

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Associated Financial Group

Date Prepared: 05/18/17

Plan Year: 01/01/17 - 12/31/17

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	52									206
Family	144	145	146	146									581
Total	196	195	198	198									787
Total Members	560	562	567	568									2,257
Total Medical Funding													
Single	29,179.80	28,057.50	29,179.80	29,179.80									\$115,596.90
Family	204,636.96	206,058.05	207,479.14	207,479.14									\$825,653.29
Sum of Total Medical Funding	\$233,816.76	\$234,115.55	\$236,658.94	\$236,658.94									\$941,250.19
Fixed Medical Costs													
Single	6,400.16	6,154.00	6,400.16	6,400.16									\$25,354.48
Family	34,663.68	34,904.40	35,145.12	35,145.12									\$139,858.32
AFG Consulting Fee	3,500.00	3,500.00	3,500.00	3,500.00									\$14,000.00
Sum of Total Fixed Medical Costs	\$44,563.84	\$44,558.40	\$45,045.28	\$45,045.28									\$179,212.80
Total Fixed Costs	\$44,563.84	\$44,558.40	\$45,045.28	\$45,045.28									\$179,212.80
Claims Costs													
Medical Claims	423,581.00	133,514.00	129,403.00	103,081.00									\$789,579.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00	53,958.00									\$223,824.00
Clinic Rental	138.75	138.75	138.75	138.75									\$555.00
Clinic Expenses	5,324.56	5,075.41	3,878.16	4,327.41									\$18,605.54
FSA Contributions	21,100.00	0.00	0.00	0.00									\$21,100.00
Sum of Total Claims Costs	\$496,373.31	\$208,326.16	\$187,458.91	\$161,505.16									\$1,053,663.54
Reimbursements													
Specific Excess Loss	(109,728.20)	(70,596.44)	(260.06)	(107.30)									(180,692.00)
Prescription Drug Rebate	0.00	0.00	0.00	0.00									0.00
Sum of Reimbursements	(\$109,728.20)	(\$70,596.44)	(\$260.06)	(\$107.30)									(\$180,692.00)
Total Costs	\$431,208.95	\$182,288.12	\$232,244.13	\$206,443.14									\$1,052,184.34
Funding Less Costs	(\$197,392.19)	\$51,827.43	\$4,414.81	\$30,215.80									(\$110,934.15)
YTD Plan Performance	(\$197,392.19)	(\$145,564.76)	(\$141,149.95)	(\$110,934.15)									
YTD % of Total Costs to Funding													111.79%
YTD Average Monthly Cost Per Employee	\$2,200.05	\$1,569.05	\$1,435.89	\$1,336.96									\$1,336.96

City of Manitowoc - Medical Funding Analysis Report

Plan Name:
Medical Plan

Prepared By: Associated Financial Group
Date Prepared: 05/18/17
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

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	52									206
Family	144	145	146	146									581
Total	196	195	198	198									787
Total Funding													
Single	29,179.80	28,057.50	29,179.80	29,179.80									\$115,596.90
Family	204,636.96	206,058.05	207,479.14	207,479.14									\$825,653.29
Sum of Total Funding	\$233,816.76	\$234,115.55	\$236,658.94	\$236,658.94									\$941,250.19
Fixed Costs													
Single	6,400.16	6,154.00	6,400.16	6,400.16									\$25,354.48
Family	34,663.68	34,904.40	35,145.12	35,145.12									\$139,858.32
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00									\$14,000.00
Sum of Total Fixed Costs	\$44,563.84	\$44,558.40	\$45,045.28	\$45,045.28									\$179,212.80
Claims Costs													
Medical Claims	423,581.00	133,514.00	129,403.00	103,081.00									\$789,579.00
Prescription Drug Claims	46,229.00	69,598.00	54,039.00	53,958.00									\$223,824.00
Sum of Total Claims Costs	\$469,810.00	\$203,112.00	\$183,442.00	\$157,039.00									\$1,013,403.00
Reimbursements													
Specific Excess Loss	(109,728.20)	(70,596.44)	(260.06)	(107.30)									(\$180,692.00)
Prescription Drug Rebate	0.00	0.00	0.00	0.00									\$0.00
Sum of Reimbursements	(\$109,728.20)	(\$70,596.44)	(\$260.06)	(\$107.30)									(\$180,692.00)
Total Costs	\$404,645.64	\$177,073.96	\$228,227.22	\$201,976.98									\$1,011,923.80
Funding Less Costs	(\$170,828.88)	\$57,041.59	\$8,431.72	\$34,681.96									(\$70,673.61)
YTD Plan Performance	(\$170,828.88)	(\$113,787.29)	(\$105,355.57)	(\$70,673.61)									
YTD % of Total Costs to Funding													107.51%
YTD Average Monthly Cost Per Employee	\$2,064.52	\$1,487.77	\$1,375.12	\$1,285.80									\$1,285.80

City of Manitowoc - Dental Funding Analysis Report

Dental Summary												Prepared By:	Associated Financial Group
Dental Carriers												Date Prepared:	05/18/17
Anthem												Plan Year:	01/01/17 - 12/31/17
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	55									216
Family	142	143	143	143									571
Total	196	196	197	198									787
Total Funding													
Single	2,002.56	1,957.02	2,002.56	2,048.10									\$8,010.24
Family	14,553.92	14,740.33	14,740.33	14,740.33									\$58,774.91
Sum of Total Funding	\$16,556.48	\$16,697.35	\$16,742.89	\$16,788.43									\$66,785.15
Fixed Costs													
Single	144.72	142.04	144.72	147.40									\$578.88
Family	380.56	383.24	383.24	383.24									\$1,530.28
Sum of Total Fixed Costs	\$525.28	\$525.28	\$527.96	\$530.64									\$2,109.16
Claims Costs													
Dental Claims	20,662.00	15,602.67	20,245.00	14,339.06									\$70,848.73
Sum of Total Claims Costs	\$20,662.00	\$15,602.67	\$20,245.00	\$14,339.06									\$70,848.73
Total Costs	\$21,187.28	\$16,127.95	\$20,772.96	\$14,869.70									\$72,957.89
Funding Less Costs	(\$4,630.80)	\$569.40	(\$4,030.07)	\$1,918.73									(\$6,172.74)
YTD Plan Performance	(\$4,630.80)	(\$4,061.40)	(\$8,091.47)	(\$6,172.74)									
YTD % of Total Costs to Funding													109.24%
YTD Average Monthly Cost													
Per Employee	\$108.10	\$95.19	\$98.62	\$92.70									\$92.70

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By:
Date Prepared:
Plan Year:

Associated Financial Group
05/18/17
01/01/17 - 12/31/17

Dental Carriers: Anthem	Total Monthly Funding		Total Monthly Fixed Costs	
	Single	Family	Single	Family
	\$45.54	\$110.51		
			Administration Fee	
			Renewal Fee	
			Sum of Total Monthly Fixed Costs	

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	40									156
Family	127	129	129	129									514
Total	166	167	168	169									670

Total Funding													
Single	1,776.06	1,730.52	1,776.06	1,821.60									\$7,104.24
Family	14,034.77	14,255.79	14,255.79	14,255.79									\$56,802.14
Sum of Total Funding	\$15,810.83	\$15,986.31	\$16,031.85	\$16,077.39									\$63,906.38

Fixed Costs													
Single	104.52	101.84	104.52	107.20									\$418.08
Family	340.36	345.72	345.72	345.72									\$1,377.52
Sum of Total Fixed Costs	\$444.88	\$447.56	\$450.24	\$452.92									\$1,795.60

Claims Costs													
Dental Claims	19,799.00	15,123.67	19,802.00	13,854.06									\$68,578.73
Sum of Total Claims Costs	\$19,799.00	\$15,123.67	\$19,802.00	\$13,854.06									\$68,578.73

Total Costs	\$20,243.88	\$15,571.23	\$20,252.24	\$14,306.98									\$70,374.33
-------------	-------------	-------------	-------------	-------------	--	--	--	--	--	--	--	--	-------------

Funding Less Costs	(\$4,433.05)	\$415.08	(\$4,220.39)	\$1,770.41									(\$6,467.95)
--------------------	--------------	----------	--------------	------------	--	--	--	--	--	--	--	--	--------------

YTD Plan Performance	(\$4,433.05)	(\$4,017.97)	(\$8,238.36)	(\$6,467.95)									
----------------------	--------------	--------------	--------------	--------------	--	--	--	--	--	--	--	--	--

YTD % of Total Costs to Funding													110.12%
---------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	---------

YTD Average Monthly Cost Per Employee	\$121.95	\$107.55	\$111.91	\$105.04									\$105.04
------------------------------------------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	----------

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: 05/18/17
Plan Year: 01/01/17 - 12/31/17

	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	15	15	15	15	15								60
Family	15	14	14	14	14								57
Total	30	29	29	29									117
Total Funding													
Single	226.50	226.50	226.50	226.50									\$906.00
Family	519.15	484.54	484.54	484.54									\$1,972.77
Sum of Total Funding	\$745.65	\$711.04	\$711.04	\$711.04									\$2,878.77
Fixed Costs													
Single	40.20	40.20	40.20	40.20									\$160.80
Family	40.20	37.52	37.52	37.52									\$152.76
Sum of Total Fixed Costs	\$80.40	\$77.72	\$77.72	\$77.72									\$313.56
Claims Costs													
Dental Claims	863.00	479.00	443.00	485.00									\$2,270.00
Sum of Total Claims Costs	\$863.00	\$479.00	\$443.00	\$485.00									\$2,270.00
Total Costs	\$943.40	\$556.72	\$520.72	\$562.72									\$2,583.56
Funding Less Costs	(\$197.75)	\$154.32	\$190.32	\$148.32									\$295.21
YTD Plan Performance	(\$197.75)	(\$43.43)	\$146.89	\$295.21									
YTD % of Total Costs to Funding													89.75%
YTD Average Monthly Cost Per Employee	\$31.45	\$25.43	\$22.96	\$22.08									\$22.08