

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group
 Date Prepared: 04/18/17
 Plan Year: 01/01/17 - 12/31/17

Medical & Rx Carriers: Anthem & 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	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%
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: Associated Financial Group
Date Prepared: 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

	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

	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
Monthly Enrollment													
Single	52	50	52										154
Family	144	145	146										435
Total	196	195	198										589
Total 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 Funding	\$233,816.76	\$234,115.55	\$236,658.94										\$704,591.25
Fixed 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 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
Sum of Total Claims Costs	\$469,810.00	\$203,112.00	\$183,442.00										\$856,364.00
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	\$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)										
YTD % of Total Costs to Funding													114.95%
YTD Average Monthly Cost Per Employee	\$2,064.52	\$1,487.77	\$1,375.12										\$1,375.12

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 04/18/17
 Plan Year: 01/01/17 - 12/31/17

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

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

Total Costs

	\$21,187.28	\$16,127.95	\$20,772.96										\$58,088.19
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Funding Less Costs

	(\$4,630.80)	\$569.40	(\$4,030.07)										(\$8,091.47)
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YTD Plan Performance

	(\$4,630.80)	(\$4,061.40)	(\$8,091.47)										
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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

Prepared By: Associated Financial Group
Date Prepared: 04/18/17
Plan Year: 01/01/17 - 12/31/17

Total Monthly Funding	
Single	Family
\$45.54	\$110.51

	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-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										501

Total Funding	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	1,776.06	1,730.52	1,776.06										\$5,282.64
Family	14,034.77	14,255.79	14,255.79										\$42,546.35
Sum of Total Funding	\$15,810.83	\$15,986.31	\$16,031.85										\$47,828.99

Fixed Costs	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	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	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
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
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Funding Less Costs	(\$4,433.05)	\$415.08	(\$4,220.39)										(\$8,238.36)
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YTD Plan Performance	(\$4,433.05)	(\$4,017.97)	(\$8,238.36)										
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YTD % of Total Costs to Funding													117.22%
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YTD Average Monthly Cost Per Employee	\$121.95	\$107.55	\$111.91										\$111.91
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 04/18/17
Plan Year: 01/01/17 - 12/31/17

Dental Carriers:
Anthem

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

	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
Monthly Enrollment													
Single	15	15	15	15									45
Family	15	14	14	14									43
Total	30	29	29	29									88
Total Funding													
Single	226.50	226.50	226.50										\$679.50
Family	519.15	484.54	484.54										\$1,488.23
Sum of Total Funding	\$745.65	\$711.04	\$711.04										\$2,167.73
Fixed Costs													
Single	40.20	40.20	40.20										\$120.60
Family	40.20	37.52	37.52										\$115.24
Sum of Total Fixed Costs	\$80.40	\$77.72	\$77.72										\$235.84
Claims Costs													
Dental Claims	863.00	479.00	443.00										\$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