

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/16/19
 Plan Year: 01/01/19 - 12/31/19

Medical & Rx Carriers:

Anthem & Anthem

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Monthly Enrollment													
Single	47	47	47	45	45	46	49						326
Family	150	152	152	151	152	154	155						1,066
Total	197	199	199	196	197	200	204						1,392
Total Members	570	579	580	573	577	586	594						4,059
Total Medical Funding													
Single	29,033.78	29,033.78	29,033.78	27,798.30	27,798.30	28,416.04	30,269.26						\$201,383.24
Family	235,452.00	238,591.36	238,591.36	237,021.68	238,591.36	241,730.72	243,300.40						\$1,673,278.88
Sum of Total Medical Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$266,389.66	\$270,146.76	\$273,569.66						\$1,874,662.12
Fixed Medical Costs													
Single	6,392.00	6,392.00	6,392.00	6,120.00	6,120.00	6,256.00	6,664.00						\$44,336.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,675.36	42,223.72	42,497.90						\$292,275.88
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00						\$24,500.00
Sum of Total Fixed Medical Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90						\$361,111.88
Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90						\$361,111.88
Claims Costs													
Medical Claims	112,724.00	180,214.00	204,891.00	152,956.00	97,419.00	106,688.00	101,385.00						\$956,277.00
Prescription Drug Claims	55,740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00						\$465,558.00
Clinic Expenses	4,757.29	4,220.16	4,661.37	4,835.72	4,629.88	4,877.77	4,850.11						\$32,832.30
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04						\$30,536.56
Sum of Total Claims Costs	\$176,117.05	\$257,040.30	\$299,182.86	\$214,451.30	\$172,895.73	\$185,375.47	\$180,141.15						\$1,485,203.86
Reimbursements													
Specific Excess Loss	(23,928.93)	0.00	0.00	0.00	0.00	0.00	0.00						(23,928.93)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						(\$23,928.93)
Total Costs	\$203,207.12	\$308,607.66	\$350,750.22	\$265,472.48	\$224,191.09	\$237,355.19	\$232,803.05						\$1,822,386.81
Funding Less Costs	\$61,278.66	(\$40,982.52)	(\$83,125.08)	(\$652.50)	\$42,198.57	\$32,791.57	\$40,766.61						\$52,275.31
YTD Plan Performance	\$61,278.66	\$20,296.14	(\$62,828.94)	(\$63,481.44)	(\$21,282.87)	\$11,508.70	\$52,275.31						
YTD % of Total Costs to Funding													97.21%
YTD Average Monthly Cost Per Employee	\$1,031.51	\$1,292.46	\$1,449.69	\$1,426.09	\$1,368.65	\$1,338.03	\$1,309.19						\$1,309.19

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Associated Financial Group

Date Prepared: 07/16/19

Plan Year: 01/01/19 - 12/31/19

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding	
Single	Family
\$617.74	\$1,569.68

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$40.22	\$40.22
Specific Stop Loss (\$100,000)	\$76.74	\$214.92
Aggregate Stop Loss	\$8.37	\$8.37
COBRA	\$0.66	\$0.66
Go365 Platform and Incentives	\$10.01	\$10.01
Sum of Total Monthly Fixed Costs	\$136.00	\$274.18

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	47	47	47	45	45	46	49						326
Family	150	152	152	151	152	154	155						1,066
Total	197	199	199	196	197	200	204						1,392
Total Funding													
Single	29,033.78	29,033.78	29,033.78	27,798.30	27,798.30	28,416.04	30,269.26						\$201,383.24
Family	235,452.00	238,591.36	238,591.36	237,021.68	238,591.36	241,730.72	243,300.40						\$1,673,278.88
Sum of Total Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$266,389.66	\$270,146.76	\$273,569.66						\$1,874,662.12
Fixed Costs													
Single	6,392.00	6,392.00	6,392.00	6,120.00	6,120.00	6,256.00	6,664.00						\$44,336.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,675.36	42,223.72	42,497.90						\$292,275.88
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00						\$24,500.00
Sum of Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,295.36	\$51,979.72	\$52,661.90						\$361,111.88
Claims Costs													
Medical Claims	112,724.00	180,214.00	204,891.00	152,956.00	97,419.00	106,688.00	101,385.00						\$956,277.00
Prescription Drug Claims	55,740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00						\$465,558.00
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04						\$30,536.56
Sum of Total Claims Costs	\$171,359.76	\$252,820.14	\$294,521.49	\$209,615.58	\$168,265.85	\$180,497.70	\$175,291.04						\$1,452,371.56
Reimbursements													
Specific Excess Loss	(23,928.93)	0.00	0.00	0.00	0.00	0.00	0.00						(\$23,928.93)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00						\$0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						(\$23,928.93)
Total Costs	\$198,449.83	\$304,387.50	\$346,088.85	\$260,636.76	\$219,561.21	\$232,477.42	\$227,952.94						\$1,789,554.51
Funding Less Costs	\$66,035.95	(\$36,762.36)	(\$78,463.71)	\$4,183.22	\$46,828.45	\$37,669.34	\$45,616.72						\$85,107.61
YTD Plan Performance	\$66,035.95	\$29,273.59	(\$49,190.12)	(\$45,006.90)	\$1,821.55	\$39,490.89	\$85,107.61						
YTD % of Total Costs to Funding													95.46%
YTD Average Monthly Cost Per Employee	\$1,007.36	\$1,269.79	\$1,426.77	\$1,402.73	\$1,345.27	\$1,314.48	\$1,285.60						\$1,285.60

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 07/16/19
 Plan Year: 01/01/19 - 12/31/19

Dental Carriers

Anthem

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	54	54	54	52	53	52	55						374
Family	144	145	147	147	146	147	148						1,024
Total	198	199	201	199	199	199	203						1,398
Total Funding													
Single	2,184.06	2,184.06	2,184.06	2,119.00	2,167.97	2,119.00	2,265.91						\$15,224.06
Family	15,352.60	15,307.78	15,546.06	15,464.08	15,344.94	15,382.10	15,419.26						\$107,816.82
Sum of Total Funding	\$17,536.66	\$17,491.84	\$17,730.12	\$17,583.08	\$17,512.91	\$17,501.10	\$17,685.17						\$123,040.88
Fixed Costs													
Single	144.72	144.72	144.72	139.36	142.04	139.36	147.40						\$1,002.32
Family	385.92	388.60	393.96	393.96	391.28	393.96	396.64						\$2,744.32
Sum of Total Fixed Costs	\$530.64	\$533.32	\$538.68	\$533.32	\$533.32	\$533.32	\$544.04						\$3,746.64
Claims Costs													
Dental Claims	16,379.64	15,352.34	17,644.41	16,359.19	19,727.83	11,409.60	14,982.68						\$111,855.69
Sum of Total Claims Costs	\$16,379.64	\$15,352.34	\$17,644.41	\$16,359.19	\$19,727.83	\$11,409.60	\$14,982.68						\$111,855.69
Total Costs	\$16,910.28	\$15,885.66	\$18,183.09	\$16,892.51	\$20,261.15	\$11,942.92	\$15,526.72						\$115,602.33
Funding Less Costs	\$626.38	\$1,606.18	(\$452.97)	\$690.57	(\$2,748.24)	\$5,558.18	\$2,158.45						\$7,438.55
YTD Plan Performance	\$626.38	\$2,232.56	\$1,779.59	\$2,470.16	(\$278.08)	\$5,280.10	\$7,438.55						
YTD % of Total Costs to Funding													93.95%
YTD Average Monthly Cost Per Employee	\$85.41	\$82.61	\$85.25	\$85.16	\$88.49	\$83.75	\$82.69						\$82.69

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 07/16/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers:
Anthem

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-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	40	40	40	39	40	39	42						280
Family	122	121	123	122	121	121	121						851
Total	162	161	163	161	161	160	163						1,131

Total Funding	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	1,958.80	1,958.80	1,958.80	1,909.83	1,958.80	1,909.83	2,056.74						\$13,711.60
Family	14,535.08	14,415.94	14,654.22	14,535.08	14,415.94	14,415.94	14,415.94						\$101,388.14
Sum of Total Funding	\$16,493.88	\$16,374.74	\$16,613.02	\$16,444.91	\$16,374.74	\$16,325.77	\$16,472.68						\$115,099.74

Fixed Costs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	107.20	107.20	107.20	104.52	107.20	104.52	112.56						\$750.40
Family	326.96	324.28	329.64	326.96	324.28	324.28	324.28						\$2,280.68
Sum of Total Fixed Costs	\$434.16	\$431.48	\$436.84	\$431.48	\$431.48	\$428.80	\$436.84						\$3,031.08

Claims Costs	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Dental Claims	15,674.64	14,712.34	15,760.41	14,445.19	18,026.83	9,461.60	14,183.68						\$102,264.69
Sum of Total Claims Costs	\$15,674.64	\$14,712.34	\$15,760.41	\$14,445.19	\$18,026.83	\$9,461.60	\$14,183.68						\$102,264.69

Total Costs	\$16,108.80	\$15,143.82	\$16,197.25	\$14,876.67	\$18,458.31	\$9,890.40	\$14,620.52						\$105,295.77
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Funding Less Costs	\$385.08	\$1,230.92	\$415.77	\$1,568.24	(\$2,083.57)	\$6,435.37	\$1,852.16						\$9,803.97
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YTD Plan Performance	\$385.08	\$1,616.00	\$2,031.77	\$3,600.01	\$1,516.44	\$7,951.81	\$9,803.97						
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YTD % of Total Costs to Funding													91.48%
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YTD Average Monthly Cost Per Employee	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
	\$99.44	\$96.76	\$97.63	\$96.33	\$99.98	\$93.67	\$93.10						\$93.10

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 07/16/19
Plan Year: 01/01/19 - 12/31/19

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$16.09	\$37.16

	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-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Monthly Enrollment													
Single	14	14	14	13	13	13	13						94
Family	22	24	24	25	25	26	27						173
Total	36	38	38	38	38	39	40						267
Total Funding													
Single	225.26	225.26	225.26	209.17	209.17	209.17	209.17						\$1,512.46
Family	817.52	891.84	891.84	929.00	929.00	966.16	1,003.32						\$6,428.68
Sum of Total Funding	\$1,042.78	\$1,117.10	\$1,117.10	\$1,138.17	\$1,138.17	\$1,175.33	\$1,212.49						\$7,941.14
Fixed Costs													
Single	37.52	37.52	37.52	34.84	34.84	34.84	34.84						\$251.92
Family	58.96	64.32	64.32	67.00	67.00	69.68	72.36						\$463.64
Sum of Total Fixed Costs	\$96.48	\$101.84	\$101.84	\$101.84	\$101.84	\$104.52	\$107.20						\$715.56
Claims Costs													
Dental Claims	705.00	640.00	1,884.00	1,914.00	1,701.00	1,948.00	799.00						\$9,591.00
Sum of Total Claims Costs	\$705.00	\$640.00	\$1,884.00	\$1,914.00	\$1,701.00	\$1,948.00	\$799.00						\$9,591.00
Total Costs	\$801.48	\$741.84	\$1,985.84	\$2,015.84	\$1,802.84	\$2,052.52	\$906.20						\$10,306.56
Funding Less Costs	\$241.30	\$375.26	(\$868.74)	(\$877.67)	(\$664.67)	(\$877.19)	\$306.29						(\$2,365.42)
YTD Plan Performance	\$241.30	\$616.56	(\$252.18)	(\$1,129.85)	(\$1,794.52)	(\$2,671.71)	(\$2,365.42)						
YTD % of Total Costs to Funding													129.79%
YTD Average Monthly Cost Per Employee	\$22.26	\$20.86	\$31.51	\$36.97	\$39.08	\$41.41	\$38.60						\$38.60