

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 06/22/20
Plan Year: 01/01/20 - 12/31/20

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	\$8.56	\$23.97
Specific Stop Loss (\$100,000)	\$56.39	\$157.89
Aggregate Stop Loss	\$3.38	\$9.46
Robin Fiduciary Fee	\$0.42	\$0.42
Go365 Platform and Incentives	\$10.51	\$10.51
Sum of Total Monthly Fixed Costs	\$100.75	\$244.58

Monthly Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	52	51	52	52	52								259
Family	143	142	143	143	141								712
Total	195	193	195	195	193								971

Total Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	32,258.72	31,638.36	32,258.72	32,258.72	32,258.72								\$160,673.24
Family	224,824.60	223,252.40	224,824.60	224,824.60	221,680.20								\$1,119,406.40
Sum of Total Funding	\$257,083.32	\$254,890.76	\$257,083.32	\$257,083.32	\$253,938.92								\$1,280,079.64

Fixed Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	5,239.00	5,138.25	5,239.00	5,239.00	5,239.00								\$26,094.25
Family	34,974.94	34,730.36	34,974.94	34,974.94	34,485.78								\$174,140.96
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00								\$17,500.00
Sum of Total Fixed Costs	\$43,713.94	\$43,368.61	\$43,713.94	\$43,713.94	\$43,224.78								\$217,735.21

Claims Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Medical Claims	10,525.60	181,083.05	185,771.00	128,212.27	70,585.70								\$576,177.62
Prescription Drug Claims	9,369.49	17,615.13	18,850.62	38,480.68	27,782.90								\$112,098.82
Anthem Med Run Out	52,402.00	27,298.00	-57.00	3,480.00	527.00								\$83,650.00
Anthem Rx Run Out	-616.00	0.00	0.00	0.00	0.00								(\$616.00)
Shared Savings	0.00	295.95	174.95	27.12	69.96								\$567.98
Clinic Expenses	4,646.66	4,069.68	0.00	11,154.20	3,709.76								\$23,580.30
Discount Share	0.00	48.82	0.00	0.00	0.00								\$48.82
Sum of Total Claims Costs	\$76,327.75	\$230,410.63	\$204,739.57	\$181,354.27	\$102,675.32								\$795,507.54

Reimbursements	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Specific Excess Loss	0.00	(25,032.25)	(250.23)	(7,189.57)	0.00								(\$32,472.05)
Prescription Drug Rebate	0.00	0.00	0.00	0.00	0.00								\$0.00
Sum of Reimbursements	\$0.00	(\$25,032.25)	(\$250.23)	(\$7,189.57)	\$0.00								(\$32,472.05)

Total Costs	\$120,041.69	\$248,746.99	\$248,203.28	\$217,878.64	\$145,900.10								\$980,770.70
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Funding Less Costs	\$137,041.63	\$6,143.77	\$8,880.04	\$39,204.68	\$108,038.82								\$299,308.94
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YTD Plan Performance	\$137,041.63	\$143,185.40	\$152,065.44	\$191,270.12	\$299,308.94								
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YTD % of Total Costs to Funding													76.62%
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YTD Average Monthly Cost Per Employee	\$615.60	\$950.49	\$1,058.31	\$1,073.10	\$1,010.06								\$1,010.06
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Dental Plan

Prepared By: Associated Financial Group
Date Prepared: 06/22/20
Plan Year: 01/01/20 - 12/31/20

Dental Carriers:
Delta Dental

Total Monthly Funding	
Single	Family
\$40.10	\$112.85

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

Monthly Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	57	57	59	59	60								292
Family	136	135	136	136	133								676
Total	193	192	195	195	193								968

Total Funding	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	2,285.70	2,285.70	2,365.90	2,365.90	2,406.00								\$11,709.20
Family	15,347.60	15,234.75	15,347.60	15,347.60	15,009.05								\$76,286.60
Sum of Total Funding	\$17,633.30	\$17,520.45	\$17,713.50	\$17,713.50	\$17,415.05								\$87,995.80

Fixed Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	256.50	256.50	265.50	265.50	270.00								\$1,314.00
Family	612.00	607.50	612.00	612.00	598.50								\$3,042.00
Sum of Total Fixed Costs	\$868.50	\$864.00	\$877.50	\$877.50	\$868.50								\$4,356.00

Claims Costs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Dental Claims	10,426.00	14,024.00	9,027.00	3,503.00	4,727.00								\$41,707.00
Anthem Run Out Claims	8,235.28	593.37	316.00	-317.00	0.00								\$8,827.65
Sum of Total Claims Costs	\$18,661.28	\$14,617.37	\$9,343.00	\$3,186.00	\$4,727.00								\$50,534.65

Total Costs	\$19,529.78	\$15,481.37	\$10,220.50	\$4,063.50	\$5,595.50								\$54,890.65
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Funding Less Costs	(\$1,896.48)	\$2,039.08	\$7,493.00	\$13,650.00	\$11,819.55								\$33,105.15
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YTD Plan Performance	(\$1,896.48)	\$142.60	\$7,635.60	\$21,285.60	\$33,105.15								
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YTD % of Total Costs to Funding													62.38%
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YTD Average Monthly Cost Per Employee	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
	\$101.19	\$90.94	\$77.99	\$63.61	\$56.71								\$56.71