City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Date Prepared: Associated Financial Group

Plan Year:

04/18/17 01/01/17 - 12/31/17

Medical & Rx Carriers:

Anthem & Anthem

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Monthly Enrollment	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	52	50	52										154
Family	144	145	146										435
Total	196	195	198										589
Total Members	560	562	567										1,689
Total Medical Funding													
Single	29,179.80	28,057.50	29,179.80										\$86,417.10
Family	204,636.96	206,058.05	207,479.14										\$618,174.15
Sum of Total Medical Funding	\$233,816.76	\$234,115.55	\$236,658.94										\$704,591.25
Fixed Medical Costs													
Single	6,400.16	6,154.00	6,400.16										\$18,954.32
Family	34,663.68	34,904.40	35,145.12										\$104,713.20
AFG Consulting Fee	3,500.00	3,500.00	3,500.00										\$10,500.00
Sum of Total Fixed Medical Costs	\$44,563.84	\$44,558.40	\$45,045.28										\$134,167.52
Total Fixed Costs	\$44,563.84	\$44,558.40	\$45,045.28										\$134,167.52
Claims Costs													
Medical Claims	423,581.00	133,514.00	129,403.00										\$686,498.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00										\$169,866.00
Clinic Rental	138.75	138.75	138.75										\$416.25
Clinic Expenses	5,324.56	5,075.41	3,878.16										\$14,278.13
FSA Contributions	21,100.00	0.00	0.00										\$21,100.00
Sum of Total Claims Costs	\$496,373.31	\$208,326.16	\$187,458.91										\$892,158.38
Reimbursements													
Specific Excess Loss	(109,728.20)	(70,596.44)	(260.06)										(180,584.70)
Prescription Drug Rebate	0.00	0.00	0.00										0.00
Sum of Reimbursements	(\$109,728.20)	(\$70,596.44)	(\$260.06)										(\$180,584.70)
Total Costs	\$431,208.95	\$182,288.12	\$232,244.13										\$845,741.20
Funding Less Costs	(\$197,392.19)	\$51,827.43	\$4,414.81										(\$141,149.95)
YTD Plan Performance	(\$197,392.19)	(\$145,564.76)	(\$141,149.95)										
YTD % of Total Costs to Funding													120.03%
NTD A second Head I Conf													
YTD Average Monthly Cost Per Employee	\$2,200.05	\$1,569.05	\$1,435.89										\$1,435.89

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: Assoc

Date Prepared:

Associated Financial Group 04/18/17

Plan Year:

01/01/17 - 12/31/17

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding Single Family \$561.15 \$1,421.09				
Single	Family			
\$561.15	\$1,421.09			

	Total Monthly Fixed Costs					
	Single	Family				
Administration Fee	\$46.81	\$46.84				
Specific Stop Loss (\$100,000)	\$65.14	\$182.41				
Aggregate Stop Loss	\$9.44	\$9.44				
COBRA	\$1.50	\$1.50				
PCORI	\$0.19	\$0.53				
ACA Reinsurance	\$0.00	\$0.00				
Sum of Total Monthly Fixed Costs	\$123.08	\$240.72				

Monthly Enrollment	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-1/	Jul-17	Aug-17	Sep-17	UCt-17	Nov-17	Dec-17	lotal
Single Family	52	50	52										154
lotal	144 196	145 195	146 198										435 589
Total Funding	29,179.80	28.057.50	29,179.80										\$86.417.10
Single Family	204.636.96	28,057.50 206,058.05	29,179.00										\$86,417.10 \$618,174.15
Sum of Total Funding	\$233,816.76	\$234,115.55	\$236,658.94										\$704,591.25
Fixed Costs													
Single Family	6,400.16	6,154.00	6,400.16										\$18,954.32
Family	34,663.68	34,904.40	35,145.12										\$104,713.20
AFG Consulting Fee Sum of Lotal Fixed Costs	\$3,500.00 \$44,563.84	\$3,500.00 \$44,558.40	\$3,500.00 \$45,045.28										\$10,500.00 \$134,167.52
Sull of Total Lixed Costs	ψ44,303.04	Ψ++,000.40	Ψ+3,0+3.20										Ψ134,107.32
Claims Costs													
Medical Claims Prescription Drug Claims	423,581.00 46,229.00	133,514.00 69,598.00	129,403.00 54,039.00										\$686,498.00
Sum of Total Claims Costs	\$469,810.00	\$203,112.00	\$183,442.00										\$169,866.00 \$856,364.00
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Reimbursements	(400 729 20)	(70 EDC 44)	(DED DE)										(8.4 BO EB 4 30)
Specific Excess Loss Prescription Drug Rebate	(109,728.20) 0.00	(70,596.44) 0.00	(260.06) 0.00										(\$180,584.70) \$0.00
Sum of Reimbursements	(\$109,728.20)	(\$70,596.44)	(\$260.06)										(\$180,584.70)
Total Costs	\$404,645.64	\$177,073.96	\$228,227.22										\$809,946.82
Funding Less Costs	(\$170,828.88)	\$57,041.59	\$8,431.72										(\$105,355.57)
YTD Plan Performance	(\$170,828.88)	(\$113,787.29)	(\$105,355.57)										
I ID Flatt Fertormance	(\$170,828.88)	(\$113,707.23)	(\$100,000.01)										
YTD % of Total Costs to Funding													114.95%
YID Average Monthly Cost													
Per Employee	\$2,064.52	\$1,487.77	\$1,375.12										\$1,375.12
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City of Manitowoc - Dental Funding Analysis Report

Dental Summary Prepared By:

Date Prepared:

Associated Financial Group

Plan Year:

01/01/17 - 12/31/17

04/18/17

Dental Carriers Anthem

Monthly Enrollment	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	54	53	54										161
Family	142	143	143										428
Total	196	196	197										589
Total Funding													
Single	2,002.56	1,957.02	2,002.56										\$5,962.14
Family _	14,553.92	14,740.33	14,740.33										\$44,034.58
Sum of Total Funding	\$16,556.48	\$16,697.35	\$16,742.89										\$49,996.72
Fixed Costs													
Single	144.72	142.04	144.72										\$431.48
Family _	380.56	383.24	383.24										\$1,147.04
Sum of Total Fixed Costs	\$525.28	\$525.28	\$527.96										\$1,578.52
Claims Costs		45.000.05											450 500 05
Dental Claims	20,662.00	15,602.67	20,245.00										\$56,509.67
Sum of Total Claims Costs	\$20,662.00	\$15,602.67	\$20,245.00										\$56,509.67
T-(-) 0(-	ФО4 407 00	* 40.407.05	Ф00 770 00										ФE0 000 40
Total Costs	\$21,187.28	\$16,127.95	\$20,772.96										\$58,088.19
Funding Less Costs	(\$4,630.80)	\$569.40	(\$4,030.07)										(\$8,091.47)
I diffullig Less Costs	(ψ4,030.00)	Ψ505.40	(ψ4,030.07)										(ψ0,091.47)
YTD Plan Performance	(\$4,630.80)	(\$4,061.40)	(\$8,091.47)										
- 15 Figure Criormanoc	(ψ4,000.00)	(φ4,001.40)	(ψο,οοτ/)										
YTD % of Total Costs to Funding													116.18%
YTD Average Monthly Cost													
Per Employee	\$108.10	\$95.19	\$98.62										\$98.62
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Enhanced Dental

Dental Carriers:

Anthem

Total Monti	hly Funding
Single	Family
\$45.54	\$110.51

Prepared By: Date Prepared: Associated Financial Group 04/18/17

Plan Year:

01/01/17 - 12/31/17

	Total Monthl	Family \$2.68 \$0.00				
	Single Family					
Administration Fee	\$2.68	\$2.68				
Renewal Fee	\$0.00	\$0.00				
ım of Total Monthly Fixed Costs	\$2.68	\$2.68				

Monthly Enrollment	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Single	39	38	39										116
Family	127	129	129										385
Total	166	167	168										385 501
Total Funding													
	4 776 06	4 720 F2	1 776 06										\$5.000.64
Single	1,776.06	1,730.52	1,776.06										\$5,282.64
Family Sum of Total Funding	14,034.77 \$15,810.83	14,255.79	14,255.79 \$16,031.85										\$42,546.35
Sum of Total Funding	\$15,010.03	\$15,986.31	\$10,031.03										\$47,828.99
Fixed Costs													
Single	104.52	101.84	104.52										\$310.88
Family	340.36	345.72	345.72										\$1,031.80
Sum of Total Fixed Costs	\$444.88	\$447.56	\$450.24										\$1,342.68
Claims Costs													
Dental Claims	19,799.00	15,123.67	19,802.00										\$54,724.67
Sum of Total Claims Costs	\$19,799.00	\$15,123.67	\$19,802.00										\$54,724.67
Total Costs	\$20,243.88	\$15,571.23	\$20,252.24										\$56,067.35
													(2
Funding Less Costs	(\$4,433.05)	\$415.08	(\$4,220.39)										(\$8,238.36)
VTD Dian Danfarmana	(#A 422.05)	(#A 047 07)	(f0.000.0c)										
YTD Plan Performance	(\$4,433.05)	(\$4,017.97)	(\$8,238.36)										
YTD % of Total Costs to Funding													117.22%
YTD Average Monthly Cost	0.10.1.5	0.107.5 -											0444.61
Per Employee	\$121.95	\$107.55	\$111.91										\$111.91

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Anthem

Preventative Dental

Prepared By:

Associated Financial Group

Date Prepared:

Family

Plan Year:

01/01/17 - 12/31/17

Dental Carriers: Total Monthly Funding Single Family \$15.10 \$34.61

Administration Fee Renewal Fee

Sum of Total Monthly Fixed Costs

Single

\$2.68 \$2.68 \$0.00 \$0.00 \$2.68 \$2.68

Total Monthly Fixed Costs

Monthly Enrollment Single	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Family	15	14	14										43
Total	30	29	29										88
Total Funding Single Family	220 50	220 50	226 50										EC70 F0
Family	226.50 519.15	226.50 484.54	226.50 484.54 \$711.04										\$679.50 \$1,488.23 \$2,167.73
Sum of Total Funding	\$745.65	\$711.04	\$711.04										\$2,167.73
Fixed Costs													
Fixed Costs Single Family	40.20 40.20	40.20 37.52	40.20 37.52										\$120.60 \$115.34
Sum of Total Fixed Costs	\$80.40	\$77.72	\$77.72										\$120.60 \$115.24 \$235.84
Claims Costs													_
Dental Claims	863.00	479.00	443.00										\$1,785.00 \$1,785.00
Sum of Total Claims Costs	\$863.00	\$479.00	\$443.00										\$1,785.00
Total Costs	\$943.40	\$556.72	\$520.72										\$2,020.84
Funding Less Costs	(\$197.75)	\$154.32	\$190.32										\$146.89
YTD Plan Performance	(\$197.75)	(\$43.43)	\$146.89										
YTD % of Total Costs to Funding													93.22%
YTD Average Monthly Cost													
Per Employee	\$31.45	\$25.43	\$22.96										\$22.96