



Monthly Medical & Dental Reporting

City of Manitowoc

March 2026

Medical Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	\$376,216.67	\$376,216.67	\$381,170.89										\$1,133,604.23
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	187	187	189										563
Total Membership	498	497	501										1,496
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
*Total Fixed Costs	\$109,760.94	\$108,385.58	\$112,806.98										\$330,953.50
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$112,602.95	\$193,267.48	\$181,590.79										\$487,461.22
Prescription	\$87,136.34	\$21.00	\$0.00										\$87,157.34
Total Paid Claims	\$199,739.29	\$193,288.48	\$181,590.79										\$574,618.56
Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	(\$243,186.21)	\$0.00										(\$243,186.21)
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00										\$0.00
Total SL Reimbursements	\$0.00	(\$243,186.21)	\$0.00										(\$243,186.21)
Prescription Rebates	\$0.00	\$0.00	\$0.00										\$0.00
Shared Savings Fees	\$1,195.72	\$3,635.11	\$2,577.40										\$7,408.23
Total Cost of Care Fees	\$22.70	\$34.40	\$132.99										\$190.09
Manty Clinic Fees	\$8,856.77	\$10,434.73	\$9,297.20										\$28,588.70
HSA Contributions	\$0.00	\$0.00	\$148,800.00										\$148,800.00
Consulting Contract	\$3,187.50	\$3,187.50	\$3,187.50										\$9,562.50
Total Adjustments	\$13,262.69	(\$225,894.47)	\$163,995.09										(\$48,636.69)
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$322,762.92	\$75,779.59	\$458,392.86										\$856,935.37
Total Funding Less Total Costs	\$53,453.75	\$300,437.08	(\$77,221.97)										\$276,668.86
Total Year to Date Reserves	\$53,453.75	\$353,890.83	\$276,668.86										\$276,668.86
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	85.79%	20.14%	120.26%										75.59%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,726.00	\$405.24	\$2,425.36										\$1,522.09
Misc Fees Not Incl. in Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
WEX - Dependent Care FSA	\$28.00	\$28.00	\$28.00										\$84.00
HSA Admin Fee (\$1.85 PEPM)	\$345.95	\$345.95	\$349.65										\$1,041.55
EAP (Empathia-MyLifeMatters)	\$555.50	\$555.50	\$555.50										\$1,666.50

*Includes Vitality Costs

The monthly and cumulative loss ratio percentages provided INCLUDE reimbursements and rebates.

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General City & Library

Medical TPA:
 Stop Loss:
 Specific Deductible:
 PBM:
 Organ Transplant:

Health Partners
 Symetra
 \$100,000
 NCRx / CVS Caremark
 HCC

Total Funding:	EE	FAM
	\$977.06	\$2,477.11

Fixed Costs:		
Admin Fees:	\$57.18	\$57.18
Specific	\$216.58	\$592.91
Aggregate	\$15.83	\$15.83
Total Fixed Cost:	\$302.95	\$692.02

Plan Year: 1/1/2026-12/31/2026
 Date Updated: 4/17/2026



Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$25,403.56	\$25,403.56	\$25,403.56										\$76,210.68
FAM	\$195,691.69	\$198,168.80	\$200,645.91										\$594,506.40
Total Funding	\$221,095.25	\$223,572.36	\$226,049.47										\$670,717.08
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	26	26	26										78
FAM	79	80	81										240
Total Enrollment	105	106	107										318
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$7,876.70	\$7,876.70	\$7,876.70										\$23,630.10
FAM	\$54,669.58	\$55,361.60	\$56,053.62										\$166,084.80
Total Fixed Costs	\$62,546.28	\$63,238.30	\$63,930.32										\$189,714.90
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$83,752.57	\$113,298.34	\$141,811.68										\$338,862.59
Prescription	\$8,713.97	\$10.41	\$0.00										\$8,724.38
Total Paid Claims	\$92,466.54	\$113,308.75	\$141,811.68										\$347,586.97
Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	(\$74,330.16)	\$0.00										(\$74,330.16)
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00										\$0.00
Total Adjustments	\$0.00	(\$74,330.16)	\$0.00										(\$74,330.16)
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$155,012.82	\$102,216.89	\$205,742.00										\$462,971.71
Total Funding Less Total Costs	\$66,082.43	\$121,355.47	\$20,307.47										\$207,745.37
Total Year to Date Reserves	\$66,082.43	\$187,437.90	\$207,745.37										\$207,745.37
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	70.11%	45.72%	91.02%										69.03%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,476.31	\$964.31	\$1,922.82										\$1,455.89

The monthly and cumulative loss ratio percentages provided INCLUDE specific reimbursements and gene therapy reimbursements.

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Police & Fire

Medical TPA:	Health Partners
Stop Loss:	Symetra
Specific Deductible:	\$100,000
PBM:	NCRx / CVS Caremark
Organ Transplant:	HCC

Total Funding:	EE	FAM
	\$977.06	\$2,477.11

Plan Year: 1/1/2026-12/31/2026
Date Updated: 4/17/2026



Fixed Costs:		
Admin Fees:	\$57.18	\$57.18
Specific	\$216.58	\$592.91
Aggregate	\$15.83	\$15.83
Total Fixed Cost:	\$302.95	\$692.02

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$31,265.92	\$31,265.92	\$31,265.92										\$93,797.76
FAM	\$123,855.50	\$121,378.39	\$123,855.50										\$369,089.39
Total Funding	\$155,121.42	\$152,644.31	\$155,121.42										\$462,887.15

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	32	32	32										96
FAM	50	49	50										149
Total Enrollment	82	81	82										245

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$9,694.40	\$9,694.40	\$9,694.40										\$29,083.20
FAM	\$34,601.00	\$33,908.98	\$34,601.00										\$103,110.98
Total Fixed Costs	\$44,295.40	\$43,603.38	\$44,295.40										\$132,194.18

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$28,850.38	\$79,969.14	\$39,779.11										\$148,598.63
Prescription	\$78,422.37	\$10.59	\$0.00										\$78,432.96
Total Paid Claims	\$107,272.75	\$79,979.73	\$39,779.11										\$227,031.59

Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	(\$168,856.05)	\$0.00										(\$168,856.05)
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00										\$0.00
Total Adjustments	\$0.00	(\$168,856.05)	\$0.00										(\$168,856.05)

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$151,568.15	(\$45,272.94)	\$84,074.51										\$190,369.72
Total Funding Less Total Costs	\$3,553.27	\$197,917.25	\$71,046.91										\$272,517.43
Total Year to Date Reserves	\$3,553.27	\$201,470.52	\$272,517.43										\$272,517.43

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	97.71%	-29.66%	54.20%										41.13%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,848.39	(\$558.93)	\$1,025.30										\$777.02

The monthly and cumulative loss ratio percentages provided INCLUDE specific reimbursements and gene therapy reimbursements.

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Dental Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	\$17,796.23	\$17,676.53	\$18,035.63										\$53,508.39
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	195	194	197										586
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Fixed Costs	\$921.20	\$950.60	\$965.30										\$2,837.10
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Paid Claims	\$18,173.00	\$15,530.00	\$11,013.00										\$44,716.00
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$19,094.20	\$16,480.60	\$11,978.30										\$47,553.10
Total Funding Less Total Costs	(\$1,297.97)	\$1,195.93	\$6,057.33										\$5,955.29
Total Year to Date Reserves	(\$1,297.97)	(\$102.04)	\$5,955.29										\$5,955.29
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.29%	93.23%	66.41%										88.87%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$97.92	\$84.95	\$60.80										\$81.15

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Library & General City

Dental TPA: **Delta Dental**

Total Funding	EE	FAM
	\$42.53	\$0.00
Fixed Cost	\$4.90	\$4.90

Plan Year: 1/1/2026-12/31/2026
Date Updated: 4/17/2026

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$1,148.31	\$1,148.31	\$1,148.31										\$3,444.93
FAM	\$8,019.90	\$8,019.90	\$8,259.30										\$24,299.10
Total Funding	\$9,168.21	\$9,168.21	\$9,407.61										\$27,744.03

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	27	27	27										81
FAM	67	67	69										203
Total Enrollment	94	94	96										284

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$132.30	\$132.30	\$132.30										\$396.90
FAM	\$328.30	\$328.30	\$338.10										\$994.70
Total Fixed Costs	\$460.60	\$460.60	\$470.40										\$1,391.60

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$8,576.00	\$4,923.00	\$5,117.00										\$18,616.00
Total Paid Claims	\$8,576.00	\$4,923.00	\$5,117.00										\$18,616.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$9,036.60	\$5,383.60	\$5,587.40										\$20,007.60
Total Funding Less Total Costs	\$131.61	\$3,784.61	\$3,820.21										\$7,736.43
Total Year to Date Reserves	\$131.61	\$3,916.22	\$7,736.43										\$7,736.43

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	98.56%	58.72%	59.39%										72.11%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$96.13	\$57.27	\$58.20										\$70.45

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Fire & Police

Dental TPA: **Delta Dental**

Total Funding	EE	FAM
	\$42.53	\$119.70
Fixed Cost	\$4.90	\$4.90

Plan Year: 1/1/2026-12/31/2026
Date Updated: 4/17/2026

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$1,446.02	\$1,446.02	\$1,446.02										\$4,338.06
FAM	\$7,182.00	\$7,062.30	\$7,182.00										\$21,426.30
Total Funding	\$8,628.02	\$8,508.32	\$8,628.02										\$25,764.36

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	34	34	34										102
FAM	60	59	60										179
Total Enrollment	94	93	94										281

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$166.60	\$166.60	\$166.60										\$499.80
FAM	\$294.00	\$289.10	\$294.00										\$877.10
Total Fixed Costs	\$460.60	\$455.70	\$460.60										\$1,376.90

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$9,597.00	\$8,706.00	\$5,896.00										\$24,199.00
Total Paid Claims	\$9,597.00	\$8,706.00	\$5,896.00										\$24,199.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$10,057.60	\$9,161.70	\$6,356.60										\$25,575.90
Total Funding Less Total Costs	(\$1,429.58)	(\$653.38)	\$2,271.42										\$188.46
Total Year to Date Reserves	(\$1,429.58)	(\$2,082.96)	\$188.46										\$188.46

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	116.57%	107.68%	73.67%										99.27%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.00	98.51	67.62										91.02

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