

City of West Allis

RFP #17-007

PROFESSIONAL SERVICES - EMPLOYEE BENEFIT CONSULTING SERVICES

Contents

NOTICE OF SOLICITATION 2

Section I - INSTRUCTIONS 3-4

Section II - SPECIFICATIONS 5-9

Section III - INSURANCE REQUIREMENTS FOR CONSULTANTS 10-12

Section IV - Sample City of West Allis Professional Services Agreement..... 13-21

Appendix

Exhibit A Benefit Summary

Exhibit B Benefit Contracts/Vendors Appendix

Exhibit C PPO Health Insurance Plan Benefit Summaries (Active Employees and Retirees)

Exhibit D HDHP Benefit Summary (covers Active Employees and Retirees)

Exhibit E Dental Insurance Program Comparison

Exhibit F Insurance/Benefit Rates

Exhibit G Other Relevant Benefit Information

City of West Allis

NOTICE OF SOLICITATION

Finance Department
City of West Allis
7525 W. Greenfield Ave.
West Allis, WI 53214
Phone: 414-302-8260
purchasing@westalliswi.gov

Proposals will be received at this office until June 30, 2017, at 4:00 PM for providing Professional Services – Employee Benefit Consulting Services to the City of West Allis.

Robert A Barwick, CPSM, CPPB
Senior Buyer

City of West Allis

Section I - INSTRUCTIONS

I. EXAMINATION OF THE REQUEST FOR PROPOSAL

It is the responsibility of all prospective proposers to carefully read this entire Request for Proposals (hereafter referred to as RFP), which contains provisions applicable to successful completion and submission of a proposal, and consists of all documents shown in the Table of Contents. If you discover any ambiguity, inconsistency, error or omission in the RFP, you must notify the Senior Buyer, Finance Department in writing. Only interpretations or corrections of the RFP made in writing are binding. You shall not rely upon any interpretation or corrections given by any other method.

II. PREPARATION AND SUBMISSION OF PROPOSALS

- A. Deadline: Proposals and Pricing Statement/Cost must be received in the office of the Finance Department no later than 4:00 PM on June 30, 2017. Proposals received after the deadline will not be considered by the City.
- B. *Six (6) hard copies of the proposal, along with a separate pricing statement/cost of proposal,* shall be mailed to: Finance Department, City of West Allis, 7525 W. Greenfield Avenue, West Allis, WI 53214, and one (1) electronic copy of the proposal shall be transmitted in pdf format emailed to purchasing@westalliswi.gov. The following notation must appear in the subject line of the electronic (email) copy: RFP#17-007 PROFESSIONAL SERVICES – EMPLOYEE BENEFIT CONSULTING SERVICES.
- C. It is the intent of the City of West Allis to engage a consultant who will provide professional services as described herein. However, the City reserves the right, at its sole discretion, to terminate this RFP process or negotiations with a selected consultant and either perform the work with its staff, or begin a new RFP process. Nothing herein, or in the process, shall be construed as having obligated the City to pay for any expenses incurred by respondents to this RFP, or to the selected consultant prior to approval by the City of West Allis of a consultant services agreement.

III. PROPOSAL COSTS

The City shall not be liable for any costs incurred to prepare or submit a proposal for these services.

IV. TERM OF CONTRACT

The initial term of the contract shall be for a two (2) year period, an August, 2017 through July, 2019 Agreement, in order to coincide with the City of West Allis' Budget Process. Three (3) additional periods of one year may be contracted by mutual agreement.

City of West Allis, at its sole discretion, may terminate contract services upon written notification with or without cause, upon a 60 day notice.

V. GENERAL

- A. Upon submission of a proposal to the City of West Allis, the offer to perform contractual services may not be withdrawn by the contractor for a period of 45-days to allow the City of West Allis the opportunity to take official action.
- B. Payment will be made within 30 days of receipt of an itemized invoice.
- C. No part of the contract shall be subcontracted without prior written consent of the City. Consultant shall retain full responsibility for all work performed.
- D. Consultant agrees to indemnify, hold harmless, and defend the City, its officers, agents and employees from any and all liability arising out of or in connection with this agreement where such liability is found upon or grows out of the errors, omissions, or negligent acts of any of the consultant, its agents or employees.

City of West Allis

- E. Consultant shall maintain insurance coverage as required and identified in the attached "Insurance Requirements" document (pages 10-12).
 - 1. If you cannot meet the minimum insurance requirements outlined within this RFP:
 - a. Provide a copy of the insurance you currently carry; and,
 - b. Provide an estimate of how much it would cost to attain the additional insurances required within this RFP.
- F. The City reserves the right to negotiate revisions to the Scope of Services and fees and to terminate negotiations if a final contract cannot be agreed upon.
- G. Contract shall be construed according to the laws of the State of Wisconsin.

VI. CONTACT INFORMATION

Questions regarding this proposal may be directed to purchasing@westalliswi.gov.

VII. TIMELINE

The following is the planned schedule for the selection process. The City reserves the right to modify the schedule.

RFP ReleasedWednesday, May 31, 2017
Question / Intent to Repond DeadlineFriday, June 9, 2017
Respond to QuestionsMonday, June 19, 2017
Proposals DueFriday, June 30, 2017
Interview of Finalists.....During Period of July 10 – July 19, 2017
Selection.....Tuesday, August 1, 2017

Please notify the City of your intent to respond to this RFP no later than Friday, June 9, 2017, by emailing purchasing@westalliswi.gov. All future communications regarding the RFP will be sent only to those firms that notify the City that they will be submitting a proposal.

Please submit all questions regarding the RFP, no later than Friday, June 9, 2017, by emailing purchasing@westalliswi.gov. Responses to all questions presented will be sent to all responding firms.

VIII. NON-DISCRIMINATION STATEMENT

The City of West Allis does not discriminate on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

IX. AMERICANS WITH DISABILITIES ACT NOTICE

Upon reasonable notice, the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

X. LIMITED ENGLISH PROFICIENCY STATEMENT

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

City of West Allis

Section II - SPECIFICATIONS

I. **Statement of Need**

The City of West Allis is seeking a consultant advisor to review all aspects of our Employee Benefit programs and to provide ongoing advice, counsel and recommendations in the areas of legal and regulatory compliance, benefit plan design, market benchmarks and best practices. The consultant shall analyze past experience; make recommendations for changes in plan design and service providers; compare projected costs of self-insurance to fully insured care and make other recommendations which are expected to reduce the cost of benefits. The consultant shall provide ongoing management education on industry trends and legal updates and act as a resource to management in employee training.

The ideal firm will combine depth of knowledge and breadth of services with a special level of intuition and human insight to identify potential solutions and guide competing interests to common goals.

Background Information

The City of West Allis is the second largest city in Milwaukee County and is located in the virtual center of the Milwaukee Metropolitan Area. The City has a population of ~60,000 and a workforce of ~750 employees with ~550 being eligible for benefits.

The City offers a wide variety of benefits to its full and part-time (0.5+ FTE) employees ranging from vacation accrual upon date of hire; a dual sickness and disability benefit program; eligibility for health insurance the first of the month following thirty (30) days of service with choice of a PPO Plan or High Deductible Health Plan (with optional participation in a Health Savings Account) – both plans are contributory and cover the employee and his/her family; fully paid dental insurance covering the employee and his/her family, with eligibility the first of the month following six (6) months of service; a dual pension system comprised of the Wisconsin Retirement Fund* and Federal Social Security (both of which are contributory); a fully paid life insurance program* with coverage in the amount of the employee's annual salary adjusted to the next highest one thousand dollars, with the option for additional coverage; an educational reimbursement plan for the pursuit of job related courses; and voluntary benefit programs consisting of Section 125: Flexible Benefits for Dependent Care and Medical Reimbursement, Section 457: Deferred Compensation, Treasury Direct Payroll Savings Plan for Savings Bonds, Employee Assistance Program (EAP), and Employee Wellness Program.

*The Wisconsin Retirement Fund and Life Insurance Program benefits are provided according to plan guidelines of the State of Wisconsin Department of Employee Trust Funds.

The City is self-insured for its health, dental, and worker's compensation programs, and carries specific and aggregate health insurance stop loss coverage.

The City's plan year for health, dental, Section 125, and HSA offerings, is March to February.

The City provides health care benefits to more than 2,200 active employees and retirees (Medicare eligible and non-Medicare eligible), including eligible spouses and dependents. The retiree program offering is an involved program covering multiple benefit offerings based on an employee's years of service and employment group/category.

The City offers two (2) dental plan benefit programs to its active employees and their eligible spouses and dependents; eligible retirees are offered COBRA coverage.

Refer to Exhibits A-G for further details on the current benefit offerings, vendors, insurance rates, and other relevant information.

City of West Allis

II. Cost of Information Preparation

The costs of developing and submitting a proposal, discussions required to clarify items related to the proposal, and/or future interviews is entirely the responsibility of the applicant. All proposals and other information provided to the City becomes the property of the City. The City reserves the right to use such proposals and other material or information and any of the ideas presented therein without cost to the City.

III. Qualifications

Demonstrate and provide evidence of significant knowledge and experience in providing Employee Benefit Consulting Services.

IV. Scope of Work

- A. Provide ongoing assistance in formulating benefit plan objectives and analyzing existing plan design; review market trends; recommend plan design changes and conduct cost analyses.
- B. Generate reports and analyze health and dental benefit utilization.
 1. Obtain detail of actual experience from Anthem for period March 1, 2016 to present.
 2. Compare actual experience to normative data for the period of March 1, 2016 through February 28, 2017 for comparable plan level and population characteristics.
 3. Analyze areas of high utilization.
 4. Provide ongoing monthly, quarterly and annual utilization reports. Prepare comparisons to same period in previous years. Prepare trend analysis.
 5. Perform annual medical individual and aggregate stop loss RFP and analysis.
 6. Provide Wellness Program analysis.
- C. Prepare comprehensive written recommendations for changes projected to reduce the cost of health and dental benefits. Specifically address economic and human impact projections.
 1. Recommend change options for plan design with significant focus on number three (#3) above.
 - a. Consider multiple tier health, drug, and dental plan designs.
 - b. Consider revised levels of co-pays, office visit charges, and other out-of-pocket employee contributions.
 - c. Consider revised levels of premium share contributions for active employees and retirees.
 - d. Consider and recommend retiree program changes.
 - e. Consider and recommend Wellness Program updates which will assist in mitigating number three (#3) above.
 2. Recommend changes in service provider(s).
 3. Recommend changes in underwriting structure.
 4. Identify opportunities to obtain lower cost, same level services.
 5. Compute price of existing plan on a fully insured basis.

City of West Allis

6. Consider managed care options. Provide network match and employee disruption analysis.
 7. Recommend any other proven or innovative modification which may result in reducing the costs to the employer.
- D. Meet with management and employee representatives, as requested, to gain understanding of local requirements; provide educational and analytical services; explain written reports; provide benefit trend and strategic guidance.
1. Meet with management representatives monthly to review trends and claims.
 2. Participate in labor/management meetings as a resource to management or to explore plan design alternatives.
 3. Attend employee meetings as a resource to management; e.g. open enrollment.
 4. Assist in the creation of a strategic plan for benefits and outcomes based wellness programs.
 5. Attend Council and Committee meetings to provide information, recommendations, etc.
- E. Calculate annual funding levels for self-insured benefit plans, with specific attention to the retiree program (i.e., addressing OPEB Liability).
- F. Prepare proposal specifications, evaluate responses and assist in competitive selection process for third party suppliers, including third party administrators, underwriters of insured plans, underwriters of stop loss insurance, audit services for financial administration and claims control performance by service providers, PPO networks and drug networks.
- G. Assist with problem resolution between employer and contracted service providers.
- H. Provide employee oriented communication materials for ongoing educational purposes.
- I. Provide ongoing State and Federal legislative updates relating to the insurance industry, e.g. COBRA, HIPAA and FMLA and assist the City with legal compliance.
- J. Assist in the coordination of the annual Open Enrollment process for Health, Dental, Section 125, and HSA.
- K. Coordinate interaction between various internal and external databases to ensure reduction of manual processes.
- L. Provide suggestions for, and assist in implementation of, digital/electronic solutions to modernize and improve efficiencies of benefit administration and to provide an annual total rewards statement for employees.
- M. Provide proactive client services, including quality responsiveness to inquiries and requests for assistance.
- N. Create and establish performance oriented contracts with vendors that hold them accountable for the quality of services provided.
- O. Provide for an efficient transition from one service provider to another as per (C)(2) above and also, if applicable, from one benefit consultant to another.

City of West Allis

V. Proposal Contents and Format

In order to be considered as a qualifying proposal, the following information is required. Each submittal should include the items listed below. However, the organization may include additional materials as appropriate.

- A. Six (6) hard copies of the proposal shall be mailed to: Finance Department, City of West Allis, 7525 W. Greenfield Avenue, West Allis, WI 53214, and one (1) electronic copy shall be transmitted in pdf format emailed to purchasing@westalliswi.gov.
- B. An officer who is authorized to execute legal documents on behalf of the organization shall sign the proposal.
- C. Information within the proposal should be clearly marked and formatted with the following sections:
 1. Executive Summary: Provide an overview of the proposed services, your organization and its ability to be able to provide the services proposed.
 2. Detailed Information – Response Requested: Please respond to the following statements:
 - Provide a description of your firm (size, location, staffing level, longevity, etc.).
 - Explain the qualifications of the team members that will be assigned to this engagement. Also, identify the project manager who will be responsible for the engagement.
 - Detail your firm's experience on similar engagements; please include a summary describing three (3) similar and relevant past projects managed by the project manager to be assigned to the City of West Allis. These examples should include a brief summary of each project and results achieved.
 - Explain your firm's approach to successfully providing these services, including what you see as your role, and how you communicate with the City.
 - Explain your expectations for the City and its staff as it relates to your ability to successfully provide consulting services on the City's benefit offerings.
 - Please identify specialized computer software packages and other technology tools used to service your clients.
 - Describe, in detail, your firm's data analysis process including the methods and strategies you employ and the type of reports and forms that can be expected by the City as part of this engagement.
 - Explain your experience with, and knowledge of, the health and dental providers utilized by the City.
 - Provide examples of past recommendations for plan design related to cost containment. State projected outcomes as well as actual experience.
 - Explain levels and types of service provider audits which you have recommended for existing clients.
 - Discuss your experience with self-funded clients compared to fully insured clients.
 3. Agent/Broker: If proposing firm is an agent or broker, please provide the following information:
 - Furnish a list of insurance companies, third party administrators, and other providers for which the consultant is an authorized agent or broker.

City of West Allis

- Under this arrangement, the City will require full disclosure of all fees, commissions and any other payments made to the consultant by the providers). State how commission receipts will offset fees for consulting services.
 - What is the commission structure on booked business?
 - On brokered contracts for TPA, stop loss, or insured managed care, what portion of the commission is returned to the City as a commission split for these amounts in excess of compensation for services?
 - If brokered, are any markets (companies) excluded or put at a financial disadvantage by the nature of exclusive brokered contracts versus an independent relationship?
4. References: Provide a minimum of five (5) municipal references, for similar size organizations with similar offerings, including the name of person(s) who may be contacted, title of the person, mailing address, email address and phone number. Please include references for the specific project manager who will be assigned to the City of West Allis
5. Appendix/Portfolio: Proposing firms may provide a portfolio of work, either as an attachment or via web link, to highlight the organization's past work as it applies to these proposed services. This section may also be used to provide any additional information regarding the firm's additional qualifications or methods relevant to these services. Please identify the project manager for each sample portfolio of work provided.
6. Cost Summary: A detailed cost for services broken into product and service costs. Also provide any and all other costs pertinent to the Scope of Work required for this project. Proposals shall clearly list the fee for each year of the proposed contract, on a monthly basis, in a not-to-exceed sum to include all of the firm's costs including but not limited to: labor, materials, supplies, equipment, transportation costs, meals, lodging, computer software, etc. All expense reimbursements will be the responsibility of the firm.
7. Additional Services: The proposing firm will be allowed to propose additional services offerings as part of an alternate quote. However, the basic proposal must include all stated requirements listed herein.
8. All work shall be accomplished in accordance with the provisions of the laws of the State of Wisconsin.

VI. EVALUATION AND SELECTION PROCESS

RATING CRITERIA

- a. Experience and successes in providing Employee Benefit Consulting Services to similar organizations
- b. Skill, ability and capacity to perform the specific scope of services required
- c. Quality of proposal and format
- d. Proposed methodology, best practices utilized, and strategies employed
- e. Additional resources offered / provided
- f. Overall impression
- g. Price

The City of West Allis reserves the right to reject any and all proposals for any reason at its sole discretion and to negotiate the terms and conditions of the eventual contract with the consultant awarded the project. The consultant to whom the contract is awarded will be notified as early as possible.

City of West Allis

Section III - INSURANCE REQUIREMENTS FOR CONSULTANTS

A. INSURANCE REQUIRED

Consultants shall purchase and maintain for the duration of the contract as required by the City or by Law, insurance indemnifying against claims, suits, personal injury, bodily injury to persons, or damage to property which arises from, or in connection with the performance of the work hereunder by the Consultant. Some contracts may require Completed Operations, Professional Liability or other insurance beyond the contract term.

Any deductibles or self-insured retentions shall be identified to the City; those which exceed \$10,000 must be declared to and approved by the City. The City may require a review of the latest audited financial statements of the Consultant. At the option of the City, the insurer shall not reduce or eliminate such deductibles or self-insured retentions as respects the City, its officers, employees, agents and volunteers; or the Consultant shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defenses expenses.

All required insurance under this Contract is to be placed with insurers with a Best's rating of no less than A-VII. Said carriers to be admitted status with the State of Wisconsin, unless otherwise approved in advance by the City. The City reserves the right to approve non-admitted carriers with a Best's rating of no less than AX.

Work shall not be commenced under the Contract until all insurance required under this paragraph has been obtained and evidence thereof in the form of certificates, with original endorsements effecting coverage, are filed with and approved by the City. The City reserves the right to require complete, certified copies of all required insurance policies upon the filing of a claim or lawsuit where the insurer denies coverage.

The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be on forms approved by the City. For Workers' Compensation-related risks, only forms approved by the Insurance Commissioner are to be used.

Consultant shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages shall be subject to all of the insurance requirements that are applicable to the Consultant. No subcontractor shall be permitted to commence work until all required coverages have been obtained and certificates and endorsements thereof are filed with the City.

If any part of a loss is not covered because of the application of a deductible or retention, said loss shall be borne by the general Consultant and not the City. Failure to maintain the required insurance may result in termination of this Contract at the option of the City.

B. GENERAL ENDORSEMENTS

The protection afforded by the required insurance policies under this Contract shall include, but shall not be limited to, the following:

1. Occurrence Based Policies. All required Liability insurance under this Contract shall be written on an "occurrence" form, except separately approved Professional Liability Policies.
2. Representation of Coverage Adequacy. By requiring insurance for this Contract, the City does not represent or warrant that coverage and limits will be adequate to protect the Consultant, subcontractor, their agents or any project engineer.
3. Cross-Liability Coverage. If the Consultant's liability policies do not contain the standard ISO separation of insureds provision, or a substantially similar clause, they shall be endorsed to provide cross-liability coverage.

City of West Allis

4. Cancellation. The policy shall not be suspended, voided, canceled, reduced in coverage or in limits except after at least thirty (30) days prior written notice has been given to the City.
5. Additional Insureds. The City, its officers (elected and appointed), employees, agents and volunteers must be named as additional insureds as their interests may appear on the Consultant's liability insurance policies, which insure the City up to the required limits. Additional insured status shall be endorsed onto the respective insurance policy by the appropriate ISO Endorsement Form approved by the City and executed by duly authorized agents of said carrier.
6. Primary Insurance. Consultant's insurance shall provide primary insurance to the City, to the exclusion of any other insurance or self-insurance programs the City may carry. Any insurance or self-insurance maintained by the City shall be excess of the Consultant's insurance and shall not contribute to it.
7. Waiver of Subrogation. Consultant waives all rights against the City, its officers, employees, agents and volunteers for recovery of damages to the extent these damages are covered by the insurance the Consultant is required to carry pursuant to this Contract.
8. Reporting. Failure to comply with any insurance policy reporting provisions shall not affect coverage provided to the City.
9. Cross Liability. The required insurance coverages shall apply separately to each insured against whom claim is made or suit brought, except with respect to the limits of the insurer's liability.
10. Indemnification. The policies shall contain an acknowledgement by the underwriters that the Consultant shall indemnify and save harmless the City against any and all claims resulting from the wrongful or negligent acts or omissions of the Consultant or other parties acting on its behalf under the Contract to which the insurance applies; and that the hold harmless assumption on the part of the Consultant shall include all reasonable costs necessary to defend a lawsuit including actual reasonable attorney fees.

C. MINIMUM LIMITS AND OTHER PROVISIONS

1. **WORKER'S COMPENSATION INSURANCE.**
Wisconsin statutory limits for all employees of the bidder to whom the award is made.

All subcontractors and material men shall furnish to the Consultant and the City certificates of similar insurance for all of their respective employees, unless such employees are covered by the protection afforded by the Consultant.
2. **GENERAL LIABILITY INSURANCE.**
Contractor shall maintain, and a Certificate of Insurance shall be furnished for Worker's Compensation, Comprehensive General Liability, including Contractual Liability, and Automobile Liability insurance for any claims that may arise from operations under this contract in the following amounts:

Bodily Injury	\$1,000,000	each occurrence
	1,000,000	aggregate
Property Damage	500,000	each occurrence
	500,000	aggregate
Automobile Liability	1,000,000	each accident
Worker's compensation		per State Statute

Certificates of insurance, in a form satisfactory to the City Attorney, shall be filed with the City and shall provide 30 days' notice of cancellation.
3. **BUSINESS AUTOMOBILE LIABILITY INSURANCE.**

City of West Allis

- a. Coverage. Coverage must be as broad as CA 00 01 Ed. 1992) - Occurrence Form Code No. 1, "any auto".

Comprehensive Coverage for all Owned, Non-Owned or Hired Motor Vehicles driven by the employees of the Consultant or Subcontractors, including vehicles and equipment owned by the City if used exclusively for the project.

Uninsured or Underinsured Motorists Liability Coverage at full policy limits.

- b. Minimum Limits of Liability:
Minimum Limits are the same as specifications for General Liability Insurance.

4. PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS COVERAGE

- a. Coverage. Standard form; coverage provided on a claims-made basis with at least one year extended reporting period; to include all liability assumed by the Consultant for the Project.
- b. Minimum Limits of Liability:
Minimum \$1 Million (project specific).

City of West Allis

SECTION IV – SAMPLE OF CITY OF WEST ALLIS PROFESSIONAL SERVICES AGREEMENT

CITY OF WEST ALLIS
DEPARTMENT OF XXXXXX
GENERAL CONDITIONS OF AGREEMENT FOR
PROFESSIONAL SERVICES

CONSULTANT:

PROJECT:

1.01 BASIC SERVICES

- A. Basic Services of CONSULTANT to be provided under this AGREEMENT are listed in the Scope of Services, attached hereto and made a part of this Agreement by reference.
- B. Payment for Basic Services shall be made in accordance with Section 3 of this Agreement.

2.01 SERVICES REQUIRING AUTHORIZATION IN ADVANCE

- A. Those services listed in the Scope of Services but not identified in Section 1 of this AGREEMENT may be requested by the DEPARTMENT to complete the work, are considered additional services. The DEPARTMENT may request CONSULTANT at a future date to perform any or all of these services by a written authorization to proceed with the Additional Service(s). The written authorization to proceed shall become an Amendment to the Agreement.
- B. Payment for the Additional Service(s) shall be in accordance with Section 3 of this AGREEMENT.

3.01 BASIC SERVICES

- A. DEPARTMENT shall pay CONSULTANT for Basic Services rendered under Section 1 on the basis of CONSULTANT'S Hourly Rate, plus Reimbursable Expenses and Services of Professional Associates and other Consultants as defined in this Section 3.
- B. CONSULTANT estimates that the total cost required to perform Basic Services as enumerated in Section 1 will not exceed _____ Dollars (\$_____).

Given the assumptions which must be made, the DEPARTMENT recognizes that the CONSULTANT cannot guarantee the complete accuracy of its estimate of total cost, and, therefore waives any claim against CONSULTANT in this regard, except to the extent that any cost overrun can be attributable to fraudulent conduct, bad faith or inexcusable ignorance or incompetence.

City of West Allis

3.02 ADDITIONAL SERVICES

DEPARTMENT shall pay CONSULTANT for Additional Services rendered under Section 2 as follows:

1. For Additional Services of CONSULTANT'S principals and employees engaged directly on the Project and rendered pursuant to Section 2, on the basis of CONSULTANT'S Hourly Rate.
2. For services and Reimbursable Expenses of independent Professional Associates and Consultants employed by CONSULTANT to render Additional services pursuant to Section 2, the amount billed to CONSULTANT therefore.

3.03 REIMBURSABLE EXPENSES

- A. As used in this Agreement Reimbursable Expenses mean the actual expense incurred by CONSULTANT or its independent Professional Associates or Consultants, directly or indirectly in connection with the Project, such as expenses for: toll telephone calls and express mailings, reproduction of reports, drawings, specifications, bidding documents, laboratory tests and similar Project-related items in addition to those required under Section 1; and, if authorized in advance by the DEPARTMENT, overtime work requiring higher than regular rates.
- B. The Reimbursable Expenses for Basic Services are as set forth in the Consultant's Hourly Rates attached hereto and made a part of this Agreement.

3.04 HOURLY RATES.

As used in this Agreement hourly rates used as a basis for payment mean salaries and wages (basic and incentive) paid to all CONSULTANT'S personnel engaged directly on the Project, including but not limited to other technical and business personnel as set forth in the Consultant's Hourly Rates.

3.05 TIME OF PAYMENT

CONSULTANT shall submit monthly statements on or before the twentieth of the month for Basic and Additional Services rendered and for Reimbursable Expenses incurred. The DEPARTMENT shall make prompt payment on or before the twentieth of the month following the date of the CONSULTANT monthly statement.

4.01 COMMENCEMENT OF WORK

- A. CONSULTANT shall commence the work to be performed under this Agreement upon receipt of a written Work Order or verbal authorization to proceed from the DEPARTMENT. Each Work Order or verbal authorization shall define by task(s) the scope of services to be performed. Verbal authorizations shall be followed up with written Work Orders.
- B. Additional services shall be commenced at within the time agreed to between the CONSULTANT and the DEPARTMENT at the time such services are authorized.
- C. The DEPARTMENT shall not be liable to CONSULTANT and/or any of its independent Professional Associates and Consultants and/or subcontractors for claims or damages

City of West Allis

or monetary claims of any nature caused by or arising out of delays from any cause whatsoever, including but not limited to any time which may be specified for the notice to proceed under this Agreement. The sole remedy against the DEPARTMENT for delays shall be the allowance to claimant of additional time for completion of work, the amount thereof to be reasonable as determined by the DEPARTMENT.

4.02 COMPLETION OF WORK

- A. CONSULTANT shall complete the work to be performed under this Agreement within the time specified in the Scope of Services, or if none is specified, then within a reasonable time for the type of work involved.
- B. Additional services shall be completed within the time agreed to between the CONSULTANT and the DEPARTMENT at the time such services are authorized.

5.01 APPLICABLE LAW

This AGREEMENT shall be governed by the laws of the State of Wisconsin and venue for any action concerning this Agreement shall be in Milwaukee County, Wisconsin. The CONSULTANT shall at all times comply with all federal, state and local laws, ordinances and regulations in effect during the period of this AGREEMENT.

6.01 APPROVALS OR INSPECTIONS

None of the approvals or inspections performed by the DEPARTMENT shall be construed or implied to relieve the CONSULTANT from any duty or responsibility it has for its professional performance, unless the DEPARTMENT formally assumes such responsibility through a letter from the DEPARTMENT expressly stating that the responsibility has been assumed.

7.01 DISPUTE RESOLUTION

In the event a dispute arises under this agreement, which is not resolvable through informal means, the parties agree to submit the dispute to the following resolution mechanism prior to pursuing other available legal remedies. Upon receipt of a written request by either party to utilize this provision each party shall have five working days to notify the other as to the name and address of the person designated to hear the dispute for that party. Upon designation of the dispute resolution representatives, those persons shall have ten working days to appoint a mutually acceptable third person to hear the dispute, and to agree on a time and location to hear the matter in dispute. The representatives shall jointly determine the procedure to be used for gathering information and hearing the dispute. Binding mediation or arbitration shall not be chosen as a dispute resolution method.

8.01 ASSIGNMENT

Neither this AGREEMENT nor any right or duty, in whole or in part, of the CONSULTANT under this AGREEMENT may be assigned, delegated or subcontracted without the written consent of the DEPARTMENT.

Nothing under this AGREEMENT shall be construed to give any rights or benefits in this AGREEMENT to anyone other than the DEPARTMENT and the CONSULTANT, and all duties and responsibilities undertaken pursuant to this AGREEMENT will be for the sole

City of West Allis

and exclusive benefit of the DEPARTMENT and the CONSULTANT and not for the benefit of any of any other party.

9.01 CANCELLATION; TERMINATION

- A. The DEPARTMENT reserves the right to cancel this AGREEMENT in whole or in part, without penalty, due to non-appropriation of funds or for failure of the CONSULTANT to comply with terms, conditions, or specifications of this AGREEMENT.
- B. The DEPARTMENT may terminate this AGREEMENT for any reason at any time upon not less than 10 days' written notice to the CONSULTANT.
- C. In the event of termination the DEPARTMENT shall pay the CONSULTANT for that portion of the work satisfactorily performed prior to the date of termination.
- D. If this AGREEMENT is cancelled or terminated by the DEPARTMENT for reasons other than the failure of the CONSULTANT to comply with terms, conditions or specifications of this AGREEMENT, the CONSULTANT shall also be entitled to reasonable cancellation or termination costs relating to costs incurred by the CONSULTANT for commitments, which had become firm prior to the cancellation or termination.
- E. Upon cancellation or termination under PARAGRAPH A. or B., above, the CONSULTANT shall promptly discontinue all affected work (unless the notice of termination directs otherwise), and deliver or otherwise make available to the DEPARTMENT all data, drawings, specifications, reports, estimates, summaries and such other information and materials as may have been accumulated by the CONSULTANT in performing this AGREEMENT, whether completed or in progress.
- F. If any undisputed invoice shall not be paid within the payment terms of this AGREEMENT, CONSULTANT shall have the right, after giving seven (7) days written notice, to suspend all Services on the project until all accounts have been paid. If any overdue invoice shall not be paid within forty-five (45) calendar days after the date of the invoice, CONSULTANT shall have the right to terminate this AGREEMENT.

10.01 DISCLOSURE

If a city official (as defined under section 3.02(l) of the Revised Municipal Code of the City of West Allis), a member of official's immediate family, or any organization in which a city official or a member of the official's immediate family owns or controls a ten percent (10%) interest, is a party to this AGREEMENT, and if this AGREEMENT involves payment of more than three thousand dollars (\$3,000) within a twelve (12) month period, this AGREEMENT is voidable by the City unless appropriate disclosure is made according to section 3.5 of the Revised Municipal Code, before signing the AGREEMENT. Disclosures shall be made to the Ethics Board of the City of West Allis, 7525 West Greenfield Avenue, West Allis, Wisconsin 53214 (Telephone 414-302-8200).

11.01 ENTIRE AGREEMENT; AMENDMENTS

This AGREEMENT, together with the specifications in the proposal and referenced parts and attachments, shall constitute the entire agreement between the parties and previous communications or agreements pertaining to the subject matter of this AGREEMENT are hereby superseded. Any contractual revisions including cost adjustments and time

City of West Allis

extensions may be made only by a written amendment to this AGREEMENT, signed by both parties prior to the ending date of this AGREEMENT.

12.01 FORCE MAJEURE

No party shall be responsible to the other party for any resulting losses and it shall not be a default of this Agreement if the fulfillment of any of the terms of this Agreement is delayed or prevented by revolutions or other civil disorders, wars, acts of enemies, strikes, fires, floods, acts of God, unusual adverse weather conditions, or by any other cause not within the control of the party whose performance was interfered with and which by the exercise of reasonable diligence such party is unable to prevent, whether of the class of enumerate causes or not, and the time for performance shall be extended by the period of delay occasioned by any such cause. Upon the occurrence of a force majeure, written notice to the other party shall be given as herein provided. If the period of non-performance exceeds thirty (30) days from the receipt of the notice, the party whose ability to perform has not been so affected may, by written notice, terminate this Agreement.

13.01 INDEMNIFICATION; LIABILITY

A. To the fullest extent allowable by law, Consultant hereby indemnifies and shall defend and hold harmless the City of West Allis, its elected and appointed officials, officers, employees or authorized representatives or volunteers and each of them from and against any and all suits, actions, legal or administrative proceedings, claims demands, damages, liabilities, interest, attorneys' fees, costs, and expenses of whatsoever kind or nature whether arising before, during, or after completion of the work hereunder and in any manner directly or indirectly caused, occasioned, or contributed to in whole or in part or claimed to be caused, occasioned, or contributed to in whole or in part, by reason of any act, omission, fault, or negligence, whether active or passive, of Consultant or of anyone acting under its direction or control or on its behalf in connection with or incident to the performance of this Agreement. Consultant's aforesaid indemnity and hold harmless agreement shall not be applicable to any liability caused by the sole fault, sole negligence, or willful misconduct of the City of West Allis, or its elected and appointed officials, officers, employees or authorized representatives or volunteers. This indemnity provision shall survive the termination or expiration of this Agreement.

In any and all claims against the City of West Allis, its elected and appointed officials, officers, employees or authorized representatives or volunteers by an employee of Consultant, any subcontractor, or anyone for whose acts any of them may be liable, the indemnification obligation under this paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Consultant or any subcontractor under worker's compensation, disability benefit, or other employee benefit laws.

No provision of this indemnification clause shall give rise to any duties not otherwise provided for by this Agreement or by operation of law. No provision of this indemnity clause shall be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity that would otherwise exist as to the City of West Allis, its elected and appointed officials, officers, employees or authorized representatives or volunteers

City of West Allis

under this or any other contract. This clause is to be read in conjunction with all other indemnity provisions contained in this Agreement. Any conflict or ambiguity arising between any indemnity provisions in this Agreement shall be construed in favor of indemnified parties except when such interpretation would violate the laws of the state in which the job site is located.

Consultant shall reimburse the City of West Allis, its elected and appointed officials, officers, employees or authorized representatives or volunteers for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided. Consultant's obligation to indemnify shall not be restricted to insurance proceeds, if any received by the City of West Allis, its elected and appointed officials, officers, employees or authorized representatives or volunteers.

- B. DEPARTMENT agrees to indemnify, defend and hold harmless CONSULTANT and its subcontractors, consultants, agents, directors, and employees from and against all claims, suits, damages, and losses, including, but not limited to, those claims, suits, damages, or losses caused or arising out of, relating to, or based upon: 1) the acts, omissions, or other conduct of DEPARTMENT; and [2) the actual or threatened dispersal, discharge, escape, release, or saturation of smoke, vapors, soot, fumes acids, alkalis, toxic chemicals, liquids, gases, or any other materials, irritants, contaminants, or pollutants in or into the atmosphere or on, onto, upon, in or into the surface or subsurface of soil, water or water course, objects, or any tangible or intangible matter, whether abated or not; except to the extent that such damage or loss is caused by the negligent acts or willful misconduct of CONSULTANT or its agents, officers, directors, or employees.] [For environmental services only.]

14.01 INDEPENDENT CONTRACTOR

The DEPARTMENT agrees that the CONSULTANT shall have sole control of the method, hours worked, and time and manner of any performance under this AGREEMENT other than as specifically provided herein. The DEPARTMENT reserves the right only to inspect the job site or premises for the purpose of insuring that the performance is progressing or has been completed in compliance with the AGREEMENT. The DEPARTMENT takes no responsibility for supervision or direction of the performance of the AGREEMENT to be performed by the CONSULTANT or the CONSULTANT'S employees or agents. The DEPARTMENT further agrees that it will exercise no control over the selection and dismissal of the CONSULTANT'S employees or agents.

15.01 REPORT AND DOCUMENTATION REQUIREMENTS

- A. The CONSULTANT'S invoices will be reduced by the sums set forth below for each week that the CONSULTANT fails to submit a report or document required under this AGREEMENT'S time schedule unless the DEPARTMENT determines that such delay is attributable to a force majeure as defined in SECTION 8., above. These reductions shall accrue in the amount of 5% of the Work Order for the first week and 10% of the Work Order for each week thereafter, for each report or document, which is overdue.
- B. Assessment of reductions under this SECTION does not preclude the DEPARTMENT from pursuing any other remedies or sanctions because of the CONSULTANT'S failure to comply with any of the terms of this AGREEMENT, including a suit to enforce the terms of this AGREEMENT.

City of West Allis

- C. With respect to any individual failure to submit a report or document required under this AGREEMENT'S time schedule, the DEPARTMENT may at its sole discretion, in whole or in part, waive its right to penalties otherwise due under this SECTION.

16.01 NO WAIVER OF CONDITIONS

The failure of either party to insist on strict performance of this AGREEMENT does not constitute a waiver of any of the provisions of this AGREEMENT or a waiver of any default of the other party.

17.01 OWNERSHIP OF DOCUMENTS

- A. Upon completion of the services provided for in this AGREEMENT, or upon payment for services as provided for in SECTION 5., all reports, specifications, charts, sketches, drawings and other documents, whether finished or not, shall become the property of the DEPARTMENT.

- B. CONSULTANT shall retain one copy of all documents for its file. Any documents generated by CONSULTANT used by the DEPARTMENT beyond the intended purpose shall be at the sole risk of the DEPARTMENT, unless otherwise agreed upon by CONSULTANT in writing. To the fullest extent permitted by law, DEPARTMENT shall indemnify, defend and hold harmless CONSULTANT, its subcontractors, consultants, officers, directors, employees and agents, for any loss or damages arising out of the unauthorized use of such documents by the DEPARTMENT.

18.01 OWNERSHIP OF WASTES [Environmental Contract Only]

The DEPARTMENT acknowledges that the CONSULTANT is not, by virtue of this AGREEMENT, the owner or generator of any waste materials generated as a result of the services performed by the CONSULTANT under this AGREEMENT.

19.01. PERIOD OF AGREEMENT

This AGREEMENT shall commence upon its signing by both parties and shall follow the schedule developed herein, during which period all performance as described in this AGREEMENT shall be fully completed to the satisfaction of the DEPARTMENT.

20.01 RELEASE OF INFORMATION

The CONSULTANT may not issue press releases or provide information to any third party regarding the Project without the prior written approval of the DEPARTMENT, except as required by Federal or State regulations, or court order.

21.01 SAFETY

The CONSULTANT shall initiate, maintain and provide supervision of safety precautions and programs for CONSULTANT'S own employees, and shall require its subcontractors or sub-consultants to comply with state and local safety laws and regulations in connection with its services. However, the CONSULTANT is not responsible for the elimination or abatement of safety hazards created or otherwise resulting from work at the project site carried on by other persons or firms directly employed by the DEPARTMENT as separate

City of West Allis

consultants or contractors. The DEPARTMENT agrees to require any such separate consultants or contractors to comply with federal, state and local safety laws and regulations and to comply with all reasonable requests and directions of the CONSULTANT for the elimination or abatement of any safety hazards at the project site.

22.01 SITE ACCESS; DATA

- A. Unless the Scope of Work provides otherwise, the DEPARTMENT shall obtain or provide reasonable access for the CONSULTANT to the project site when necessary and at any reasonable time requested.
- B. The DEPARTMENT shall attempt to provide the CONSULTANT with all relevant data and information in its possession regarding the project site. However, in providing such data and information, the DEPARTMENT or the CONSULTANT assumes no responsibility for its accuracy, reliability or completeness.

23.01 STANDARD OF PERFORMANCE

The CONSULTANT'S services shall be performed with the usual thoroughness, skill and competence of the consulting profession, in accordance with the standard for professional services prevailing at the time those services are rendered.

24.01 SURVIVAL

These General Terms and Conditions shall survive the completion of the services under this AGREEMENT and the termination of this AGREEMENT for any cause.

25.01 SUCCESSORS AND ASSIGNS

The DEPARTMENT and the CONSULTANT each bind themselves, their partners, successors, assigns and legal representatives to the other party to this AGREEMENT and to the partners, successors, assigns and legal representatives of the other party with respect to all covenants of this AGREEMENT.

26.01 TITLES

The headings or titles of SECTIONS of this AGREEMENT are used for convenience and ease of reference and are not intended to limit the scope or intent of the SECTIONS.

27.01 ACCESS TO RECORDS

- A. The CONSULTANT and subcontractors to the CONSULTANT if any, agree to maintain for inspection by the DEPARTMENT all books, documents, papers, accounting records and other evidence pertaining to all costs incurred under this AGREEMENT and to make such materials available at their respective offices at all reasonable times during the life of the AGREEMENT and for three (3) years from the date of final payment under the AGREEMENT, and to furnish copies thereof if requested.
- B. If more than a nominal number of copies are requested, the additional copies shall be furnished at the expense of the DEPARTMENT.

City of West Allis

28.01 ERRORS AND OMISSIONS

The CONSULTANT shall be responsible for the accuracy of the work performed by the CONSULTANT under the AGREEMENT, and shall promptly make necessary revisions or corrections resulting from its negligent acts, errors or omissions without additional compensation.

29.01 CONFLICT OF INTEREST

- A. The CONSULTANT warrants it has no public or private interest, and shall not knowingly acquire directly or indirectly any such interest, which would conflict in any manner with the performance of the work under the AGREEMENT.
- B. The CONSULTANT shall not employ any person employed by the DEPARTMENT for any work included under the provisions of the AGREEMENT.

APPENDIX
Exhibit A

**CITY OF WEST ALLIS, WISCONSIN
EMPLOYEE BENEFITS
EXECUTIVE, MANAGERIAL, DEPUTY/ASSISTANT,
SUPERVISORY, PROFESSIONAL, CONFIDENTIAL, AND MUNICIPAL EMPLOYEE SERVICE
Revised January, 2017**

NOTE: Benefits for regular part-time employees holding a minimum of 0.5 FTE budgeted position are prorated based on FTE.

VACATION

Schedule:

- 10 working days (2 weeks) after one year of service
- 11 working days (2 weeks plus 1 day) after five years of service
- 16 working days (3 weeks plus 1 day) after eight years of service
- 19 working days (3 weeks plus 4 days) after twelve years
- 22 working days (4 weeks plus 2 days) after sixteen years of service
- 23 working days (4 weeks plus 3 days) after twenty years of service
- 24 working days (4 weeks plus 4 days) after twenty-one years of service
- 25 working days (5 weeks) after twenty-two years of service
- 26 working days (5 weeks plus 1 day) after twenty-three years of service
- 27 working days (5 weeks plus 2 days) after twenty-four years of service
- 28 working days (5 weeks plus 3 days) for twenty-five or more years of service

Vacation is accrued at the rate of 1/12 per month upon date of hire following the vacation schedule listed above. If hired on or before the 15th of the month, accrue 1/12 for that month; if hired after the 15th of the month, accrual begins the first of the month following hire date.

Prior to December 15 of any calendar year, an employee may request a one week carryover of vacation to the following year, which shall be used by May 1st of that year subject to Department Head approval and under the same constraints as any other vacation selection. Vacation time not taken off before the end of the year (or the carryover deadline of May 1st) will be lost.

SICKNESS DISABILITY

Sickness Disability Benefits in sickness or injury disability cases shall be granted to employees in accordance with the following schedule:

Full time (40 hours/week) employees shall accrue ten (10) hours per month up to 120 hours per year with total accumulation not to exceed 2080 hours or maximum of one year. If hired on or before the 15th of the month, accrue 1/12 for that month; if hired after the 15th of the month, accrual begins the first of the month following hire date.

HOLIDAY PAY

Total: 12 paid holidays

- o New Year's Day
- o Memorial Day
- o Independence Day
- o Labor Day
- o Thanksgiving Day
- o Day after Thanksgiving Day
- o Christmas Eve
- o Christmas Day
- o Four Random Days (Taken at the request of the employee, with approval of Department Head; If hired on or before the 15th of the month, accrue 1/12 for that month; if hired after the 15th of the month, accrual begins the first of the month following hire date.) Random time not used by the end of the year is lost.

HOLIDAY PAY (cont'd):

Non-represented protective service personnel* working a 5-2 schedule (i.e. Monday – Friday), shall receive an amount equal to 6.26% of their annual pay on or about December 1 of every year; in addition, said personnel shall receive time off with pay for the above named holidays (less the four random holidays) that fall on a scheduled work day. Those personnel* working a 4-2 schedule (Police) or 24 hour duty (Fire), shall receive 11 days of 8 hours each paid at time and one-half; however do not receive time off with pay for the above named holidays that fall on a scheduled work day. New employees and exiting employees will be compensated on a pro-rated basis computed on time worked during that calendar year.

*Police Classifications: Lieutenant, Captain, Deputy Chief, Chief

Fire Classifications: Battalion Chief, Fire Marshall (Assistant Chief), Training Officer (Assistant Chief), Assistant Chief
EMS, Deputy Chief, Chief

ARMED SERVICES RESERVE TRAINING

An employee suffers no pay loss for up to ten (10) days per calendar year for absence due to military training service, because the City contributes the difference where the service pay is less than the employee's regular salary upon presentation of satisfactory evidence relating to such service. The first ten (10) days of leave taken will be applied in the sequential date order the leave is used within the calendar year. Any compensation received must be paid to the City Treasurer.

JURY DUTY PAY DIFFERENTIAL

An employee suffers no pay loss for absence due to jury service because the City pays the full wages upon presentation of satisfactory evidence relating to such service. Any compensation received, exclusive of travel pay, must be paid to the City Treasurer.

FUNERAL LEAVE

Approved bereavement absences on regular work days are compensated as follows:

Spouse, Child (minor/adult), Mother, Father, Mother-in-law, Father-in-law – Maximum of 5 days paid absence.

Brother, Sister, Step-Parent, Step-Brother, Step-Sister, Step-Child (minor/adult) – Maximum of 3 days paid absence.

Grandparent, Grandchild, Aunt, Uncle, Brother-in-law, Sister-in-law, Son-in-law, Daughter-in-law – Maximum of one day paid absence.

Co-worker – Maximum of up to two (2) hours paid absence, subject to Department Head approval.

WORKER'S COMPENSATION, SUPPLEMENTAL PAY

The City of West Allis will pay 66-2/3% of base wages to employees who become eligible for weekly worker's compensation payments.

TUITION AID

Employees, if enrolled in a course at an accredited institution that is authorized to award an academic degree, are reimbursed for tuition costs, course materials, books, library fees, lab fees, and supplies to a maximum of \$1000 per calendar year. Employees must receive advance approval from both their Department Head and the Human Resources Director utilizing the Tuition Reimbursement Request Form as designated by the Human Resources Department. A grade "C" or equivalent is required. Time devoted to educational endeavors is not reimbursable unless specifically authorized by the department head and approved by the Human Resources Department.

HEALTH INSURANCE

Health insurance is effective the first of the month following thirty (30) days of employment at a cost of:

- 10% monthly premium share if participation in a City-sponsored Health Risk Assessment (HRA)*

Or

- 20% monthly premium share if no participation in a City-sponsored Health Risk Assessment (HRA)*

*The monthly premium share for regular part time employees holding a minimum of 0.5 FTE (full-time equivalent) budgeted position is prorated based on F.T.E. - contact Laurell Kohler of the Finance Department at x8246 for your monthly rate calculation.

Note: Employees hired on or after 4-1-08 must have 15 years of service with the City to qualify for retiree health insurance. The City will cease to provide retiree health insurance upon Medicare eligibility for employees hired on or after 4-1-08.

Refer to the *Health Benefit Summaries within your Orientation Booklet* for a description of basic benefit coverage. The Summaries describe the benefits in general terms; they are not intended to be a complete description of coverage.

DENTAL INSURANCE

Dental insurance is effective the first of the month following six (6) months of employment at no monthly premium cost to full-time employees*.

Maximum coverage per person, per plan year = \$1500.

*The monthly premium share for regular part time employees holding a minimum of 0.5 FTE (full-time equivalent) budgeted position is prorated based on F.T.E. - contact Laurell Kohler of the Finance Department at x8246 for your monthly rate calculation.

Refer to the *Dental Insurance Program Comparison* within your Orientation Booklet for a summary description of basic benefit coverage. The Comparison describes the benefit programs in general terms; it is not intended to be a complete description of coverage.

FLEXIBLE SPENDING ACCOUNT – SECTION 125

This voluntary benefit allows an employee to set aside money from his/her paycheck, before it is taxed, to pay for certain planned medical*, dental, vision or dependent care expenses. The money an employee elects to have deducted pre-tax is held in a Flexible Spending Account. After the employee and/or eligible spouse/dependent(s) incur(s) an eligible expense, a claim is submitted by the employee to the City's Section 125 third party administrator for processing. The employee will be reimbursed for the incurred expenses from his/her Flexible Spending Account.

Wages used in your Flexible Spending Account are not subject to federal, state or social security tax. Generally this could mean a potential tax savings of 25%-40% of the amount being set aside. The actual tax savings depends on your tax bracket. As a direct result of the personal tax savings, you will actually increase your spendable income by changing the payment of those expenses from an after-tax to a pre-tax basis. The City offers an annual open enrollment for the Flexible Spending Account as related to medical reimbursement and dependent care expenses.

*NOTE: If you choose to enroll in the City's High Deductible Health Plan option and enroll in a Medical HSA, you ARE NOT eligible to participate in a Medical FSA; however you may still be eligible to participate in a Dependent Care FSA.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is an individual savings account, similar to an IRA, that allows you to set money aside to pay for current and future medical expenses. The money you deposit into the account is not taxed, as long as you use it for qualified medical expenses.

This plan option is only available to employees who elect participation in the City's High Deductible Health Plan (HDHP). It is not available to individuals who participate in other health insurance [such as a spouse's non-HDHP plan or Medicare Parts A and/or B, Medicaid, Title 19], or are claimed as a dependent on someone else's tax return.

EMPLOYEE ASSISTANCE PROGRAM

The purpose of the Employee Assistance program is to help employees and their family members find healthy solutions for life, solutions that get results – quickly, conveniently and confidentially. If you or your family members need assistance beyond the scope of the EAP, you will be referred to appropriate resources. All information is confidential and will not jeopardize job security or promotional opportunities. For confidential help, call Aurora's Employee Assistance Program at 1-800-236-3231 and identify yourself as an employee of the City of West Allis; your family members may do the same. Aurora's goal is to insure that your use of the EAP will be convenient, timely and effective. For further information visit Aurora's website at www.Aurora.org/eap (password = westallis).

PENSION

A. Social Security/Wisconsin Retirement System (WRS):

1. Social Security – both the employee and the City pay 7.65% for 2017.
2. WRS* - per 2011 WI Acts 10 & 32, and 2013 WI Act 20:

Employees hired on or after 7-1-11 who work 1200 hours or more per year participate in an integrated pension system comprised of benefits from Social Security and the Wisconsin Retirement Fund* (WRS). **Note: If an individual first participated in the WRS prior to July 1, 2011, that individual would be evaluated under the old WRS eligibility standard of 600 hours per year.**

Employee pays the employee-required WRS pension contribution (6.8% for 2017) while the City pays the employer portion (6.8% for 2017); contributions are pre-tax for federal and state income tax purposes (FICA tax is unaffected). Employees must have WRS creditable service as follows before becoming eligible (vested) for either a formula or money purchase annuity benefit:

- If first participated in WRS prior to 7-1-11 and did not take a lump-sum payout: vesting is immediate.
- If first participated in WRS on or after 7-1-11: five (5) years of WRS creditable service

*The Wisconsin Retirement Fund (WRS) program benefits are provided according to plan guidelines of the State of Wisconsin Department of Employee Trust Funds. Law prohibits employees from opting out of the WRS.

B. Deferred Compensation Plan:

Employees have the opportunity to have a portion of their salary voluntarily invested in a deferred compensation program. This program provides a tax benefit for public employees, which helps them save more for retirement. Money invested is exempt from federal and state withholding taxes (FICA tax is unaffected). Any gains or losses are the investor's responsibility, not the City's.

C. Savings Bonds:

Another way to save for retirement is through the purchase of electronic Savings Bonds through payroll deduction. Employees make recurring purchases of electronic savings bonds by having money from each paycheck sent automatically to a TreasuryDirect account. The bi-weekly amount chosen is deducted after-tax from your pay. Employee participation is voluntary. Visit www.TreasuryDirect.gov for more information.

LIFE INSURANCE

- A. Basic Coverage: The City provides a paid basic life insurance policy with coverage in the amount of the employee's annual salary adjusted to the next highest one thousand dollars. Employee eligibility is effective the first of the month following 30 days of enrollment in the Wisconsin Retirement Fund* (WRS).
- B. Additional/Supplemental Coverage: Employees may enroll in the Additional (up to 3 units) and/or Supplemental Life Insurance coverage at their own expense. Each unit of Additional or the Supplemental coverage equals the Basic coverage. This cost will be automatically deducted from your payroll check on an after-tax basis once per month.
- C. Spouse and Dependent Coverage: Employees have the option to purchase Spouse and Dependent coverage (up to 2 units). This cost will be automatically deducted from your payroll check on an after-tax basis once per month.

1 unit = \$1.75 per month for \$10,000 spousal coverage and \$5,000 per dependent.

*The Wisconsin Retirement Fund (WRS) and Life Insurance program benefits are provided according to plan guidelines of the State of Wisconsin Department of Employee Trust Funds.

CLOTHING, TOOL, AND OTHER ALLOWANCES

The City will provide clothing, tool and other allowances to employees as deemed necessary and/or required for the performance of their position.

The City shall furnish prescription safety glasses to those employees requiring them for the safe performance of their duties.

As determined by the Department Head and included in their approved Department budget, the City shall pay the applicable certification, license, membership, etc., fee/cost for any employee who requires said certification, license, membership, etc., to perform the duties of their position.

Police Department

Parking Control Operators shall be paid an allowance of \$70.00 quarterly during March, June, September and December, or a total of \$280.00 annually, to be used for the maintenance and cleaning of all uniforms and/or work clothing.

An annual clothing allowance of \$400 is granted to the Police Chief. Other protective service Police Administrative staff are paid an allowance of \$140 semi-annually in March and September.

Health Department

Clothing Allowance: Community Health Nutritionists, Public Health Nurses I & II, and Public Health Specialists shall be paid \$10.00 per month, payable quarterly, as reimbursement for the cost of cleaning and maintenance of laboratory coats.

CLOTHING, TOOL, AND OTHER ALLOWANCES (cont'd):

Other Allowances: The City shall pay the Wisconsin Registered Nurse License renewal fee for all employees who submit their renewal notice to the Health Commissioner/designee by January 15 of the renewal year or as soon thereafter as possible as the employee receives the notice. Employees shall submit renewal certificates to the Health Commissioner/designee by March 1 of the renewal year or as soon thereafter as the employee receives the certificate. In no event will the City pay late fee charges.

Department of Public Works/Engineering

Clothing Allowance:

- The Fleet Services Division shall be provided 17 pairs of coveralls (5 changes per week). In January of each year these employees will be given the option of selecting either a coverall uniform or pants and shirt set for that calendar year;
- The Sanitation and Streets Division shall be provided 20 coveralls (2 changes per week); Maintenance Repairer coveralls will be personalized;
- The Water Division shall be provided 17 coveralls (weekly change);
- The Building and Electrical Services Division shall be provided 9 coveralls (weekly change) and 1 pair of painter's trousers, and 1 set (3 changes per week) of pants and shirts for Plumber;
- Refuse Collectors and Sewer Crews shall be provided gloves for use on the job;
- Maintenance Repairers and Maintainers assigned to the Street and Sewer Section shall be provided, as needed, but not more than 1 pair of overshoes per year;
- Arborists having 60 hours or more of on-the-job climbing in the previous calendar year, shall be provided a \$50.00 allowance per year towards the purchase of Arborist climbing boots upon presentation of a receipt specifying the purchase of climbing boots (the receipt being retained by the City).

Tool Allowance: A cash allowance will be paid annually to each employee using personally owned tools, in the following classifications:

- Equipment Mechanics: \$160.00;
- Carpenters: \$65;
- Maintenance Repairers, Fleet Services Division: \$55.

Other Allowances:

- The City shall pay the State registration fees for employees who qualify as Professional Engineers, and for up to two (2) Land Surveyors.
- The City shall pay the cost and renewal fee for a Commercial Driver's License (CDL) for those positions requiring a CDL. (This applies to the Safety and Training Coordinator assigned to the Public Works facilities.)

Department of Building Inspections and Neighborhood Services

Effective February 11, 2013, a Building, Plumbing and/or Electrical Inspector holding an additional State of Wisconsin Inspector Certification above and beyond the certifications required in their respective position description will be compensated \$520 per calendar year to be paid over 26 pay periods when approved in writing by the Director or Assistant Director of BINS. In addition, the City will pay for recertification, training, continuing education credits and other fees necessary for the maintenance of that Inspector Certification.

AUTOMOBILE ALLOWANCE

An employee whose position requires the use of their privately owned vehicle while discharging their duties for the City shall be reimbursed on a per mile basis in accordance with the federally approved IRS rate. Employees are required to submit a fully completed mileage reimbursement form as provided by the Finance Department (submittal to be at least bi-annually, preferably monthly). These forms are subject to audit. Each Department Head shall be responsible for ensuring the reasonableness of each mileage reimbursement form submitted by their department's employees.

In addition to the per mile reimbursement, certain positions (Finance Department maintains the listing of said employees in accordance with recommendations by a Department Head/Appointing Authority subject to approval of the Manager of Finance/Comptroller/City Treasurer) are eligible for a flat monthly rate of \$25. Engineering Department employees may be eligible for a flat monthly rate of either \$45 or \$70 depending upon their vehicle's exposure to abrasive conditions around construction sites. No reimbursement shall be paid for periods in excess of 90 consecutive calendar days of absence from work or inability to operate a privately owned vehicle on City business.

Employees receiving an automobile allowance must provide proof of insurance. Minimum acceptable liability insurance limits are \$100,000 per occurrence and \$300,000 per incident. In addition, uninsured motorists protection in the amount of \$25,000 and property damage coverage of \$25,000 is required. Acceptable proof of insurance must be provided to the Finance Department within fourteen (14) days of any request.

The Police Chief, Fire Chief and Assistant Fire Chiefs (4) are provided a vehicle for business purposes.

- All maintenance, operating, insurance and other expenses are the responsibility of the employee. It is the employee's responsibility to maintain their vehicle in such a manner as to ensure safe operation. The employee's insurance company shall be considered primary.
- If the employee's regular vehicle is out of service or otherwise unavailable, it is the employee's responsibility to provide an alternate vehicle.
- Motorcycles and/or mopeds are not acceptable and cannot be used under any circumstances to conduct City business and are not eligible for mileage reimbursement. All vehicles must be suitable for the use which employees receive reimbursement.
- An employee shall not use or be under the influence of alcohol or illegal drugs at anytime during work hours.
- An employee shall notify his/her supervisor of any potential adverse effects from any prescription medication that may impair his/her work and/or driving performance.
- It is the employee's responsibility to inform their insurer of the circumstances under which the vehicle is operated (business use).
- It is the responsibility of an employee to maintain an approved and valid Wisconsin Driver's License at all times and to immediately inform their supervisor of any restriction, suspension or revocation of driving privileges that would affect their ability to operate a vehicle on City business. Failure to comply with this requirement shall result in disciplinary action up to and including termination.
- Failure to comply with City policy, loss of driving privileges, or fraudulent reporting of vehicle use could result in disciplinary action and/or loss of the privilege to operate a vehicle on City business. Loss of driving privileges will be reviewed on a case-by-case basis. The City will, on a periodic basis, review the driving records of all employees that are required to drive in the course of their employment.

PREMIUM PAY

Any premium pay must be authorized in advance by an employee's Department Head. Refer to Policy 1424, *Premium Pay* for further information.

NOTE: This represents a synopsis of employee benefits which are set forth in greater detail in pertinent ordinances, policies and procedures, benefit handbooks, Council resolutions, and the Revised Municipal Code.

BENEFIT CONTRACTS/VENDORS

Employee Assistance Program

- Aurora

Dental Insurance

- Care Plus Dental Plans, Dental Associates
- Self-insured Standard Plan, TPA is Anthem, silent PPO network

Health Insurance

- 2 Plans, both self-insured, TPA is Anthem
 - PPO – utilizes Blue Priority Network
 - HDHP – utilizes Blue Preferred Network
- Stop Loss (individual and aggregate) - Symetra
- Pharmacy
 - Anthem's Express Scripts (ESI) – retail and mail order
 - Anthem's Accredo – specialty pharmacy only

Section 125 – Flexible Spending Account

- Employee Benefits Corporation (EBC)

Health Savings Account (HSA) in conjunction with the HDHP

- Tri-City National Bank

Life Insurance

- Department of Employee Trust Funds, Wisconsin Retirement System (their TPA is Securian Financial Group, Inc.)

Pension

- Department of Employee Trust Funds, Wisconsin Retirement System (provides for regular retirement, disability retirement and/or disability insurance, and duty disability retirement for protective services)

Section 457 – Deferred Compensation

- MetLife
- Wisconsin Deferred Compensation (WDC)
- ICMA Investor Services

Worker's Compensation

- Self-insured, TPA - Cities and Villages Mutual Insurance Company (CVMIC)



PPO PLAN BENEFIT SUMMARY - ACTIVE EMPLOYEES

This document is meant as a summary description of basic benefit coverage. It cannot add to or take away from any legal plan. This document describes the benefit program in general terms. It is not intended to be a complete description of coverage.

THE CITY'S HEALTH INSURANCE PLAN HAS THE FOLLOWING EXCLUSIONS: Dental care, cosmetic surgery unless medically necessary, eyeglasses, contact lenses, dentures, hearing aids for adults, custodial or domiciliary care, experimental medical procedures, examinations for employment, sports or purchase of insurance, care required while in government operated facility or services required while incarcerated or in military service. Refer to your Benefit Booklet for further details.

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
	ANTHEM <i>Blue Priority</i> provider network for services <u>within</u> Wisconsin Service Area. ANTHEM <i>National PPO (BlueCard PPO)</i> for services <u>outside of</u> Wisconsin.	
MAXIMUM COVERAGE	No dollar limit. <i>Payment of services will depend on how providers bill.</i>	No dollar limit. <i>Payment of services will depend on how providers bill.</i>
DEDUCTIBLE	Unless otherwise noted, deductibles of \$100 per person or \$300 per family per Plan year for medical services (excludes Routine Preventative Services and Copays).	Unless otherwise noted, deductibles of \$7,500 per person or \$15,000 per couple/family per Plan year for combined medical and prescription drug services.
COINSURANCE (PERCENT OF COVERED CHARGES)	100% of eligible charges after applicable deductible/copays have been satisfied.	Unless otherwise noted, the Plan pays 80% of eligible charges after the deductible has been satisfied.
ANNUAL OUT-OF-POCKET (LIMIT ON EXPENSES)	Maximum out-of-pocket coinsurance, including all applicable copays (excluding prescription drug copays) is \$4,850 per person or \$9,700 per couple/family per Plan year.	Maximum out-of-pocket coinsurance (including the deductible) is \$15,000 per person or \$30,000 per couple/family per Plan year; thereafter, the Plan pays 100% of eligible charges.
PHYSICIAN OFFICE VISITS	\$20 Primary Care Physician office visit co-pay (Family Practice, General Practitioner, Pediatrician, Internal Medicine, OB/GYN, GYN, Certified Nurse Midwife, Nurse Practitioner, Physician Assistant, and Clinical/Multi-specialty Group). \$40 Specialist visit copay (qualified practitioners not listed above). Note: Co-pays are waived for Routine Preventative Services.	80% of eligible charges after deductible.
24/7 Nurseline	Available 24 hours a day, 7 days a week at no cost	
EMERGENCY CARE	Subject to a \$150 copay per emergency, then 100% of eligible charges after deductible. Copay waived if admitted inpatient or transported by ER vehicle.	Emergency services paid same as in network services. Non-emergency services paid at 80% after deductible.
URGENT CARE FACILITY	100% of eligible charges after deductible if billed as "urgent care" visit. Member subject to applicable copay (i.e., \$20 or \$40 Specialist copay if billed as "office visit"; \$150 copay if billed as "emergency visit").	80% of eligible charges after deductible.
AMBULANCE	100% of eligible charges after deductible when medically necessary.	80% of eligible charges after deductible.
HOSPITALIZATION	100% of eligible charges after deductible.	80% of eligible charges after deductible.
SURGICAL CARE OR SURGERY	100% of eligible charges after deductible.	80% of eligible charges after deductible.
PHYSICIAN VISITS IN HOSPITAL	100% of eligible charges after deductible.	80% of eligible charges after deductible.

PPO Plan Benefit Summary - Active Employees

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
ROUTINE PREVENTATIVE CARE: Women's Health Services; Routine Adult Physicals; Well Child Care; Immunizations (Child & Adult); Flu Shots; Diagnostic X-Rays and Lab Tests; Colon Cancer Screening; Prostate Cancer Screening; Pap Smear; Mammography; Vision Exam; Hearing Exam	100% of eligible charges; deductible/copay is waived.	Not covered.
INJECTIONS	100% of eligible charges after deductible.	80% of eligible charges after deductible.
ALLERGY CARE	100% of eligible charges after deductible.	80% of eligible charges after deductible.
DIAGNOSTIC X-RAY, LAB SERVICES (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
PODIATRY SERVICES (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
HEARING EXAM (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
EYE EXAM (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
MATERNITY	Hospital & physician charges covered at 100% of eligible charges after deductible.	80% of eligible charges after deductible.
PEDIATRIC CARE (Non-Routine)	100% of eligible charges. Subject to applicable copay.	80% of eligible charges after deductible.
HEALTH EDUCATION & COUNSELING (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
ORAL SURGERY	100% of eligible charges after deductible for initial treatment for injury to sound, natural teeth and for specific diseases, including removal of partially or completely unerupted impacted teeth.	80% of eligible charges after deductible for initial treatment for injury to sound, natural teeth and for specific diseases, including removal of partially or completely unerupted impacted teeth.
THERAPIES – CARDIAC, CHEMO, DIALYSIS/ HEMODIALYSIS, INFUSION RADIATION, AND RESPIRATORY (Inpatient/Outpatient)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
CHIROPRACTIC CARE	100% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	80% of eligible, medically necessary charges after deductible.
PHYSICAL THERAPY	100% of eligible, medically necessary charges after deductible. NOTE: Subject to applicable copay if provider bills as an office visit; if billed as a physical therapy appointment, copay will not apply. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	80% of eligible, medically necessary charges after deductible.
OCCUPATIONAL THERAPY	100% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	80% of eligible, medically necessary charges after deductible.

PPO Plan Benefit Summary - Active Employees

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES															
MENTAL HEALTH & ALCOHOL/ SUBSTANCE ABUSE:																	
Inpatient, Residential	100% of eligible charges after deductible.	80% of eligible charges after deductible.															
Outpatient Therapy and Office Visit Services	100% of eligible charges; deductible is waived. Subject to applicable copay.																
Partial Hospitalization	100% of eligible charges after deductible.																
NOTE: The City offers an Employee Assistance Program (EAP), administered by Aurora, in addition to the coverage provided under this insurance program; it is a separate and FREE benefit. For further information, contact the Aurora Employee Assistance Program at (800) 236-3231 OR the City's Human Resources Department at (414) 302-8270.																	
DURABLE MEDICAL EQUIPMENT	100% of eligible charges after deductible for initial purchase or rental when authorized; does not cover repair or replacement.	80% of eligible charges after deductible for initial purchase or rental when authorized; does not cover repair or replacement.															
DEPENDENT COVERAGE	Refer to the last page of this document for details.																
COORDINATION OF BENEFITS	Benefits under this Plan are coordinated with benefits provided by other plans for which you and/or your dependents are also covered. Refer to the <i>Coordination of Benefits</i> section in your Benefit Booklet for details.																
PRE-CERTIFICATION	Required for non-emergency Inpatient Hospital Admissions (includes Mental Health, Alcohol/Substance Abuse), Surgical Procedures, Outpatient Care, Skilled Nursing Facility, Home Health Care, and Hospice Care.																
PRESCRIPTION DRUGS	IN NETWORK SERVICES Retail: Express Scripts, Inc. Mail Order: Express Scripts, Inc.	OUT OF NETWORK SERVICES															
	Cost per prescription or refill; up to 34-day retail supply and 90-day mail order supply (includes insulin & diabetic supplies). Prescriptions are not subject to the annual deductible.	80% of charges per prescription or refill up to a 34-day supply after deductible.															
	<table border="1"> <thead> <tr> <th></th> <th>Retail</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Low cost generic and brand name drugs on Plan Manager's Drug List</td> <td>\$15</td> <td>\$37.50</td> </tr> <tr> <td>High cost generic and brand name drugs on Plan Manager's Drug List</td> <td>\$25</td> <td>\$62.50</td> </tr> <tr> <td>Generic and brand name drugs not on Plan Manager's Drug List</td> <td>\$35</td> <td>\$87.50</td> </tr> <tr> <td>Specialty Medications</td> <td colspan="2">5% copay with maximum of \$100 per script per month.</td> </tr> </tbody> </table>		Retail	Mail Order	Low cost generic and brand name drugs on Plan Manager's Drug List	\$15	\$37.50	High cost generic and brand name drugs on Plan Manager's Drug List	\$25	\$62.50	Generic and brand name drugs not on Plan Manager's Drug List	\$35	\$87.50	Specialty Medications	5% copay with maximum of \$100 per script per month.		
	Retail	Mail Order															
Low cost generic and brand name drugs on Plan Manager's Drug List	\$15	\$37.50															
High cost generic and brand name drugs on Plan Manager's Drug List	\$25	\$62.50															
Generic and brand name drugs not on Plan Manager's Drug List	\$35	\$87.50															
Specialty Medications	5% copay with maximum of \$100 per script per month.																
	Maximum out of pocket for all prescription tiers combined is \$1,500 per person or \$3,000 per couple/family per Plan year.																
	Note: Prescriptions for equipment/items deemed medically necessary (such as, but not limited to, crutches, compression stockings, nebulizers, diabetic meters, etc.) are covered under the <i>Durable Medical Equipment</i> section and track toward the annual medical out-of-pocket limit on expenses.																
TELEMEDICINE	IN NETWORK SERVICES Anthem's LiveHealth Online	OUT OF NETWORK SERVICES															
	100% of eligible charges, subject to Primary Care Physician copay.	80% of eligible charges after deductible.															

The City reserves the right to make changes to coverage if future non-discrimination testing rules or plan structure makes it impossible to provide coverage.

PPO Plan Benefit Summary - Active Employees

Dependent means a covered **employee's**:

1. Legally recognized spouse;
2. Natural blood related child, step-child, legally adopted child or a child under **your** legal guardianship as determined with a court decree whose age is less than the limiting age. Each child must legally qualify as a **dependent** as defined by the United States Internal Revenue Service guidelines or applicable State Statutes.

Limiting age and eligibility criteria:

Dependent children under age 26 (as required by federal and state mandates):

The limiting age for each **dependent** child is the end of the month he or she attains the age of 26 years, regardless if the child is:

- a. Married;
- b. A tax dependent;
- c. A student;
- d. Employed;
- e. Residing with or receives financial support from *you*; or
- f. Eligible for other coverage through employment.

Dependent child, age 26 and older (as required by State mandate), who is called to federal active duty:

The limiting age is any age for each **dependent** child age 26 and older when they meet the requirements outlined below. **Dependent** termination is the end of the month they no longer meet these requirements.

- The child is a full-time student; and
- The child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending an institution of higher education on a full-time basis; and
- The child was under age 27 when called to federal active duty; and
- The child applies for full-time student status at an institution of higher education up to 12 months after completing active duty; and
- If the child is called to active duty more than once within a four-year period of time, the child's age at the time of their first call to active duty will be used when determining eligibility under this Plan.

3. A covered **employee's** child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order;
4. Grandchild, as long as the **employee's** covered **dependent**, who is the parent of the grandchild, is not yet age 18.

You must furnish satisfactory proof to the **City** upon request that the above conditions continuously exist. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.

A covered **dependent** child who attains the limiting age while covered under the Plan will remain eligible for medical benefits if all of the following exist at the same time:

1. Permanently mentally disabled or permanently physically handicapped;
2. Incapable of self-sustaining employment;
3. The child meets all of the qualifications of a **dependent** as determined by the United States Internal Revenue Service;
4. Unmarried.

You must furnish satisfactory proof to the **City** that the above conditions continuously exist on and after the date the limiting age is reached. The **City** may not request such proof more often than annually after two years from the date the first proof was furnished. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.



PPO PLAN BENEFIT SUMMARY FOR INDIVIDUALS WHO RETIRED PRIOR TO 3-1-13

This document is meant as a summary description of basic benefit coverage. It cannot add to or take away from any legal plan. This document describes the benefit program in general terms. It is not intended to be a complete description of coverage.

THE CITY'S HEALTH INSURANCE PLAN HAS THE FOLLOWING EXCLUSIONS: Dental care, cosmetic surgery unless medically necessary, eyeglasses, contact lenses, dentures, hearing aids for adults, custodial or domiciliary care, experimental medical procedures, examinations for employment, sports or purchase of insurance, care required while in government operated facility or services required while incarcerated or in military service. Refer to your Benefit Booklet for further details.

- **If your primary residence is located within Anthem's *Blue Priority* service area (see map):**
 - In-Network: select "*Blue Priority*" network to verify provider participation; when traveling outside of Wisconsin, select "*National PPO (Blue Card PPO)*".
 - Out of Network: any non- "*Blue Priority*" or "*National PPO (Blue Card PPO)*" provider.

- **If your primary residence is in Wisconsin but located outside of Anthem's *Blue Priority* service area (see map):**
 - In-Network: select "*Blue Preferred*" network to verify provider participation; when traveling outside of Wisconsin, select "*National PPO (Blue Card PPO)*".
 - Out of Network: any non- "*Blue Preferred*" or "*National PPO (Blue Card PPO)*" provider.

- **If your primary residence is outside of Wisconsin:**
 - In-Network: select "*National PPO (Blue Card PPO)*" to verify provider participation.
 - Out of Network: any non- "*National PPO (Blue Card PPO)*" provider.

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
MAXIMUM COVERAGE	No dollar limit.	\$1,000,000 annually if retired prior to 3-1-12; \$1,250,000 annually if retired 3-1-12 to 2-28-13.
DEDUCTIBLES	No deductible.	Unless otherwise noted, across the board deductibles of \$200 per person or \$600 per family per Plan year.
PERCENT OF COVERED CHARGES (COINSURANCE)	100% of eligible charges after applicable copays.	Unless otherwise noted, the Plan pays the applicable percentage of reasonable & customary charges for medically necessary/eligible services after the deductible has been satisfied: 70% (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59). 80% (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).
ANNUAL OUT-OF-POCKET LIMIT ON EXPENSES	No dollar limit.	Maximum out-of-pocket coinsurance (including the deductible) is \$1,500 per person or \$3,000 per family per Plan year; thereafter, the Plan pays 100% of reasonable & customary charges for medically necessary/eligible services.
AMBULANCE	100% of eligible charges when medically necessary.	Same as in network services.
URGENT CARE FACILITY	100% of eligible charges if billed as "urgent care" visit; member subject to office visit copay if billed as "office visit"; member subject to ER copay if billed as "emergency visit".	Same as in network services.

PPO Plan – Retired Prior to 3-1-13

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
24/7 NURSELINE	Available 24 hours a day, 7 days a week at no cost	
EMERGENCY CARE	<p>100% of eligible charges if admitted inpatient, doctor directed or transported by emergency vehicle; otherwise \$25 copay. <i>(Note: individuals converted to Non-Rep status (former AFSCME union members) who retired 1-1-12 to 2-28-12 are also subject to this benefit level.) (Applies to retiree groups not listed in categories on next page.)</i></p> <p>100% of eligible charges if written directive from doctor, admitted inpatient, or transported by emergency vehicle; otherwise \$75 copay for Non-Reps/Dept Hds/City Atty/Judge who retired 3-1-07 to 2-28-10; Police (WAPPA)/Fire (IAFF) unions who retired 3-1-07 to 2-28-09; Nurses/Engineering unions who retired 3-1-07 to 2-28-11; and Mayor/Alderspersons who retired 4-15-08 to 2-28-10. (Applies to retiree groups 42, 46, & 48.)</p> <p>100% of eligible charges ONLY IF admitted inpatient or transported by emergency vehicle; otherwise \$75 copay for Police (WAPPA)/Fire (IAFF) unions who retired 3-1-09 to 2-28-13; Non-Reps/Dept Hds/Elected Officials who retired 3-1-10 to 2-28-13; Nurses/Engineering unions who retired 3-1-11 to 12-31-11; individuals converted to Non-Rep status (former Nurses and Engineering union members) who retired 1-1-12 to 2-28-13, and (former AFSCME union members) who retired 3-1-12 to 2-28-13. (Applies to retiree groups 47, 49, 52, 53, 55, 57, 58 & 59.)</p>	Same as in network services.
ROUTINE PHYSICALS & HEALTH CHECKUPS	100% of eligible charges. Subject to office visit copay (as listed under Physician Office Visits).	Not covered.
IMMUNIZATIONS & INJECTIONS	100% of eligible charges.	Not covered.
X-RAY & LAB TESTS	100% of eligible charges.	<p>70% of reasonable & customary charges, with prior authorization (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges, with prior authorization (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
EYE EXAMS	100% of eligible charges (routine vision care limited to one visit per Plan year). Subject to office visit copay (as listed under Physician Office Visits).	Not covered.
ALLERGY CARE	100% of eligible charges. Subject to office visit copay (as listed under Physician Office Visits).	<p>70% of reasonable & customary charges (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>

PPO Plan – Retired Prior to 3-1-13

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
HEARING EXAMS	100% of eligible charges. Subject to office visit copay (as listed under Physician Office Visits).	Not covered.
PHYSICIAN OFFICE VISITS	<p>100% of eligible charges except as noted below.</p> <p>\$10 office visit co-pay with capitation at five (5) visits per person per Plan year for Local 80 (PW & Clerical) retirees 3-1-04 to 12-31-11, individuals converted to Non-Rep status (former AFSCME union members) who retired 1-1-12 to 2-28-12; Police (WAPPA) 12-1-03 to 2-28-07; Fire (IAFF) 1-1-04 to 2-28-07; Nurses 8-1-04 to 2-28-07; Engineers 1-1-04 to 2-28-07; Non Reps/Dept Hds/City Atty/Judge 3-1-04 to 2-28-07; Mayor/Alderspersons 3-1-04 to 4-14-08. (Applies to retiree groups 20, 21, 24, 45, & 50.)</p> <p>\$20 office visit copay with max. of \$200 single/\$400 couple/\$600 family for Non-Reps/ Dept Hds/Police (WAPPA)/Fire (IAFF)/City Atty/Judge who retired 3-1-07 to 2-28-09; Nurses/Engineering unions 3-1-07 to 2-28-11; and Mayor/Alderspersons 4-15-08 to 2-28-09. (Applies to retiree groups 42 & 46.)</p> <p>\$20 office visit copay with NO maximum Plan year out-of pocket. Co-pay waived for wellness/routine/preventative services for Police (WAPPA)/Fire (IAFF)/Non-Reps/Dept Hds/Elected Officials who retired on or after 3-1-09; Nurses/Engineering unions who retired 3-1-11 to 12-31-11; individuals converted to Non-Rep status (former Nurses/Engineering union members) who retired on or after 1-1-12; and individuals converted to Non-Rep status (former AFSCME union members) who retired on or after 3-1-12. (Applies to retiree groups 47, 48, 49, 52, 53, 55, 57, 58, & 59.)</p>	<p>70% of reasonable & customary charges (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
PHYSICIAN VISITS IN HOSPITAL	100% of eligible charges.	<p>70% of reasonable & customary charges, with prior authorization (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges, with prior authorization (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
DURABLE MEDICAL EQUIPMENT	100% of eligible charges for initial purchase or rental when authorized; does not cover repair or replacement.	<p>Plan pays the applicable percentage below for reasonable & customary charges for initial purchase or rental when authorized; does not cover repair or replacement:</p> <p>70% (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58, 59 & 60).</p> <p>80% of reasonable/customary charges for initial purchase/rental when authorized; does not cover repair or replacement (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>

PPO Plan – Retired Prior to 3-1-13

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
PODIATRY SERVICES PROVIDED BY A PODIATRIST	<p>SUBJECT TO OUT-OF-NETWORK BENEFIT LEVELS. (Applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 42, 47, 53, & 59.)</p> <p>Non-Reps/Dept Hds/Elected Officials/ Local 80 (PW & Clerical) who retired on or after 4-1-08; Nurses who retired on or after 7-1-08; Engineers who retired on or after 8-1-08; Police (WAPPA) union who retired on or after 3-1-12; and individuals converted to Non-Rep status (former AFSCME, Nurses, Engineering union members who retired on or after 1-1-12). Subject to office visit copay (as listed under Physician Office Visits).</p>	<p>70% of reasonable & customary for non-routine care only (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary for non-routine care only (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
MATERNITY	<p>Hospital & physician charges covered at 100% of eligible charges; dependent daughters covered.</p>	<p>70% of reasonable & customary charges, with prior authorization (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges, with prior authorization (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
PEDIATRIC CARE	<p>100% of eligible charges. Subject to office visit copay (as listed under Physician Office Visits).</p>	<p>70% of reasonable & customary charges (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
SHORT TERM PHYSICAL THERAPY	<p>100% of eligible charges as long as it is deemed medically necessary (provider must be able to document improvement in the condition as a review will be required after 15 visits).</p> <p>NOTE: Subject to an office visit copay (as listed under Physician Office Visits) if provider bills as an office visit; if billed as a physical therapy appointment, no copay.</p>	<p>70% of reasonable & customary charges (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
CHIROPRACTIC CARE	<p>100% of eligible charges. (Provider must be able to document improvement in condition after 15 visits). Subject to office visit copay (as listed under Physician Office Visits).</p>	<p>70% of reasonable & customary charges (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>
RADIATION THERAPY	<p>100% of eligible charges.</p>	<p>70% of reasonable & customary charges, with prior authorization (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of reasonable & customary charges, with prior authorization (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p>

PPO Plan – Retired Prior to 3-1-13

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
ALCOHOLISM/ DRUG ABUSE	Included in psychiatric and mental health benefits.	Included in psychiatric and mental health benefits.
OUTPATIENT MENTAL HEALTH SERVICES	100% of eligible charges. Subject to office visit copay (as listed under Physician Office Visits).	90% of reasonable & customary charges; not subject to deductible. <u>TRANSITIONAL CARE</u> - 90% of reasonable & customary charges; not subject to deductible.
INPATIENT PSYCHIATRIC CARE	100% of eligible charges.	90% of reasonable & customary charges, with prior authorization; not subject to deductible.
HOSPITALIZATION	100% of eligible charges.	70% of reasonable & customary charges, with prior authorization (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59). 80% of reasonable & customary charges, with prior authorization (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).
SURGICAL CARE OR SURGERY	100% of eligible charges.	70% of reasonable & customary charges, with prior authorization (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59). 80% of reasonable & customary charges, with prior authorization (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).
ORAL SURGERY	100% of eligible charges for initial treatment for injury to sound, natural teeth & for specific diseases, including removal of full bony symptomatic impacted wisdom teeth. Prior authorization required.	Plan pays the applicable percentage of eligible charges for initial treatment for injury to sound natural teeth and for specific diseases, including removal of full bony symptomatic impacted wisdom teeth. Prior authorization is required: 70% (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59). 80% (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).
DEPENDENT COVERAGE	Refer to the last page of this document for details.	
COORDINATION OF BENEFITS	Benefits under this Plan are coordinated with benefits provided by other plans for which you and/or your dependents are also covered. Refer to the <i>Coordination of Benefits</i> section in your Benefit Booklet for details.	
TELEMEDICINE	IN NETWORK SERVICES Anthem's LiveHealth Online	OUT OF NETWORK SERVICES
	100% of eligible charges, subject to Primary Care Physician copay.	80% of eligible charges after deductible.

The City reserves the right to make changes to coverage if future non-discrimination testing rules or plan structure makes it impossible to provide coverage.

PHARMACY BENEFITS CONTINUED ON NEXT PAGE.

PRESCRIPTION DRUGS	IN NETWORK SERVICES Retail: Express Scripts (nationwide network) Mail Order: Express Scripts	OUT OF NETWORK SERVICES																																	
	<p>Cost per prescription or refill; up to 34-day retail supply and 90-day mail order supply (includes insulin and diabetic supplies).</p> <p>All who retired prior to 3-1-03; OR 1-1-03 for Fire (IAFF) union; OR 12-1-03 for Police (WAPPA) union; OR 8-1-04 for Nurses union. (Applies to retiree groups 2, 8, 10, 11, 12, 13, 15, & 16):</p> <table border="1" data-bbox="461 575 881 659"> <thead> <tr> <th></th> <th>Retail</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$3</td> <td>\$0</td> </tr> <tr> <td>Brand</td> <td>\$5</td> <td>\$3</td> </tr> </tbody> </table> <p>Police (WAPPA)/Fire (IAFF)/Nurses/Engineering unions who retired 3-1-07 to 2-28-09; Non-Reps/Dept Hds/City Atty/Judge who retired 3-1-07 to 2-28-13 and individuals converted to Non-Rep status (former AFSCME, Nurses & Engineering union members) who retired 3-1-12 to 2-28-13 ; Mayor/Alderspersons who retired 4-15-08 to 2-28-13. (Applies to retiree groups 42, 46, 48, 49, 55, & 58):</p> <table border="1" data-bbox="402 995 938 1209"> <thead> <tr> <th></th> <th>Retail</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Generic Drugs on Plan Manager's Drug List</td> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>Brand Name Drugs on Plan Manager's Drug List</td> <td>\$20</td> <td>\$40</td> </tr> <tr> <td>Generic & Brand Name Drugs not on Plan Manager's Drug List</td> <td>\$30</td> <td>\$60</td> </tr> </tbody> </table> <p>Police (WAPPA)/Fire (IAFF) unions who retired 3-1-09 to 2-28-13; Nurses/Engineering unions who retired 3-1-11 to 12-31-11; individuals converted to Non-Rep status (former Nurses/Engineering union members who retired 1-1-12 to 2-28-12). (Applies to retiree groups 47, 52, 53, 57, & 59):</p> <table border="1" data-bbox="402 1486 938 1701"> <thead> <tr> <th></th> <th>Retail</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Generic Drugs on Plan Manager's Drug List</td> <td>\$10</td> <td>\$25</td> </tr> <tr> <td>Brand Name Drugs on Plan Manager's Drug List</td> <td>\$20</td> <td>\$50</td> </tr> <tr> <td>Generic & Brand Name Drugs not on Plan Manager's Drug List</td> <td>\$30</td> <td>\$75</td> </tr> </tbody> </table> <p>Note: Prescriptions for equipment/items deemed medically necessary (such as, but not limited to, crutches, compression stockings, diabetic meters) are covered under the <i>Durable Medical Equipment</i> section.</p>		Retail	Mail Order	Generic	\$3	\$0	Brand	\$5	\$3		Retail	Mail Order	Generic Drugs on Plan Manager's Drug List	\$10	\$20	Brand Name Drugs on Plan Manager's Drug List	\$20	\$40	Generic & Brand Name Drugs not on Plan Manager's Drug List	\$30	\$60		Retail	Mail Order	Generic Drugs on Plan Manager's Drug List	\$10	\$25	Brand Name Drugs on Plan Manager's Drug List	\$20	\$50	Generic & Brand Name Drugs not on Plan Manager's Drug List	\$30	\$75	<p>70% of charges per prescription or refill; up to a 34-day supply (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of charges per prescription or refill, up to a 34-day supply (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p> <p>Not subject to deductible or annual/lifetime maximum.</p>
	Retail	Mail Order																																	
Generic	\$3	\$0																																	
Brand	\$5	\$3																																	
	Retail	Mail Order																																	
Generic Drugs on Plan Manager's Drug List	\$10	\$20																																	
Brand Name Drugs on Plan Manager's Drug List	\$20	\$40																																	
Generic & Brand Name Drugs not on Plan Manager's Drug List	\$30	\$60																																	
	Retail	Mail Order																																	
Generic Drugs on Plan Manager's Drug List	\$10	\$25																																	
Brand Name Drugs on Plan Manager's Drug List	\$20	\$50																																	
Generic & Brand Name Drugs not on Plan Manager's Drug List	\$30	\$75																																	

PPO Plan – Retired Prior to 3-1-13

PRESCRIPTION DRUGS	IN NETWORK SERVICES Retail: Express Scripts (nationwide network) Mail Order: Express Scripts	OUT OF NETWORK SERVICES												
	<p>Cost per prescription or refill; up to 34-day retail supply and 90-day mail order supply (includes insulin and diabetic supplies).</p> <p>Police (WAPPA) union who retired 12-1-03 to 2-28-07; Fire (IAFF) union who retired 1-1-03 to 2-28-07; Non-Reps/Dept Hds/City Atty/Judge/Engineering union who retired 3-1-03 to 2-28-07; Local 80 (PW & Clerical) who retired 3-1-03 to 12-31-11; individuals converted to Non-Rep status (former AFSCME union members) who retired 1-1-12 to 2-28-12; and Mayor/Alders who retired 3-1-03 to 4-14-08 (Applies to retiree groups 17, 18, 19, 20, 21, 24, 45, & 50):</p> <table border="1" data-bbox="407 772 938 989"> <thead> <tr> <th></th> <th>Retail</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Generic Drugs on Plan Manager's Drug List</td> <td>\$5</td> <td>\$5</td> </tr> <tr> <td>Brand Name Drugs on Plan Manager's Drug List</td> <td>\$15</td> <td>\$15</td> </tr> <tr> <td>Generic & Brand Name Drugs not on Plan Manager's Drug List</td> <td>\$25</td> <td>\$25</td> </tr> </tbody> </table> <p>Note: Prescriptions for equipment/items deemed medically necessary (such as, but not limited to, crutches, compression stockings, diabetic meters) are covered under the <i>Durable Medical Equipment</i> section.</p>		Retail	Mail Order	Generic Drugs on Plan Manager's Drug List	\$5	\$5	Brand Name Drugs on Plan Manager's Drug List	\$15	\$15	Generic & Brand Name Drugs not on Plan Manager's Drug List	\$25	\$25	<p>70% of charges per prescription or refill; up to a 34-day supply (applies to retiree groups 42, 46, 47, 48, 49, 52, 53, 55, 57, 58 & 59).</p> <p>80% of charges per prescription or refill, up to a 34-day supply (applies to retiree groups 2, 8, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 24, 45 & 50).</p> <p>Not subject to deductible or annual/lifetime maximum.</p>
	Retail	Mail Order												
Generic Drugs on Plan Manager's Drug List	\$5	\$5												
Brand Name Drugs on Plan Manager's Drug List	\$15	\$15												
Generic & Brand Name Drugs not on Plan Manager's Drug List	\$25	\$25												

The City reserves the right to make changes to coverage if future non-discrimination testing rules or plan structure makes it impossible to provide coverage.

DEPENDENT COVERAGE:

Dependent means a covered **employee's**:

1. Legally recognized spouse;
2. Natural blood related child, step-child, legally adopted child or a child under **your** legal guardianship as determined with a court decree whose age is less than the limiting age. Each child must legally qualify as a **dependent** as defined by the United States Internal Revenue Service guidelines or applicable State Statutes.

Limiting age and eligibility criteria:

Dependent children under age 26 (as required by federal and state mandates):

The limiting age for each **dependent** child is the end of the month he or she attains the age of 26 years, regardless if the child is:

- a. Married;
- b. A tax dependent;
- c. A student;
- d. Employed;
- e. Residing with or receives financial support from *you*; or
- f. Eligible for other coverage through employment.

Dependent child, age 26 and older (as required by State mandate), who is called to federal active duty:

The limiting age is any age for each **dependent** child age 26 and older when they meet the requirements outlined below. **Dependent** termination is the end of the month they no longer meet these requirements.

- The child is a full-time student; and
- The child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending an institution of higher education on a full-time basis; and
- The child was under age 27 when called to federal active duty; and
- The child applies for full-time student status at an institution of higher education up to 12 months after completing active duty; and
- If the child is called to active duty more than once within a four-year period of time, the child's age at the time of their first call to active duty will be used when determining eligibility under this Plan.

3. A covered **employee's** child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order;
4. Grandchild, as long as the **employee's** covered **dependent**, who is the parent of the grandchild, is not yet age 18.

You must furnish satisfactory proof to the **City** upon request that the above conditions continuously exist. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.

A covered **dependent** child who attains the limiting age while covered under the Plan will remain eligible for medical benefits if all of the following exist at the same time:

1. Permanently mentally disabled or permanently physically handicapped;
2. Incapable of self-sustaining employment;
3. The child meets all of the qualifications of a **dependent** as determined by the United States Internal Revenue Service;
4. Unmarried.

You must furnish satisfactory proof to the **City** that the above conditions continuously exist on and after the date the limiting age is reached. The **City** may not request such proof more often than annually after two years from the date the first proof was furnished. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.



PPO PLAN BENEFIT SUMMARY FOR INDIVIDUALS WHO RETIRED ON OR AFTER 3-1-13

This document is meant as a summary description of basic benefit coverage. It cannot add to or take away from any legal plan. This document describes the benefit program in general terms. It is not intended to be a complete description of coverage.

THE CITY'S HEALTH INSURANCE PLAN HAS THE FOLLOWING EXCLUSIONS: Dental care, cosmetic surgery unless medically necessary, eyeglasses, contact lenses, dentures, hearing aids for adults, custodial or domiciliary care, experimental medical procedures, examinations for employment, sports or purchase of insurance, care required while in government operated facility or services required while incarcerated or in military service. Refer to your Benefit Booklet for further details.

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
	ANTHEM <i>Blue Priority</i> provider network for services <u>within</u> Wisconsin Service Area. ANTHEM <i>National PPO (BlueCard PPO)</i> for services <u>outside of</u> Wisconsin.	
MAXIMUM COVERAGE	No dollar limit. <i>Payment of services will depend on how providers bill.</i>	No dollar limit. <i>Payment of services will depend on how providers bill.</i>
DEDUCTIBLE	Unless otherwise noted, deductibles of \$100 per person or \$300 per family per Plan year for medical services (excludes Routine Preventative Services and Copays).	Unless otherwise noted, deductibles of \$7,500 per person or \$15,000 per couple/family per Plan year for combined medical and prescription drug services.
COINSURANCE (PERCENT OF COVERED CHARGES)	100% of eligible charges after applicable deductible/copays have been satisfied.	Unless otherwise noted, the Plan pays 80% of eligible charges after the deductible has been satisfied.
ANNUAL OUT-OF-POCKET (LIMIT ON EXPENSES)	Maximum out-of-pocket coinsurance, including all applicable copays (excluding prescription drug copays) is \$4,850 per person or \$9,700 per couple/family per Plan year.	Maximum out-of-pocket coinsurance (including the deductible) is \$15,000 per person or \$30,000 per couple/family per Plan year; thereafter, the Plan pays 100% of eligible charges.
PHYSICIAN OFFICE VISITS	\$20 Primary Care Physician office visit co-pay (Family Practice, General Practitioner, Pediatrician, Internal Medicine, OB/GYN, GYN, Certified Nurse Midwife, Nurse Practitioner, Physician Assistant, and Clinical/Multi-specialty Group). \$40 Specialist visit copay (qualified practitioners not listed above). Note: Co-pays are waived for Routine Preventative Services.	80% of eligible charges after deductible.
24/7 NURSELINE	Available 24 hours a day, 7 days a week at no cost.	
EMERGENCY CARE	Subject to a \$150 copay per emergency, then 100% of eligible charges after deductible. Copay waived if admitted inpatient or transported by ER vehicle.	Emergency services paid same as in network services. Non-emergency services paid at 80% after deductible.
URGENT CARE FACILITY	100% of eligible charges after deductible if billed as "urgent care" visit. Member subject to applicable copay (i.e., \$20 or \$40 Specialist copay if billed as "office visit"; \$150 copay if billed as "emergency visit").	80% of eligible charges after deductible.
AMBULANCE	100% of eligible charges after deductible when medically necessary.	80% of eligible charges after deductible.
HOSPITALIZATION	100% of eligible charges after deductible.	80% of eligible charges after deductible.
SURGICAL CARE OR SURGERY	100% of eligible charges after deductible.	80% of eligible charges after deductible.
PHYSICIAN VISITS IN HOSPITAL	100% of eligible charges after deductible.	80% of eligible charges after deductible.

PPO Plan – Retired On or After 3-1-13

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
ROUTINE PREVENTATIVE CARE: Women's Health Services; Routine Adult Physicals; Well Child Care; Immunizations (Child & Adult); Flu Shots; Diagnostic X-Rays and Lab Tests; Colon Cancer Screening; Prostate Cancer Screening; Pap Smear; Mammography; Vision Exam; Hearing Exam	100% of eligible charges; deductible/copay is waived.	Not covered.
INJECTIONS	100% of eligible charges after deductible.	80% of eligible charges after deductible.
ALLERGY CARE	100% of eligible charges after deductible.	80% of eligible charges after deductible.
DIAGNOSTIC X-RAY, LAB SERVICES (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
PODIATRY SERVICES (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
HEARING EXAM (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
EYE EXAM (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
MATERNITY	Hospital & physician charges covered at 100% of eligible charges after deductible.	80% of eligible charges after deductible.
PEDIATRIC CARE (Non-Routine)	100% of eligible charges. Subject to applicable copay.	80% of eligible charges after deductible.
HEALTH EDUCATION & COUNSELING (Non-Routine)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
ORAL SURGERY	100% of eligible charges after deductible for initial treatment for injury to sound, natural teeth and for specific diseases, including removal of partially or completely unerupted impacted teeth.	80% of eligible charges after deductible for initial treatment for injury to sound, natural teeth and for specific diseases, including removal of partially or completely unerupted impacted teeth.
THERAPIES -- CARDIAC, CHEMO, DIALYSIS/ HEMODIALYSIS, INFUSION RADIATION, AND RESPIRATORY (Inpatient/Outpatient)	100% of eligible charges after deductible.	80% of eligible charges after deductible.
CHIROPRACTIC CARE	100% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	80% of eligible, medically necessary charges after deductible.
PHYSICAL THERAPY	100% of eligible, medically necessary charges after deductible. NOTE: Subject to applicable copay if provider bills as an office visit; if billed as a physical therapy appointment, copay will not apply. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	80% of eligible, medically necessary charges after deductible.
OCCUPATIONAL THERAPY	100% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	80% of eligible, medically necessary charges after deductible.

PPO Plan – Retired On or After 3-1-13

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES															
MENTAL HEALTH & ALCOHOL/ SUBSTANCE ABUSE:																	
Inpatient, Residential	100% of eligible charges after deductible.	80% of eligible charges after deductible.															
Outpatient Therapy and Office Visit Services	100% of eligible charges; deductible is waived. Subject to applicable copay.																
Partial Hospitalization	100% of eligible charges after deductible.																
DURABLE MEDICAL EQUIPMENT	100% of eligible charges after deductible for initial purchase or rental when authorized; does not cover repair or replacement.	80% of eligible charges after deductible for initial purchase or rental when authorized; does not cover repair or replacement.															
DEPENDENT COVERAGE	Refer to the last page of this document for details.																
COORDINATION OF BENEFITS	Benefits under this Plan are coordinated with benefits provided by other plans for which you and/or your dependents are also covered. Refer to the <i>Coordination of Benefits</i> section in your Benefit Booklet for details.																
PRE-CERTIFICATION	Required for non-emergency Inpatient Hospital Admissions (includes Mental Health, Alcohol/Substance Abuse), Surgical Procedures, Outpatient Care, Skilled Nursing Facility, Home Health Care, and Hospice Care.																
PRESCRIPTION DRUGS	IN NETWORK SERVICES Retail: Express Scripts, Inc. Mail Order: Express Scripts, Inc.	OUT OF NETWORK SERVICES															
	Cost per prescription or refill; up to 34-day retail supply and 90-day mail order supply (includes insulin & diabetic supplies). Prescriptions are not subject to the annual deductible.	80% of charges per prescription or refill up to a 34-day supply after deductible.															
	<table border="1"> <thead> <tr> <th></th> <th>Retail</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Low cost generic and brand name drugs on Plan Manager's Drug List</td> <td>\$15</td> <td>\$37.50</td> </tr> <tr> <td>High cost generic and brand name drugs on Plan Manager's Drug List</td> <td>\$25</td> <td>\$62.50</td> </tr> <tr> <td>Generic and brand name drugs not on Plan Manager's Drug List</td> <td>\$35</td> <td>\$87.50</td> </tr> <tr> <td>Specialty Medications</td> <td colspan="2">5% copay with maximum of \$100 per script per month.</td> </tr> </tbody> </table>		Retail	Mail Order	Low cost generic and brand name drugs on Plan Manager's Drug List	\$15	\$37.50	High cost generic and brand name drugs on Plan Manager's Drug List	\$25	\$62.50	Generic and brand name drugs not on Plan Manager's Drug List	\$35	\$87.50	Specialty Medications	5% copay with maximum of \$100 per script per month.		
	Retail	Mail Order															
Low cost generic and brand name drugs on Plan Manager's Drug List	\$15	\$37.50															
High cost generic and brand name drugs on Plan Manager's Drug List	\$25	\$62.50															
Generic and brand name drugs not on Plan Manager's Drug List	\$35	\$87.50															
Specialty Medications	5% copay with maximum of \$100 per script per month.																
	Maximum out of pocket for all prescription tiers combined is \$1,500 per person or \$3,000 per couple/family per Plan year. Note: Prescriptions for equipment/items deemed medically necessary (such as, but not limited to, crutches, compression stockings, nebulizers, diabetic meters, etc.) are covered under the <i>Durable Medical Equipment</i> section and track toward the annual medical out-of-pocket limit on expenses.																
TELEMEDICINE	IN NETWORK SERVICES Anthem's LiveHealth Online	OUT OF NETWORK SERVICES															
	100% of eligible charges, subject to Primary Care Physician copay.	80% of eligible charges after deductible.															

The City reserves the right to make changes to coverage if future non-discrimination testing rules or plan structure makes it impossible to provide coverage.

PPO Plan – Retired *On or After* 3-1-13

Dependent means a covered **employee's**:

1. Legally recognized spouse;
2. Natural blood related child, step-child, legally adopted child or a child under **your** legal guardianship as determined with a court decree whose age is less than the limiting age. Each child must legally qualify as a **dependent** as defined by the United States Internal Revenue Service guidelines or applicable State Statutes.

Limiting age and eligibility criteria:

Dependent children under age 26 (as required by federal and state mandates):

The limiting age for each **dependent** child is the end of the month he or she attains the age of 26 years, regardless if the child is:

- a. Married;
- b. A tax dependent;
- c. A student;
- d. Employed;
- e. Residing with or receives financial support from *you*; or
- f. Eligible for other coverage through employment.

Dependent child, age 26 and older (as required by State mandate), who is called to federal active duty:

The limiting age is any age for each **dependent** child age 26 and older when they meet the requirements outlined below. **Dependent** termination is the end of the month they no longer meet these requirements.

- The child is a full-time student; and
- The child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending an institution of higher education on a full-time basis; and
- The child was under age 27 when called to federal active duty; and
- The child applies for full-time student status at an institution of higher education up to 12 months after completing active duty; and
- If the child is called to active duty more than once within a four-year period of time, the child's age at the time of their first call to active duty will be used when determining eligibility under this Plan.

3. A covered **employee's** child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order;
4. Grandchild, as long as the **employee's** covered **dependent**, who is the parent of the grandchild, is not yet age 18.

You must furnish satisfactory proof to the **City** upon request that the above conditions continuously exist. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.

A covered **dependent** child who attains the limiting age while covered under the Plan will remain eligible for medical benefits if all of the following exist at the same time:

1. Permanently mentally disabled or permanently physically handicapped;
2. Incapable of self-sustaining employment;
3. The child meets all of the qualifications of a **dependent** as determined by the United States Internal Revenue Service;
4. Unmarried.

You must furnish satisfactory proof to the **City** that the above conditions continuously exist on and after the date the limiting age is reached. The **City** may not request such proof more often than annually after two years from the date the first proof was furnished. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.



HDHP BENEFIT SUMMARY

This document is meant as a summary description of basic benefit coverage. It cannot add to or take away from any legal plan. This document describes the benefit program in general terms. It is not intended to be a complete description of coverage.

THE CITY'S HEALTH INSURANCE PLAN HAS THE FOLLOWING EXCLUSIONS: Dental care, cosmetic surgery unless medically necessary, eyeglasses, contact lenses, dentures, hearing aids for adults, custodial or domiciliary care, experimental medical procedures, examinations for employment, sports or purchase of insurance, care required while in government operated facility or services required while incarcerated or in military service. Refer to your Benefit Booklet for further details.

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
	ANTHEM <i>Blue Preferred</i> provider network for services <u>in</u> Wisconsin. ANTHEM <i>National PPO (BlueCard PPO)</i> provider network for services <u>outside of</u> Wisconsin.	
MAXIMUM COVERAGE	No dollar limit. <i>Payment of services will depend on how providers bill.</i>	No dollar limit. <i>Payment of services will depend on how providers bill.</i>
DEDUCTIBLE	Unless otherwise noted, deductibles of \$1,500 per person or \$3,000 per couple or family per Plan year for combined medical and prescription drug services (excludes Routine Preventative services).	Unless otherwise noted, deductibles of \$15,000 per person or \$30,000 per couple or family per Plan year for combined medical and prescription drug services.
COINSURANCE (PERCENT OF COVERED CHARGES)	80% of eligible charges after applicable deductible has been satisfied and until out-of-pocket limit is reached (excludes eligible Routine Preventative services).	Unless otherwise noted, the Plan pays 60% of medically necessary/eligible services after the deductible has been satisfied.
ANNUAL OUT-OF-POCKET (LIMIT ON EXPENSES)	Maximum out-of-pocket coinsurance (including the deductible) is \$3,000 for a single plan participant or \$6,000 for a couple or family plan participant per Plan year; thereafter, the Plan pays 100% of eligible charges.	Maximum out-of-pocket coinsurance (including the deductible) is \$30,000 per person or \$60,000 per family per Plan year; thereafter, the Plan pays 100% of medically necessary/eligible services.
ROUTINE PREVENTATIVE CARE: Women's Health Services; Routine Adult Physicals; Well Child Care; Immunizations (Child & Adult); Flu Shots; Diagnostic X-Rays and Lab Tests; Colon Cancer Screening; Prostate Cancer Screening; Pap Smear; Mammography; Vision & Hearing Exams	100% of eligible charges; deductible/copay is waived.	Not covered.
HOSPITALIZATION	80% of eligible charges after deductible.	60% of eligible charges after deductible.
PHYSICIAN VISITS IN HOSPITAL	80% of eligible charges after deductible.	60% of eligible charges after deductible.
SURGICAL CARE OR SURGERY	80% of eligible charges after deductible.	60% of eligible charges after deductible.
24/7 Nurseline	Available 24 hours a day, 7 days a week at no cost	

HDHP Benefit Summary - Active Employees

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
EMERGENCY CARE	80% of eligible charges after deductible.	Emergency services paid same as in-network. Non-emergency services paid at 60% after deductible.
AMBULANCE	80% of eligible charges after deductible.	60% of eligible charges after deductible.
URGENT CARE FACILITY	80% of eligible charges after deductible.	60% of eligible charges after deductible.
PHYSICIAN OFFICE VISITS (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
DIAGNOSTIC X-RAY, LAB SERVICES (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
INJECTIONS	80% of eligible charges after deductible.	60% of eligible charges after deductible.
ALLERGY CARE	80% of eligible charges after deductible.	60% of eligible charges after deductible.
PODIATRY SERVICES (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
HEARING EXAM (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
EYE EXAM (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
MATERNITY	80% of eligible charges after deductible.	60% of eligible charges after deductible.
PEDIATRIC CARE (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
HEALTH EDUCATION & COUNSELING (Non-Routine)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
ORAL SURGERY	80% of eligible charges after deductible for initial treatment for injury to sound, natural teeth and for specific diseases, including removal of partially or completely unerupted impacted teeth.	60% of eligible charges after deductible for initial treatment for injury to sound, natural teeth and for specific diseases, including removal of partially or completely unerupted impacted teeth.
MENTAL HEALTH & ALCOHOL/ SUBSTANCE ABUSE: Inpatient, Residential Outpatient Therapy and Office Visit Services Partial Hospitalization	80% of eligible charges after deductible. 80% of eligible charges after deductible. 80% of eligible charges after deductible.	60% of eligible charges after deductible.
NOTE: The City offers an Employee Assistance Program (EAP), administered by Aurora, in addition to the coverage provided under this insurance program; it is a separate and FREE benefit. For further information, contact the Aurora Employee Assistance Program at (800) 236-3231 OR the City's Human Resources Department at (414) 302-8270.		
CHIROPRACTIC CARE	80% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	60% of eligible, medically necessary charges after deductible.
PHYSICAL THERAPY	80% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	60% of eligible, medically necessary charges after deductible.

HDHP Benefit Summary - Active Employees

	IN NETWORK SERVICES	OUT OF NETWORK SERVICES
OCCUPATIONAL THERAPY	80% of eligible, medically necessary charges after deductible. <i>Provider must be able to document improvement in the condition as Anthem requires review after 15 visits.</i>	60%, of eligible, medically necessary charges after deductible.
THERAPIES – CARDIAC, CHEMO, DIALYSIS/ HEMODIALYSIS, INFUSION RADIATION, AND RESPIRATORY (Inpatient/Outpatient)	80% of eligible charges after deductible.	60% of eligible charges after deductible.
DURABLE MEDICAL EQUIPMENT	80% of eligible charges after deductible for initial purchase or rental when authorized; does not cover repair or replacement.	60% of eligible charges after deductible for initial purchase or rental when authorized; does not cover repair or replacement.
PRESCRIPTION DRUGS	80% of charges per prescription or refill after deductible. Retail Network Provider: Express Scripts Mail Order Provider: Express Scripts	60% of charges per prescription or refill after deductible.
DEPENDENT COVERAGE	Refer to the next page of this document for details.	
COORDINATION OF BENEFITS	Benefits under this Plan are coordinated with benefits provided by other plans for which you and/or your dependents are also covered. Refer to the <i>Coordination of Benefits</i> section in your Benefit Booklet for details.	
PRE-CERTIFICATION	Required for Non-emergency Inpatient Hospital Admissions (includes Mental Health, Alcohol/Substance Abuse), Surgical Procedures, Outpatient Care, Skilled Nursing Facility, Home Health Care, and Hospice Care.	
TELEMEDICINE	IN NETWORK SERVICES Anthem's LiveHealth Online	OUT OF NETWORK SERVICES
	Billed rate is \$49, subject to deductible and coinsurance	60% of eligible charges after deductible.

The City reserves the right to make changes to coverage if future non-discrimination testing rules or plan structure makes it impossible to provide coverage.

HDHP Benefit Summary - Active Employees

Dependent means a covered **employee's**:

1. Legally recognized spouse;
2. Natural blood related child, step-child, legally adopted child or a child under **your** legal guardianship as determined with a court decree whose age is less than the limiting age. Each child must legally qualify as a **dependent** as defined by the United States Internal Revenue Service guidelines or applicable State Statutes.

Limiting age and eligibility criteria:

Dependent children under age 26 (as required by federal and state mandates):

The limiting age for each **dependent** child is the end of the month he or she attains the age of 26 years, regardless if the child is:

- a. Married;
- b. A tax dependent;
- c. A student;
- d. Employed;
- e. Residing with or receives financial support from *you*; or
- f. Eligible for other coverage through employment.

Dependent child, age 26 and older (as required by State mandate), who is called to federal active duty:

The limiting age is any age for each **dependent** child age 26 and older when they meet the requirements outlined below. **Dependent** termination is the end of the month they no longer meet these requirements.

- The child is a full-time student; and
- The child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending an institution of higher education on a full-time basis; and
- The child was under age 27 when called to federal active duty; and
- The child applies for full-time student status at an institution of higher education up to 12 months after completing active duty; and
- If the child is called to active duty more than once within a four-year period of time, the child's age at the time of their first call to active duty will be used when determining eligibility under this Plan.

3. A covered **employee's** child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order;
4. Grandchild, as long as the **employee's** covered **dependent**, who is the parent of the grandchild, is not yet age 18.

You must furnish satisfactory proof to the **City** upon request that the above conditions continuously exist. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.

A covered **dependent** child who attains the limiting age while covered under the Plan will remain eligible for medical benefits if all of the following exist at the same time:

1. Permanently mentally disabled or permanently physically handicapped;
2. Incapable of self-sustaining employment;
3. The child meets all of the qualifications of a **dependent** as determined by the United States Internal Revenue Service;
4. Unmarried.

You must furnish satisfactory proof to the **City** that the above conditions continuously exist on and after the date the limiting age is reached. The **City** may not request such proof more often than annually after two years from the date the first proof was furnished. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.



DENTAL INSURANCE PROGRAM COMPARISON

	CARE-PLUS PREPAID	STANDARD² PLAN
MAXIMUM COVERAGE Per person per plan year	\$1,500	\$1,500
DEDUCTIBLE Per person per plan year Family maximum	None	\$ 75 \$225
DIAGNOSTIC Examination and necessary x-rays	No Charge to Maximum	100%* (not subject to deductible)
PREVENTIVE Prophylaxis (cleaning), fluoride treatment, preventive training, space maintainers	No Charge to Maximum	100%* (not subject to deductible)
RESTORATIVE Amalgam and composite fillings, porcelain to metal crowns	No Charge to Maximum	80% to Maximum
PROSTHETICS Full and partial dentures, fixed bridges, repairs and additions	No Charge to Maximum	50% to Maximum
ENDODONTICS Pulpal therapy, root canals, apicoectomy	No Charge to Maximum	80% to Maximum
ORAL SURGERY¹ Simple extractions	No Charge to Maximum	80% to Maximum
PERIODONTICS¹ Treatment for diseases of gums and tissue of the mouth	No Charge to Maximum	80% to Maximum
DEPENDENT ELIGIBILITY	Covered through the end of the month turn 26 – refer to backside for full details.	Covered through the end of the month turn 26 – refer to backside for full details.
ORTHODONTICS (lifetime maximum benefit) To age 19	Patient pays first \$500	Anthem pays 50% of first \$2,400 (not subject to deductible; benefit is in addition to the \$1500 max. coverage benefit noted above)
Example \$3,400 Case	You Pay \$500 ³	You Pay \$2,200

¹Does not duplicate medical coverage.

²Usual and Customary charge applies for all services in Standard Plan.

³Convenient payment plan available.

DEPENDENT COVERAGE:

Dependent means a covered **employee's**:

1. Legally recognized spouse;
2. Natural blood related child, step-child, legally adopted child or a child under **your** legal guardianship as determined with a court decree whose age is less than the limiting age. Each child must legally qualify as a **dependent** as defined by the United States Internal Revenue Service guidelines or applicable State Statutes.

Limiting age and eligibility criteria:

Dependent children under age 26 (as required by federal and state mandates):

The limiting age for each **dependent** child is the end of the month he or she attains the age of 26 years, regardless if the child is:

- a. Married;
- b. A tax dependent;
- c. A student;
- d. Employed;
- e. Residing with or receives financial support from *you*; or
- f. Eligible for other coverage through employment.

Dependent child, age 26 and older (as required by State mandate), who is called to federal active duty:

The limiting age is any age for each **dependent** child age 26 and older when they meet the requirements outlined below. **Dependent** termination is the end of the month they no longer meet these requirements.

- The child is a full-time student; and
 - The child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending an institution of higher education on a full-time basis; and
 - The child was under age 27 when called to federal active duty; and
 - The child applies for full-time student status at an institution of higher education up to 12 months after completing active duty; and
 - If the child is called to active duty more than once within a four-year period of time, the child's age at the time of their first call to active duty will be used when determining eligibility under this Plan.
3. A covered **employee's** child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order;
 4. Grandchild, as long as the **employee's** covered **dependent**, who is the parent of the grandchild, is not yet age 18.

You must furnish satisfactory proof to the **City** upon request that the above conditions continuously exist. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.

A covered **dependent** child who attains the limiting age while covered under the Plan will remain eligible for medical benefits if all of the following exist at the same time:

1. Permanently mentally disabled or permanently physically handicapped;
2. Incapable of self-sustaining employment;
3. The child meets all of the qualifications of a **dependent** as determined by the United States Internal Revenue Service;
4. Unmarried.

You must furnish satisfactory proof to the **City** that the above conditions continuously exist on and after the date the limiting age is reached. The **City** may not request such proof more often than annually after two years from the date the first proof was furnished. If satisfactory proof is not submitted to the **City**, the child's coverage will not continue beyond the last date of eligibility.

CITY OF WEST ALLIS
2017 - 2018 INSURANCE RATES (Health and Dental plan year of 3-1-17 to 2-28-18; 2016 & 2017 = \$275k specific/individual stop loss for health insurance)

APPENDIX
Exhibit F

		HEALTH INSURANCE - ACTIVE EMPLOYEES								
Anthem Group #004009947		2016 ANTHEM PPO & HDHP			ANTHEM PPO			ANTHEM HDHP		
ACTIVES PLAN	TYPE OF COVERAGE	2016		2017	Emple Share		Emple Share			
		PPO	HDHP		w/HRA	NO HRA	2017	w/HRA	NO HRA	
		2016	2016	2017	10%	20%	2017	10%	20%	
1	Single (Under 65)	591.00	761.00	646.00	64.60	129.20	825.00	\$82.50	\$165.00	
2	Family (2-Person)	1,158.00	1,491.00	1,265.00	126.50	253.00	1617.00	\$161.70	\$323.40	
3	Family (under 65) (3/more)	1,696.00	2,183.00	1,853.00	185.30	370.60	2367.00	\$236.70	\$473.40	

Life Insurance Rates 7/1/16 - 06/30/17			
	Basic	Add'l	Suppl
Under 30	0.05	0.05	0.05
30-34	0.06	0.06	0.06
35-39	0.07	0.07	0.07
40-44	0.08	0.08	0.08
45-49	0.12	0.12	0.12
50-54	0.22	0.22	0.22
55-59	0.39	0.39	0.39
60-64	0.49	0.49	0.49
65-69	0.57	0.57	0.57
No Coverage	*		

Dental Insurance	Standard		Care-Plus	
	2016	2017	2016	2017
Single	37.00	35.00	34.24	35.96
Family	102.00	98.00	105.36	110.62

WISCONSIN RETIREMENT SYSTEM (WRS) 2017 Rates			
	Funded	Empl Pays	Unfunded
General - 15.3%	13.60%	6.8%	1.7%
Elected Offc -15.3%	13.60%	6.8%	1.0%
Police Dept - 19.4%	17.80%	6.8%	1.6%
Fire Dept - 24.0%	22.10%	6.8% & 6.0%	1.9%

HEALTH INSURANCE - RETIREES											
RETIREE PLAN	TYPE OF COVERAGE	ANTHEM PPO			HDHP		ANTHEM PPO			HDHP	
		2016 B4 2013	2016 After 3/1/13	2016 1/2	2016 B4 2013	2016 after 3/1/13	2017 B4 2013	2017 After 3/1/13	2017 1/2	2017 B4 2013	2017 After 3/1/13
1	Single (Under 65)	768.00	625.00		768.00	805.00	833.00	683.00		833.00	873.00
2	Family (2-Person)	1,506.00	1,226.00		1,506.00	1,578.00	1,633.00	1,339.00		1,633.00	1,711.00
3	Family (under 65) (3/more)	2,204.00	1,795.00		2,204.00	2,310.00	2,390.00	1,961.00		2,390.00	2,505.00
4	Medicare-Single	623.00	623.00	311.50			676.00	676.00	338.00		
5	Medicare-Family	1,274.00	1,274.00	637.00			1,381.00	1,381.00	690.50		
6	Medicare-Split	1,377.00	1,377.00	688.50			1,493.00	1,493.00	746.50		
7	Medicare-Split with Dependents	2,034.00	2,034.00	1,017.00			2,206.00	2,206.00	1,103.00		
8	Medicare-Two Medicare W/Dependents	1,954.00	1,954.00	977.00			2,119.00	2,119.00	1,059.50		

OTHER RELEVANT BENEFIT INFORMATION

1. The City recently established two (2) benefit committees: the Employee Benefit Committee and the Employee Benefit Advisory and Wellness Committee. The City expects its benefit consultant to be an active member of these committees.

The purpose of the Committees is to provide fiscally responsible administration of benefits and provide opportunity for employee input. Both Committees operate under the direction of the City Administrator in order to ensure benefit and wellness planning maintains congruence with overall City operational and strategic plans and effective and efficient use of City resources.

Consideration of the following will guide the Committees' activities (listed by order of importance) 1) Fiduciary responsibility to the taxpayer, 2) Cost control, 3) Reduction of OPEB liability (other postemployment benefits), 4) Optimal member health, 5) Positive customer service experience, 6) Recruitment, retention, and uniformity of benefits amongst employee groups, 7) Offerings provided by similar organizations.

The Committees' members' roles and responsibilities shall include, but not be limited to: 1) Actively participate in Committee activities including meetings, 2) Ensure adherence to the criteria listed herein, 3) Respect the sensitivity and maintain confidentiality of information provided, 4) Act as a liaison between the Committee and employees, 5) Provide constructive feedback, 6) Support and implement (as applicable) Committee agreed upon recommendations and recommendations approved by the Common Council.

- a. Employee Benefit Committee. The Employee Benefit Committee will explore, review, develop and recommend (for Common Council action) best practice approaches, policies and procedures relating to employee benefits. The Committee will develop, execute and update a long term strategic plan for benefit and wellness programs.

Membership of the Employee Benefit Committee by City staff includes: 1) Alderperson appointed by the Common Council President, 2) Member of the Administration and Finance Committee appointed by the Chair, 3) City Administrator, 4) Human Resources Director, and 5) Finance Director. The City Attorney or designee, Deputy Finance Director, and Benefits and Wellness Coordinator will serve as resource staff for the Committee.

- b. Employee Benefit Advisory and Wellness Committee. The Employee Benefit Advisory and Wellness Committee will: 1) function in an advisory capacity for the Employee Benefit Committee; and 2) strive to increase employee wellness and reduce health risks through awareness, education, support and outcomes-based wellness activities. The Committee will convene to provide input and feedback relating to employee benefit plans, offerings, long term planning and other assistance as maybe requested from the Employee Benefit Committee. The Committee will serve as a sounding board for initiatives and efforts underway and facilitate communication as requested among City employees. The Committee will develop goals and objectives consistent with the long term strategic plan for benefit and wellness programs and deliver programs which effectuate the goals and objectives.

The Committee shall establish short and long term wellness plans (for Common Council action).

Membership of the Employee Benefit Advisory and Wellness Committee by City staff includes: 1) City Administrator or designee, 2) Human Resources Director, 3) Benefits and Wellness Coordinator (chairperson), 4) Finance Director or designee, 5) Communications Director or designee, 6) Safety and Training Coordinator, 7) Health Department Employee, 8) Public Works Employee, 9) Library Employee, 10) Fire Department Employee, and 11) Police Department Employee.