

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: USI Insurance Services
Date Prepared: 07/20/21
Plan Year: 01/01/21 - 12/31/21

Medical & Rx Carriers:
Health Partners & Health Partners

Total Monthly Funding	
Single	Family
\$620.36	\$1,572.20

Total Monthly Fixed Costs		
Single	Family	
Administration Fee	\$9.25	\$25.12
Specific Stop Loss (\$100,000)	\$62.03	\$173.68
Aggregate Stop Loss	\$3.38	\$9.46
Wellness Platform / Incentives	\$11.04	\$11.04
COBRA Fee	\$0.66	\$0.66
HSA Admin	\$1.85	\$1.85
Sum of Total Monthly Fixed Costs	\$88.21	\$221.81

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	55	56	56	55	57	57							336
Family	137	137	138	138	148	148							846
Total	192	193	194	193	205	205							1,182
Total Funding													
Single	34,119.80	34,740.16	34,740.16	34,119.80	35,360.52	35,360.52							\$208,440.96
Family	215,391.40	215,391.40	216,963.60	216,963.60	232,685.60	232,685.60							\$1,330,081.20
Sum of Total Funding	\$249,511.20	\$250,131.56	\$251,703.76	\$251,083.40	\$268,046.12	\$268,046.12							\$1,538,522.16
Fixed Costs													
Single	4,851.55	4,939.76	4,939.76	4,851.55	5,027.97	5,027.97							\$29,638.56
Family	30,387.97	30,387.97	30,609.78	30,609.78	32,827.88	32,827.88							\$187,651.26
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00							\$21,000.00
Sum of Total Fixed Costs	\$38,739.52	\$38,827.73	\$39,049.54	\$38,961.33	\$41,355.85	\$41,355.85							\$238,289.82
Claims Costs													
Medical Claims	133,428.60	174,568.73	268,674.52	217,063.03	154,680.68	138,003.70							\$1,086,419.26
Prescription Drug Claims	17,020.78	13,956.73	31,298.57	41,799.78	47,484.47	46,494.74							\$198,055.07
Shared Savings	263.95	1,710.03	818.14	904.67	607.97	118.35							\$4,423.11
Clinic Expenses	6,247.68	6,454.22	6,908.06	6,422.47	6,043.90	6,474.85							\$38,551.18
ER HSA Contribution	48,000.00	0.00	0.00	0.00	0.00	0.00							\$48,000.00
Sum of Total Claims Costs	\$204,961.01	\$196,689.71	\$307,699.29	\$266,189.95	\$208,817.02	\$191,091.64							\$1,375,448.62
Reimbursements													
Specific Excess Loss	0.00	0.00	(19,405.73)	(45,135.73)	(40,211.90)	(43,109.60)							(\$147,862.96)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00							\$0.00
Sum of Reimbursements	\$0.00	\$0.00	(\$19,405.73)	(\$45,135.73)	(\$40,211.90)	(\$43,109.60)							(\$147,862.96)
Total Costs	\$243,700.53	\$235,517.44	\$327,343.10	\$260,015.55	\$209,960.97	\$189,337.89							\$1,465,875.48
Funding Less Costs	\$5,810.67	\$14,614.12	(\$75,639.34)	(\$8,932.15)	\$58,085.15	\$78,708.23							\$72,646.68
YTD Plan Performance	\$5,810.67	\$20,424.79	(\$55,214.55)	(\$64,146.70)	(\$6,061.55)	\$72,646.68							
YTD % of Total Costs to Funding													95.28%
YTD Average Monthly Cost Per Employee	\$1,269.27	\$1,244.72	\$1,393.02	\$1,381.58	\$1,306.59	\$1,240.17							\$1,240.17

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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Dental Plan

Prepared By: USI Insurance Services
Date Prepared: 07/20/21
Plan Year: 01/01/21 - 12/31/21

Dental Carriers:
Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

Total Monthly Fixed Costs	
Single	Family
Administration Fee	\$4.50
Sum of Total Monthly Fixed Costs	\$4.50

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	58	59	59	59	62	63							360
Family	131	132	133	133	143	143							815
Total	189	191	192	192	205	206							1,175

Total Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	2,325.80	2,365.90	2,365.90	2,365.90	2,486.20	2,526.30							\$14,436.00
Family	14,783.35	14,896.20	15,009.05	15,009.05	16,137.55	16,137.55							\$91,972.75
Sum of Total Funding	\$17,109.15	\$17,262.10	\$17,374.95	\$17,374.95	\$18,623.75	\$18,663.85							\$106,408.75

Fixed Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	261.00	265.50	265.50	265.50	279.00	283.50							\$1,620.00
Family	589.50	594.00	598.50	598.50	643.50	643.50							\$3,667.50
Sum of Total Fixed Costs	\$850.50	\$859.50	\$864.00	\$864.00	\$922.50	\$927.00							\$5,287.50

Claims Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Dental Claims	11,756.00	16,507.00	21,437.00	16,374.00	15,946.00	16,894.00							\$98,914.00
Sum of Total Claims Costs	\$11,756.00	\$16,507.00	\$21,437.00	\$16,374.00	\$15,946.00	\$16,894.00							\$98,914.00

Total Costs	\$12,606.50	\$17,366.50	\$22,301.00	\$17,238.00	\$16,868.50	\$17,821.00							\$104,201.50
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Funding Less Costs	\$4,502.65	(\$104.40)	(\$4,926.05)	\$136.95	\$1,755.25	\$842.85							\$2,207.25
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YTD Plan Performance	\$4,502.65	\$4,398.25	(\$527.80)	(\$390.85)	\$1,364.40	\$2,207.25							
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YTD % of Total Costs to Funding													97.93%
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YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$66.70	\$78.88	\$91.39	\$90.98	\$89.14	\$88.68							\$88.68

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