

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 10/19/18
 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	48	49	49	47	45	46	46	47			475
Family	149	149	151	153	153	153	151	152	153	153			1,517
Total	198	198	199	202	202	200	196	198	199	200			1,992

Total Members

	575	575	581	589	590	587	574	577	580	582			5,810
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Total Medical Funding

Single	29,719.97	29,719.97	29,113.44	29,719.97	29,719.97	28,506.91	27,293.85	27,900.38	27,900.38	28,506.91			\$288,101.75
Family	229,302.06	229,302.06	232,379.94	235,457.82	235,457.82	235,457.82	232,379.94	233,918.88	235,457.82	235,457.82			\$2,334,571.98
Sum of Total Medical Funding	\$259,022.03	\$259,022.03	\$261,493.38	\$265,177.79	\$265,177.79	\$263,964.73	\$259,673.79	\$261,819.26	\$263,358.20	\$263,964.73			\$2,622,673.73

Fixed Medical Costs

Single	6,531.21	6,531.21	6,397.92	6,531.21	6,531.21	6,264.63	5,998.05	6,131.34	6,131.34	6,264.63			\$63,312.75
Family	39,334.51	39,334.51	39,862.49	40,390.47	40,390.47	40,390.47	39,862.49	40,126.48	40,390.47	40,390.47			\$400,472.83
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
Sum of Total Fixed Medical Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10	\$49,360.54	\$49,757.82	\$50,021.81	\$50,155.10			\$498,785.58

Total Fixed Costs

	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10	\$49,360.54	\$49,757.82	\$50,021.81	\$50,155.10			\$498,785.58
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Claims Costs

Medical Claims	184,709.00	163,652.00	131,347.00	164,074.00	89,751.00	173,829.00	81,942.00	133,582.00	92,047.00	113,041.00			\$1,327,974.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00	80,393.00	57,808.00	78,771.00	64,522.00	58,756.00	56,911.00	57,986.00			\$649,738.00
Clinic Rental	172.05	172.05	172.05	172.05	172.05	172.05	172.05	172.05	172.05	172.05			\$1,720.50
Clinic Expenses	5,993.44	5,309.90	6,095.38	5,526.46	6,327.66	5,563.16	5,850.56	5,698.85	5,331.56	6,291.24			\$57,988.21
Discount Share	4,521.93	3,863.16	3,396.29	4,795.57	0.00	7,456.82	2,422.95	1,632.44	1,745.07	5,897.10			\$35,731.33
Sum of Total Claims Costs	\$254,671.42	\$243,046.11	\$206,277.72	\$254,961.08	\$154,058.71	\$265,792.03	\$154,909.56	\$199,841.34	\$156,206.68	\$183,387.39			\$2,073,152.04

Reimbursements

Specific Excess Loss	(10,056.95)	0.00	(3,339.47)	(12,233.09)	(184.14)	(1,424.42)	(45.46)	(300.86)	(350.79)	(724.75)			(28,659.93)
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
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)	(\$12,233.09)	(\$184.14)	(\$1,424.42)	(\$45.46)	(\$300.86)	(\$350.79)	(\$724.75)			(\$28,659.93)

Total Costs

	\$293,980.19	\$292,411.83	\$252,698.66	\$293,149.67	\$204,296.25	\$314,522.71	\$204,224.64	\$249,298.30	\$205,877.70	\$232,817.74			\$2,543,277.69
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Funding Less Costs

	(\$34,958.16)	(\$33,389.80)	\$8,794.72	(\$27,971.88)	\$60,881.54	(\$50,557.98)	\$55,449.15	\$12,520.96	\$57,480.50	\$31,146.99			\$79,396.04
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YTD Plan Performance

	(\$34,958.16)	(\$68,347.96)	(\$59,553.24)	(\$87,525.12)	(\$26,643.58)	(\$77,201.56)	(\$21,752.41)	(\$9,231.45)	\$48,249.05	\$79,396.04			
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YTD % of Total Costs to Funding

96.97%

YTD Average Monthly Cost

Per Employee

	\$1,484.75	\$1,480.79	\$1,410.24	\$1,420.63	\$1,337.87	\$1,377.03	\$1,329.95	\$1,321.14	\$1,289.32	\$1,276.75			\$1,276.75
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NOTE: For the month of February 2018, the City Council and Mayor declared a premium holiday for all employees enrolled in the medical plan.

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 10/19/18
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	48	49	49	47	45	46	46	47			475
Family	149	149	151	153	153	153	151	152	153	153			1,517
Total	198	198	199	202	202	200	196	198	199	200			1,992
Total Funding													
Single	29,719.97	29,719.97	29,113.44	29,719.97	29,719.97	28,506.91	27,293.85	27,900.38	27,900.38	28,506.91			\$288,101.75
Family	229,302.06	229,302.06	232,379.94	235,457.82	235,457.82	235,457.82	232,379.94	233,918.88	235,457.82	235,457.82			\$2,334,571.98
Sum of Total Funding	\$259,022.03	\$259,022.03	\$261,493.38	\$265,177.79	\$265,177.79	\$263,964.73	\$259,673.79	\$261,819.26	\$263,358.20	\$263,964.73			\$2,622,673.73
Fixed Costs													
Single	6,531.21	6,531.21	6,397.92	6,531.21	6,531.21	6,264.63	5,998.05	6,131.34	6,131.34	6,264.63			\$63,312.75
Family	39,334.51	39,334.51	39,862.49	40,390.47	40,390.47	40,390.47	39,862.49	40,126.48	40,390.47	40,390.47			\$400,472.83
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
Sum of Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41	\$50,421.68	\$50,421.68	\$50,155.10	\$49,360.54	\$49,757.82	\$50,021.81	\$50,155.10			\$498,785.58
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00	164,074.00	89,751.00	173,829.00	81,942.00	133,582.00	92,047.00	113,041.00			\$1,327,974.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00	80,393.00	57,808.00	78,771.00	64,522.00	58,756.00	56,911.00	57,986.00			\$649,738.00
Sum of Total Claims Costs	\$243,984.00	\$233,701.00	\$196,614.00	\$244,467.00	\$147,559.00	\$252,600.00	\$146,464.00	\$192,338.00	\$148,958.00	\$171,027.00			\$1,977,712.00
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)	(12,233.09)	(184.14)	(1,424.42)	(45.46)	(300.86)	(350.79)	(724.75)			(\$28,659.93)
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
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)	(\$12,233.09)	(\$184.14)	(\$1,424.42)	(\$45.46)	(\$300.86)	(\$350.79)	(\$724.75)			(\$28,659.93)
Total Costs	\$283,292.77	\$283,066.72	\$243,034.94	\$282,655.59	\$197,796.54	\$301,330.68	\$195,779.08	\$241,794.96	\$198,629.02	\$220,457.35			\$2,447,837.65
Funding Less Costs	(\$24,270.74)	(\$24,044.69)	\$18,458.44	(\$17,477.80)	\$67,381.25	(\$37,365.95)	\$63,894.71	\$20,024.30	\$64,729.18	\$43,507.38			\$174,836.08
YTD Plan Performance	(\$24,270.74)	(\$48,315.43)	(\$29,856.99)	(\$47,334.79)	\$20,046.46	(\$17,319.49)	\$46,575.22	\$66,599.52	\$131,328.70	\$174,836.08			
YTD % of Total Costs to Funding													93.33%
YTD Average Monthly Cost Per Employee	\$1,430.77	\$1,430.20	\$1,360.33	\$1,370.20	\$1,291.14	\$1,327.09	\$1,280.97	\$1,273.54	\$1,242.96	\$1,228.83			\$1,228.83

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 10/19/18
 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	52	53	53	51	51	53	54	54			527
Family	143	144	146	149	148	149	147	146	146	148			1,466
Total	196	197	198	202	201	200	198	199	200	202			1,993

Total Funding

Single	2,135.09	2,135.09	2,086.12	2,102.21	2,102.21	2,004.27	2,004.27	2,102.21	2,151.18	2,151.18			\$20,973.83
Family	15,315.44	15,352.60	15,508.90	15,702.36	15,583.22	15,702.36	15,464.08	15,344.94	15,426.92	15,665.20			\$155,066.02
Sum of Total Funding	\$17,450.53	\$17,487.69	\$17,595.02	\$17,804.57	\$17,685.43	\$17,706.63	\$17,468.35	\$17,447.15	\$17,578.10	\$17,816.38			\$176,039.85

Fixed Costs

Single	142.04	142.04	139.36	142.04	142.04	136.68	136.68	142.04	144.72	144.72			\$1,412.36
Family	383.24	385.92	391.28	399.32	396.64	399.32	393.96	391.28	391.28	396.64			\$3,928.88
Sum of Total Fixed Costs	\$525.28	\$527.96	\$530.64	\$541.36	\$538.68	\$536.00	\$530.64	\$533.32	\$536.00	\$541.36			\$5,341.24

Claims Costs

Dental Claims	13,019.28	13,954.21	20,340.52	17,053.38	21,230.88	14,208.92	13,876.04	22,790.17	8,679.44	13,304.40			\$158,457.24
Sum of Total Claims Costs	\$13,019.28	\$13,954.21	\$20,340.52	\$17,053.38	\$21,230.88	\$14,208.92	\$13,876.04	\$22,790.17	\$8,679.44	\$13,304.40			\$158,457.24

Total Costs

Total Costs	\$13,544.56	\$14,482.17	\$20,871.16	\$17,594.74	\$21,769.56	\$14,744.92	\$14,406.68	\$23,323.49	\$9,215.44	\$13,845.76			\$163,798.48
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Funding Less Costs

Funding Less Costs	\$3,905.97	\$3,005.52	(\$3,276.14)	\$209.83	(\$4,084.13)	\$2,961.71	\$3,061.67	(\$5,876.34)	\$8,362.66	\$3,970.62			\$12,241.37
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YTD Plan Performance

YTD Plan Performance	\$3,905.97	\$6,911.49	\$3,635.35	\$3,845.18	(\$238.95)	\$2,722.76	\$5,784.43	(\$91.91)	\$8,270.75	\$12,241.37			
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YTD % of Total Costs to Funding

93.05%

YTD Average Monthly Cost

Per Employee

YTD Average Monthly Cost Per Employee	\$69.10	\$71.31	\$82.74	\$83.85	\$88.79	\$86.27	\$84.35	\$88.46	\$83.73	\$82.19			\$82.19
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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: 10/19/18
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	38	38	38	36	36	38	39	39			380
Family	122	122	123	124	123	124	122	121	122	124			1,227
Total	161	161	161	162	161	160	158	159	161	163			1,607
Total Funding													
Single	1,909.83	1,909.83	1,860.86	1,860.86	1,860.86	1,762.92	1,762.92	1,860.86	1,909.83	1,909.83			\$18,608.60
Family	14,535.08	14,535.08	14,654.22	14,773.36	14,654.22	14,773.36	14,535.08	14,415.94	14,535.08	14,773.36			\$146,184.78
Sum of Total Funding	\$16,444.91	\$16,444.91	\$16,515.08	\$16,634.22	\$16,515.08	\$16,536.28	\$16,298.00	\$16,276.80	\$16,444.91	\$16,683.19			\$164,793.38
Fixed Costs													
Single	104.52	104.52	101.84	101.84	101.84	96.48	96.48	101.84	104.52	104.52			\$1,018.40
Family	326.96	326.96	329.64	332.32	329.64	332.32	326.96	324.28	326.96	332.32			\$3,288.36
Sum of Total Fixed Costs	\$431.48	\$431.48	\$431.48	\$434.16	\$431.48	\$428.80	\$423.44	\$426.12	\$431.48	\$436.84			\$4,306.76
Claims Costs													
Dental Claims	12,449.28	12,894.21	18,826.52	15,186.38	19,864.88	12,406.92	13,727.04	20,600.17	8,231.44	12,586.40			\$146,773.24
Sum of Total Claims Costs	\$12,449.28	\$12,894.21	\$18,826.52	\$15,186.38	\$19,864.88	\$12,406.92	\$13,727.04	\$20,600.17	\$8,231.44	\$12,586.40			\$146,773.24
Total Costs	\$12,880.76	\$13,325.69	\$19,258.00	\$15,620.54	\$20,296.36	\$12,835.72	\$14,150.48	\$21,026.29	\$8,662.92	\$13,023.24			\$151,080.00
Funding Less Costs	\$3,564.15	\$3,119.22	(\$2,742.92)	\$1,013.68	(\$3,781.28)	\$3,700.56	\$2,147.52	(\$4,749.49)	\$7,781.99	\$3,659.95			\$13,713.38
YTD Plan Performance	\$3,564.15	\$6,683.37	\$3,940.45	\$4,954.13	\$1,172.85	\$4,873.41	\$7,020.93	\$2,271.44	\$10,053.43	\$13,713.38			
YTD % of Total Costs to Funding													91.68%
YTD Average Monthly Cost Per Employee	\$80.00	\$81.39	\$94.13	\$94.71	\$100.97	\$97.53	\$96.41	\$100.85	\$95.61	\$94.01			\$94.01

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$16.09	\$37.16

Prepared By: Associated Financial Group
Date Prepared: 10/19/18
Plan Year: 01/01/18 - 12/31/18

	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	14	15	15	15	15	15	15	15	15	15	147
Family	21	22	23	25	25	25	25	25	24	24	24	24	239
Total	35	36	37	40	40	40	40	40	39	39			386
Total Funding													
Single	225.26	225.26	225.26	241.35	241.35	241.35	241.35	241.35	241.35	241.35	241.35	241.35	\$2,365.23
Family	780.36	817.52	854.68	929.00	929.00	929.00	929.00	929.00	891.84	891.84	891.84	891.84	\$8,881.24
Sum of Total Funding	\$1,005.62	\$1,042.78	\$1,079.94	\$1,170.35	\$1,170.35	\$1,170.35	\$1,170.35	\$1,170.35	\$1,133.19	\$1,133.19			\$11,246.47
Fixed Costs													
Single	37.52	37.52	37.52	40.20	40.20	40.20	40.20	40.20	40.20	40.20	40.20	40.20	\$393.96
Family	56.28	58.96	61.64	67.00	67.00	67.00	67.00	67.00	64.32	64.32	64.32	64.32	\$640.52
Sum of Total Fixed Costs	\$93.80	\$96.48	\$99.16	\$107.20	\$107.20	\$107.20	\$107.20	\$107.20	\$104.52	\$104.52			\$1,034.48
Claims Costs													
Dental Claims	570.00	1,060.00	1,514.00	1,867.00	1,366.00	1,802.00	149.00	2,190.00	448.00	718.00			\$11,684.00
Sum of Total Claims Costs	\$570.00	\$1,060.00	\$1,514.00	\$1,867.00	\$1,366.00	\$1,802.00	\$149.00	\$2,190.00	\$448.00	\$718.00			\$11,684.00
Total Costs	\$663.80	\$1,156.48	\$1,613.16	\$1,974.20	\$1,473.20	\$1,909.20	\$256.20	\$2,297.20	\$552.52	\$822.52			\$12,718.48
Funding Less Costs	\$341.82	(\$113.70)	(\$533.22)	(\$803.85)	(\$302.85)	(\$738.85)	\$914.15	(\$1,126.85)	\$580.67	\$310.67			(\$1,472.01)
YTD Plan Performance	\$341.82	\$228.12	(\$305.10)	(\$1,108.95)	(\$1,411.80)	(\$2,150.65)	(\$1,236.50)	(\$2,363.35)	(\$1,782.68)	(\$1,472.01)			
YTD % of Total Costs to Funding													113.09%
YTD Average Monthly Cost Per Employee	\$18.97	\$25.64	\$31.79	\$36.54	\$36.60	\$38.55	\$33.75	\$36.83	\$34.28	\$32.95			\$32.95