

*****ATTACHMENTS*****

CITY OF SHEBOYGAN

REQUEST FOR SALARIES AND GRIEVANCE COMMITTEE CONSIDERATION

ITEM DESCRIPTION: 2017 Diversified Benefits Services Flexible Benefits

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

REPORT DATE: November 22, 2016

MEETING DATE: November 28, 2016

FISCAL SUMMARY:

STATUTORY REFERENCE:

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

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

BACKGROUND / ANALYSIS:

The City of Sheboygan provides employees with an optional flexible benefit plan which allows employees the option to dedicate certain compensation set aside and used on a tax-free basis. Diversified Benefits Services, Inc. has provided this service at a reasonable cost and service to employees.

STAFF COMMENTS:

Employee participation in this program is voluntary and the benefit offered is limited based on the City's participation in a qualified high deductible health insurance plan design. However, this benefit continues to have value to those who use it and is recommended to continue into 2017.

ACTION REQUESTED:

Motion to request City Council approve the resolution, authorizing the appropriate City Officials to enter into an agreement with Diversified Benefits Services, Inc., to administer the 2017 Flexible Benefit Plan for the period of January 1, 2017 to December 31, 2017.

ATTACHMENTS:

- I. Resolution No. 132-16-17

III

4.7

Res. No. 132 - 16 - 17. By Alderperson Donohue. November 21, 2016.

A RESOLUTION authorizing the appropriate City officials to enter into an agreement with Diversified Benefit Services, Inc. to administer the Flexible Benefit Plan for the period January 1, 2017 through December 31, 2017.

WHEREAS, the City allows employees to enroll in a flexible spending program;

BE IT FURTHER RESOLVED: That the appropriate officers of the City of Sheboygan enter into a Flexible Benefit Plan Agreement for Services for the time period January 1, 2017 through December 31, 2017.

John Green

Therese Donohue

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
Flexible Benefit Plan
Agreement for Service

01/01/2017 - 12/31/2017



DIERSIFIED BENEFIT SER**VICES**, INC.
Dedicated to Excellence in Benefit Management Solutions

This Agreement for Third Party Administration Services ("Agreement") is made and entered into between Diversified Benefit Services, Inc. hereinafter referred to as "DBS" and the Employer designated on page (4) hereinafter referred to as "Employer".

WHEREAS, Employer has engaged DBS as a Third Party Administrator ("TPA") to provide Section 125 - Flexible Benefit Plan - FSA ("Plan") services ("Services") for the Plan sponsored by the Employer;

WHEREAS, DBS is making available FSA administrative and other related services to be established by the Employer and designed to comply with Section 125 of the Internal Revenue Code (the "Code");

WHEREAS, the FSA administrative services incorporates professional material, and internally developed DBS corporate information;

NOW THEREFORE, in consideration of the mutual promises and agreements contained herein the parties hereto agree as follows:

1. DBS agrees to make available the Flexible Benefit Plan to be used as the Employer Flexible Benefit Plan. Employer agrees not to disclose details of the Plan to other parties or copy any materials provided, except for auditors, attorneys, and others to whom disclosure is legally required, unless DBS gives permission to do so.
2. Employer retains DBS as Plan Agent for the Employer Flexible Benefit Plan and authorizes DBS to perform all functions necessary to prepare, implement, and operate the Employer Flexible Benefit Plan.
3. Employer agrees to provide data that DBS needs in communication and enrollment of the Flexible Benefit Plan. Employer also agrees to make the necessary payroll deductions and assist DBS in implementing and operating the Plan.
4. Employer recognizes that certain owners and their family members may not be eligible to participate in the Flexible Benefit Plan (including the pre-tax premium portion of the Plan). The Employer agrees to contact their legal counsel as needed to determine whether their owners and family members can participate. The Employer further agrees not to provide DBS with enrollment information on the owners and family members if it is determined said persons are ineligible to participate.
5. DBS services may include some or all of the following items (as needed): restatement of a Flexible Benefit Plan Document, Summary Plan Description, ancillary forms, employee enrollment, and claims recordkeeping. In addition, annual non-discrimination testing required under Code Section 125 may be completed only if the Employer agrees to provide all Plan contribution information to DBS, including any group insurance premium contributions and key / highly compensated employee information (including salaries). Only dependent care testing can be completed if the Employer elects not to provide group insurance premium contribution amounts to DBS. The testing will be completed only if the Employer provides timely and complete information. Other package services specified in the attached Schedule A may be provided as noted by the Employer.
6. If the Employer elects to have the employee pay the monthly ongoing administration fee and an employee terminates with a balance in an account, the Employer shall be responsible for the monthly fee from that point forward. In addition, Employer recognizes that the Plan allows employees to submit claims after Plan year end for a specified period in accordance with the Plan Document. Employer understands and agrees that during this Plan year run out period, fees will be invoiced on the same basis as the previous months of the Plan year and will be for the run out period. This will be shown as a separate line item on the invoice. In addition, a separate line item on the invoice will be for services pertaining to the new Plan year coverage period.
7. Employer agrees to pay fees for services on a timely basis to DBS as listed in the attached Schedule A which is made part of this Agreement. Terms are included on each invoice as due upon receipt. In the event that the Employer does not remit payment for an undisputed invoice within a reasonable period of time (30 days), DBS shall cease providing Services to the Employer until such time that any outstanding invoices are paid.
8. Any overpayments to employees as a result of the Employer not notifying DBS as to status changes via the DBS Status Change Notification Form or other agreed upon format by both parties as of the claim cut-off date, will be the responsibility of the Employer. DBS shall have two complete business days to respond to the Employers request on a termination change, status change or other election change. Any subsequent bank charges as a result of the aforementioned will be the responsibility of the Employer. Requests by the Employer for processing special checks (meaning checks not processed at the regular claims processing date) due to an employee filing late claim(s), (meaning claim(s) received by DBS after the claims deadline date), or for lost or stolen checks will be done for a fee of \$35 per check. If an employee or former employee fails to retain original documentation regarding claims submitted to DBS and the employee or former employee requests copies of claims and/or documentation from DBS



because of an audit by the IRS or another agency, there will be a fee of \$0.25 per copy made. This will only be authorized by the Employer and will be billed to the Employer if authorization is obtained.

9. With respect to inadvertent overpayments to participants, DBS shall make reasonable efforts to recoup such payments, including offsets to future payments, ACH withdrawals (in the case of direct deposit participants) and a written request to return such overpayments, provided that DBS is notified within sixty days of such overpayments. However, DBS will not be responsible for funding any legal action to recover such overpayments, nor will it be responsible for reimbursing such overpayments to the Employer.
10. Employer agrees to pay to DBS the agreed upon fee indicated for other services listed on attached Schedule. This agreement does not cover any possible future Government imposed costs regarding auditing of Flexible Benefit Plans. Also, it is not within the scope of this Agreement to cover possible future Government imposed costs with regard to filing fees for any Government forms, documents, or year end (5500) reports. The term "Government" shall include but not be limited to the United States Government, Internal Revenue Service, Department of Labor, or a State within the United States.
11. This Agreement shall be exclusive and remain in effect for a period of one full Plan year wherein both parties have signed and dated said Agreement ("Initial Term"), after which time it shall be renewed automatically for one Plan year period ("Renewal Terms"), unless one party notifies the other in writing at least ninety (90) days prior to the renewal date that it does not intend to renew. The renewal date shall be the end of the Plan year. Notification under Section 11 of this Agreement shall be deemed duly given if delivered by certified or registered mail with postage prepaid to DBS or the Employer.
12. Notwithstanding the preceding paragraphs, either party may terminate this Agreement for cause at any time. "Cause" shall be limited to any of the following reasons: (a) if either party fails to perform its duties hereunder and such failure is not cured within thirty days of receipt of written notice thereof; (b) if all or any portion of the Plan fails to comply with applicable provisions of the Code and regulations thereunder or state regulations; or (c) if some or all of the Plan is not legally or validly implemented.
13. If the Employer terminates the Agreement without cause during the Agreement period ("Initial Term or Renewal Term"), the Agreement must be purchased by the Employer. Such Agreement buyout shall be based upon the fees that would have been charged for the remainder of the Agreement period for such services as future enrollment, monthly administration, miscellaneous, and any package services that may apply. Such fees shall be those as set forth in the attached Schedule A of the Agreement. Payment of the final invoice shall be due upon receipt. If the final invoice is not paid as described, DBS will not process claims and/or reports until full payment is made by the Employer.
14. If the Employer is purchased by another organization and/or merges and/or affiliates with another organization, the terms of this Agreement shall remain in full force and shall be binding until the end of the term of the Agreement unless a buyout of the Agreement is agreed to. Any buyout of the Agreement shall be the fees that would have been charged for the remainder of the Agreement period. Such fees shall be based upon the attached Schedule A of the Agreement including enrollment, monthly administration, miscellaneous, and any package fees that may apply.
15. DBS shall have the right to retain, at its own cost, outside services in preparing, implementing and operating of the Plan.
16. Nothing contained herein shall obligate Employer to utilize DBS as its agent or broker in providing group benefits to employees.
17. Employer recognizes that the Plan Document is an important legal document and that it has been prepared based on the understanding of DBS of the desired provisions. To ensure that the Plan Document conforms to the Employer's situation the Employer should consult with its attorney on the legal and tax implications of the Plan. Employer recognizes that DBS is not a law firm and that DBS employees are not attorneys. Additionally, Employer recognizes that DBS is not an accounting (CPA) firm.
18. Employer recognizes that DBS may maintain paper and/or electronic records related to member/participant claims for a period of seven years, after which time the records will be destroyed.
19. Employer agrees to indemnify and hold harmless DBS, its affiliates, and any of its directors, officers or employees with respect to any and all liabilities, losses, damages, or expenses, including reasonable attorneys' fees, related to third party claims incurred by reason of the failure of the Employer to carry out its obligation under this agreement on a timely and non-negligent basis, unless such failure is based upon the negligence of DBS or any of its employees.
20. DBS agrees to indemnify and hold harmless Employer, its affiliates, and any of its directors, officers or employees with respect to any and all liabilities, losses, damages, or expenses, including reasonable attorneys' fees, related to third



party claims incurred by reason of the failure of DBS to carry out its obligation under this agreement on a timely and non-negligent basis, unless such failure is based upon the negligence of Employer or any of its employees.

- 21. This exclusive Agreement, including Schedule A, constitutes the entire understanding of the parties and may be modified only in writing executed by both parties. It shall be binding upon both parties and their successors or assigns and shall be interpreted under the laws of the State of Wisconsin.
- 22. Plan years covered by the "Initial Term" of this Agreement shall be 01/01/2017 - 12/31/2017.
- 23. The respective rights and obligations of the parties under Sections 7, 18, 19, 20, 21, and 24 shall survive the termination of this Agreement.
- 24. If any provision of this Agreement is held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision, and this Agreement shall be construed and enforced as if such provision had not been included.
- 25. This Agreement may be executed in one or more counterparts, each of which shall be an original and all of which together shall constitute one and the same instrument. Any signature delivered by a party by facsimile transmission shall be deemed to be an original signature thereto.
- 26. All notices, demands, and requests that a party is required or elects to give to any other party shall be in writing and any such notice shall become effective (a) upon personal delivery thereof, including, but not limited to, delivery by a recognized overnight mail or courier service, or (b) three (3) days after it shall have been mailed by United States mail, first class, certified or registered, with postage prepaid, in each case addressed to the party to be notified as set forth in the agreement or to such other address as each party may designate for itself by like notice.
- 27. Notices to DBS will be sent to:

Diversified Benefit Services, Inc.
 P.O. Box 260
 Hartland, WI 53029
 Attn: Timothy G. Pederson, President

Dated this _____ day of _____, 2016.

City of Sheboygan - "Employer"

By: _____ Title: _____

Attest: _____ Title: _____

 Employer Address, City, State, Zip / (Notices will be sent to the above address)

Diversified Benefit Services, Inc. - "DBS"

By: _____ Title: President

Witness: _____ Title: Sales & Enrollment Coordinator



City of Sheboygan Schedule A

1. Plan Implementation

Plan Design, Plan Document, Summary Plan Description, Business Associate Agreement, Privacy Practices provided as is. Client generated benefit or Plan changes that require the updating, changing, amending or restating of the Plan Document or Summary Plan Description will be billed separately. Printing of SPD booklets will be billed separately.

Fee: *No Charge for Legal Documents 'as is'*

2. Group Meetings

Flexible Benefit Plan group meeting materials provided to the employer for distribution to employees. Group presentation(s) or webinars include communication of the Flexible Benefit Plan and explanation of enrollment materials and how to file a claim for reimbursement.

Fee: \$90/meeting initial plan year; \$50/meeting in subsequent plan years. *(Travel/lodging/meals billed separately if applicable)*

3. Employee Enrollment Options & Related Services

(Employer May Choose the Type of Enrollment)

- A. Individual Employee Meetings. Option A (1) – Comprehensive Individual Employee Meetings: Services will include individual employee enrollment sessions with DBS Benefit Enrollers with a review of the employee flexible benefit Plan worksheet/employee guide and the utilization of the prior plan year. The DBS notebook computer system may be utilized if appropriate. Also includes the completion of enrollment forms and providing employees with an expense reimbursement kit. DBS will provide the Employer with copies of completed enrollment forms if requested. Also includes establishing Plan records on the DBS flexible benefit Plan software administration system, preliminary Plan compliance, election auditing, and other related in-house Plan year setup services. Option A (2) – DBS Enrollers onsite to answer employee questions: DBS Benefit Enrollers will be available for a limited period of time to answer employee questions regarding the plan. Enroller related costs such as travel, lodging, meals may be billed separately if applicable.
- B. Employer Self-Enrollment. DBS will provide the Employer with enrollment forms, employee guides, and additional Plan materials for distribution to all eligible employees. An enrollment letter and Plan fact sheet will be provided as well. DBS will supply the Employer with claim forms and/or expense reporting kits as needed. This section also includes establishing Plan records on the Flexible Benefit Plan software administration system, preliminary Plan compliance, election auditing, and other related in-house Plan services. Another option allows for DBS to provide an electronic file of the enrollment materials for Employer to distribute to eligible employees. A third option allows for the employer to send an eligibility/enrollment file electronically to DBS to allow enrollment information to be downloaded into the DBS administration system.
- C. Online Internet Enrollment. DBS will provide the Employer with an enrollment instruction letter and Plan information letter that includes a system password for User name and PIN. This will allow employees access to the DBS Website and Online enrollment system. Employees will receive screen confirmation when submitting their election information with print capability. The Employer agrees to distribute the enrollment letter with instructions to all eligible employees. DBS will provide the Employer with copies of completed online enrollment forms if requested. This section also includes establishing Plan records on the Flexible Benefit Plan software administration system, preliminary Plan compliance, election auditing, and other related in-house Plan year setup services.

Option A Fee: (1) Comprehensive individual employee meetings with DBS enroller(s): \$10.00/eligible employee/plan year
(Minimum fee: \$150)

(2) DBS Enrollers onsite to answer employee questions: \$300/enroller/day
(Minimum fee: \$150)

Option B Fee: Self-Enrollment using paper packets or electronic file of materials or eligibility file sent by Employer to DBS: \$3.00/FSA participant/year
(Minimum fee: \$100)

Option C Fee: Online Internet Enrollment: \$3.00/FSA participant/year
(Minimum fee: \$100)



City of Sheboygan Schedule A (continued)

4. Record-keeping, Claims processing, and Plan Reporting

- Process claims from Plan participants and issue reimbursements
- A.S.A.P.® Online Account Viewing (Advanced Strategic Administrative Program) package for enhanced administrative user features including claim details, advanced report options and advanced report filtering services. Also includes access to archived Plan year data for all years and related data and ASCII/Excel data format download for certain reports
- Provide employer aggregate Plan reporting for online viewing and printing
- Prepare employee statements as needed
- Process all family status changes including new hires and terminations
- Reissue lost or stolen reimbursement checks
- Provide 800 toll free telephone number for out of area participants
- Provide periodic informational notices as needed

Plan Year

Monthly Fee Schedule – (FSA Service Only)

01/01/2017 – 12/31/2017 \$4.20/participant/month for service agreement year one

The above monthly fee includes the following categories: Dependent Care Reimbursement Account, Medical Expense Reimbursement Account and/or the Independent Premium Feature. Employer reports including transaction ledger summary, payments in excess of deposits, account deposit summary, and check register are included in the online service package for the Employer.

Minimum Monthly Group Administration Fee: \$100.00

Miscellaneous Fees

- I. Postage/UPS Reimbursement: Statements/checks/direct deposit notices mailed directly to Plan participants and packages sent via UPS directly to the client.
Fee: First class postage and/or UPS shipping fees
- II. Customized materials requested by the client: *To be quoted*

Optional Services

- I. ACH/EFT service includes account setup with client bank, direct deposit of FSA reimbursements, and transfer of claim payments via ACH from the Employer designated account to the DBS Master 125-FSA account and the mailing of checks and/or direct deposit notices directly to Plan participants.
Fee: First Class postage reimbursement
- II. Annual 5500 & SAR Preparation: Includes data gathering, 5500 & SAR form preparation, answers to questions regarding the form, related W2 questions.
Fee: \$350/year (if required for employer)
- III. Pre-paid stored value card service (debit cards) includes bank account and system set-up, preparation, and administration for the medical reimbursement FSA account. Employer pre-funding of the debit card bank account and additional bank fees due to insufficient funds in the Employer bank account are the responsibility of the Employer. Fees for lost or stolen cards are the responsibility of the Employer or Employee.
Fee: \$1.00/participant/month (minimum group fee: \$50.00)
Replacement Card Fee: \$5.00



CITY OF SHEBOYGAN

REQUEST FOR SALARIES AND GRIEVANCE COMMITTEE CONSIDERATION

ITEM DESCRIPTION: 2017 United Health Care (UMR) Medical Insurance TPA

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

REPORT DATE: November 22, 2016

MEETING DATE: November 28, 2016

FISCAL SUMMARY:

STATUTORY REFERENCE:

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

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

BACKGROUND / ANALYSIS:

The City of Sheboygan provides a self-funded health insurance program for employees, administered through the third party administrator (TPA), United Health Care (UMR). UMR has been the TPA for approximately 5 years and continues to meet the needs of the majority of employees.

STAFF COMMENTS:

The UMR in-network utilization is over 95%, providing employees and the City of Sheboygan with cost-effective services. Based on the overall value to our employees, it is recommended that the City of Sheboygan continue to utilize UMR as the TPA.

ACTION REQUESTED:

Motion to request City Council approve the resolution, authorizing the appropriate City Officials to enter into an agreement with United Health Care (UMR), Inc., to administer the 2017 Self-Funded Medical Insurance Plan for the period of January 1, 2017 to December 31, 2017.

ATTACHMENTS:

- I. Resolution No. 133-16-17

III

4.8

Res. No. 133-16-17. By Alderperson Donohue. November 21, 2016.

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 2017.

RESOLVED: That the appropriate City officials are hereby authorized to enter into contract with United Health Care (UMR) for the administration services for the City's medical health benefit plan for the period January 1, 2017 through December 31, 2017, a copy of which is attached hereto.

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

John Smith

John Smith

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



July 2016

A renewal presentation for City of Sheboygan

Presented to Diversified Insurance Services, Inc.

by Dena Zezulka



A UnitedHealthcare Company

Renewal Services

Customer Name : City of Sheboygan
Plan Renewal Date : 1/1/2017

All fees shown as per employee per month (PEPM) unless otherwise noted

Proposed renewal fees assume all existing products and services written with UMR will be retained throughout the renewal period. New products and services may be added however proposed fees are subject to change and/or and/or additional fees may apply if any existing products or services are discontinued.

Administration and access fees	Subscribers	Current Fees	Renewal Fees 1/1/2017	Renewal Fees 1/1/2018
Medical claims	379	\$14.59	\$14.88	\$15.33
Medical client advisor commission	379	\$6.50	\$6.50	\$6.50
Required stop loss interface fee	379	Included	Included	Included
UnitedHealthcare Choice Plus® network access fee	378	\$16.87	\$16.87	\$16.87
First Health Network - access fee	1	30% of savings	30% of savings	30% of savings
Utilization and case management (includes NurseLine) - per employee per month savings of \$0.58	379	\$3.35	\$3.42	\$3.52
Maternity management (MM)	328	\$0.65	\$0.66	\$0.68
Truven Health Analytics reporting -- three licenses included	379	Included	Included	Included
Medical and pharmacy integration - per participating employee per month	379	\$1.00	\$1.00	\$1.00
Medical Insured Carve Out Coordination Fee	379	\$0.35	\$0.35	\$0.35
Cost reduction and savings program - large bill review/fee negotiation and secondary/travel network - % of savings	379	30%	30%	30%
Subtotal	379	\$43.18	\$43.55	\$44.12

Non-preferred vendor surcharge: An additional stop loss interface fee surcharge of \$5.00 PEPM applies if stop loss coverage is not placed with a UMR preferred vendor. This fee is in addition to the "Required stop loss interface fee" which applies for all groups. Consult your UMR representative for a list of preferred vendors.

UnitedHealthcare Choice Plus assumes that the benefit plans will meet the steering requirements of the networks proposed or will be changed to meet the requirements, including but not limited to: deductible, out-of-pocket, coinsurance and plan limitations. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies.

External PBM Vendors are subject to prior approval and may require additional fees.

City of Sheboygan
Eff Date: 1/1/2017

Proprietary/Trade Secret/Confidential Competitive Sensitive Information



Additional Services

Customer Name : City of Sheboygan
Plan Effective Date : 1/1/2017

All renewal fees are good for one year and are shown as per employee per month (PEPM) unless otherwise noted

Plan Administration	Current Fees	Renewal Fees 1/1/2017
SPD printing	Cost plus postage Included with medical administration	Cost plus postage Included with medical administration
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
Claim reprocessing - per claim	\$25.00	\$25.00
Subrogation - percent of recoveries	33%	33%
Federal external review for appeals - for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage.	Up to 5 included, then \$500.00 per review	Up to 5 included, then \$500.00 per review
Full/Partial Summary of Benefits and Coverage (SBC) creation with data UMR has on file (includes initial SBC plus one amendment, electronic version only provided to employer)	Included with medical administration	Included with medical administration
Two or more SBC requests per year	\$500.00 per SBC per benefit plan	\$500.00 per SBC per benefit plan
Reporting		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	\$100.00	\$100.00

Fixed Fee Pharmacy Pricing

Customer Name : City of Sheboygan
Plan Effective Date : 1/1/2017

Pharmacy benefits provided through OptumRx™. The following fees apply to all retail network pharmacies with the exception of pharmacies located in states that may elect to participate on a state-fee schedule. Retail discounts and fees illustrated below are based on the OptumRx book-of-business average. Actual retail discounts may vary.

	Published AWP
Electronic claim adjudication - per claim ¹	\$2.60
Retail	
Brand discount, plus dispensing fee	Pass-through
Net effective generic discount, plus dispensing fee	Pass-through
Mail Order	
Brand discount, plus dispensing fee	28.00% + \$0.00
Net effective generic discount, plus dispensing fee	78.25% + \$0.00
Retail 80 Rx (Optional)	
Brand discount, plus dispensing fee	Pass-through
Net effective generic discount, plus dispensing fee	Pass-through
Rebate Share	
100% Pass-Through Minimum Guarantee per Paid Claim	\$4.25
100% Pass-Through Minimum Guarantee per Paid Claim Mail	\$15.00
Additional Programs	
Prior authorizations - per clinical prior authorization	Included

Specialty drugs are priced on an individual drug basis, with an estimated average aggregate specialty discount around 14.5%.

Compound Drug Claim Pricing: AWP less Standard Contracted Discount + \$7.50 Dispensing fee.

¹ An additional \$1.75 per claim applies to the electronic per claim fee for paper claims.

Fixed Fee Pharmacy Pricing

Pharmacy Conditions

Fees proposed assume the use of OptumRx as the pharmacy benefits manager.

Retail and mail order guarantees are reconciled in the aggregate.

Rates exclude compound, Direct Member Reimbursement claims, (ie: Paper Claims), and Vaccines.

Administrator may change pricing (a) any time City of Sheboygan initiated changes are made to the Benefit Plan, Formulary, Pharmacy Network, or a utilization management program, that adversely impact Administrator's compensation, cost to provide services or ability to satisfy a guarantee (b) when there are changes in Laws and Regulations after the date this quote was provided that affect or are related to the services outlined in this cost proposal (c) when City of Sheboygan asks and Administrator agrees to perform any service in addition to the services outlined in this cost proposal; or (d) if there is a change in market conditions or utilization or the total number of Members decreases by 10% or more after the date this quote was provided. Any change in the pricing required by the changes will be effective as of the date the changes occur, even if the date is retroactive.

All rates, fees and guarantees are contingent upon OptumRx serving as City of Sheboygan's exclusive provider of core prescription drug benefit plan, Mail Order Pharmacy, and specialty pharmacy services from OptumRx's specialty pharmacies or any participating pharmacy in OptumRx's retail pharmacy network. Additional fees apply if another mail provider is selected.

Medicare Part D Wrap plans are required to use fixed fee pricing.

Groups with in-house pharmacies utilizing 340B or GPO pricing are required to use Fixed Fee pricing.

Rebate guarantees and generic AWP discounts may be adjusted proportional to the impact of unexpected releases of generic products to market, or the withdrawal/recall of existing branded products.

Generic discount and dispensing fee guarantees cover Multi-Source products only. A Multi-Source product is defined as one that is manufactured by more than two generic manufacturers. The brand discount and dispensing fee guarantees apply to non-Multi-Source products.

Discounts and dispensing fees exclude Specialty Drugs and certain non-specialty injectable products.

Rates for extended days' supply apply to participating pharmacies only.

Deductible integration of prescription drug and medical claims requires daily connectivity between the pharmacy benefits manager and the plan administrator, additional coordination fees apply. External vendors are subject to prior approval.

Rebate Management Terms

All rebate guarantees are subject to the following terms:

Non-Incentivized

City of Sheboygan's adoption, without deviation, of OptumRx's formulary and utilization management programs, as well as any changes OptumRx makes to its formulary or utilization management.

Incentivized

City of Sheboygan's adoption, without deviation, of OptumRx's formulary and utilization management programs, as well as any changes OptumRx makes to its formulary or utilization management.

A minimum of \$10 difference in copayment, or 10% difference in coinsurance between preferred and non-preferred Brand Drugs.

Rebate claims exclude ineligible claims, such as Prescription Claims with invalid service provider identification or prescription numbers; where, after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50% of the Prescription Claim; that are manufacturer negotiated fee products not listed on City of Sheboygan's Formulary for devices without a Prescription Drug component; that are re-packaged NDCs; from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act, or entities eligible for federal supply schedule prices (e.g., Department of Veterans Affairs, U.S. Public Health Service, Department of Defense); or that are not for Prescription Drugs (except for insulin or diabetic supplies).

Rebates and Rebate guarantee contingencies are subject to City of Sheboygan's adoption of OptumRx's formulary, formulary management, and utilization management.

Incentivized plan designs are two-tier closed or three-tier with a minimum of \$10.00 difference in copayment or 10% difference in coinsurance between preferred and non-preferred Branded Drugs.

Rebate claims exclude ineligible claims, such as Prescription Claims with invalid service provider identification or prescription numbers; where, after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50% of the Prescription Claim; that are manufacturer negotiated fee products not listed on City of Sheboygan's Formulary for devices without a Prescription Drug component; that are re-packaged NDCs; from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act, or entities eligible for federal supply schedule prices (e.g., Department of Veterans Affairs, U.S. Public Health Service, Department of Defense); or that are not for Prescription Drugs (except for insulin or diabetic supplies).

If City of Sheboygan makes any change to its Formulary, not initiated by OptumRx, or Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by Administrator under its formulary or utilization management programs, Administrator may adjust the Rebate guarantees, effective the date of the change.

City of Sheboygan

Eff Date: 1/1/2017

Proprietary/Trade Secret/Confidential Competitive Sensitive Information



A UnitedHealthcare Company

Fixed Fee Pharmacy Pricing

"AWP" means the average wholesale price, as reflected on the Pricing Source, of a Prescription Drug or other pharmaceutical products or supplies based on the NDC of the Drug dispensed. Administrator will rely on the Pricing Source as updated by Administrator no less frequently than every seven days to determine AWP for purposes of establishing the pricing provided to City of Sheboygan under this agreement. Administrator will not establish AWP, and Administrator will have no liability to City of Sheboygan arising from use of the Pricing Source. If Administrator decides to use a pricing benchmark other than AWP or is required to do so because the Pricing Source discontinues publication of AWP and the change would materially affect City of Sheboygan's economic benefit under this agreement, then Administrator will provide City of Sheboygan with modified pricing terms at least 30 days before the effective date of the change. If the parties fail to agree upon the modified pricing terms before the effective date of the modified pricing terms, then Administrator's proposed modified pricing terms will apply until the parties otherwise agree. If the parties are unable to agree to modified pricing terms, then either party may terminate this agreement upon 60 days prior notice to the other party.

Conditions

**Customer Name : City of Sheboygan
Plan Effective Date : 1/1/2017**

This renewal proposal is valid until 30 days before the effective date and does not bind coverage or obligate UMR.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from UMR prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

All quoted product fees assume UMR administers the medical plan.

UMR assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steering requirements of the networks proposed or will be changed to meet the requirements, including but not limited to; deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Please review any changes with your advisor.

The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA PCORI reinsurance fee which is remitted to the government (federal and/or state).

The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

UMR reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the plan or UMR.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, UMR does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

UMR is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume utilization and case management services are provided through UMR in order to access UnitedHealthcare Networks.

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, or if the number of covered employees changes by 15% or more from this proposal.

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

City of Sheboygan
Eff Date: 1/1/2017

Proprietary/Trade Secret/Confidential Competitive Sensitive Information



Conditions

UMR will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our organization.

The UMR renewal proposal requires the Cost Reduction and Savings Program. Additional fees will apply, should this program be carved out.

UMR provides an ERISA DOL appeals process. UMR does not participate in Grievance Review Panel Hearings.

UMR requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with UMR. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

UMR does not administer statutory disability benefits.

Health reimbursement account assumes 20% participation rate.

HSA trustees bill directly for HSA services.

UMR cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.

CITY OF SHEBOYGAN

REQUEST FOR SALARIES AND GRIEVANCE COMMITTEE CONSIDERATION

ITEM DESCRIPTION: 2017 Delta Dental Insurance

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

REPORT DATE: November 22, 2016

MEETING DATE: November 28, 2016

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

BACKGROUND / ANALYSIS:

The City of Sheboygan provides a self-funded dental insurance program for employees, administered through the third party administrator (TPA), Delta Dental. Delta Dental continues to meet the needs of the majority of employees.

STAFF COMMENTS:

Delta Dental is a reputable provider of dental insurance, providing employees and the City of Sheboygan with cost-effective services. Based on the overall value to our employees, it is recommended that the City of Sheboygan continue to utilize Delta Dental as the TPA for dental insurance.

ACTION REQUESTED:

Motion to request City Council approve the resolution, authorizing the appropriate City Officials to enter into an agreement with Delta Dental, Inc., to administer the 2017 Self-Funded Dental Insurance Plan for the period of January 1, 2017 to December 31, 2017.

ATTACHMENTS:

- I. Resolution No. 134-16-17

III

4.9

Res. No. 134 16 - 17. By Alderperson Donohue. November 21, 2016.

A RESOLUTION authorizing the appropriate City officials to enter into contract with Delta Dental to administer dental benefit plan services for the City for calendar year 2017.

RESOLVED: That the appropriate City officials are hereby authorized to enter into contract with Delta Dental to administer dental benefit plan services for the City for the period January 1, 2017 through December 31, 2017, a copy of which is attached hereto.

BE IT FURTHER RESOLVED: That the appropriate officers of the City of Sheboygan be, and they hereby are, authorized to draw on the Insurance Administration Services Account, Account No. 70411032-521500, in payment same.

John Grind

Lynne Donohue

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

SCHEDULE 6.1

SCHEDULE OF ADMINISTRATIVE FEES

90811 – 0 – 08072015

To be attached to, and made part of, the Third-Party Administrative Agreement, Article VI – Administrative Fees.

IT IS HEREBY AGREED, that the Administrative Fees, payable on a monthly basis from the City of Sheboygan to Delta Dental of Wisconsin, shall be the following, and shall be valid starting January 1, 2016, and ending on December 31, 2017.

Monthly Administrative Fee:

Per Employee	\$3.93
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COBRA Rate Establishment

**City of Sheboygan
90811 – 0 – 08072015**

As a service to you, Delta has calculated rates that can be used for your Plan's COBRA enrollees.

These rates reflect only the anticipated claims expenses for those enrollees and Delta's administrative fees. No other administrative fees have been included.

	<u>Active Employee Rates</u>	<u>COBRA Rates (102%)</u>
Single Coverage (employee, 1 Party)	\$45.24	\$46.15
Family Coverage (employee and spouse, 2 Party)	\$91.31	\$93.14
Family Coverage (employee and child(ren))	\$86.72	\$88.45
Family Coverage (full family, 3 + Party)	\$149.92	\$152.92

CITY OF SHEBOYGAN

REQUEST FOR SALARIES AND GRIEVANCE COMMITTEE CONSIDERATION

ITEM DESCRIPTION: 2017 Stop Loss Insurance

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

REPORT DATE: November 22, 2016

MEETING DATE: November 28, 2016

FISCAL SUMMARY:

STATUTORY REFERENCE:

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

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

BACKGROUND / ANALYSIS:

The City of Sheboygan provides a self-funded health insurance program for employees, administered through a third party administrator (TPA), and supported with a stop-loss insurance program to contain costs associated with high individual claims.

STAFF COMMENTS:

This insurance appropriately protects the City of Sheboygan in the event of high costing claims associated with transplant services.

ACTION REQUESTED:

Motion to request the City Attorney to modify the resolution, substituting, "...Medical Stop-Loss Insurance with Sun Life, with Sun Life..." with "...Medical Stop-Loss Insurance, with Sun Life coverage in 2017 will be [\$]150,000/unit." Further motion to request City Council approve the substitute resolution, authorizing the appropriate City Officials to enter into an agreement with Sun Life nsurance, Inc. to administer the 2017 Stop-Loss Insurance for the period of January 1, 2017 to December 31, 2017.

ATTACHMENTS:

- I. Resolution No. 135-16-17
- II. Subs. of Resolution No. 135-16-17

III

4.10

Res. No. 135 - 16 - 17. By Alderperson Donohue. November 21, 2016.

A RESOLUTION authorizing the City to enter into contract for obtaining Medical Stop-Loss Insurance, with Sun Life.

RESOLVED: That the appropriate City Officials are hereby authorized to enter into contract with Sun Life for providing specific medical stop loss insurance at a cost of \$52.49 single/month, \$116.18 family/month, at an estimated annual premium of \$421,521.84 and aggregate insurance at an estimated annual premium of \$29,529.36 for the period of January 1, 2017 through December 31, 2017.

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.

John Green

By Donohue / Newell

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

Subs. of Res. No. 135 - 16 - 17. By Alderperson Donohue.

November 21, 2016.

A RESOLUTION authorizing the City to enter into contract for obtaining Medical Stop-Loss Insurance, with Sun Life coverage in 2017 will be 150,000/unit.

RESOLVED: That the appropriate City Officials are hereby authorized to enter into contract with Sun Life for providing specific medical stop loss insurance at a cost of \$52.49 single/month, \$116.18 family/month, at an estimated annual premium of \$421,521.84 and aggregate insurance at an estimated annual premium of \$29,529.36 for the period of January 1, 2017 through December 31, 2017.

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.

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

**Summary of Partially Self-Funded Premiums for
CITY OF SHEBOYGAN**

Anticipated Contract Period: (ALTERNATIVE) January 1, 2017 to December 31, 2017
Administrator: UMR
Insurance Carrier: Sun Life

FINANCIAL SUMMARY

Fixed Costs	Single	Family	Monthly	Annual	
Employee count:	138	240			
Annual Administration				\$0.00	
Claim Administration Fee					
Medical	14.88	14.88	5,624.64	67,495.68	
Network Access Fee	16.87	16.87	6,376.86	76,522.32	
Case Management / Utilization Review	3.42	3.42	1,292.76	15,513.12	
Maternity Management	0.66	0.66	249.48	2,993.76	
Optum Transplant Program	5.20	12.46	3,708.00	44,496.00	
Truven Health Analytics Reporting	Included in Medical Admin Fee				
Medical and Pharmacy Integration	1.00	1.00	378.00	4,536.00	
Medical Insured Carry Out Coordination Fee	0.35	0.35	132.30	1,587.60	
Broker Fee	6.50	6.50	2,457.00	29,484.00	
Stop Loss Premiums					
Specific Stop Loss (M, Rx)	52.49	116.18	35,126.82	421,521.84	* 19.60%
Deductible: (PAID) \$150,000					
\$75,000 Aggregating Specific Deductible					
Aggregate Stop Loss (M, Rx)					
Basis 125% of Expected					
Claims: (PAID)	6.51	6.51	2,460.78	29,529.36	*
Total Fixed Costs	\$107.88	\$178.83	\$57,806.64	\$693,679.68	10.47%
Expected Costs					
Total Fixed Cost	107.88	178.83	57,806.64	693,679.68	
Expected Claims	1,205.90	1,216.22	458,308.51	5,499,702.14	
Total Expected Cost	\$1,313.78	\$1,395.05	\$516,115.15	\$6,193,381.82	0.75%
Estimated Maximum Annual Costs					
Total Fixed Cost	107.88	178.83	57,806.64	693,679.68	
Maximum Claims	1,507.38	1,520.28	572,885.64	6,874,627.68	
Total Estimated Maximum Cost	\$1,615.26	\$1,699.11	\$630,692.28	\$7,568,307.36	0.55%

Additional Plan Information:

Preferred Provider Organization:	Choice Plus
Specific Carrier Limit of Liability:	Unlimited
Annual Plan Limit Per Member:	Unlimited
Aggregate Carrier Limit of Liability:	\$1,000,000
Prescription Drug Coverage Included:	Specific and Aggregate Coverage
Prescription Drug Management Services:	Optum Rx

Rates firm thru 11/15
No Laser at Renewal with 50% Rate Cap
UBA coalition included

CITY OF SHEBOYGAN

REQUEST FOR SALARIES & GRIEVANCE COMMITTEE CONSIDERATION

ITEM DESCRIPTION: Various Changes to the Table of Organization

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

REPORT DATE: November 22, 2016

MEETING DATE: November 28, 2016

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

BACKGROUND / ANALYSIS:

Various changes have been approved in the 2017 budget. Those changes affect the Table of Organization as follows:

- Fire Department: Increase the Battalion Chief staff from 3 to 4 Battalion Chiefs
- City Development: Increase the Permit Clerk from part-time to full-time
- Information Technology: Reclassify the Network Specialist to Network Administrator
- Municipal Court: Increase the part-time Municipal Court Assistant Clerk to full-time Municipal Court Assistant Clerk.
- Police Department will add one newly identified position of a Digital Evidence Manager, and reduce the Record Specialist Clerk staff from 3 Record Specialists to 2.5 Record Specialist;

STAFF COMMENTS:

The changes identified support the mission of each department and were approved in the 2017 budget.

ACTION REQUESTED:

Motion to recommend the City Council approve General Ordinance No. 31-16-17, with the modifications listed above.

ATTACHMENTS:

- I. G.O. 31-16-17

~~V~~

6.1

Gen. Ord. No. 31 - 16 - 17. By Alderperson Donohue. November 21, 2016.

AN ORDINANCE amending Section 82-33 of the Sheboygan Municipal Code so as to add/amend positions to the Table of Organization for the City of Sheboygan.

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 A. 3b, A. 6, A. 9, C. 1, and D. 1 read as follows:

A. CITY HALL DEPARTMENTS

3. City Development Department

	Class Grade	No. of Employees
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b. City Planning and Inspection Division

Delete:

Part-Time Permit Clerk	1	.5
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Add:

Full-Time Permit Clerk	1	1
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6. Information Technology

Delete:

Network Specialist	8	1
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Add:

Network Administrator (Exempt)	9	1
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9. Municipal Court

Delete:

Part-Time Assistant Municipal Court Clerk	2	.5
---	---	----

Add:

Full-Time Assistant Municipal Court Clerk	2	1
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John Grew

Class Grade	NO. of Employees
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C. FIRE DEPARTMENT

1. Fire Department – Sworn Officers

Delete:

Battalion Chief	11	3
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Add:

Battalion Chief	11	4
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D. POLICE DEPARTMENT

Delete:

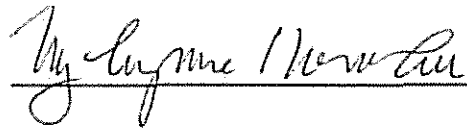
Part-Time Records Specialist Clerk	3	.5
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Add:

Full-Time Digital Evidence Manager	5	1
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Section 2. The new job description for the Network Administrator and the Digital Evidence Manager are attached, copies of which shall be on file in the office of the City Clerk, the City Finance Department, and the City Human Resources Department.

Section 3. 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 job descriptions shall be in effect from and after its passage and publication.



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

**Job Description**

Job Title: **Digital Evidence Manager** Department: Police
Date Issue: 11/4/2016 Reports To: Captain of CID
Classification: Non-Exempt Wage: Salary Grade 5

Position Summary

Under direction of the Captain of CID, performs all duties related to Police digital evidence, storage, records and prepares open records and discovery requests.

Essential Duties & Responsibilities

1. Is responsible for control of all digital evidence brought into the department, keeps detailed records of all digital evidence transactions. Assures the security of digital evidence and that the chain of custody is maintained until court proceedings are completed. Digital evidence includes but is not limited to any digital photographs, video and audio recordings, Cellebrite downloads, and digital fingerprints records.
2. Reviews investigative reports to determine the status of digital evidence.
3. Makes requests to the Captain of CID for budgetary changes or equipment requests outside of established budget.
4. Works with investigating officers to digitally enhance photos or video to aid in investigative or court proceedings.
5. Is responsible for departmental fingerprint records and storage and completes all necessary reporting requirements for the State.
6. Arranges for the viewing of digital evidence by defense attorneys in coordination with the District Attorney's Office.
7. Ability to testify in court proceedings related to the storage, chain of custody and enhancement of digital records.
8. Is responsible for preparing open record requests and discovery requests of digital evidence files.
9. Reviews in-squad and body worn video and makes redactions in regards to open record requests.
10. Assists the property officer as needed to check in property and evidence, assist with periodic audits and disposals, and return property of citizens.
11. Performs other duties as assigned.

Qualification Requirements:

1. Knowledge of, or ability to learn, State Statutes, City Ordinances and departmental policy regarding digital evidence storage and control, chain of custody and disposal.
2. Ability to work from written and oral instructions and keep accurate records and reports.
3. A high sense of responsibility and initiative to work independently and productively without direct supervision.

4. Working knowledge and experience working with photo and video editing software including but not limited to Photoshop, AVID, and Clear ID.
5. Working knowledge, or ability to learn, computer operating systems, essential software and programs including but not limited to "Word" and "Excel" to accurately maintain and update records in a computerized records and inventory system including Spillman, Cellebrite and Coban.
6. Ability to obtain a satisfactory grade on examinations involving recordkeeping, clerical accuracy, maintenance skills, etc.
7. Ability to handle sensitive matters, including sensitive images, on a confidential basis.
8. Ability to exercise good judgement, courtesy, and tact in dealing with the public and departmental personnel.
9. Ability to be bonded.
10. Possession of a valid Wisconsin Motor Vehicle Operator's License in good standing.

Education and/or Experience

Requires a High School Diploma or a GED Certificate recognized by the WI Department of Public Administration. Associates Degree or Bachelor's Degree in related field preferred. Experience in digital photo editing and related software also preferred.

Pre-employment Requirement

Job offers for this position are contingent on the individual passing a pre-employment drug screen and an extensive background check.

The City of Sheboygan, Wisconsin is an Equal Opportunity Employer
In compliance with the Americans with Disabilities Act, the City of Sheboygan will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.



Job Description

Job Title: Network Administrator **Department:** Information Technology
Date Issue: 11/21/16 **Reports To:** Director of Information Technology
Classification: Exempt **Wage:** Salary Grade 9

Position Summary

Under general direction of the Director of Information Technology, is responsible for providing management and technical support of the Personal Computers (PC) and Local Area Networks (LAN) of the City. Work involves responsibility in configuring network software and hardware and supporting all users on the network.

Essential Duties & Responsibilities

1. Establishes network specifications by conferring with users; analyzing workflow, access, information, and security requirements; designing router administration, including interface configuration and routing protocols.
2. Establishes network by evaluating network performance issues including availability, utilization, throughput, and latency; planning and executing the selection, installation, configuration, and testing of equipment; defining network policies and procedures; establishing connections and firewalls.
3. Maintains network performance by performing network monitoring and analysis, and performance tuning; troubleshooting network problems; escalating problems to vendor.
4. Upgrades network by conferring with vendors; developing, testing, evaluating, and installing enhancements.
5. Configure and maintain the connection of all PC's to the LAN and also the LAN to the main computer system and to the internet.
6. Provide technical service and assistance to computer hardware, software, and network users.
7. Prepares users by designing and conducting training programs; providing references and support.
8. Maintain hardware systems on the network including PC's, terminals, printers, peripherals, and other equipment. Performs routine maintenance as required and solves problems.
9. Install and configure computer hardware and software on the PC, LAN and internet.
10. Analyze and evaluate network computer software systems and resolve current problems and make recommendations for network system improvements.
11. Develop and maintain hardware and software inventories.
12. Perform security functions as related to the PC, network system and internet which includes granting and controlling authority to use equipment and software.
13. Maintain anti-virus software.
14. Protect organization's value by keeping information confidential.
15. Secures network by developing network access, monitoring, control, and evaluation; maintaining documentation.
16. Accomplishes organization goals by accepting ownership for accomplishing new and different requests; exploring opportunities to add value to job accomplishments.

17. Updates job knowledge by participating in educational opportunities; reading professional publications; maintaining personal networks; participating in professional organizations.
18. Meets financial requirements by submitting information for budgets; monitoring expenses
19. Perform related work as required.

Qualification Requirements:

1. Thorough knowledge of network system operations and techniques of maintaining PC's and networks.
2. Thorough level of proficiency in PC hardware and software.
3. Demonstrated ability to modify procedures to increase efficiency within the organization.
4. Thorough knowledge of the operations and program methods for conversion from mechanical and clerical processes to the computer.
5. Demonstrated ability with a network operating system running a minimum of 30 software applications.
6. Ability to express oneself clearly and concisely both orally and in writing.
7. Ability to work effectively and portray a professional attitude when dealing with employees and departmental representatives.

Education and/or Experience

1. Experience servicing multiple locations, Internet connections and web page development preferred.
2. Five years of full time experience administering a network operating system with multiple servers and a minimum of 50 PC's connected to the LAN.
3. High school diploma or a GED Certificate recognized by the Wisconsin Department of Public Instruction, plus satisfactory completion of twelve (12) semester credits in post high school courses in computer science from an accredited college or institution of higher learning.

Pre-employment Requirement

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

The City of Sheboygan, Wisconsin is an Equal Opportunity Employer
In compliance with the Americans with Disabilities Act, the City of Sheboygan will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

CITY OF SHEBOYGAN

REQUEST FOR SALARIES AND GRIEVANCE COMMITTEE CONSIDERATION

ITEM DESCRIPTION: HR 101-17 Non-Represented Employee Benefits

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

REPORT DATE: November 22, 2016

MEETING DATE: November 28, 2016

FISCAL SUMMARY:

STATUTORY REFERENCE:

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

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

BACKGROUND / ANALYSIS:

Non-Represented employees generally have the same benefits, with the exception of Fire Department Protective Service employees who are sworn officers and follow state-identified guidelines for protective service employees. In order to specify the correct application of benefits available to "Protected" employees, additional language has been added to the HR-101-17 Employee Benefits Policy. Certain differences are currently practices, such as the Discretionary PTO for Battalion Chiefs who are on a 24-Hybrid Shift. In addition, uniform allowance for all Command Staff is different than uniform allowance for other Civilian Non-Represented Employees. The only significant change is a recommendation to allow the Command Staff (other than the Fire Chief) to retire with benefits previously earned as a member of Sheboygan Fire Fighters, Local 483.

STAFF COMMENTS:

Other than the Fire Chief, all Command Staff members previously served in Local 483. Prior to 2012, benefits for Non-Represented employees were as good as or better than union benefits. As of January 1, 2012, that may not be the case, depending on the employee and his/her personal situation. This policy provides current Command Staff and future Command Staff the option to retain previous severance benefits or elect to receive the Civilian Non-Represented severance benefits.

ACTION REQUESTED:

Motion to request the City Attorney draft a resolution listing the changes and/or updates to the both the Non-Represented Employees and the Protected Service Non-Represented Employee benefit plans.

ATTACHMENTS:

- I. HR-101-17 Non-Represented Employee Benefits



SECTION I: Purpose and Scope

1) Purpose

This policy outlines benefits provided to employees that are not represented by a union. This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to coverage. If differences exist between this document and the Certificate of Coverage, the Certificate of Coverage will govern.

2) Scope

There are two classifications of Non-represented employees: *Civilian* Non-Represented and *Protected Service* Non-Represented. Protected Service Non-Represented employees are Sworn Officers in leadership positions within the Fire Department, excluding the Fire Chief (whose benefits follow the Civilian Non-Represented employees).

SECTION II: Benefits

3) Direct Deposit

All employees shall be required to have direct deposit. Up to three (3) financial institutions may receive funds, as designated by the employee. A minimum of one (1) financial institution shall be designated as receiving 100% of the remaining direct deposit; the other two (2) options, if elected, need to identify an designated dollar amount of the deposit.

4) Health Insurance

The City offers an Affordable Care Act compliant Qualified High Deductible Health Insurance Plan administered by UMR. This plan has a \$1,500 deductible per single/member, and a \$3,000 deductible for family. Cost per month is as follows:

2017 Health Insurance Monthly Costs (4 Tier Options)							
	Premium	Full-Time Employee Cost	Employee Percentage*	Full-Time Employee Cost with HRA	Employee Percentage*	Part-Time Employee Cost	Employee Percentage
Single	\$674.36	\$109.60	16%	\$54.80	8%	\$337.18	50%
Ee plus Spouse	\$1,278.77	\$207.88	16%	\$103.94	8%	\$639.39	50%
Ee plus Child/ren	\$1,156.98	\$188.04	16%	\$94.02	8%	\$578.49	50%
Family	\$1,776.00	\$288.68	16%	\$144.34	8%	\$888.00	50%

*Percentage listed is rounded to the nearest whole number

- Employees become eligible for insurance (based on the position they hold) on the first of the month following their start-date. See Summary Plan Document for an overview of benefits.
- Employees on this plan may utilize the Interra InHealth Clinic (the County Clinic). Fees may apply for non-preventive visits and/or appointments.
- Opt-Out Credit: Full-time, permanent employees who chose not to take the City's health insurance are eligible for up to \$1,200 per year (paid \$50 per pay check, first two payrolls of each month).
- Spousal Surcharge: Covered spouses who work full-time and have medical insurance available to them yet remain on the City's plan (even as a secondary insured), are charged an additional \$100 per month for coverage. A Spousal Waiver application must be completed by employees on a yearly basis to be considered for a waiver of this fee.



- A Voluntary Group Medicare Supplement Insurance is available for Retirees and/or their spouses transitioning to Medicare for those able to elect a supplement plan.

5) Dental Insurance

The City offers dental insurance administered through Delta Dental. The plan has a \$25 deductible per person, with an out-of-pocket maximum of \$1,500 per year. See Summary Plan Document for an overview of the benefits.

2017 Dental Insurance Monthly Costs (4 Tier Options)					
	Premium	Full-Time Employee Cost	Employee Percentage*	Part-Time Employee Cost	Employee Percentage
Single	\$45.24	\$6.79	15%	\$22.62	50%
Ee plus Spouse	\$91.31	\$13.70	15%	\$45.66	50%
Ee plus Child/ren	\$102.02	\$15.30	15%	\$51.01	50%
Family	\$149.92	\$22.49	15%	\$74.96	50%

*Percentage listed is rounded to the nearest whole number

- Employees become eligible (based on the position they hold) for insurance on the first of the month following their start-date. See Summary Plan Document for an overview of benefits.

6) Life Insurance

a. Group Life

Upon completion of the qualifying period, the City provides eligible employees with the Wisconsin Group Life Insurance Plan equal to one-times an employee's annual salary. Premiums for basic coverage are paid 50% by the City and 50% by the employee. Additional coverage available for spouse and/or children.

b. Voluntary Group Life Supplemental Insurance

Voluntary Group Life Insurance is also available for new employees through The Standard Insurance Company, with amounts of guaranteed issue for new hires and/or their spouse and children.

7) Paid Time Off (PTO)

Permanent employees, both part-time and full-time, will be eligible for paid time off upon hire and/or through time worked. Part-time employees will receive a prorated amount of holiday and discretionary pay based on either the amount of productive hours actually worked the previous year (if part-time the previous year) or the average scheduled projected hours worked divided by a 40-hour work week. (When a person moves to part-time from full-time, the holiday hours follow their scheduled hours, not the hours worked the previous year.

a. Holidays

Employees are eligible for holiday pay upon hire provided the employee is actively working the day before or after the holiday. If on vacation, the employee must work the day before the scheduled vacation and the day after.

New Years Day	Labor Day	Christmas Eve Day
Friday Before Easter	Thanksgiving Day	Christmas Day
Memorial Day	Day After Thanksgiving	New Year's Eve
Independence Day		

* The observed day may be modified if appropriate and approved by City administration.



b. Vacation

Employees with less than one year of service on January 1, the schedule is as follows:

Pro-rated Vacation Schedule

<u>Hired the previous</u>	<u>Eligible on the following January 1</u>
January 1 – March 31	40 Vacation Hours
April 1 – June 30	28 Vacation Hours
July 1 – Sept 30	16 Vacation Hours
October 1 – December 31	0 Vacation Hours

Employees with greater than 1 full year of service as of January 1 are eligible for the following:

- 1 – 4 years: 80 Hours
- 5 – 12 years: 120 Hours
- 13 – 20 years: 160 Hours
- 21 + years: 200 Hours

Protected Service Non-Represented Employees (Battalion Chiefs)

<u>If working a Hybrid 24/8 Shift</u>	<u>If working the traditional 24-hour shift:</u>
>5 Years of Service: 6 Tours (144 hours)	>5 Years of Service: 10 Tours
>15 Years of Service: 9 Tours (216 hours)	>15 Years of Service: 13 Tours
>20 Years of Service: 12 Tour (288 hours)	>20 Years of Service: 14 Tours
>22 Years of Service: 14 Tours (336 hours)	>22 Years of Service: 15 Tours

- Vacation must be used during the calendar year or it will be forfeited. On rare circumstances, it may be necessary for a person to carry over up to 40 hours of vacation to the next calendar year. This must be approved by the Department Head by December 15.
- Vacation requires supervisor approval and may be taken in 4 or 8 hour increments

c. Discretionary

This paid time off (up to 80 hours per calendar year for full-time employees; pro-rated for part-time employees) is available to take care of personal business or tend to the unplanned issues that happen in life, including sicknesses, bereavement, etc. New employees are eligible for this benefit after 3 months of employment. Employee earns 10% of their eligible Discretionary PTO schedule per month while actively working. Employees may use time prior to it being earned. However, if a person uses more DPTO than they have earned, they would need to refund the amount of the overage, or the amount will be deducted from their final paycheck or the last payroll of the year.

Absences must be coordinated with Supervisor approval where possible/practical to allow for continued departmental operations. Time may be taken in a minimum of 1 hour increments. Time not used in the calendar year is forfeited. Unused, earned DPTO is not paid out upon resignation.

Prorated PTO Schedule for Civilian Non-Represented Employees

<u>Hired</u>	<u>Eligible after 3 months</u>	<u>Eligible the following January 1</u>
January – March 31:	32 Discretionary Hours	40 Discretionary Hours
April 1 – June 30:	16 Discretionary Hours	40 Discretionary Hours
July 1 – Sep 30:	8 Discretionary Hours	40 Discretionary Hours
Oct 1 – Dec 31:	0 Discretionary Hours	40 hours upon reaching



Title: Non-Represented Employee Benefits Policy		Policy Number: HR 101-17	
Author: Sandy Rohrick		Created: 11/28/2016 Revision: B	
Scope: Non-Rep City Employees	Print Date: 11/23/16 9:41 AM		Page 4 of 6

PTO for 24-Hour Battalion Chiefs of the Fire Department

Due to the nature of the position and hours worked, Battalion Chiefs have a separate schedule.

Vacation PTO

1 year – 4 years:	144 hours (6 days)
5 – 12 years:	216 hours (9 days)
13 – 20 years:	288 hours (12 days)
21 +:	336 hours (14 days)

d. Sick Leave / Sick Leave Bank (for those hired prior to January 1, 2012)

Employees with a balance in their sick bank accrual may use the paid time off (PTO) immediately for up to 80 hours / 2 Weeks in the case of a Wisconsin Family Medical Leave qualifying absence. This PTO may also be used in the event the employees has exhausted all but 2 weeks of his/her available Vacation and Discretionary PTO.

8) Voluntary Short-term and Long-Term Disability / Family Medical Leave (FML)

Short and Long-Term disability Insurance is available on a voluntary basis to provide pay-continuation in the event of an extended illness. Family Medical Leave is available to qualified employees as well. FML and Short Term Disability run concurrent to each other. Active employees who go out on a disability may need to utilize available PTO. Once that PTO is exhausted, the employee will be unpaid during the disability. While Family Medical Leave protects an employee's position for 12 weeks, the City of Sheboygan will hold a person's employment status open for 26 weeks (6 months). Once an employee is out beyond 26 weeks, they will be placed on inactive employment status (active employment termination) and the position they hold may be forfeited, filled with another employee or a new employee may be hired. If the terminated employee receives a return to work authorization releasing him/her return to work, the employee may reapply for an open position, but there is no guarantee they will be able to return to their previous position and/or be offered a return to employment.

9) Voluntary Vision Insurance

Though eye exams are covered in the medical insurance plan, this insurance is available to help pay for the cost of glasses, contacts, and other vision products.

10) Voluntary Accident / Critical Illness Insurance

This product is available to offer cover of hidden costs related to accidents and critical illnesses. This voluntary product is available to assist in expenses related to those hidden costs (cost of lost time from work, deductibles, copays, etc.).

11) Mileage

Mileage is paid to employees who use their personal vehicles to perform work-related activities. The City of Sheboygan reimburses at the IRS mileage rate.

12) Uniform Allowance

Employees who are required to wear special clothing or use special equipment for their work will receive an allowance as follows (amount issued is applicable to IRS tax regulations):

a) Uniform Allowance:	\$100 yearly
b) Safety Shoes/Boots/Equipment:	\$100 yearly
c) Glasses with safety lens / frame	\$ 50 once every two years
d) Protected Service Battalion Chiefs Uniform Allowance	\$425 yearly

13) Overtime Pay

Non-exempt employees working over 40 hours in a week are eligible to receive time and one-half pay for hours worked over 40. PTO time taken/paid does not count in the calculation of time worked for overtime pay purposes. With supervisor approval, employees may flex their time during the same workweek to maintain the 40 hour schedule.

14) Parking

City employees will receive employer paid parking, either a specific parking location or a parking lot.

15) Jury Duty

Employees who are subpoenaed and serve on jury duty on an involuntary basis on any days which are scheduled workdays for them shall be excused for the time spent in jury service and shall receive their regular rate of pay (no greater than 8 hours of



Title: Non-Represented Employee Benefits Policy		Policy Number: HR 101-17	
Author: Sandy Rohrick		Created: 11/28/2016 Revision: B	
Scope: Non-Rep City Employees	Print Date: 11/23/16 9:41 AM		Page 5 of 6

pay for each full day served) for said time served on jury duty, not to exceed sixty (60) days per calendar year, subject to the following provisions:

- (a) The employee must present proof of jury duty service, stating the dates and hours per day served on jury duty.
- (b) The employee shall immediately endorse his/her check for such jury service over to the human resources/payroll department.
- (c) When the employee is excused for jury service, the employee shall report back to work within one hour to complete his/her shift unless the employee chooses to utilize paid time off for the absence.

16) Shift Premium

Shift Premium will be paid to non-exempt, hourly employees as follows:

Work Hours from 6:00 a.m. – 5:59 p.m.	No Shift Premium
Work Hours from 6:00 p.m. – 11:59 p.m.	\$0.35 per hour
Work Hours from 12:00 a.m. – 5:59 a.m.	\$0.45 per hour

17) Wisconsin Retirement System (WRS)

Employment with the City of Sheboygan may qualify an employee to participate in the Wisconsin Retirement System. The City will provide the WRS required city contribution. Employees will be required to pay the required employee portions following WRS guidelines for both Civilian Non-Represented Employees and Protected Service Non-Represented Employees.

18) Severance/Termination Pay at Retirement, Death, Layoff without Cause, and Termination

Employees leaving in good faith may qualify for a severance payout. In the event of an employee’s retirement, resignation with notice, termination without cause or layoff, the employee qualifies for all unused vacation the year in which the employee becomes inactive. Upon death, the employee’s beneficiary/estate will be issued a severance payout in accordance with state/federal requirements. Those who quit while a disciplinary action is being performed, are terminated for willful misconduct, or fail to provide 2 weeks resignation will not be eligible for a severance payout. Discretionary PTO cannot be included in the 2-week resignation notification and will not be paid out. The term “retirement” as used herein shall mean the employee must be retired under the Wisconsin Retirement System and has applied for and will be or is receiving monthly annuity payments immediately after the retirement date.

a) Vacation Severance

All earned and unused vacation a person became eligible for on January 1st of the year in which their employment is terminated will be paid out providing employee provides a minimum of two (2) weeks notice. PTO may not be used during the two-week resignation time.

b) Sick Bank Account

Upon a qualified retirement (WRS eligibility requirements), employees with a balance in their sick bank account are eligible to receive a portion of the account to either use towards the cost of post-employment medical insurance premiums or a cash payout of 50% of the maximum qualified value. The maximum eligible amount an employee “qualifies” for depends on the employee/union group the employee was part of as of December 31, 2011:

<u>As of December 31, 2011 And Upon Retirement</u>	<u>Qualified Value Available For Retiree</u>		<u>Eligible Payout Value</u>
	<u>Medical or COBRA Med Insurance</u>		
Non-Rep Employees:	Up to 572	Sick Bank hours = Max Value	50% of Max Value
AFSCME (DPW) & City Hall:	Up to 672	Sick Bank hours = Max Value	50% of Max Value
Professionals:	Up to 640	Sick Bank Hours = Max Value	50% of Max Value

Example: DPW Employee/City Hall Employee

A long-term DPW employee decides to retire. He was hired in 1980 (employees hired before 1978 do not have their bank divided by 2). On December 31, 2011, this employee made \$17.86 per hour and he had 972 hours in his Sick Bank. The value of his Sick Bank \$17,359.92 as of December 31, 2011, and he has not used time from the bank since then. Upon actual retirement (WRS eligible, receiving an annuity), he has the ability receive a portion of that bank in one of two ways:



Title: Non-Represented Employee Benefits Policy		Policy Number: HR 101-17	
Author: Sandy Rohrick		Created: 11/28/2016 Revision: B	
Scope: Non-Rep City Employees	Print Date: 11/23/16 9:41 AM		Page 6 of 6

Option 1: Qualified Portion applied to COBRA medical insurance continuation

The retiring employee may apply the qualified portion of his Sick Bank to apply towards the medical insurance election (COBRA). (This money is not available for dental or other COBRA benefits.) This employee's Qualified Max Value is 672 hours x \$17.86 or \$12,001.92.

Option 2: Qualified Portion 50% Payout

The retiring employee may choose to receive a lump-sum payout equal to 50% of his qualified portion of the max value. His qualified Maximum Value payout is \$6,000.96.

c) Good Attendance Bonus

Tier I and II employees (non-rep employees as of December 31, 2011) may have earned a value based on their good attendance. Employees may use the value to pay for medical insurance premiums if the employee elects to remain on the City's medical insurance program. There is no cash payout of this value if the employee leaves the City's medical insurance plan. The value of the bonus will be based on the number of hours over maximum bank as of December 31, 2011/8 x \$60.

d) Post-Employment Health Insurance Plan / Surviving Spouse

Non-represented employees qualify for continuation of coverage in health and dental insurance. Due to the changes in benefits over time, some employees may have grandfathered benefits. For reference purposes, there are 3 classifications employees may fall into relating to post-employment health insurance:

Class / Tier I

WRS vested employees who, as of December 31, 2011, were retirement eligible but chose not to retire prior to December 31, 2011. Tier I employees will retain the benefit as-is; that is, these employees will be eligible to continue on the City's medical insurance upon retirement after December 31, 2011. As of December 31, 2011, Tier I employees achieved at least 15 years of service with the City of Sheboygan, with at least 5 years as a non-represented employee, and had reached retirement age according to WRS retirement eligibility (55 for non-protective services and age 50 for protected services) on or before December 31, 2011. In all categories, if spouse becomes Medicare eligible, Medicare must be primary:

Benefit:

Exempt Employee*:

Eligible to continue on the City's employee's medical insurance plan for up to 10 years.

Single Continuation of Coverage: Paid 100% by the City

Family Continuation of Coverage: Paid 60% by the City

Non-Exempt Employee*:

Eligible to continue on the City's employees medical insurance plan for up to 5 years.

Single Continuation of Coverage: Paid 100% by the City

Family Continuation of Coverage: Paid 60% by the City

Class / Tier II

Non-represented employees as of December 31, 2011 (employee was not in a bargaining unit) who did not meet eligibility for retirement under WRS guidelines as of December 31, 2011. Upon retirement, providing an employee in this group achieves at least 15 years of service as a non-represented employee and retires from an exempt position, the employee is eligible to remain on the health insurance plan for 5 years post-retirement. A non-exempt employee who has been a non-rep for at least 15 years is eligible to remain on the health insurance plan for 2.5 years post-retirement. Premium payment in either situation is 50% City funded and 50% employee funded for either Single or Family coverage until either the retired employee or spouse becomes Medicare eligible.

Class / Tier III

All new employees hired on or after January 1, 2012, and employees hired before January 1, 2012 who were covered under an employment contract prior to January 1, 2012 are qualified for COBRA continuation of coverage. COBRA is available for 18 months following the last day of the month in which an employee retires or terminates employment.



Title: Non-Represented Employee Benefits Policy		Policy Number: HR 101-17	
Author: Sandy Rohrick		Created: 11/28/2016 Revision: B	
Scope: Non-Rep City Employees	Print Date: 11/23/16 9:41 AM		Page 7 of 6

Surviving Spouse

In the event an active employee dies, the surviving spouse may remain on the City of Sheboygan Health Insurance Plan. The spouse would be responsible for 100% of the premium contribution plus 2% administrative fees. In the case of death of a retired employee in Class I or Class II, the spouse would be eligible to continue on the City of Sheboygan health insurance plan until the spouse becomes eligible for health insurance through his/her own employer, by marriage, or becomes Medicare eligible. The surviving spouse would be responsible for the same premium contribution. In the case of death of a retired employee in Class III, the spouse may be eligible for an additional COBRA benefits, following federal guidelines.

19) Severance/Termination Pay at Retirement, Death, Layoff without Cause, and Termination for Protected Service Non-Represented Employees

Protected Service employees who reach WRS qualified retirement for protected, sworn employees and who actually retire as a WRS qualified annuitant receiving an annuity upon direct retirement from the City of Sheboygan, who previously served 5 or more years of service with the City of Sheboygan's Local 483, retain the ability to elect an optional retirement program. This option waives any alternative rights available to the Civilian Non-Represented Employees Severance Program. This option includes the following:

- 1) Option to remain on the City of Sheboygan Health Insurance Plan until reaching Medicare eligibility. Employee to pay the full cost of monthly premium for single or family coverage.
- 2) Good Attendance Bonus. No cash payout. Credits previously earned were frozen at the time of transfer into Protected Service Non-Represented Employee. Qualified portion eligible to use towards health insurance premiums.
- 3) Sick bank: employee may choose to deposit the after-tax amount of ½ the value of all accumulated sick days to a maximum value of 72 days, not to exceed the cost of health insurance premiums for 1 year, or choose payout of ½ accumulated sick days up to a max of 72-days pay.
- 4) Vacation: Employee will receive a severance payout of all earned, unused **and prorated** vacation;
- 5) Surviving Spouse: Following guidelines set forth in the Civilian Non-Represented Retiring Employee