City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Date Prepared: Plan Year: Associated Financial Group 01/19/17

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	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 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: Date Prepared: Associated Financial Group 01/19/17

Plan Year:

01/01/16 - 12/31/16

Medical & Rx Carriers:

Anthem & Anthem

Total Monti	hly Funding
Single	Family
\$532.35	\$1,353.60

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	Total Monthly	y 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	
um of Total Monthly Fixed Costs	\$115.14	\$229.41	

Monthly Enrollment	Jan-16	Feb-16	Mar-16	Apr-16	мау-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	NOV-16	Dec-16	ı otal
Single Family	48 135	49 137	49 138	49 137	48 137	46 136	47 136	49 138	49 140	50 138	50 139	50 140	584 1,651
Iotal	183	186	187	186	185	182	183	187	189	188	189	190	2,235
Total Funding Single Family Sum of Total Funding	25,552.80 182,736.00 \$208,288.80	26,085.15 185,443.20 \$211,528.35	26,085.15 186,796.80 \$212,881.95	26,085.15 185,443.20 \$211,528.35	25,552.80 185,443.20 \$210,996.00	24,488.10 184,089.60 \$208,577.70	25,020.45 184,089.60 \$209,110.05	26,085.15 186,796.80 \$212,881.95	26,085.15 189,504.00 \$215,589.15	26,617.50 186,796.80 \$213,414.30	26,617.50 188,150.40 \$214,767.90	26,617.50 189,504.00 \$216,121.50	\$310,892.40 \$2,234,793.60 \$2,545,686.00
Fixed Costs Single Family AFG Consulting Fee Sum of Total Fixed Costs	5,526.72 30,970.35 \$3,500.00 \$39,997.07	5,641.86 31,429.17 \$3,500.00 \$40,571.03	5,641.86 31,658.58 \$3,500.00 \$40,800.44	5,641.86 31,429.17 \$3,500.00 \$40,571.03	5,526.72 31,429.17 \$3,500.00 \$40,455.89	5,296.44 31,199.76 \$3,500.00 \$39,996.20	5,411.58 31,199.76 \$3,500.00 \$40,111.34	5,641.86 31,658.58 \$3,500.00 \$40,800.44	5,641.86 32,117.40 \$3,500.00 \$41,259.26	5,757.00 31,658.58 \$3,500.00 \$40,915.58	5,757.00 31,887.99 \$3,500.00 \$41,144.99	5,757.00 32,117.40 \$3,500.00 \$41,374.40	\$67,241.76 \$378,755.91 \$42,000.00 \$487,997.67
Claims Costs Medical Claims Prescription Drug Claims Auxiant Run Out Serve You Kun Out Sum of Total Claims Costs	18,222.00 15,810.00 124,727.44 15.00 \$158,774.44	53,439.00 58,292.00 75,669.44 0.00 \$187,400.44	55,030.00 32,945.00 18,335.01 0.00 \$106,310.01	115,636.00 67,980.00 1,245.60 0.00 \$184,861.60	111,687.00 56,411.00 2,950.00 0.00 \$171,048.00	113,555.00 99,513.00 3,207.18 0.00 \$216,275.18	/4,211.00 99,195.00 11,574.41 0.00 \$184,980.41	261,463.00 87,088.00 455.43 0.00 \$349,006.43	311,188.00 44,387.00 130.91 0.00 \$355,705.91	245,157.00 39,712.00 0.00 0.00 \$284,869.00	163,387.00 48,591.00 620.69 0.00 \$212,598.69	149,398.00 58,215.00 0.00 0.00 \$207,613.00	\$1,672,373.00 \$708,139.00 \$238,916.11 \$15.00 \$2,619,443.11
Reimbursements Specific Excess Loss Prescription Drug Rebate Sum of Reimbursements	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 0.00 \$0.00	(16,353.37) 0.00 (\$16,353.37)	(31,099.22) 0.00 (\$31,099.22)	(84,351.39) 0.00 (\$84,351.39)	(103,329.92) 0.00 (\$103,329.92)	(75,223.93) 0.00 (\$75,223.93)	(90,541.71) 0.00 (\$90,541.71)	(11,750.72) 0.00 (\$11,750.72)	(\$412,650.26) \$0.00 (\$412,650.26)
I otal 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	(\$92.5/3.53)	(\$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: Plan Year: 01/19/17 01/01/16 - 12/31/16

Dental Carriers

Anthem

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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	\$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
Total costs	ψ0,919.47	ψ14,737.04	\$10,000.00	\$12,034.90	ψ10,179.17	ψ10,732.23	ψ10,023.40	\$10,070.77	ψ10,020.41	ψ11,921.00	ψ11,917.90	ψ17,240.00	ψ175,555.97
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
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	
	ψο,οσο.οτ	ψο, 122.7 ο	ψο,ο20.00	ψο,οοο.οο	ψο,ο20.20	ψο,200.27	ψ1,200.01	ψο, 122.00	ψο,οσο.στ	ψ10,010.20	ψ11,001.20	ψ10,022.00	
YTD % of Total Costs to Funding													92.94%
YTD Average Monthly Cost													
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

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Enhanced Dental

Prepared By: Date Prepared:

Associated Financial Group 01/19/17

Plan Year:

01/01/16 - 12/31/16

Dental Carriers:

Anthem

Total Monthly Funding						
Family						
\$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-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													
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													
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													
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
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
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	
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

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Preventative Dental

Prepared By: Date Prepared: Associated Financial Group

Plan Year:

01/01/16 - 12/31/16

Dental Carriers:Anthem

Total Mont	nly Funding
Single	Family
\$15.10	\$34.61

	Total Monthl	y Fixed Costs
	Single	Family
Administration Fee	\$2.68	\$2.68
Renewal Fee	\$0.00	\$0.00
um 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	16	16 16	16 16	16 16	16	15	15	15	15	15	15	15	185
Family T otal	32	32	32	32	15 31	30	15 30	30	30	30	30	30	184 369
Total	<u> </u>		- 02	- OL	01	- 00		- 00					000
Total Funding	044.00	044.00	044.00	044.00	044.00	200.50	222.52	000.50	000.50	000.50	000.50	000.50	ma 700 FA
Single Family	241.60 553.76	241.60 553.76	241.60 553.76	241.60 553.76	241.60 519.15	226.50 519.15	226.50 519.15	226.50 519.15	226.50 519.15	226.50 519.15	226.50 519.15	226.50 519.15	\$2,793.50 \$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
<u>.</u>	φ. σσ.σσ	ψ1 00.00	ψ1 00100	ψ, σσ.σσ	ψ. σσσ	ψ. 10.00	ψ. 10.00	ψ. 10100	ψ. 10.00	ψ. 10100	ψ/ 10100	ψ1 10100	φογιστιπι
Fixed Costs	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	# 40E DO
Single Family	42.88 42.88	42.88 42.88	42.88 42.88	42.88 42.88	42.88 40.20	40.20 40.20	40.20 40.20	40.20 40.20	40.20 40.20	40.20 40.20	40.20 40.20	40.20 40.20	\$495.80 \$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	226.00	200.00	4 404 04	244.00	4 000 00	0.42.00	474.00	270.00	670.00	007.00	4.000.00	4 524 00	EO EOO 40
Dental Claims Sum of Total Claims Costs	226.00 \$226.00	389.00 \$389.00	1,134.04 \$1,134.04	241.00 \$241.00	1,863.09 \$1,863.09	943.00 \$943.00	171.00 \$171.00	378.00 \$378.00	678.00 \$678.00	907.00 \$907.00	1,062.00 \$1,062.00	1,531.00 \$1,531.00	\$9,523.13 \$9,523.13
	Ψ220.00	φοσο.σσ	Ψ1,101.01	Ψ211.00	Ψ1,000.00	φο 10.00	ψ171.00	ψοι σ.σσ	φοι σ.σσ	φοστ.σσ	• •	Ψ1,001.00	
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