

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Associated Financial Group

Date Prepared: 02/22/18

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

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Monthly Enrollment													
Single	49												49
Family	149												149
Total	198												198
Total Members	575												575
Total Medical Funding													
Single	29,719.97												\$29,719.97
Family	229,302.06												\$229,302.06
Sum of Total Medical Funding	\$259,022.03												\$259,022.03
Fixed Medical Costs													
Single	6,531.21												\$6,531.21
Family	39,334.51												\$39,334.51
AFG Consulting Fee	3,500.00												\$3,500.00
Sum of Total Fixed Medical Costs	\$49,365.72												\$49,365.72
Total Fixed Costs	\$49,365.72												\$49,365.72
Claims Costs													
Medical Claims	184,709.00												\$184,709.00
Prescription Drug Claims	59,275.00												\$59,275.00
Clinic Rental	172.05												\$172.05
Clinic Expenses	5,993.44												\$5,993.44
Sum of Total Claims Costs	\$250,149.49												\$250,149.49
Reimbursements													
Specific Excess Loss	(10,056.95)												(10,056.95)
Prescription Drug Rebate	0.00												0.00
Sum of Reimbursements	(\$10,056.95)												(\$10,056.95)
Total Costs	\$289,458.26												\$289,458.26
Funding Less Costs	(\$30,436.23)												(\$30,436.23)
YTD Plan Performance	(\$30,436.23)												
YTD % of Total Costs to Funding													111.75%
YTD Average Monthly Cost Per Employee	\$1,461.91												\$1,461.91

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By:

Associated Financial Group

Date Prepared:

02/22/18

Plan Year:

01/01/18 - 12/31/18

Medical & Rx Carriers:

Anthem & Anthem

Total Monthly Funding	
Single	Family
\$606.53	\$1,538.94

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$40.22	\$40.22
Specific Stop Loss (\$100,000)	\$72.40	\$202.75
Aggregate Stop Loss	\$9.44	\$9.44
COBRA	\$1.50	\$1.50
Go365 Platform and Incentives	\$9.53	\$9.53
PCORI	\$0.20	\$0.55
Sum of Total Monthly Fixed Costs	\$133.29	\$263.99

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	49												49
Family	149												149
Total	198												198
Total Funding													
Single	29,719.97												\$29,719.97
Family	229,302.06												\$229,302.06
Sum of Total Funding	\$259,022.03												\$259,022.03
Fixed Costs													
Single	6,531.21												\$6,531.21
Family	39,334.51												\$39,334.51
AFG Consulting Fee	\$3,500.00												\$3,500.00
Sum of Total Fixed Costs	\$49,365.72												\$49,365.72
Claims Costs													
Medical Claims	184,709.00												\$184,709.00
Prescription Drug Claims	59,275.00												\$59,275.00
Sum of Total Claims Costs	\$243,984.00												\$243,984.00
Reimbursements													
Specific Excess Loss	(10,056.95)												(\$10,056.95)
Prescription Drug Rebate	0.00												\$0.00
Sum of Reimbursements	(\$10,056.95)												(\$10,056.95)
Total Costs	\$283,292.77												\$283,292.77
Funding Less Costs	(\$24,270.74)												(\$24,270.74)
YTD Plan Performance	(\$24,270.74)												
YTD % of Total Costs to Funding													109.37%
YTD Average Monthly Cost Per Employee	\$1,430.77												\$1,430.77

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group

Date Prepared: 02/22/18

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

Dental Carriers

Anthem

Monthly Enrollment	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Single	53												53
Family	143												143
Total	196												196
Total Funding													
Single	2,135.09												\$2,135.09
Family	15,315.44												\$15,315.44
Sum of Total Funding	\$17,450.53												\$17,450.53
Fixed Costs													
Single	142.04												\$142.04
Family	383.24												\$383.24
Sum of Total Fixed Costs	\$525.28												\$525.28
Claims Costs													
Dental Claims	13,019.28												\$13,019.28
Sum of Total Claims Costs	\$13,019.28												\$13,019.28
Total Costs	\$13,544.56												\$13,544.56
Funding Less Costs	\$3,905.97												\$3,905.97
YTD Plan Performance	\$3,905.97												
YTD % of Total Costs to Funding													77.62%
YTD Average Monthly Cost													
Per Employee	\$69.10												\$69.10

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Enhanced Dental

Dental Carriers:

Anthem

Total Monthly Funding	
Single	Family
\$48.97	\$119.14

Prepared By: Associated Financial Group

Date Prepared: 02/22/18

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

	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

[illegible]

Total Funding		
Single	1,909.83	\$1,909.83
Family	14,535.08	\$14,535.08
Sum of Total Funding	\$16,444.91	\$16,444.91

Fixed Costs		
Single	104.52	\$104.52
Family	326.96	\$326.96
Sum of Total Fixed Costs	\$431.48	\$431.48

Claims Costs		
Dental Claims	12,449.28	\$12,449.28
Sum of Total Claims Costs	\$12,449.28	\$12,449.28

Total Costs	\$12,880.76	\$12,880.76
--------------------	-------------	-------------

Funding Less Costs	\$3,564.15	\$3,564.15
--------------------	------------	------------

YTD Plan Performance	\$3,564.15
----------------------	------------

YTD % of Total Costs to Funding	78.33%
---------------------------------	--------

YTD Average Monthly Cost		
Per Employee	\$80.00	\$80.00

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Prepared By: Associated Financial Group
Date Prepared: 02/22/18
Plan Year: 01/01/18 - 12/31/18

Dental Carriers: Anthem	Total Monthly Funding		Total Monthly Fixed Costs	
	Single	Family	Single	Family
	\$16.09	\$37.16	Administration Fee	\$2.68
			Renewal Fee	\$0.00
			Sum of Total Monthly Fixed Costs	\$2.68

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Monthly Enrollment													
Single	14												14
Family	21												21
Total	35												35
Total Funding													
Single	225.26												\$225.26
Family	780.36												\$780.36
Sum of Total Funding	\$1,005.62												\$1,005.62
Fixed Costs													
Single	37.52												\$37.52
Family	56.28												\$56.28
Sum of Total Fixed Costs	\$93.80												\$93.80
Claims Costs													
Dental Claims	570.00												\$570.00
Sum of Total Claims Costs	\$570.00												\$570.00
Total Costs	\$663.80												\$663.80
Funding Less Costs	\$341.82												\$341.82
YTD Plan Performance	\$341.82												
YTD % of Total Costs to Funding													66.01%
YTD Average Monthly Cost Per Employee	\$18.97												\$18.97