

City of Manitowoc - Medical Funding Analysis Report

Medical Summary

Medical & Rx Carriers:

Anthem & Anthem

Prepared By: Associated Financial Group

Date Prepared: 02/28/19

Plan Year: 01/01/19 - 12/31/19

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	47												47
Family	150												150
Total	197												197
Total Members	570												570
Total Medical Funding													
Single	29,033.78												\$29,033.78
Family	235,452.00												\$235,452.00
Sum of Total Medical Funding	\$264,485.78												\$264,485.78
Fixed Medical Costs													
Single	6,392.00												\$6,392.00
Family	41,127.00												\$41,127.00
AFG Consulting Fee	3,500.00												\$3,500.00
Sum of Total Fixed Medical Costs	\$51,019.00												\$51,019.00
Total Fixed Costs	\$51,019.00												\$51,019.00
Claims Costs													
Medical Claims	112,724.00												\$112,724.00
Prescription Drug Claims	55,740.00												\$55,740.00
Clinic Expenses	4,757.29												\$4,757.29
Discount Share	2,895.76												\$2,895.76
Sum of Total Claims Costs	\$176,117.05												\$176,117.05
Reimbursements													
Specific Excess Loss	(23,928.93)												(23,928.93)
Prescription Drug Rebate	0.00												0.00
Sum of Reimbursements	(\$23,928.93)												(\$23,928.93)
Total Costs	\$203,207.12												\$203,207.12
Funding Less Costs	\$61,278.66												\$61,278.66
YTD Plan Performance	\$61,278.66												
YTD % of Total Costs to Funding													76.83%
YTD Average Monthly Cost Per Employee	\$1,031.51												\$1,031.51

NOTE: For the month of February 2018, the City Council and Mayor declared a premium holiday for all employees enrolled in the medical plan.

City of Manitowoc - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By:

Associated Financial Group

Date Prepared:

02/28/19

Plan Year:

01/01/19 - 12/31/19

Medical & Rx Carriers: Anthem & Anthem	Total Monthly Funding		Total Monthly Fixed Costs		
	Single	Family	Single	Family	
	\$617.74	\$1,569.68			
			Administration Fee	\$40.22	\$40.22
			Specific Stop Loss (\$100,000)	\$76.74	\$214.92
			Aggregate Stop Loss	\$8.37	\$8.37
			COBRA	\$0.66	\$0.66
			Go365 Platform and Incentives	\$10.01	\$10.01
			Sum of Total Monthly Fixed Costs	\$136.00	\$274.18

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	47												47
Family	150												150
Total	197												197
Total Funding													
Single	29,033.78												\$29,033.78
Family	235,452.00												\$235,452.00
Sum of Total Funding	\$264,485.78												\$264,485.78
Fixed Costs													
Single	6,392.00												\$6,392.00
Family	41,127.00												\$41,127.00
AFG Consulting Fee	\$3,500.00												\$3,500.00
Sum of Total Fixed Costs	\$51,019.00												\$51,019.00
Claims Costs													
Medical Claims	112,724.00												\$112,724.00
Prescription Drug Claims	55,740.00												\$55,740.00
Sum of Total Claims Costs	\$168,464.00												\$168,464.00
Reimbursements													
Specific Excess Loss	(23,928.93)												(\$23,928.93)
Prescription Drug Rebate	0.00												\$0.00
Sum of Reimbursements	(\$23,928.93)												(\$23,928.93)
Total Costs	\$195,554.07												\$195,554.07
Funding Less Costs	\$68,931.71												\$68,931.71
YTD Plan Performance	\$68,931.71												
YTD % of Total Costs to Funding													73.94%
YTD Average Monthly Cost Per Employee	\$992.66												\$992.66

City of Manitowoc - Dental Funding Analysis Report

Dental Summary

Prepared By: Associated Financial Group

Date Prepared: 02/28/19

Plan Year: 01/01/19 - 12/31/19

Dental Carriers

Anthem

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	54												54
Family	144												144
Total	198												198
Total Funding													
Single	2,184.06												\$2,184.06
Family	15,352.60												\$15,352.60
Sum of Total Funding	\$17,536.66												\$17,536.66
Fixed Costs													
Single	144.72												\$144.72
Family	385.92												\$385.92
Sum of Total Fixed Costs	\$530.64												\$530.64
Claims Costs													
Dental Claims	16,379.64												\$16,379.64
Sum of Total Claims Costs	\$16,379.64												\$16,379.64
Total Costs	\$16,910.28												\$16,910.28
Funding Less Costs	\$626.38												\$626.38
YTD Plan Performance	\$626.38												
YTD % of Total Costs to Funding													96.43%
YTD Average Monthly Cost													
Per Employee	\$85.41												\$85.41

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: 02/28/19

Plan Year: 01/01/19 - 12/31/19

	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

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Total Funding		
Single	1,958.80	\$1,958.80
Family	14,535.08	\$14,535.08
Sum of Total Funding	\$16,493.88	\$16,493.88

Fixed Costs		
Single	107.20	\$107.20
Family	326.96	\$326.96
Sum of Total Fixed Costs	\$434.16	\$434.16

Claims Costs		
Dental Claims	15,674.64	\$15,674.64
Sum of Total Claims Costs	\$15,674.64	\$15,674.64

Total Costs	\$16,108.80	\$16,108.80
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Funding Less Costs	\$385.08	\$385.08
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YTD Plan Performance	\$385.08
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YTD % of Total Costs to Funding	97.67%
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YTD Average Monthly Cost		
Per Employee	\$99.44	\$99.44

City of Manitowoc - Dental Funding Analysis Report

Plan Name:

Preventative Dental

Prepared By:

Associated Financial Group

Date Prepared:

02/28/19

Plan Year:

01/01/19 - 12/31/19

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

Monthly Enrollment	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Single	14												14
Family	22												22
Total	36												36
Total Funding													
Single	225.26												\$225.26
Family	817.52												\$817.52
Sum of Total Funding	\$1,042.78												\$1,042.78
Fixed Costs													
Single	37.52												\$37.52
Family	58.96												\$58.96
Sum of Total Fixed Costs	\$96.48												\$96.48
Claims Costs													
Dental Claims	705.00												\$705.00
Sum of Total Claims Costs	\$705.00												\$705.00
Total Costs	\$801.48												\$801.48
Funding Less Costs	\$241.30												\$241.30
YTD Plan Performance	\$241.30												
YTD % of Total Costs to Funding													76.86%
YTD Average Monthly Cost Per Employee	\$22.26												\$22.26