



Monthly Medical & Dental Reporting

City of Manitowoc

July 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						\$2,331,410.01
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	191	188	188	186	186	186	185						1,310
Total Membership	498	492	492	488	488	492	489						3,439
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						\$530,561.61
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						\$4,264,536.31
Prescription	\$44,786.32	\$52,845.12	\$50,749.13	\$113,950.06	\$80,370.19	\$60,718.25	\$95,339.98						\$498,759.05
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						\$4,763,295.36
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
Current Year SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	(\$699,266.89)	(\$1,142,362.47)						(\$1,869,945.29)
Total SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$0.00	(\$699,266.89)	(\$1,142,362.47)						(\$1,869,945.29)
Prescription Rebates	(\$20,532.50)	(\$20,210.00)	(\$20,210.00)	(\$19,995.00)	(\$19,995.00)	(\$19,995.00)	(\$19,887.50)						(\$140,825.00)
Shared Savings Fees	\$2,292.33	\$3,353.28	\$4,582.82	\$5,478.10	\$4,453.64	\$5,425.46	\$3,731.81						\$29,317.44
Total Cost of Care Fees	\$123.54	\$56.17	\$19.97	\$94.14	\$165.22	\$452.27	\$178.71						\$1,090.02
PaydHealth Savings Fees	\$3,157.41	\$1,555.98	\$4,325.67	\$339.87	\$3,839.48	\$1,121.72	\$3,182.42						\$17,522.55
Manty Clinic Fees	\$11,040.50	\$7,385.60	\$7,374.50	\$9,468.24	\$7,055.75	\$7,848.95	\$8,274.27						\$58,447.81
HSA Contributions	\$0.00	\$0.00	\$160,800.00	\$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						\$21,712.50
Total Adjustments	(\$831.22)	(\$4,771.47)	\$137,422.92	(\$7,285.54)	(\$1,393.41)	(\$701,325.99)	(\$1,143,695.26)						(\$1,721,879.97)
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)						\$3,571,977.00
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						(\$1,240,566.99)
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)						(\$1,240,566.99)
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%						153.21%
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)						\$2,726.70

*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:
Stop Loss:
Specific Deductible:
PBM:
Organ Transplant:

Health Partners
Symetra
\$100,000
MedImpact
N/A

Total Funding:

EE

\$864.66

FAM

\$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:

8/21/2025



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						\$167,744.04
FAM	\$166,601.88	\$166,601.88	\$166,601.88	\$164,409.75	\$164,409.75	\$166,601.88	\$166,601.88						\$1,161,828.90
Total Funding	\$191,677.02	\$189,947.70	\$190,812.36	\$188,620.23	\$188,620.23	\$189,947.70	\$189,947.70						\$1,329,572.94

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	29	27	28	28	28	27	27						194
FAM	76	76	76	75	75	76	76						530
Total Enrollment	105	103	104	103	103	103	103						724

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						\$36,788.22
FAM	\$37,308.40	\$37,308.40	\$37,308.40	\$36,817.50	\$36,817.50	\$37,308.40	\$37,308.40						\$260,177.00
Total Fixed Costs	\$42,807.67	\$42,428.41	\$42,618.04	\$42,127.14	\$42,127.14	\$42,428.41	\$42,428.41						\$296,965.22

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						\$838,527.32
Prescription	\$6,116.29	\$8,018.58	\$5,745.97	\$18,453.57	\$20,431.86	\$13,792.47	\$14,894.56						\$87,453.30
Total Paid Claims	\$110,562.35	\$137,875.13	\$224,864.75	\$136,037.98	\$95,306.78	\$99,825.71	\$121,507.92						\$925,980.62

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
Current Year SL Reimbursements	\$0.00	\$0.00	(\$22,557.54)	(\$5,758.39)	\$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						(\$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						\$1,194,629.91
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						\$134,943.03
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						\$134,943.03

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%						89.85%

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						\$1,650.04

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:
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: 8/21/2025



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						\$184,172.58
FAM	\$118,375.02	\$116,182.89	\$116,182.89	\$116,182.89	\$116,182.89	\$118,375.02	\$116,182.89						\$817,664.49
Total Funding	\$146,044.14	\$143,852.01	\$142,987.35	\$142,122.69	\$142,122.69	\$143,450.16	\$141,258.03						\$1,001,837.07
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	32	32	31	30	30	29	29						213
FAM	54	53	53	53	53	54	53						373
Total Enrollment	86	85	84	83	83	83	82						586
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						\$40,391.19
FAM	\$26,508.60	\$26,017.70	\$26,017.70	\$26,017.70	\$26,017.70	\$26,508.60	\$26,017.70						\$183,105.70
Total Fixed Costs	\$32,576.76	\$32,085.86	\$31,896.23	\$31,706.60	\$31,706.60	\$32,007.87	\$31,516.97						\$223,496.89
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						\$3,426,008.99
Prescription	\$38,670.03	\$44,826.54	\$45,003.16	\$95,496.49	\$59,938.33	\$46,925.78	\$80,445.42						\$411,305.75
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						\$3,837,314.74
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
Current Year SL Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$699,266.89)	(\$1,142,362.47)						(\$1,841,629.36)
Total Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$699,266.89)	(\$1,142,362.47)						(\$1,841,629.36)
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)						\$2,219,182.27
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						(\$1,217,345.20)
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)						(\$1,217,345.20)
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%						221.51%
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)						\$3,787.00

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	\$18,503.46	\$18,221.53	\$18,426.29	\$18,264.06	\$18,264.06	\$18,298.70	\$18,375.87						\$128,353.97
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	201	198	201	199	199	198	198						1,394
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						\$6,551.80
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						\$126,165.00
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						\$132,716.80
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)						(\$4,362.83)
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)						(\$4,362.83)
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%						103.40%
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						\$95.21

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.



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: 8/21/2025

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						\$10,504.91
FAM	\$7,421.40	\$7,421.40	\$7,421.40	\$7,301.70	\$7,301.70	\$7,301.70	\$7,541.10						\$51,710.40
Total Funding	\$8,952.48	\$8,867.42	\$8,952.48	\$8,832.78	\$8,832.78	\$8,790.25	\$8,987.12						\$62,215.31
Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	36	34	36	36	36	35	34						247
FAM	62	62	62	61	61	61	63						432
Total Enrollment	98	96	98	97	97	96	97						679
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						\$1,160.90
FAM	\$291.40	\$291.40	\$291.40	\$286.70	\$286.70	\$286.70	\$296.10						\$2,030.40
Total Fixed Costs	\$460.60	\$451.20	\$460.60	\$455.90	\$455.90	\$451.20	\$455.90						\$3,191.30
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						\$50,983.00
Total Paid Claims	\$7,935.00	\$8,080.00	\$5,220.00	\$7,386.00	\$6,290.00	\$6,310.00	\$9,762.00						\$50,983.00
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						\$54,174.30
Total Funding Less Total Costs	\$556.88	\$336.22	\$3,271.88	\$990.88	\$2,086.88	\$2,029.05	(\$1,230.78)						\$8,041.01
Total Year to Date Reserves	\$556.88	\$893.10	\$4,164.98	\$5,155.86	\$7,242.74	\$9,271.79	\$8,041.01						\$8,041.01
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%						87.08%
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						\$79.79

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.



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:	8/21/2025

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						\$9,824.43
FAM	\$7,541.10	\$7,301.70	\$7,421.40	\$7,421.40	\$7,421.40	\$7,541.10	\$7,421.40						\$52,069.50
Total Funding	\$8,944.59	\$8,747.72	\$8,867.42	\$8,824.89	\$8,824.89	\$8,902.06	\$8,782.36						\$61,893.93

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	33	34	34	33	33	32	32						231
FAM	63	61	62	62	62	63	62						435
Total Enrollment	96	95	96	95	95	95	94						666

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						\$1,085.70
FAM	\$296.10	\$286.70	\$291.40	\$291.40	\$291.40	\$296.10	\$291.40						\$2,044.50
Total Fixed Costs	\$451.20	\$446.50	\$451.20	\$446.50	\$446.50	\$446.50	\$441.80						\$3,130.20

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						\$68,311.00
Total Paid Claims	\$11,360.00	\$10,586.00	\$7,950.00	\$12,825.00	\$7,480.00	\$8,566.00	\$9,544.00						\$68,311.00

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						\$71,441.20
Total Funding Less Total Costs	(\$2,866.61)	(\$2,284.78)	\$466.22	(\$4,446.61)	\$898.39	(\$110.44)	(\$1,203.44)						(\$9,547.27)
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)						(\$9,547.27)

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%						115.43%

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						107.27

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.



COBRA & Retiree

Dental TPA:	Delta Dental	Total Funding	EE	FAM	Plan Year:	1/1/2025-12/31/2025
			\$42.53	\$119.70	Date Updated:	8/21/2025
		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						\$893.13
FAM	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80	\$478.80						\$3,351.60
Total Funding	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39	\$606.39						\$4,244.73

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	3	3	3	3	3	3	3						21
FAM	4	4	4	4	4	4	4						28
Total Enrollment	7	7	7	7	7	7	7						49

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						\$98.70
FAM	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80						\$131.60
Total Fixed Costs	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90						\$230.30

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						\$6,871.00
Total Paid Claims	\$502.00	\$253.00	\$2,485.00	\$749.00	\$1.00	\$868.00	\$2,013.00						\$6,871.00

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						\$7,101.30
Total Funding Less Total Costs	\$71.49	\$320.49	(\$1,911.51)	(\$175.51)	\$572.49	(\$294.51)	(\$1,439.51)						(\$2,856.57)
Total Year to Date Reserves	\$71.49	\$391.98	(\$1,519.53)	(\$1,695.04)	(\$1,122.55)	(\$1,417.06)	(\$2,856.57)						(\$2,856.57)

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%						167.30%

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						144.92

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.

