

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:
Anthem & Anthem

Prepared By: Associated Financial Group
Date Prepared: 04/18/18
Plan Year: 01/01/18 - 12/31/18

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	48										146
Family	149	149	151										449
Total	198	198	199										595
Total Members	575	575	581										1,731
Total Medical Funding													
Single	29,719.97	29,719.97	29,113.44										\$88,553.38
Family	229,302.06	229,302.06	232,379.94										\$690,984.06
Sum of Total Medical Funding	\$259,022.03	\$259,022.03	\$261,493.38										\$779,537.44
Fixed Medical Costs													
Single	6,531.21	6,531.21	6,397.92										\$19,460.34
Family	39,334.51	39,334.51	39,862.49										\$118,531.51
AFG Consulting Fee	3,500.00	3,500.00	3,500.00										\$10,500.00
Sum of Total Fixed Medical Costs	\$49,365.72	\$49,365.72	\$49,760.41										\$148,491.85
Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41										\$148,491.85
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00										\$479,708.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00										\$194,591.00
Clinic Rental	172.05	172.05	172.05										\$516.15
Clinic Expenses	5,993.44	5,309.90	6,095.38										\$17,398.72
Sum of Total Claims Costs	\$250,149.49	\$239,182.95	\$202,881.43										\$692,213.87
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)										(13,396.42)
Prescription Drug Rebate	0.00	0.00	0.00										0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)										(\$13,396.42)
Total Costs	\$289,458.26	\$288,548.67	\$249,302.37										\$827,309.30
Funding Less Costs	(\$30,436.23)	(\$29,526.64)	\$12,191.01										(\$47,771.86)
YTD Plan Performance	(\$30,436.23)	(\$59,962.87)	(\$47,771.86)										
YTD % of Total Costs to Funding													106.13%
YTD Average Monthly Cost Per Employee	\$1,461.91	\$1,459.61	\$1,390.44										\$1,390.44

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By:

Associated Financial Group

Date Prepared:

04/18/18

Plan Year:

01/01/18 - 12/31/18

Medical & Rx Carriers: Anthem & Anthem	Total Monthly Funding		Total Monthly Fixed Costs	
	Single	Family	Single	Family
	\$606.53	\$1,538.94		
			Administration Fee	\$40.22
			Specific Stop Loss (\$100,000)	\$72.40
			Aggregate Stop Loss	\$9.44
			COBRA	\$1.50
			Go365 Platform and Incentives	\$9.53
			PCORI	\$0.20
			Sum of Total Monthly Fixed Costs	\$133.29
				\$263.99

	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	48										146
Family	149	149	151										449
Total	198	198	199										595
Total Funding													
Single	29,719.97	29,719.97	29,113.44										\$88,553.38
Family	229,302.06	229,302.06	232,379.94										\$690,984.06
Sum of Total Funding	\$259,022.03	\$259,022.03	\$261,493.38										\$779,537.44
Fixed Costs													
Single	6,531.21	6,531.21	6,397.92										\$19,460.34
Family	39,334.51	39,334.51	39,862.49										\$118,531.51
AFG Consulting Fee	\$3,500.00	\$3,500.00	\$3,500.00										\$10,500.00
Sum of Total Fixed Costs	\$49,365.72	\$49,365.72	\$49,760.41										\$148,491.85
Claims Costs													
Medical Claims	184,709.00	163,652.00	131,347.00										\$479,708.00
Prescription Drug Claims	59,275.00	70,049.00	65,267.00										\$194,591.00
Sum of Total Claims Costs	\$243,984.00	\$233,701.00	\$196,614.00										\$674,299.00
Reimbursements													
Specific Excess Loss	(10,056.95)	0.00	(3,339.47)										(\$13,396.42)
Prescription Drug Rebate	0.00	0.00	0.00										\$0.00
Sum of Reimbursements	(\$10,056.95)	\$0.00	(\$3,339.47)										(\$13,396.42)
Total Costs	\$283,292.77	\$283,066.72	\$243,034.94										\$809,394.43
Funding Less Costs	(\$24,270.74)	(\$24,044.69)	\$18,458.44										(\$29,856.99)
YTD Plan Performance	(\$24,270.74)	(\$48,315.43)	(\$29,856.99)										
YTD % of Total Costs to Funding													103.83%
YTD Average Monthly Cost Per Employee	\$1,430.77	\$1,430.20	\$1,360.33										\$1,360.33

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group

Date Prepared: 04/18/18

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	52										158
Family	143	144	146										433
Total	196	197	198										591
Total Funding													
Single	2,135.09	2,135.09	2,086.12										\$6,356.30
Family	15,315.44	15,352.60	15,508.90										\$46,176.94
Sum of Total Funding	\$17,450.53	\$17,487.69	\$17,595.02										\$52,533.24
Fixed Costs													
Single	142.04	142.04	139.36										\$423.44
Family	383.24	385.92	391.28										\$1,160.44
Sum of Total Fixed Costs	\$525.28	\$527.96	\$530.64										\$1,583.88
Claims Costs													
Dental Claims	13,019.28	13,954.21	20,340.52										\$47,314.01
Sum of Total Claims Costs	\$13,019.28	\$13,954.21	\$20,340.52										\$47,314.01
Total Costs	\$13,544.56	\$14,482.17	\$20,871.16										\$48,897.89
Funding Less Costs	\$3,905.97	\$3,005.52	(\$3,276.14)										\$3,635.35
YTD Plan Performance	\$3,905.97	\$6,911.49	\$3,635.35										
YTD % of Total Costs to Funding													93.08%
YTD Average Monthly Cost													
Per Employee	\$69.10	\$71.31	\$82.74										\$82.74

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Enhanced Dental

Prepared By: Associated Financial Group
Date Prepared: 04/18/18
Plan Year: 01/01/18 - 12/31/18

Dental Carriers: Anthem	Total Monthly Funding		Total Monthly Fixed Costs	
	Single	Family	Single	Family
	\$48.97	\$119.14		
			Administration Fee	
			Renewal Fee	
			Sum of Total Monthly Fixed Costs	

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	39	39	38										116
Family	122	122	123										367
Total	161	161	161										483
Total Funding													
Single	1,909.83	1,909.83	1,860.86										\$5,680.52
Family	14,535.08	14,535.08	14,654.22										\$43,724.38
Sum of Total Funding	\$16,444.91	\$16,444.91	\$16,515.08										\$49,404.90
Fixed Costs													
Single	104.52	104.52	101.84										\$310.88
Family	326.96	326.96	329.64										\$983.56
Sum of Total Fixed Costs	\$431.48	\$431.48	\$431.48										\$1,294.44
Claims Costs													
Dental Claims	12,449.28	12,894.21	18,826.52										\$44,170.01
Sum of Total Claims Costs	\$12,449.28	\$12,894.21	\$18,826.52										\$44,170.01
Total Costs	\$12,880.76	\$13,325.69	\$19,258.00										\$45,464.45
Funding Less Costs	\$3,564.15	\$3,119.22	(\$2,742.92)										\$3,940.45
YTD Plan Performance	\$3,564.15	\$6,683.37	\$3,940.45										
YTD % of Total Costs to Funding													92.02%
YTD Average Monthly Cost Per Employee	\$80.00	\$81.39	\$94.13										\$94.13

City of Manitowoc - Dental Funding Analysis Report

Plan Name:
Preventative Dental

Dental Carriers:
Anthem

Prepared By: Associated Financial Group
Date Prepared: 04/18/18
Plan Year: 01/01/18 - 12/31/18

Total Monthly Funding	
Single	Family
\$16.09	\$37.16

Administration Fee Renewal Fee Sum of Total Monthly Fixed Costs	Total Monthly Fixed Costs	
	Single	Family
	\$2.68	\$2.68
	\$0.00	\$0.00
	\$2.68	\$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	14										42
Family	21	22	23										66
Total	35	36	37										108
Total Funding													
Single	225.26	225.26	225.26										\$675.78
Family	780.36	817.52	854.68										\$2,452.56
Sum of Total Funding	\$1,005.62	\$1,042.78	\$1,079.94										\$3,128.34
Fixed Costs													
Single	37.52	37.52	37.52										\$112.56
Family	56.28	58.96	61.64										\$176.88
Sum of Total Fixed Costs	\$93.80	\$96.48	\$99.16										\$289.44
Claims Costs													
Dental Claims	570.00	1,060.00	1,514.00										\$3,144.00
Sum of Total Claims Costs	\$570.00	\$1,060.00	\$1,514.00										\$3,144.00
Total Costs	\$663.80	\$1,156.48	\$1,613.16										\$3,433.44
Funding Less Costs	\$341.82	(\$113.70)	(\$533.22)										(\$305.10)
YTD Plan Performance	\$341.82	\$228.12	(\$305.10)										
YTD % of Total Costs to Funding													109.75%
YTD Average Monthly Cost Per Employee	\$18.97	\$25.64	\$31.79										\$31.79