



Monthly Medical & Dental Reporting

City of Manitowoc

January 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 |
| Enrollment | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Total Enrollment | 187 | | | | | | | | | | | | 187 |
| Total Membership | 498 | | | | | | | | | | | | 498 |
| Monthly Fixed Costs | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| *Total Fixed Costs | \$109,760.94 | | | | | | | | | | | | \$109,760.94 |
| Paid Claims | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Medical | \$112,602.95 | | | | | | | | | | | | \$112,602.95 |
| Prescription | \$87,136.34 | | | | | | | | | | | | \$87,136.34 |
| Total Paid Claims | \$199,739.29 | | | | | | | | | | | | \$199,739.29 |
| Adjustments | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Prior Year SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Current Year SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Total SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Prescription Rebates | \$0.00 | | | | | | | | | | | | \$0.00 |
| Shared Savings Fees | \$1,195.72 | | | | | | | | | | | | \$1,195.72 |
| Total Cost of Care Fees | \$22.70 | | | | | | | | | | | | \$22.70 |
| Manty Clinic Fees | \$8,856.77 | | | | | | | | | | | | \$8,856.77 |
| HSA Contributions | \$0.00 | | | | | | | | | | | | \$0.00 |
| Consulting Contract | \$3,187.50 | | | | | | | | | | | | \$3,187.50 |
| Total Adjustments | \$13,262.69 | | | | | | | | | | | | \$13,262.69 |
| Plan Summary | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Total Monthly Costs | \$322,762.92 | | | | | | | | | | | | \$322,762.92 |
| Total Funding Less Total Costs | \$53,453.75 | | | | | | | | | | | | \$53,453.75 |
| Total Year to Date Reserves | \$53,453.75 | | | | | | | | | | | | \$53,453.75 |
| Monthly Loss Ratio | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
| | 85.79% | | | | | | | | | | | | 85.79% |
| Cost PEPM | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
| | \$1,726.00 | | | | | | | | | | | | \$1,726.00 |
| 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 |
| EAP (Empathia-MyLifeMatters) | \$555.50 | | | | | | | | | | | | \$555.50 |

*Includes Vitality Costs

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

The Funding Analysis Report (FAR) provided to clients of McClone is not a full representation of total costs incurred. The information provided in the FAR is meant to offer a general overview of the overall plan performance based on the information McClone is provided by the plan's vendor partners. For specifics on the exact costs incurred, clients should refer to the billing invoices provided by their vendor partners.



General City & Library

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

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

Plan Year: 1/1/2026-12/31/2026
Date Updated: 2/23/2026

| | | | |
|--------------|--------------------------|-----------------|-----------------|
| 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 | \$25,403.56 | | | | | | | | | | | | \$25,403.56 |
| FAM | \$195,691.69 | | | | | | | | | | | | \$195,691.69 |
| Total Funding | \$221,095.25 | | | | | | | | | | | | \$221,095.25 |

| Enrollment | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|-------------------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| EE | 26 | | | | | | | | | | | | 26 |
| FAM | 79 | | | | | | | | | | | | 79 |
| Total Enrollment | 105 | | | | | | | | | | | | 105 |

| Monthly Fixed Costs | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| EE | \$7,876.70 | | | | | | | | | | | | \$7,876.70 |
| FAM | \$54,669.58 | | | | | | | | | | | | \$54,669.58 |
| Total Fixed Costs | \$62,546.28 | | | | | | | | | | | | \$62,546.28 |

| Paid Claims | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Medical | \$83,752.57 | | | | | | | | | | | | \$83,752.57 |
| Prescription | \$8,713.97 | | | | | | | | | | | | \$8,713.97 |
| Total Paid Claims | \$92,466.54 | | | | | | | | | | | | \$92,466.54 |

| Adjustments | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| Prior Year SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Current Year SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Total Adjustments | \$0.00 | | | | | | | | | | | | \$0.00 |

| Plan Summary | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|------------------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Total Monthly Costs | \$155,012.82 | | | | | | | | | | | | \$155,012.82 |
| Total Funding Less Total Costs | \$66,082.43 | | | | | | | | | | | | \$66,082.43 |
| Total Year to Date Reserves | \$66,082.43 | | | | | | | | | | | | \$66,082.43 |

| Monthly Loss Ratio | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|--------------------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | 70.11% | | | | | | | | | | | | 70.11% |

| Cost PEPM | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|-----------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | \$1,476.31 | | | | | | | | | | | | \$1,476.31 |

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

The Funding Analysis Report (FAR) provided to clients of McClone is not a full representation of total costs incurred. The information provided in the FAR is meant to offer a general overview of the overall plan performance based on the information McClone is provided by the plan's vendor partners. For specifics on the exact costs incurred, clients should refer to the billing invoices provided by their vendor partners.

Police & Fire

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

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

Plan Year: 1/1/2026-12/31/2026
Date Updated: 2/23/2026

| | | | |
|--------------|--------------------------|-----------------|-----------------|
| 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 |
| FAM | \$123,855.50 | | | | | | | | | | | | \$123,855.50 |
| Total Funding | \$155,121.42 | | | | | | | | | | | | \$155,121.42 |

| Enrollment | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|-------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| EE | 32 | | | | | | | | | | | | 32 |
| FAM | 50 | | | | | | | | | | | | 50 |
| Total Enrollment | 82 | | | | | | | | | | | | 82 |

| Monthly Fixed Costs | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| EE | \$9,694.40 | | | | | | | | | | | | \$9,694.40 |
| FAM | \$34,601.00 | | | | | | | | | | | | \$34,601.00 |
| Total Fixed Costs | \$44,295.40 | | | | | | | | | | | | \$44,295.40 |

| Paid Claims | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------|
| Medical | \$28,850.38 | | | | | | | | | | | | \$28,850.38 |
| Prescription | \$78,422.37 | | | | | | | | | | | | \$78,422.37 |
| Total Paid Claims | \$107,272.75 | | | | | | | | | | | | \$107,272.75 |

| Adjustments | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| Prior Year SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Current Year SL Reimbursements | \$0.00 | | | | | | | | | | | | \$0.00 |
| Total Adjustments | \$0.00 | | | | | | | | | | | | \$0.00 |

| Plan Summary | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|------------------------------------|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|
| Total Monthly Costs | \$151,568.15 | | | | | | | | | | | | \$151,568.15 |
| Total Funding Less Total Costs | \$3,553.27 | | | | | | | | | | | | \$3,553.27 |
| Total Year to Date Reserves | \$3,553.27 | | | | | | | | | | | | \$3,553.27 |

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

| Cost PEPM | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|-----------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | \$1,848.39 | | | | | | | | | | | | \$1,848.39 |

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

The Funding Analysis Report (FAR) provided to clients of McClone is not a full representation of total costs incurred. The information provided in the FAR is meant to offer a general overview of the overall plan performance based on the information McClone is provided by the plan's vendor partners. For specifics on the exact costs incurred, clients should refer to the billing invoices provided by their vendor partners.

Dental Summary

| Monthly Funding | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Total Funding | \$17,796.23 | | | | | | | | | | | | \$17,796.23 |
| Enrollment | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Total Enrollment | 195 | | | | | | | | | | | | 195 |
| Monthly Fixed Costs | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Total Fixed Costs | \$921.20 | | | | | | | | | | | | \$921.20 |
| Paid Claims | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Total Paid Claims | \$18,173.00 | | | | | | | | | | | | \$18,173.00 |
| Plan Summary | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| Total Monthly Costs | \$19,094.20 | | | | | | | | | | | | \$19,094.20 |
| Total Funding Less Total Costs | (\$1,297.97) | | | | | | | | | | | | (\$1,297.97) |
| Total Year to Date Reserves | (\$1,297.97) | | | | | | | | | | | | (\$1,297.97) |
| Monthly Loss Ratio | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
| | 107.29% | | | | | | | | | | | | 107.29% |
| Cost PEPM | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
| | \$97.92 | | | | | | | | | | | | \$97.92 |

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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: 2/23/2026

| Monthly Funding | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|----------------------|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|
| EE | \$1,148.31 | | | | | | | | | | | | \$1,148.31 |
| FAM | \$8,019.90 | | | | | | | | | | | | \$8,019.90 |
| Total Funding | \$9,168.21 | | | | | | | | | | | | \$9,168.21 |

| Enrollment | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|-------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| EE | 27 | | | | | | | | | | | | 27 |
| FAM | 67 | | | | | | | | | | | | 67 |
| Total Enrollment | 94 | | | | | | | | | | | | 94 |

| Monthly Fixed Costs | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| EE | \$132.30 | | | | | | | | | | | | \$132.30 |
| FAM | \$328.30 | | | | | | | | | | | | \$328.30 |
| Total Fixed Costs | \$460.60 | | | | | | | | | | | | \$460.60 |

| Paid Claims | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|
| Dental | \$8,576.00 | | | | | | | | | | | | \$8,576.00 |
| Total Paid Claims | \$8,576.00 | | | | | | | | | | | | \$8,576.00 |

| Plan Summary | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Total Monthly Costs | \$9,036.60 | | | | | | | | | | | | \$9,036.60 |
| Total Funding Less Total Costs | \$131.61 | | | | | | | | | | | | \$131.61 |
| Total Year to Date Reserves | \$131.61 | | | | | | | | | | | | \$131.61 |

| Monthly Loss Ratio | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|--------------------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | 98.56% | | | | | | | | | | | | 98.56% |

| Cost PEPM | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|-----------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | \$96.13 | | | | | | | | | | | | \$96.13 |

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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: 2/23/2026

| Monthly Funding | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|----------------------|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|
| EE | \$1,446.02 | | | | | | | | | | | | \$1,446.02 |
| FAM | \$7,182.00 | | | | | | | | | | | | \$7,182.00 |
| Total Funding | \$8,628.02 | | | | | | | | | | | | \$8,628.02 |

| Enrollment | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|-------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| EE | 34 | | | | | | | | | | | | 34 |
| FAM | 60 | | | | | | | | | | | | 60 |
| Total Enrollment | 94 | | | | | | | | | | | | 94 |

| Monthly Fixed Costs | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| EE | \$166.60 | | | | | | | | | | | | \$166.60 |
| FAM | \$294.00 | | | | | | | | | | | | \$294.00 |
| Total Fixed Costs | \$460.60 | | | | | | | | | | | | \$460.60 |

| Paid Claims | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|
| Dental | \$9,597.00 | | | | | | | | | | | | \$9,597.00 |
| Total Paid Claims | \$9,597.00 | | | | | | | | | | | | \$9,597.00 |

| Plan Summary | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|--------------------------------|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------|
| Total Monthly Costs | \$10,057.60 | | | | | | | | | | | | \$10,057.60 |
| Total Funding Less Total Costs | (\$1,429.58) | | | | | | | | | | | | (\$1,429.58) |
| Total Year to Date Reserves | (\$1,429.58) | | | | | | | | | | | | (\$1,429.58) |

| Monthly Loss Ratio | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|--------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | 116.57% | | | | | | | | | | | | 116.57% |

| Cost PEPM | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | CUMULATIVE |
|-----------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | 107.00 | | | | | | | | | | | | 107.00 |

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