

**\*\*\*ATTACHMENTS\*\*\***

**CITY OF SHEBOYGAN**

**REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION**

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**ITEM DESCRIPTION:** 2019 Contracts for Renewal

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**REPORT PREPARED BY:** Sandy Rohrick, Director of Human Resources and Labor Relations

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**REPORT DATE:** December 5, 2018

**MEETING DATE:** December 10, 2018

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**FISCAL SUMMARY:**

Budget Line Item: N/A  
Budget Summary: N/A  
Budgeted Expenditure: N/A  
Budgeted Revenue: N/A

**STATUTORY REFERENCE:**

Wisconsin Statutes: N/A  
Municipal Code: N/A

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**BACKGROUND / ANALYSIS:**

Various renewals for 2019 benefit programs for employees.

Agenda Item:

**3.1/RO. No. 184-18-19: Flexible Spending**

Diversified Benefits Services will continue to administer the benefits.

**3.2/RO. No. 185-18-19: COBRA Administration**

Diversified Benefits Services will continue to administer the COBRA . There will not be any increases to the annual renewal/setup fee, or monthly administrative fees through December 31, 2019.

**3.3/Res. No. 139-18-19:Transplant Insurance Coverage**

UHC-Optum continues to provide administrative services. Monthly rates for single employees is decreasing from \$5.30 to \$5.25; monthly rates for family coverage are decreasing from \$12.71 to \$12.58.

**3.4/Res. No. 140-18-19: Medical Stop-Loss Insurance**

Sun-Life Insurance will continue to provide stop loss coverage. The plan costs are increasing by 11 percent, with an estimated annual premium of \$608,860.87 for the period of January 1, 2019 through December 31, 2019.

**3.5/Res. No. 141-18-19: Medical Insurance Plan**

United Health Care will continue to provide administration services for the medical health benefit plan for calendar year 2019.

**3.6/Res. No. 142-18-19: Dental Insurance Plan**

Delta Dental will continue to administer the program. No changes in administrative fees for 2019.

**STAFF COMMENTS:**

The renewals are for discussion only.

**ACTION REQUESTED:**

Motion to recommend the Common Council approve RO No. 184-18-19 and RO No. 185-18-19 and Resolution Nos. 139-18-19, 140-18-19, 141-18-19, and 142-18-19 and enter into agreement to administer the 2019 benefit contracts and/or renewals.

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- I: RO. No. 184-18-19 Flexible Spending.
- II: RO. No. 185-18-19 COBRA Administrations
- III: Res. No. 139-18-19 Transplant Insurance Coverage
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- V: Res. No. 141-18-19 Medical Insurance Plan
- VI: Res. No. 142-18-19 Dental Insurance Plan

II

3.2

R. O. No. 184 - 18 - 19. By DIRECTOR OF HUMAN RESOURCES.  
December 3, 2018.

Submitting the attached letter from Diversified Benefit Services, Inc. regarding their services as a Third Party Administrator ("TPA") to provide Section 125 - Flexible Benefit Plan services for the health plan sponsored by the City of Sheboygan.

Via Res. No. 132-16-17, the Common Council authorized the Director of Human Resources to enter into a contract with Diversified Benefit Services, Inc. (DBS) to serve as a Third Party Administrator ("TPA") to provide Section 125 - Flexible Benefit Plan services for the health plan sponsored by the City of Sheboygan beginning January 1, 2017.

The contract with DBS provides for an automatic renewal each year, and provides for potential increases in fees on an annual basis. The City would need to provide ninety (90) day notice if it wished not to renew the contract for another year.

DBS, via the attached letter, has indicated that it will be increasing the fees for its service in 2019 by 10-cents per participant per month. This is consistent with the increase from 2017 to 2018, which was also 10-cents per participant per month.

I am providing this information to you for your information. Because this is an automatic renewal authorized by the council in the original contract, no further action is necessary.

*Finance +  
Personnel*

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DIRECTOR OF HUMAN RESOURCES

October 4, 2018

City of Sheboygan  
Jenny Lawrence  
828 Center Avenue  
Sheboygan, WI 53081

**Subject: 125-FSA Flexible Benefit Plan Renewal**

Dear Jenny,

Thank you for selecting Diversified Benefit Services, Inc. to provide Section 125 - Flexible Benefit Plan services to your organization. The opportunity to continue working with you is greatly appreciated.

Per your Agreement for Service, your Plan will automatically renew January 1, 2019 for one year. You will no longer be required to sign and return the written Agreement each year. DBS will notify you of any rate changes 60 days prior to the start of the new plan year.

Please see below for your monthly fee schedule:

<b>Service</b>	<b>Current Fees</b>	<b>2019 Fees</b>
FSA Administration	\$4.30/participant/month (\$100 Min.)	\$4.40/participant/month (\$100 Min.)

If you should have any questions please call our office at the number listed below. Again, thank you for the opportunity to provide service to your organization. Your business is truly appreciated.

Sincerely,

DBS Sales Administration Department

**CITY OF SHEBOYGAN**

**REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION**

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UHC-Optum continues to provide administrative services. Monthly rates for single employees is decreasing from \$5.30 to \$5.25; monthly rates for family coverage are decreasing from \$12.71 to \$12.58.

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Sun-Life Insurance will continue to provide stop loss coverage. The plan costs are increasing by 11 percent, with an estimated annual premium of \$608,860.87 for the period of January 1, 2019 through December 31, 2019.

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Delta Dental will continue to administer the program. No changes in administrative fees for 2019.

**STAFF COMMENTS:**

The renewals are for discussion only.

**ACTION REQUESTED:**

Motion to recommend the Common Council approve RO No. 184-18-19 and RO No. 185-18-19 and Resolution Nos. 139-18-19, 140-18-19, 141-18-19, and 142-18-19 and enter into agreement to administer the 2019 benefit contracts and/or renewals.

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II

3.3

R. O. No. 185 - 18 - 19. By DIRECTOR OF HUMAN RESOURCES.  
December 3, 2018.

Submitting the attached letter from Diversified Benefit Services, Inc. regarding their services administering the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and/or state insurance continuation on behalf of the City of Sheboygan and its group health program.

Via Res. No. 105-17-18, the Common Council authorized the Director of Human Resources to enter into a contract with Diversified Benefit Services, Inc. (DBS) to provide administrative services with respect to the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and/or state insurance continuation for the City of Sheboygan and its group health program beginning January 1, 2018. The cost for DBS's services are paid for from the Insurance Administration Services Account, Account No. 70411032-521500.

The contract with DBS provides for an automatic renewal each year, and provides for potential increases in fees on an annual basis. However, DBS, via the attached letter, has indicated that it will not be increasing the fees for its service in 2019. As such, no further action is necessary.

*Finance  
Personnel*

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DIRECTOR OF HUMAN RESOURCES

**September 12, 2018**

**City of Sheboygan  
Jenny Lawrence  
825 Center Avenue  
Sheboygan, WI 53081**

**Subject: COBRA Administration Renewal**

**Dear Jenny Lawrence,**

**Thank you for placing your COBRA Administration with Diversified Benefit Services, Inc. The opportunity to continue to work with City of Sheboygan is greatly appreciated.**

**At DBS we continue to make every effort to keep our costs down, thereby minimizing any increase in our client's fees. There will not be any increases to your annual renewal/setup fee, or your monthly administrative fees through December 31, 2019.**

**If you should have any questions please call our office at (800)234-1229. Again, thank you for your business. It is a pleasure working with you.**

**Sincerely,**

**DBS COBRA Department**

**CITY OF SHEBOYGAN**

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III

4.2

Res. No. 139 - 18 - 19. By Alderpersons Rindfleisch and Bohren.  
December 3, 2018.

A RESOLUTION authorizing the City to enter into a renewal agreement for managed transplant program coverage with Optum for the calendar year 2019.

WHEREFORE, on December 5, 2016, pursuant to Res. No. 131-16-17, the City entered into a contract with Optum for managed transplant program coverage as a supplemental stop loss insurance plan; and

WHEREFORE, the City has, on an annual basis, renewed said coverage on an annual basis; and

WHEREFORE, the City desires to renew the managed transplant program coverage under the same terms and conditions as for previous coverage.

NOW, THEREFORE, BE IT RESOLVED: That the Director of Human Resources is hereby authorized to execute a renewal of its supplemental Stop Loss Insurance Plan including a separate plan for managed transplant coverage with Optum, a copy of which is attached, under the same terms and conditions as for previous coverage, with a premium cost and commissions as described on the renewal document, for the period of January 1, 2019 through December 31, 2019.

BE IT FURTHER RESOLVED: That the appropriate City Officials are hereby authorized to draw orders on the City's Insurance Fund Account Number 70411030-540206 in payment of same.

Finance Personnel

David Rindfleisch  
James A. Bohren

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_, Mayor



Managed Transplant Program  
11000 Optum Circle  
Eden Prairie, MN 55344

[www.myoptumhealthcomplexmedical.com](http://www.myoptumhealthcomplexmedical.com)

September 10, 2018

Policyholder: City of Sheboygan  
Policy Date: 1/1/2019 to 12/31/2019  
Policy Number: 1000467  
Premium Due Date: 1/1/2019

The Policyholder has selected the following critical care benefits plan: Optum's Managed Transplant Program

Renewal Premium Rates: Single: \$5.25  
EE +1: \$0.00  
Family: \$12.58  
EE + SP: \$0.00  
EE+ CH: \$0.00  
PEPM: \$0.00  
PMPM: \$0.00

Commissions: 10.00%

Please notify Optum if you have any changes in your Third Party Administrator, Case Management or Agent of Record. This will allow Optum to continue to administer the Managed Transplant Program without disruption.

By signing this document I agree to renew the Managed Transplant Program policy.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**CITY OF SHEBOYGAN**

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The renewals are for discussion only.

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III

4.3

Res. No. 140 - 18 - 19. By Alderperson Rindfleisch and Bohren.  
December 3, 2018.

A RESOLUTION authorizing the City to enter into a renewal agreement for medical stop-loss insurance with Sun Life for coverage during 2019.

WHEREFORE, on November 2, 2015, pursuant to Res. No. 98-15-16, the City entered into a contract with Sun Life Insurance for medical stop-loss insurance; and,

WHEREFORE, the City has, on an annual basis, renewed said coverage on an annual basis; and,

WHEREFORE, the City desires to renew the medical stop-loss coverage under the same terms and conditions as for previous coverage.

THEREFORE BE IT RESOLVED: That the Director of Human Resources is hereby authorized to execute a renewal of its medical stop-loss coverage with Sun Life Insurance under the same terms and conditions as for previous coverage at a cost of \$71.08 single/month and \$157.33 family/month, with an estimated annual premium of \$608,860.87 for the period of January 1, 2019 through December 31, 2019.

BE IT FURTHER RESOLVED: That the appropriate City Officials are hereby authorized to draw orders on the City's Insurance Fund Account Number 70411030-521500 in payment of same.

*Finance  
Personnel*

*David Rindfleisch*  
\_\_\_\_\_  
*James A. Bohren*  
\_\_\_\_\_

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_, Mayor

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III

A.4

Res. No. 141 - 18 - 19. By Alderpersons Rindfleisch and Bohren.  
November 19, 2018.

A RESOLUTION authorizing the appropriate City officials to enter into contract with United Health Care (UMR) to provide administration services for the City's medical health benefit plan for calendar year 2019.

WHEREFORE, December 9, 2010, pursuant to Res. No. 167 - 10 - 11, the City entered into an administrative services agreement with United Health Care (UMR) to provide third-party administration services for the City's medical health benefit plan for calendar years 2011 and 2012; and

WHEREFORE, the City has, on an annual basis since then, renewed said coverage; and

WHEREFORE, the City desires to renew the medical stop-loss coverage under the similar terms and conditions as for previous coverage; and,

WHEREFORE, a copy of the Acceptance Page for the plan document and a Summary of Modifications is attached along with a cover letter from UMR;

NOW, THEREFORE, BE IT RESOLVED: That the Director of Human Resources is hereby authorized to execute the Acceptance Page acknowledging renewal of the contract with United Health Care (UMR) for the administration services for the City's medical health benefit plan for the period January 1, 2019 through December 31, 2019.

BE IT FURTHER RESOLVED: That the appropriate City Officials are hereby authorized to draw on the Insurance Administration Services Account, Account No. 70411030-521500 in payment of same.

*Finance Personnel*

*Renee Rindfleisch*  
*James A. Bohren*

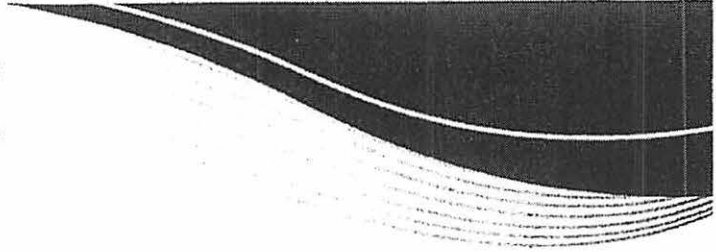
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Dated \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_, Mayor



115 W Wausau Ave  
Wausau WI 54401-2875  
PO Box 8046  
Wausau WI 54402-8046



CITY OF SHEBOYGAN

October 25, 2018

Plan Number: 7670-00-410812

Dear Valued Customer:

With this letter, we are sending your modified Health summary plan description (SPD). This SPD, referred to as the plan document, will be the basis for the administration of your Health Plan.

Also enclosed is the Acceptance Page, which formally approves the plan document. Please sign, retain a copy for your records, and return one copy to your UMR strategic account executive as soon as possible. **Note, however, that since the corresponding system changes have been implemented, this document is considered final, whether or not a signature is received.**

**This document will be posted to the UMR member web portal upon UMR's receipt of your signature, or within 14 days of your receipt of the document if a signature is not received by UMR. Please note that UMR will not print booklets until a signature is received.** It is also important that the information in your formally approved plan document agrees with any material distributed to your employees since this document will contain the terms of plan coverage.

Any applicable stop loss policies typically rely on the last formally approved plan document when determining coverage. If the plan document distributed to your employees does not accurately describe the way your plan is actually being administered, the result can be a lapse or delay in stop loss coverage. **Important:** To prevent such lapses or delays in coverage, be sure to return the signed Acceptance Page to your UMR strategic account executive as soon as possible. If applicable, submit a copy of the Acceptance Page along with a copy of your current plan document to your stop loss carrier, which will constitute required notice of plan terms and conditions. Please keep a copy for your records.

If you have any questions, please contact your UMR strategic account executive.

Thank you for your business.

Alpna Sharma  
Case Installations  
Enclosure



A UnitedHealthcare Company

## SUMMARY OF MODIFICATIONS

As requested, effective January 1, 2019, the following change(s) were made to your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- PBM vendor changed from OptumRx to RxBenefits.
- Medical Schedule of Benefits:
  - Changed Co-pay amount to 90% for all benefit plan(s).
  - Changed Out-of-pocket Maximum for all benefit plan(s).
- Provider Network:
  - Changed Secondary OPI for benefit plan(s) 009 and 011.
  - Changed Primary OPI for benefit plan(s) 010 and 012.

As required, effective January 1, 2019, the following changes were made to your Health Plan document:

- **Medical Schedule of Benefits: Under Preventive / Routine Care Benefits, the service relating to oral fluoride supplements for children has been deleted. The age limits applicable to this service change from time to time, and the service is now considered part of the existing Preventive / Routine Screenings / Services At Appropriate Ages And Gender.**
- **Covered Medical Benefits:**
  - Added 3D Mammograms, language in order to better clarify coverage of these services.
  - Eye Refractions have been added to the list of covered services with the stipulation that they must be related to a medical condition. Coverage of these services is standard.
  - Under Hospital Services (both Inpatient and Outpatient), language has been added regarding observation in a hospital room in accordance with current standards.
- **Mental Health Benefits: Residential Treatment language has been revised in order to clarify that coverage does not include facilities or programs where therapeutic services are not the primary service being provided.**
- **Substance Use Disorder and Chemical Dependency Benefits: Residential Treatment language has been revised in order to clarify that coverage does not include facilities or programs where therapeutic services are not the primary service being provided.**
- **Care Management:**
  - Dialysis has been added to the list of services requiring prior authorization.
  - The Kidney Resource Services (KRS) language is revised as a clarification of benefits.
- **Claims and Appeal Procedures: Our Cost Reduction and Savings program is expanding to address excessive billing for non-contracted Emergency and RAPL (Radiologists, Anesthesiologists, Pathologists, and Laboratories) claims that are not captured by secondary networks. The goal is to reduce the customer's non-contracted spending, while minimizing member financial impact associated with non-contracted utilization.**
- **Glossary of Terms:**
  - Under Inpatient, language has been added indicating that observation stays of more than 72 hours are considered to be inpatient treatment.
  - Under Medically Necessary / Medical Necessity, the definition has been revised to clarify the criteria used for determining medical necessity.



A UnitedHealthcare Company

**ACCEPTANCE PAGE**

Health Plan  
7670-00-410812

CITY OF SHEBOYGAN acknowledges that we have reviewed the plan document for the plan period effective January 1, 2019, and agree that the provisions contained in the plan document will be the basis for the administration of our Health Plan. The Plan Sponsor further represents that the plan document accurately reflects the intent of the Plan Sponsor and agrees that UMR may rely on such document in the administration of the Plan.

Accepted by the Plan Sponsor on 11/28/2018  
Date

Sandy Rehrick, Director of Human Resources and  
Authorized Signature and Title  
CITY OF SHEBOYGAN  
Labor Relations

**CITY OF SHEBOYGAN**

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Diversified Benefits Services will continue to administer the benefits.

**3.2/RO. No. 185-18-19: COBRA Administration**

Diversified Benefits Services will continue to administer the COBRA . There will not be any increases to the annual renewal/setup fee, or monthly administrative fees through December 31, 2019.

**3.3/Res. No. 139-18-19:Transplant Insurance Coverage**

UHC-Optum continues to provide administrative services. Monthly rates for single employees is decreasing from \$5.30 to \$5.25; monthly rates for family coverage are decreasing from \$12.71 to \$12.58.

**3.4/Res. No. 140-18-19: Medical Stop-Loss Insurance**

Sun-Life Insurance will continue to provide stop loss coverage. The plan costs are increasing by 11 percent, with an estimated annual premium of \$608,860.87 for the period of January 1, 2019 through December 31, 2019.

**3.5/Res. No. 141-18-19: Medical Insurance Plan**

United Health Care will continue to provide administration services for the medical health benefit plan for calendar year 2019.

**3.6/Res. No. 142-18-19: Dental Insurance Plan**

Delta Dental will continue to administer the program. No changes in administrative fees for 2019.

**STAFF COMMENTS:**

The renewals are for discussion only.

**ACTION REQUESTED:**

Motion to recommend the Common Council approve RO No. 184-18-19 and RO No. 185-18-19 and Resolution Nos. 139-18-19, 140-18-19, 141-18-19, and 142-18-19 and enter into agreement to administer the 2019 benefit contracts and/or renewals.

**ATTACHMENTS:**

- I: RO. No. 184-18-19 Flexible Spending.
- II: RO. No. 185-18-19 COBRA Administrations
- III: Res. No. 139-18-19 Transplant Insurance Coverage
- IV: Res. No. 140-18-19 Medical Stop-Loss Insurance
- V: Res. No. 141-18-19 Medical Insurance Plan
- VI: Res. No. 142-18-19 Dental Insurance Plan

III

4.5

Res. No. 142- 18 - 19. By Alderpersons Rindfleisch and Bohren.  
December 3, 2018.

A RESOLUTION authorizing the appropriate City officials to enter into renewal agreement with Delta Dental to administer dental benefit plan services for the City for calendar years 2019 and 2020.

WHEREFORE, on November 20, 2012, pursuant to Res. No. 97- 12 - 13, the City entered into a contract with Delta Dental to administer dental plan services for the City; and,

WHEREFORE, as part of said contract, Delta Dental also administers the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and/or state insurance continuation on behalf of the City of Sheboygan and its group dental program.

WHEREFORE, the City has, on an annual basis, renewed said coverage on an annual basis; and,

WHEREFORE, Delta Dental has calculated the rates that can be used for the Plan's COBRA enrollees as follows:

Single Coverage (employee only)	\$45.24
Family Coverage (employee and spouse)	\$91.31
Family Coverage (employee and children)	\$102.02
Family Coverage (full family)	\$149.92

WHEREFORE, the City desires to renew the dental coverage under the same terms and conditions as for previous coverage.

NOW, THEREFORE, BE IT RESOLVED: That the Director of Human Resources is hereby authorized to execute a renewal of its dental coverage, including COBRA administration at the rates provided, with Delta Dental for the period January 1, 2019 through December 31, 2020, a copy of which is attached, under the same terms and conditions as for previous coverage, and at a Monthly Administrative Fee of \$4.13 per employee.

*Finance Reserved*

BE IT FURTHER RESOLVED: That the appropriate City Officials are hereby authorized to draw orders on the City's Insurance Administration Services Account, Account No. 70411032-521500, in payment of same.

David P. Puffert  
James A. Bohrer

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_, Mayor

**CITY OF SHEBOYGAN**

**REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION**

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**ITEM DESCRIPTION:** Gen. Ord. No. 32-18-19. Modifying the Table of Organization for the Fire Department.

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**REPORT PREPARED BY:** Sandy Rohrick, Director of Human Resources and Labor Relations

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**REPORT DATE:** December 5, 2018

**MEETING DATE:** December 10, 2018

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**FISCAL SUMMARY:**

Budget Line Item: N/A  
Budget Summary: N/A  
Budgeted Expenditure: N/A  
Budgeted Revenue: N/A

**STATUTORY REFERENCE:**

Wisconsin Statutes: N/A  
Municipal Code: Chapter 82

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**BACKGROUND / ANALYSIS:**

Two members of the Fire Department Command Staff have announced retirement (Assistant Fire Chief in December 2018 and Battalion Chief in the first quarter of Calendar Year 2019). Accordingly, a review of current Table of Organization of the Fire Department Command Staff is necessary. The review includes current job descriptions and related delegation of duties.

Presently, the Command Staff includes: 1 – Fire Chief, 1 – Assistant Fire Chief, 1 – Deputy Fire Chief, and 4 – Battalion Chiefs.

**STAFF COMMENTS:**

As a dynamic organization, the Fire Department needs to keep current on best practices, as well as to continuously review the needs of the department and strengths or specialty skills available with current staffing. Consequently, I am recommending that the current Deputy Fire Chief position be reclassified as an Assistant Fire Chief. This change will result in two Assistant Fire Chiefs (one which is focused on operations and one which is focused on administration). In addition, make the educational requirements consistent in both positions (Associates Degree required, Bachelors Degree preferred). A formal change to the Table of Organization would be to delete the Deputy Fire Chief position and add an Assistant Fire Chief.

**ACTION REQUESTED:**

Motion to recommend the Common Council approve Gen. Ord. No. 32-18-19, modifying the Table of Organization for the Fire Development Department by deleting the Deputy Fire Chief and adding another Assistant Fire Chief.

**ATTACHMENTS:**

- I. Gen. Ord. No. 32-18-19
- II. Job Description: Assistant Fire Chief

II

OPINION LETTERS

7.3

Gen. Ord. No. 32 - 18 - 19. By Alderperson Rindfleisch. December 3, 2018.

AN ORDINANCE amending Section 82-33 of the Sheboygan Municipal Code so as to amend the positions in the Fire Department Table of Organization.

THE COMMON COUNCIL OF THE CITY OF SHEBOYGAN DO ORDAIN AS FOLLOWS:

Section 1. Section 82-33 of the Sheboygan Municipal Code entitled, "List of Classes and Class Specifications," is hereby amended so that Section C.1. of section 82-33 of the supplement to the Code on file in the city clerk's office is amended as follows:

Class Title	Class Grade	NO. of Employees
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C. FIRE DEPARTMENT

1. Fire Department - Sworn Officers

DELETE:

Deputy Fire Chief	U	1
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ADD:

Assistant Fire Chief	V	2
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Section 2. All ordinances or parts thereof in conflict with the provisions of this ordinance are hereby repealed to the extent of such conflict, and this ordinance and attached revised job descriptions shall be in effect from and after its passage and publication.

*Finance + Personnel*

*Ronald Rindfleisch*  
\_\_\_\_\_

I HEREBY CERTIFY that the foregoing Ordinance was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_, Mayor



11. Responds to fire alarms as required, and in the absence of the Fire Chief, directs fireground and rescue operations including deployment of personnel, placement of apparatus, overhaul operations and strategic and tactical fire and rescue operations utilizing established National Incident Management and Incident Command System processes.
12. Is responsible for the performance of duties and enforcement of Wisconsin Statutes, Municipal Codes and Ordinances, and all rules, regulations and policies pertaining to the Fire Department.
13. Effectively participates in personnel transactions such as appointments, promotions, transfers, disciplinary actions, discharges, and scheduling.
14. The Assistant Chief supervises all personnel matters including policy, rules, contractual applications, manpower levels, vacation schedules, sick leave records, personnel budgets and acts as communications liaison officer for the communications center.
15. Confers with the designated Battalion Chief that supervises all purchasing of equipment and building and maintenance repairs including scheduling of all maintenance and repairs to apparatus and buildings, arranges for contract repairs, maintains parts and supplies inventories, air, oxygen and fuel supplies, equipment purchase and repair budgets, supervises the maintenance mechanic and arranges for all interdepartmental labor.
16. Coordinates the investigative efforts of Battalion Chief and Fire Investigative personnel relative to incendiary and accidental fires and emergencies.
17. Makes periodic reports in orally and in writing, to the Fire Chief on the state of his area of responsibility, along with such statistics and suggestions as are meaningful for the improvement of the department.
18. Monitors the effectiveness of the department's information systems and work with IT to create solutions to deficiencies.
19. Performs related work as required.

#### **Qualification Requirements:**

1. Thorough knowledge of the operation and maintenance of all fire apparatus and equipment.
2. Thorough knowledge in the methods, strategy and tactics employed in fire suppression, fire prevention, hazardous materials handling and rescue work.
3. Thorough knowledge of fire chemistry and causes of fire.
4. Thorough knowledge of hydraulics, building construction, emergency medical services, streets, buildings, hazardous occupancies and private protection systems.
5. Thorough knowledge of the water distribution system relative to operation, size and capabilities as applied to firefighting.
6. Thorough knowledge of federal and state laws, Municipal Codes and Ordinances, rules regulations and standard operating procedures as applied to the Fire Department.
7. Knowledge of administrative procedures and functions.

8. Working knowledge of employee assistance program, FMLA, the current labor contract and other relevant federal and state laws relating to human resources.
9. Knowledge of modern principles of management methods and organizations.
10. Knowledge of the National Incident Management (NIMS) and Incident Command Systems (ICS) and the ability to implement them in an effective manner.
11. Ability to effectively supervise, plan, and coordinate the work of employees.
12. A high sense of responsibility and initiative to work independently and productively without supervision.
13. Ability to react quickly, maintain composure and render sound decisions and judgments under the duress and strain of emergency conditions.
14. Ability to use functional reasoning and apply rational judgment in performing diversified work activities.
15. Ability to instruct special classes and seminars as required.
16. Ability to express oneself clearly and concisely orally and in writing.
17. Ability to establish working relationships with inter-governmental units and public.

#### **Education and/or Experience**

Associate Degree from an accredited college or university in Fire Science, Public Administration or related field required, a bachelor's degree is preferred. Also required is a minimum of two (2) years experience in a staff position of Lieutenant or higher in a paid municipal fire department with a minimum of ten (10) years of progressive work in the administration of fire/emergency medical services.

Possession of a valid Wisconsin Motor Vehicle Operator's license or equivalent

Current BLS Certification through approved agency (NREMTP 2018)

Any additional requirements as established by the Board of Police and Fire Commissioners pursuant to their authority contained in Chapter 62.13(3) of the Wisconsin Statutes.

#### **Function of Position Description**

This job description has been prepared to define the general duties of the position, to provide examples of work, and to detail the required knowledge, skills, and abilities as well as the level of training and experience for the position. The description is not intended to limit or modify the right of any supervisor to assign, direct and control the duties of employees under supervision. The City of Sheboygan retains and reserves any and all rights to change, modify, amend, add to or delete from any portion of this description by its own discretion.

This job description is not a contract for employment.

#### **Pre-employment Requirement**

Job offers for this position are contingent on the individual passing a pre-employment drug screen.