16/18

Plan Year:

01/01/18 - 12/31/18

Dental Carriers Anthem

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	53	53		•					•				106
Family	143	144											287
Total	196	197											393
													_
Total Funding													
Single	2,135.09	2,135.09											\$4,270.18
Family	15,315.44	15,352.60											\$30,668.04
Sum of Total Funding	\$17,450.53	\$17,487.69											\$34,938.22
Fixed Costs													
Single	142.04	142.04											\$284.08
Family	383.24	385.92											\$769.16
Sum of Total Fixed Costs	\$525.28	\$527.96											\$1,053.24
Claims Costs													
Dental Claims	13,019.28	13,954.21											\$26,973.49
Sum of Total Claims Costs	\$13,019.28	\$13,954.21											\$26,973.49
	* 10 = 11 = 0	*											****
Total Costs	\$13,544.56	\$14,482.17											\$28,026.73
Funding Loss Costs	\$3,905.97	\$3,005.52											¢c 011 40
Funding Less Costs	φ3,905.97	\$3,005.52											\$6,911.49
YTD Plan Performance	\$3,905.97	\$6,911.49											
115 Figure Crommance	ψ0,500.51	ψο,στι.+σ											
YTD % of Total Costs to Funding	l												80.22%
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YTD Average Monthly Cost													
Per Employee	\$69.10	\$71.31											\$71.31
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Enhanced Dental

Prepared By: Date Prepared: Associated Financial Group 03/16/18

Plan Year:

01/01/18 - 12/31/18

Dental Carriers:

Anthem

Total Monthly Funding								
Single	Family							
\$48.97	\$119.14							

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

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	39	39											78
Family	122	122											244
Total	161	161											322
Total Funding													
Single	1,909.83	1,909.83											\$3,819.66
Family	14,535.08	14,535.08											\$29,070.16
Sum of Total Funding	\$16,444.91	\$16,444.91											\$32,889.82
Fixed Costs													
Single	104.52	104.52											\$209.04
Family	326.96	326.96											\$653.92
Sum of Total Fixed Costs	\$431.48	\$431.48											\$862.96
Claims Costs													
Dental Claims	12,449.28	12,894.21											\$25,343.49
Sum of Total Claims Costs	\$12,449.28	\$12,894.21											\$25,343.49
Total Costs	\$12,880.76	\$13,325.69											\$26,206.45
Funding Less Costs	\$3,564.15	\$3,119.22											\$6,683.37
YTD Plan Performance	\$3,564.15	\$6,683.37											
YTD % of Total Costs to Funding													79.68%
YTD Average Monthly Cost Per Employee	\$80.00	\$81.39											\$81.39

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Preventative Dental

Prepared By: Date Prepared:

Associated Financial Group

Plan Year:

03/16/18 01/01/18 - 12/31/18

Dental Carriers:

Anthem

Total Monthly Funding								
Single	Family							
\$16.09	\$37.16							

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	Total Monthl	y 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 Single	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total 28
Family Total	21 35	22 36											43 71
Total Funding Single Family Sum of Total Funding	225.26 780.36 \$1,005.62	225.26 817.52 \$1,042.78											\$450.52 \$1,597.88 \$2,048.40
Fixed Costs Single Family Sum of Total Fixed Costs	37.52 56.28 \$93.80	37.52 58.96 \$96.48											\$75.04 \$115.24 \$190.28
Claims Costs Dental Claims Sum of Total Claims Costs	570.00 \$570.00	1,060.00 \$1,060.00											\$1,630.00 \$1,630.00
Total Costs	\$663.80	\$1,156.48											\$1,820.28
Funding Less Costs	\$341.82	(\$113.70)											\$228.12
YTD Plan Performance	\$341.82	\$228.12											
YTD % of Total Costs to Funding													88.86%
YTD Average Monthly Cost Per Employee	\$18.97	\$25.64											\$25.64