

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.
 - ***Agreed and Understood***

- 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.
 - ***Agreed and Understood***

 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.
 - ***Agreed and Understood***

 3. Analyze areas of high utilization.
 - ***Agreed and Understood***

 4. Provide ongoing monthly, quarterly and annual utilization reports. Prepare comparisons to same period in previous years. Prepare trend analysis.
 - ***Agreed and Understood***

 5. Perform annual medical individual and aggregate stop loss RFP and analysis.
 - ***Agreed and Understood***

 6. Provide Wellness Program analysis.
 - ***Agreed and Understood***

- C. Prepare comprehensive written recommendations for changes projected to reduce the cost of health and dental benefits. Specifically address economic and human impact projections.
 - ***Agreed and Understood***
 1. Recommend change options for plan design with significant focus on number three (#3) above.
 - ***Agreed and Understood***

 - a. Consider multiple tier health, drug, and dental plan designs.
 - ***Agreed and Understood***

 - b. Consider revised levels of co-pays, office visit charges, and other out-of-pocket employee contributions.
 - ***Agreed and Understood***

 - c. Consider revised levels of premium share contributions for active employees and retirees.
 - ***Agreed and Understood***

 - d. Consider and recommend retiree program changes.
 - ***Agreed and Understood***

Scope of Work

- e. Consider and recommend Wellness Program updates which will assist in mitigating number three (#3) above.
 - ***Agreed and Understood***
 2. Recommend changes in service provider(s).
 - ***Agreed and Understood***
 3. Recommend changes in underwriting structure.
 - ***Agreed and Understood***
 4. Identify opportunities to obtain lower cost, same level services.
 - ***Agreed and Understood***
 5. Compute price of existing plan on a fully insured basis.
 - ***Agreed and Understood***
 6. Consider managed care options. Provide network match and employee disruption analysis.
 - ***Agreed and Understood***
 7. Recommend any other proven or innovative modification which may result in reducing the costs to the employer.
 - ***Agreed and Understood***
- 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.
- ***Agreed and Understood***
 1. Meet with management representatives monthly to review trends and claims.
 - ***Agreed and Understood***
 2. Participate in labor/management meetings as a resource to management or to explore plan design alternatives.
 - ***Agreed and Understood***
 3. Attend employee meetings as a resource to management; e.g. open enrollment.
 - ***Agreed and Understood***
 4. Assist in the creation of a strategic plan for benefits and outcomes based wellness programs.
 - ***Agreed and Understood***
 5. Attend Council and Committee meetings to provide information, recommendations, etc.
 - ***Agreed and Understood***

Scope of Work

- E. Calculate annual funding levels for self-insured benefit plans, with specific attention to the retiree program (i.e., addressing OPEB Liability).
 - ***Agreed and Understood and Included in Price, IF Actuary Needed see Additional Services in Cost Proposal***
- 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.
 - ***Agreed and Understood***
- G. Assist with problem resolution between employer and contracted service providers.
 - ***Agreed and Understood***
- H. Provide employee oriented communication materials for ongoing educational purposes.
 - ***Agreed and Understood***
- 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.
 - ***Agreed and Understood***
- J. Assist in the coordination of the annual Open Enrollment process for Health, Dental, Section 125, and HSA.
 - ***Agreed and Understood***
- K. Coordinate interaction between various internal and external databases to ensure reduction of manual processes.
 - ***Agreed and Understood***
- 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.
 - ***Agreed and Understood***
- M. Provide proactive client services, including quality responsiveness to inquiries and requests for assistance.
 - ***Agreed and Understood***
- N. Create and establish performance oriented contracts with vendors that hold them accountable for the quality of services provided.
 - ***Agreed and Understood***
- 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.
 - ***Agreed and Understood***



HORTGRO-01

DAVEHORTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Horton Group, Inc. 10320 Orland Parkway Orland Park, IL 60467	CONTACT NAME:		
	PHONE (A/C, No, Ext): (708) 845-3000	FAX (A/C, No): (708) 845-3001	
	E-MAIL ADDRESS: Certificates@thehortongroup.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : The Hartford		
INSURED The Horton Group, Inc. 10320 Orland Parkway Orland Park, IL 60467-5658	INSURER B : Travelers Insurance Company		19046
	INSURER C : Great American E&S Ins. Co.		37532
	INSURER D : AIG		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		83SBAPV5415	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			83UECJG2817	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			SER7422673	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ Aggregate \$ 25,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	83WEIR2653	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Lia.			TER3177460	04/15/2016	10/15/2017	Limit 15,000,000
D	Miscellaneous Policy			059330485	01/01/2017	01/01/2018	Limit 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured with respect to the general liability coverage only when required by written contract: City of West Allis its officers, employees, agents and volunteers; or the Consultant

CERTIFICATE HOLDER	CANCELLATION
City of West Allis Finance Department 7525 W. Greenfield Ave. West Allis, WI 53214	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

