

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

Prepared By: Associated Financial Group  
 Date Prepared: 02/27/15  
 Plan Year: 01/01/15 - 12/31/15

### Medical & Rx Carriers:

Auxiant & Serve You

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	59												59
Family	135												135
<b>Total</b>	<b>194</b>												<b>194</b>
<b>Total Members</b>	<b>530</b>												<b>530</b>
<b>Total Medical Funding</b>													
Single	32,096.00												\$32,096.00
Family	191,700.00												\$191,700.00
<b>Sum of Total Medical Funding</b>	<b>\$223,796.00</b>												<b>\$223,796.00</b>
<b>Total HRA Funding</b>													
Single	737.50												737.50
Family	3,375.00												3,375.00
<b>Sum of Total HRA Funding</b>	<b>\$4,112.50</b>												<b>\$4,112.50</b>
<b>Total Funding</b>	<b>\$227,908.50</b>												<b>\$227,908.50</b>
<b>Fixed Medical Costs</b>													
Single	5,662.23												\$5,662.23
Family	27,048.60												\$27,048.60
<b>Sum of Total Fixed Medical Costs</b>	<b>\$32,710.83</b>												<b>\$32,710.83</b>
<b>Fixed HRA Costs</b>													
Single	250.75												\$250.75
Family	573.75												\$573.75
<b>Sum of Total HRA Fixed Costs</b>	<b>\$824.50</b>												<b>\$824.50</b>
<b>Total Fixed Costs</b>	<b>\$33,535.33</b>												<b>\$33,535.33</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08												\$295,096.08
Prescription Drug Claims	28,707.69												\$28,707.69
HRA Claims	1,000.00												\$1,000.00
<b>Sum of Total Claims Costs</b>	<b>\$324,803.77</b>												<b>\$324,803.77</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)												(11,296.68)
Prescription Drug Rebate	0.00												0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>												<b>(\$11,296.68)</b>
<b>Total Costs</b>	<b>\$347,042.42</b>												<b>\$347,042.42</b>
<b>Funding Less Costs</b>	<b>(\$119,133.92)</b>												<b>(\$123,246.42)</b>
<b>YTD Plan Performance</b>	<b>(\$119,133.92)</b>												
<b>YTD % of Total Costs to Funding</b>													155.07%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,788.88</b>												<b>\$1,788.88</b>

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** Associated Financial Group  
**Date Prepared:** 02/27/15  
**Plan Year:** 01/01/15 - 12/31/15

**Medical & Rx Carriers:**  
Auxiant & Serve You

Total Monthly Funding	
Single	Family
\$544.00	\$1,420.00

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$15.65	\$15.65
Specific Stop Loss (\$xxxx)	\$54.16	\$145.28
Aggregate Stop Loss	\$6.59	\$6.59
Fully Insured Transplant Fee	\$10.22	\$23.49
PPO Access Fee	\$5.50	\$5.50
UR Fees	\$2.85	\$2.85
COBRA Fees	\$1.00	\$1.00
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$95.97</b>	<b>\$200.36</b>

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	59												59
Family	135												135
<b>Total</b>	<b>194</b>												<b>194</b>
<b>Total Funding</b>													
Single	32,096.00												\$32,096.00
Family	191,700.00												\$191,700.00
<b>Sum of Total Funding</b>	<b>\$223,796.00</b>												<b>\$223,796.00</b>
<b>Fixed Costs</b>													
Single	5,662.23												\$5,662.23
Family	27,048.60												\$27,048.60
<b>Sum of Total Fixed Costs</b>	<b>\$32,710.83</b>												<b>\$32,710.83</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08												\$295,096.08
Prescription Drug Claims	28,707.69												\$28,707.69
<b>Sum of Total Claims Costs</b>	<b>\$323,803.77</b>												<b>\$323,803.77</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)												(\$11,296.68)
Prescription Drug Rebate	0.00												\$0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>												<b>(\$11,296.68)</b>
<b>Total Costs</b>	<b>\$345,217.92</b>												<b>\$345,217.92</b>
<b>Funding Less Costs</b>	<b>(\$121,421.92)</b>												<b>(\$121,421.92)</b>
<b>YTD Plan Performance</b>	<b>(\$121,421.92)</b>												
<b>YTD % of Total Costs to Funding</b>													154.26%
<b>YTD Average Monthly Cost Per Employee</b>	\$1,779.47												\$1,779.47

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**

HRA

Total Monthly Funding	
Single	Family
\$12.50	\$25.00

**Prepared By:** Associated Financial Group

**Date Prepared:** 02/27/15

**Plan Year:** 01/01/15 - 12/31/15

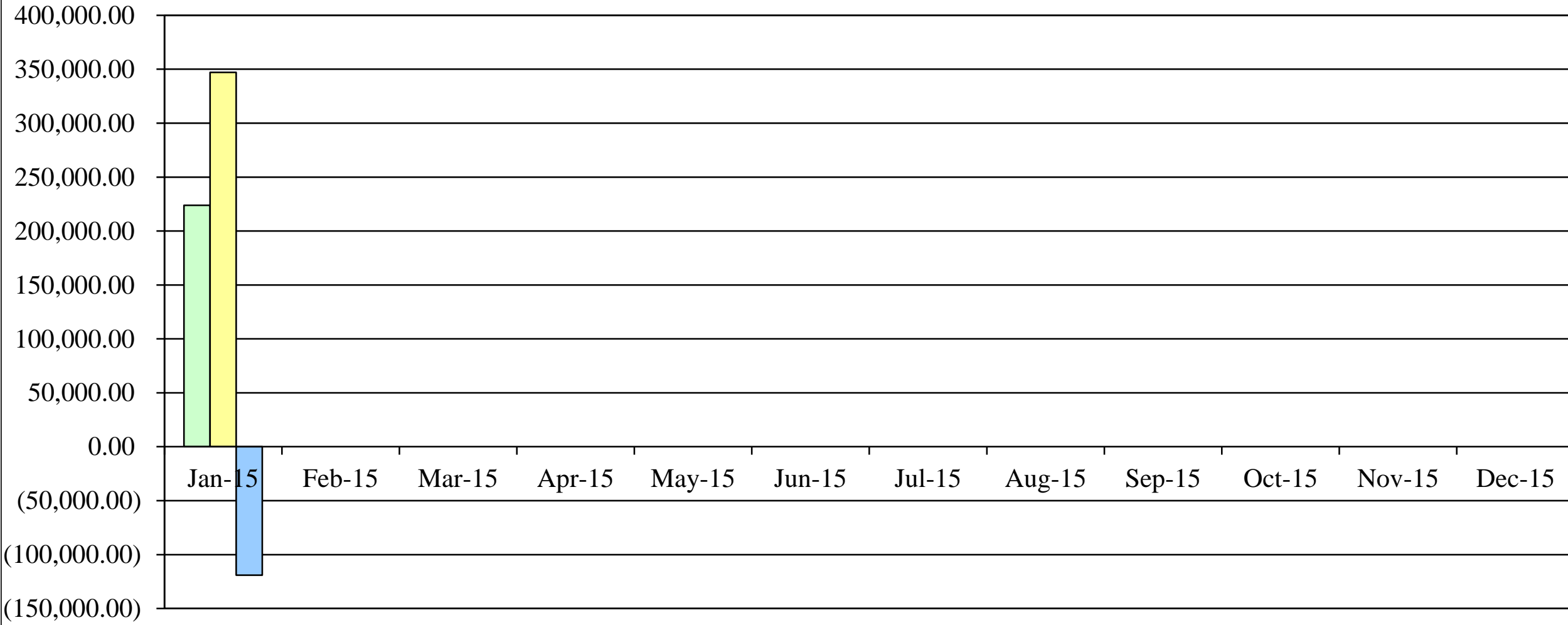
**Medical & Rx Carriers:**

Auxiant & Serve You

Total Monthly Fixed Costs	
Single	Family
HRA Admin Fee \$4.25	\$4.25
<b>Sum of Total Monthly Fixed Costs \$4.25</b>	<b>\$4.25</b>

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
<b>Monthly Enrollment</b>													
Single	59												59
Family	135												135
<b>Total</b>	194												194
<b>Total Funding</b>													
Single	737.50												\$737.50
Family	3,375.00												\$3,375.00
<b>Sum of Total Funding</b>	\$4,112.50												\$4,112.50
<b>Fixed Costs</b>													
Single	250.75												\$250.75
Family	573.75												\$573.75
<b>Sum of Total Fixed Costs</b>	\$824.50												\$824.50
<b>Claims Costs</b>													
HRA Claims	1,000.00												\$1,000.00
<b>Sum of Total Claims Costs</b>	\$1,000.00												\$1,000.00
<b>Total Costs</b>	\$1,824.50												\$1,824.50
<b>Funding Less Costs</b>	\$2,288.00												\$2,288.00
<b>YTD Plan Performance</b>	\$2,288.00												
<b>YTD % of Total Costs to Funding</b>													44.36%
<b>YTD Average Monthly Cost Per Employee</b>	\$9.40												\$9.40

# Medical Summary Graph



# City of Manitowoc - Dental Funding Analysis Report

**Dental Summary**

Prepared By: Associated Financial Group  
 Date Prepared: 02/27/15  
 Plan Year: 01/01/15 - 12/31/15

**Dental Carriers**

Auxiant

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	53												53
Family	133												133
<b>Total</b>	186												186

<b>Total Funding</b>													
Single	1,745.70												\$1,745.70
Family	12,962.77												\$12,962.77
<b>Sum of Total Funding</b>	\$14,708.47												\$14,708.47

<b>Fixed Costs</b>													
Single	115.54												\$115.54
Family	289.94												\$289.94
<b>Sum of Total Fixed Costs</b>	\$405.48												\$405.48

<b>Claims Costs</b>													
Dental Claims	13,607.55												\$13,607.55
<b>Sum of Total Claims Costs</b>	\$13,607.55												\$13,607.55

<b>Total Costs</b>	\$14,013.03												\$14,013.03
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<b>Funding Less Costs</b>	\$695.44												\$695.44
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<b>YTD Plan Performance</b>	\$695.44												
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<b>YTD % of Total Costs to Funding</b>													95.27%
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<b>YTD Average Monthly Cost Per Employee</b>	\$75.34												\$75.34
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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 02/27/15  
**Plan Year:** 01/01/15 - 12/31/15

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$45.54	\$110.59

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.18</b>	<b>\$2.18</b>

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	31												31
Family	110												110
<b>Total</b>	<b>141</b>												<b>141</b>
<b>Total Funding</b>													
Single	1,411.74												\$1,411.74
Family	12,164.90												\$12,164.90
<b>Sum of Total Funding</b>	<b>\$13,576.64</b>												<b>\$13,576.64</b>
<b>Fixed Costs</b>													
Single	67.58												\$67.58
Family	239.80												\$239.80
<b>Sum of Total Fixed Costs</b>	<b>\$307.38</b>												<b>\$307.38</b>
<b>Claims Costs</b>													
Dental Claims	11,779.55												\$11,779.55
<b>Sum of Total Claims Costs</b>	<b>\$11,779.55</b>												<b>\$11,779.55</b>
<b>Total Costs</b>	<b>\$12,086.93</b>												<b>\$12,086.93</b>
<b>Funding Less Costs</b>	<b>\$1,489.71</b>												<b>\$1,489.71</b>
<b>YTD Plan Performance</b>	<b>\$1,489.71</b>												
<b>YTD % of Total Costs to Funding</b>													89.03%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$85.72</b>												<b>\$85.72</b>

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 02/27/15  
**Plan Year:** 01/01/15 - 12/31/15

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$15.18	\$34.69

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.10	\$2.10
Renewal Fee	\$0.08	\$0.08
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.18</b>	<b>\$2.18</b>

Monthly Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Single	22												22
Family	23												23
<b>Total</b>	<b>45</b>												<b>45</b>

<b>Total Funding</b>													
Single	333.96												\$333.96
Family	797.87												\$797.87
<b>Sum of Total Funding</b>	<b>\$1,131.83</b>												<b>\$1,131.83</b>

<b>Fixed Costs</b>													
Single	47.96												\$47.96
Family	50.14												\$50.14
<b>Sum of Total Fixed Costs</b>	<b>\$98.10</b>												<b>\$98.10</b>

<b>Claims Costs</b>													
Dental Claims	1,828.00												\$1,828.00
<b>Sum of Total Claims Costs</b>	<b>\$1,828.00</b>												<b>\$1,828.00</b>

<b>Total Costs</b>	<b>\$1,926.10</b>												<b>\$1,926.10</b>
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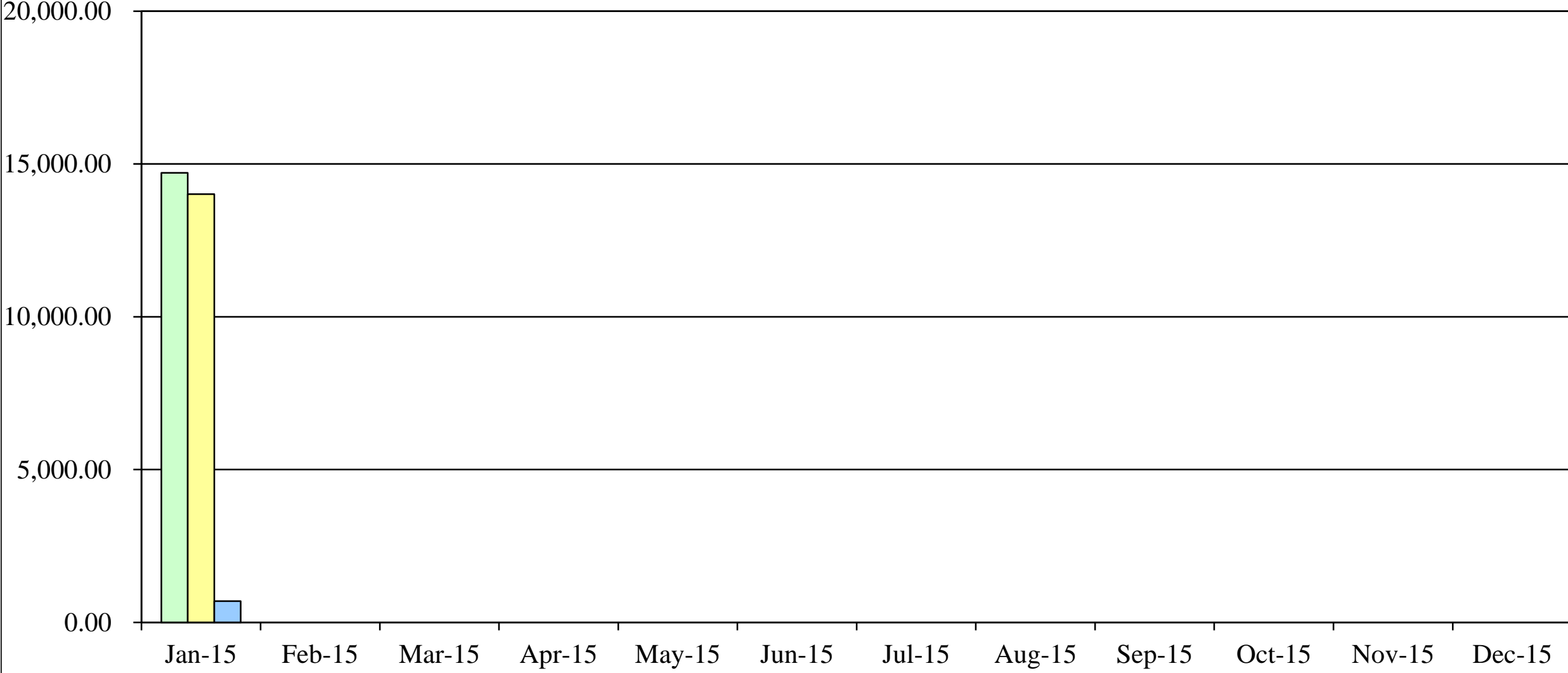
<b>Funding Less Costs</b>	<b>(\$794.27)</b>												<b>(\$794.27)</b>
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<b>YTD Plan Performance</b>	<b>(\$794.27)</b>												
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<b>YTD % of Total Costs to Funding</b>													170.18%
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<b>YTD Average Monthly Cost Per Employee</b>	<b>\$42.80</b>												<b>\$42.80</b>
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# Dental Summary Graph



Legend: ■ Total Funding    ■ Total Costs    ■ YTD Plan Performance