

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

Prepared By: Associated Financial Group  
 Date Prepared: 07/20/15  
 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	48	49	52	51	49			528
Family	135	136	136	138	138	138	139	138	137	137			1,372
<b>Total</b>	<b>194</b>	<b>192</b>	<b>194</b>	<b>191</b>	<b>191</b>	<b>186</b>	<b>188</b>	<b>190</b>	<b>188</b>	<b>186</b>			<b>1,900</b>
<b>Total Members</b>	<b>530</b>	<b>528</b>	<b>530</b>	<b>532</b>	<b>532</b>	<b>527</b>	<b>533</b>	<b>532</b>	<b>528</b>	<b>527</b>			<b>5,299</b>
<b>Total Medical Funding</b>													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00	26,112.00	26,656.00	28,288.00	27,744.00	26,656.00			\$287,232.00
Family	191,700.00	193,120.00	193,120.00	195,960.00	195,960.00	195,960.00	197,380.00	195,960.00	194,540.00	194,540.00			\$1,948,240.00
<b>Sum of Total Medical Funding</b>	<b>\$223,796.00</b>	<b>\$223,584.00</b>	<b>\$224,672.00</b>	<b>\$224,792.00</b>	<b>\$224,792.00</b>	<b>\$222,072.00</b>	<b>\$224,036.00</b>	<b>\$224,248.00</b>	<b>\$222,284.00</b>	<b>\$221,196.00</b>			<b>\$2,235,472.00</b>
<b>Total HRA Funding</b>													
Single	988.25	938.00	971.50	887.75	887.75	804.00	820.75	871.00	854.25	820.75			8,844.00
Family	3,948.75	3,978.00	3,978.00	4,036.50	4,036.50	4,036.50	4,065.75	4,036.50	4,007.25	4,007.25			40,131.00
<b>Sum of Total HRA Funding</b>	<b>\$4,937.00</b>	<b>\$4,916.00</b>	<b>\$4,949.50</b>	<b>\$4,924.25</b>	<b>\$4,924.25</b>	<b>\$4,840.50</b>	<b>\$4,886.50</b>	<b>\$4,907.50</b>	<b>\$4,861.50</b>	<b>\$4,828.00</b>			<b>\$48,975.00</b>
<b>Total Funding</b>	<b>\$228,733.00</b>	<b>\$228,500.00</b>	<b>\$229,621.50</b>	<b>\$229,716.25</b>	<b>\$229,716.25</b>	<b>\$226,912.50</b>	<b>\$228,922.50</b>	<b>\$229,155.50</b>	<b>\$227,145.50</b>	<b>\$226,024.00</b>			<b>\$2,284,447.00</b>
<b>Fixed Medical Costs</b>													
Single	5,779.64	5,723.76	5,928.18	5,417.13	5,417.13	4,906.08	5,008.29	5,314.92	5,212.71	5,008.29			\$53,716.13
Family	28,791.45	29,582.72	29,582.72	30,017.76	30,017.76	30,017.76	30,235.28	30,017.76	29,800.24	29,800.24			\$297,863.69
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	3,500.00			\$35,000.00
<b>Sum of Total Fixed Medical Costs</b>	<b>\$38,071.09</b>	<b>\$38,806.48</b>	<b>\$39,010.90</b>	<b>\$38,934.89</b>	<b>\$38,934.89</b>	<b>\$38,423.84</b>	<b>\$38,743.57</b>	<b>\$38,832.68</b>	<b>\$38,512.95</b>	<b>\$38,308.53</b>			<b>\$386,579.82</b>
<b>Fixed HRA Costs</b>													
Single	250.75	238.00	246.50	225.25	225.25	204.00	208.25	221.00	216.75	208.25			\$2,244.00
Family	573.75	578.00	578.00	586.50	586.50	586.50	590.75	586.50	582.25	582.25			\$5,831.00
<b>Sum of Total HRA Fixed Costs</b>	<b>\$824.50</b>	<b>\$816.00</b>	<b>\$824.50</b>	<b>\$811.75</b>	<b>\$811.75</b>	<b>\$790.50</b>	<b>\$799.00</b>	<b>\$807.50</b>	<b>\$799.00</b>	<b>\$790.50</b>			<b>\$8,075.00</b>
<b>Total Fixed Costs</b>	<b>\$38,895.59</b>	<b>\$39,622.48</b>	<b>\$39,835.40</b>	<b>\$39,746.64</b>	<b>\$39,746.64</b>	<b>\$39,214.34</b>	<b>\$39,542.57</b>	<b>\$39,640.18</b>	<b>\$39,311.95</b>	<b>\$39,099.03</b>			<b>\$394,654.82</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88	299,032.77	123,537.49	98,480.60	162,348.58	182,607.20			\$1,821,528.91
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74	25,545.91	29,188.69	23,042.27	36,715.82	37,467.94	36,516.57			\$294,995.81
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17	1,962.23	2,913.80	5,172.00	5,748.13	2,907.56	4,146.84			\$36,665.82
<b>Sum of Total Claims Costs</b>	<b>\$324,803.77</b>	<b>\$186,294.06</b>	<b>\$259,251.49</b>	<b>\$122,549.94</b>	<b>\$210,465.02</b>	<b>\$331,135.26</b>	<b>\$151,751.76</b>	<b>\$140,944.55</b>	<b>\$202,724.08</b>	<b>\$223,270.61</b>			<b>\$2,153,190.54</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00	0.00	(10,038.95)	0.00	0.00	0.00			(21,335.63)
Prescription Drug Rebate	(3,136.00)	0.00	0.00	(3,074.00)	0.00	0.00	0.00	0.00	0.00	0.00			(6,210.00)
<b>Sum of Reimbursements</b>	<b>(\$14,432.68)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$3,074.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$10,038.95)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>			<b>(\$27,545.63)</b>
<b>Total Costs</b>	<b>\$349,266.68</b>	<b>\$225,916.54</b>	<b>\$299,086.89</b>	<b>\$159,222.58</b>	<b>\$250,211.66</b>	<b>\$370,349.60</b>	<b>\$181,255.38</b>	<b>\$180,584.73</b>	<b>\$242,036.03</b>	<b>\$262,369.64</b>			<b>\$2,520,299.73</b>
<b>Funding Less Costs</b>	<b>(\$120,533.68)</b>	<b>\$2,583.46</b>	<b>(\$69,465.39)</b>	<b>\$70,493.67</b>	<b>(\$20,495.41)</b>	<b>(\$143,437.10)</b>	<b>\$47,667.12</b>	<b>\$48,570.77</b>	<b>(\$14,890.53)</b>	<b>(\$36,345.64)</b>			<b>(\$284,827.73)</b>
<b>YTD Plan Performance</b>	<b>(\$120,533.68)</b>	<b>(\$117,950.22)</b>	<b>(\$187,415.61)</b>	<b>(\$116,921.94)</b>	<b>(\$137,417.35)</b>	<b>(\$280,854.45)</b>	<b>(\$233,187.33)</b>	<b>(\$184,616.56)</b>	<b>(\$199,507.09)</b>	<b>(\$235,852.73)</b>			
<b>YTD % of Total Costs to Funding</b>													112.74%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$1,800.34</b>	<b>\$1,490.11</b>	<b>\$1,507.36</b>	<b>\$1,340.46</b>	<b>\$1,334.41</b>	<b>\$1,440.81</b>	<b>\$1,373.73</b>	<b>\$1,321.03</b>	<b>\$1,317.35</b>	<b>\$1,326.47</b>			<b>\$1,326.47</b>

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** Associated Financial Group  
**Date Prepared:** 07/20/15  
**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
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$97.96</b>	<b>\$213.27</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	56	58	53	53	48	49	52	51	49			528
Family	135	136	136	138	138	138	139	138	137	137			1,372
<b>Total</b>	<b>194</b>	<b>192</b>	<b>194</b>	<b>191</b>	<b>191</b>	<b>186</b>	<b>188</b>	<b>190</b>	<b>188</b>	<b>186</b>			<b>1,900</b>
<b>Total Funding</b>													
Single	32,096.00	30,464.00	31,552.00	28,832.00	28,832.00	26,112.00	26,656.00	28,288.00	27,744.00	26,656.00			\$287,232.00
Family	191,700.00	193,120.00	193,120.00	195,960.00	195,960.00	195,960.00	197,380.00	195,960.00	194,540.00	194,540.00			\$1,948,240.00
<b>Sum of Total Funding</b>	<b>\$223,796.00</b>	<b>\$223,584.00</b>	<b>\$224,672.00</b>	<b>\$224,792.00</b>	<b>\$224,792.00</b>	<b>\$222,072.00</b>	<b>\$224,036.00</b>	<b>\$224,248.00</b>	<b>\$222,284.00</b>	<b>\$221,196.00</b>			<b>\$2,235,472.00</b>
<b>Fixed Costs</b>													
Single	5,779.64	5,485.76	5,681.68	5,191.88	5,191.88	4,702.08	4,800.04	5,093.92	4,995.96	4,800.04			\$51,722.88
Family	28,791.45	29,004.72	29,004.72	29,431.26	29,431.26	29,431.26	29,644.53	29,431.26	29,217.99	29,217.99			\$292,606.44
<b>Sum of Total Fixed Costs</b>	<b>\$34,571.09</b>	<b>\$34,490.48</b>	<b>\$34,686.40</b>	<b>\$34,623.14</b>	<b>\$34,623.14</b>	<b>\$34,133.34</b>	<b>\$34,444.57</b>	<b>\$34,525.18</b>	<b>\$34,213.95</b>	<b>\$34,018.03</b>			<b>\$344,329.32</b>
<b>Claims Costs</b>													
Medical Claims	295,096.08	171,204.46	209,664.82	96,600.03	182,956.88	299,032.77	123,537.49	98,480.60	162,348.58	182,607.20			\$1,821,528.91
Prescription Drug Claims	28,707.69	10,908.04	45,139.14	21,763.74	25,545.91	29,188.69	23,042.27	36,715.82	37,467.94	36,516.57			\$294,995.81
<b>Sum of Total Claims Costs</b>	<b>\$323,803.77</b>	<b>\$182,112.50</b>	<b>\$254,803.96</b>	<b>\$118,363.77</b>	<b>\$208,502.79</b>	<b>\$328,221.46</b>	<b>\$146,579.76</b>	<b>\$135,196.42</b>	<b>\$199,816.52</b>	<b>\$219,123.77</b>			<b>\$2,116,524.72</b>
<b>Reimbursements</b>													
Specific Excess Loss	(11,296.68)	0.00	0.00	0.00	0.00	0.00	(10,038.95)	0.00	0.00	0.00			(\$21,335.63)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$0.00
<b>Sum of Reimbursements</b>	<b>(\$11,296.68)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$10,038.95)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>			<b>(\$21,335.63)</b>
<b>Total Costs</b>	<b>\$347,078.18</b>	<b>\$216,602.98</b>	<b>\$289,490.36</b>	<b>\$152,986.91</b>	<b>\$243,125.93</b>	<b>\$362,354.80</b>	<b>\$170,985.38</b>	<b>\$169,721.60</b>	<b>\$234,030.47</b>	<b>\$253,141.80</b>			<b>\$2,439,518.41</b>
<b>Funding Less Costs</b>	<b>(\$123,282.18)</b>	<b>\$6,981.02</b>	<b>(\$64,818.36)</b>	<b>\$71,805.09</b>	<b>(\$18,333.93)</b>	<b>(\$140,282.80)</b>	<b>\$53,050.62</b>	<b>\$54,526.40</b>	<b>(\$11,746.47)</b>	<b>(\$31,945.80)</b>			<b>(\$204,046.41)</b>
<b>YTD Plan Performance</b>	<b>(\$123,282.18)</b>	<b>(\$116,301.16)</b>	<b>(\$181,119.52)</b>	<b>(\$109,314.43)</b>	<b>(\$127,648.36)</b>	<b>(\$267,931.16)</b>	<b>(\$214,880.54)</b>	<b>(\$160,354.14)</b>	<b>(\$172,100.61)</b>	<b>(\$204,046.41)</b>			
<b>YTD % of Total Costs to Funding</b>													109.13%
<b>YTD Average Monthly Cost Per Employee</b>	\$1,789.06	\$1,460.31	\$1,470.99	\$1,305.00	\$1,298.63	\$1,403.87	\$1,334.30	\$1,279.39	\$1,275.60	\$1,283.96			\$1,283.96

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
HRA

Total Monthly Funding	
Single	Family
\$16.75	\$29.25

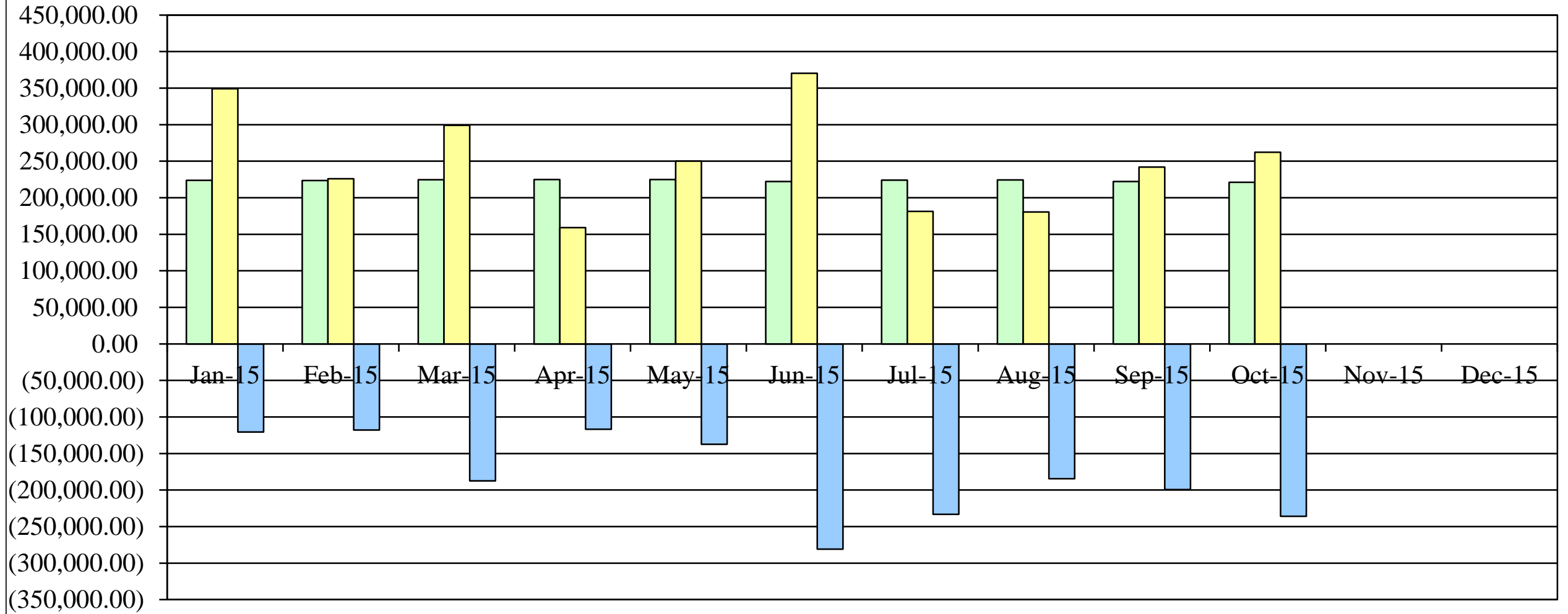
**Prepared By:** Associated Financial Group  
**Date Prepared:** 07/20/15  
**Plan Year:** 01/01/15 - 12/31/15

**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	56	58	53	53	48	49	52	51	49			528
Family	135	136	136	138	138	138	139	138	137	137			1,372
<b>Total</b>	<b>194</b>	<b>192</b>	<b>194</b>	<b>191</b>	<b>191</b>	<b>186</b>	<b>188</b>	<b>190</b>	<b>188</b>	<b>186</b>			<b>1,900</b>
<b>Total Funding</b>													
Single	988.25	938.00	971.50	887.75	887.75	804.00	820.75	871.00	854.25	820.75			\$8,844.00
Family	3,948.75	3,978.00	3,978.00	4,036.50	4,036.50	4,036.50	4,065.75	4,036.50	4,007.25	4,007.25			\$40,131.00
<b>Sum of Total Funding</b>	<b>\$4,937.00</b>	<b>\$4,916.00</b>	<b>\$4,949.50</b>	<b>\$4,924.25</b>	<b>\$4,924.25</b>	<b>\$4,840.50</b>	<b>\$4,886.50</b>	<b>\$4,907.50</b>	<b>\$4,861.50</b>	<b>\$4,828.00</b>			<b>\$48,975.00</b>
<b>Fixed Costs</b>													
Single	250.75	238.00	246.50	225.25	225.25	204.00	208.25	221.00	216.75	208.25			\$2,244.00
Family	573.75	578.00	578.00	586.50	586.50	586.50	590.75	586.50	582.25	582.25			\$5,831.00
<b>Sum of Total Fixed Costs</b>	<b>\$824.50</b>	<b>\$816.00</b>	<b>\$824.50</b>	<b>\$811.75</b>	<b>\$811.75</b>	<b>\$790.50</b>	<b>\$799.00</b>	<b>\$807.50</b>	<b>\$799.00</b>	<b>\$790.50</b>			<b>\$8,075.00</b>
<b>Claims Costs</b>													
HRA Claims	1,000.00	4,181.56	4,447.53	4,186.17	1,962.23	2,913.80	5,172.00	5,748.13	2,907.56	4,146.84			\$36,665.82
<b>Sum of Total Claims Costs</b>	<b>\$1,000.00</b>	<b>\$4,181.56</b>	<b>\$4,447.53</b>	<b>\$4,186.17</b>	<b>\$1,962.23</b>	<b>\$2,913.80</b>	<b>\$5,172.00</b>	<b>\$5,748.13</b>	<b>\$2,907.56</b>	<b>\$4,146.84</b>			<b>\$36,665.82</b>
<b>Total Costs</b>	<b>\$1,824.50</b>	<b>\$4,997.56</b>	<b>\$5,272.03</b>	<b>\$4,997.92</b>	<b>\$2,773.98</b>	<b>\$3,704.30</b>	<b>\$5,971.00</b>	<b>\$6,555.63</b>	<b>\$3,706.56</b>	<b>\$4,937.34</b>			<b>\$44,740.82</b>
<b>Funding Less Costs</b>	<b>\$3,112.50</b>	<b>(\$81.56)</b>	<b>(\$322.53)</b>	<b>(\$73.67)</b>	<b>\$2,150.27</b>	<b>\$1,136.20</b>	<b>(\$1,084.50)</b>	<b>(\$1,648.13)</b>	<b>\$1,154.94</b>	<b>(\$109.34)</b>			<b>\$4,234.18</b>
<b>YTD Plan Performance</b>	<b>\$3,112.50</b>	<b>\$3,030.94</b>	<b>\$2,708.41</b>	<b>\$2,634.74</b>	<b>\$4,785.01</b>	<b>\$5,921.21</b>	<b>\$4,836.71</b>	<b>\$3,188.58</b>	<b>\$4,343.52</b>	<b>\$4,234.18</b>			
<b>YTD % of Total Costs to Funding</b>													91.35%
<b>YTD Average Monthly Cost Per Employee</b>	\$9.40	\$17.67	\$20.85	\$22.17	\$20.65	\$20.53	\$22.11	\$23.65	\$23.22	\$23.55			\$23.55

# Medical Summary Graph



Total Funding
  Total Costs
  YTD Plan Performance

# City of Manitowoc - Dental Funding Analysis Report

## Dental Summary

Prepared By: Associated Financial Group  
 Date Prepared: 07/20/15  
 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	46	48	51	51	50			505
Family	133	134	134	134	134	134	135	134	134	134			1,340
<b>Total</b>	<b>186</b>	<b>185</b>	<b>187</b>	<b>185</b>	<b>185</b>	<b>180</b>	<b>183</b>	<b>185</b>	<b>185</b>	<b>184</b>			<b>1,845</b>

### Total Funding

Single	1,745.70	1,654.62	1,624.26	1,563.54	1,563.54	1,396.56	1,487.64	1,593.90	1,593.90	1,609.08			\$15,832.74
Family	12,962.77	13,073.36	13,073.36	13,149.26	13,149.26	13,149.26	13,259.85	13,149.26	13,149.26	13,301.06			\$131,416.70
<b>Sum of Total Funding</b>	<b>\$14,708.47</b>	<b>\$14,727.98</b>	<b>\$14,697.62</b>	<b>\$14,712.80</b>	<b>\$14,712.80</b>	<b>\$14,545.82</b>	<b>\$14,747.49</b>	<b>\$14,743.16</b>	<b>\$14,743.16</b>	<b>\$14,910.14</b>			<b>\$147,249.44</b>

### Fixed Costs

Single	115.54	111.18	115.54	111.18	111.18	100.28	104.64	111.18	111.18	109.00			\$1,100.90
Family	289.94	292.12	292.12	292.12	292.12	292.12	294.30	292.12	292.12	292.12			\$2,921.20
<b>Sum of Total Fixed Costs</b>	<b>\$405.48</b>	<b>\$403.30</b>	<b>\$407.66</b>	<b>\$403.30</b>	<b>\$403.30</b>	<b>\$392.40</b>	<b>\$398.94</b>	<b>\$403.30</b>	<b>\$403.30</b>	<b>\$401.12</b>			<b>\$4,022.10</b>

### Claims Costs

Dental Claims	13,607.55	19,758.21	23,987.45	16,640.01	13,459.90	14,235.60	20,493.43	12,721.60	14,068.60	16,275.81			\$165,248.16
<b>Sum of Total Claims Costs</b>	<b>\$13,607.55</b>	<b>\$19,758.21</b>	<b>\$23,987.45</b>	<b>\$16,640.01</b>	<b>\$13,459.90</b>	<b>\$14,235.60</b>	<b>\$20,493.43</b>	<b>\$12,721.60</b>	<b>\$14,068.60</b>	<b>\$16,275.81</b>			<b>\$165,248.16</b>

### Total Costs

<b>Total Costs</b>	<b>\$14,013.03</b>	<b>\$20,161.51</b>	<b>\$24,395.11</b>	<b>\$17,043.31</b>	<b>\$13,863.20</b>	<b>\$14,628.00</b>	<b>\$20,892.37</b>	<b>\$13,124.90</b>	<b>\$14,471.90</b>	<b>\$16,676.93</b>			<b>\$169,270.26</b>
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### Funding Less Costs

<b>Funding Less Costs</b>	<b>\$695.44</b>	<b>(\$5,433.53)</b>	<b>(\$9,697.49)</b>	<b>(\$2,330.51)</b>	<b>\$849.60</b>	<b>(\$82.18)</b>	<b>(\$6,144.88)</b>	<b>\$1,618.26</b>	<b>\$271.26</b>	<b>(\$1,766.79)</b>			<b>(\$22,020.82)</b>
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### YTD Plan Performance

<b>YTD Plan Performance</b>	<b>\$695.44</b>	<b>(\$4,738.09)</b>	<b>(\$14,435.58)</b>	<b>(\$16,766.09)</b>	<b>(\$15,916.49)</b>	<b>(\$15,998.67)</b>	<b>(\$22,143.55)</b>	<b>(\$20,525.29)</b>	<b>(\$20,254.03)</b>	<b>(\$22,020.82)</b>			
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### YTD % of Total Costs to Funding

114.95%

### YTD Average Monthly Cost

<b>Per Employee</b>	<b>\$75.34</b>	<b>\$92.11</b>	<b>\$104.96</b>	<b>\$101.77</b>	<b>\$96.42</b>	<b>\$93.96</b>	<b>\$96.82</b>	<b>\$93.58</b>	<b>\$91.87</b>	<b>\$91.75</b>			<b>\$91.75</b>
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# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Dental Carriers:**  
Auxiant

Total Monthly Funding	
Single	Family
\$45.54	\$110.59

**Prepared By:** Associated Financial Group  
**Date Prepared:** 07/20/15  
**Plan Year:** 01/01/15 - 12/31/15

	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	29	27	26	26	23	25	27	27	28			269
Family	110	111	111	112	112	112	113	112	112	114			1,119
<b>Total</b>	<b>141</b>	<b>140</b>	<b>138</b>	<b>138</b>	<b>138</b>	<b>135</b>	<b>138</b>	<b>139</b>	<b>139</b>	<b>142</b>			<b>1,388</b>

Total Funding	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	1,411.74	1,320.66	1,229.58	1,184.04	1,184.04	1,047.42	1,138.50	1,229.58	1,229.58	1,275.12			\$12,250.26
Family	12,164.90	12,275.49	12,275.49	12,386.08	12,386.08	12,386.08	12,496.67	12,386.08	12,386.08	12,607.26			\$123,750.21
<b>Sum of Total Funding</b>	<b>\$13,576.64</b>	<b>\$13,596.15</b>	<b>\$13,505.07</b>	<b>\$13,570.12</b>	<b>\$13,570.12</b>	<b>\$13,433.50</b>	<b>\$13,635.17</b>	<b>\$13,615.66</b>	<b>\$13,615.66</b>	<b>\$13,882.38</b>			<b>\$136,000.47</b>

Fixed Costs	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	67.58	63.22	58.86	56.68	56.68	50.14	54.50	58.86	58.86	61.04			\$586.42
Family	239.80	241.98	241.98	244.16	244.16	244.16	246.34	244.16	244.16	248.52			\$2,439.42
<b>Sum of Total Fixed Costs</b>	<b>\$307.38</b>	<b>\$305.20</b>	<b>\$300.84</b>	<b>\$300.84</b>	<b>\$300.84</b>	<b>\$294.30</b>	<b>\$300.84</b>	<b>\$303.02</b>	<b>\$303.02</b>	<b>\$309.56</b>			<b>\$3,025.84</b>

Claims Costs	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
Dental Claims	11,779.55	17,765.21	22,158.86	15,042.01	11,535.90	13,369.60	19,061.43	12,000.60	12,918.60	14,829.81			\$150,461.57
<b>Sum of Total Claims Costs</b>	<b>\$11,779.55</b>	<b>\$17,765.21</b>	<b>\$22,158.86</b>	<b>\$15,042.01</b>	<b>\$11,535.90</b>	<b>\$13,369.60</b>	<b>\$19,061.43</b>	<b>\$12,000.60</b>	<b>\$12,918.60</b>	<b>\$14,829.81</b>			<b>\$150,461.57</b>

Total Costs	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
	\$12,086.93	\$18,070.41	\$22,459.70	\$15,342.85	\$11,836.74	\$13,663.90	\$19,362.27	\$12,303.62	\$13,221.62	\$15,139.37			\$153,487.41

Funding Less Costs	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
	\$1,489.71	(\$4,474.26)	(\$8,954.63)	(\$1,772.73)	\$1,733.38	(\$230.40)	(\$5,727.10)	\$1,312.04	\$394.04	(\$1,256.99)			(\$17,486.94)

YTD Plan Performance	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
	\$1,489.71	(\$2,984.55)	(\$11,939.18)	(\$13,711.91)	(\$11,978.53)	(\$12,208.93)	(\$17,936.03)	(\$16,623.99)	(\$16,229.95)	(\$17,486.94)			

YTD % of Total Costs to Funding	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
													112.86%

YTD Average Monthly Cost Per Employee	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
	\$85.72	\$107.32	\$125.58	\$122.01	\$114.82	\$112.60	\$116.55	\$113.03	\$111.03	\$110.58			\$110.58

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 07/20/15  
**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	26	25	25	23	23	24	24	22			236
Family	23	23	23	22	22	22	22	22	22	20			221
<b>Total</b>	<b>45</b>	<b>45</b>	<b>49</b>	<b>47</b>	<b>47</b>	<b>45</b>	<b>45</b>	<b>46</b>	<b>46</b>	<b>42</b>			<b>457</b>
<b>Total Funding</b>													
Single	333.96	333.96	394.68	379.50	379.50	349.14	349.14	364.32	364.32	333.96			\$3,582.48
Family	797.87	797.87	797.87	763.18	763.18	763.18	763.18	763.18	763.18	693.80			\$7,666.49
<b>Sum of Total Funding</b>	<b>\$1,131.83</b>	<b>\$1,131.83</b>	<b>\$1,192.55</b>	<b>\$1,142.68</b>	<b>\$1,142.68</b>	<b>\$1,112.32</b>	<b>\$1,112.32</b>	<b>\$1,127.50</b>	<b>\$1,127.50</b>	<b>\$1,027.76</b>			<b>\$11,248.97</b>
<b>Fixed Costs</b>													
Single	47.96	47.96	56.68	54.50	54.50	50.14	50.14	52.32	52.32	47.96			\$514.48
Family	50.14	50.14	50.14	47.96	47.96	47.96	47.96	47.96	47.96	43.60			\$481.78
<b>Sum of Total Fixed Costs</b>	<b>\$98.10</b>	<b>\$98.10</b>	<b>\$106.82</b>	<b>\$102.46</b>	<b>\$102.46</b>	<b>\$98.10</b>	<b>\$98.10</b>	<b>\$100.28</b>	<b>\$100.28</b>	<b>\$91.56</b>			<b>\$996.26</b>
<b>Claims Costs</b>													
Dental Claims	1,828.00	1,993.00	1,828.59	1,598.00	1,924.00	866.00	1,432.00	721.00	1,150.00	1,446.00			\$14,786.59
<b>Sum of Total Claims Costs</b>	<b>\$1,828.00</b>	<b>\$1,993.00</b>	<b>\$1,828.59</b>	<b>\$1,598.00</b>	<b>\$1,924.00</b>	<b>\$866.00</b>	<b>\$1,432.00</b>	<b>\$721.00</b>	<b>\$1,150.00</b>	<b>\$1,446.00</b>			<b>\$14,786.59</b>
<b>Total Costs</b>	<b>\$1,926.10</b>	<b>\$2,091.10</b>	<b>\$1,935.41</b>	<b>\$1,700.46</b>	<b>\$2,026.46</b>	<b>\$964.10</b>	<b>\$1,530.10</b>	<b>\$821.28</b>	<b>\$1,250.28</b>	<b>\$1,537.56</b>			<b>\$15,782.85</b>
<b>Funding Less Costs</b>	<b>(\$794.27)</b>	<b>(\$959.27)</b>	<b>(\$742.86)</b>	<b>(\$557.78)</b>	<b>(\$883.78)</b>	<b>\$148.22</b>	<b>(\$417.78)</b>	<b>\$306.22</b>	<b>(\$122.78)</b>	<b>(\$509.80)</b>			<b>(\$4,533.88)</b>
<b>YTD Plan Performance</b>	<b>(\$794.27)</b>	<b>(\$1,753.54)</b>	<b>(\$2,496.40)</b>	<b>(\$3,054.18)</b>	<b>(\$3,937.96)</b>	<b>(\$3,789.74)</b>	<b>(\$4,207.52)</b>	<b>(\$3,901.30)</b>	<b>(\$4,024.08)</b>	<b>(\$4,533.88)</b>			
<b>YTD % of Total Costs to Funding</b>													140.30%
<b>YTD Average Monthly Cost Per Employee</b>	<b>\$42.80</b>	<b>\$44.64</b>	<b>\$42.82</b>	<b>\$41.15</b>	<b>\$41.54</b>	<b>\$38.29</b>	<b>\$37.69</b>	<b>\$35.22</b>	<b>\$34.33</b>	<b>\$34.54</b>			<b>\$34.54</b>

## Dental Summary Graph

