



# Monthly Medical & Dental Reporting

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**City of Manitowoc**

April 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	\$377,716.72									\$1,511,320.95
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	187	187	189	187									750
Total Membership	498	497	501	495									1,991
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	\$106,074.97									\$437,028.47
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	\$434,216.25									\$921,677.47
Prescription	\$190,759.52	\$102,117.39	\$88,731.88	\$130,524.20									\$512,132.99
<b>Total Paid Claims</b>	<b>\$303,362.47</b>	<b>\$295,384.87</b>	<b>\$270,322.67</b>	<b>\$564,740.45</b>									<b>\$1,433,810.46</b>
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	\$0.00									(\$243,186.21)
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00									\$0.00
Total SL Reimbursements	\$0.00	(\$243,186.21)	\$0.00	\$0.00									(\$243,186.21)
Prescription Rebates	\$0.00	\$0.00	\$0.00	\$0.00									\$0.00
Shared Savings Fees	\$1,195.72	\$3,635.11	\$2,577.40	\$2,999.56									\$10,407.79
Total Cost of Care Fees	\$22.70	\$34.40	\$132.99	\$271.82									\$461.91
Manty Clinic Fees	\$8,856.77	\$10,434.73	\$9,297.20	\$8,411.12									\$36,999.82
HSA Contributions	\$0.00	\$0.00	\$148,800.00	\$0.00									\$148,800.00
Consulting Contract	\$3,187.50	\$3,187.50	\$3,187.50	\$3,187.50									\$12,750.00
<b>Total Adjustments</b>	<b>\$13,262.69</b>	<b>(\$225,894.47)</b>	<b>\$163,995.09</b>	<b>\$14,870.00</b>									<b>(\$33,766.69)</b>
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$426,386.10	\$177,875.98	\$547,124.74	\$685,685.42									\$1,837,072.24
Total Funding Less Total Costs	(\$50,169.43)	\$198,340.69	(\$165,953.85)	(\$307,968.70)									(\$325,751.29)
Total Year to Date Reserves	<b>(\$50,169.43)</b>	<b>\$148,171.26</b>	<b>(\$17,782.59)</b>	<b>(\$325,751.29)</b>									<b>(\$325,751.29)</b>
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	113.34%	47.28%	143.54%	181.53%									121.55%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$2,280.14	\$951.21	\$2,894.84	\$3,666.77									\$2,449.43
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	\$28.00									\$112.00
HSA Admin Fee (\$1.85 PEPM)	\$345.95	\$345.95	\$349.65	\$345.95									\$1,387.50
EAP (Empathia-MyLifeMatters)	\$555.50	\$555.50	\$555.50	\$555.50									\$2,222.00

\*Includes Vitality Costs

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

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# 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:	5/13/2026

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



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	\$25,403.56									\$101,614.24
FAM	\$195,691.69	\$198,168.80	\$200,645.91	\$200,645.91									\$795,152.31
<b>Total Funding</b>	<b>\$221,095.25</b>	<b>\$223,572.36</b>	<b>\$226,049.47</b>	<b>\$226,049.47</b>									<b>\$896,766.55</b>

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	26	26	26	26									104
FAM	79	80	81	81									321
<b>Total Enrollment</b>	<b>105</b>	<b>106</b>	<b>107</b>	<b>107</b>									<b>425</b>

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	\$7,876.70									\$31,506.80
FAM	\$54,669.58	\$55,361.60	\$56,053.62	\$56,053.62									\$222,138.42
<b>Total Fixed Costs</b>	<b>\$62,546.28</b>	<b>\$63,238.30</b>	<b>\$63,930.32</b>	<b>\$63,930.32</b>									<b>\$253,645.22</b>

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	\$267,916.29									\$606,778.88
Prescription	\$24,302.62	\$13,748.46	\$8,148.84	\$22,358.61									\$68,558.53
<b>Total Paid Claims</b>	<b>\$108,055.19</b>	<b>\$127,046.80</b>	<b>\$149,960.52</b>	<b>\$290,274.90</b>									<b>\$675,337.41</b>

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	\$0.00									(\$74,330.16)
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00									\$0.00
<b>Total Adjustments</b>	<b>\$0.00</b>	<b>(\$74,330.16)</b>	<b>\$0.00</b>	<b>\$0.00</b>									<b>(\$74,330.16)</b>

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$170,601.47	\$115,954.94	\$213,890.84	\$354,205.22									\$854,652.47
Total Funding Less Total Costs	\$50,493.78	\$107,617.42	\$12,158.63	(\$128,155.75)									\$42,114.08
<b>Total Year to Date Reserves</b>	<b>\$50,493.78</b>	<b>\$158,111.20</b>	<b>\$170,269.83</b>	<b>\$42,114.08</b>									<b>\$42,114.08</b>

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	77.16%	51.86%	94.62%	156.69%									95.30%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,624.78	\$1,093.91	\$1,998.98	\$3,310.33									\$2,010.95

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:** 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:** 5/13/2026



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

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	\$30,288.86									\$124,086.62
FAM	\$123,855.50	\$121,378.39	\$123,855.50	\$121,378.39									\$490,467.78
<b>Total Funding</b>	<b>\$155,121.42</b>	<b>\$152,644.31</b>	<b>\$155,121.42</b>	<b>\$151,667.25</b>									<b>\$614,554.40</b>

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	32	32	32	31									127
FAM	50	49	50	49									198
<b>Total Enrollment</b>	<b>82</b>	<b>81</b>	<b>82</b>	<b>80</b>									<b>325</b>

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	\$9,391.45									\$38,474.65
FAM	\$34,601.00	\$33,908.98	\$34,601.00	\$33,908.98									\$137,019.96
<b>Total Fixed Costs</b>	<b>\$44,295.40</b>	<b>\$43,603.38</b>	<b>\$44,295.40</b>	<b>\$43,300.43</b>									<b>\$175,494.61</b>

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	\$166,299.96									\$314,898.59
Prescription	\$166,456.90	\$88,368.93	\$80,583.04	\$108,165.59									\$443,574.46
<b>Total Paid Claims</b>	<b>\$195,307.28</b>	<b>\$168,338.07</b>	<b>\$120,362.15</b>	<b>\$274,465.55</b>									<b>\$758,473.05</b>

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	\$0.00									(\$168,856.05)
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00									\$0.00
<b>Total Adjustments</b>	<b>\$0.00</b>	<b>(\$168,856.05)</b>	<b>\$0.00</b>	<b>\$0.00</b>									<b>(\$168,856.05)</b>

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$239,602.68	\$43,085.40	\$164,657.55	\$317,765.98									\$765,111.61
Total Funding Less Total Costs	(\$84,481.26)	\$109,558.91	(\$9,536.13)	(\$166,098.73)									(\$150,557.21)
<b>Total Year to Date Reserves</b>	<b>(\$84,481.26)</b>	<b>\$25,077.65</b>	<b>\$15,541.52</b>	<b>(\$150,557.21)</b>									<b>(\$150,557.21)</b>

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	154.46%	28.23%	106.15%	209.52%									124.50%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$2,921.98	\$531.92	\$2,008.02	\$3,972.07									\$2,354.19

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	\$17,873.40									\$71,381.79
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	195	194	197	196									782
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	\$960.40									\$3,797.50
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	\$23,837.00									\$68,553.00
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	\$24,797.40									\$72,350.50
Total Funding Less Total Costs	(\$1,297.97)	\$1,195.93	\$6,057.33	(\$6,924.00)									(\$968.71)
Total Year to Date Reserves	(\$1,297.97)	(\$102.04)	\$5,955.29	(\$968.71)									(\$968.71)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.29%	93.23%	66.41%	138.74%									101.36%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$97.92	\$84.95	\$60.80	\$126.52									\$92.52

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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: 5/13/2026

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	\$1,148.31									\$4,593.24
FAM	\$8,019.90	\$8,019.90	\$8,259.30	\$8,259.30									\$32,558.40
<b>Total Funding</b>	<b>\$9,168.21</b>	<b>\$9,168.21</b>	<b>\$9,407.61</b>	<b>\$9,407.61</b>									<b>\$37,151.64</b>

  

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	27	27	27	27									108
FAM	67	67	69	69									272
<b>Total Enrollment</b>	<b>94</b>	<b>94</b>	<b>96</b>	<b>96</b>									<b>380</b>

  

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$132.30	\$132.30	\$132.30	\$132.30									\$529.20
FAM	\$328.30	\$328.30	\$338.10	\$338.10									\$1,332.80
<b>Total Fixed Costs</b>	<b>\$460.60</b>	<b>\$460.60</b>	<b>\$470.40</b>	<b>\$470.40</b>									<b>\$1,862.00</b>

  

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	\$8,249.00									\$26,865.00
<b>Total Paid Claims</b>	<b>\$8,576.00</b>	<b>\$4,923.00</b>	<b>\$5,117.00</b>	<b>\$8,249.00</b>									<b>\$26,865.00</b>

  

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	\$8,719.40									\$28,727.00
Total Funding Less Total Costs	\$131.61	\$3,784.61	\$3,820.21	\$688.21									\$8,424.64
Total Year to Date Reserves	<b>\$131.61</b>	<b>\$3,916.22</b>	<b>\$7,736.43</b>	<b>\$8,424.64</b>									<b>\$8,424.64</b>

  

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	98.56%	58.72%	59.39%	92.68%									77.32%

  

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$96.13	\$57.27	\$58.20	\$90.83									\$75.60

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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: 5/13/2026

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	\$1,403.49									\$5,741.55
FAM	\$7,182.00	\$7,062.30	\$7,182.00	\$7,062.30									\$28,488.60
<b>Total Funding</b>	<b>\$8,628.02</b>	<b>\$8,508.32</b>	<b>\$8,628.02</b>	<b>\$8,465.79</b>									<b>\$34,230.15</b>

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	34	34	34	33									135
FAM	60	59	60	59									238
<b>Total Enrollment</b>	<b>94</b>	<b>93</b>	<b>94</b>	<b>92</b>									<b>373</b>

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$166.60	\$166.60	\$166.60	\$161.70									\$661.50
FAM	\$294.00	\$289.10	\$294.00	\$289.10									\$1,166.20
<b>Total Fixed Costs</b>	<b>\$460.60</b>	<b>\$455.70</b>	<b>\$460.60</b>	<b>\$450.80</b>									<b>\$1,827.70</b>

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	\$15,348.00									\$39,547.00
<b>Total Paid Claims</b>	<b>\$9,597.00</b>	<b>\$8,706.00</b>	<b>\$5,896.00</b>	<b>\$15,348.00</b>									<b>\$39,547.00</b>

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	\$15,798.80									\$41,374.70
Total Funding Less Total Costs	(\$1,429.58)	(\$653.38)	\$2,271.42	(\$7,333.01)									(\$7,144.55)
Total Year to Date Reserves	<b>(\$1,429.58)</b>	<b>(\$2,082.96)</b>	<b>\$188.46</b>	<b>(\$7,144.55)</b>									<b>(\$7,144.55)</b>

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	116.57%	107.68%	73.67%	186.62%									120.87%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.00	98.51	67.62	171.73									110.92

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