

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 03/16/18
 Plan Year: 01/01/18 - 12/31/18

Medical & Rx Carriers:

Anthem & 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	49	49											98
Family	149	149											298
Total	198	198											396

Total Members

	575	575											1,150
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Total Medical Funding

Single	29,719.97	29,719.97											\$59,439.94
Family	229,302.06	229,302.06											\$458,604.12
Sum of Total Medical Funding	\$259,022.03	\$259,022.03											\$518,044.06

Fixed Medical Costs

Single	6,531.21	6,531.21											\$13,062.42
Family	39,334.51	39,334.51											\$78,669.02
AFG Consulting Fee	3,500.00	3,500.00											\$7,000.00
Sum of Total Fixed Medical Costs	\$49,365.72	\$49,365.72											\$98,731.44

Total Fixed Costs

	\$49,365.72	\$49,365.72											\$98,731.44
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Claims Costs

Medical Claims	184,709.00	163,652.00											\$348,361.00
Prescription Drug Claims	59,275.00	70,049.00											\$129,324.00
Clinic Rental	172.05	172.05											\$344.10
Clinic Expenses	5,993.44	5,309.90											\$11,303.34
Sum of Total Claims Costs	\$250,149.49	\$239,182.95											\$489,332.44

Reimbursements

Specific Excess Loss	(10,056.95)	0.00											(10,056.95)
Prescription Drug Rebate	0.00	0.00											0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00											(\$10,056.95)

Total Costs

	\$289,458.26	\$288,548.67											\$578,006.93
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Funding Less Costs

	(\$30,436.23)	(\$29,526.64)											(\$59,962.87)
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YTD Plan Performance

	(\$30,436.23)	(\$59,962.87)											
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YTD % of Total Costs to Funding

111.57%

YTD Average Monthly Cost Per Employee

	\$1,461.91	\$1,459.61											\$1,459.61
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City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 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

	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	49	49											98
Family	149	149											298
Total	198	198											396
Total Funding													
Single	29,719.97	29,719.97											\$59,439.94
Family	229,302.06	229,302.06											\$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	39,334.51	39,334.51											\$78,669.02
AFG Consulting Fee	\$3,500.00	\$3,500.00											\$7,000.00
Sum of Total Fixed Costs	\$49,365.72	\$49,365.72											\$98,731.44
Claims Costs													
Medical Claims	184,709.00	163,652.00											\$348,361.00
Prescription Drug Claims	59,275.00	70,049.00											\$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											(\$10,056.95)
Prescription Drug Rebate	0.00	0.00											\$0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00											(\$10,056.95)
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

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 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

Total Costs	\$13,544.56	\$14,482.17											\$28,026.73
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Funding Less Costs	\$3,905.97	\$3,005.52											\$6,911.49
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YTD Plan Performance	\$3,905.97	\$6,911.49											
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YTD % of Total Costs to Funding													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

Dental Carriers:
Anthem

Prepared By: Associated Financial Group
Date Prepared: 03/16/18
Plan Year: 01/01/18 - 12/31/18

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-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
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Funding Less Costs	\$3,564.15	\$3,119.22											\$6,683.37
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YTD Plan Performance	\$3,564.15	\$6,683.37											
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YTD % of Total Costs to Funding													79.68%
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YTD Average Monthly Cost Per Employee	\$80.00	\$81.39											\$81.39
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 03/16/18
Plan Year: 01/01/18 - 12/31/18

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

	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
Monthly Enrollment													
Single	14	14											28
Family	21	22											43
Total	35	36											71
Total Funding													
Single	225.26	225.26											\$450.52
Family	780.36	817.52											\$1,597.88
Sum of Total Funding	\$1,005.62	\$1,042.78											\$2,048.40
Fixed Costs													
Single	37.52	37.52											\$75.04
Family	56.28	58.96											\$115.24
Sum of Total Fixed Costs	\$93.80	\$96.48											\$190.28
Claims Costs													
Dental Claims	570.00	1,060.00											\$1,630.00
Sum of Total Claims Costs	\$570.00	\$1,060.00											\$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