

# City of Manitowoc - Medical Funding Analysis Report

## Medical Summary

Prepared By: Associated Financial Group  
 Date Prepared: 11/17/16  
 Plan Year: 01/01/16 - 12/31/16

Medical & Rx Carriers:  
 Anthem & Anthem

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
<b>Monthly Enrollment</b>													
Single	48	49	49	49	48	46	47	49	49	50			484
Family	135	137	138	137	137	136	136	138	140	138			1,372
<b>Total</b>	183	186	187	186	185	182	183	187	189	188			1,856
<b>Total Members</b>	524	529	531	528	522	519	519	534	539	538			5,283
<b>Total Medical Funding</b>													
Single	25,552.80	26,085.15	26,085.15	26,085.15	25,552.80	24,488.10	25,020.45	26,085.15	26,085.15	26,617.50			\$257,657.40
Family	182,736.00	185,443.20	186,796.80	185,443.20	185,443.20	184,089.60	184,089.60	186,796.80	189,504.00	186,796.80			\$1,857,139.20
<b>Sum of Total Medical Funding</b>	\$208,288.80	\$211,528.35	\$212,881.95	\$211,528.35	\$210,996.00	\$208,577.70	\$209,110.05	\$212,881.95	\$215,589.15	\$213,414.30			\$2,114,796.60
<b>Fixed Medical Costs</b>													
Single	5,526.72	5,641.86	5,641.86	5,641.86	5,526.72	5,296.44	5,411.58	5,641.86	5,641.86	5,757.00			\$55,727.76
Family	30,970.35	31,429.17	31,658.58	31,429.17	31,429.17	31,199.76	31,199.76	31,658.58	32,117.40	31,658.58			\$314,750.52
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>	\$39,997.07	\$40,571.03	\$40,800.44	\$40,571.03	\$40,455.89	\$39,996.20	\$40,111.34	\$40,800.44	\$41,259.26	\$40,915.58			\$405,478.28
<b>Total Fixed Costs</b>	\$39,997.07	\$40,571.03	\$40,800.44	\$40,571.03	\$40,455.89	\$39,996.20	\$40,111.34	\$40,800.44	\$41,259.26	\$40,915.58			\$405,478.28
<b>Claims Costs</b>													
Medical Claims	18,222.00	53,439.00	55,030.00	115,636.00	111,687.00	113,555.00	74,211.00	261,463.00	311,188.00	245,157.00			\$1,359,588.00
Prescription Drug Claims	15,810.00	58,292.00	32,945.00	67,980.00	56,411.00	99,513.00	99,195.00	87,088.00	44,387.00	39,712.00			\$601,333.00
Auxiant Run Out	124,727.44	75,669.44	18,335.01	1,245.60	2,950.00	3,207.18	11,574.41	455.43	130.91	0.00			\$238,295.42
Serve You Run Out	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$15.00
Clinic Rental	0.00	138.75	138.75	138.75	138.75	138.75	138.75	138.75	138.75	138.75			\$1,248.75
Clinic Expenses	0.00	2,221.61	4,599.99	4,544.84	4,271.31	4,407.62	3,972.30	4,796.15	6,655.92	4,791.82			\$40,261.56
FSA Contributions	22,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$22,400.00
<b>Sum of Total Claims Costs</b>	\$181,174.44	\$189,760.80	\$111,048.75	\$189,545.19	\$175,458.06	\$220,821.55	\$189,091.46	\$353,941.33	\$362,500.58	\$289,799.57			\$2,263,141.73
<b>Reimbursements</b>													
Specific Excess Loss	0.00	0.00	0.00	0.00	0.00	(16,353.37)	(31,099.22)	(84,351.39)	(103,329.92)	(75,223.93)			(310,357.83)
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>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$16,353.37)	(\$31,099.22)	(\$84,351.39)	(\$103,329.92)	(\$75,223.93)			(\$310,357.83)
<b>Total Costs</b>	\$221,171.51	\$230,331.83	\$151,849.19	\$230,116.22	\$215,913.95	\$244,464.38	\$198,103.58	\$310,390.38	\$300,429.92	\$255,491.22			\$2,358,262.18
<b>Funding Less Costs</b>	(\$12,882.71)	(\$18,803.48)	\$61,032.76	(\$18,587.87)	(\$4,917.95)	(\$35,886.68)	\$11,006.47	(\$97,508.43)	(\$84,840.77)	(\$42,076.92)			(\$243,465.58)
<b>YTD Plan Performance</b>	(\$12,882.71)	(\$31,686.19)	\$29,346.57	\$10,758.70	\$5,840.75	(\$30,045.93)	(\$19,039.46)	(\$116,547.89)	(\$201,388.66)	(\$243,465.58)			
<b>YTD % of Total Costs to Funding</b>													111.51%
<b>YTD Average Monthly Cost Per Employee</b>	\$1,208.59	\$1,223.59	\$1,085.17	\$1,123.27	\$1,132.02	\$1,166.68	\$1,154.76	\$1,218.62	\$1,260.65	\$1,270.62			\$1,270.62

# City of Manitowoc - Medical Funding Analysis Report

**Plan Name:**  
Medical Plan

**Prepared By:** Associated Financial Group  
**Date Prepared:** 11/17/16  
**Plan Year:** 01/01/16 - 12/31/16

**Medical & Rx Carriers:**  
Anthem & Anthem

Total Monthly Funding	
Single	Family
\$532.35	\$1,353.60

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$42.55	\$42.55
Specific Stop Loss (\$100,000)	\$59.22	\$165.83
Aggregate Stop Loss	\$9.44	\$9.44
COBRA	\$1.50	\$1.50
PCORI	\$0.18	\$0.51
ACA Reinsurance	\$2.25	\$9.58
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$115.14</b>	<b>\$229.41</b>

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
<b>Monthly Enrollment</b>													
Single	48	49	49	49	48	46	47	49	49	50	50	484	484
Family	135	137	138	137	137	136	136	138	140	138	138	1,372	1,372
<b>Total</b>	<b>183</b>	<b>186</b>	<b>187</b>	<b>186</b>	<b>185</b>	<b>182</b>	<b>183</b>	<b>187</b>	<b>189</b>	<b>188</b>			<b>1,856</b>
<b>Total Funding</b>													
Single	25,552.80	26,085.15	26,085.15	26,085.15	25,552.80	24,488.10	25,020.45	26,085.15	26,085.15	26,617.50			\$257,657.40
Family	182,736.00	185,443.20	186,796.80	185,443.20	185,443.20	184,089.60	184,089.60	186,796.80	189,504.00	186,796.80			\$1,857,139.20
<b>Sum of Total Funding</b>	<b>\$208,288.80</b>	<b>\$211,528.35</b>	<b>\$212,881.95</b>	<b>\$211,528.35</b>	<b>\$210,996.00</b>	<b>\$208,577.70</b>	<b>\$209,110.05</b>	<b>\$212,881.95</b>	<b>\$215,589.15</b>	<b>\$213,414.30</b>			<b>\$2,114,796.60</b>
<b>Fixed Costs</b>													
Single	5,526.72	5,641.86	5,641.86	5,641.86	5,526.72	5,296.44	5,411.58	5,641.86	5,641.86	5,757.00			\$55,727.76
Family	30,970.35	31,429.17	31,658.58	31,429.17	31,429.17	31,199.76	31,199.76	31,658.58	32,117.40	31,658.58			\$314,750.52
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 Costs</b>	<b>\$39,997.07</b>	<b>\$40,571.03</b>	<b>\$40,800.44</b>	<b>\$40,571.03</b>	<b>\$40,455.89</b>	<b>\$39,996.20</b>	<b>\$40,111.34</b>	<b>\$40,800.44</b>	<b>\$41,259.26</b>	<b>\$40,915.58</b>			<b>\$405,478.28</b>
<b>Claims Costs</b>													
Medical Claims	18,222.00	53,439.00	55,030.00	115,636.00	111,687.00	113,555.00	74,211.00	261,463.00	311,188.00	245,157.00			\$1,359,588.00
Prescription Drug Claims	15,810.00	58,292.00	32,945.00	67,980.00	56,411.00	99,513.00	99,195.00	87,088.00	44,387.00	39,712.00			\$601,333.00
Auxiant Run Out	124,727.44	75,669.44	18,335.01	1,245.60	2,950.00	3,207.18	11,574.41	455.43	130.91	0.00			\$238,295.42
Serve You Run Out	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			\$15.00
<b>Sum of Total Claims Costs</b>	<b>\$158,774.44</b>	<b>\$187,400.44</b>	<b>\$106,310.01</b>	<b>\$184,861.60</b>	<b>\$171,048.00</b>	<b>\$216,275.18</b>	<b>\$184,980.41</b>	<b>\$349,006.43</b>	<b>\$355,705.91</b>	<b>\$284,869.00</b>			<b>\$2,199,231.42</b>
<b>Reimbursements</b>													
Specific Excess Loss	0.00	0.00	0.00	0.00	0.00	(16,353.37)	(31,099.22)	(84,351.39)	(103,329.92)	(75,223.93)			(\$310,357.83)
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>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$16,353.37)</b>	<b>(\$31,099.22)</b>	<b>(\$84,351.39)</b>	<b>(\$103,329.92)</b>	<b>(\$75,223.93)</b>			<b>(\$310,357.83)</b>
<b>Total Costs</b>	<b>\$198,771.51</b>	<b>\$227,971.47</b>	<b>\$147,110.45</b>	<b>\$225,432.63</b>	<b>\$211,503.89</b>	<b>\$239,918.01</b>	<b>\$193,992.53</b>	<b>\$305,455.48</b>	<b>\$293,635.25</b>	<b>\$250,560.65</b>			<b>\$2,294,351.87</b>
<b>Funding Less Costs</b>	<b>\$9,517.29</b>	<b>(\$16,443.12)</b>	<b>\$65,771.50</b>	<b>(\$13,904.28)</b>	<b>(\$507.89)</b>	<b>(\$31,340.31)</b>	<b>\$15,117.52</b>	<b>(\$92,573.53)</b>	<b>(\$78,046.10)</b>	<b>(\$37,146.35)</b>			<b>(\$179,555.27)</b>
<b>YTD Plan Performance</b>	<b>\$9,517.29</b>	<b>(\$6,925.83)</b>	<b>\$58,845.67</b>	<b>\$44,941.39</b>	<b>\$44,433.50</b>	<b>\$13,093.19</b>	<b>\$28,210.71</b>	<b>(\$64,362.82)</b>	<b>(\$142,408.92)</b>	<b>(\$179,555.27)</b>			
<b>YTD % of Total Costs to Funding</b>													108.49%
<b>YTD Average Monthly Cost Per Employee</b>	\$1,086.18	\$1,156.49	\$1,032.11	\$1,077.20	\$1,090.39	\$1,127.78	\$1,118.19	\$1,183.34	\$1,225.29	\$1,236.18			\$1,236.18

# City of Manitowoc - Dental Funding Analysis Report

## Dental Summary

Prepared By: Associated Financial Group  
 Date Prepared: 11/17/16  
 Plan Year: 01/01/16 - 12/31/16

## Dental Carriers

Anthem

## Monthly Enrollment

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	51	51	51	51	51	50	50	51	52	53			511
Family	134	136	137	136	135	134	135	137	136	136			1,356
<b>Total</b>	<b>185</b>	<b>187</b>	<b>188</b>	<b>187</b>	<b>186</b>	<b>184</b>	<b>185</b>	<b>188</b>	<b>188</b>	<b>189</b>			<b>1,867</b>

## Total Funding

Single	1,835.50	1,835.50	1,835.50	1,835.50	1,835.50	1,820.40	1,820.40	1,865.94	1,911.48	1,957.02			\$18,552.74
Family	13,593.94	13,814.96	13,925.47	13,814.96	13,780.35	13,669.84	13,780.35	14,001.37	13,890.86	13,890.86			\$138,162.96
<b>Sum of Total Funding</b>	<b>\$15,429.44</b>	<b>\$15,650.46</b>	<b>\$15,760.97</b>	<b>\$15,650.46</b>	<b>\$15,615.85</b>	<b>\$15,490.24</b>	<b>\$15,600.75</b>	<b>\$15,867.31</b>	<b>\$15,802.34</b>	<b>\$15,847.88</b>			<b>\$156,715.70</b>

## Fixed Costs

Single	136.68	136.68	136.68	136.68	136.68	134.00	134.00	136.68	139.36	142.04			\$1,369.48
Family	359.12	364.48	367.16	364.48	361.80	359.12	361.80	367.16	364.48	364.48			\$3,634.08
<b>Sum of Total Fixed Costs</b>	<b>\$495.80</b>	<b>\$501.16</b>	<b>\$503.84</b>	<b>\$501.16</b>	<b>\$498.48</b>	<b>\$493.12</b>	<b>\$495.80</b>	<b>\$503.84</b>	<b>\$503.84</b>	<b>\$506.52</b>			<b>\$5,003.56</b>

## Claims Costs

Dental Claims	6,423.67	14,236.48	18,351.84	12,393.80	15,680.69	18,259.11	16,129.68	10,174.93	18,122.57	11,421.08			\$141,193.85
<b>Sum of Total Claims Costs</b>	<b>\$6,423.67</b>	<b>\$14,236.48</b>	<b>\$18,351.84</b>	<b>\$12,393.80</b>	<b>\$15,680.69</b>	<b>\$18,259.11</b>	<b>\$16,129.68</b>	<b>\$10,174.93</b>	<b>\$18,122.57</b>	<b>\$11,421.08</b>			<b>\$141,193.85</b>

## Total Costs

<b>Total Costs</b>	<b>\$6,919.47</b>	<b>\$14,737.64</b>	<b>\$18,855.68</b>	<b>\$12,894.96</b>	<b>\$16,179.17</b>	<b>\$18,752.23</b>	<b>\$16,625.48</b>	<b>\$10,678.77</b>	<b>\$18,626.41</b>	<b>\$11,927.60</b>			<b>\$146,197.41</b>
--------------------	-------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--	--	---------------------

## Funding Less Costs

<b>Funding Less Costs</b>	<b>\$8,509.97</b>	<b>\$912.82</b>	<b>(\$3,094.71)</b>	<b>\$2,755.50</b>	<b>(\$563.32)</b>	<b>(\$3,261.99)</b>	<b>(\$1,024.73)</b>	<b>\$5,188.54</b>	<b>(\$2,824.07)</b>	<b>\$3,920.28</b>			<b>\$10,518.29</b>
---------------------------	-------------------	-----------------	---------------------	-------------------	-------------------	---------------------	---------------------	-------------------	---------------------	-------------------	--	--	--------------------

## YTD Plan Performance

<b>YTD Plan Performance</b>	<b>\$8,509.97</b>	<b>\$9,422.79</b>	<b>\$6,328.08</b>	<b>\$9,083.58</b>	<b>\$8,520.26</b>	<b>\$5,258.27</b>	<b>\$4,233.54</b>	<b>\$9,422.08</b>	<b>\$6,598.01</b>	<b>\$10,518.29</b>			
-----------------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	--------------------	--	--	--

## YTD % of Total Costs to Funding

93.29%

## YTD Average Monthly Cost

<b>Per Employee</b>	<b>\$37.40</b>	<b>\$58.22</b>	<b>\$72.34</b>	<b>\$71.50</b>	<b>\$74.58</b>	<b>\$79.09</b>	<b>\$80.62</b>	<b>\$77.61</b>	<b>\$80.02</b>	<b>\$78.31</b>			<b>\$78.31</b>
---------------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	--	--	----------------

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Enhanced Dental

**Prepared By:** Associated Financial Group  
**Date Prepared:** 11/17/16  
**Plan Year:** 01/01/16 - 12/31/16

**Dental Carriers:**  
Anthem

Total Monthly Funding	
Single	Family
\$45.54	\$110.51

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.68</b>	<b>\$2.68</b>

Monthly Enrollment	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	35	35	35	35	35	35	35	36	37	38			356
Family	118	120	121	120	120	119	120	122	121	121			1,202
<b>Total</b>	<b>153</b>	<b>155</b>	<b>156</b>	<b>155</b>	<b>155</b>	<b>154</b>	<b>155</b>	<b>158</b>	<b>158</b>	<b>159</b>			<b>1,558</b>

Total Funding	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	1,593.90	1,593.90	1,593.90	1,593.90	1,593.90	1,593.90	1,593.90	1,639.44	1,684.98	1,730.52			\$16,212.24
Family	13,040.18	13,261.20	13,371.71	13,261.20	13,261.20	13,150.69	13,261.20	13,482.22	13,371.71	13,371.71			\$132,833.02
<b>Sum of Total Funding</b>	<b>\$14,634.08</b>	<b>\$14,855.10</b>	<b>\$14,965.61</b>	<b>\$14,855.10</b>	<b>\$14,855.10</b>	<b>\$14,744.59</b>	<b>\$14,855.10</b>	<b>\$15,121.66</b>	<b>\$15,056.69</b>	<b>\$15,102.23</b>			<b>\$149,045.26</b>

Fixed Costs	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Single	93.80	93.80	93.80	93.80	93.80	93.80	93.80	96.48	99.16	101.84			\$954.08
Family	316.24	321.60	324.28	321.60	321.60	318.92	321.60	326.96	324.28	324.28			\$3,221.36
<b>Sum of Total Fixed Costs</b>	<b>\$410.04</b>	<b>\$415.40</b>	<b>\$418.08</b>	<b>\$415.40</b>	<b>\$415.40</b>	<b>\$412.72</b>	<b>\$415.40</b>	<b>\$423.44</b>	<b>\$423.44</b>	<b>\$426.12</b>			<b>\$4,175.44</b>

Claims Costs	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Dental Claims	6,197.67	13,847.48	17,217.80	12,152.80	13,817.60	17,316.11	15,958.68	9,796.93	17,444.57	10,514.08			\$134,263.72
<b>Sum of Total Claims Costs</b>	<b>\$6,197.67</b>	<b>\$13,847.48</b>	<b>\$17,217.80</b>	<b>\$12,152.80</b>	<b>\$13,817.60</b>	<b>\$17,316.11</b>	<b>\$15,958.68</b>	<b>\$9,796.93</b>	<b>\$17,444.57</b>	<b>\$10,514.08</b>			<b>\$134,263.72</b>

<b>Total Costs</b>	<b>\$6,607.71</b>	<b>\$14,262.88</b>	<b>\$17,635.88</b>	<b>\$12,568.20</b>	<b>\$14,233.00</b>	<b>\$17,728.83</b>	<b>\$16,374.08</b>	<b>\$10,220.37</b>	<b>\$17,868.01</b>	<b>\$10,940.20</b>			<b>\$138,439.16</b>
--------------------	-------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--	--	---------------------

<b>Funding Less Costs</b>	<b>\$8,026.37</b>	<b>\$592.22</b>	<b>(\$2,670.27)</b>	<b>\$2,286.90</b>	<b>\$622.10</b>	<b>(\$2,984.24)</b>	<b>(\$1,518.98)</b>	<b>\$4,901.29</b>	<b>(\$2,811.32)</b>	<b>\$4,162.03</b>			<b>\$10,606.10</b>
---------------------------	-------------------	-----------------	---------------------	-------------------	-----------------	---------------------	---------------------	-------------------	---------------------	-------------------	--	--	--------------------

<b>YTD Plan Performance</b>	<b>\$8,026.37</b>	<b>\$8,618.59</b>	<b>\$5,948.32</b>	<b>\$8,235.22</b>	<b>\$8,857.32</b>	<b>\$5,873.08</b>	<b>\$4,354.10</b>	<b>\$9,255.39</b>	<b>\$6,444.07</b>	<b>\$10,606.10</b>			
-----------------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	--------------------	--	--	--

<b>YTD % of Total Costs to Funding</b>													92.88%
--	--	--	--	--	--	--	--	--	--	--	--	--	--------

YTD Average Monthly Cost Per Employee	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
	\$43.19	\$67.76	\$82.99	\$82.51	\$84.38	\$89.48	\$91.79	\$88.34	\$91.14	\$88.86			\$88.86

# City of Manitowoc - Dental Funding Analysis Report

**Plan Name:**  
Preventative Dental

**Dental Carriers:**  
Anthem

Total Monthly Funding	
Single	Family
\$15.10	\$34.61

**Prepared By:** Associated Financial Group  
**Date Prepared:** 11/17/16  
**Plan Year:** 01/01/16 - 12/31/16

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
<b>Sum of Total Monthly Fixed Costs</b>	<b>\$2.68</b>	<b>\$2.68</b>

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
<b>Monthly Enrollment</b>													
Single	16	16	16	16	16	15	15	15	15	15	15	15	155
Family	16	16	16	16	15	15	15	15	15	15	15	15	154
<b>Total</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>309</b>
<b>Total Funding</b>													
Single	241.60	241.60	241.60	241.60	241.60	226.50	226.50	226.50	226.50	226.50	226.50	226.50	\$2,340.50
Family	553.76	553.76	553.76	553.76	519.15	519.15	519.15	519.15	519.15	519.15	519.15	519.15	\$5,329.94
<b>Sum of Total Funding</b>	<b>\$795.36</b>	<b>\$795.36</b>	<b>\$795.36</b>	<b>\$795.36</b>	<b>\$760.75</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$745.65</b>	<b>\$7,670.44</b>
<b>Fixed Costs</b>													
Single	42.88	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20	40.20	40.20	40.20	\$415.40
Family	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20	40.20	40.20	40.20	40.20	\$412.72
<b>Sum of Total Fixed Costs</b>	<b>\$85.76</b>	<b>\$85.76</b>	<b>\$85.76</b>	<b>\$85.76</b>	<b>\$83.08</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$80.40</b>	<b>\$828.12</b>
<b>Claims Costs</b>													
Dental Claims	226.00	389.00	1,134.04	241.00	1,863.09	943.00	171.00	378.00	678.00	907.00			\$6,930.13
<b>Sum of Total Claims Costs</b>	<b>\$226.00</b>	<b>\$389.00</b>	<b>\$1,134.04</b>	<b>\$241.00</b>	<b>\$1,863.09</b>	<b>\$943.00</b>	<b>\$171.00</b>	<b>\$378.00</b>	<b>\$678.00</b>	<b>\$907.00</b>			<b>\$6,930.13</b>
<b>Total Costs</b>	<b>\$311.76</b>	<b>\$474.76</b>	<b>\$1,219.80</b>	<b>\$326.76</b>	<b>\$1,946.17</b>	<b>\$1,023.40</b>	<b>\$251.40</b>	<b>\$458.40</b>	<b>\$758.40</b>	<b>\$987.40</b>			<b>\$7,758.25</b>
<b>Funding Less Costs</b>	<b>\$483.60</b>	<b>\$320.60</b>	<b>(\$424.44)</b>	<b>\$468.60</b>	<b>(\$1,185.42)</b>	<b>(\$277.75)</b>	<b>\$494.25</b>	<b>\$287.25</b>	<b>(\$12.75)</b>	<b>(\$241.75)</b>			<b>(\$87.81)</b>
<b>YTD Plan Performance</b>	<b>\$483.60</b>	<b>\$804.20</b>	<b>\$379.76</b>	<b>\$848.36</b>	<b>(\$337.06)</b>	<b>(\$614.81)</b>	<b>(\$120.56)</b>	<b>\$166.69</b>	<b>\$153.94</b>	<b>(\$87.81)</b>			
<b>YTD % of Total Costs to Funding</b>													101.14%
<b>YTD Average Monthly Cost Per Employee</b>	\$9.74	\$12.29	\$20.90	\$18.23	\$26.91	\$28.06	\$25.36	\$24.15	\$24.27	\$25.11			\$25.11



Financial and Utilization Dashboard (Paid Claims)

Membership Summary

Period	Med Subscribers	Med Members	Contract Size	Contract Size Commercial Benchmark	Member Trend
Current	185	528	2.8	2.0	0.0%
Prior	0	0	0.0	2.0	0.0%

Medical and Pharmacy Paid Amount Summary

	Current	Prior	Trend	Prior Trend
<b>Medical</b>				
Paid Amount	\$1,359,590	\$0		
Paid PMPM	\$257.35	\$0.00	0.0%	0.0%
Paid PEPM	\$733.33	\$0.00	0.0%	0.0%
<b>Pharmacy</b>				
Paid Amount	\$601,334	\$0		
Paid PMPM	\$113.82	\$0.00	0.0%	0.0%
Paid PEPM	\$324.34	\$0.00	0.0%	0.0%
<b>Total</b>				
Paid Amount	\$1,960,924	\$0		
Paid PMPM	\$371.18	\$0.00	0.0%	0.0%
Paid PEPM	\$1,057.67	\$0.00	0.0%	0.0%
Paid Amount In Network	\$1,269,721	\$0		
Discount Amount	\$1,846,797	\$0		

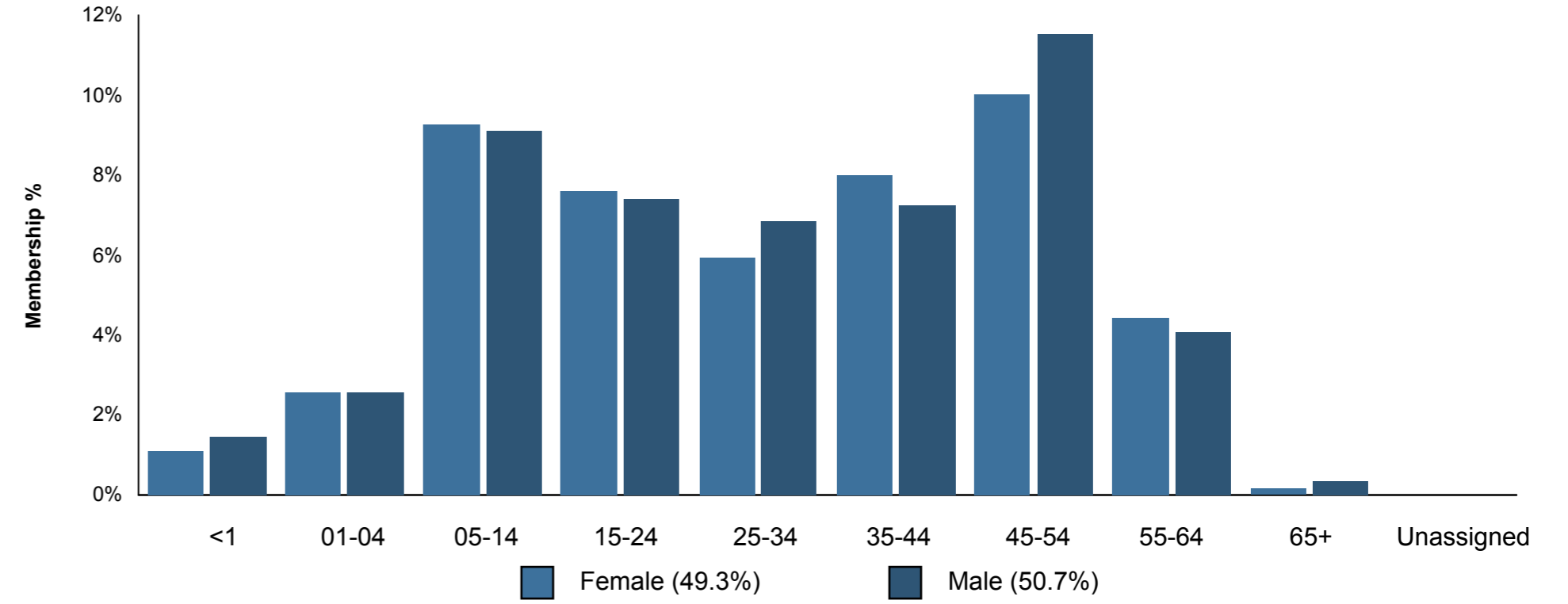
High Cost Claimants with Paid Amounts > \$50,000

High Cost Claimant (HCC) Summary	Current	Prior	Trend	Commercial Benchmark	Percent Paid In Network
Total Paid Amount	\$1,960,924	\$0			95.4%
Total HCC Paid Amount Med	\$582,770	\$0			88.5%
Total HCC Paid Amount Rx	\$294,244	\$0			100.0%
HCC Paid Amount as % of Total Paid Amount	44.7%	0.0%	0.0%	35.9%	
Number of HCC Members > \$50K	6	0			
HCC Members as Percent of Total Members	1.1%	0.0%	0.0%	0.9%	
High Cost Claimant (HCC) Detail	Current	Prior	Trend	Commercial Benchmark	
HCC PMPM	\$166.01	\$0.00	0.0%	\$112.45	
HCC PEPM	\$473.04	\$0.00	0.0%	\$235.07	
Non-HCC PMPM	\$205.17	\$0.00	0.0%	\$200.92	
Non-HCC PEPM	\$584.63	\$0.00	0.0%	\$420.03	

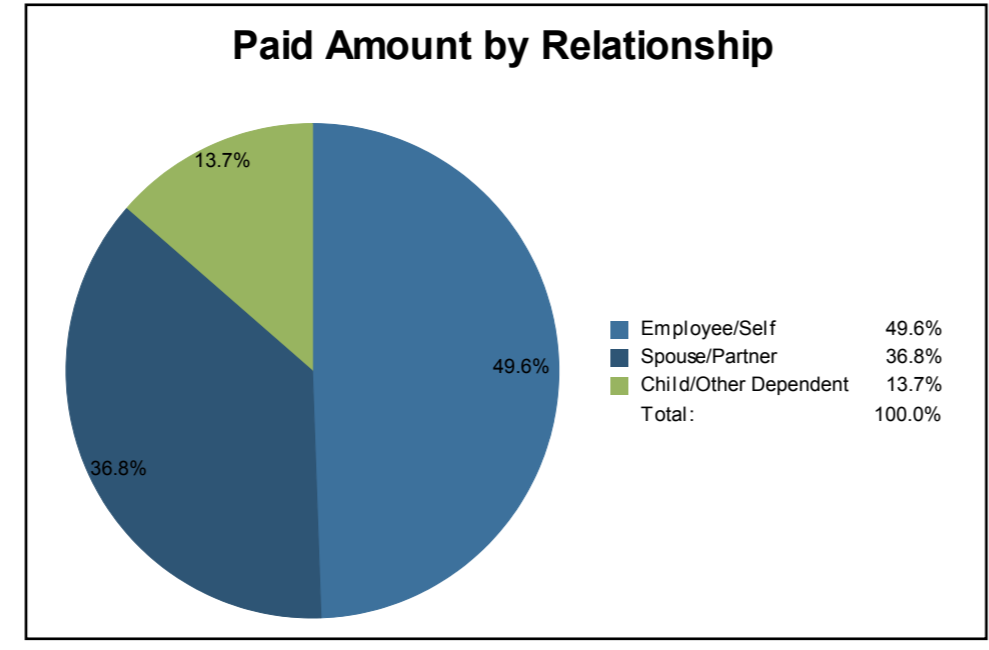
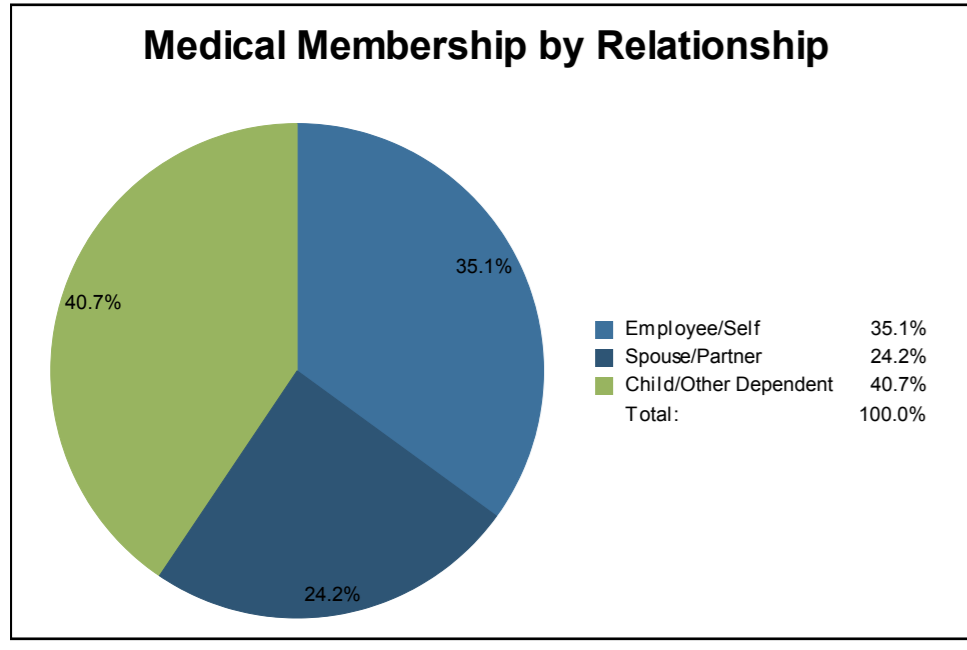
Note: High Cost Claimants are defined as those claimants with more than \$50,000 in paid amount during the reporting period.

Medical Membership Summary by Age Band and Gender

Average Age: Subscriber = 44, Member = 31



NOTE: Anthem Book of Business Average Age is 35



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

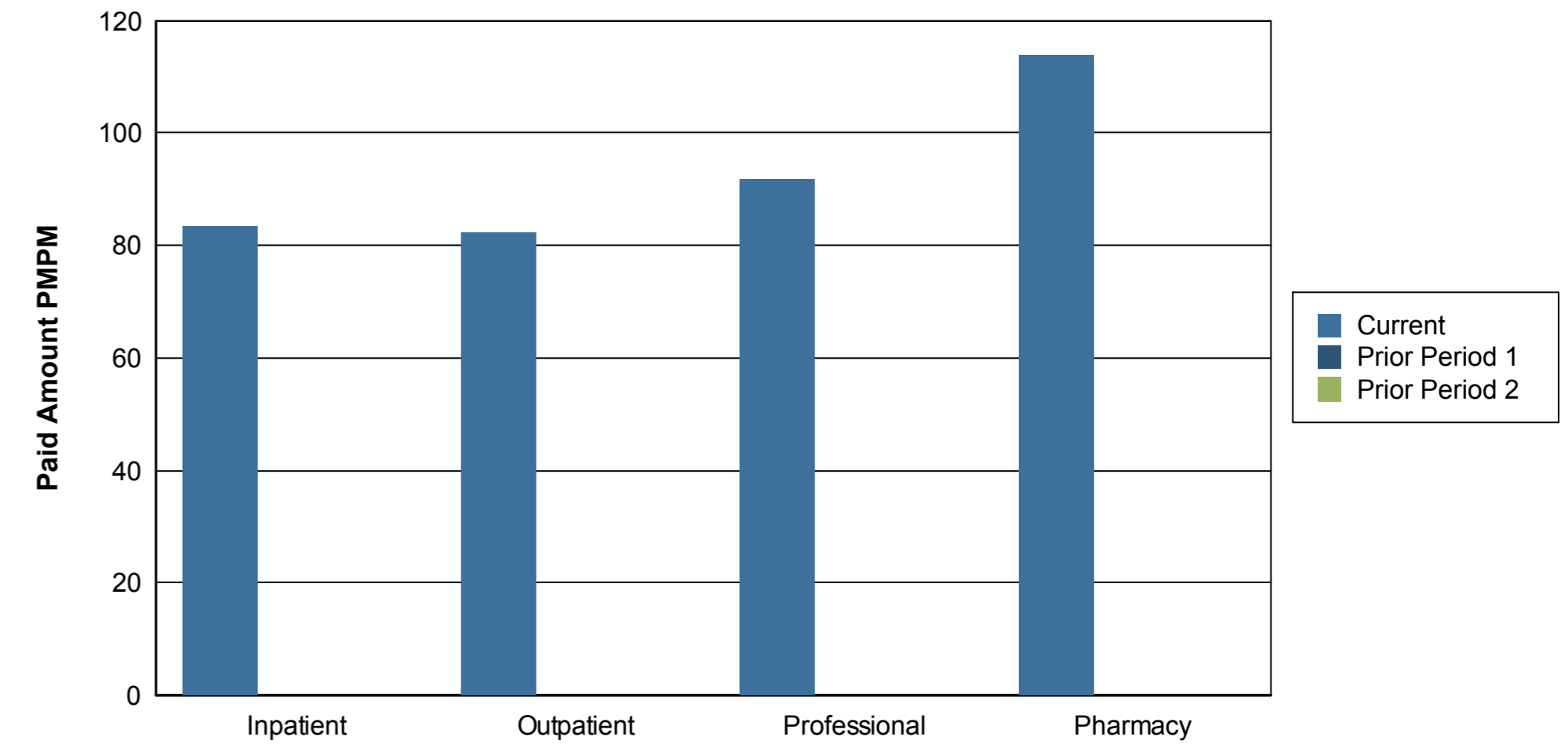


Financial and Utilization Dashboard (Paid Claims)

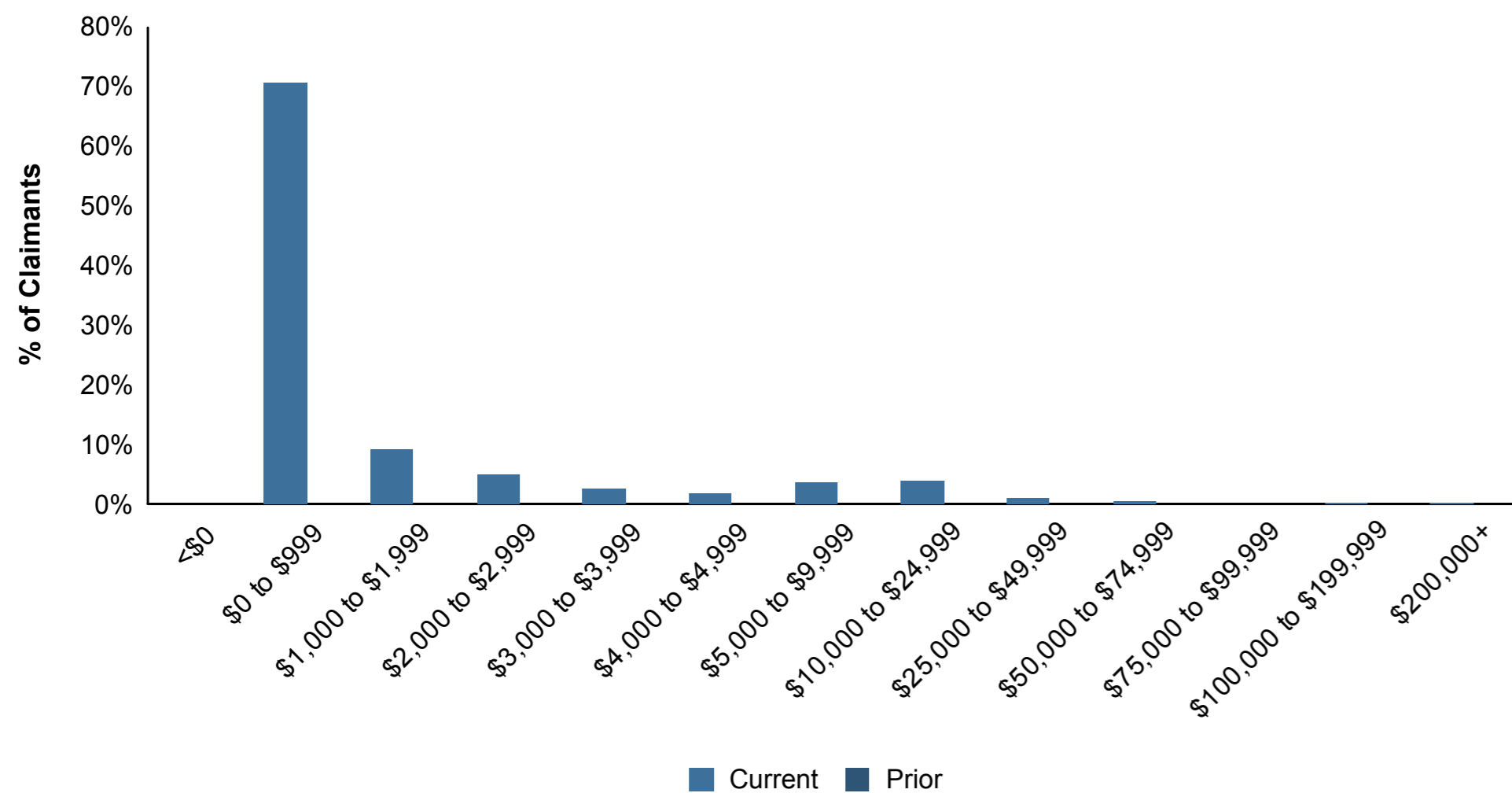
Utilization Breakdown

Metrics	Current Period	Prior Period 1	Prior Period 2	Trend Lines
<b>Utilization</b>				
IP Facility Acute Admissions per 1000	61.3	0.0	0.0	
IP Facility Acute Days per 1000	329.4	0.0	0.0	
IP Facility Acute Avg LOS	5.37	0.00	0.00	
OP Facility Visits per 1000	972.2	0.0	0.0	
Professional Services per 1000	9,980.7	0.0	0.0	
<b>Paid Amount PMPM by Setting</b>				
IP Facility Acute Admit	\$83.48	\$0.00	\$0.00	
OP Facility Visits	\$82.21	\$0.00	\$0.00	
Professional Service	\$91.66	\$0.00	\$0.00	

Paid Amount by Setting



Paid Claims Distribution



Pharmacy Highlights

Drug	Paid Amount	Scripts	Paid Per Script	Percent of Claims Paid
HUMIRA PEN	\$154,206	29	\$5,317	25.6%
SOVALDI	\$87,825	*	*	14.6%
POMALYST	\$67,550	*	*	11.2%
DAKLINZA	\$65,866	*	*	11.0%
REVLIMID	\$20,280	*	*	3.4%
ADDERALL XR	\$13,504	31	\$436	2.2%
ELMIRON	\$10,208	7	\$1,458	1.7%
XOLAIR	\$9,292	*	*	1.5%
LIALDA	\$8,428	*	*	1.4%
SUCRAID	\$7,612	*	*	1.3%
Top Ten Subtotal	\$444,771	90	\$4,942	74.0%
All Other Drugs	\$156,563	2,458	\$64	26.0%
<b>Total</b>	<b>\$601,334</b>	<b>2,548</b>	<b>\$236</b>	<b>100.0%</b>

\* This value not shown due to small numbers.

Note: Based on medical and pharmacy where applicable

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

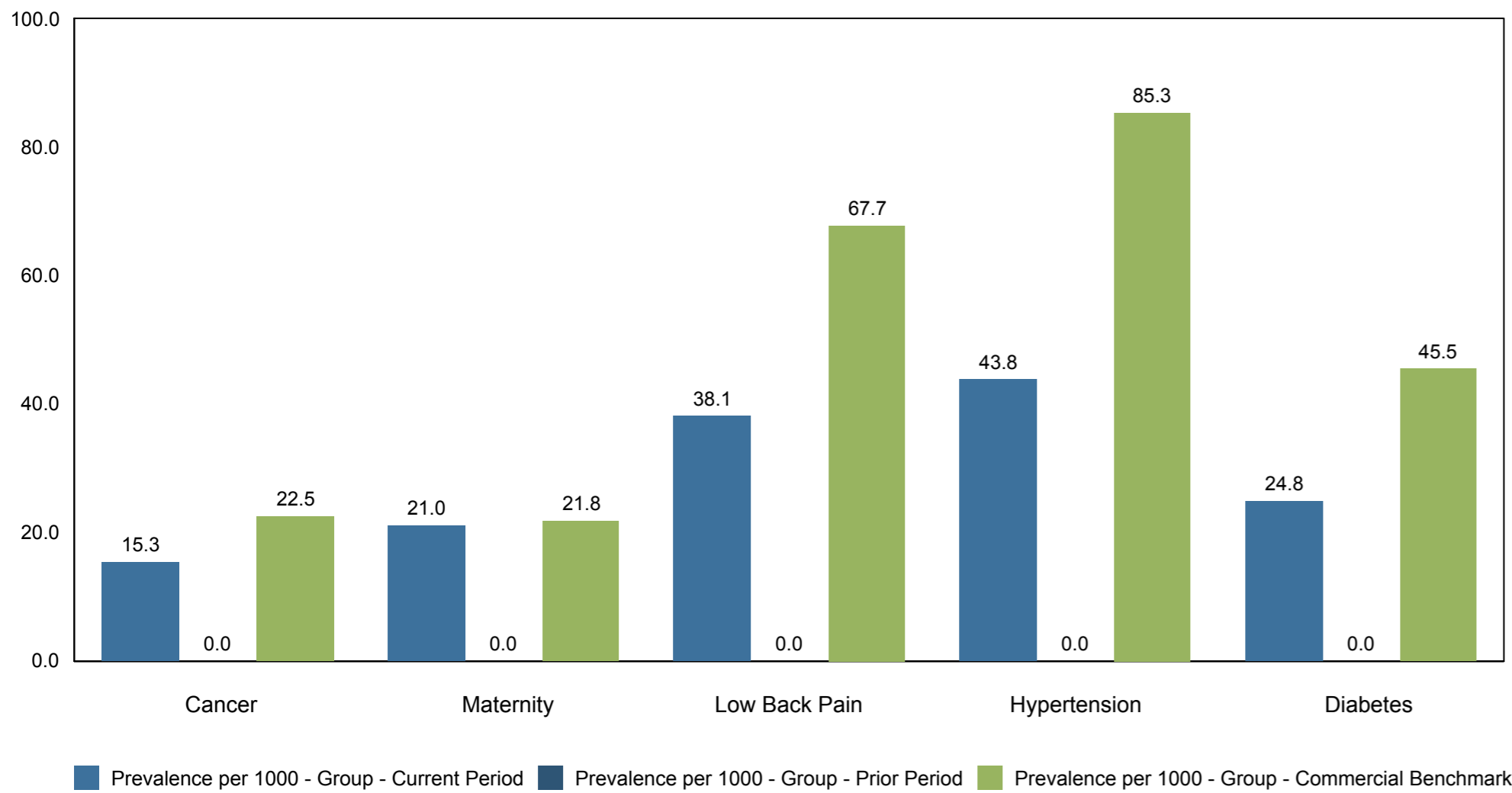
Copyright (c) 2012, Anthem Blue Cross and Blue Shield. All Rights Reserved. This confidential information should not be distributed without prior written consent and should only be used to review health care utilization.



Clinical Dashboard (Incurred Medical Claims)

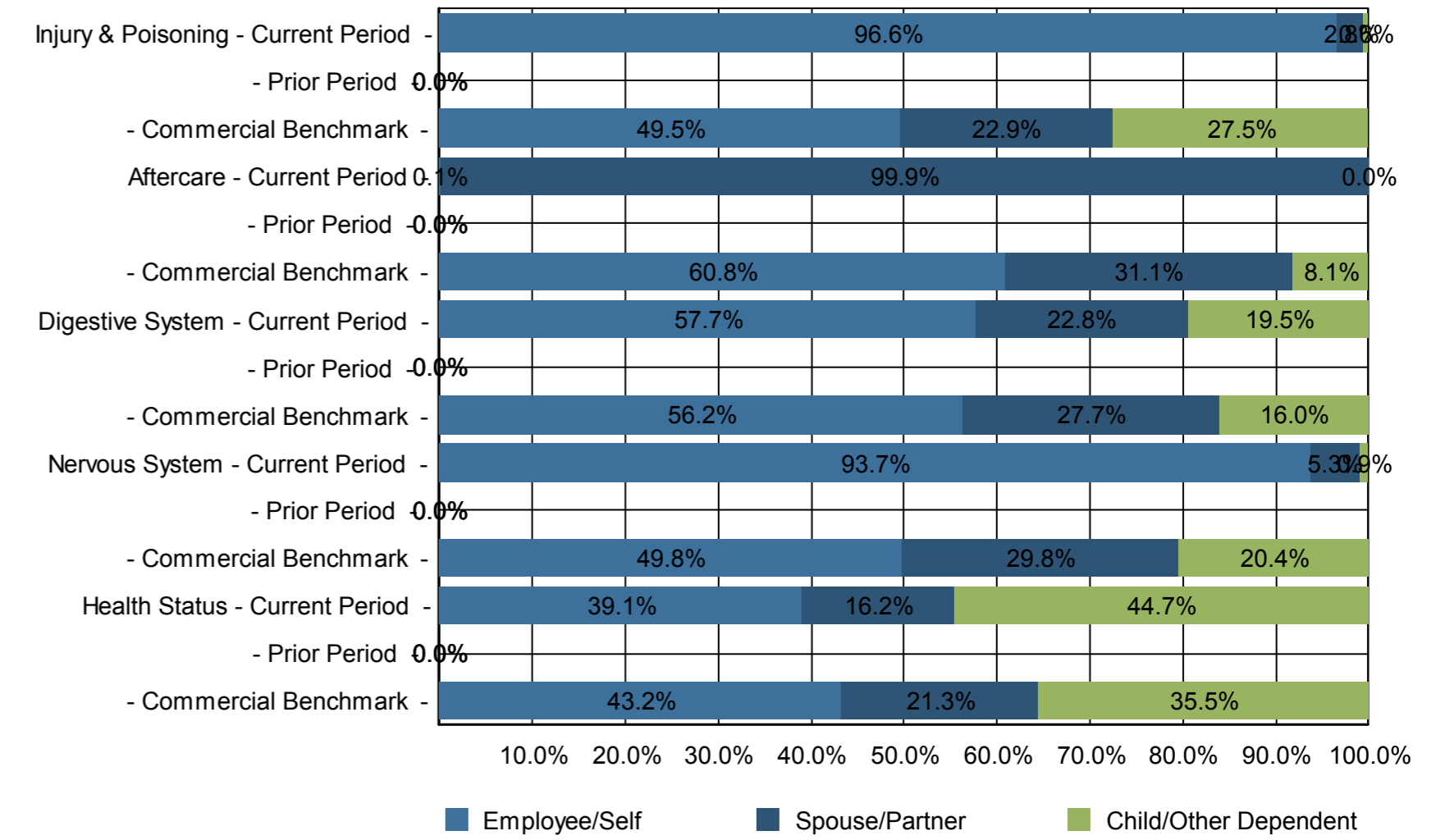
Top Five Target Program Conditions Compared to Benchmark (Based on Paid Amount)

Prevalence per 1000 for Target Program Conditions



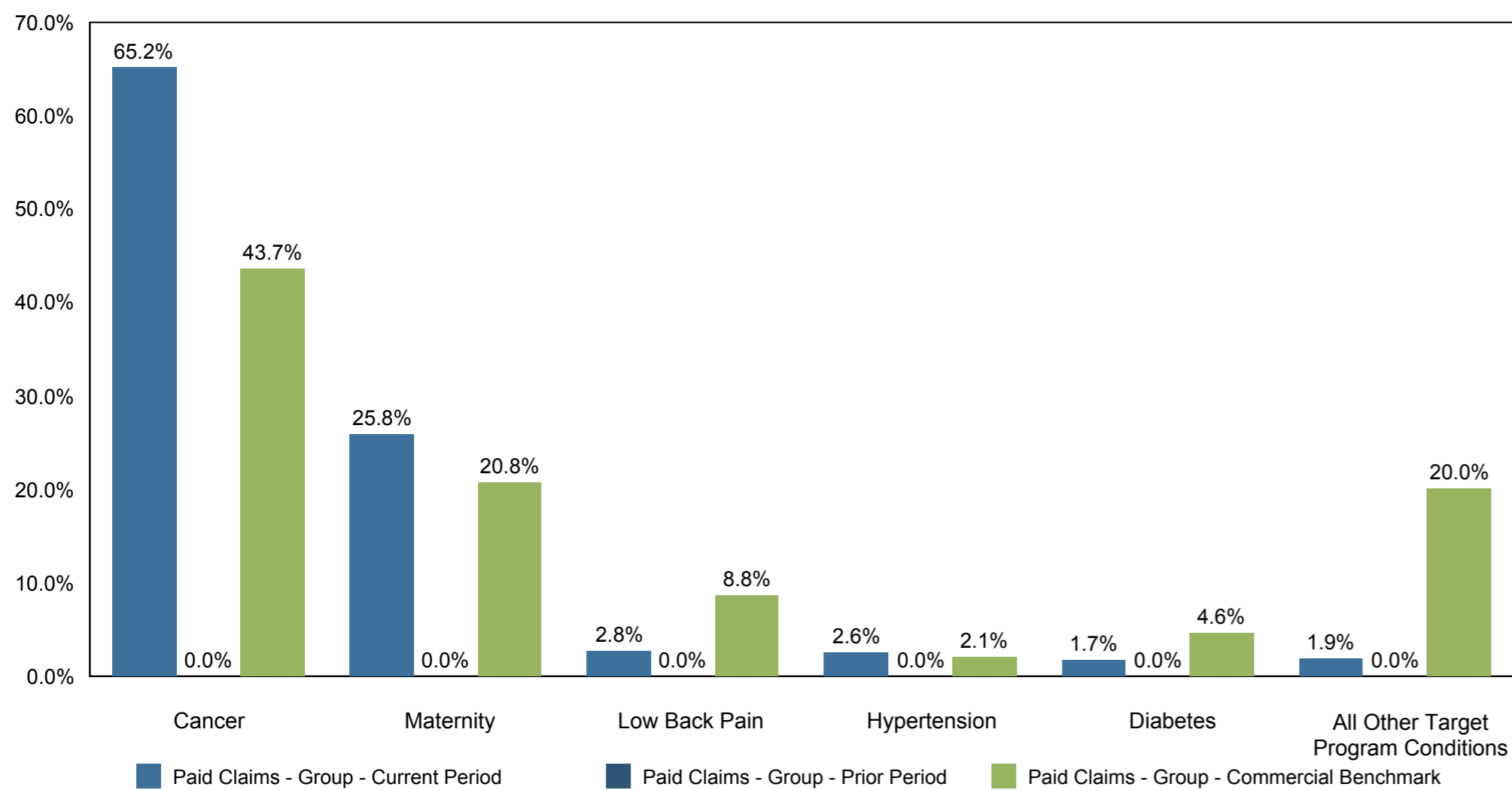
Top Five Health Conditions by Paid Amount

Percentage of Claims Paid by Relationship



Top Five Target Program Conditions Compared to Benchmark (Based on Paid Amount)

Percent of Paid Amount for Target Program Conditions



Health Risk Index

The Risk Index is based on Incurred and Paid Claims

	Current	Prior	Percent Change
Group	0.88	0.00	0.0%
Commercial Benchmark	1.00	1.00	0.0%
Variance to Commercial Benchmark	-12.0%	-100.0%	

The Health Risk Index is a diagnostic and age/sex adjusted projection of the population's likely level of risk for the period indicated. The Benchmark is presented for comparison. The comparison population reflects the healthcare experience of employees and dependents from a large national dataset. A score higher than 1.0 indicates a higher level of risk as compared to the national dataset.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.