

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:
Anthem & Anthem

Prepared By: Associated Financial Group
Date Prepared: 09/14/16
Plan Year: 01/01/16 - 12/31/16

	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					385
Family	135	137	138	137	137	136	136	138					1,094
Total	183	186	187	186	185	182	183	187					1,479
Total Members	524	529	531	528	522	519	519	533					4,205
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					\$204,954.75
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					\$1,480,838.40
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					\$1,685,793.15
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					\$44,328.90
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					\$250,974.54
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					\$28,000.00
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					\$323,303.44
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					\$323,303.44
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					\$803,243.00
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					\$517,234.00
Auxiliary 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					\$238,164.51
Serve You Run Out	15.00	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					\$971.25
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					\$28,813.82
FSA Contributions	22,400.00	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					\$1,610,841.58
Reimbursements													
Specific Excess Loss	0.00	0.00	0.00	0.00	0.00	(16,353.37)	(47,452.59)	(131,803.98)					(195,609.94)
Prescription Drug Rebate	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)	(\$47,452.59)	(\$131,803.98)					(\$195,609.94)
Total Costs	\$221,171.51	\$230,331.83	\$151,849.19	\$230,116.22	\$215,913.95	\$244,464.38	\$181,750.21	\$262,937.79					\$1,738,535.08
Funding Less Costs	(\$12,882.71)	(\$18,803.48)	\$61,032.76	(\$18,587.87)	(\$4,917.95)	(\$35,886.68)	\$27,359.84	(\$50,055.84)					(\$52,741.93)
YTD Plan Performance	(\$12,882.71)	(\$31,686.19)	\$29,346.57	\$10,758.70	\$5,840.75	(\$30,045.93)	(\$2,686.09)	(\$52,741.93)					
YTD % of Total Costs to Funding													103.13%
YTD Average Monthly Cost Per Employee	\$1,208.59	\$1,223.59	\$1,085.17	\$1,123.27	\$1,132.02	\$1,166.68	\$1,142.10	\$1,175.48					\$1,175.48

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 09/14/16
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

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Monthly Enrollment													
Single	48	49	49	49	48	46	47	49					385
Family	135	137	138	137	137	136	136	138					1,094
Total	183	186	187	186	185	182	183	187					1,479
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					\$204,954.75
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					\$1,480,838.40
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					\$1,685,793.15
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					\$44,328.90
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					\$250,974.54
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					\$28,000.00
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					\$323,303.44
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					\$803,243.00
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					\$517,234.00
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					\$238,164.51
Serve You Run Out	15.00	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					\$1,558,656.51
Reimbursements													
Specific Excess Loss	0.00	0.00	0.00	0.00	0.00	(16,353.37)	(47,452.59)	(131,803.98)					(\$195,609.94)
Prescription Drug Rebate	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)	(\$47,452.59)	(\$131,803.98)					(\$195,609.94)
Total Costs	\$198,771.51	\$227,971.47	\$147,110.45	\$225,432.63	\$211,503.89	\$239,918.01	\$177,639.16	\$258,002.89					\$1,686,350.01
Funding Less Costs	\$9,517.29	(\$16,443.12)	\$65,771.50	(\$13,904.28)	(\$507.89)	(\$31,340.31)	\$31,470.89	(\$45,120.94)					(\$556.86)
YTD Plan Performance	\$9,517.29	(\$6,925.83)	\$58,845.67	\$44,941.39	\$44,433.50	\$13,093.19	\$44,564.08	(\$556.86)					
YTD % of Total Costs to Funding													100.03%
YTD Average Monthly Cost Per Employee	\$1,086.18	\$1,156.49	\$1,032.11	\$1,077.20	\$1,090.39	\$1,127.78	\$1,105.53	\$1,140.20					\$1,140.20

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group

Dental Carriers

Date Prepared: 09/14/16

Anthem

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	51	51	51	51	51	50	50	51					406
Family	134	136	137	136	135	134	135	137					1,084
Total	185	187	188	187	186	184	185	188					1,490

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					\$14,684.24
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					\$110,381.24
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					\$125,065.48

Fixed Costs

Single	136.68	136.68	136.68	136.68	136.68	134.00	134.00	136.68					\$1,088.08
Family	359.12	364.48	367.16	364.48	361.80	359.12	361.80	367.16					\$2,905.12
Sum of Total Fixed Costs	\$495.80	\$501.16	\$503.84	\$501.16	\$498.48	\$493.12	\$495.80	\$503.84					\$3,993.20

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					\$111,650.20
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					\$111,650.20

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					\$115,643.40
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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					\$9,422.08
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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					
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YTD % of Total Costs to Funding

92.47%

YTD Average Monthly Cost

Per Employee

	\$37.40	\$58.22	\$72.34	\$71.50	\$74.58	\$79.09	\$80.62	\$77.61					\$77.61
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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: 09/14/16

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					281
Family	118	120	121	120	120	119	120	122					960
Total	153	155	156	155	155	154	155	158					1,241
Total Funding													
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					\$12,796.74
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					\$106,089.60
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					\$118,886.34
Fixed Costs													
Single	93.80	93.80	93.80	93.80	93.80	93.80	93.80	96.48					\$753.08
Family	316.24	321.60	324.28	321.60	321.60	318.92	321.60	326.96					\$2,572.80
Sum of Total Fixed Costs	\$410.04	\$415.40	\$418.08	\$415.40	\$415.40	\$412.72	\$415.40	\$423.44					\$3,325.88
Claims Costs													
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					\$106,305.07
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					\$106,305.07
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					\$109,630.95
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					\$9,255.39
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					
YTD % of Total Costs to Funding													92.21%
YTD Average Monthly Cost Per Employee	\$43.19	\$67.76	\$82.99	\$82.51	\$84.38	\$89.48	\$91.79	\$88.34					\$88.34

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Dental Carriers:
Anthem

Total Monthly Funding	
Single	Family
\$15.10	\$34.61

Prepared By: Associated Financial Group

Date Prepared: 09/14/16

Plan Year: 01/01/16 - 12/31/16

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-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	16	16	16	16	16	15	15	15	15				125
Family	16	16	16	16	15	15	15	15					124
Total	32	32	32	32	31	30	30	30					249
Total Funding													
Single	241.60	241.60	241.60	241.60	241.60	226.50	226.50	226.50					\$1,887.50
Family	553.76	553.76	553.76	553.76	519.15	519.15	519.15	519.15					\$4,291.64
Sum of Total Funding	\$795.36	\$795.36	\$795.36	\$795.36	\$760.75	\$745.65	\$745.65	\$745.65					\$6,179.14
Fixed Costs													
Single	42.88	42.88	42.88	42.88	42.88	40.20	40.20	40.20					\$335.00
Family	42.88	42.88	42.88	42.88	40.20	40.20	40.20	40.20					\$332.32
Sum of Total Fixed Costs	\$85.76	\$85.76	\$85.76	\$85.76	\$83.08	\$80.40	\$80.40	\$80.40					\$667.32
Claims Costs													
Dental Claims	226.00	389.00	1,134.04	241.00	1,863.09	943.00	171.00	378.00					\$5,345.13
Sum of Total Claims Costs	\$226.00	\$389.00	\$1,134.04	\$241.00	\$1,863.09	\$943.00	\$171.00	\$378.00					\$5,345.13
Total Costs	\$311.76	\$474.76	\$1,219.80	\$326.76	\$1,946.17	\$1,023.40	\$251.40	\$458.40					\$6,012.45
Funding Less Costs	\$483.60	\$320.60	(\$424.44)	\$468.60	(\$1,185.42)	(\$277.75)	\$494.25	\$287.25					\$166.69
YTD Plan Performance	\$483.60	\$804.20	\$379.76	\$848.36	(\$337.06)	(\$614.81)	(\$120.56)	\$166.69					
YTD % of Total Costs to Funding													97.30%
YTD Average Monthly Cost Per Employee	\$9.74	\$12.29	\$20.90	\$18.23	\$26.91	\$28.06	\$25.36	\$24.15					\$24.15