Self-Funded Group Health & Dental Insurance Program for City of Clemson
Monthly Financial Status Report: For Period Starting January 1, 2016

	Monthly Beginning Fund balance - All City Departments	Monthly Employer Premium Contribution	Monthly Employee Premium Contribution	Total Premium Contributions:	Monthly Medical Claims and fixed costs:	Self-Insurance Fund - end of month balance:
Initial Contribution:	$ 340,188	$ -	$ -	$ -	$ -	$ 340,188
January	340,188	87,464	35,372	122,836	42,309	420,715
February	420,715	87,464	35,372	122,836	105,980	437,571
March	437,571	87,464	35,372	122,836	133,380	427,027
April	427,027	87,464	35,372	122,836	159,521	390,342
May	390,342	87,464	35,372	122,836	94,388	418,790
June	418,790	87,464	35,372	122,836	96,801	444,825
6-Month sub-totals	**$ 340,188**	**$ 524,784**	**$ 212,232**	**$ 737,016**	**$ 632,379**	**444,825**
July	$ 444,825	88,360	35,372	123,732	87,698	480,859
August	480,859	88,360	35,372	123,732	146,701	**457,890**
September	457,890	-	-	-	-	457,890
October		-	-	-	-	-
November		-	-	-	-	-
December		-	-	-	-	-
6-Moth sub-totals:		**$ 176,720**	**$ 70,744**	**$ 247,464**	**$ 234,399**	-
Total - for Claims Year	**$ 340,188**	**$ 701,504**	**$ 282,976**	**$ 984,480**	**$ 866,778**	**457,890**

CITY OF CLEMSON
SELF INSURANCE FUND
1/1/2016 - 6/30/2016 (FINAL)

GENERAL FUND

DEPT	Employer Premium BUDGET	PERCENT	FUNDING SOURCES TRANSFERS	Employee W/H	CLAIMS/ADMIN EXPENSES *	NET EMPLOYER EXPENSES	BALANCE
412	$ 9,627	3%	$ 7,066	$ 5,471	$ 18,778	$ 6,241	$ 3,386
413	25,591	7%	18,784	13,278	38,057	5,995	19,596
415	6,599	2%	4,843	3,975	12,528	3,710	2,889
417	4,230	1%	3,105	1,799	6,337	1,433	2,797
418	30,439	9%	22,342	14,932	38,386	1,112	29,327
419	9,126	3%	6,698	2,459	6,729	(2,429)	11,555
421	157,220	46%	115,399	61,681	177,875	795	156,425
431	17,587	5%	12,909	8,863	25,457	3,686	13,901
432	47,378	14%	34,775	19,049	56,494	2,670	44,708
435	6,922	2%	5,081	3,231	12,138	3,826	3,096
450	23,426	7%	17,195	9,926	31,026	3,905	19,521
460	5,830	2%	4,279	1,803	6,730	647	5,183
TOTAL	$ 343,975	100%	$ 252,476	$ 146,466	$ 430,534	$ 31,592	$ 312,383
WATER							
510	$ 34,306	82%	$ 20,411	$ 10,526	$ 31,654	$ 716	$ 33,590
512	7,713	18%	4,589	5,132	18,478	8,757	(1,044)
TOTAL	$ 42,019	100%	$ 25,000	$ 15,658	$ 50,132	$ 9,473	$ 32,546
STORMWATER							
515	$ 8,039	100%	$ 6,871	$ 2,543	$ 6,730	$ (2,684)	$ 10,723
TOTAL	$ 8,039	100%	$ 6,871	$ 2,543	$ 6,730	$ (2,684)	$ 10,723
WASTEWATER							
511	$ 32,801	57%	$ 14,303	$ 9,478	$ 25,458	$ 1,678	$ 31,123
513	13,889	24%	6,056	6,272	18,728	6,400	7,489
530	10,643	19%	4,641	3,994	12,530	3,895	6,748
TOTAL	$ 57,333	100%	$ 25,000	$ 19,743	$ 56,716	$ 11,973	$ 45,360
COMMERCIAL SANITATION							
532	$ 8,314	100%	$ -	$ 2,228	$ 6,201	$ 3,973	$ 4,341
TOTAL	$ 8,314	100%	$ -	$ 2,228	$ 6,201	$ 3,973	$ 4,341
CLEMSON AREA TRANSIT							
542	$ 46,620	100%	$ 22,861	$ 17,497	$ 57,325	$ 16,967	$ 29,653
TOTAL	$ 46,620	100%	$ 22,861	$ 17,497	$ 57,325	$ 16,967	$ 29,653
HORTICULTURE (HOSPITALITY FEE)							
452	$ 9,430	100%	$ 7,980	$ 4,035	$ 12,352	$ 337	$ 9,093
TOTAL	$ 9,430	100%	$ 7,980	$ 4,035	$ 12,352	$ 337	$ 9,093
CENTRAL-CLEMSON RECREATION FACILITY							
451	$ 9,051	100%	$ -	$ 4,060	$ 12,390	$ 8,330	$ 721
TOTAL	$ 9,051	100%	$ -	$ 4,060	$ 12,390	$ 8,330	$ 721
GRAND TOTAL	$ 524,781	100%	$ 340,188	$ 212,230	$ 632,379	$ 79,961	$ 444,820

** Expenses include $31,700 binder check to PAI and contributions of $10,608.84 to the 2016 Reinsurance Program.*

Summary of Group Health Insurance Cost Comparisons & Status Report:

				Cost Differential	% of cost increase:
2015 Premium Cost for Cigna - full coverage insurance policy:	$	1,266,281		-	
2016 Renewal Bid from Cigna - for same policy coverage:	$	1,418,568	$	152,287	12.03%
Self-funded Health Plan - maximum exposure cost:	$	1,606,469	$	340,188	26.87%

Current Claims History - totals through 8 months:

Total Claims + entry binder costs for 2016:	$	866,778
Less: program entry binder costs:		42,309
Net Claims cost for Year-to-Date:	$	824,469
Average monthly claims costs:	**$**	**103,059**
Projected cost for full year of claims:	**$**	**1,236,704**