

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Associated Financial Group

Date Prepared: 01/16/20

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

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	46	46	49	50	53	51	52	51	584
Family	150	152	152	151	153	154	155	153	153	152	152	154	1,831
Total	197	199	199	196	199	200	204	203	206	203	204	205	2,415
Total Members	570	579	580	573	577	586	595	593	590	586	587	590	7,006
Total Medical Funding													
Single	29,033.78	29,033.78	29,033.78	27,798.30	28,416.04	28,416.04	30,269.26	30,887.00	32,740.22	31,504.74	32,122.48	31,504.74	\$360,760.16
Family	235,452.00	238,591.36	238,591.36	237,021.68	240,161.04	241,730.72	243,300.40	240,161.04	240,161.04	238,591.36	238,591.36	241,730.72	\$2,874,084.08
Sum of Total Medical Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$268,577.08	\$270,146.76	\$273,569.66	\$271,048.04	\$272,901.26	\$270,096.10	\$270,713.84	\$273,235.46	\$3,234,844.24
Fixed Medical Costs													
Single	6,392.00	6,392.00	6,392.00	6,120.00	6,256.00	6,256.00	6,664.00	6,800.00	7,208.00	6,936.00	7,072.00	6,936.00	\$79,424.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,949.54	42,223.72	42,497.90	41,949.54	41,949.54	41,675.36	41,675.36	42,223.72	\$502,023.58
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	3,500.00	3,500.00	\$42,000.00
Sum of Total Fixed Medical Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,705.54	\$51,979.72	\$52,661.90	\$52,249.54	\$52,657.54	\$52,111.36	\$52,247.36	\$52,659.72	\$623,447.58
Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,705.54	\$51,979.72	\$52,661.90	\$52,249.54	\$52,657.54	\$52,111.36	\$52,247.36	\$52,659.72	\$623,447.58
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	131,656.00	133,107.00	168,895.00	117,625.00	268,543.00	\$1,776,103.00
Prescription Drug Claims	55,740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00	48,017.00	61,282.00	83,072.00	62,876.00	75,655.00	\$796,460.00
Clinic Expenses	4,757.29	4,220.16	4,661.37	4,835.72	4,629.88	4,877.77	4,850.11	4,529.43	5,061.66	4,979.03	4,545.56	4,962.77	\$56,910.75
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04	3,042.14	5,679.48	5,380.43	3,297.60	6,996.36	\$54,932.57
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	\$187,244.57	\$205,130.14	\$262,326.46	\$188,344.16	\$356,157.13	\$2,684,406.32
Reimbursements													
Specific Excess Loss	(23,928.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(15,418.52)	(18,652.04)	(57,999.49)
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	0.00	0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$15,418.52)	(\$18,652.04)	(\$57,999.49)
Total Costs	\$203,207.12	\$308,607.66	\$350,750.22	\$265,472.48	\$224,601.27	\$237,355.19	\$232,803.05	\$239,494.11	\$257,787.68	\$314,437.82	\$225,173.00	\$390,164.81	\$3,249,854.41
Funding Less Costs	\$61,278.66	(\$40,982.52)	(\$83,125.08)	(\$652.50)	\$43,975.81	\$32,791.57	\$40,766.61	\$31,553.93	\$15,113.58	(\$44,341.72)	\$45,540.84	(\$116,929.35)	(\$15,010.17)
YTD Plan Performance	\$61,278.66	\$20,296.14	(\$62,828.94)	(\$63,481.44)	(\$19,505.63)	\$13,285.94	\$54,052.55	\$85,606.48	\$100,720.06	\$56,378.34	\$101,919.18	(\$15,010.17)	
YTD % of Total Costs to Funding													100.46%
YTD Average Monthly Cost Per Employee	\$1,031.51	\$1,292.46	\$1,449.69	\$1,426.09	\$1,366.30	\$1,336.13	\$1,307.60	\$1,291.35	\$1,286.79	\$1,313.32	\$1,293.98	\$1,345.70	\$1,345.70

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 01/16/20
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	46	46	49	50	53	51	52	51	584
Family	150	152	152	151	153	154	155	153	153	152	152	154	1,831
Total	197	199	199	196	199	200	204	203	206	203	204	205	2,415

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	29,033.78	29,033.78	29,033.78	27,798.30	28,416.04	28,416.04	30,269.26	30,887.00	32,740.22	31,504.74	32,122.48	31,504.74	\$360,760.16
Family	235,452.00	238,591.36	238,591.36	237,021.68	240,161.04	241,730.72	243,300.40	240,161.04	240,161.04	238,591.36	238,591.36	241,730.72	\$2,874,084.08
Sum of Total Funding	\$264,485.78	\$267,625.14	\$267,625.14	\$264,819.98	\$268,577.08	\$270,146.76	\$273,569.66	\$271,048.04	\$272,901.26	\$270,096.10	\$270,713.84	\$273,235.46	\$3,234,844.24

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	6,392.00	6,392.00	6,392.00	6,120.00	6,256.00	6,256.00	6,664.00	6,800.00	7,208.00	6,936.00	7,072.00	6,936.00	\$79,424.00
Family	41,127.00	41,675.36	41,675.36	41,401.18	41,949.54	42,223.72	42,497.90	41,949.54	41,949.54	41,675.36	41,675.36	42,223.72	\$502,023.58
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	\$3,500.00	\$3,500.00	\$42,000.00
Sum of Total Fixed Costs	\$51,019.00	\$51,567.36	\$51,567.36	\$51,021.18	\$51,705.54	\$51,979.72	\$52,661.90	\$52,249.54	\$52,657.54	\$52,111.36	\$52,247.36	\$52,659.72	\$623,447.58

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
Medical Claims	112,724.00	180,214.00	204,891.00	152,956.00	97,419.00	106,688.00	101,385.00	131,656.00	133,107.00	168,895.00	117,625.00	268,543.00	\$1,776,103.00
Prescription Drug Claims	55,740.00	68,047.00	83,734.00	51,409.00	67,646.00	70,045.00	68,937.00	48,017.00	61,282.00	83,072.00	62,876.00	75,655.00	\$796,460.00
Discount Share	2,895.76	4,559.14	5,896.49	5,250.58	3,200.85	3,764.70	4,969.04	3,042.14	5,679.48	5,380.43	3,297.60	6,996.36	\$54,932.57
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	\$182,715.14	\$200,068.48	\$257,347.43	\$183,798.60	\$351,194.36	\$2,627,495.57

Reimbursements	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
Specific Excess Loss	(23,928.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(15,418.52)	(18,652.04)	(\$57,999.49)
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	0.00	\$0.00
Sum of Reimbursements	(\$23,928.93)	\$0.00	(\$15,418.52)	(\$18,652.04)	(\$57,999.49)								

Total Costs	\$198,449.83	\$304,387.50	\$346,088.85	\$260,636.76	\$219,971.39	\$232,477.42	\$227,952.94	\$234,964.68	\$252,726.02	\$309,458.79	\$220,627.44	\$385,202.04	\$3,192,943.66
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Funding Less Costs	\$66,035.95	(\$36,762.36)	(\$78,463.71)	\$4,183.22	\$48,605.69	\$37,669.34	\$45,616.72	\$36,083.36	\$20,175.24	(\$39,362.69)	\$50,086.40	(\$111,966.58)	\$41,900.58
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YTD Plan Performance	\$66,035.95	\$29,273.59	(\$49,190.12)	(\$45,006.90)	\$3,598.79	\$41,268.13	\$86,884.85	\$122,968.21	\$143,143.45	\$103,780.76	\$153,867.16	\$41,900.58	
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YTD % of Total Costs to Funding 98.70%

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
	\$1,007.36	\$1,269.79	\$1,426.77	\$1,402.73	\$1,342.96	\$1,312.61	\$1,284.05	\$1,267.96	\$1,263.26	\$1,289.69	\$1,270.47	\$1,322.13	\$1,322.13

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 01/16/20
 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	53	56	57	60	60	60	60	673
Family	144	145	147	147	146	147	148	147	146	145	146	147	1,755
Total	198	199	201	199	199	200	204	204	206	205	206	207	2,428

Total Funding

Single	2,184.06	2,184.06	2,184.06	2,119.00	2,167.97	2,167.97	2,314.88	2,363.85	2,510.76	2,477.88	2,477.88	2,477.88	\$27,630.25
Family	15,352.60	15,307.78	15,546.06	15,464.08	15,344.94	15,382.10	15,419.26	15,382.10	15,344.94	15,225.80	15,344.94	15,382.10	\$184,496.70
Sum of Total Funding	\$17,536.66	\$17,491.84	\$17,730.12	\$17,583.08	\$17,512.91	\$17,550.07	\$17,734.14	\$17,745.95	\$17,855.70	\$17,703.68	\$17,822.82	\$17,859.98	\$212,126.95

Fixed Costs

Single	144.72	144.72	144.72	139.36	142.04	142.04	150.08	152.76	160.80	160.80	160.80	160.80	\$1,803.64
Family	385.92	388.60	393.96	393.96	391.28	393.96	396.64	393.96	391.28	388.60	391.28	393.96	\$4,703.40
Sum of Total Fixed Costs	\$530.64	\$533.32	\$538.68	\$533.32	\$533.32	\$536.00	\$546.72	\$546.72	\$552.08	\$549.40	\$552.08	\$554.76	\$6,507.04

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	17,456.73	11,883.57	18,622.70	16,414.00	14,513.70	\$190,746.39
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	\$17,456.73	\$11,883.57	\$18,622.70	\$16,414.00	\$14,513.70	\$190,746.39

Total Costs

Total Costs	\$16,910.28	\$15,885.66	\$18,183.09	\$16,892.51	\$20,261.15	\$11,945.60	\$15,529.40	\$18,003.45	\$12,435.65	\$19,172.10	\$16,966.08	\$15,068.46	\$197,253.43
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Funding Less Costs

Funding Less Costs	\$626.38	\$1,606.18	(\$452.97)	\$690.57	(\$2,748.24)	\$5,604.47	\$2,204.74	(\$257.50)	\$5,420.05	(\$1,468.42)	\$856.74	\$2,791.52	\$14,873.52
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YTD Plan Performance

YTD Plan Performance	\$626.38	\$2,232.56	\$1,779.59	\$2,470.16	(\$278.08)	\$5,326.39	\$7,531.13	\$7,273.63	\$12,693.68	\$11,225.26	\$12,082.00	\$14,873.52	
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YTD % of Total Costs to Funding

92.99%

YTD Average Monthly Cost

Per Employee

YTD Average Monthly Cost Per Employee	\$85.41	\$82.61	\$85.25	\$85.16	\$88.49	\$83.68	\$82.58	\$83.30	\$80.69	\$81.99	\$82.03	\$81.24	\$81.24
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 01/16/20
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
Renewal Fee	\$0.00
Sum of Total Monthly Fixed Costs	\$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	40	43	44	47	46	46	46	511
Family	122	121	123	122	121	121	121	121	121	120	121	121	1,455
Total	162	161	163	161	161	161	164	165	168	166	167	167	1,966

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	1,958.80	2,105.71	2,154.68	2,301.59	2,252.62	2,252.62	2,252.62	\$25,023.67
Family	14,535.08	14,415.94	14,654.22	14,535.08	14,415.94	14,415.94	14,415.94	14,415.94	14,415.94	14,296.80	14,415.94	14,415.94	\$173,348.70
Sum of Total Funding	\$16,493.88	\$16,374.74	\$16,613.02	\$16,444.91	\$16,374.74	\$16,374.74	\$16,521.65	\$16,570.62	\$16,717.53	\$16,549.42	\$16,668.56	\$16,668.56	\$198,372.37

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	107.20	115.24	117.92	125.96	123.28	123.28	123.28	\$1,369.48
Family	326.96	324.28	329.64	326.96	324.28	324.28	324.28	324.28	324.28	321.60	324.28	324.28	\$3,899.40
Sum of Total Fixed Costs	\$434.16	\$431.48	\$436.84	\$431.48	\$431.48	\$431.48	\$439.52	\$442.20	\$450.24	\$444.88	\$447.56	\$447.56	\$5,268.88

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	15,908.73	11,151.87	17,015.70	15,308.00	13,271.70	\$174,920.69
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	\$15,908.73	\$11,151.87	\$17,015.70	\$15,308.00	\$13,271.70	\$174,920.69

Total Costs	\$16,108.80	\$15,143.82	\$16,197.25	\$14,876.67	\$18,458.31	\$9,893.08	\$14,623.20	\$16,350.93	\$11,602.11	\$17,460.58	\$15,755.56	\$13,719.26	\$180,189.57
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Funding Less Costs	\$385.08	\$1,230.92	\$415.77	\$1,568.24	(\$2,083.57)	\$6,481.66	\$1,898.45	\$219.69	\$5,115.42	(\$911.16)	\$913.00	\$2,949.30	\$18,182.80
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YTD Plan Performance	\$385.08	\$1,616.00	\$2,031.77	\$3,600.01	\$1,516.44	\$7,998.10	\$9,896.55	\$10,116.24	\$15,231.66	\$14,320.50	\$15,233.50	\$18,182.80	
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YTD % of Total Costs to Funding														90.83%
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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	\$93.58	\$92.94	\$93.72	\$90.90	\$92.35	\$92.53	\$91.65	\$91.65

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 01/16/20
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

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	14	14	14	13	13	13	13	13	13	14	14	14	162
Family	22	24	24	25	25	26	27	26	25	25	25	26	300
Total	36	38	38	38	38	39	40	39	38	39	39	40	462
Total Funding													
Single	225.26	225.26	225.26	209.17	209.17	209.17	209.17	209.17	209.17	225.26	225.26	225.26	\$2,606.58
Family	817.52	891.84	891.84	929.00	929.00	966.16	1,003.32	966.16	929.00	929.00	929.00	966.16	\$11,148.00
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	\$1,175.33	\$1,138.17	\$1,154.26	\$1,154.26	\$1,191.42	\$13,754.58
Fixed Costs													
Single	37.52	37.52	37.52	34.84	34.84	34.84	34.84	34.84	34.84	37.52	37.52	37.52	\$434.16
Family	58.96	64.32	64.32	67.00	67.00	69.68	72.36	69.68	67.00	67.00	67.00	69.68	\$804.00
Sum of Total Fixed Costs	\$96.48	\$101.84	\$101.84	\$101.84	\$101.84	\$104.52	\$107.20	\$104.52	\$101.84	\$104.52	\$104.52	\$107.20	\$1,238.16
Claims Costs													
Dental Claims	705.00	640.00	1,884.00	1,914.00	1,701.00	1,948.00	799.00	1,548.00	731.70	1,607.00	1,106.00	1,242.00	\$15,825.70
Sum of Total Claims Costs	\$705.00	\$640.00	\$1,884.00	\$1,914.00	\$1,701.00	\$1,948.00	\$799.00	\$1,548.00	\$731.70	\$1,607.00	\$1,106.00	\$1,242.00	\$15,825.70
Total Costs	\$801.48	\$741.84	\$1,985.84	\$2,015.84	\$1,802.84	\$2,052.52	\$906.20	\$1,652.52	\$833.54	\$1,711.52	\$1,210.52	\$1,349.20	\$17,063.86
Funding Less Costs	\$241.30	\$375.26	(\$868.74)	(\$877.67)	(\$664.67)	(\$877.19)	\$306.29	(\$477.19)	\$304.63	(\$557.26)	(\$56.26)	(\$157.78)	(\$3,309.28)
YTD Plan Performance	\$241.30	\$616.56	(\$252.18)	(\$1,129.85)	(\$1,794.52)	(\$2,671.71)	(\$2,365.42)	(\$2,842.61)	(\$2,537.98)	(\$3,095.24)	(\$3,151.50)	(\$3,309.28)	
YTD % of Total Costs to Funding													124.06%
YTD Average Monthly Cost Per Employee	\$22.26	\$20.86	\$31.51	\$36.97	\$39.08	\$41.41	\$38.60	\$39.08	\$37.19	\$37.87	\$37.24	\$36.93	\$36.93