Monthly Medical & Dental Reporting

City of Manitowoc

June 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**	**$376,739.66**	**$364,877.10**							**$2,252,937.71**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	**187**	**187**	**189**	**187**	**186**	**180**							**1,116**
Total Membership	**498**	**497**	**501**	**495**	**496**	**480**							**2,967**

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**	**$109,201.92**	**$105,577.37**							**$651,807.76**

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	$198,862.35	$210,851.82							$1,331,391.64
Prescription	$190,759.52	$102,117.39	$88,731.88	$130,524.20	$113,314.97	$91,012.26							$716,460.22
Total Paid Claims	**$303,362.47**	**$295,384.87**	**$270,322.67**	**$564,740.45**	**$312,177.32**	**$301,864.08**							**$2,047,851.86**

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	$0.00	$0.00							($243,186.21)
Current Year SL Reimbursements	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00							$0.00
Total SL Reimbursements	$0.00	($243,186.21)	$0.00	$0.00	$0.00	$0.00							($243,186.21)
Prescription Rebates	$0.00	$0.00	$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	$2,042.01	$2,018.78							$14,468.58
Total Cost of Care Fees	$22.70	$34.40	$132.99	$271.82	$323.88	($1,232.13)							($446.34)
Manty Clinic Fees	$8,856.77	$10,434.73	$9,297.20	$8,411.12	$6,080.02	$6,926.90							$50,006.74
HSA Contributions	$0.00	$0.00	$148,800.00	$0.00	$0.00	$0.00							$148,800.00
Consulting Contract	$3,187.50	$3,187.50	$3,187.50	$3,187.50	$3,187.50	$3,187.50							$19,125.00
Total Adjustments	**$13,262.69**	**($225,894.47)**	**$163,995.09**	**$14,870.00**	**$11,633.41**	**$10,901.05**							**($11,232.23)**

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	$433,012.65	$418,342.50							**$2,688,427.39**
Total Funding Less Total Costs	($50,169.43)	$198,340.69	($165,953.85)	($307,968.70)	($56,272.99)	($53,465.40)							**($435,489.68)**
Total Year to Date Reserves	**($50,169.43)**	**$148,171.26**	**($17,782.59)**	**($325,751.29)**	**($382,024.28)**	**($435,489.68)**							**($435,489.68)**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	113.34%	**47.28%**	**143.54%**	**181.53%**	**114.94%**	**114.65%**							**119.33%**

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**	**$2,328.03**	**$2,324.13**							**$2,408.99**

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	$28.00	$28.00							$168.00
HSA Admin Fee ($1.85 PEPM)	$345.95	$345.95	$349.65	$345.95	$344.10	$333.00							$2,064.60
EAP (Empathia-MyLifeMatters)	$555.50	$555.50	$555.50	$555.50	$555.50	$555.50							$3,333.00

*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

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:	7/15/2026

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	$25,403.56	$25,403.56	$24,426.50							$151,444.30
FAM	$195,691.69	$198,168.80	$200,645.91	$200,645.91	$200,645.91	$190,737.47							$1,186,535.69
Total Funding	**$221,095.25**	**$223,572.36**	**$226,049.47**	**$226,049.47**	**$226,049.47**	**$215,163.97**							**$1,337,979.99**

Enrollment	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	26	26	26	26	26	25							155
FAM	79	80	81	81	81	77							479
Total Enrollment	**105**	**106**	**107**	**107**	**107**	**102**							**634**

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	$7,876.70	$7,573.75							$46,957.25
FAM	$54,669.58	$55,361.60	$56,053.62	$56,053.62	$56,053.62	$53,285.54							$331,477.58
Total Fixed Costs	**$62,546.28**	**$63,238.30**	**$63,930.32**	**$63,930.32**	**$63,930.32**	**$60,859.29**							**$378,434.83**

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	$131,648.97	$90,685.80							$829,113.65
Prescription	$24,302.62	$13,748.46	$8,148.84	$22,358.61	$19,034.03	$15,667.34							$103,259.90
Total Paid Claims	**$108,055.19**	**$127,046.80**	**$149,960.52**	**$290,274.90**	**$150,683.00**	**$106,353.14**							**$932,373.55**

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	$0.00	$0.00							($74,330.16)
Current Year SL Reimbursements	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00							$0.00
Total Adjustments	**$0.00**	**($74,330.16)**	**$0.00**	**$0.00**	**$0.00**	**$0.00**							**($74,330.16)**

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	$214,613.32	$167,212.43							$1,236,478.22
Total Funding Less Total Costs	$50,493.78	$107,617.42	$12,158.63	($128,155.75)	$11,436.15	$47,951.54							$101,501.77
Total Year to Date Reserves	**$50,493.78**	**$158,111.20**	**$170,269.83**	**$42,114.08**	**$53,550.23**	**$101,501.77**							**$101,501.77**

Monthly Loss Ratio	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	77.16%	**51.86%**	**94.62%**	**156.69%**	**94.94%**	**77.71%**							**92.41%**

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**	**$2,005.73**	**$1,639.34**							**$1,950.28**

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

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

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:	**7/15/2026**

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	$29,311.80	$28,334.74							$181,733.16
FAM	$123,855.50	$121,378.39	$123,855.50	$121,378.39	$121,378.39	$121,378.39							$733,224.56
Total Funding	**$155,121.42**	**$152,644.31**	**$155,121.42**	**$151,667.25**	**$150,690.19**	**$149,713.13**							**$914,957.72**

Enrollment	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	32	32	32	31	30	29							186
FAM	50	49	50	49	49	49							296
Total Enrollment	**82**	**81**	**82**	**80**	**79**	**78**							**482**

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	$9,088.50	$8,785.55							$56,348.70
FAM	$34,601.00	$33,908.98	$34,601.00	$33,908.98	$33,908.98	$33,908.98							$204,837.92
Total Fixed Costs	**$44,295.40**	**$43,603.38**	**$44,295.40**	**$43,300.43**	**$42,997.48**	**$42,694.53**							**$261,186.62**

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	$67,213.38	$120,166.02							$502,277.99
Prescription	$166,456.90	$88,368.93	$80,583.04	$108,165.59	$94,280.94	$75,344.92							$613,200.32
Total Paid Claims	**$195,307.28**	**$168,338.07**	**$120,362.15**	**$274,465.55**	**$161,494.32**	**$195,510.94**							**$1,115,478.31**

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	$0.00	$0.00							($168,856.05)
Current Year SL Reimbursements	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00							$0.00
Total Adjustments	**$0.00**	**($168,856.05)**	**$0.00**	**$0.00**	**$0.00**	**$0.00**							**($168,856.05)**

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	$204,491.80	$238,205.47							$1,207,808.88
Total Funding Less Total Costs	($84,481.26)	$109,558.91	($9,536.13)	($166,098.73)	($53,801.61)	($88,492.34)							($292,851.16)
Total Year to Date Reserves	**($84,481.26)**	**$25,077.65**	**$15,541.52**	**($150,557.21)**	**($204,358.82)**	**($292,851.16)**							**($292,851.16)**

Monthly Loss Ratio	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	154.46%	**28.23%**	**106.15%**	**209.52%**	**135.70%**	**159.11%**							**132.01%**

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**	**$2,588.50**	**$3,053.92**							**$2,505.83**

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**	**$17,676.53**	**$18,035.63**	**$17,873.40**	**$17,950.57**	**$17,189.84**							**$106,522.20**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Total Enrollment	**195**	**194**	**197**	**196**	**196**	**190**							**1,168**

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**	**$960.40**	**$931.00**							**$5,688.90**

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**	**$19,873.00**	**$13,849.00**							**$102,275.00**

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	$20,833.40	$14,780.00							$107,963.90
Total Funding Less Total Costs	($1,297.97)	$1,195.93	$6,057.33	($6,924.00)	($2,882.83)	$2,409.84							($1,441.70)
Total Year to Date Reserves	**($1,297.97)**	**($102.04)**	**$5,955.29**	**($968.71)**	**($3,851.54)**	**($1,441.70)**							**($1,441.70)**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.29%	**93.23%**	**66.41%**	**138.74%**	**116.06%**	**85.98%**							**101.35%**

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	$97.92	**$84.95**	**$60.80**	**$126.52**	**$106.29**	**$77.79**							**$92.43**

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**

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

Plan Year:	1/1/2026-12/31/2026
Date Updated:	7/15/2026

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	$1,148.31	$1,105.78							$6,847.33
FAM	$8,019.90	$8,019.90	$8,259.30	$8,259.30	$8,379.00	$8,019.90							$48,957.30
Total Funding	**$9,168.21**	**$9,168.21**	**$9,407.61**	**$9,407.61**	**$9,527.31**	**$9,125.68**							**$55,804.63**

Enrollment	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**TOTAL**
EE	27	27	27	27	27	26							161
FAM	67	67	69	69	70	67							409
Total Enrollment	**94**	**94**	**96**	**96**	**97**	**93**							**570**

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	$132.30	$127.40							$788.90
FAM	$328.30	$328.30	$338.10	$338.10	$343.00	$328.30							$2,004.10
Total Fixed Costs	**$460.60**	**$460.60**	**$470.40**	**$470.40**	**$475.30**	**$455.70**							**$2,793.00**

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	$8,116.00	$6,392.00							$41,373.00
Total Paid Claims	**$8,576.00**	**$4,923.00**	**$5,117.00**	**$8,249.00**	**$8,116.00**	**$6,392.00**							**$41,373.00**

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	$8,719.40	$8,591.30	$6,847.70							$44,166.00
Total Funding Less Total Costs	$131.61	$3,784.61	$3,820.21	$688.21	$936.01	$2,277.98							$11,638.63
Total Year to Date Reserves	**$131.61**	**$3,916.22**	**$7,736.43**	**$8,424.64**	**$9,360.65**	**$11,638.63**							**$11,638.63**

Monthly Loss Ratio	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	98.56%	**58.72%**	**59.39%**	**92.68%**	**90.18%**	**75.04%**							**79.14%**

Cost PEPM	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**CUMULATIVE**
	$96.13	**$57.27**	**$58.20**	**$90.83**	**$88.57**	**$73.63**							**$77.48**

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	FAM
	$42.53	$119.70
Fixed Cost	$4.90	$4.90

Plan Year:	1/1/2026-12/31/2026
Date Updated:	7/15/2026

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	$1,360.96	$1,360.96							$8,463.47
FAM	$7,182.00	$7,062.30	$7,182.00	$7,062.30	$7,062.30	$6,703.20							$42,254.10
Total Funding	**$8,628.02**	**$8,508.32**	**$8,628.02**	**$8,465.79**	**$8,423.26**	**$8,064.16**							**$50,717.57**

Enrollment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
EE	34	34	34	33	32	32							199
FAM	60	59	60	59	59	56							353
Total Enrollment	**94**	**93**	**94**	**92**	**91**	**88**							**552**

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	$156.80	$156.80							$975.10
FAM	$294.00	$289.10	$294.00	$289.10	$289.10	$274.40							$1,729.70
Total Fixed Costs	**$460.60**	**$455.70**	**$460.60**	**$450.80**	**$445.90**	**$431.20**							**$2,704.80**

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	$10,419.00	$6,751.00							$56,717.00
Total Paid Claims	**$9,597.00**	**$8,706.00**	**$5,896.00**	**$15,348.00**	**$10,419.00**	**$6,751.00**							**$56,717.00**

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	$15,798.80	$10,864.90	$7,182.20							$59,421.80
Total Funding Less Total Costs	($1,429.58)	($653.38)	$2,271.42	($7,333.01)	($2,441.64)	$881.96							($8,704.23)
Total Year to Date Reserves	**($1,429.58)**	**($2,082.96)**	**$188.46**	**($7,144.55)**	**($9,586.19)**	**($8,704.23)**							**($8,704.23)**

Monthly Loss Ratio	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	116.57%	**107.68%**	**73.67%**	**186.62%**	**128.99%**	**89.06%**							**117.16%**

Cost PEPM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CUMULATIVE
	107.00	**98.51**	**67.62**	**171.73**	**119.39**	**81.62**							**107.65**

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.