



Monthly Medical & Dental Reporting

City of Manitowoc

October 2025

Medical Summary

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Funding	\$337,721.16	\$333,799.71	\$333,799.71	\$330,742.92	\$330,742.92	\$333,397.86	\$331,205.73	\$329,878.26	\$332,131.35	\$329,939.22			\$3,323,358.84
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	191	188	188	186	186	186	185	185	183	182			1,860
Total Membership	498	492	492	488	488	492	489	485	492	490			4,906
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
*Total Fixed Costs	\$76,204.08	\$76,242.17	\$76,217.17	\$75,197.54	\$75,036.19	\$76,081.18	\$75,583.28	\$74,778.01	\$76,618.56	\$77,192.28			\$759,150.46
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$226,852.54	\$161,695.95	\$364,066.47	\$518,659.10	\$984,693.69	\$1,216,304.95	\$792,263.61	\$232,417.66	\$166,400.59	\$619,215.93			\$5,282,570.49
Prescription	\$44,786.32	\$52,845.12	\$50,749.13	\$113,950.06	\$80,370.19	\$60,718.25	\$95,339.98	\$123,837.12	\$118,097.93	\$138,154.30			\$878,848.40
Total Paid Claims	\$271,638.86	\$214,541.07	\$414,815.60	\$632,609.16	\$1,065,063.88	\$1,277,023.20	\$887,603.59	\$356,254.78	\$284,498.52	\$757,370.23			\$6,161,418.89
Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
Current Year SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	(\$699,266.89)	(\$1,142,362.47)	\$138,137.87	(\$513,244.38)	(\$244,939.57)			(\$2,489,991.37)
Total SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	(\$699,266.89)	(\$1,142,362.47)	\$138,137.87	(\$513,244.38)	(\$244,939.57)			(\$2,489,991.37)
Prescription Rebates	(\$20,532.50)	(\$20,210.00)	(\$20,210.00)	(\$19,995.00)	(\$19,995.00)	(\$19,995.00)	(\$19,887.50)	(\$19,887.50)	(\$19,672.50)	(\$19,565.00)			(\$199,950.00)
Shared Savings Fees	\$2,292.33	\$3,353.28	\$4,582.82	\$5,478.10	\$4,453.64	\$5,425.46	\$3,731.81	\$1,900.50	\$1,257.63	\$7,189.73			\$39,665.30
Total Cost of Care Fees	\$123.54	\$56.17	\$19.97	\$94.14	\$165.22	\$452.27	\$178.71	\$35.96	\$199.87	\$97.98			\$1,423.83
PaydHealth Savings Fees	\$3,157.41	\$1,555.98	\$4,325.67	\$339.87	\$3,839.48	\$1,121.72	\$3,182.42	\$2,599.70	\$2,202.29	\$3,989.40			\$26,313.94
Manty Clinic Fees	\$11,040.50	\$7,385.60	\$7,374.50	\$9,468.24	\$7,055.75	\$7,848.95	\$8,274.27	\$6,654.77	\$8,255.30	\$8,984.39			\$82,342.27
HSA Contributions	\$0.00	\$0.00	\$160,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$160,800.00
Consulting Contract	\$3,087.50	\$3,087.50	\$3,087.50	\$3,087.50	\$3,087.50	\$3,087.50	\$3,187.50	\$3,187.50	\$3,187.50	\$3,187.50			\$31,275.00
Total Adjustments	(\$831.22)	(\$4,771.47)	\$137,422.92	(\$7,285.54)	(\$1,393.41)	(\$701,325.99)	(\$1,143,695.26)	\$132,628.80	(\$517,814.29)	(\$241,055.57)			(\$2,348,121.03)
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$347,011.72	\$286,011.77	\$628,455.69	\$700,521.16	\$1,138,706.66	\$651,778.39	(\$180,508.39)	\$563,661.59	(\$156,697.21)	\$593,506.94			\$4,572,448.32
Total Funding Less Total Costs	(\$9,290.56)	\$47,787.94	(\$294,655.98)	(\$369,778.24)	(\$807,963.74)	(\$318,380.53)	\$511,714.12	(\$233,783.33)	\$488,828.56	(\$263,567.72)			(\$1,249,089.48)
Total Year to Date Reserves	(\$9,290.56)	\$38,497.38	(\$256,158.60)	(\$625,936.84)	(\$1,433,900.58)	(\$1,752,281.11)	(\$1,240,566.99)	(\$1,474,350.32)	(\$985,521.76)	(\$1,249,089.48)			(\$1,249,089.48)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	102.75%	85.68%	188.27%	211.80%	344.29%	195.50%	-54.50%	170.87%	-47.18%	179.88%			137.59%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,816.82	\$1,521.34	\$3,342.85	\$3,766.24	\$6,122.08	\$3,504.18	(\$975.72)	\$3,046.82	(\$856.27)	\$3,261.03			\$2,458.31

*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
MedImpact
N/A

Total Funding:	EE	FAM
	\$864.66	\$2,192.13

Fixed Costs:		
Admin Fees:	\$7.52	\$7.52
Specific	\$168.97	\$470.24
Aggregate	\$13.14	\$13.14
Total Fixed Cost:	\$189.63	\$490.90

Plan Year:	1/1/2025-12/31/2025
Date Updated:	11/18/2025



Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$25,075.14	\$23,345.82	\$24,210.48	\$24,210.48	\$24,210.48	\$23,345.82	\$23,345.82	\$22,481.16	\$19,022.52	\$19,022.52			\$228,270.24
FAM	\$166,601.88	\$166,601.88	\$166,601.88	\$164,409.75	\$164,409.75	\$166,601.88	\$166,601.88	\$164,409.75	\$170,986.14	\$170,986.14			\$1,668,210.93
Total Funding	\$191,677.02	\$189,947.70	\$190,812.36	\$188,620.23	\$188,620.23	\$189,947.70	\$189,947.70	\$186,890.91	\$190,008.66	\$190,008.66			\$1,896,481.17

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	29	27	28	28	28	27	27	26	22	22			264
FAM	76	76	76	75	75	76	76	75	78	78			761
Total Enrollment	105	103	104	103	103	103	103	101	100	100			1,025

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$5,499.27	\$5,120.01	\$5,309.64	\$5,309.64	\$5,309.64	\$5,120.01	\$5,120.01	\$4,930.38	\$4,171.86	\$4,171.86			\$50,062.32
FAM	\$37,308.40	\$37,308.40	\$37,308.40	\$36,817.50	\$36,817.50	\$37,308.40	\$37,308.40	\$36,817.50	\$38,290.20	\$38,290.20			\$373,574.90
Total Fixed Costs	\$42,807.67	\$42,428.41	\$42,618.04	\$42,127.14	\$42,127.14	\$42,428.41	\$42,428.41	\$41,747.88	\$42,462.06	\$42,462.06			\$423,637.22

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$104,446.06	\$129,856.55	\$219,118.78	\$117,584.41	\$74,874.92	\$86,033.24	\$106,613.36	\$81,304.74	\$58,569.37	\$352,355.38			\$1,330,756.81
Prescription	\$6,116.29	\$8,018.58	\$5,745.97	\$18,453.57	\$20,431.86	\$13,792.47	\$14,894.56	\$21,643.88	\$15,200.39	\$28,021.51			\$152,319.08
Total Paid Claims	\$110,562.35	\$137,875.13	\$224,864.75	\$136,037.98	\$95,306.78	\$99,825.71	\$121,507.92	\$102,948.62	\$73,769.76	\$380,376.89			\$1,483,075.89

Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
Current Year SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			(\$28,315.93)
Total Adjustments	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			(\$28,315.93)

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$153,370.02	\$180,303.54	\$244,925.25	\$172,406.73	\$137,433.92	\$142,254.12	\$163,936.33	\$144,696.50	\$116,231.82	\$422,838.95			\$1,878,397.18
Total Funding Less Total Costs	\$38,307.00	\$9,644.16	(\$54,112.89)	\$16,213.50	\$51,186.31	\$47,693.58	\$26,011.37	\$42,194.41	\$73,776.84	(\$232,830.29)			\$18,083.99
Total Year to Date Reserves	\$38,307.00	\$47,951.16	(\$6,161.73)	\$10,051.77	\$61,238.08	\$108,931.66	\$134,943.03	\$177,137.44	\$250,914.28	\$18,083.99			\$18,083.99

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	80.01%	94.92%	128.36%	91.40%	72.86%	74.89%	86.31%	77.42%	61.17%	222.54%			99.05%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$1,460.67	\$1,750.52	\$2,355.05	\$1,673.85	\$1,334.31	\$1,381.11	\$1,591.61	\$1,432.64	\$1,162.32	\$4,228.39			\$1,832.58

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

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Police & Fire

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Total Funding:	EE	FAM
	\$864.66	\$2,192.13
Fixed Costs:		
Admin Fees:	\$7.52	\$7.52
Specific	\$168.97	\$470.24
Aggregate	\$13.14	\$13.14
Total Fixed Cost:	\$189.63	\$490.90

Plan Year: 1/1/2025-12/31/2025
Date Updated: 11/18/2025



Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$27,669.12	\$27,669.12	\$26,804.46	\$25,939.80	\$25,939.80	\$25,075.14	\$25,075.14	\$26,804.46	\$25,939.80	\$25,939.80			\$262,856.64
FAM	\$118,375.02	\$116,182.89	\$116,182.89	\$116,182.89	\$116,182.89	\$118,375.02	\$116,182.89	\$116,182.89	\$116,182.89	\$113,990.76			\$1,164,021.03
Total Funding	\$146,044.14	\$143,852.01	\$142,987.35	\$142,122.69	\$142,122.69	\$143,450.16	\$141,258.03	\$142,987.35	\$142,122.69	\$139,930.56			\$1,426,877.67
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	32	32	31	30	30	29	29	31	30	30			304
FAM	54	53	53	53	53	54	53	53	53	52			531
Total Enrollment	86	85	84	83	83	83	82	84	83	82			835
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$6,068.16	\$6,068.16	\$5,878.53	\$5,688.90	\$5,688.90	\$5,499.27	\$5,499.27	\$5,878.53	\$5,688.90	\$5,688.90			\$57,647.52
FAM	\$26,508.60	\$26,017.70	\$26,017.70	\$26,017.70	\$26,017.70	\$26,508.60	\$26,017.70	\$26,017.70	\$26,017.70	\$25,526.80			\$260,667.90
Total Fixed Costs	\$32,576.76	\$32,085.86	\$31,896.23	\$31,706.60	\$31,706.60	\$32,007.87	\$31,516.97	\$31,896.23	\$31,706.60	\$31,215.70			\$318,315.42
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Medical	\$122,406.48	\$31,839.40	\$144,947.69	\$401,074.69	\$909,818.77	\$1,130,271.71	\$685,650.25	\$151,112.92	\$107,831.22	\$266,860.55			\$3,951,813.68
Prescription	\$38,670.03	\$44,826.54	\$45,003.16	\$95,496.49	\$59,938.33	\$46,925.78	\$80,445.42	\$102,193.24	\$102,897.54	\$110,132.79			\$726,529.32
Total Paid Claims	\$161,076.51	\$76,665.94	\$189,950.85	\$496,571.18	\$969,757.10	\$1,177,197.49	\$766,095.67	\$253,306.16	\$210,728.76	\$376,993.34			\$4,678,343.00
Adjustments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Prior Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$699,266.89)	(\$1,142,362.47)	\$138,137.87	(\$513,244.38)	(\$244,939.57)			(\$2,461,675.44)
Total Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$699,266.89)	(\$1,142,362.47)	\$138,137.87	(\$513,244.38)	(\$244,939.57)			(\$2,461,675.44)
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$193,653.27	\$108,751.80	\$221,847.08	\$528,277.78	\$1,001,463.70	\$509,938.47	(\$344,749.83)	\$423,340.26	(\$270,809.02)	\$163,269.47			\$2,534,982.98
Total Funding Less Total Costs	(\$47,609.13)	\$35,100.21	(\$78,859.73)	(\$386,155.09)	(\$859,341.01)	(\$366,488.31)	\$486,007.86	(\$280,352.91)	\$412,931.71	(\$23,338.91)			(\$1,108,105.31)
Total Year to Date Reserves	(\$47,609.13)	(\$12,508.92)	(\$91,368.65)	(\$477,523.74)	(\$1,336,864.75)	(\$1,703,353.06)	(\$1,217,345.20)	(\$1,497,698.11)	(\$1,084,766.40)	(\$1,108,105.31)			(\$1,108,105.31)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	132.60%	75.60%	155.15%	371.71%	704.65%	355.48%	-244.06%	296.07%	-190.55%	116.68%			177.66%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$2,251.78	\$1,279.43	\$2,641.04	\$6,364.79	\$12,065.83	\$6,143.84	(\$4,204.27)	\$5,039.77	(\$3,262.76)	\$1,991.09			\$3,035.91

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	\$18,503.46	\$18,221.53	\$18,426.29	\$18,264.06	\$18,264.06	\$18,298.70	\$18,375.87	\$18,341.23	\$18,333.34	\$18,248.28			\$183,276.82
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	201	198	201	199	199	198	198	199	197	195			1,985
Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Fixed Costs	\$944.70	\$930.60	\$944.70	\$935.30	\$935.30	\$930.60	\$930.60	\$935.30	\$925.90	\$916.50			\$9,329.50
Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Paid Claims	\$19,797.00	\$18,919.00	\$15,655.00	\$20,960.00	\$13,771.00	\$15,744.00	\$21,319.00	\$18,655.00	\$12,193.00	\$20,491.00			\$177,504.00
Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$20,741.70	\$19,849.60	\$16,599.70	\$21,895.30	\$14,706.30	\$16,674.60	\$22,249.60	\$19,590.30	\$13,118.90	\$21,407.50			\$186,833.50
Total Funding Less Total Costs	(\$2,238.24)	(\$1,628.07)	\$1,826.59	(\$3,631.24)	\$3,557.76	\$1,624.10	(\$3,873.73)	(\$1,249.07)	\$5,214.44	(\$3,159.22)			(\$3,556.68)
Total Year to Date Reserves	(\$2,238.24)	(\$3,866.31)	(\$2,039.72)	(\$5,670.96)	(\$2,113.20)	(\$489.10)	(\$4,362.83)	(\$5,611.90)	(\$397.46)	(\$3,556.68)			(\$3,556.68)
Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	112.10%	108.93%	90.09%	119.88%	80.52%	91.12%	121.08%	106.81%	71.56%	117.31%			101.94%
Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$103.19	\$100.25	\$82.59	\$110.03	\$73.90	\$84.22	\$112.37	\$98.44	\$66.59	\$109.78			\$94.12

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Library & General City

Dental TPA: Delta Dental

Total Funding	EE	FAM
	\$42.53	\$119.70
Fixed Cost	\$4.70	\$4.70

Plan Year: 1/1/2025-12/31/2025
Date Updated: 11/18/2025

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$1,531.08	\$1,446.02	\$1,531.08	\$1,531.08	\$1,531.08	\$1,488.55	\$1,446.02	\$1,446.02	\$1,318.43	\$1,318.43			\$14,587.79
FAM	\$7,421.40	\$7,421.40	\$7,421.40	\$7,301.70	\$7,301.70	\$7,301.70	\$7,541.10	\$7,421.40	\$7,541.10	\$7,541.10			\$74,214.00
Total Funding	\$8,952.48	\$8,867.42	\$8,952.48	\$8,832.78	\$8,832.78	\$8,790.25	\$8,987.12	\$8,867.42	\$8,859.53	\$8,859.53			\$88,801.79

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	36	34	36	36	36	35	34	34	31	31			343
FAM	62	62	62	61	61	61	63	62	63	63			620
Total Enrollment	98	96	98	97	97	96	97	96	94	94			963

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$169.20	\$159.80	\$169.20	\$169.20	\$169.20	\$164.50	\$159.80	\$159.80	\$145.70	\$145.70			\$1,612.10
FAM	\$291.40	\$291.40	\$291.40	\$286.70	\$286.70	\$286.70	\$296.10	\$291.40	\$296.10	\$296.10			\$2,914.00
Total Fixed Costs	\$460.60	\$451.20	\$460.60	\$455.90	\$455.90	\$451.20	\$455.90	\$451.20	\$441.80	\$441.80			\$4,526.10

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$7,935.00	\$8,080.00	\$5,220.00	\$7,386.00	\$6,290.00	\$6,310.00	\$9,762.00	\$11,274.00	\$4,297.00	\$10,835.00			\$77,389.00
Total Paid Claims	\$7,935.00	\$8,080.00	\$5,220.00	\$7,386.00	\$6,290.00	\$6,310.00	\$9,762.00	\$11,274.00	\$4,297.00	\$10,835.00			\$77,389.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$8,395.60	\$8,531.20	\$5,680.60	\$7,841.90	\$6,745.90	\$6,761.20	\$10,217.90	\$11,725.20	\$4,738.80	\$11,276.80			\$81,915.10
Total Funding Less Total Costs	\$556.88	\$336.22	\$3,271.88	\$990.88	\$2,086.88	\$2,029.05	(\$1,230.78)	(\$2,857.78)	\$4,120.73	(\$2,417.27)			\$6,886.69
Total Year to Date Reserves	\$556.88	\$893.10	\$4,164.98	\$5,155.86	\$7,242.74	\$9,271.79	\$8,041.01	\$5,183.23	\$9,303.96	\$6,886.69			\$6,886.69

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	93.78%	96.21%	63.45%	88.78%	76.37%	76.92%	113.69%	132.23%	53.49%	127.28%			92.24%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	\$85.67	\$88.87	\$57.97	\$80.84	\$69.55	\$70.43	\$105.34	\$122.14	\$50.41	\$119.97			\$85.06

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Fire & Police

Dental TPA:	Delta Dental	Total Funding	EE \$42.53	FAM \$119.70	Plan Year:	1/1/2025-12/31/2025
		Fixed Cost	\$4.70	\$4.70	Date Updated:	11/18/2025

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$1,403.49	\$1,446.02	\$1,446.02	\$1,403.49	\$1,403.49	\$1,360.96	\$1,360.96	\$1,446.02	\$1,446.02	\$1,360.96			\$14,077.43
FAM	\$7,541.10	\$7,301.70	\$7,421.40	\$7,421.40	\$7,421.40	\$7,541.10	\$7,421.40	\$7,421.40	\$7,421.40	\$7,421.40			\$74,333.70
Total Funding	\$8,944.59	\$8,747.72	\$8,867.42	\$8,824.89	\$8,824.89	\$8,902.06	\$8,782.36	\$8,867.42	\$8,867.42	\$8,782.36			\$88,411.13

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	33	34	34	33	33	32	32	34	34	32			331
FAM	63	61	62	62	62	63	62	62	62	62			621
Total Enrollment	96	95	96	95	95	95	94	96	96	94			952

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$155.10	\$159.80	\$159.80	\$155.10	\$155.10	\$150.40	\$150.40	\$159.80	\$159.80	\$150.40			\$1,555.70
FAM	\$296.10	\$286.70	\$291.40	\$291.40	\$291.40	\$296.10	\$291.40	\$291.40	\$291.40	\$291.40			\$2,918.70
Total Fixed Costs	\$451.20	\$446.50	\$451.20	\$446.50	\$446.50	\$446.50	\$441.80	\$451.20	\$451.20	\$441.80			\$4,474.40

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$11,360.00	\$10,586.00	\$7,950.00	\$12,825.00	\$7,480.00	\$8,566.00	\$9,544.00	\$7,198.00	\$7,707.00	\$8,301.00			\$91,517.00
Total Paid Claims	\$11,360.00	\$10,586.00	\$7,950.00	\$12,825.00	\$7,480.00	\$8,566.00	\$9,544.00	\$7,198.00	\$7,707.00	\$8,301.00			\$91,517.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$11,811.20	\$11,032.50	\$8,401.20	\$13,271.50	\$7,926.50	\$9,012.50	\$9,985.80	\$7,649.20	\$8,158.20	\$8,742.80			\$95,991.40
Total Funding Less Total Costs	(\$2,866.61)	(\$2,284.78)	\$466.22	(\$4,446.61)	\$898.39	(\$110.44)	(\$1,203.44)	\$1,218.22	\$709.22	\$39.56			(\$7,580.27)
Total Year to Date Reserves	(\$2,866.61)	(\$5,151.39)	(\$4,685.17)	(\$9,131.78)	(\$8,233.39)	(\$8,343.83)	(\$9,547.27)	(\$8,329.05)	(\$7,619.83)	(\$7,580.27)			(\$7,580.27)

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	132.05%	126.12%	94.74%	150.39%	89.82%	101.24%	113.70%	86.26%	92.00%	99.55%			108.57%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	123.03	116.13	87.51	139.70	83.44	94.87	106.23	79.68	84.98	93.01			100.83

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COBRA & Retiree

Dental TPA:	Delta Dental	Total Funding	EE	FAM	Plan Year:	1/1/2025-12/31/2025
			\$42.53	\$119.70	Date Updated:	11/18/2025
		Fixed Cost	\$4.70	\$4.70		

Monthly Funding	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59	\$127.59			\$1,275.90
FAM	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80			\$4,788.00
Total Funding	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39			\$6,063.90

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	3	3	3	3	3	3	3	3	3	3			30
FAM	4	4	4	4	4	4	4	4	4	4			40
Total Enrollment	7	7	7	7	7	7	7	7	7	7			70

Monthly Fixed Costs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10	\$14.10			\$141.00
FAM	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80			\$188.00
Total Fixed Costs	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90			\$329.00

Paid Claims	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Dental	\$502.00	\$253.00	\$2,485.00	\$749.00	\$1.00	\$868.00	\$2,013.00	\$183.00	\$189.00	\$1,355.00			\$8,598.00
Total Paid Claims	\$502.00	\$253.00	\$2,485.00	\$749.00	\$1.00	\$868.00	\$2,013.00	\$183.00	\$189.00	\$1,355.00			\$8,598.00

Plan Summary	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Monthly Costs	\$534.90	\$285.90	\$2,517.90	\$781.90	\$33.90	\$900.90	\$2,045.90	\$215.90	\$221.90	\$1,387.90			\$8,927.00
Total Funding Less Total Costs	\$71.49	\$320.49	(\$1,911.51)	(\$175.51)	\$572.49	(\$294.51)	(\$1,439.51)	\$390.49	\$384.49	(\$781.51)			(\$2,863.10)
Total Year to Date Reserves	\$71.49	\$391.98	(\$1,519.53)	(\$1,695.04)	(\$1,122.55)	(\$1,417.06)	(\$2,856.57)	(\$2,466.08)	(\$2,081.59)	(\$2,863.10)			(\$2,863.10)

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	88.21%	47.15%	415.23%	128.94%	5.59%	148.57%	337.39%	35.60%	36.59%	228.88%			147.22%

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	76.41	40.84	359.70	111.70	4.84	128.70	292.27	30.84	31.70	198.27			127.53

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