City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Date Prepared: Associated Financial Group 10/24/16

Plan Year:

01/01/16 - 12/31/16

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	48	49	49	49	48	46	47	49	49				434
Family	135	137	138	137	137	136	136	138	140				1,234
Total	183	186	187	186	185	182	183	187	189				1,668
Total Members	524	529	531	528	522	519	519	534	542				4,748
Total Medical Funding													
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				\$231,039.90
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				\$1,670,342.40
Sum of Total Medical Funding	\$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				\$1,901,382.30
oun or rotal medical runding	Ψ200,200.00	ΨΖ11,320.33	Ψ212,001.55	ΨΖ11,320.33	Ψ210,330.00	Ψ200,577.70	Ψ203,110.03	Ψ212,001.00	Ψ2 10,300.10				ψ1,301,302.30
Fixed Medical Costs													
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				\$49,970.76
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				\$283,091.94
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				\$31,500.00
Sum of Total Fixed Medical Costs	\$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				\$364,562.70
Total Fixed Costs	\$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				\$364,562.70
Claims Costs													
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				\$1,114,431.00
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				\$561,621.00
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				\$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				\$15.00
Clinic Rental	0.00	138.75	138.75	138.75	138.75	138.75	138.75	138.75	138.75				\$1,110.00
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				\$35,469.74
FSA Contributions	22,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				\$22,400.00
Sum of Total Claims Costs	\$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				\$1,973,342.16
		· ,					· · · · · ·						
Reimbursements													
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)				(235,133.90)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
Sum of Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$16,353.37)	(\$31,099.22)	(\$84,351.39)	(\$103,329.92)				(\$235,133.90)
Total Costs	\$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				\$2,102,770.96
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Funding Less Costs	(\$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)				(\$201,388.66)
YTD Plan Performance	(\$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)				
110 Fidii Feliorillalice	(Φ12,002.71)	(\$31,000.19)	φ29,340.37	φ10,730.7U	φυ,σ40.75	(\$30,040.93)	(\$13,033.40)	(\$110,547.69)	(\$201,300.00)				
YTD % of Total Costs to Funding													110.59%
YTD Average Monthly Cost							•						
Per Employee	\$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				\$1,260.65

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Date Prepared: Associated Financial Group 10/24/16

Plan Year:

01/01/16 - 12/31/16

Medical & Rx Carriers:

Anthem & Anthem

I otal Monti	l otal 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						
Sum of Total Monthly Fixed Costs	\$115.14	\$229.41						

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	48	49	49	49	48	46	47	49	49				434
Family	135	137	138	137	137	136	136	138	140				1,234
Total	183	186	187	186	185	182	183	187	189				1,668
Total Funding													
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				\$231,039.90
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				\$1,670,342.40
Sum of Total Funding	\$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				\$1,901,382.30
Fixed Costs													
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				\$49,970.76
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				\$283,091.94
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				\$31,500.00
Sum of Total Fixed Costs	\$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				\$364,562.70
Claims Costs													
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				\$1,114,431.00
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				\$561,621.00
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				\$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				\$15.00
Sum of Total Claims Costs	\$158,774.44	\$187,400.44	\$106,310.01	\$184,861.60	\$171,048.00	\$216,275.18	\$184,980.41	\$349,006.43	\$355,705.91				\$1,914,362.42
Reimbursements													
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)				(\$235,133.90)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				\$0.00
Sum of Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$16,353.37)	(\$31,099.22)	(\$84,351.39)	(\$103,329.92)				(\$235,133.90)
Total Costs	\$198,771.51	\$227,971.47	\$147,110.45	\$225,432.63	\$211,503.89	\$239,918.01	\$193,992.53	\$305,455.48	\$293,635.25				\$2,043,791.22
Funding Less Costs	\$9.517.29	(\$16.443.12)	\$65.771.50	(\$13.904.28)	(\$507.89)	(\$31.340.31)	\$15.117.52	(\$92.573.53)	(\$78.046.10)				(\$142,408.92)
	Ψ0,011120	(ψ.ο, ι.ο2)	φοσητιίου	(ψ.ο,σσ2σ)	(\$00.100)	(401)0101017	ψ10,1110 <u></u>	(402)010100)	(4.0,0.0.10)				(# : 12, 100.02)
YTD Plan Performance	\$9,517.29	(\$6,925.83)	\$58,845.67	\$44,941.39	\$44,433.50	\$13,093.19	\$28,210.71	(\$64,362.82)	(\$142,408.92)				
YTD % of Total Costs to Funding													107.49%
YTD Average Monthly Cost Per Employee	\$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				\$1,225.29

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By:

Associated Financial Group

Date Prepared:

10/24/16

Dental Carriers

Plan Year:

01/01/16 - 12/31/16

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	Α	nth	em	

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				458
Family	134	136	137	136	135	134	135	137	136				1,220
Total	185	187	188	187	186	184	185	188	188				1,678
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				\$16,595.72
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				\$124,272.10
Sum of Total Funding	\$15,429.44	\$15,650.46	\$15,760.97	\$15,650.46	\$15,615.85	\$15,490.24	\$15,600.75	\$15,867.31	\$15,802.34				\$140,867.82
Fixed Costs													
Single	136.68	136.68	136.68	136.68	136.68	134.00	134.00	136.68	139.36				\$1,227.44
Family	359.12	364.48	367.16	364.48	361.80	359.12	361.80	367.16	364.48				\$3,269.60
Sum of Total Fixed Costs	\$495.80	\$501.16	\$503.84	\$501.16	\$498.48	\$493.12	\$495.80	\$503.84	\$503.84				\$4,497.04
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				\$129,772.77
Sum of Total Claims Costs	\$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				\$129,772.77
Total Costs	\$6,919.47	\$14,737.64	\$18,855.68	\$12,894.96	\$16,179.17	\$18,752.23	\$16,625.48	\$10,678.77	\$18,626.41				\$134,269.81
Total Costs	ψ0,919.47	ψ14,737.04	ψ10,000.00	ψ12,034.30	ψ10,179.17	ψ10,732.23	ψ10,023.40	ψ10,070.77	ψ10,020.41				ψ154,203.01
Funding Less Costs	\$8,509.97	\$912.82	(\$3,094.71)	\$2,755.50	(\$563.32)	(\$3,261.99)	(\$1,024.73)	\$5,188.54	(\$2,824.07)				\$6,598.01
<u>-</u>													
YTD Plan Performance	\$8,509.97	\$9,422.79	\$6,328.08	\$9,083.58	\$8,520.26	\$5,258.27	\$4,233.54	\$9,422.08	\$6,598.01				
YTD % of Total Costs to Funding													95.32%
YTD Average Monthly Cost													
Per Employee	\$37.40	\$58.22	\$72.34	\$71.50	\$74.58	\$79.09	\$80.62	\$77.61	\$80.02				\$80.02

City of Manitowoc - Dental Funding Analysis Report

Single

\$45.54

Total Monthly Funding

Family

\$110.51

Plan Name:

Anthem

Enhanced Dental Dental Carriers:

Prepared By: Date Prepared:

Administration Fee

Sum of Total Monthly Fixed Costs

Renewal Fee

Associated Financial Group 10/24/16

Plan Year:

01/01/16 - 12/31/16

Total Monthly Fixed Costs Single Family \$2.68 \$2.68 \$0.00 \$0.00 \$2.68 \$2.68

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				318
Family	118	120	121	120	120	119	120	122	121				1,081
Total	153	155	156	155	155	154	155	158	158				1,399
Total Funding													
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				\$14,481.72
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				\$119,461.31
Sum of Total Funding	\$14,634.08	\$14,855.10	\$14,965.61	\$14,855.10	\$14,855.10	\$14,744.59	\$14,855.10	\$15,121.66	\$15,056.69				\$133,943.03
Fixed Costs													
Single	93.80	93.80	93.80	93.80	93.80	93.80	93.80	96.48	99.16				\$852.24
Family	316.24	321.60	324.28	321.60	321.60	318.92	321.60	326.96	324.28				\$2,897.08
Sum of Total Fixed Costs	\$410.04	\$415.40	\$418.08	\$415.40	\$415.40	\$412.72	\$415.40	\$423.44	\$423.44				\$3,749.32
Claims Costs													
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				\$123,749.64
Sum of Total Claims Costs	\$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				\$123,749.64
Total Costs	\$6,607.71	\$14,262.88	\$17,635.88	\$12,568.20	\$14,233.00	\$17,728.83	\$16,374.08	\$10,220.37	\$17,868.01				\$127,498.96
Funding Less Costs	\$8,026.37	\$592.22	(\$2,670.27)	\$2,286.90	\$622.10	(\$2,984.24)	(\$1,518.98)	\$4,901.29	(\$2,811.32)				\$6,444.07
YTD Plan Performance	\$8,026.37	\$8,618.59	\$5,948.32	\$8,235.22	\$8,857.32	\$5,873.08	\$4,354.10	\$9,255.39	\$6,444.07				
YTD % of Total Costs to Funding													95.19%
YTD Average Monthly Cost													
Per Employee	\$43.19	\$67.76	\$82.99	\$82.51	\$84.38	\$89.48	\$91.79	\$88.34	\$91.14				\$91.14

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Preventative Dental

Prepared By: Date Prepared: Associated Financial Group

Plan Year:

10/24/16 01/01/16 - 12/31/16

Dental Carriers:

Anthem

Total Monti	Total Monthly Funding								
Single	Family								
\$15.10	\$34.61								

	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-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	16	16	16	16	16	15	15	15	15				140
Family	16	16	16	16	15	15	15	15	15				139
Total	32	32	32	32	31	30	30	30	30				279
Total Funding													
Single	241.60	241.60	241.60	241.60	241.60	226.50	226.50	226.50	226.50				\$2,114.00
Family	553.76	553.76	553.76	553.76	519.15	519.15	519.15	519.15	519.15				\$4,810.79
Sum of Total Funding	\$795.36	\$795.36	\$795.36	\$795.36	\$760.75	\$745.65	\$745.65	\$745.65	\$745.65				\$6,924.79
Fixed Costs													
Single	42.88	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20				\$375.20
Family	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20	40.20				\$372.52
Sum of Total Fixed Costs	\$85.76	\$85.76	\$85.76	\$85.76	\$83.08	\$80.40	\$80.40	\$80.40	\$80.40				\$747.72
Claims Costs													
Dental Claims	226.00	389.00	1,134.04	241.00	1,863.09	943.00	171.00	378.00	678.00				\$6,023.13
Sum of Total Claims Costs	\$226.00	\$389.00	\$1,134.04	\$241.00	\$1,863.09	\$943.00	\$171.00	\$378.00	\$678.00				\$6,023.13
Total Costs	\$311.76	\$474.76	\$1,219.80	\$326.76	\$1,946.17	\$1,023.40	\$251.40	\$458.40	\$758.40				\$6,770.85
Total Costs	φ311.70	φ474.70	\$1,219.00	φ320.70	φ1,940.17	\$1,023.40	\$231.40	φ430.40	φ130.40				φ0,770.05
Funding Less Costs	\$483.60	\$320.60	(\$424.44)	\$468.60	(\$1,185.42)	(\$277.75)	\$494.25	\$287.25	(\$12.75)				\$153.94
YTD Plan Performance	\$483.60	\$804.20	\$379.76	\$848.36	(\$337.06)	(\$614.81)	(\$120.56)	\$166.69	\$153.94				
	ψ 100.00	\$60 1.20	ψο. σ σ	ψο 10.00	(\$667.66)	(\$0.110.1)	(\$120100)	\$100.00	ψ100.01				
YTD % of Total Costs to Funding													97.78%
YTD Average Monthly Cost													
Per Employee	\$9.74	\$12.29	\$20.90	\$18.23	\$26.91	\$28.06	\$25.36	\$24.15	\$24.27				\$24.27