

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 06/10/15
 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	56	58	53	53								279
Family	135	136	136	138	138								683
Total	194	192	194	191	191								962
Total Members	530	528	530	532	532								2,652
Total Medical Funding													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00								\$151,776.00
Family	191,700.00	193,120.00	193,120.00	195,960.00	195,960.00								\$969,860.00
Sum of Total Medical Funding	\$223,796.00	\$223,584.00	\$224,672.00	\$224,792.00	\$224,792.00								\$1,121,636.00
Total HRA Funding													
Single	988.25	938.00	971.50	887.75	887.75								4,673.25
Family	3,948.75	3,978.00	3,978.00	4,036.50	4,036.50								19,977.75
Sum of Total HRA Funding	\$4,937.00	\$4,916.00	\$4,949.50	\$4,924.25	\$4,924.25								\$24,651.00
Total Funding	\$228,733.00	\$228,500.00	\$229,621.50	\$229,716.25	\$229,716.25								\$1,146,287.00
Fixed Medical Costs													
Single	5,779.64	5,723.76	5,928.18	5,417.13	5,417.13								\$28,265.84
Family	28,791.45	29,582.72	29,582.72	30,017.76	30,017.76								\$147,992.41
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00								\$17,500.00
Sum of Total Fixed Medical Costs	\$38,071.09	\$38,806.48	\$39,010.90	\$38,934.89	\$38,934.89								\$193,758.25
Fixed HRA Costs													
Single	250.75	238.00	246.50	225.25	225.25								\$1,185.75
Family	573.75	578.00	578.00	586.50	586.50								\$2,902.75
Sum of Total HRA Fixed Costs	\$824.50	\$816.00	\$824.50	\$811.75	\$811.75								\$4,088.50
Total Fixed Costs	\$38,895.59	\$39,622.48	\$39,835.40	\$39,746.64	\$39,746.64								\$197,846.75
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88								\$955,522.27
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74	25,545.91								\$132,064.52
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17	1,962.23								\$15,777.49
Sum of Total Claims Costs	\$324,803.77	\$186,294.06	\$259,251.49	\$122,549.94	\$210,465.02								\$1,103,364.28
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00								(11,296.68)
Prescription Drug Rebate	(3,136.00)	0.00	0.00	(3,074.00)	0.00								(6,210.00)
Sum of Reimbursements	(\$14,432.68)	\$0.00	\$0.00	(\$3,074.00)	\$0.00								(\$17,506.68)
Total Costs	\$349,266.68	\$225,916.54	\$299,086.89	\$159,222.58	\$250,211.66								\$1,283,704.35
Funding Less Costs	(\$120,533.68)	\$2,583.46	(\$69,465.39)	\$70,493.67	(\$20,495.41)								(\$162,068.35)
YTD Plan Performance	(\$120,533.68)	(\$117,950.22)	(\$187,415.61)	(\$116,921.94)	(\$137,417.35)								
YTD % of Total Costs to Funding													114.45%
YTD Average Monthly Cost Per Employee	\$1,800.34	\$1,490.11	\$1,507.36	\$1,340.46	\$1,334.41								\$1,334.41

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 06/10/15
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 (\$100,000)	\$54.16	\$145.28
Aggregate Stop Loss	\$6.59	\$6.59
Fully Insured Transplant Fee	\$10.22	\$23.49
PPO Access Fee	\$3.65	\$3.65
UR Fees	\$2.85	\$2.85
COBRA Fees	\$1.00	\$1.00
PCORI Fee	\$0.17	\$0.67
ACA Reinsurance Fee	\$3.67	\$14.09
Sum of Total Monthly Fixed Costs	\$97.96	\$213.27

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	56	58	53	53								279
Family	135	136	136	138	138								683
Total	194	192	194	191	191								962
Total Funding													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00								\$151,776.00
Family	191,700.00	193,120.00	193,120.00	195,960.00	195,960.00								\$969,860.00
Sum of Total Funding	\$223,796.00	\$223,584.00	\$224,672.00	\$224,792.00	\$224,792.00								\$1,121,636.00
Fixed Costs													
Single	5,779.64	5,485.76	5,681.68	5,191.88	5,191.88								\$27,330.84
Family	28,791.45	29,004.72	29,004.72	29,431.26	29,431.26								\$145,663.41
Sum of Total Fixed Costs	\$34,571.09	\$34,490.48	\$34,686.40	\$34,623.14	\$34,623.14								\$172,994.25
Claims Costs													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88								\$955,522.27
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74	25,545.91								\$132,064.52
Sum of Total Claims Costs	\$323,803.77	\$182,112.50	\$254,803.96	\$118,363.77	\$208,502.79								\$1,087,586.79
Reimbursements													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00								(\$11,296.68)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00								\$0.00
Sum of Reimbursements	(\$11,296.68)	\$0.00	\$0.00	\$0.00	\$0.00								(\$11,296.68)
Total Costs	\$347,078.18	\$216,602.98	\$289,490.36	\$152,986.91	\$243,125.93								\$1,249,284.36
Funding Less Costs	(\$123,282.18)	\$6,981.02	(\$64,818.36)	\$71,805.09	(\$18,333.93)								(\$127,648.36)
YTD Plan Performance	(\$123,282.18)	(\$116,301.16)	(\$181,119.52)	(\$109,314.43)	(\$127,648.36)								
YTD % of Total Costs to Funding													111.38%
YTD Average Monthly Cost Per Employee	\$1,789.06	\$1,460.31	\$1,470.99	\$1,305.00	\$1,298.63								\$1,298.63

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

HRA

Total Monthly Funding	
Single	Family
\$16.75	\$29.25

Prepared By: Associated Financial Group

Date Prepared: 06/10/15

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

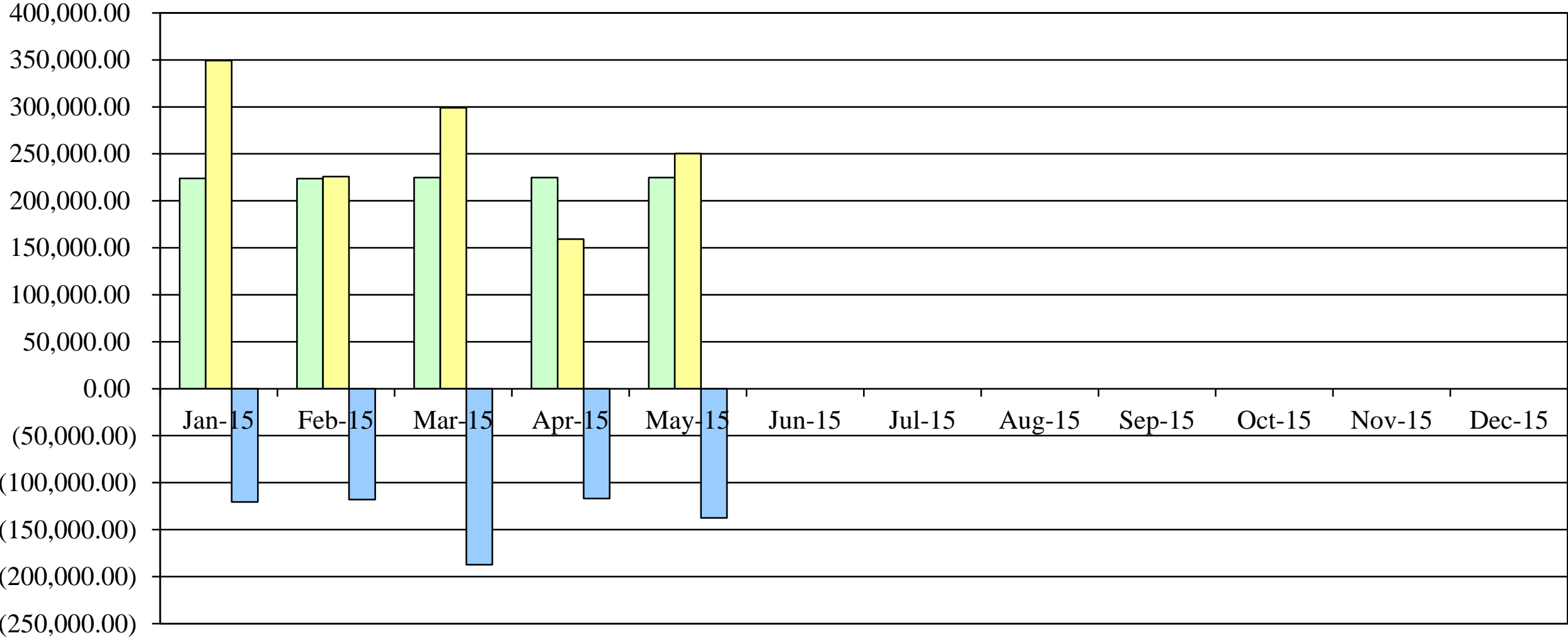
Medical & Rx Carriers:

Auxiant & Serve You

Total Monthly Fixed Costs	
Single	Family
HRA Admin Fee \$4.25	\$4.25
Sum of Total Monthly Fixed Costs \$4.25	\$4.25

	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
Monthly Enrollment													
Single	59	56	58	53	53								279
Family	135	136	136	138	138								683
Total	194	192	194	191	191								962
Total Funding													
Single	988.25	938.00	971.50	887.75	887.75								\$4,673.25
Family	3,948.75	3,978.00	3,978.00	4,036.50	4,036.50								\$19,977.75
Sum of Total Funding	\$4,937.00	\$4,916.00	\$4,949.50	\$4,924.25	\$4,924.25								\$24,651.00
Fixed Costs													
Single	250.75	238.00	246.50	225.25	225.25								\$1,185.75
Family	573.75	578.00	578.00	586.50	586.50								\$2,902.75
Sum of Total Fixed Costs	\$824.50	\$816.00	\$824.50	\$811.75	\$811.75								\$4,088.50
Claims Costs													
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17	1,962.23								\$15,777.49
Sum of Total Claims Costs	\$1,000.00	\$4,181.56	\$4,447.53	\$4,186.17	\$1,962.23								\$15,777.49
Total Costs	\$1,824.50	\$4,997.56	\$5,272.03	\$4,997.92	\$2,773.98								\$19,865.99
Funding Less Costs	\$3,112.50	(\$81.56)	(\$322.53)	(\$73.67)	\$2,150.27								\$4,785.01
YTD Plan Performance	\$3,112.50	\$3,030.94	\$2,708.41	\$2,634.74	\$4,785.01								
YTD % of Total Costs to Funding													80.59%
YTD Average Monthly Cost Per Employee	\$9.40	\$17.67	\$20.85	\$22.17	\$20.65								\$20.65

Medical Summary Graph



City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 06/10/15
 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	51	53	51	51								259
Family	133	134	134	134	134								669
Total	186	185	187	185	185								928

Total Funding

Single	1,745.70	1,654.62	1,624.26	1,563.54	1,563.54								\$8,151.66
Family	12,962.77	13,073.36	13,073.36	13,149.26	13,149.26								\$65,408.01
Sum of Total Funding	\$14,708.47	\$14,727.98	\$14,697.62	\$14,712.80	\$14,712.80								\$73,559.67

Fixed Costs

Single	115.54	111.18	115.54	111.18	111.18								\$564.62
Family	289.94	292.12	292.12	292.12	292.12								\$1,458.42
Sum of Total Fixed Costs	\$405.48	\$403.30	\$407.66	\$403.30	\$403.30								\$2,023.04

Claims Costs

Dental Claims	13,607.55	19,758.21	23,987.45	16,640.01	13,459.90								\$87,453.12
Sum of Total Claims Costs	\$13,607.55	\$19,758.21	\$23,987.45	\$16,640.01	\$13,459.90								\$87,453.12

Total Costs

Total Costs	\$14,013.03	\$20,161.51	\$24,395.11	\$17,043.31	\$13,863.20								\$89,476.16
--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--	--	--	--	--	--	--	--------------------

Funding Less Costs

Funding Less Costs	\$695.44	(\$5,433.53)	(\$9,697.49)	(\$2,330.51)	\$849.60								(\$15,916.49)
---------------------------	-----------------	---------------------	---------------------	---------------------	-----------------	--	--	--	--	--	--	--	----------------------

YTD Plan Performance

YTD Plan Performance	\$695.44	(\$4,738.09)	(\$14,435.58)	(\$16,766.09)	(\$15,916.49)								
-----------------------------	-----------------	---------------------	----------------------	----------------------	----------------------	--	--	--	--	--	--	--	--

YTD % of Total Costs to Funding

YTD % of Total Costs to Funding													121.64%
--	--	--	--	--	--	--	--	--	--	--	--	--	---------

YTD Average Monthly Cost

Per Employee	\$75.34	\$92.11	\$104.96	\$101.77	\$96.42								\$96.42
---------------------	----------------	----------------	-----------------	-----------------	----------------	--	--	--	--	--	--	--	----------------

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 06/10/15
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
Sum of Total Monthly Fixed Costs	\$2.18	\$2.18

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	29	27	26	26								139
Family	110	111	111	112	112								556
Total	141	140	138	138	138								695
Total Funding													
Single	1,411.74	1,320.66	1,229.58	1,184.04	1,184.04								\$6,330.06
Family	12,164.90	12,275.49	12,275.49	12,386.08	12,386.08								\$61,488.04
Sum of Total Funding	\$13,576.64	\$13,596.15	\$13,505.07	\$13,570.12	\$13,570.12								\$67,818.10
Fixed Costs													
Single	67.58	63.22	58.86	56.68	56.68								\$303.02
Family	239.80	241.98	241.98	244.16	244.16								\$1,212.08
Sum of Total Fixed Costs	\$307.38	\$305.20	\$300.84	\$300.84	\$300.84								\$1,515.10
Claims Costs													
Dental Claims	11,779.55	17,765.21	22,158.86	15,042.01	11,535.90								\$78,281.53
Sum of Total Claims Costs	\$11,779.55	\$17,765.21	\$22,158.86	\$15,042.01	\$11,535.90								\$78,281.53
Total Costs	\$12,086.93	\$18,070.41	\$22,459.70	\$15,342.85	\$11,836.74								\$79,796.63
Funding Less Costs	\$1,489.71	(\$4,474.26)	(\$8,954.63)	(\$1,772.73)	\$1,733.38								(\$11,978.53)
YTD Plan Performance	\$1,489.71	(\$2,984.55)	(\$11,939.18)	(\$13,711.91)	(\$11,978.53)								
YTD % of Total Costs to Funding													117.66%
YTD Average Monthly Cost Per Employee	\$85.72	\$107.32	\$125.58	\$122.01	\$114.82								\$114.82

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 06/10/15
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
Sum of Total Monthly Fixed Costs	\$2.18	\$2.18

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	26	25	25								120
Family	23	23	23	22	22								113
Total	45	45	49	47	47								233

Total Funding													
Single	333.96	333.96	394.68	379.50	379.50								\$1,821.60
Family	797.87	797.87	797.87	763.18	763.18								\$3,919.97
Sum of Total Funding	\$1,131.83	\$1,131.83	\$1,192.55	\$1,142.68	\$1,142.68								\$5,741.57

Fixed Costs													
Single	47.96	47.96	56.68	54.50	54.50								\$261.60
Family	50.14	50.14	50.14	47.96	47.96								\$246.34
Sum of Total Fixed Costs	\$98.10	\$98.10	\$106.82	\$102.46	\$102.46								\$507.94

Claims Costs													
Dental Claims	1,828.00	1,993.00	1,828.59	1,598.00	1,924.00								\$9,171.59
Sum of Total Claims Costs	\$1,828.00	\$1,993.00	\$1,828.59	\$1,598.00	\$1,924.00								\$9,171.59

Total Costs	\$1,926.10	\$2,091.10	\$1,935.41	\$1,700.46	\$2,026.46								\$9,679.53
--------------------	-------------------	-------------------	-------------------	-------------------	-------------------	--	--	--	--	--	--	--	-------------------

Funding Less Costs	(\$794.27)	(\$959.27)	(\$742.86)	(\$557.78)	(\$883.78)								(\$3,937.96)
---------------------------	-------------------	-------------------	-------------------	-------------------	-------------------	--	--	--	--	--	--	--	---------------------

YTD Plan Performance	(\$794.27)	(\$1,753.54)	(\$2,496.40)	(\$3,054.18)	(\$3,937.96)								
-----------------------------	-------------------	---------------------	---------------------	---------------------	---------------------	--	--	--	--	--	--	--	--

YTD % of Total Costs to Funding													168.59%
--	--	--	--	--	--	--	--	--	--	--	--	--	---------

YTD Average Monthly Cost Per Employee	\$42.80	\$44.64	\$42.82	\$41.15	\$41.54								\$41.54
--	---------	---------	---------	---------	---------	--	--	--	--	--	--	--	---------

Dental Summary Graph

