City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By:

Associated Financial Group

Date Prepared: Plan Year: 09/16/19 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			Total
Single 47 47 47 45 45 46 49 49	Nov-19	Dec-19	375
Family 150 152 152 151 152 154 155 153			1,219
Total 197 199 199 196 197 200 204 202			1,594
101 100 100 101 200 201 201			1,001
Total Members 570 579 580 573 577 586 594 590			4,649
Total Medical Funding			
Single 29,033.78 29,033.78 29,033.78 27,798.30 27,798.30 28,416.04 30,269.26 30,269.26			\$231,652.50
Family 235,452.00 238,591.36 238,591.36 237,021.68 238,591.36 241,730.72 243,300.40 240,161.04			\$1,913,439.92
Sum of Total Medical Funding \$264,485.78 \$267,625.14 \$267,625.14 \$264,819.98 \$266,389.66 \$270,146.76 \$273,569.66 \$270,430.30			\$2,145,092.42
Fixed Medical Coats			
Fixed Medical Costs Single 6,392.00 6,392.00 6,392.00 6,120.00 6,120.00 6,256.00 6,664.00 6,664.00			¢51,000,00
Single 6,392.00 6,392.00 6,392.00 6,120.00 6,120.00 6,256.00 6,664.00 6,664.00 Family 41,127.00 41,675.36 41,675.36 41,401.18 41,675.36 42,223.72 42,497.90 41,949.54			\$51,000.00 \$334,225.42
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			\$28,000.00
Sum of Total Fixed Medical Costs \$51,019.00 \$51,567.36 \$51,567.36 \$51,021.18 \$51,295.36 \$51,979.72 \$52,661.90 \$52,113.54			\$413,225.42
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Total Fixed Costs \$51,019.00 \$51,567.36 \$51,567.36 \$51,021.18 \$51,295.36 \$51,979.72 \$52,661.90 \$52,113.54			\$413,225.42
Claims Costs			
Medical Claims 112,724.00 180,214.00 204,891.00 152,956.00 97,419.00 106,688.00 101,385.00 131,656.00			\$1,087,933.00
Prescription Drug Claims 55,740.00 68,047.00 83,734.00 51,409.00 67,646.00 70,045.00 68,937.00 48,017.00			\$513,575.00
Clinic Expenses 4,757.29 4,220.16 4,661.37 4,835.72 4,629.88 4,877.77 4,850.11 4,529.43			\$37,361.73
Discount Share 2,895.76 4,559.14 5,896.49 5,250.58 3,200.85 3,764.70 4,969.04 3,042.14			\$33,578.70
Sum of Total Claims Costs \$176,117.05 \$257,040.30 \$299,182.86 \$214,451.30 \$172,895.73 \$185,375.47 \$180,141.15 \$187,244.57			\$1,672,448.43
Reimbursements			
Specific Excess Loss (23,928.93) 0.00 0.00 0.00 0.00 0.00 0.00 0.00			(23,928.93)
Prescription Drug Rebate 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.			0.00
Sum of Reimbursements (\$23,928.93) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			(\$23,928.93)
Total Costs \$203,207.12 \$308,607.66 \$350,750.22 \$265,472.48 \$224,191.09 \$237,355.19 \$232,803.05 \$239,358.11			\$2,061,744.92
10tal Costs \$203,207.12 \$306,007.00 \$330,730.22 \$203,472.40 \$224,191.09 \$237,333.19 \$232,003.03 \$239,336.11			\$2,001,744.92
Funding Less Costs \$61,278.66 (\$40,982.52) (\$83,125.08) (\$652.50) \$42,198.57 \$32,791.57 \$40,766.61 \$31,072.19			\$83,347.50
YTD Plan Performance \$61,278.66 \$20,296.14 (\$62,828.94) (\$63,481.44) (\$21,282.87) \$11,508.70 \$52,275.31 \$83,347.50			
YTD % of Total Costs to Funding			— 96.11%
115 /v or rotal costs to randing			30.1170
YTD Average Monthly Cost Per Employee \$1,031.51 \$1,292.46 \$1,449.69 \$1,426.09 \$1,368.65 \$1,338.03 \$1,309.19 \$1,293.44			\$1,293.44

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Medical & Rx Carriers:

Anthem & Anthem

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

Prepared By: Date Prepared: Associated Financial Group 09/16/19

Plan Year:

01/01/19 - 12/31/19

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	47	45	45	46	49	49					375
Family _	150	152	152	151	152	154	155	153					1,219
Total	197	199	199	196	197	200	204	202					1,594
Total Funding													
Single	29,033.78	29,033.78	29,033.78	27,798.30	27,798.30	28,416.04	30,269.26	30,269.26					\$231,652.50
Family _	235,452.00	238,591.36	238,591.36	237,021.68	238,591.36	241,730.72	243,300.40	240,161.04					\$1,913,439.92
Sum of Total Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$266,389.66	\$270,146.76	\$273,569.66	\$270,430.30					\$2,145,092.42
Fixed Costs													
Single	6,392.00	6,392.00	6,392.00	6,120.00	6,120.00	6,256.00	6,664.00	6,664.00					\$51,000.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,675.36	42,223.72	42,497.90	41,949.54					\$334,225.42
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					\$28,000.00
Sum of Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90	\$52,113.54					\$413,225.42
Claims Costs													
Medical Claims	112,724.00	180,214.00	204,891.00	152,956.00	97,419.00	106,688.00	101,385.00	131,656.00					\$1,087,933.00
Prescription Drug Claims	55,740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00	48,017.00					\$513,575.00
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04	3,042.14					\$33,578.70
Sum of Total Claims Costs	\$171,359.76	\$252,820.14	\$294,521.49	\$209,615.58	\$168,265.85	\$180,497.70	\$175,291.04	\$182,715.14					\$1,635,086.70
Reimbursements													
Specific Excess Loss	(23,928.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00					(\$23,928.93)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					\$0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					(\$23,928.93)
Total Costs	\$198,449.83	\$304,387.50	\$346,088.85	\$260,636.76	\$219,561.21	\$232,477.42	\$227,952.94	\$234,828.68					\$2,024,383.19
Funding Less Costs	\$66,035.95	(\$36,762.36)	(\$78,463.71)	\$4,183.22	\$46,828.45	\$37,669.34	\$45,616.72	\$35,601.62					\$120,709.23
YTD Plan Performance	\$66.035.95	\$29,273.59	(\$49,190.12)	(\$45,006.90)	\$1,821.55	\$39,490.89	\$85,107.61	\$120,709.23					
_	\$50,000.30	420,210.00	(\$.0, .002)	(+10,000.00)	¥ 1,02 1.00	400, 100.00	400,101.01	Ţ.20j. 00.20					
YTD % of Total Costs to Funding													94.37%
YTD Average Monthly Cost Per Employee	\$1,007.36	\$1,269.79	\$1,426.77	\$1,402.73	\$1,345.27	\$1,314.48	\$1,285.60	\$1,270.00					\$1,270.00

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By:

Associated Financial Group

Dental Carriers

Date Prepared: Plan Year:

01/01/19 - 12/31/19

09/16/19

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	54	52	53	52	55	56					430
Family	144	145	147	147	146	147	148	147					1,171
Total	198	199	201	199	199	199	203	203					1,601
_													
Total Funding													
Single	2,184.06	2,184.06	2,184.06	2,119.00	2,167.97	2,119.00	2,265.91	2,314.88					\$17,538.94
Family _	15,352.60	15,307.78	15,546.06	15,464.08	15,344.94	15,382.10	15,419.26	15,382.10					\$123,198.92
Sum of Total Funding	\$17,536.66	\$17,491.84	\$17,730.12	\$17,583.08	\$17,512.91	\$17,501.10	\$17,685.17	\$17,696.98					\$140,737.86
Fixed Costs													
Single	144.72	144.72	144.72	139.36	142.04	139.36	147.40	150.08					\$1,152.40
Family _	385.92	388.60	393.96	393.96	391.28	393.96	396.64	393.96					\$3,138.28
Sum of Total Fixed Costs	\$530.64	\$533.32	\$538.68	\$533.32	\$533.32	\$533.32	\$544.04	\$544.04					\$4,290.68
Old two Octob													
Claims Costs	40.070.04	45.050.04	47.044.44	10.050.10	40.707.00	44 400 00	44.000.00	47 450 70					# 400.040.40
Dental Claims	16,379.64	15,352.34	17,644.41	16,359.19	19,727.83	11,409.60	14,982.68	17,456.73					\$129,312.42
Sum of Total Claims Costs	\$16,379.64	\$15,352.34	\$17,644.41	\$16,359.19	\$19,727.83	\$11,409.60	\$14,982.68	\$17,456.73					\$129,312.42
Total Costs	\$16,910.28	\$15,885.66	\$18,183.09	\$16,892.51	\$20,261.15	\$11,942.92	\$15,526.72	\$18,000.77					\$133,603.10
Total Costs	ψ10,910.20	φ10,000.00	ψ10,103.09	φ10,032.31	ψ20,201.10	ψ11,942.92	ψ10,020.72	φ10,000.77					φ133,003.10
Funding Less Costs	\$626.38	\$1,606.18	(\$452.97)	\$690.57	(\$2,748.24)	\$5,558.18	\$2,158.45	(\$303.79)					\$7,134.76
	7.2	¥ 1,0000110	(+ 10=101)	+	(+=,: :::= :/	+ 0,000.10	+= ,:::::::	(+					+ 1,10111
YTD Plan Performance	\$626.38	\$2,232.56	\$1,779.59	\$2,470.16	(\$278.08)	\$5,280.10	\$7,438.55	\$7,134.76					
-					,								
YTD % of Total Costs to Funding													94.93%
YTD Average Monthly Cost													
Per Employee	\$85.41	\$82.61	\$85.25	\$85.16	\$88.49	\$83.75	\$82.69	\$83.45					\$83.45

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Enhanced Dental

Prepared By: Date Prepared: Associated Financial Group 09/16/19

Plan Year:

01/01/19 - 12/31/19

Dental Carriers:

Anthem

Total Monthly Funding									
Single	Family								
\$48.97	\$119.14								

<u> </u>							
	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	40	39	40	39	42	43					323
Family	122	121	123	122	121	121	121	121					972
Total _	162	161	163	161	161	160	163	164					1,295
Total Funding													
Single	1,958.80	1,958.80	1,958.80	1,909.83	1,958.80	1,909.83	2,056.74	2,105.71					\$15,817.31
Family _	14,535.08	14,415.94	14,654.22	14,535.08	14,415.94	14,415.94	14,415.94	14,415.94					\$115,804.08
Sum of Total Funding	\$16,493.88	\$16,374.74	\$16,613.02	\$16,444.91	\$16,374.74	\$16,325.77	\$16,472.68	\$16,521.65					\$131,621.39
Fixed Costs													
Single	107.20	107.20	107.20	104.52	107.20	104.52	112.56	115.24					\$865.64
Family _	326.96	324.28	329.64	326.96	324.28	324.28	324.28	324.28					\$2,604.96
Sum of Total Fixed Costs	\$434.16	\$431.48	\$436.84	\$431.48	\$431.48	\$428.80	\$436.84	\$439.52					\$3,470.60
Claims Costs													
Dental Claims	15,674.64	14,712.34	15,760.41	14,445.19	18,026.83	9,461.60	14,183.68	15,908.73					\$118,173.42
Sum of Total Claims Costs	\$15,674.64	\$14,712.34	\$15,760.41	\$14,445.19	\$18,026.83	\$9,461.60	\$14,183.68	\$15,908.73					\$118,173.42
Total Costs	\$16,108.80	\$15,143.82	\$16,197.25	\$14,876.67	\$18,458.31	\$9,890.40	\$14,620.52	\$16,348.25					\$121,644.02
Funding Less Costs	\$385.08	\$1,230.92	\$415.77	\$1,568.24	(\$2,083.57)	\$6,435.37	\$1,852.16	\$173.40					\$9,977.37
YTD Plan Performance	\$385.08	\$1,616.00	\$2,031.77	\$3,600.01	\$1,516.44	\$7,951.81	\$9,803.97	\$9,977.37					
YTD % of Total Costs to Funding													92.42%
YTD Average Monthly Cost Per Employee	\$99.44	\$96.76	\$97.63	\$96.33	\$99.98	\$93.67	\$93.10	\$93.93					\$93.93

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Preventative Dental

Prepared By: Date Prepared: Associated Financial Group 09/16/19

Plan Year:

01/01/19 - 12/31/19

Dental Carriers:

Anthem

Total Monthly Funding
Single Family
\$16.09 \$37.16

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	14	13	13	13	13	13					107
Family	22	24	24	25	25	26	27	26					199
Total	36	38	38	38	38	39	40	39					306
Total Funding													
Single	225.26	225.26	225.26	209.17	209.17	209.17	209.17	209.17					\$1,721.63
Family	817.52	891.84	891.84	929.00	929.00	966.16	1,003.32	966.16					\$7,394.84
Sum of Total Funding	\$1,042.78	\$1,117.10	\$1,117.10	\$1,138.17	\$1,138.17	\$1,175.33	\$1,212.49	\$1,175.33					\$9,116.47
Fixed Costs													
Single	37.52	37.52	37.52	34.84	34.84	34.84	34.84	34.84					\$286.76
Family	58.96	64.32	64.32	67.00	67.00	69.68	72.36	69.68					\$533.32
Sum of Total Fixed Costs	\$96.48	\$101.84	\$101.84	\$101.84	\$101.84	\$104.52	\$107.20	\$104.52					\$820.08
Claims Costs													
Dental Claims	705.00	640.00	1,884.00	1,914.00	1,701.00	1,948.00	799.00	1,548.00					\$11,139.00
Sum of Total Claims Costs	\$705.00	\$640.00	\$1,884.00	\$1,914.00	\$1,701.00	\$1,948.00	\$799.00	\$1,548.00					\$11,139.00
Total Costs	\$801.48	\$741.84	\$1,985.84	\$2,015.84	\$1,802.84	\$2,052.52	\$906.20	\$1,652.52					\$11,959.08
Funding Less Costs	\$241.30	\$375.26	(\$868.74)	(\$877.67)	(\$664.67)	(\$877.19)	\$306.29	(\$477.19)					(\$2,842.61)
YTD Plan Performance	\$241.30	\$616.56	(\$252.18)	(\$1,129.85)	(\$1,794.52)	(\$2,671.71)	(\$2,365.42)	(\$2,842.61)					
YTD % of Total Costs to Funding													131.18%
YTD Average Monthly Cost Per Employee	\$22.26	\$20.86	\$31.51	\$36.97	\$39.08	\$41.41	\$38.60	\$39.08					\$39.08