

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Prepared By: Associated Financial Group

Medical & Rx Carriers:

Anthem & Anthem

Date Prepared: 01/19/17

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	49	48	46	47	49	50	50	50	584
Family	135	137	138	137	137	136	136	138	140	138	139	140	1,651
Total	183	186	187	186	185	182	183	187	189	188	189	190	2,235
Total Members	524	529	531	528	522	519	519	534	539	538	541	543	6,367
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	26,617.50	26,617.50	26,617.50	\$310,892.40
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	186,796.80	188,150.40	189,504.00	\$2,234,793.60
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	\$213,414.30	\$214,767.90	\$216,121.50	\$2,545,686.00
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	5,757.00	5,757.00	5,757.00	\$67,241.76
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	31,658.58	31,887.99	32,117.40	\$378,755.91
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	\$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	\$40,915.58	\$41,144.99	\$41,374.40	\$487,997.67
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	\$40,915.58	\$41,144.99	\$41,374.40	\$487,997.67
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	245,157.00	163,387.00	149,398.00	\$1,672,373.00
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	39,712.00	48,591.00	58,215.00	\$708,139.00
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	0.00	620.69	0.00	\$238,916.11
Serve You Run Out	15.00	0.00	0.00	0.00	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	138.75	138.75	138.75	\$1,526.25
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	4,791.82	4,743.39	4,958.69	\$49,963.64
FSA Contributions	22,400.00	0.00	0.00	0.00	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	\$289,799.57	\$217,480.83	\$212,710.44	\$2,693,333.00
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)	(75,223.93)	(90,541.71)	(11,750.72)	(412,650.26)
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$16,353.37)	(\$31,099.22)	(\$84,351.39)	(\$103,329.92)	(\$75,223.93)	(\$90,541.71)	(\$11,750.72)	(\$412,650.26)
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	\$255,491.22	\$168,084.11	\$242,334.12	\$2,768,680.41
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)	(\$42,076.92)	\$46,683.79	(\$26,212.62)	(\$222,994.41)
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)	(\$243,465.58)	(\$196,781.79)	(\$222,994.41)	
YTD % of Total Costs to Funding													108.76%
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	\$1,270.62	\$1,235.38	\$1,238.78	\$1,238.78

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 01/19/17
Plan Year: 01/01/16 - 12/31/16

Medical & Rx Carriers:
Anthem & Anthem

Total 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

	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
Monthly Enrollment													
Single	48	49	49	49	48	46	47	49	49	50	50	50	584
Family	135	137	138	137	137	136	136	138	140	138	139	140	1,651
Total	183	186	187	186	185	182	183	187	189	188	189	190	2,235
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	26,617.50	26,617.50	26,617.50	\$310,892.40
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	186,796.80	188,150.40	189,504.00	\$2,234,793.60
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	\$213,414.30	\$214,767.90	\$216,121.50	\$2,545,686.00
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	5,757.00	5,757.00	5,757.00	\$67,241.76
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	31,658.58	31,887.99	32,117.40	\$378,755.91
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	\$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	\$40,915.58	\$41,144.99	\$41,374.40	\$487,997.67
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	245,157.00	163,387.00	149,398.00	\$1,672,373.00
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	39,712.00	48,591.00	58,215.00	\$708,139.00
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	0.00	620.69	0.00	\$238,916.11
Serve You Run Out	15.00	0.00	0.00	0.00	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	\$284,869.00	\$212,598.69	\$207,613.00	\$2,619,443.11
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)	(75,223.93)	(90,541.71)	(11,750.72)	(\$412,650.26)
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$16,353.37)	(\$31,099.22)	(\$84,351.39)	(\$103,329.92)	(\$75,223.93)	(\$90,541.71)	(\$11,750.72)	(\$412,650.26)
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	\$250,560.65	\$163,201.97	\$237,236.68	\$2,694,790.52
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)	(\$37,146.35)	\$51,565.93	(\$21,115.18)	(\$149,104.52)
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)	(\$179,555.27)	(\$127,989.34)	(\$149,104.52)	
YTD % of Total Costs to Funding													105.86%
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	\$1,236.18	\$1,201.74	\$1,205.72	\$1,205.72

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group
 Date Prepared: 01/19/17
 Plan Year: 01/01/16 - 12/31/16

Dental Carriers

Anthem

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	53	54	53	618
Family	134	136	137	136	135	134	135	137	136	136	137	137	1,630
Total	185	187	188	187	186	184	185	188	188	189	191	190	2,248

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	1,957.02	2,002.56	1,957.02	\$22,512.32
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	13,890.86	14,001.37	14,001.37	\$166,165.70
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	\$15,847.88	\$16,003.93	\$15,958.39	\$188,678.02

Fixed Costs

Single	136.68	136.68	136.68	136.68	136.68	134.00	134.00	136.68	139.36	142.04	144.72	142.04	\$1,656.24
Family	359.12	364.48	367.16	364.48	361.80	359.12	361.80	367.16	364.48	364.48	367.16	367.16	\$4,368.40
Sum of Total Fixed Costs	\$495.80	\$501.16	\$503.84	\$501.16	\$498.48	\$493.12	\$495.80	\$503.84	\$503.84	\$506.52	\$511.88	\$509.20	\$6,024.64

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	11,421.08	11,406.08	16,731.40	\$169,331.33
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	\$11,421.08	\$11,406.08	\$16,731.40	\$169,331.33

Total Costs

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	\$11,927.60	\$11,917.96	\$17,240.60	\$175,355.97
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Funding Less Costs

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)	\$3,920.28	\$4,085.97	(\$1,282.21)	\$13,322.05
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YTD Plan Performance

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	\$10,518.29	\$14,604.26	\$13,322.05
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YTD % of Total Costs to Funding

92.94%

YTD Average Monthly Cost

Per Employee

Per Employee	\$37.40	\$58.22	\$72.34	\$71.50	\$74.58	\$79.09	\$80.62	\$77.61	\$80.02	\$78.31	\$76.83	\$78.01	\$78.01
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$45.54	\$110.51

Prepared By: Associated Financial Group
Date Prepared: 01/19/17
Plan Year: 01/01/16 - 12/31/16

	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-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	38	39	38	433
Family	118	120	121	120	120	119	120	122	121	121	122	122	1,446
Total	153	155	156	155	155	154	155	158	158	159	161	160	1,879

Total Funding	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	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	1,730.52	1,776.06	1,730.52	\$19,718.82
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	13,371.71	13,482.22	13,482.22	\$159,797.46
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	\$15,102.23	\$15,258.28	\$15,212.74	\$179,516.28

Fixed Costs	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	93.80	93.80	93.80	93.80	93.80	93.80	93.80	96.48	99.16	101.84	104.52	101.84	\$1,160.44
Family	316.24	321.60	324.28	321.60	321.60	318.92	321.60	326.96	324.28	324.28	326.96	326.96	\$3,875.28
Sum of Total Fixed Costs	\$410.04	\$415.40	\$418.08	\$415.40	\$415.40	\$412.72	\$415.40	\$423.44	\$423.44	\$426.12	\$431.48	\$428.80	\$5,035.72

Claims Costs	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
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	10,514.08	10,344.08	15,200.40	\$159,808.20
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	\$10,514.08	\$10,344.08	\$15,200.40	\$159,808.20

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	\$10,940.20	\$10,775.56	\$15,629.20	\$164,843.92
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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)	\$4,162.03	\$4,482.72	(\$416.46)	\$14,672.36
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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	\$10,606.10	\$15,088.82	\$14,672.36	
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YTD % of Total Costs to Funding 91.83%

YTD Average Monthly Cost Per Employee	\$43.19	\$67.76	\$82.99	\$82.51	\$84.38	\$89.48	\$91.79	\$88.34	\$91.14	\$88.86	\$86.80	\$87.73	\$87.73
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City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 01/19/17
Plan Year: 01/01/16 - 12/31/16

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-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Monthly Enrollment													
Single	16	16	16	16	16	15	15	15	15	15	15	15	185
Family	16	16	16	16	15	15	15	15	15	15	15	15	184
Total	32	32	32	32	31	30	30	30	30	30	30	30	369
Total Funding													
Single	241.60	241.60	241.60	241.60	241.60	226.50	226.50	226.50	226.50	226.50	226.50	226.50	\$2,793.50
Family	553.76	553.76	553.76	553.76	519.15	519.15	519.15	519.15	519.15	519.15	519.15	519.15	\$6,368.24
Sum of Total Funding	\$795.36	\$795.36	\$795.36	\$795.36	\$760.75	\$745.65	\$745.65	\$745.65	\$745.65	\$745.65	\$745.65	\$745.65	\$9,161.74
Fixed Costs													
Single	42.88	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20	40.20	40.20	40.20	\$495.80
Family	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20	40.20	40.20	40.20	40.20	\$493.12
Sum of Total Fixed Costs	\$85.76	\$85.76	\$85.76	\$85.76	\$83.08	\$80.40	\$80.40	\$80.40	\$80.40	\$80.40	\$80.40	\$80.40	\$988.92
Claims Costs													
Dental Claims	226.00	389.00	1,134.04	241.00	1,863.09	943.00	171.00	378.00	678.00	907.00	1,062.00	1,531.00	\$9,523.13
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	\$907.00	\$1,062.00	\$1,531.00	\$9,523.13
Total Costs	\$311.76	\$474.76	\$1,219.80	\$326.76	\$1,946.17	\$1,023.40	\$251.40	\$458.40	\$758.40	\$987.40	\$1,142.40	\$1,611.40	\$10,512.05
Funding Less Costs	\$483.60	\$320.60	(\$424.44)	\$468.60	(\$1,185.42)	(\$277.75)	\$494.25	\$287.25	(\$12.75)	(\$241.75)	(\$396.75)	(\$865.75)	(\$1,350.31)
YTD Plan Performance	\$483.60	\$804.20	\$379.76	\$848.36	(\$337.06)	(\$614.81)	(\$120.56)	\$166.69	\$153.94	(\$87.81)	(\$484.56)	(\$1,350.31)	
YTD % of Total Costs to Funding													114.74%
YTD Average Monthly Cost Per Employee	\$9.74	\$12.29	\$20.90	\$18.23	\$26.91	\$28.06	\$25.36	\$24.15	\$24.27	\$25.11	\$26.26	\$28.49	\$28.49