

**CITY OF FRANKLIN  
PERSONNEL COMMITTEE MEETING  
FRANKLIN CITY HALL, COMMON COUNCIL CHAMBERS  
9229 W. Loomis Road, Franklin, WI 53132  
Monday, October 14<sup>th</sup>, 2024 – 6:00 p.m.**

**AGENDA**

- I. Call to Order, Roll Call, and Pledge of Allegiance
- II. Citizen Comment Period
- III. Approval of the Minutes from 9/16/2024
- IV. 2025 Benefit Renewals – Approval of 2025 Employee Benefit-Related Coverages, Carriers, and Premium Shares, including: Health Insurance, Stop-Loss Insurance, Dental Insurance, Vision Insurance, Supplemental Life Insurance, Flexible Spending, Health Savings Accounts, Health Reimbursement Arrangements, and Related Contracts
- V. Change in the Process of Reviewing Hiring Lists and Elimination of the Civil Service Sub-Committee
- VI. Staffing Report
- VII. Future Agenda Items
- VIII. Next Scheduled Meeting Date – November 18<sup>th</sup>, 2024
- IX. Adjournment

\*Notice is given that a majority of members of the Common Council of the municipality are expected to attend this meeting to gather information about an agenda item over which they have decision-making responsibility. This may constitute a meeting of the Common Council per *States ex re Badke v Greendale Village Bd* even though the Common Council will not take formal action at this meeting.

III

**CITY OF FRANKLIN  
PERSONNEL COMMITTEE MEETING  
FRANKLIN CITY HALL COUNCIL CHAMBERS  
9229 W. Loomis Rd., Franklin, Wisconsin  
6:00 p.m., September 16<sup>th</sup>, 2024**

**MINUTES**

- I. The September 16<sup>th</sup>, 2024 Personnel Committee Meeting was called to order at 6:00 p.m. by Chair Wikel in the Council Chambers at City Hall. Members present were Chair Wikel, Alderman Barber, Alderman Hasan, Alderwoman Eichmann, Members Budny, and Prusko. Also in attendance was Human Resources Manager Zahn.
  
- II Citizen comment period  
  
Lt. Brad Polaske, President for the Franklin Fire Union, spoke regarding the lateral transfer vacation policy.
  
- III. Approval of the Minutes from 7/15/2024  
  
Motion by Alderman Barber and seconded by Alderman Hasan to approve the minutes from 7/15/24 as written. Motion Carried: Ayes- All.
  
- IV Welcome to Alderwoman Eichmann to the Personnel Committee  
  
Alderwoman Eichmann was introduced to the group as a new member. No Action Needed.
  
- V. Presentation by Scott Fuller, USI Insurance Services, on City of Franklin Insurance Plans and Preliminary Renewal Outlook  
  
Information was presented. No Action Taken.
  
- VI. Promotion of Ryan Boos from Desktop & User Support Administrator to Server and Infrastructure Engineer and Approval of the Revised Job Description  
  
Motion by Alderman Barber and seconded by Alderwoman Eichmann to recommend approval of the promotion of Ryan Boos as requested. Motion Carried: Ayes – All.  
  
Motion by Alderman Hasan and seconded by Member Budny to recommend approval of the job description as submitted. Motion Carried: Ayes - All.
  
- VII. Vacation Accruals for Lateral Transfers in the Fire Department  
  
Motion by Member Budny and seconded by Alderwoman Eichmann to suspend rules to allow Lt. Polaske to speak during this discussion. Motion Carried: Ayes – All.  
  
Motion by Alderman Hasan and seconded by Member Prusko to recommend the policy (version that was handed out at the meeting) to Common Council for approval. Motion Carried: Ayes – All.

VIII Appointment of an additional member to the Civil Service Sub-Committee or consideration of the elimination of the Civil Service Sub-Committee

Motion by Alderman Barber and seconded by Alderwoman Eichmann to table the item to obtain a written opinion of whether we are mandated to have a Civil Service Sub-Committee.

IX. Election of Officers

Motion by Member Budny and seconded by Alderman Hasan to nominate Dale Wikel as Chair. There were no other nominations made. Motion Carried: Ayes - All.

Motion by Member Budny and seconded by Alderwoman Eichmann to nominate Alderman Barber as Vice-Chair. There were no other nominations made. Motion Carried: Ayes – All.

X. Staffing Report

Info provided. No action needed.

XI. Future Agenda Items

- Insurance Renewals need approval at October meeting
- Compensation Study
- Employee Survey

XII Next Meeting Date

The next regularly scheduled meeting is planned for October 21<sup>st</sup>, 2024.

XIII. Adjournment

Motion by Alderman Hasan and seconded by Member Prusko to adjourn the Personnel Committee meeting at 7:51 p.m. Motion carried: Ayes-All.

<p><b>APPROVAL</b></p>	<p><b>REQUEST FOR COUNCIL ACTION</b></p>	<p><b>MEETING DATE</b>  10/15/2024</p>
<p><b>REPORTS &amp; RECOMMENDATIONS</b></p>	<p><b>Approval of 2025 Employee Benefit-Related Coverages</b></p>	<p><b>ITEM NUMBER</b></p>

**BACKGROUND**

The City of Franklin’s employee benefit insurance programs, including health, dental, vision, life, and long-term disability insurance, are due for renewal effective January 1, 2025. The recommendations presented here reflect a comprehensive review of existing plans, claims trends, updated rates, and regulatory requirements. Changes aim to manage rising healthcare costs while maintaining competitive benefits for employees.

**The following updates address compliance, benefit structure changes, and adjustments in employee contributions:**

1. Adjustments to health plan deductibles to align with IRS compliance requirements.
2. Changes to the City’s HRA contribution structure.
3. Modifications in the Nice Healthcare plan’s eligibility and copayment structure.

*The Personnel Committee will review these recommendations on October 14, 2024, before the Common Council will finalize them on October 15, 2024.*

**RECOMMENDATION DETAILS**

**1. Health Insurance Renewal:**

- **Stop-loss coverage:** Transition to a \$100,000 specific deductible with Symetra, resulting in a 6.74% premium increase over the current plan.
- **Deductible Compliance Update:** In compliance with IRS rules, the family plan's individual deductible will increase from \$3,200 to \$3,300 for 2025. The single plan's deductible will remain unchanged.
- **HRA Access Point Adjustments:** Employees need to spend before accessing the HRA will increase by \$50 for single coverage (from \$1,600 to \$1,650) and by \$100 for family coverage (from \$3,200 to \$3,300). The City's contribution amounts will remain at \$1,250 for single and \$2,500 for family coverage
- **Third-Party Administrator (TPA):** Continue with UMR, which has managed the City’s PPO, HDHP, HRA, and COBRA services.
- **Pharmacy Benefits:** Continue with ServeYou Rx, as previously committed, based on their new pricing structure, which avoids employee disruption.
- **Projected Total Increase:** The overall health plan is anticipated to see a 2.91% rise in total costs for 2025.

**2. Nice Healthcare Plan Changes:**

- **Eligibility Update:** In 2025, Nice Healthcare will only be available to employees and dependents who enroll in the City’s health insurance plan. Previously, it covered all employees and dependents regardless of insurance enrollment.

- **Copayment Introduction:** Due to a change in federal regulations mandating a copay for non-preventative visits, a \$5 copay will be required. Preventative care will continue at no cost.

**3. Dental Insurance:**

- An estimated 6.89% increase is projected for 2025, with annual costs rising from \$151,704 to \$162,151 due to trends and inflation.
- Continued use of Delta Dental, with an optional HMO plan offering lower-cost orthodontic coverage.

**4. Life and Disability Insurance:**

- Renew with Prudential, with a 5% rate increase for Basic Group Life (BGL) coverage while keeping LTD rates stable. Both rates are guaranteed through January 1, 2027.

**5. Premium Changes and Employee Contributions:**

- Both the City and the Employee contributions will have a small increase to account for the projected 2.91% increase in plan costs.

**FISCAL IMPACT**

- **Health Insurance Costs:** The 6.74% premium increase for the \$100,000 stop-loss deductible reflects a balanced approach to managing premium growth.
- **Dental Insurance Costs:** The 6.89% increase will result in approximately \$10,447 additional expenses
- **Employee Premium Contributions:** The updated contribution rates are designed to ensure financial sustainability while still offering competitive benefits.

The Self-Insurance Fund has a sufficient balance to cover any unplanned expenses.

**COUNCIL ACTION REQUESTED**

Motion to approve the 2025 employee benefit insurance renewals as outlined, including health, dental, life, long-term disability, and Nice Healthcare plan adjustments. Authorize the Director of Administration to finalize contracts and implement necessary updates to the Employee Handbook

DOA – KH; HR – DZ; Finance - DB



Group: City of Franklin

Effective Date: 01/01/2025

Specific Stop Loss		Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Carrier		Symetra	Symetra	UHC	Berkshire Hathaway	QBE	Berkley	HM Insurance	HCC	Evolution Risk	Swiss Re
Carrier Rating		A	A	A+	A++	A+	A	A	A++	A	A+
TPA		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR
PPO Network		UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+
UR Vendor		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR
PBM		ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx
Stop Loss Commission %:		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Specific Contract		Paid	Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Specific Deductible		\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Aggregating Specific Deductible		\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
NNL RC Included		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RC %		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Benefits included		Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx
Specific Policy Year Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Max		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Experience Refund		Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes
Uves											
Single Premium	66	\$143.93	\$164.01	\$163.45	\$145.05	\$189.06	\$187.55	\$235.19	\$155.88	\$137.46	\$175.83
Family Premium	126	\$353.51	\$409.97	\$449.49	\$408.68	\$545.15	\$535.01	\$610.39	\$415.54	\$356.93	\$443.37
Composite	192	\$281.47	\$325.42	\$351.16	\$318.06	\$422.74	\$415.57	\$481.42	\$326.28	\$281.49	\$351.40
Monthly Specific Premium		\$54,041.64	\$62,480.88	\$67,423.44	\$61,066.98	\$81,166.86	\$79,789.56	\$92,431.68	\$62,646.12	\$54,045.54	\$67,469.40
Annual Specific Premium		\$648,499.68	\$749,770.56	\$809,081.28	\$732,803.76	\$974,002.32	\$957,474.72	\$1,109,180.16	\$751,753.44	\$648,546.48	\$809,632.80
% Difference			15.62%	24.76%	13.00%	50.19%	47.64%	71.04%	15.92%	0.01%	24.85%
Firm Through			Firm thru 10-11-24	Firm thru 10-4-24	Illustrative	Illustrative	Illustrative	Illustrative	Illustrative	Illustrative	Illustrative
Lasers											
C157510B6-00		\$0	\$0	\$0	\$0	\$0	\$0	\$230,000	\$0	\$0	\$0
Aggregate Stop Loss											
Aggregate Contract		Paid	Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Benefits Included		Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx
Aggregate Corridor		125%	125%	125%	125%	125%	125%	125%	125%	125%	125%
Aggregate TLO		No	No	No	No	No	No	No	No	No	No
Agg Accommodation		No	No	No	No	No	No	No	No	No	No
Aggregate Policy Year Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Total Lives	192										
Composite Agg		\$9.67	\$10.14	\$10.68	\$10.69	\$9.99	\$9.45	\$9.97	\$14.43	\$8.04	\$11.18
Monthly Aggregate Premium		\$1,856.64	\$1,946.88	\$2,050.56	\$2,052.48	\$1,918.08	\$1,814.40	\$1,914.24	\$2,770.56	\$1,543.68	\$2,146.56
Annual Aggregate Premium		\$22,279.68	\$23,362.56	\$24,606.72	\$24,629.76	\$23,016.96	\$21,772.80	\$22,970.88	\$33,246.72	\$18,524.16	\$25,758.72
Aggregate Attachment	Lives										
Single Attachment	66	\$855.95	\$898.09	\$851.02	\$827.70	\$805.29	\$676.87	\$907.13	\$991.04	\$783.27	\$890.04
Family Attachment	126	\$2,087.95	\$2,203.69	\$2,340.30	\$2,341.82	\$2,271.92	\$1,938.06	\$2,177.11	\$2,263.98	\$2,255.74	\$2,226.95
Composite	192	\$1,664.45	\$1,754.89	\$1,828.36	\$1,821.34	\$1,767.77	\$1,504.53	\$1,740.55	\$1,826.41	\$1,749.58	\$1,767.39
Monthly Claims Liability		\$319,574.40	\$336,938.88	\$351,045.12	\$349,697.52	\$339,411.06	\$288,868.98	\$334,186.44	\$350,670.12	\$335,919.06	\$339,338.34
Annual Claims Liability		\$3,834,892.80	\$4,043,266.56	\$4,212,541.44	\$4,196,370.24	\$4,072,932.72	\$3,466,427.76	\$4,010,237.28	\$4,208,041.44	\$4,031,028.72	\$4,072,060.08
Aggregate Run-In Limit		\$0.00	\$0.00	\$0.00	\$0.00	\$733,100.00	\$520,000.00	\$641,638.00	\$631,206.00	\$0.00	\$0.00
Total Reinsurance Expense											
Annual Fixed Premium		\$670,779.36	\$773,133.12	\$833,688.00	\$757,433.52	\$997,019.28	\$979,247.52	\$1,132,151.04	\$785,000.16	\$667,070.64	\$835,391.52
% Difference			15.26%	24.29%	12.92%	48.64%	45.99%	68.78%	17.03%	-0.55%	24.54%
Maximum Cost Liability w/o Laser(s)		\$4,580,672.16	\$4,891,399.68	\$5,121,229.44	\$5,028,803.76	\$5,144,952.00	\$4,520,675.28	\$5,217,388.32	\$5,068,041.60	\$4,773,099.36	\$4,982,451.60
% Difference			6.78%	11.80%	9.78%	12.32%	-1.31%	13.90%	10.64%	4.20%	8.77%

\* Additional Laser Liability = Total Laser Liability - Specific deductible x total number of lasered claimants  
Proprietary & Confidential



Group: City of Franklin

Effective Date: 01/01/2025

Specific Stop Loss		Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	
Carrier		Symetra	Symetra	UHC	Berkshire Hathaway	QBE	Berkley	HM Insurance	HCC	Evolution Risk	Swiss Re	
Carrier Rating		A	A	A+	A++	A+	A	A	A++	A	A+	
TPA		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	
PPO Network		UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	UHC Choice+	
UR Vendor		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR	
PBM		ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	ServeYou Rx	
Stop Loss Commission %:		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Specific Contract		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12	24/12	24/12	
Specific Deductible		\$90,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	
Aggregating Specific Deductible		\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	
NNL RC Included		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
RC %		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Benefits Included		Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	
Specific Policy Year Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Specific Lifetime Max		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Experience Refund		Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	
Single Premium	Lives	66	\$143.93	\$149.11	\$143.21	\$142.22	\$179.92	\$178.27	\$226.08	\$148.18	\$130.71	\$158.00
Family Premium	126	\$353.51	\$379.72	\$393.84	\$378.35	\$494.63	\$482.81	\$574.01	\$398.18	\$319.58	\$388.66	
Composite	192	\$281.47	\$300.45	\$307.69	\$297.18	\$386.45	\$378.12	\$454.41	\$312.24	\$254.66	\$309.37	
Monthly Specific Premium		\$54,041.64	\$57,685.98	\$59,075.70	\$57,058.62	\$74,198.10	\$72,599.88	\$87,246.54	\$59,950.56	\$48,893.94	\$59,399.16	
Annual Specific Premium		\$648,499.68	\$692,231.76	\$708,908.40	\$684,703.44	\$890,377.20	\$871,198.56	\$1,046,958.48	\$719,406.72	\$586,727.28	\$712,789.92	
% Difference			6.74%	9.32%	5.58%	37.30%	34.34%	61.44%	10.93%	-9.53%	9.91%	
Firm Through			Firm thru 10-11-24	Firm thru 10-4-24	illustrative	illustrative	illustrative	illustrative	illustrative	illustrative	illustrative	
Lasers			\$0	\$0	\$0	\$0	\$0	\$230,000	\$0	\$0	\$0	
C15751086-00			\$0	\$0	\$0	\$0	\$0	\$230,000	\$0	\$0	\$0	
Aggregate Stop Loss												
Aggregate Contract		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12	24/12	24/12	
Benefits Included		Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	
Aggregate Corridor		125%	125%	125%	125%	125%	125%	125%	125%	125%	125%	
Aggregate TLO		No	No	No	No	No	No	No	No	No	No	
Agg Accommodation		No	No	No	No	No	No	No	No	No	No	
Aggregate Policy Year Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	
Total Lives	192											
Composite Agg		\$9.67	\$10.29	\$11.18	\$11.85	\$10.99	\$10.39	\$10.32	\$14.54	\$14.69	\$11.38	
Monthly Aggregate Premium		\$1,856.64	\$1,975.68	\$2,146.56	\$2,275.20	\$2,110.08	\$1,994.88	\$1,981.44	\$2,791.68	\$2,820.48	\$2,184.96	
Annual Aggregate Premium		\$22,279.68	\$23,708.16	\$25,758.72	\$27,302.40	\$25,320.96	\$23,938.56	\$23,777.28	\$33,500.16	\$33,845.76	\$26,219.52	
Aggregate Attachment	Lives											
Single Attachment	66	\$855.95	\$910.87	\$891.44	\$848.89	\$819.89	\$688.74	\$919.83	\$1,004.87	\$795.07	\$910.51	
Family Attachment	126	\$2,087.95	\$2,235.04	\$2,451.47	\$2,401.77	\$2,313.11	\$1,972.00	\$2,207.59	\$2,297.20	\$2,289.71	\$2,278.18	
Composite	192	\$1,664.45	\$1,779.86	\$1,915.21	\$1,867.97	\$1,799.82	\$1,530.88	\$1,764.92	\$1,852.96	\$1,775.93	\$1,808.04	
Monthly Claims Liability		\$319,574.40	\$341,732.46	\$367,720.26	\$358,649.76	\$345,564.60	\$293,928.84	\$338,865.12	\$355,768.62	\$340,978.08	\$347,144.34	
Annual Claims Liability		\$3,834,892.80	\$4,100,789.52	\$4,412,643.12	\$4,303,797.12	\$4,146,775.20	\$3,527,146.08	\$4,066,381.44	\$4,269,223.44	\$4,091,736.96	\$4,165,732.08	
Aggregate Run-in Limit		\$0.00	\$0.00	\$0.00	\$0.00	\$746,400.00	\$529,100.00	\$650,621.00	\$640,383.00	\$0.00	\$0.00	
Total Reinsurance Expense												
Annual Fixed Premium		\$670,779.36	\$715,939.92	\$734,667.12	\$712,005.84	\$915,698.16	\$895,137.12	\$1,070,735.76	\$752,906.88	\$620,573.04	\$739,009.44	
% Difference			6.73%	9.52%	6.15%	36.51%	33.45%	59.63%	12.24%	-7.48%	10.17%	
Maximum Cost Liability w/o Laser(s)		\$4,580,672.16	\$4,891,729.44	\$5,222,310.24	\$5,090,802.96	\$5,137,473.36	\$4,497,283.20	\$5,212,117.20	\$5,097,130.32	\$4,787,310.00	\$4,979,741.52	
% Difference			6.79%	14.01%	11.14%	12.16%	-1.82%	13.78%	11.27%	4.51%	8.71%	

\* Additional Laser Liability = Total Laser Liability - Specific deductible x total number of lasered claimants  
 Proprietary & Confidential

# Funding Spreadsheet Effective 01/01/2025

Current 2024 Plan - \$1,500 Deductible Plan				Current 2024 HSA Plan - \$3,000 Deductible Plan				
Employee Count	Funding	Employee*	Employer	Employee Count	Funding	Employee*	Employer	HSA
	\$1,035.60	\$186.10	\$849.50	53	\$947.63	\$111.38	\$836.25	\$750.00
	\$2,325.71	\$448.96	\$1,876.75	86	\$2,122.20	\$270.14	\$1,852.06	\$1,500.00
	\$18,640.80	\$3,349.80	\$15,291.00		\$50,224.39	\$5,903.14	\$44,321.25	
	\$90,702.69	\$17,509.44	\$73,193.25		\$182,509.20	\$23,232.04	\$159,277.16	
	\$109,343.49	\$20,859.24	\$88,484.25		\$232,733.59	\$29,135.18	\$203,598.41	
	\$1,312,121.88	\$250,310.88	\$1,061,811.00	139	\$2,792,803.08	\$349,622.16	\$2,443,180.92	
			\$1,061,811.00					\$3,504,991.92
			\$250,310.88					\$599,933.04
			\$0.00					\$168,750.00
			\$1,312,121.88					\$4,273,674.96
			\$1,061,811.00					\$3,673,741.92
	19.08%	80.92%			12.52%	87.48%		
								\$4,104,924.96

Renewal 2025 Plan - \$1,500 Deductible Plan				Renewal 2025 HSA Plan - \$3,250 Deductible Plan				
Employee Count	Funding	Employee*	Employer	Employee Count	Funding	Employee*	Employer	HSA
	\$1,056.31	\$189.82	\$866.49	53	\$966.58	\$113.61	\$852.98	\$750.00
	\$2,372.22	\$457.94	\$1,914.29	86	\$2,164.64	\$275.54	\$1,889.10	\$1,500.00
	\$19,013.62	\$3,416.80	\$15,596.82		\$51,228.88	\$6,021.20	\$45,207.68	
	\$92,516.74	\$17,859.63	\$74,657.12		\$186,159.38	\$23,696.68	\$162,462.70	
	\$111,530.36	\$21,276.42	\$90,253.94		\$237,388.26	\$29,717.88	\$207,670.38	
	\$1,338,364.32	\$255,317.10	\$1,083,047.22	139	\$2,848,659.14	\$356,614.60	\$2,492,044.54	
	\$44.66	\$1.72			\$26.73	\$1.03	2.00%	\$3,575,091.76
	\$0.00	\$0.00			-\$2,503.08	-\$96.27	2.00%	\$611,931.70
	\$0.00	\$0.00			-\$2,339.52	-\$89.98	0.00%	\$168,750.00
	\$107.75	\$4.14			\$64.83	\$2.49	1.92%	\$4,355,773.46
							1.91%	\$3,743,841.76
	19.08%	80.92%			12.52%	87.48%		\$82,098.50
								\$4,187,023.46
								\$70,099.84

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# Pharmacy Benefit Report

for

City of Franklin (WI)



Presented by: **Greta Gareth**

Date: **09/09/2024**

**City of Franklin (WI)**

Start Date: **10/01/2024**  
Retail Network: **Broad**  
Formulary: **Closed**  
Incumbent: **Serve You Rx**  
Data Date Range: **07/02/2023-06/30/2024**

Employees: **267**  
Mail Order Utilization: **Low**  
Plan Design: **3-Tier**  
Current Funding: **Self-Funded**  
Medical Credit: **N/A**

Covered Lives: **535**  
Specialty Program: **Exclusive**  
Average Annual Costs: **\$675,457**  
Carve-out Penalty: **N/A**  
Current Rebates: **\$209,655**

National CooperativeRx  
ACF - TBV  
Average Annual Cost: **\$422,993**

**37.38%**  
Average Savings

(Serve you.)  
CUSTOM RX MANAGEMENT

Select - BAFO - PBV  
Average Annual Cost: **\$474,449**

**29.76%**  
Average Savings

(Serve you.)  
CUSTOM RX MANAGEMENT

Select - 1 Year - PBV  
Average Annual Cost: **\$476,609**

**29.44%**  
Average Savings

(Serve you.)  
CUSTOM RX MANAGEMENT

Select - Renewal Offer - PBV  
Average Annual Cost: **\$492,548**

**27.08%**  
Average Savings



Clinical Focus - PBV  
Average Annual Cost: **\$540,184**

**20.03%**  
Average Savings



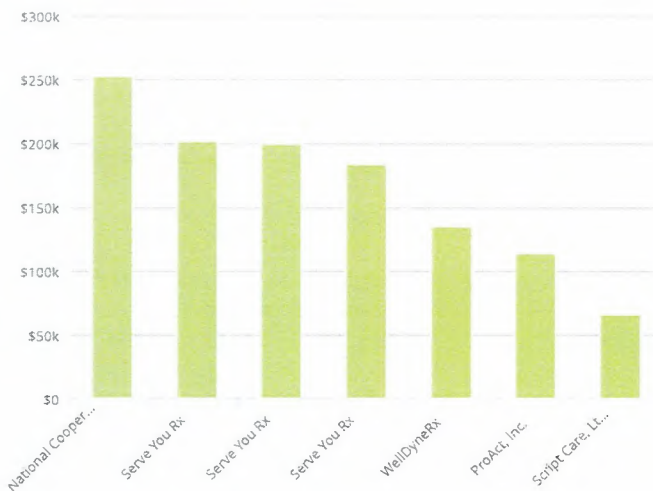
Advantage - PBV  
Average Annual Cost: **\$561,488**

**16.87%**  
Average Savings

Script Care, Ltd.  
PremierPlus - PBV  
Average Annual Cost: **\$609,833**

**9.72%**  
Average Savings

Average Annual Savings



Savings do not include fees for ancillary services elected by the plan sponsor. These costs are usually offset by resulting cost avoidance; or they cover the cost of administering minimally used services. Fee amounts are typically in the range of \$0.50 - \$3.00 PMPM.

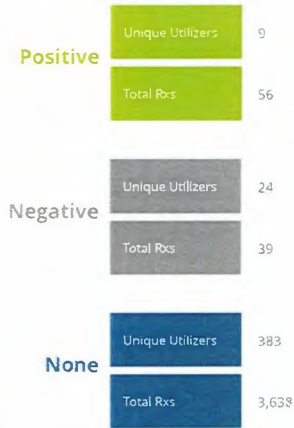
Plan Sponsor and/or its designee, are responsible for ensuring integration of the benefit plan's medical carrier and the awarded pharmacy vendor from the pharmacy benefits offers herein. Truveris shall have no liability or responsibility regarding integration with a medical carrier.

Pricing Comparison							\$
	National CooperativeRx	Serve You Rx	Serve You Rx	Serve You Rx	WellDyneRx	ProAct, Inc.	Script Care, Ltd.
Retail Brand 30 Discount	20.25%	19.50%	19.50%	19.35%	18.80%	18.55%	19.25%
Retail Generic 30 Discount	87.10%	86.50%	86.50%	85.10%	84.15%	83.90%	84.50%
Retail Brand 30 Dispensing Fee	\$0.25	\$0.50	\$0.50	\$0.50	\$0.70	\$0.90	\$1.15
Retail Generic 30 Dispensing Fee	\$0.25	\$0.50	\$0.50	\$0.50	\$0.70	\$0.90	\$1.15
Retail Brand 90 Discount	20.50%	23.00%	23.00%	23.10%	20.80%	21.30%	22.20%
Retail Generic 90 Discount	87.10%	89.00%	89.00%	90.10%	85.15%	85.85%	85.50%
Retail Brand 90 Dispensing Fee	-	-	-	-	-	-	-
Retail Generic 90 Dispensing Fee	-	-	-	-	-	-	-
Mail Brand Discount	20.50%	24.50%	24.50%	24.50%	23.50%	25.30%	24.00%
Mail Generic Discount	92.10%	89.00%	89.00%	90.10%	85.65%	84.60%	87.50%
Mail Brand Dispensing Fee	-	-	-	-	-	-	-
Mail Generic Dispensing Fee	-	-	-	-	-	-	-
Retail 30 Rebate	\$41.72 Per Claim	\$285.00 Per Brand Claim	\$285.00 Per Brand Claim	\$310.00 Per Brand Claim	\$312.00 Per Brand Claim	\$270.09 Per Brand Claim	\$174.08 Per Brand Claim
Retail 90 Rebate	\$83.44 Per Claim	\$750.00 Per Brand Claim	\$750.00 Per Brand Claim	\$780.00 Per Brand Claim	\$936.33 Per Brand Claim	\$665.65 Per Brand Claim	\$611.03 Per Brand Claim
Mail Rebate	\$112.36 Per Claim	\$750.00 Per Brand Claim	\$750.00 Per Brand Claim	\$780.00 Per Brand Claim	\$936.33 Per Brand Claim	\$855.66 Per Brand Claim	\$611.03 Per Brand Claim
Specialty Rebate	\$3,169.11 Per Claim	\$4,000.00 Per Brand Claim	\$4,000.00 Per Brand Claim	\$3,600.00 Per Brand Claim	\$2,613.33 Per Brand Claim	\$2,981.43 Per Brand Claim	\$2,383.15 Per Brand Claim
Admin Fee	\$0.25 PMPM	\$6.50 PMPM	\$4.50 PMPM	\$6.75 PMPM	\$6.85 Per Claim	\$7.25 Per Claim	\$4.60 Per Claim
Truveris Commission	\$15,000.00 Flat Amount	Included	\$15,000.00 Flat Amount	Included	Included	Included	\$15,000.00 Flat Amount
Broker Commission	-	-	-	-	-	-	-
<b>Allowances</b>	<b>\$0.19 PMPM</b>	<b>-</b>	<b>\$1.67 PMPM</b>	<b>-</b>	<b>\$0.33 PMPM</b>	<b>\$2,833.33 Flat Amount</b>	<b>\$1,100.00 Flat Amount</b>
Average Annual Savings \$	\$252,464	\$201,008	\$198,848	\$182,909	\$135,273	\$113,969	\$65,624
<b>Average Annual Savings %</b>	<b>37.38%</b>	<b>29.76%</b>	<b>29.44%</b>	<b>27.08%</b>	<b>20.03%</b>	<b>16.87%</b>	<b>9.72%</b>

Note: Variations may exist among each benefit provider's contractual terms (e.g. brand, generic). The financial impact of such variations is reflected in the Average Annual Savings. Rates for pass-through offers may reflect their Network-Performance Certified rates as predicted by Truveris.

Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$838,428	\$581	\$16,605	(\$402,310)	\$53,477	\$399,827	\$453,304	\$675,457	\$222,153	32.89%
Two	\$837,614	\$581	\$16,605	(\$436,303)	\$53,274	\$365,223	\$418,497	\$675,457	\$256,960	38.04%
Three	\$836,800	\$581	\$16,605	(\$456,808)	\$53,071	\$344,107	\$397,178	\$675,457	\$278,279	41.20%
<b>TOTAL</b>	<b>\$2,512,842</b>	<b>\$1,743</b>	<b>\$49,815</b>	<b>(\$1,295,421)</b>	<b>\$159,823</b>	<b>\$1,109,156</b>	<b>\$1,268,979</b>	<b>\$2,026,370</b>	<b>\$757,392</b>	<b>37.38%</b>

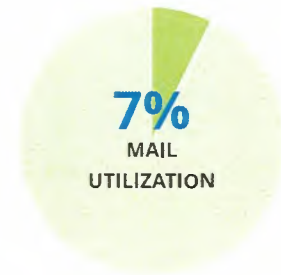
## Formulary Assessment



## PMPY Spend



## Pharmacy Coverage



## Average Annual Savings

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$23,859	3.53%
Retail Brand (90 Days)	\$8,516	1.26%
Retail Generic	\$34,418	5.10%
Mail Order Brand	\$487	0.07%
Mail Order Generic	\$1,545	0.23%
Specialty	(\$47,588)	-7.05%
Net Admin Fees	\$9,075	1.34%
Net Rebates	\$222,152	32.89%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$252,464</b>	<b>37.38%</b>
Allowances	\$1,241	0.18%
<b>TOTAL</b>	<b>\$253,705</b>	<b>37.56%</b>

## National Cooperative CVS Health

**Offer Type:** A coalition arrangement with traditional spread pricing and offsetting permitted for Clients with <2,500 members

**Rebates:** 100% pass through of rebates (other pharmaceutical revenue not considered rebates), with offsetting permitted for clients with <2,500 members; key notable rebate exclusions such as LDDs, New-to-Market Specialty and Biosimilars

**Guarantees:** Pricing guarantees and rebate overperformance reconciled at group level for clients with <2,500 members and client specific for clients with >2,500 members. Rebate guarantees reflect minimums with potential for overperformance

**Termination:** May term early without cause with 90-day notice but National Cooperative Rx will apply a termination fee of \$5.00 per Plan Participant


**Market Check & Audit:** Annual group level audits and market checks conducted by the coalition on behalf of the client


**Formulary Names (Type):** Standard Control (Closed), Opt Out (Open), Advanced Control (Closed)


**Legend For Offers:** Offer Type - T/P - (Traditional, Pass-through), Retail 90 - B/N - (Broad, Narrow), V/I/M - (Voluntary, Incentivized, Mandatory). For example - offers ending with TBV are traditional, retail 90 broad, and voluntary mail program.


**Last Pricing Update:** June 2024

\* Information in this box only applies to pre-negotiated offers

Formulary Disruption - Negative Tier Drugs			
Drug Name	Rxs	Utilizers	
VYVANSE CAP 40MG	8	1	
NP THYROID TAB 60MG	5	1	
PAXLOVID TAB	3	3	
MICROLET MIS LANCETS	3	2	
SOFTCLIX MIS LANCETS	3	2	
PAXLOVID TAB	3	3	
NP THYROID TAB 90MG	2	1	
VYVANSE CAP 30MG	2	1	
POLYETH GLYC POW 3350 NF	2	2	
COMPACT SPAC MIS CHAMBER	1	1	
CONTOUR NEXT SOL LEVEL 2	1	1	
VYVANSE CHW 10MG	1	1	
PAXLOVID TAB 300-100	1	1	
NP THYROID TAB 15MG	1	1	
VYVANSE CHW 20MG	1	1	

Top Utilized Drugs - Mail Order			
Drug Name	Rxs	Cost Per Rx	
ATORVASTATIN CALCIUM	32	\$37	
HUMIRA PEN	28	\$6,625	
DUPIXENT	17	\$3,574	
LISINOPRIL	10	\$8	
LOSARTAN POTASSIUM/HYDROC	9	\$24	
METFORMIN HYDROCHLORIDE	8	\$19	
OTEZLA	8	\$4,611	
SIMVASTATIN	8	\$35	
AMLODIPINE BESYLATE	7	\$17	
BUPROPION HYDROCHLORIDE E	7	\$34	
PRAVASTATIN SODIUM	7	\$29	
KISQALI	6	\$13,837	
RINVOQ	6	\$5,978	
DORZOLAMIDE HCL/TIMOLOL M	5	\$11	
FOSINOPRIL SODIUM	5	\$6	

Formulary Disruption - Excluded Drugs			
Drug Name	Rxs	Utilizers	
ALBUTEROL AER HFA	38	26	
HUMIRA PEN INJ 40/0.4ML	28	2	
ARNUITY ELPT INH 200MCG	10	2	
CYCLOSPORINE EMU 0.05%	9	2	
CONTOUR NEXT TES	8	5	
QVAR REDIHA AER 80MCG	7	2	
HUMALOG INJ 100/ML	6	2	
FLOVENT HFA AER 110MCG	5	1	
AIMOVIG INJ 140MG/ML	5	1	
PREMARIN VAG CRE 0.625MG	3	2	
HUMALOG JR INJ 100/ML	2	1	
HUMALOG INJ 100/ML	2	1	
ESTRING MIS 7.5/24HR	2	1	
ADDYI TAB 100MG	2	1	
UNFINE PNTP MIS 32GX4MM	2	1	

Top Utilized Drugs - Retail			
Drug Name	Rxs	Cost Per Rx	
ATORVASTATIN CALCIUM	100	\$60	
METHYLPHENIDATE HYDROCHLO	80	\$20	
ESCITALOPRAM OXALATE	65	\$31	
LISINOPRIL	64	\$12	
LOSARTAN POTASSIUM	63	\$20	
METFORMIN HYDROCHLORIDE E	62	\$21	
AMOXICILLIN	59	\$2	
MOUNJARO	59	\$1,022	
AMLODIPINE BESYLATE	56	\$18	
AMPHETAMINE/DEXTROAMPHETA	56	\$21	
ROSUVASTATIN CALCIUM	51	\$90	
VENLAFAXINE HYDROCHLORIDE	49	\$49	
LORAZEPAM	48	\$5	
PANTOPRAZOLE SODIUM	48	\$50	
AMOXICILLIN/CLAVULANATE P	47	\$12	

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers
NO ADDITIONAL PHARMACIES DISRUPTED						

NO ADDITIONAL PHARMACIES DISRUPTED

## Administrative Cost Summary

	AMOUNT	AMOUNT	AMOUNT
One	\$15,000	\$0	\$1,605
Two	\$15,000	\$0	\$1,605
Three	\$15,000	\$0	\$1,605
<b>TOTAL</b>	<b>\$45,000</b>	<b>\$0</b>	<b>\$4,815</b>

Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$833,696	\$1,163	\$41,730	(\$402,140)	\$51,511	\$422,938	\$474,449	\$675,457	\$201,008	29.76%
<b>TOTAL</b>	<b>\$833,696</b>	<b>\$1,163</b>	<b>\$41,730</b>	<b>(\$402,140)</b>	<b>\$51,511</b>	<b>\$422,938</b>	<b>\$474,449</b>	<b>\$675,457</b>	<b>\$201,008</b>	<b>29.76%</b>

Formulary Assessment

PMPY Spend

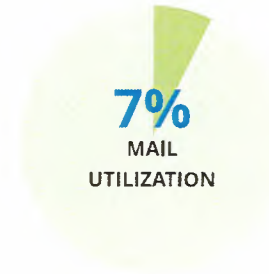
ORIGINAL PLAN



NEW PLAN



Pharmacy Coverage



Average Annual Savings

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$22,022	3.26%
Retail Brand (90 Days)	\$12,244	1.81%
Retail Generic	\$39,407	5.83%
Mail Order Brand	\$1,899	0.28%
Mail Order Generic	(\$541)	-0.08%
Specialty	(\$50,458)	-7.47%
Net Admin Fees	(\$16,050)	-2.38%
Net Rebates	\$192,485	28.50%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$201,008</b>	<b>29.76%</b>
Allowances	\$0	0.00%
<b>TOTAL</b>	<b>\$201,008</b>	<b>29.76%</b>

About Serve You Rx

Serve You Rx has been independently owned and operated since inception in 1987. Known for providing **attentive service** to partners, clients, and members alike, the pharmacy solutions provider also delivers competitive pricing and an efficient process for managing pharmacy benefits that saves costs while achieving high member satisfaction. Serve You Rx also provides:

- Efficient implementation process
- Consultative account team on every group regardless of size
- U.S.-based call center representatives who are certified pharmacy technicians
- Mail service pharmacies with an average order turnaround time of less than 1 business day
- High-touch specialty pharmacy program
- Comprehensive national retail network (more than 66,000 pharmacies)

**Contract Status:** Template is approved and available upon reward.

Formulary Disruption - Negative Tier Drugs		
Drug Name	Rxs	Utilizers

Top Utilized Drugs - Mail Order		
Drug Name	Rxs	Cost Per Rx
ATORVASTATIN CALCIUM	32	\$52
HUMIRA PEN	28	\$6,770
DUPIXENT	17	\$3,596
LISINOPRIL	10	\$12
LOSARTAN POTASSIUM/HYDROC	9	\$34
METFORMIN HYDROCHLORIDE	8	\$26
OTEZLA	8	\$4,556
SIMVASTATIN	8	\$49
AMLODIPINE BESYLATE	7	\$24
BUPROPION HYDROCHLORIDE E	7	\$48
PRAVASTATIN SODIUM	7	\$41
KISQALI	6	\$13,837
RINVOQ	6	\$6,090
DORZOLAMIDE HCL/TIMOLOL M	5	\$15
FOSINOPRIL SODIUM	5	\$9

Formulary Disruption - Excluded Drugs		
Drug Name	Rxs	Utilizers

Top Utilized Drugs - Retail		
Drug Name	Rxs	Cost Per Rx
ATORVASTATIN CALCIUM	100	\$52
METHYLPHENIDATE HYDROCHLO	80	\$21
ESCITALOPRAM OXALATE	65	\$29
LISINOPRIL	64	\$10
LOSARTAN POTASSIUM	63	\$18
METFORMIN HYDROCHLORIDE E	62	\$18
AMOXICILLIN	59	\$2
MOUNJARO	59	\$1,032
AMLODIPINE BESYLATE	56	\$16
AMPHETAMINE/DEXTROAMPHETA	56	\$22
ROSUVASTATIN CALCIUM	51	\$79
VENLAFAXINE HYDROCHLORIDE	49	\$44
LORAZEPAM	48	\$6
PANTOPRAZOLE SODIUM	48	\$45
AMOXICILLIN/CLAVULANATE P	47	\$13

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers

NO ADDITIONAL PHARMACIES DISRUPTED

## Administrative Cost Summary



QTY	UNIT PRICE	EXT. PRICE	TOTAL PRICE
One	\$0	\$0	\$41,730
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$41,730</b>

Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$833,696	\$1,163	\$43,890	(\$402,140)	\$51,511	\$425,098	\$476,609	\$675,457	\$198,848	29.44%
Two	\$833,696	\$1,163	\$43,890	(\$402,140)	\$51,511	\$425,098	\$476,609	\$675,457	\$198,848	29.44%
Three	\$833,696	\$1,163	\$43,890	(\$402,140)	\$51,511	\$425,098	\$476,609	\$675,457	\$198,848	29.44%
<b>TOTAL</b>	<b>\$2,501,088</b>	<b>\$3,489</b>	<b>\$131,670</b>	<b>(\$1,206,420)</b>	<b>\$154,533</b>	<b>\$1,275,294</b>	<b>\$1,429,827</b>	<b>\$2,026,370</b>	<b>\$596,544</b>	<b>29.44%</b>

Formulary Assessment

PMPY Spend



Pharmacy Coverage



Average Annual Savings

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$22,022	3.26%
Retail Brand (90 Days)	\$12,244	1.81%
Retail Generic	\$39,407	5.83%
Mail Order Brand	\$1,899	0.28%
Mail Order Generic	(\$541)	-0.08%
Specialty	(\$50,458)	-7.47%
Net Admin Fees	(\$18,210)	-2.70%
Net Rebates	\$192,485	28.50%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$198,848</b>	<b>29.44%</b>
Allowances	\$10,700	1.58%
<b>TOTAL</b>	<b>\$209,548</b>	<b>31.02%</b>

About Serve You Rx

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- High-touch specialty pharmacy program
- Comprehensive national retail network (more than 66,000 pharmacies)

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Formulary Disruption - Negative Tier Drugs		
Drug Name	Rxs	Utilizers

Top Utilized Drugs - Mail Order		
Drug Name	Rxs	Cost Per Rx
ATORVASTATIN CALCIUM	32	\$52
HUMIRA PEN	28	\$6,770
DUPIXENT	17	\$3,596
LISINOPRIL	10	\$12
LOSARTAN POTASSIUM/HYDROC	9	\$34
METFORMIN HYDROCHLORIDE	8	\$26
OTEZLA	8	\$4,556
SIMVASTATIN	8	\$49
AMLODIPINE BESYLATE	7	\$24
BUPROPION HYDROCHLORIDE E	7	\$48
PRAVASTATIN SODIUM	7	\$41
KISQALI	6	\$13,837
RINVOQ	6	\$6,090
DORZOLAMIDE HCL/TIMOLOL M	5	\$15
FOSINOPRIL SODIUM	5	\$9

Formulary Disruption - Excluded Drugs		
Drug Name	Rxs	Utilizers

Top Utilized Drugs - Retail		
Drug Name	Rxs	Cost Per Rx
ATORVASTATIN CALCIUM	100	\$52
METHYLPHENIDATE HYDROCHLO	80	\$21
ESCITALOPRAM OXALATE	65	\$29
LISINOPRIL	64	\$10
LOSARTAN POTASSIUM	63	\$18
METFORMIN HYDROCHLORIDE E	62	\$18
AMOXICILLIN	59	\$2
MOUNJARO	59	\$1,032
AMLODIPINE BESYLATE	56	\$16
AMPHETAMINE/DEXTROAMPHETA	56	\$22
ROSUVASTATIN CALCIUM	51	\$79
VENLAFAXINE HYDROCHLORIDE	49	\$44
LORAZEPAM	48	\$6
PANTOPRAZOLE SODIUM	48	\$45
AMOXICILLIN/CLAVULANATE P	47	\$13

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers

## Administrative Cost Summary

Year	TruVeris	Broker	Provider
One	\$15,000	\$0	\$28,890
Two	\$15,000	\$0	\$28,890
Three	\$15,000	\$0	\$28,890
<b>TOTAL</b>	<b>\$45,000</b>	<b>\$0</b>	<b>\$86,670</b>

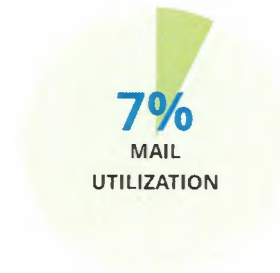
Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$834,530	\$1,163	\$41,730	(\$373,450)	\$51,600	\$452,373	\$503,973	\$675,457	\$171,484	25.39%
Two	\$833,330	\$1,163	\$43,335	(\$385,280)	\$51,363	\$441,185	\$492,548	\$675,457	\$182,909	27.08%
Three	\$832,130	\$1,163	\$44,940	(\$397,110)	\$51,127	\$429,997	\$481,123	\$675,457	\$194,334	28.77%
<b>TOTAL</b>	<b>\$2,499,990</b>	<b>\$3,489</b>	<b>\$130,005</b>	<b>(\$1,155,840)</b>	<b>\$154,090</b>	<b>\$1,323,554</b>	<b>\$1,477,644</b>	<b>\$2,026,370</b>	<b>\$548,726</b>	<b>27.08%</b>

Formulary Assessment

PMPY Spend



Pharmacy Coverage



Average Annual Savings

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$21,674	3.21%
Retail Brand (90 Days)	\$12,393	1.83%
Retail Generic	\$39,232	5.81%
Mail Order Brand	\$1,899	0.28%
Mail Order Generic	\$199	0.03%
Specialty	(\$50,458)	-7.47%
Net Admin Fees	(\$17,655)	-2.61%
Net Rebates	\$175,625	26.00%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$182,909</b>	<b>27.08%</b>
Allowances	\$0	0.00%
<b>TOTAL</b>	<b>\$182,909</b>	<b>27.08%</b>

About Serve You Rx

Serve You Rx has been independently owned and operated since inception in 1987. Known for providing **attentive service** to partners, clients, and members alike, the pharmacy solutions provider also delivers competitive pricing and an efficient process for managing pharmacy benefits that saves costs while achieving high member satisfaction. Serve You Rx also provides:

- Efficient implementation process
- Consultative account team on every group regardless of size
- U.S.-based call center representatives who are certified pharmacy technicians
- Mail service pharmacies with an average order turnaround time of less than 1 business day
- High-touch specialty pharmacy program
- Comprehensive national retail network (more than 66,000 pharmacies)

**Contract Status:** Template is approved and available upon reward.

Formulary Disruption - Negative Tier Drugs		
Drug Name	Rxs	Utilizers

Top Utilized Drugs - Mail Order		
Drug Name	Rxs	Cost Per Rx
ATORVASTATIN CALCIUM	32	\$47
HUMIRA PEN	28	\$6,770
DUPIXENT	17	\$3,596
LISINOPRIL	10	\$11
LOSARTAN POTASSIUM/HYDROC	9	\$30
METFORMIN HYDROCHLORIDE	8	\$24
OTEZLA	8	\$4,556
SIMVASTATIN	8	\$44
AMLODIPINE BESYLATE	7	\$21
BUPROPION HYDROCHLORIDE E	7	\$43
PRAVASTATIN SODIUM	7	\$37
KISQALI	6	\$13,837
RINVOQ	6	\$6,090
DORZOLAMIDE HCL/TIMOLOL M	5	\$13
FOSINOPRIL SODIUM	5	\$8

Formulary Disruption - Excluded Drugs		
Drug Name	Rxs	Utilizers

Top Utilized Drugs - Retail		
Drug Name	Rxs	Cost Per Rx
ATORVASTATIN CALCIUM	100	\$47
METHYLPHENIDATE HYDROCHLO	80	\$23
ESCITALOPRAM OXALATE	65	\$28
LISINOPRIL	64	\$9
LOSARTAN POTASSIUM	63	\$17
METFORMIN HYDROCHLORIDE E	62	\$17
AMOXICILLIN	59	\$3
MOUNJARO	59	\$1,034
AMLODIPINE BESYLATE	56	\$15
AMPHETAMINE/DEXTROAMPHETA	56	\$25
ROSUVASTATIN CALCIUM	51	\$73
VENLAFAXINE HYDROCHLORIDE	49	\$41
LORAZEPAM	48	\$6
PANTOPRAZOLE SODIUM	48	\$43
AMOXICILLIN/CLAVULANATE P	47	\$14

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers

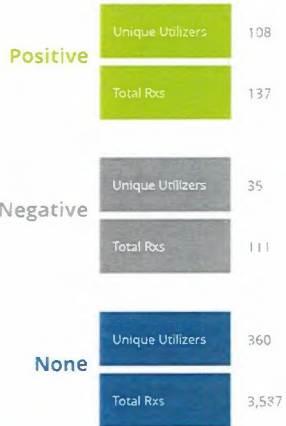
NO ADDITIONAL PHARMACIES DISRUPTED

## Administrative Cost Summary

One	\$0	\$0	\$41,730
Two	\$0	\$0	\$43,335
Three	\$0	\$0	\$44,940
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$130,005</b>

Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$858,617	\$1,628	\$24,940	(\$330,800)	\$59,329	\$495,057	\$554,386	\$675,457	\$121,071	17.92%
Two	\$857,203	\$1,628	\$26,283	(\$344,812)	\$59,006	\$481,296	\$540,302	\$675,457	\$135,155	20.01%
Three	\$855,788	\$1,628	\$27,626	(\$359,179)	\$58,683	\$467,180	\$525,863	\$675,457	\$149,594	22.15%
<b>TOTAL</b>	<b>\$2,571,608</b>	<b>\$4,885</b>	<b>\$78,850</b>	<b>(\$1,034,791)</b>	<b>\$177,018</b>	<b>\$1,443,534</b>	<b>\$1,620,552</b>	<b>\$2,026,370</b>	<b>\$405,819</b>	<b>20.03%</b>

Formulary Assessment



PMPY Spend



Pharmacy Coverage



Average Annual Savings

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$20,057	2.97%
Retail Brand (90 Days)	\$8,914	1.32%
Retail Generic	\$13,356	1.98%
Mail Order Brand	\$1,546	0.23%
Mail Order Generic	(\$2,795)	-0.41%
Specialty	(\$40,478)	-5.99%
Net Admin Fees	(\$603)	-0.09%
Net Rebates	\$135,275	20.03%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$135,273</b>	<b>20.03%</b>
Allowances	\$2,140	0.32%
<b>TOTAL</b>	<b>\$137,413</b>	<b>20.34%</b>


WellDyneRx Contract Information


- Auditor must share results with PBM and allow 30 days for comment & correction
- AWP definition references "other mutually agreed upon generally recognized pricing source"
- 3 year term


Contract Status


Template contract is unavailable upon award.



Formulary Disruption - Negative Tier Drugs			
Drug Name	Rxs	Utilizers	
HUMIRA PEN INJ 40/0.4ML	28	2	
DUPIXENT INJ 300/2ML	17	2	
REPATHA INJ 140MG/ML	13	1	
OTEZLA TAB 30MG	8	1	
KISQALI TAB 400DOSE	6	1	
RINVOQ TAB 15MG ER	6	1	
AIMOVIG INJ 140MG/ML	5	1	
PAXLOVID TAB	3	3	
VENLAFAXINE CAP 150MG ER	3	2	
PAXLOVID TAB	3	3	
BISACODYL TAB 5MG EC	2	2	
ADDYI TAB 100MG	2	1	
POLYETH GLYC POW 3350 NF	2	2	
EMTR/TENOFOV TAB 200-300	1	1	
NICOTINE POL LOZ 4MG MINT	1	1	

Top Utilized Drugs - Mail Order			
Drug Name	Rxs	Cost Per Rx	
ATORVASTATIN CALCIUM	32	\$68	
HUMIRA PEN	28	\$6,604	
DUPIXENT	17	\$3,507	
LISINOPRIL	10	\$15	
LOSARTAN POTASSIUM/HYDROC	9	\$44	
METFORMIN HYDROCHLORIDE	8	\$34	
OTEZLA	8	\$4,444	
SIMVASTATIN	8	\$64	
AMLODIPINE BESYLATE	7	\$31	
BUPROPION HYDROCHLORIDE E	7	\$62	
PRAVASTATIN SODIUM	7	\$53	
KISQALI	6	\$13,497	
RINVOQ	6	\$5,941	
DORZOLAMIDE HCL/TIMOLOL M	5	\$19	
FOSINOPRIL SODIUM	5	\$11	

Formulary Disruption - Excluded Drugs			
Drug Name	Rxs	Utilizers	
CYCLOSPORINE EMU 0.05%	9	2	
LANTUS INJ SOLOSTAR	8	3	
VYVANSE CAP 40MG	8	1	
CONTOUR NEXT TES	8	5	
SODIUM/POTAS SOL MAGNESIU	6	6	
FLOVENT HFA AER 110MCG	5	1	
VICTOZA INJ 18MG/3ML	5	1	
SODIUM/POTAS SOL MAGNESIU	4	4	
AZSTARYS CAP 26.1-5.2	3	1	
SOFTCLIX MIS LANCETS	3	2	
PULMICORT INH 180MCG	3	1	
CYCLOPENTOL SOL 1% OP	3	1	
CYCLOPENTOL SOL 1% OP	2	2	
VYVANSE CAP 30MG	2	1	
UNFINE PNTP MIS 32GX4MM	2	1	

Top Utilized Drugs - Retail			
Drug Name	Rxs	Cost Per Rx	
ATORVASTATIN CALCIUM	100	\$69	
METHYLPHENIDATE HYDROCHLO	80	\$28	
ESCITALOPRAM OXALATE	65	\$36	
LISINOPRIL	64	\$14	
LOSARTAN POTASSIUM	63	\$24	
METFORMIN HYDROCHLORIDE E	62	\$24	
AMOXICILLIN	59	\$3	
MOUNJARO	59	\$1,041	
AMLODIPINE BESYLATE	56	\$21	
AMPHETAMINE/DEXTROAMPHETA	56	\$26	
ROSUVASTATIN CALCIUM	51	\$105	
VENLAFAXINE HYDROCHLORIDE	49	\$57	
LORAZEPAM	48	\$7	
PANTOPRAZOLE SODIUM	48	\$59	
AMOXICILLIN/CLAVULANATE P	47	\$15	

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers
JEROME DRUGS	S 75 W 17301 JANESVILLE ...	MUSKEGO	WI	53150	161	8

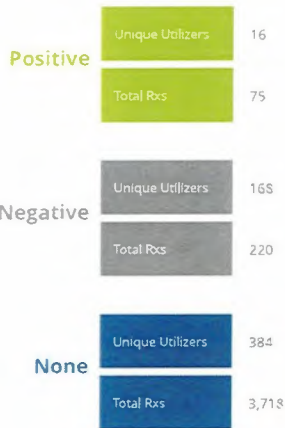
NO ADDITIONAL PHARMACIES DISRUPTED

## Administrative Cost Summary

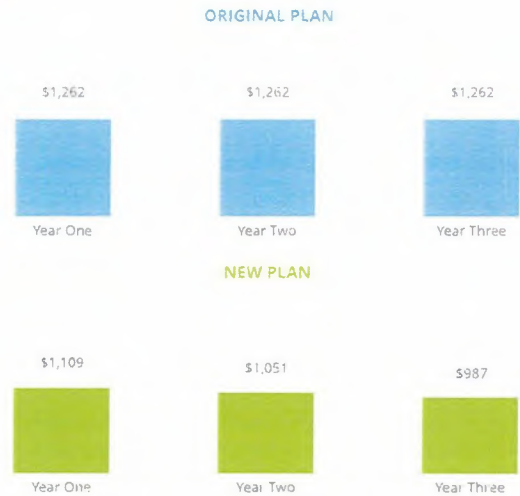
One	\$0	\$0	\$24,940
Two	\$0	\$0	\$26,283
Three	\$0	\$0	\$27,626
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$78,850</b>

Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$857,666	\$2,093	\$27,818	(\$294,090)	\$58,693	\$534,795	\$593,488	\$675,457	\$81,969	12.14%
Two	\$856,055	\$2,093	\$27,818	(\$323,499)	\$58,360	\$504,108	\$562,468	\$675,457	\$112,989	16.73%
Three	\$854,445	\$2,093	\$27,818	(\$355,849)	\$58,028	\$470,480	\$528,508	\$675,457	\$146,949	21.76%
<b>TOTAL</b>	<b>\$2,568,166</b>	<b>\$6,280</b>	<b>\$83,455</b>	<b>(\$973,437)</b>	<b>\$175,081</b>	<b>\$1,509,382</b>	<b>\$1,684,463</b>	<b>\$2,026,370</b>	<b>\$341,907</b>	<b>16.87%</b>

**Formulary Assessment**



**PMPY Spend**



**Pharmacy Coverage**



**Average Annual Savings**

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$19,664	2.91%
Retail Brand (90 Days)	\$9,709	1.44%
Retail Generic	\$16,826	2.49%
Mail Order Brand	\$2,182	0.32%
Mail Order Generic	(\$3,501)	-0.52%
Specialty	(\$43,596)	-6.45%
Net Admin Fees	(\$2,138)	-0.32%
Net Rebates	\$114,824	17.00%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$113,969</b>	<b>16.87%</b>
Allowances	\$2,833	0.42%
<b>TOTAL</b>	<b>\$116,802</b>	<b>17.29%</b>

**ProAct**

**Offer Type:** Offers traditional or pass-through pricing with no offsetting

**Rebates:** Pass through of rebates including Manufacturer Administrative Fees and other fees with no offsetting; however retains a percentage; key notable rebate exclusions such as LDDs, Biosimilars, claims with majority of cost shared paid by member, specialty categories, Multisource Brands, Brand medications in any therapeutic category that an external vendor targets for alternative funding or copay assistance

**Pass Through:** Pass through components reflect minimum guarantees with potential for overperformance

**Termination:** May term early without cause and without penalty given 90-day notice

**Market Check & Audit:** Permits one market check for year 3 with 1% savings threshold

**Specialty:** Specialty drugs on the price list will not change status to non-specialty and vice versa within a contract year

**Formulary Names (Type):** Advantage (Closed), Core (Open)

**Legend For Offers:** Offer Type - T/P - (Traditional, Pass-through), Retail 90 - B/N - (Broad, Narrow), V/I/M - (Voluntary, Incentivized, Mandatory). For example - offers ending with TBV are traditional, retail 90 broad, and voluntary mail program.

**Last Pricing Update:** May 2023

\* Information in this box only applies to pre-negotiated offers

Formulary Disruption - Negative Tier Drugs		
Drug Name	Rxs	Utilizers
AFLURIA QUAD INJ 2023-24	34	34
FLUCLVX QUAD INJ 2023-24	31	31
FLUARIX QUAD INJ 2023-24	16	16
ISOTRETINOIN CAP 40MG	10	2
AMPHET/DEXTR CAP 30MG ER	10	1
FLUZONE QUAD INJ 2023-24	9	9
MESALAMINE TAB 1.2GM	6	1
LISINOPRIL TAB 20MG	6	2
LISDEXAMFETA CAP 40MG	5	2
FLUAD QUADRI INJ 2023-24	5	5
LISINOPRIL TAB 10MG	4	1
GLIPIZIDE ER TAB 5MG	4	1
LISDEXAMFETA CHW 20MG	4	2
AMPHET/DEXTR CAP 30MG ER	3	2
LOSARTAN POT TAB 25MG	3	2

Top Utilized Drugs - Mail Order		
Drug Name	Rxs	Cost Per Rxc
ATORVASTATIN CALCIUM	32	\$73
HUMIRA PEN	28	\$6,563
DUPIXENT	17	\$3,574
LISINOPRIL	10	\$16
LOSARTAN POTASSIUM/HYDROC	9	\$47
METFORMIN HYDROCHLORIDE	8	\$37
OTEZLA	8	\$4,556
SIMVASTATIN	8	\$68
AMLODIPINE BESYLATE	7	\$33
BUPROPION HYDROCHLORIDE E	7	\$67
PRAVASTATIN SODIUM	7	\$57
KISQALI	6	\$13,837
RINVOQ	6	\$5,978
DORZOLAMIDE HCL/TIMOLOL M	5	\$21
FOSINOPRIL SODIUM	5	\$12

Formulary Disruption - Excluded Drugs		
Drug Name	Rxs	Utilizers
CONTOUR NEXT TES	8	5
LANTUS INJ SOLOSTAR	8	3
KISQALI TAB 400DOSE	6	1
VICTOZA INJ 18MG/3ML	5	1
PULMICORT INH 180MCG	3	1
UNFINE PNTP MIS 32GX4MM	2	1
RELION PEN MIS 31GX8MM	2	1
UNFINE PNTP MIS 32GX4MM	1	1
CONTOUR NEXT TES	1	1
DRYSOL SOL 20%	1	1
EPINEPHRINE INJ 0.3MG	1	1
INSULIN LISP INJ 100/ML	1	1
BUDES/FORMOT AER 80-4.5	1	1
BUDES/FORMOT AER 160-4.5	1	1

Top Utilized Drugs - Retail		
Drug Name	Rxs	Cost Per Rxc
ATORVASTATIN CALCIUM	100	\$66
METHYLPHENIDATE HYDROCHLO	80	\$26
ESCITALOPRAM OXALATE	65	\$36
LISINOPRIL	64	\$13
LOSARTAN POTASSIUM	63	\$23
METFORMIN HYDROCHLORIDE E	62	\$23
AMOXICILLIN	59	\$3
MOUNJARO	59	\$1,044
AMLODIPINE BESYLATE	56	\$20
AMPHETAMINE/DEXTROAMPHETA	56	\$27
ROSUVASTATIN CALCIUM	51	\$101
VENLAFAXINE HYDROCHLORIDE	49	\$56
LORAZEPAM	48	\$7
PANTOPRAZOLE SODIUM	48	\$57
AMOXICILLIN/CLAVULANATE P	47	\$16

NO ADDITIONAL DRUGS ARE EXCLUDED

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers
JEROME DRUGS	S 75 W 17301 JANESVILLE ...	MUSKEGO	WI	53150	161	8
PROPEL PHARMACY	5962 STATE ROUTE 31 STE ...	CICERO	NY	13039	6	1

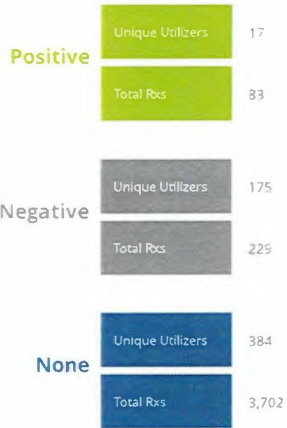
NO ADDITIONAL PHARMACIES DISRUPTED

## Administrative Cost Summary

ITEM	QUANTITY	UNIT PRICE	TOTAL PRICE
One	\$0	\$0	\$27,818
Two	\$0	\$0	\$27,818
Three	\$0	\$0	\$27,818
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$83,455</b>

Year	Ingredient Cost	Dispensing	Admin	Rebates	New Member Paid	New Plan Paid	New Total	Original Total	Savings \$	Savings %
One	\$869,354	\$2,836	\$32,650	(\$273,393)	\$58,664	\$572,783	\$631,448	\$675,457	\$44,009	6.52%
Two	\$864,476	\$2,836	\$32,650	(\$289,804)	\$57,582	\$552,576	\$610,158	\$675,457	\$65,299	9.67%
Three	\$859,598	\$2,836	\$32,650	(\$307,192)	\$56,500	\$531,392	\$587,892	\$675,457	\$87,564	12.96%
<b>TOTAL</b>	<b>\$2,593,429</b>	<b>\$8,508</b>	<b>\$97,951</b>	<b>(\$870,389)</b>	<b>\$172,747</b>	<b>\$1,656,751</b>	<b>\$1,829,498</b>	<b>\$2,026,370</b>	<b>\$196,872</b>	<b>9.72%</b>

Formulary Assessment



PMPY Spend



Pharmacy Coverage



Average Annual Savings

Category	Savings \$	Savings %
Retail Brand (30 Days)	\$20,923	3.10%
Retail Brand (90 Days)	\$10,898	1.61%
Retail Generic	\$17,447	2.58%
Mail Order Brand	\$1,723	0.26%
Mail Order Generic	(\$1,550)	-0.23%
Specialty	(\$57,321)	-8.49%
Net Admin Fees	(\$6,970)	-1.03%
Net Rebates	\$80,475	11.91%
Net Medical Credit and Penalty	\$0	0.00%
<b>SUBTOTAL</b>	<b>\$65,624</b>	<b>9.72%</b>
Allowances	\$1,100	0.16%
<b>TOTAL</b>	<b>\$66,724</b>	<b>9.88%</b>

ScriptCare

**Offer Type:** Offers traditional or pass-through pricing with offsetting permitted within channels

**Rebates:** 100% pass through of rebates excluding Manufacturer Administrative Fees and permits offsetting; key notable rebate exclusions such as Biosimilars, certain specialty drugs


**Pass Through:** Pass through components reflect minimum guarantees with potential for overperformance


**Termination:** No early termination language without cause after first 12-month period of term


**Market Check & Audit:** Permits one market check for year 3 with 1% savings threshold


**Last Pricing Update:** May 2023

\* Information in this box only applies to pre-negotiated offers

Formulary Disruption - Negative Tier Drugs			
Drug Name	Rxs	Utilizers	
AFLURIA QUAD INJ 2023-24	34	34	
FLUCLVX QUAD INJ 2023-24	31	31	
FLUARIX QUAD INJ 2023-24	16	16	
ISOTRETINOIN CAP 40MG	10	2	
AMPHET/DEXTR CAP 30MG ER	10	1	
FLUZONE QUAD INJ 2023-24	9	9	
MESALAMINE TAB 1.2GM	6	1	
LISINOPRIL TAB 20MG	6	2	
LISDEXAMFETA CAP 40MG	5	2	
FLUAD QUADRI INJ 2023-24	5	5	
LISINOPRIL TAB 10MG	4	1	
GLIPIZIDE ER TAB 5MG	4	1	
LISDEXAMFETA CHW 20MG	4	2	
LUBIPROSTONE CAP 8MCG	3	1	
AZITHROMYCIN TAB 250MG	3	3	

Top Utilized Drugs - Mail Order			
Drug Name	Rxs	Cost Per Rx	
ATORVASTATIN CALCIUM	32	\$59	
HUMIRA PEN	28	\$6,897	
DUPIXENT	17	\$3,613	
LISINOPRIL	10	\$13	
LOSARTAN POTASSIUM/HYDROC	9	\$38	
METFORMIN HYDROCHLORIDE	8	\$30	
OTEZLA	8	\$4,613	
SIMVASTATIN	8	\$55	
AMLODIPINE BESYLATE	7	\$27	
BUPROPION HYDROCHLORIDE E	7	\$54	
PRAVASTATIN SODIUM	7	\$47	
KISQALI	6	\$13,958	
RINVOQ	6	\$6,167	
DORZOLAMIDE HCL/TIMOLOL M	5	\$17	
FOSINOPRIL SODIUM	5	\$10	

Formulary Disruption - Excluded Drugs			
Drug Name	Rxs	Utilizers	
CONTOUR NEXT TES	8	5	
LANTUS INJ SOLOSTAR	8	3	
KISQALI TAB 400DOSE	6	1	
HUMALOG INJ 100/ML	6	2	
VICTOZA INJ 18MG/3ML	5	1	
PULMICORT INH 180MCG	3	1	
UNFINE PNTP MIS 32GX4MM	2	1	
RELION PEN MIS 31GX8MM	2	1	
UNFINE PNTP MIS 32GX4MM	1	1	
CONTOUR NEXT TES	1	1	
DRYSOL SOL 20%	1	1	
EPINEPHRINE INJ 0.3MG	1	1	
INSULIN LISP INJ 100/ML	1	1	
LUBIPROSTONE CAP 8MCG	1	1	
LUBIPROSTONE CAP 24MCG	1	1	

Top Utilized Drugs - Retail			
Drug Name	Rxs	Cost Per Rx	
ATORVASTATIN CALCIUM	100	\$68	
METHYLPHENIDATE HYDROCHLO	80	\$25	
ESCITALOPRAM OXALATE	65	\$36	
LISINOPRIL	64	\$13	
LOSARTAN POTASSIUM	63	\$23	
METFORMIN HYDROCHLORIDE E	62	\$24	
AMOXICILLIN	59	\$3	
MOUNJARO	59	\$1,036	
AMLODIPINE BESYLATE	56	\$20	
AMPHETAMINE/DEXTROAMPHETA	56	\$26	
ROSUVASTATIN CALCIUM	51	\$102	
VENLAFAXINE HYDROCHLORIDE	49	\$56	
LORAZEPAM	48	\$7	
PANTOPRAZOLE SODIUM	48	\$57	
AMOXICILLIN/CLAVULANATE P	47	\$15	

Retail Network Disruption - Top 10 Nonparticipating Pharmacies						
Pharmacy	Street	City	State	Zip	Rxs	Utilizers
HAYAT PHARMACY 20 LLC	807 W LAYTON AVE STE B	MILWAUKEE	WI	53221	27	27

NO ADDITIONAL PHARMACIES DISRUPTED

## Administrative Cost Summary

Year	TruVeris	Broker	Provider
One	\$15,000	\$0	\$17,650
Two	\$15,000	\$0	\$17,650
Three	\$15,000	\$0	\$17,650
<b>TOTAL</b>	<b>\$45,000</b>	<b>\$0</b>	<b>\$52,951</b>



**Self Insurance Fund  
2025 Rate Analysis**

	Medicare Parts A&B (Primary)												Cobra Rates			
	<u>Medical</u>		<u>Medical Co Pay</u>		<u>Dental</u>		<u>Couple</u>				<u>Family</u>		<u>Medical</u>		<u>Dental</u>	
	Single	Family	Single	Family	Single	Family	Single	One M	Two M	One M	Two M	Single	Family	Single	Family	
2015	650 75	1,573 85	84 60	204 60	36 00	96 00	436 00	956 00	872 00	1,054 00	976 00	663 77	1,605 33	36 72	97 92	
2016	616 26	1,490 50	83 20	201 22	36 00	96 00	413 00	906 00	826 00	999 00	924 00	628 59	1,520 31	36 72	97 92	
2017	616 26	1,490 50	86 28	208 68	37 00	98 00	413 00	906 00	826 00	999 00	924 00	628 59	1,520 31	37 74	99 96	
2018	662 46	1,602 30	96 06	232 34	38 00	100 00	444 00	973 00	888 00	1,074 00	993 00	675 71	1,634 35	38 76	102 00	
2019 PPO	801 00	1,929 00	160 00	386 00	39 26	103 00	537 00	1,172 00	1,074 00	1,292 00	1,196 00	817 02	1,967 58	40 05	105 06	
2019 HD	721 99	1,746 27	96 02	232 26			484 00	1,061 00	968 00	1,170 00	1,083 00	736.43	1,781 20			
2020 PPO	790 54	1,899 72	160 00	386 00	42 00	108 00	530 00	1,154 00	1,060 00	1,273 00	1,178 00	806 35	1,937 71	42 84	110 16	
2020 HD	714 88	1,724 74	96 02	232.26			479 00	1,048 00	958 00	1,156 00	1,069 00	729 18	1,759 23			
2021 PPO	790 54	1,899 72	160 00	386 00	42 00	108 00	530 00	1,154 00	1,060 00	1,273 00	1,178 00	806 35	1,937 71	42 84	110 16	
2021 HD	714 88	1,724 74	96 02	232 26	42 00	108 00	479 00	1,048 00	958 00	1,156 00	1,069 00	729 18	1,759 23	42 84	110 16	
2022 PPO	790 54	1,899 72	160 00	386 00	33 04	97.28	530 00	1,154 00	1,060 00	1,273 00	1,178 00	806 35	1,937 71	33 70	99 23	
2022 HD	714 88	1,724 74	96 02	232 26	33 04	97 28	479 00	1,048 00	958 00	1,156 00	1,069 00	729 18	1,759 23	33 70	99 23	
2023 PPO	790 54	1,899 72	160 00	386 00	33 04	97 28	530 00	1,154 00	1,060 00	1,273 00	1 178 00	806 35	1,937 71	33 70	99 23	
2023 HD	714 88	1,724 74	96 02	232 26	33 04	97 28	479 00	1,048 00	958 00	1,156 00	1,069 00	729 18	1,759 23	33 70	99 23	
2024 PPO	1,035 63	2,325 71	186 10	448 96	33 04	97 28	694 00	1,413 00	1,388 00	1,558 00	1 442 00	1,056 34	2,372.22	33 70	99 23	
2024 HD	947 63	2,122 20	111 38	270 14	33 04	97 28	635 00	1,290 00	1,270 00	1,422 00	1,316 00	966 58	2,164 64	33 70	99 23	
2025 PPO	1,090 00	2,373 00	189 90	458 00	37 00	108 00	730 00	1,442 00	1,460 00	1,590 00	1,471 00	1,111 80	2,420 46	37 74	110 16	
2025 HD	974 00	2,176 00	113 75	275 60	37 00	108 00	653 00	1,322 00	1 306 00	1,458 00	1,349 00	993 48	2,219 52	37 74	110 16	



Nicole DeGrave  
Account Manager  
Group Insurance

**The Prudential Insurance Company of America**  
20 N. Wacker Drive, Suite 3010  
Chicago, IL 60606  
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August 8, 2024

Scott Fuller  
USI Insurance Services LLC

RE: Renewal Coverage: BADD, BGL, LTD  
Control Number: 70975  
Policy Holder Name: City of Franklin

On behalf of Prudential, I would like to thank you for the opportunity to provide coverage over the recent policy period. As is customary this time of year, we have reviewed the rating and plan design for City of Franklin with Prudential.

The renewal evaluation has been completed and effective: January 1, 2025, the following renewal rates will apply.

BGL			
	Current Rates per \$1000	Rate Action	Quoted Rate per \$1000
	0.120	5%	0.126
<b>TOTAL (EE)</b>			
BADD			
	Current Rates per \$1000	Rate Action	Quoted Rate per \$1000
	0.020	0%	0.020
Disability Product Family Rates			
LTD			
	Current Rates per \$100	Rate Action	Quoted Rate per \$100
	0.350	0%	0.350
<b>TOTAL (EE)</b>			

NOTE: The rate for one or more coverage(s) offered under the Group Contract depends upon support from the rate charged for other coverages under the Group Contract. Premiums paid by the Plan for one coverage will cover some or all of the cost of another Plan coverage. Prudential is quoting this rate on the basis that the employer has reviewed the rate structure as described and will, if accepted, represent and warrant that (i) such arrangement is consistent with the requirement for use of plan assets and its fiduciary responsibilities under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"); (ii) the coverages are being offered to the participants under a single ERISA plan; and (iii) the Plan's rate





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structure is consistent with Plan documents and related communications to participants

Since this is your plan decision, and Prudential does not provide tax or legal advice, you are encouraged to consult your own counsel

**Producer Disclosure:** As a condition of this proposal, Prudential requires the producer to fully disclose to client all commissions and fees payable to the producer by Prudential in connection with the proposed insurance coverage(s) and services. Prudential further requires that client consent, in writing, to the payment of all such commissions and fees by Prudential to the producer, a copy of which consent must be provided to Prudential at the point of sale.

**Cannabis Disclosure:** Prudential Group Insurance will not do business with entities engaged directly in cannabis activities in the United States. In addition, Prudential Group Insurance will not do business with a person or entity that does business or is affiliated with entities engaged directly in cannabis activities in the United States (affiliation may be determined based upon a particular ownership percentage of the equity of such business, or upon sharing a common parent with such a business).

**DOL Fiduciary Disclosure:** These materials are for informational or educational purposes. In providing these materials, Prudential (i) is not acting as fiduciary, as defined by the Department of Labor, to ERISA plans, plan participants or beneficiaries and is not giving fiduciary capacity and (ii) is not undertaking to provide impartial investment advice as Prudential will receive compensation for its products and services.

#### Basic AD & D Renewal

A census was used in our evaluation of the January 1, 2025 renewal. Based on the current inforce rate to new manual rate relationship, it has been determined that the BADD rate will continue at 0.02 per 1000, as of the renewal effective date. A 24 month rate guarantee will apply through January 1, 2027, subject to the terms and conditions of your group insurance contract.

#### Basic Group Life Renewal

A census was used in our evaluation of the January 1, 2025 renewal. Based on the current inforce rate to new manual rate relationship, it has been determined that the BGL rate will increase from 0.12 to 0.126 per 1000, as of the renewal effective date. A 24 month rate guarantee will apply through January 1, 2027, subject to the terms and conditions of your group insurance contract.

#### Long Term Disability Renewal

A census was used in our evaluation of the January 1, 2025 renewal. Based on the current inforce rate to new manual rate relationship, it has been determined that the LTD rate will continue at 0.35 per 100, as of the renewal effective date. A 24 month rate guarantee will apply through January 1, 2027, subject to the terms and conditions of your group insurance contract.





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We appreciate the opportunity to provide Disability and Life coverages to City of Franklin and we look forward to continuing to work with you to meet our client's benefit needs

Please review the attached "Notice Regarding Producer" Compensation and share it with your client. The client's payment of premium after the renewal date indicates that you and your client have received the notice and agree with its contents.

Please feel free to contact me with any questions you may have regarding the renewal.

Sincerely,

Nicole DeGrave  
Account Manager



# **NOTICE REGARDING PRODUCER COMPENSATION**

## **External Producer**

**This section applies only if your producer is receiving commission and/or supplemental compensation.**

External producers are individuals or entities who represent you, the client, in the solicitation, negotiation or effectuation of the sale of insurance as their producer or consultant of record. The specific functions of external producers may vary but can include guidance through the proposal process and coordination of the client's data with one or more carriers. External producers are not Prudential employees and may have brokerage relationships with other insurance carriers. Please contact your producer for further information regarding their role during the proposal process and for information about any possible alternative quotes received from other insurance carriers.

Producers who place business with Prudential may be eligible to receive commissions and supplemental compensation unless you advise us otherwise.

Commissions are payable as a percentage of paid premiums, a fixed dollar amount, or as a dollar amount based on the total number of eligible lives or enrolled lives for as long as the producer is recognized as the Producer of Record on your policy.

Under Prudential's Supplemental Commission Program (SCP), supplemental compensation ranges from 0% to 10% of group insurance premium on Critical Illness, Accident, and Voluntary AD&D products and 0% to 7% of group insurance premium on all other products. The actual percentage payable under Prudential's SCP is determined based on the aggregate annual premium due on eligible cases that your producer has in force with Prudential. The cost of supplemental compensation is not charged directly to policies. As a result, your rates are unaffected whether or not your producer receives supplemental compensation. You or your producer can elect to opt out of Prudential's SCP.

More information about eligibility criteria and payment calculation under Prudential's SCP is available to clients on Prudential's website at [www.prudential.com/scp](http://www.prudential.com/scp). Questions regarding producer compensation may be e-mailed to [GLDI\\_Broker\\_Admin@prudential.com](mailto:GLDI_Broker_Admin@prudential.com). Or, if you would like to speak with someone about producer compensation, contact your Prudential representative or call (888) 598-5671 from 8am to 5pm Eastern time.

## **Internal Producer**

**This section only applies if your contract is issued in the State of New York**

Internal producers, including without limitation, sales representatives, account executives and other employees providing sales support, are individuals employed by The Prudential Insurance Company of America (Prudential) who are responsible for representing Prudential and our product portfolio during the proposal process. Prudential provides sales compensation to such internal producers when business is placed with our clients. Compensation varies based on the products placed, volume of premium and cases placed with Prudential but generally can be identified as production payments, goal-based payments, profitability, and/or direct or indirect compensation related to high achievement. An internal producer may be entitled to one or all of these types of compensation. Prudential is providing this disclosure on behalf of any and all such internal producers employed by Prudential in connection with the sales activity described herein.

You may obtain information about expected producer compensation, including information about alternative quotes, if any, based in whole or part on the sale and additional information about the specific internal producers involved in this transaction. This additional information regarding internal producer compensation may be requested via e-mail by writing to [Sales\\_Data\\_and\\_Compensation@prudential.com](mailto:Sales_Data_and_Compensation@prudential.com), or by calling 973-548-5100.

## **Life Insurance Mode of Settlement**

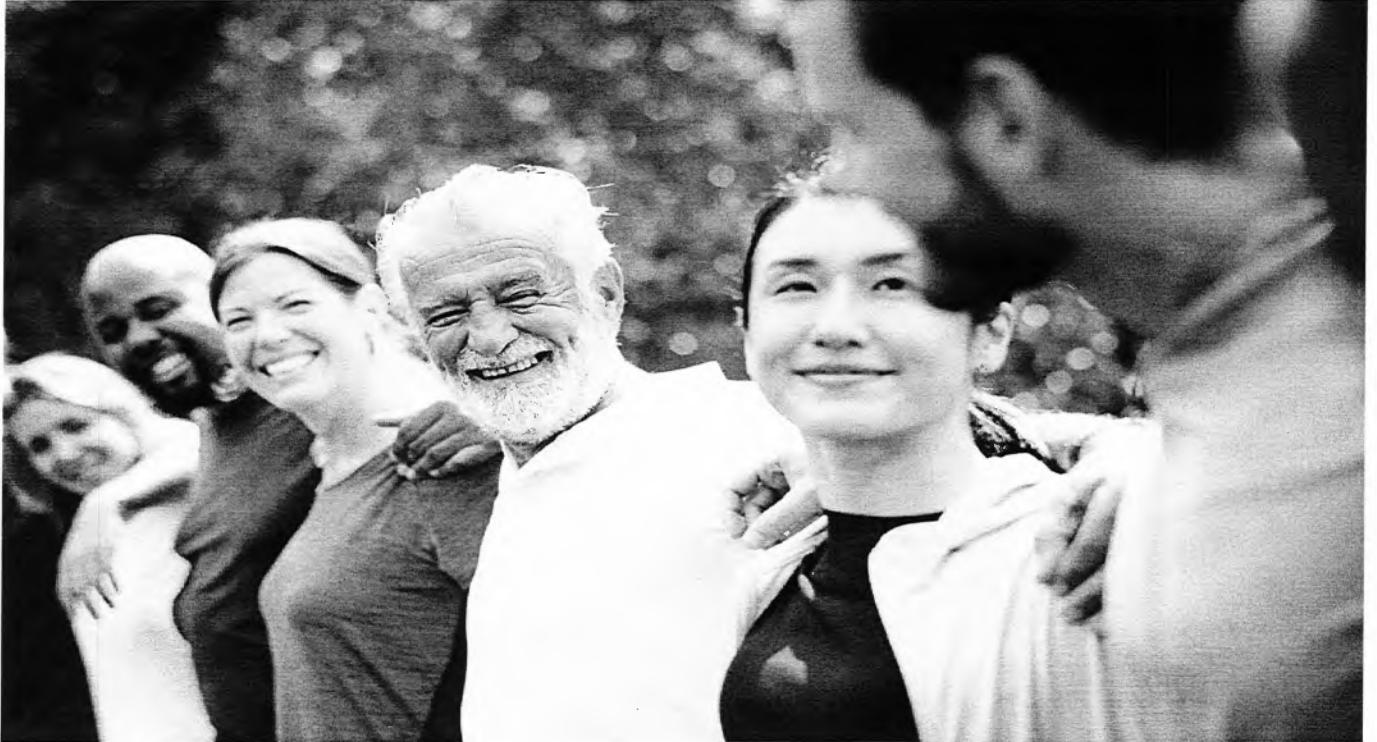
GL 2008 148      ED 3 2018 v7 4



Prudential may make a range of settlement and payment options available to group life insurance beneficiaries based upon the type of life insurance coverage and agreement between Prudential and the Contract Holder. Subject to applicable state and federal law, the standard method of settling group term life insurance benefits of \$5,000 or more is via a retained asset account, such as Prudential's Alliance Account whereby funds are held with Prudential.

Regardless of the type of insurance, when a group life insurance benefit is paid via Prudential's Alliance Account, the full amount of life insurance proceeds payable to the claimant is settled in a single distribution by the establishment of an interest-bearing Alliance Account in the beneficiary's name. Beneficiaries are notified of claim approval resulting in Alliance Account settlement and are mailed a welcome kit containing a personalized draft book with drafts that the beneficiary can use as he/she would use bank checks. Alliance Account kits also contain disclosures explaining the operation of the account. The beneficiary can access all funds immediately, may leave funds in the account as long as desired, and preserves the ability to transfer all or some funds to other settlement options as available. Statements are mailed at least quarterly, or as frequently as monthly based on activity in the account. The Alliance Account has no monthly charges, per check charges or check reorder charges but may incur fees for special services such as stop payment requests, requests for check copies, or requests for priority delivery of additional checks, a complete list of applicable fees is available upon request. The Alliance Account begins earning interest immediately and continues earning interest until all funds are withdrawn or the account is closed based on any minimum balance requirement, in which event a close-out check is sent to the beneficiary. Interest is accrued daily, compounded daily, and credited monthly. The interest rate may change at any time, subject to a minimum rate applicable for successive 90 day periods, and is adjusted at Prudential's discretion based on variable economic factors and may be more or less than the rate Prudential earns on the funds in the account. Changes in the minimum interest rate, if any, are communicated to Alliance accountholders in advance via their quarterly statements or by calling customer support. Alliance Accounts include dedicated customer support and can obtain information 24-hours a day via an automated system. State law requires that if there is no account activity and we have not had contact with the accountholder after a number of years (which time period varies by state), the account may be considered dormant. If the Alliance Account becomes dormant, the accountholder will be mailed a check for the remaining balance plus interest, at their last address shown on our records. If the accountholder does not timely cash that check, their funds will be transferred to the state as unclaimed property. If the funds are transferred to the state, the accountholder may claim those funds from the state but may be charged a fee by the state. Once the funds are transferred to the state, we no longer have any liability with respect to the accountholder's Alliance Account.

The Alliance Account is backed by the financial strength of The Prudential Insurance Company of America. All funds are held within Prudential's general account. It is not FDIC insured because it is not a bank product. Funds held in the Alliance Account are guaranteed by State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations ([www.nolhga.com](http://www.nolhga.com)) to learn more about coverage or limitations. State Guaranty Fund coverages are not determined by Prudential. For further information, the State Department of Insurance may also be contacted. Prudential may contract with third parties to provide a check clearing, account servicing and processing support. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These payments will be paid by check. Beneficiaries may wish to consult a tax advisor regarding interest earned on the account. Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America. Questions about Prudential's Alliance Account can be directed to Alliance Customer Service toll free at 877-255-4262 or by writing to Prudential Alliance Account, PO BOX 41582, Philadelphia, PA 19176.



July 2024

## **A renewal presentation for City of Franklin**

Presented to USI Insurance Services  
by Carolyn Wille



A UnitedHealthcare Company

# Renewal Services

Customer Name : City of Franklin  
Plan Renewal Date : 1/1/2025

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

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

Administration and access fees	Subscribers	Current Fees	Renewal Fees	Renewal Fees	Renewal Fees
			1/1/2025	1/1/2026	1/1/2027
Medical claims	162	\$37.08	\$38.65	\$40.18	\$41.76
Medical client advisor commission		Net	Net	Net	Net
Required stop loss interface fee	193	Included	Included	Included	Included
Stop loss interface - If a non-preferred vendor is selected, this surcharge fee will also apply	193	Waived	Waived	Waived	Waived
UnitedHealthcare Choice Plus ® network - access fee	162	Included	Included	Included	Included
Medicare Employees	31	Included	Included	Included	Included
COBRA administration	162	\$0.79	\$1.05	\$1.05	\$1.05
Utilization Management (UM)	193	\$3.41	\$3.41	\$3.41	\$3.41
Complex Condition CARE	193	\$2.10	\$2.10	\$2.10	\$2.10
Ongoing Condition CARE	193	\$4.04	\$4.04	\$4.04	\$4.04
External Pharmacy Benefit Manager (PBM) Interface	193	\$8.40	\$8.40	\$8.40	\$8.40
Medical and pharmacy integration - per participating employee per month	162	\$0.53	\$0.53	\$0.53	\$0.53
Claim Fiduciary	193	Included	Included	Included	Included
UMR Health Reimbursement Account - per participating employee per month	162	\$4.20	\$4.20	\$4.20	\$4.20
Additional Net Base Fee	31	\$20.21	\$20.81	\$21.34	\$21.87
CRS Benchmark Program – Multiplan's Complementary Network, Fee Negotiation and Data iSight - % of savings	193	22% with \$50,000 cap per claim	N/A	N/A	N/A
CRS Enhanced - % of Savings	193	N/A	20% with \$50,000 cap per claim	20% with \$50,000 cap per claim	20% with \$50,000 cap per claim

#### Payment Integrity Programs:

- Advanced Claim Review - 30% of savings
- Subrogation - 30% of recoveries
- Credit Balance Recovery - 20% of recoveries

Non-preferred vendor surcharge: The increase of the non-preferred stop loss vendor surcharge to \$5.00 PEPM is not applicable should stop loss remain with the incumbent vendor. If the stop loss moves to a different non-preferred vendor, then the fee increase would be applicable. If stop loss moves to a TPA preferred stop loss vendor the non-preferred vendor surcharge fee no longer applies.

UnitedHealthcare Choice Plus assumes that the benefit plans will meet the steerage 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. For groups with less than 100 subscribers, OptumRx is required.



# Additional Services

Customer Name : City of Franklin  
Plan Effective Date : 1/1/2025

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 1/1/2025
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
Service Fee to Remit to Outside Vendors	Included with Pharmacy Benefit Manager Interface Fee	Included with Pharmacy Benefit Manager Interface Fee
Claim reprocessing - per claim	\$25.00	\$25.00
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
OptumHealth <sup>SM</sup> Care Solutions - centers of excellence	Cost per transplant	Cost per transplant
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
Summary Plan Document (SPD) Preparation Fee	Included with medical administration	Included with medical administration
Summary Plan Document (SPD) Amendment	Included with medical administration	Included with medical administration
Summary Plan Document (SPD) Standard Restatement (Incorporate)	Included with medical administration	Included with medical administration
Full/Partial Summary of Benefits and Coverage (SBC) creation with data the TPA 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
<b>COBRA</b>		
COBRA outside vendor - \$0.05 per vendor	\$0.10	\$0.10
<b>CARE Services</b>		
CARE App Bluetooth Devices:	Additional charge:	Additional charge:
• Connected Bluetooth device capability that will let members track critical biometric data points for a range of devices and add them to their care plan, providing additional insight to their dedicated nurse. (Pricing subject to change)	Scale (Welch Allyn) - \$80 each Glucose Meter (Ascensia) - \$93 each Blood Pressure Cuff (Welch Allyn) - \$68 each Pulse Oximeter (Nonin) - \$225 each *pricing subject to change	Scale (Welch Allyn) - \$80 each Glucose Meter (Ascensia) - \$93 each Blood Pressure Cuff (Welch Allyn) - \$68 each Pulse Oximeter (Nonin) - \$225 each *pricing subject to change
<b>Reporting</b>		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	\$100.00	\$100.00
<b>Banking</b>		
Custodial banking - monthly fee (deposit required)	\$250	\$250

# Proposed Optional Services

**Customer Name : City of Franklin**  
**Policy Period : 1/1/2025 - 12/31/2025**  
**Subscribers : 193**

The TPA is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contracts between City of Franklin and the TPA, this document will provide supplemental information to the Administrative Services.

The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This proposal requires a minimum lead time from notice of sale to the plan effective date for implementation. This will depend upon plan complexity and group size.

The following is a list of the standard administrative services offered by the TPA with year-one fees only listed. In addition to our standard services, we have indicated those additional services that may be offered at an additional fee. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from quoted fees.

The fees and services listed below are for the policy period 1/1/2025 - 12/31/2025, and are subject to change. Listed fees may not match those shown elsewhere in this document for dates outside of this policy period. Fees listed here are superseded by those shown on the Renewal Services tab(s) or Additional Services tab.

Account Services		
Services	Included In Medical Claims Fee	Comments/Fees
Implementation and maintenance of account	Yes	
Representatives available for one enrollment meeting(s) annually	Yes	This assumes local business travel and normal hours.
Standard initial enrollment packets	Yes	Additional cost applies for home mailing of enrollment packets.
Standard ID card production and issuance mailed to employee's home address. Additional option is to mail bulk to group or locations.	Yes	
Standard ID card templates available for card design.	No	Additional fees: Pricing available upon request for new template.
Standard is one card issued for employee only coverage, two cards issued for employee plus spouse, employee plus partner, employee plus children; and family coverage.	No	Additional fees: \$1.00 per ID card charged for additional ID cards above the standard. Example: Group chooses to issue one card for each member.
City of Franklin logo on ID card	Yes	
TPA generated numeric alternative member ID (not based on SSN)	Yes	
Ongoing account management	Yes	
Prepare and deliver an electronic copy of one ERISA summary plan description (SPD), amendments, and one plan document for each plan, in English	Yes	City of Franklin is responsible for the legal sufficiency of these booklets. Printing and mailing of plan document, SPDs, and amendments is an additional fee of cost plus postage.
Eligibility processing:	Yes	
Electronic enrollment processing:		

- Files from multiple locations are acceptable

*Submission Format:*

- TPA standard format or HIPAA 834 Compliant Format

*Submission Frequency:*

- Full file weekly with a full population file audit on a quarterly schedule (preferred)
- Full file on any other frequency with a full population file audit on a quarterly schedule (acceptable)
- Changes file on any frequency with a full population file on a quarterly schedule (acceptable)
- Full file weekly or bi-weekly (acceptable)

*Transmission method:*

- FTP with PGP encryption (preferred)
- SSH, SFTP, SSL transfers (acceptable)

Standard accounting structure:	Yes	
<ul style="list-style-type: none"> <li>Accommodates separate claims reporting for different benefit plans</li> <li>Accommodates separate claims data for different locations and groups</li> </ul>		
Maintenance of all separate benefit plans	Yes	
Online invoicing which provides capabilities to:	Yes	
<ul style="list-style-type: none"> <li>View all prior month's invoices online</li> <li>Sort and search enrollee information from downloadable Excel file</li> <li>Download current billing detail and request subscriber terminations</li> </ul>		
Bill administrative, stop loss and optional service fee(s)	Yes	Additional fee to bill insured policies other than stop loss or transplant (if applicable)
Online services accessed through employer web site or umr.com such as: customer reporting access, electronic billing, and online administration options that include online eligibility maintenance, claim status inquiry, ID card request, and secure messaging	Yes	
Full/partial summary of benefits and coverage (SBC) creation with data the TPA has on file (includes initial SBC plus one amendment per year, electronic version only provided to employer)	Yes	
Translation of SBC into non-English text	No	Additional charge: cost of translation
Print and ship SBC to employer at open enrollment	No	Additional charge: cost plus postage (approval required)
Inclusion of outside vendor data in SBC in the TPA standard format (e.g. carved out benefits)	No	Additional charge: \$1,000 per SBC per benefit plan (approval required)
Any SBC created in excess of the initial SBC plus one revision to the initial SBC that is included with medical administration.	No	Additional charge: \$500 per SBC per benefit plan
Service Fee to Remit to Outside Vendors	No	Additional charge: \$0.50 PEPM
External Pharmacy Benefit Manager (PBM) Interface Fee <ul style="list-style-type: none"> <li>Implementation and maintenance of eligibility files</li> <li>Remitting payment on behalf of the PBM vendor</li> <li>Pharmacy claims detail imported into InfoPort, also used for Stop Loss, Care Management, and/or FSA auto-reimbursement if applicable.</li> <li>Non-preferred PBM's are subject to prior approval and may require additional fees.</li> </ul>	No	Additional charge: \$8.40 PEPM
Enrollment file sent to external vendor in the TPA file format	No	Additional charge: fees available upon request
Annual re-issuance of ID cards to all employees if changes in benefits do not occur	No	Additional charge: fees vary based on scope of request

**Online Customer Reporting**

Services	Included in Medical		Comments/Fees
		Claims Fee	
Standard management reports	Yes		
Online access to InfoPort <sup>SM</sup> , internet-based employer reporting tool	Yes		
New York, Massachusetts, and Vermont surcharge reporting (medical claims)	Yes		

Annual government filings of 1099 reports to the IRS regarding payments made to physicians and other health care professionals	Yes	
Provide required data necessary to enable City of Franklin to file Form 5500	Yes	
Non-Certified Reserve estimates	Yes	
Non-standard or ad hoc reports, or standard reports at a non-standard frequency. Up to two hours included.	Yes	Additional hours charged at \$100 per hour
The TPA optional summary analytic reporting application - expanded online customer reporting system. Up to three customer access-licenses are included.	No	Additional charge: \$0.40 PEPM Additional costs may apply if non-preferred PBM is used or for history loads or external vendor data feeds. There is an additional one-time charge of \$500 for each license in excess of three.

#### Banking Services

Services	Included in Medical Claims Fee	Comments/Fees
<b>Customer-Maintained Banking Services</b>		
Customer establishes and maintains bank account at bank of their choice and determines funding method. The TPA issues benefit payments from this account.	Yes	Assumes one bank account per customer
Internet reporting - cash disbursement reporting and monthly financial reporting	Yes	
Positive pay check fraud control services	No	Additional charge: \$1,000 annual fee if TPA supported automated file; \$1,500 annual fee if manual or non-supported file.
Banking -- additional check register reporting for multiple locations or bank accounts	No	Additional charge: \$450 one-time setup fee per each additional source code
Bank account change after initial setup	No	Additional charge: \$500 one-time setup fee
<b>Custodial Banking Services (Optional)</b>		
The TPA opens a bank account at an established TPA relationship bank (requires an initial deposit of one or two weeks estimated claims, depending on funding method selected).	No	Additional charge: \$250 monthly fee. Assumes one bank account.
<ul style="list-style-type: none"> <li>· Internet reporting - cash disbursement reporting and monthly financial reporting</li> <li>· Account reconciliation</li> <li>· Positive pay check-fraud control services</li> <li>· Stop payment requests, check copies, outstanding check list maintenance and reporting, and search letters for un-cashed check diligence</li> </ul>		

#### Financial Support Services

Services	Included in Medical Claims Fee	Comments/Fees
Basic claim projections using book of business assumptions for reserves and trend	Yes	
Basic benefit design changes & financial impact	Yes	
Basic premium-equivalent rate calculations	Yes	Not medically underwritten.
Actuarial Services performed by Optum Actuarial	No	Dependent upon complexity of request

#### Claim Services

Services	Included in Medical Claims Fee	Comments/Fees
Plan implementation of City of Franklin's employee benefits plans, setup of benefit design, eligibility data and a testing of sample claims	Yes	
Claim history load from prior administrator using an electronic method to load financial information to an individual's history. Standard items include calendar year deductible, out-of-pocket, lifetime maximums and mental health/substance use disorder lifetime maximums.	Yes	One standard accumulator load
Claim adjudication services	Yes	
Print and distribute standard explanation of benefit (EOB) forms	Yes	
Toll-free telephone number	Yes	Additional charge: dedicated toll-free telephone number \$1,000 one-time setup fee

Claim service representatives are available Monday through Friday, 24 hours a day (Hours are specific to the time zone of the customer's headquarters)	Yes	
Standard claim forms	Yes	Additional charge non-standard forms (when applicable)
Internal medical claim review of specific health care claims to promote coding accuracy, benefit interpretation, apply reimbursement and medical policy This includes utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests	Yes	
Five federal external reviews for appeals for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage	Yes	Additional reviews will be charged at \$500 per review
Online notification of all checks issued	Yes	
Standard coordination of benefits for all claims when information is less than 12 months old	Yes	Service is provided to all City of Franklin participants
First-level appeal (mandatory)	Yes	Completed by claim appeal auditor in consultation with appropriate medical professional(s), if necessary Appeals are resolved according to current Department of Labor (DOL) regulations Does not include grievance process
Second-level appeal (when elected by the employer; may be voluntary or mandatory)	Yes	Completed by claim appeal auditor, not involved in first-level appeal, in consultation with appropriate medical professional(s), if necessary Appeals are resolved according to current DOL regulations Does not include grievance process
Access for your employees to the umr.com web site providing a private, secure, easy-to-use application for customer care including <ul style="list-style-type: none"> <li>Claim status</li> <li>Eligibility information</li> <li>Search for network physicians and other health care providers</li> <li>Online health and well-being information</li> <li>Order a replacement ID card</li> <li>Member used online health assessment tool</li> <li>Links to pharmacy, mental health/substance use disorder, vision, flexible spending account, health reimbursement account, health savings account, and/or dental sites, if services provided by the TPA</li> </ul>	Yes	
During the term of the Agreement or six months following termination, City of Franklin or its representatives may perform an annual audit of TPA services, at its own expense, subject to the TPA standard requirements regarding prior notice, confidentiality, length, time and place, and findings	Yes	
Application of the Advanced Claim Review program - The TPA or its affiliate's board certified, same-specialty physicians will review claims and records of high-cost procedures Reviews may also be conducted using detection analytics Claims for which billing and/or coding errors are identified will be adjusted to reflect the appropriate payment amount.	No	City of Franklin participants are enrolled in the Advanced Claim Review program City of Franklin will be billed 30% of the savings monthly
CRS Enhanced  Inadvertent Services – defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation All other claims will leverage a market rate-based reimbursement with comprehensive member advocacy	No	Additional charge 20% of savings with \$50,000 cap per claim
CRS Reference 2.0	No	Additional charge 32% of savings with \$50,000 cap per claim

Inadvertent Services – defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied. Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation. All other claims will leverage secured and unsecured savings with member advocacy.

<p>Application of the TPA's OON programs provides additional savings on select facility and physician claims not eligible for standard network discounts (i.e. non-participating providers). Facility and physician savings programs apply to all medical products offering an out-of-network component on select out-of-network claims of network based plans. Our shared savings programs are designed to meet the needs of our customers and may include, but is not limited to facility and physician fee schedules, facility and physician fee negotiation, physician and facility U&amp;C and MNRP. Our lead solution is our CRS Enhanced Program. Other solutions include CRS Benchmark, NPC<sup>2</sup> and CRS Reference. Inadvertent Services – defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied. Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation.</p>	No	<p>Participants will automatically participate in one of our Shared Savings Programs.</p> <p>22% of savings and \$50,000 per claim savings cap will be billed for CRS Benchmark Program.</p> <p>\$4.00 PEPM and 22% of savings w/ a \$50,000 per claim savings cap will be billed for NPC<sup>2</sup>.</p> <p>25% of savings with a \$50,000 per claim savings cap will be billed for CRS Reference.</p>
<p>Non-Par Cost Containment Program (NPC<sup>2</sup>) - This solution will apply our MNRP program in which 110% or 140% of Medicare, gap methodology or default pricing will be utilized for all out of network claims with the exception of surprise bills, as defined by the No Surprises Act of the 2021 Consolidated Appropriations Act, a going out rate based on a qualified payment amount is applied. Provider disputes are settled through negotiations or Independent Dispute Resolutions according to this federal regulation.</p>	No	<p>Additional charge \$10.00 PEPM</p>
<p>Claim reprocessing (due to situations such as retroactive benefit or eligibility changes made by customer)</p>	No	<p>Additional charge \$25.00 per claim</p>
<p>Non-standard EOBs and/or copies of EOBs sent to the employer</p>	No	<p>Inclusion of plan logo is permissible. Additional charge \$150 per hour for any other changes requiring system reconfiguration.</p>
<p>Claims fiduciary</p>	Yes	
<p>Run-out claims following the termination of our contract - The TPA's standard is to process claims incurred prior to termination for a 6 or 12 month period following termination. For this service, the customer will pay the TPA a fee equal to two (2) months or three (3) months respectively of the last active month's fees for base administration (exclusive of any Rx Rebate credit) and network access. These fees are due and payable prior to the termination date. The TPA will only process run-out claims if the customer is current with all premium and fee obligations. Other fees that may continue past the termination of the contract, include but are not limited to CRS fees, subrogation fees, fees for non-standard termination or ad-hoc reports, monthly or annual banking fees (if applicable), early termination penalties (if any), and Value Based Contracting fees (if using the Choice+ network).</p>	No	<p>Fee available upon termination</p>
<p>Application of post-payment subrogation services</p>	No	<p>Service is provided to all City of Franklin participants. City of Franklin will be billed 30% of the subrogation recoveries on a monthly basis.</p>

Administration of plans requiring integrated medical and pharmacy deductible and out of pocket with integrated PBM or other integrated service provider (list available upon request)

No

Additional charge: \$0.53 PPM (per participating employee per month) - Not available for non-integrated service providers unless prior approval from the TPA received, and subject to additional fees

HRA/PBM Electronic Balance Exchange  
Service fee for the integration and maintenance of UMR CPS HRA and external PBM to allow file-based HRA balance exchange for point-of-sale access to HRA dollars at the pharmacy.

No

Additional charge: \$1.00 PPM

Non-Emergent Benefit Administration  
Administration fee for customer-elected non-emergent benefit differential

No

Additional charge: \$0.33 PPM

**Optional Claim Services**

**Included in Medical**

Services	Claims Fee	Comments/Fees
Credit balance recoveries (AIM ledger initiated audit)	No	Service is provided to all City of Franklin participants. City of Franklin will be billed 20% of recoveries on a monthly basis. The TPA contracts with an outside audit firm that audits credit balances from various hospitals. If the outside audit firm identifies that this Plan is owed a refund, the refund minus the auditing firms' commission, will be sent to the Plan Sponsor.
Overpayment recoveries - The TPA shall make an attempt to recover overpayments over \$100 by requesting repayment. In the event the above recovery attempts are unsuccessful, the Plan Sponsor will receive written communication outlining the legal recovery process.	No	Fees are contingent upon additional recovery process requested.

**Consumer Advocacy**

**Fee Shown on Renewal**

Service	Services Tab	Comments/Fees
<p><b>GenerationYou (GenYou):</b> GenerationYou (or "GenYou") is a consumer experience within the TPA which weaves together robust advocacy and comprehensive clinical programs across digital platforms, creating a fresh, dynamic approach to member engagement, including:</p> <ul style="list-style-type: none"> <li>· <b>Omni-channel member experience:</b> <ul style="list-style-type: none"> <li>· A <b>GenYou</b> mobile app experience</li> <li>· Engaging e-mail campaigns</li> <li>· Outbound SMS text reminders</li> <li>· GenYou Guides accessible by call or chat</li> </ul> </li> <li>· <b>24x7 Support</b> members receive the help they want, when they want it, with around the clock accessibility.</li> <li>· <b>Integrated, comprehensive clinical support</b> through licensed nurses and social workers</li> <li>· <b>Embedded incentives pre-built inside the program</b> including "The Story of You" (\$25 reward card) and Care Prepare Consultations.</li> <li>· Via real-time, <b>personalized alerts and notifications</b> through "Things to Do", members receive dynamic, personalized, high-value offers to help them make the most optimal decisions.</li> <li>· Through <b>intercept &amp; redirect</b> guides will reach out to members who have made (or are likely to make) non-optimal decisions in pursuing care from an out of network provider, or from a non-optimal physician or facility in attempt to redirect their care to a more optimal setting.</li> </ul>	No	Additional charge: \$4.55 PPM - GenerationYou CARE Support or Complex Condition CARE required

**CARE Services - per employee per month (PEPM)**

Service	Administrative Services Tab	Comments/Fees
<p><b>Utilization Management (UM):</b> Generally, the UMR Utilization Management program is comprised of the following:</p>	Yes	

Concurrent review (including level of care) for inpatient, behavioral health, skilled nursing facility, acute rehabilitation and home health care

Identification/referral of targeted cases to CARE case management programs

For services requiring prior authorization

Peer to peer reviews

Pre and post service appeals

Independent medical review

Discharge planning

Dynamic, clinical and value-based recommended prior authorization service list selections, including targeted specialty medications/injectables

Dedicated expert inpatient, durable medical equipment, specialty medication/injectable and other key specialized services management

CARE Consultant expertise for design and cost control

UHN managed care network product protocol alignment, when applicable

Savings and utilization based standard reporting

<b>Complex Condition CARE:</b>	Yes	
Complex Condition CARE assessments		
Coordination with complex treatment plan		
Specialized transplant oncology behavioral health and high-risk newborns		
High-risk pregnancies		
Behavioral health and substance use disorder		
Potential high-dollar treatment/ services, including stop loss		
CARE App		
CARE Cues		
Independent medical review		
Standard reports		
<b>Emerging CARE:</b>	No	Additional charge \$0.50 PEPM
Identify members recently discharged with specific conditions		Note: Must also purchase Complex Condition CARE
Preadmission counseling		
Frequent ER use		
Readmission prevention		
Support CARE App		
Standard reports		
<b>Complex Condition CARE +:</b>	No	Additional charge \$5.00 PEPM
Support and care coordination with members and their family going through complex treatment plan		
Specialized transplant, oncology, behavioral health and high-risk newborns		
More outreach to members		
Behavioral health and substance use disorder		
High cost claim management		
CARE App with remote patient monitoring		
Nurse Practitioner weekly rounds		
CARE Cues		
Standard reports		
<b>NurseLine<sup>SM</sup> (NL):</b>	No	Additional charge \$0.50 PEPM
24 hours a day, seven days a week access to trained registered nurses providing triage direction, potential treatment options, appropriate use of medications and health education information		
140 languages, including English and Spanish		
Hearing assistance accommodations		
<b>Ongoing Condition CARE</b>	Yes	



Identification and stratification  
 Member recruitment  
 Management of Respiratory Disorders, Cardiovascular Disorders, Mental Health Disorders, Diabetes (pediatric & adult) Neuromuscular Disorders, Gastrointestinal Disorders, Chronic Kidney Disease (CKD), Blood Disorders, Cancer and Rheumatoid Arthritis  
 One-on-one telephonic sessions with a CARE nurse  
 CARE App  
 Educational materials  
 Quarterly electronic newsletters  
 Online Internet resources  
 Standard reports  
 CARE Cues (Not available with Quantum)  
 AI predictive modeling

<b>Maternity CARE:</b>	No	Additional charge \$0 65 PEPM
Identification and stratification by self referral, Web enrollment, or clinical health risk assessment (CHRA) Member recruitment CARE App Support person education and call One-on-one telephonic sessions with a registered CARE nurse (OB/GYN background), one per trimester and one post-delivery call Pre-pregnancy support (member self referral and CHRA) Educational materials Virtual pregnancy education classes and virtual breastfeeding education classes and support group Incentive reward for first or second trimester enrollees High-risk referral for Complex Condition CARE CARE Cues (Not available with Quantum) Standard reports		
<b>Wellness CARE Comprehensive Program:</b>	No	Additional charge \$3 95 PEPM
Identification and stratification via clinical health risk assessment (CHRA) Web or paper based CHRA with mailed results packet to employee Up to 10 telephonic sessions with a CARE coach (weight management stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more) CARE App Educational materials Member recruitment Online Internet resources Actions plans (online behavioral-based educational modules) CARE Cues (Not available with Quantum) Standard reports		
<b>Online Events and Challenges:</b>	No	Additional charge \$1 15 PEPM
(Must also purchase either transactional or comprehensive Wellness CARE) - online tracking of program participation and incentive points earned in association with completion of CHRA, events and challenges, and action plans Includes self-reported or batch-loaded events and challenges and reporting capabilities		
<b>Emergency Room Support Program</b>	No	Additional charge \$0 25 PEPM
Provides outreach and clinical support to individuals who have five or more times in 12 month period Nurses will provide		Note Must also purchase Complex Condition CARE
Education on appropriate levels of care Address barriers Connect members with providers Assist in managing conditions		
<b>Persistent Back and Neck Pain CARE:</b>	No	Additional charge \$0 12 PEPM

- Telephonic sessions addressing spinal musculoskeletal chronic pain that includes those members who use opioids for long term pain relief.
- Recruited to work with a CARE nurse on lifestyle changes, alternatives to narcotics for pain relief, review for depression and quality of life.
- Includes access to the CARE App
- Referrals into other CARE programs
- CARE Cues (Not available with Quantum)
- Standard reports

External Vendor Specialty Injectables / Medications Coordination Fee	No	Additional charge: \$0.35 PEPM
<ul style="list-style-type: none"> <li>• This is required for carving out specialty drug(s) which also includes carveouts to vendor(s) including PBM, alternate funding vendor and other external vendors. This applies to one or multiple drugs being carved out from medical plan.</li> </ul>		

Specialty Injectables / Medications Link / Drug List Management	No	Additional charge: \$0.20 PEPM
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**CARE - Additional Services**

Service	Fee Shown on Administrative Services Tab	Comments/Fees
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**Wellness CARE Transactional**

Lifestyle Coaching:	No	Additional charge: \$ 430.00 per case NOTE: Must also purchase CHRAs
<ul style="list-style-type: none"> <li>• Identification and stratification via clinical health risk assessment (CHRA) – CHRAs sold separately</li> <li>• Up to five telephonic sessions with a CARE coach (weight management, stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more)</li> <li>• Educational materials</li> <li>• Member recruitment</li> <li>• Online Internet resources</li> <li>• Actions plans (online behavioral-based educational modules)</li> <li>• CARE Cues (Not available with Quantum)</li> <li>• Standard reports</li> </ul>		

CHRA Review:	No	Additional charge: \$ 130.00 per review NOTE: Must also purchase CHRAs
<ul style="list-style-type: none"> <li>• One telephonic session with a CARE coach to review clinical health risk assessment (CHRA) results - CHRAs sold separately. Includes biometrics screening review (if applicable).</li> <li>• Educational materials</li> <li>• CARE Cues (Not available with Quantum)</li> <li>• Standard report</li> </ul>		

Biometrics Only without Wellness CARE Integration Fee:	No	Additional charge: \$6.50 per submission
<ul style="list-style-type: none"> <li>• Allows members to submit their biometrics without having to complete a CHRA.</li> </ul>		

UMR Physicians Lab Form & Biometrics Only without Wellness CARE Integration Fee Bundle :	No	Additional charge: \$15.00 per submission
<ul style="list-style-type: none"> <li>• Allows members to submit their physician lab form without having to complete a CHRA.</li> </ul>		

Tobacco and Nicotine Cessation Program:	No	Additional charge: \$ 430.00 per case
<ul style="list-style-type: none"> <li>• Up to five telephonic sessions with a CARE coach (define a personalized quit plan, educate on harmful effects of tobacco, act as an accountability partner)</li> <li>• Educational materials</li> <li>• Online Internet resources</li> <li>• Actions plans (online behavioral-based educational modules)</li> <li>• Outreach at six and 12 months to determine if member returned to tobacco (check-in only, not additional coaching)</li> <li>• Standard reports</li> </ul>		

Nicotine Replacement Therapy (NRT) (requires purchase of Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco and Nicotine Cessation Program)	No	Additional charge NRT patches - \$105 per six week supply per participant, NRT gum - \$165 per six week supply per participant. The supply is an add on for Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco and Nicotine Cessation Program
Web-based clinical health risk assessment (CHRA) with mailed results packet to member	No	Additional charge \$6 50 per CHRA
Paper-based CHRA with mailed results packet to member	No	Additional charge \$13 00 per CHRA
<b>Biometrics (NOTE: Pricing is subject to change per UMR contract with vendor. Special requests or late changes may incur additional fees. Contact your TPA representative for further information.)</b>		
Onsite Fingerstick Lipid Panel (30 minimum per event) - State specific fees may be applicable	No	Additional charge \$52 50/screening
Onsite Venipuncture Basic (Lipid Glucose) Panel	No	Additional charge \$52 50/screening (20+), \$62 00/screening (16-19), \$90 50/screening (11-15), \$143 00/screening (7-10), \$170 00/screening (1)
Onsite Venipuncture Comprehensive Panel	No	Additional charge \$80 00/screening (20+) \$92 00/screening (16-19), \$135 50/screening (11-15) \$179 00/screening (7-10), \$195 00/screening (1)
Basic Venipuncture Panel at Remote Lab	No	Additional charge \$66 50/screening
Comprehensive Venipuncture Panel at Remote Lab	No	Additional charge \$83 00/screening
Additional fingerstick screenings available with on-site event (15 minimum per event per test)	No	Additional charge • Prostate specific antigen - \$20 00/screening • Hemoglobin A1C - \$18 50/screening • Cotinine - \$18 50/screening (Fingerstick) or \$35 50/screening (Saliva Swab)
Additional venipuncture screenings available with on-site event or remote lab	No	Additional charge • Prostate specific antigen - \$14 00/screening • Hemoglobin A1C - \$9 50/screening • Cotinine - \$15 00/screening • EGRF - \$4 15/screening • EGRF + A1C - \$7 00/screening
On-site Stand Alone Cotinine Saliva Swab (30 minimum per event)	No	Additional charge \$45 00/screening
On-site Stand Alone Cotinine Venipuncture (20 minimum per event)	No	Additional charge \$46 00/screening
Stand Alone Cotinine Venipuncture at Remote Lab (No Minimum)	No	Additional charge \$38 50/screening
Home Kits Lipid with Glucose or A1C, Cotinine Only	No	Additional charge • Mailing fee \$22 00 per kit mailed • Processing Fee \$35 00 per kit processed • Add on Cotinine \$12 00 per kit processed
Home Kit Colorectal Cancer Screening	No	Additional charge • Mailing fee \$15 00 per kit mailed • Processing Fee \$30 00 per kit processed
Additional screener	No	Additional charge \$89 00 per hour with 4 hour minimum
Registration Clerk Vendor provides 1 registration clerk at no additional cost for Events with 50 or more Projected Participants Additional Staff dedicated solely to registration clerk responsibilities are at the noted rate	No	Additional charge \$45 00 per hour
Bilingual Screeners	No	Additional charge \$89 00 per hour with 4 hour minimum
MyGuide Addon	No	Additional charge \$8 25 - Addon to Fingerstick (online and mailed report) \$3 50 - Addon to Fingerstick (online only report) \$6 00 - Addon to Venipuncture (online and mailed report)
Flu Shot Vouchers (minimums may vary see CARE representative)	No	Pricing Good until 04/30/2025 Walgreens Pharmacy Flu Voucher: \$71 50/voucher Walmart Pharmacy Flu Voucher: \$71 50/voucher CVS Pharmacy Flu Voucher: \$71 50/voucher High Dose Flu Voucher 65+ at all three locations \$71 50/voucher
PDHI Physician Lab Forms available with or without biometrics	No	Additional charge \$8 80/form

On-site flu shots (require a minimum of 30 participants)	No	Pricing Good until 04/30/2025: \$48.50/vaccine
Privacy Screens: 6' x 6' privacy curtain (Fees are per screen per Event)	No	Additional charge: \$37.00/screen
Real Appeal - Year-long weight loss program:	No	Session costs paid through medical claims (Contact your TPA representative for further information.)

- Promotional/communication assistance and materials
- Initial welcome session
- Weekly, Web-based group session
- Ongoing, Web-based (face-to-face) individual coaching
- Success kit (mailed to participant's home) - program success guide, nutrition guide and fitness guide, blender, body weight scale, food scale, workout DVDs, fitness band and more
- Online/mobile tools to track nutrition and physical activity
- Standard reports

CARE App Bluetooth Devices: • Connected Bluetooth device capability that will let members track critical biometric data points for a range of devices and add them to their care plan, providing additional insight to their dedicated nurse.	No	Additional charge: Scale (Welch Allyn) - \$95 each Glucose Meter (Ascensia) - \$95 each Blood Pressure Cuff (Welch Allyn) - \$85 each Pulse Oximeter (Nonin) - \$225 each *pricing subject to change
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### Centers of Excellence (COEs)

#### Included in Medical

Services	Claims Fee	Comments/Fees
Transplant Resource Services (TRS)	No	Access to Optum's Transplant Centers of Excellence Fee per transplant type
Transplant Network Access TAP	No	Transplant Network Access (TAP) Optum's secondary network. Addresses the challenge when a member opts to seek care with transplant outside of the primary Optum COE network. Additional fees will apply
Ventricular Assist Devices (VAD) Option	No	Ventricular Assist Devices (VAD) For members with a weakened heart or heart failure, cardiologists often recommend a Ventricular Assist Device (VAD), while awaiting a heart transplant or as a long-term treatment. Additional fees will apply
Extra Contractual Services (ECS) Option under Transplant Resource Services with description and fee	No	Extra Contractual Services (ECS) The fees are 15% of savings, calculated as the difference between charges per the applicable Network and the Network Provider's usual charges for the same services, not to exceed the fee for the corresponding transplant under the table above.
Specialized Physician Review (SPR) Option under Transplant Resource Services with description and fee	No	Specialized Physician Review (SPR) Second opinion/look by a Optum expert physician as to the proposed treatment. Additional fees will apply
<b>Specialist Management Solutions (SMS)</b> • Connects employees and their family members to specialty surgeons in their communities who help them choose the appropriate settings for their procedures. Surgeons in the SMS alliance regularly use high-quality ambulatory surgery centers (ASCs). Additional focus on MSK and use of center of excellence (COEs) facilities from early spine & joint pain onset through treatment, surgery and beyond.	No	Additional charge: \$1,500 per case rate
<b>Bariatric Resource Services (BRS):</b> • Access to Optum's Centers of Excellence for select bariatric surgeries.	No	Additional charge: \$3,600.00 annual fee
<b>Cancer Resource Services (CRS):</b> • Access to the Cancer Centers of Excellence network of providers with proven quality and efficiency of care.	No	Additional charge: \$0.22 PEPM. This rate is charged to the entire group.
<b>Kidney Resource Services (KRS):</b>	No	No Charge

- Access to Optum kidney dialysis preferred provider network
- Note this is not a Center of Excellence. No charge for clients with Choice Plus or Options Networks.

Rental Network charges will apply when utilized.	No	18% of savings with a \$4,500 maximum per case per calendar month
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<b>Congenital Heart Disease Resource Services (CHDRS):</b>	No	Additional charge: \$0.07 PEPM
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- Access to the Optum's CHD Centers of Excellence.

<b>Fertility Solutions:</b>	No	Additional charge: \$10,920.00 annual fee
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- Access to leading fertility Centers of Excellence providers
- Access to specialized fertility nurse case managers

#### Network Services

##### Included in Medical

Services	Claims Fee	Comments/Fees
Network access, management and administrative activities including physician (and other health care professional) relations, clinical profiling, contracting (including Value Based Contracting) and credentialing, network analysis and system development and verification of provider participating status and re-pricing to established contractual allowances	Yes	Managed by network(s): <ul style="list-style-type: none"> <li>· Excludes direct contract arrangements held by Plan Sponsor</li> <li>· Not applicable to Medicare primary claims</li> <li>· Network access par and non-par administration and repricing do not apply to Medicare primary claims</li> </ul>
Printing of provider directories	No	Additional charge: cost plus postage. On-line directories available at no charge.
Premium Designation Network	Yes	No additional charge, Plan Advisor is recommended.
High Performance Network Fee: Applies on selection of a high performance network (NexusACO and Core)	No	Additional charge: \$2.00 PEPM

#### Discount Card Program

##### Included in Medical

Services	Claims Fee	Comments/Fees
Discount Card program enabling individuals to access pre-negotiated savings on out-of-pocket health care purchases. The program includes savings for:		Available for products not currently being quoted by the TPA
Health care discount card - vision only	No	Additional charge: \$0.75 PEPM
Health care discount card - dental only	No	Additional charge: \$1.50 PEPM
Health care discount card - vision and dental only	No	Additional charge: \$1.85 PEPM
Health care discount card - vision, dental and hearing	No	Additional charge: \$1.95 PEPM

#### Lifestyle Account (LSA)

##### Fee Shown on Renewal Services Tab

Service	Comments/Fees
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Standard administration services: Integrated Account Operating System	No	Additional charge: \$4.00 per participating employee per month
<ul style="list-style-type: none"> <li>· Reimbursement minimum of \$10.00, \$25.00 or \$50.00</li> <li>· Control check and payment processes</li> <li>· Customer care representation during normal business hours</li> <li>· Eligibility information processed via electronic file submission (SFTP or EDT) with a standard frequency of every other week</li> <li>· Direct deposit of payments to employee bank accounts; member must elect.</li> <li>· Strategic planning, support and plan modeling</li> <li>· Choose any combination of predetermined expenses, or add up to 15 custom taxable expenses.</li> <li>· Choose from various annual rollover configurations and asset accumulation options.</li> <li>· Choose from various options for proration</li> <li>· Reporting package matches FSA</li> <li>· Internet services with summary and detail level views on account activity of LSA contribution amount. Online and mobile claims submission.</li> <li>· Interactive voice response and internet inquiry system</li> <li>· Extensive consumer education options and materials for effective member communication campaigns</li> <li>· Free member mobile application with claim submission, summary and detail level views of account activity</li> </ul>		

Customer reports (employee statements)	No	Additional charge: Cost to set-up a custom template plus applicable printing cost plus postage
Check reimbursement with no minimum	No	Additional charge: \$0.50 PEPAPM
LSA run-in claims – set-up	No	Additional charge: \$2,000 one-time setup cost

**Flexible Spending Account (FSA) Services**

Service	Fee Shown on Renewal Services Tab	Comments/Fees
Standard FSA services including: <ul style="list-style-type: none"> <li>· Extensive consumer education options and materials for effective member communications campaigns</li> <li>· Single claim submission with automatic roll-over from the TPA medical system</li> <li>· Reimbursement minimum of \$10.00, \$25.00 or \$50.00</li> <li>· Control check and payment processes</li> <li>· Customer care representation during normal business hours</li> <li>· Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with a standard frequency of every other week</li> <li>· Strategic planning support and plan modeling</li> <li>· Standard FSA banking arrangements using separate bank account for FSA plan</li> <li>· Online claims submittal and FSA estimator tools</li> <li>· Direct deposit of payments to employee bank accounts; member must elect</li> <li>· Standard internet services with summary and detail level views of account activity</li> <li>· Interactive voice response and internet inquiry system</li> <li>· Free member mobile application with claim submittal, summary and detail level views of account activity</li> <li>· Approved vendor file adjudication</li> <li>· FSA claim administration for over-the-counter medication</li> <li>· Standard reports</li> </ul>	No	Additional charge: \$4.75 PPEPM (per participating employee per month) - health care account (HCA). Assumes a 20% enrollment.  Additional charge: \$3.75 PPEPM (per participating employee per month) - dependent care account (DCA).
Non-approved vendor file adjudication	No	Additional charge: fees available upon request

Check reimbursement with no minimum	No	Additional charge: \$0.50 PEPAPM
Debit Card, which offers direct payment for FSA and/or Parking and Transportation out-of-pocket expenses (not available with HSA)	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)
Auto-reimbursement not selected	No	Additional charge: \$0.50 PEPAPM
FSA run-in claims – set-up	No	Additional charge: \$2,000 one-time setup cost
Printing of plan booklet with mailing to customer	No	Additional charge: cost plus postage.
Transportation and parking	No	Additional charge: \$4.75 PEPAPM
Nondiscrimination testing, to ensure that contribution elections remain within the guidelines established by the IRS	No	Additional charge: actual vendor cost

### Health Reimbursement Account (HRA)

Service	Fee Shown on Renewal Services Tab	Comments/Fees
Standard administration services: · Integrates with the claim administration of the medical plan, allows automated rollover processing · HRA and medical plan claims are paid on a single check to provider · One explanation of benefits (EOB) combined with medical plan payments · Position HRA as first dollar coverage or with front-end deductible · Strategic planning support and plan modeling · Choose from various annual rollover configurations and asset accumulation options · Choose from various options for proration · HRA-specific reporting package · Standard internet services with summary and detail level views on account activity of HRA contribution amount · Extensive consumer education options and materials for effective member communication campaigns	Yes	
Incentive contribution(s) to a Health Reimbursement Account + Incentive\$ (HRA +) or Lifestyle Accounts (LSA)  Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom: Basic), Custom Reward\$ with Reporting (formerly Custom: Advanced), CareSearch Reward\$, or Health & Fitness Reward\$ as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.	No	Additional charge: \$1.17 PEPM  Fee is in addition to the underlying/base HRA administration fee, as well as up to 12 deposits per year, processed monthly.
· Debit Card (if the HRA is to cover pharmacy, a debit card can be purchased to coordinate these pharmacy expenses applying to the HRA)	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)

### Qualified High-Deductible Health Plan (QHDHP)

Service	Fee Shown on Renewal Services Tab	Comments/Fees
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Standard administration services:	Yes
<ul style="list-style-type: none"> <li>· QHDHP plan design(s) meet the IRS requirements</li> <li>· Coordinate implementation with multiple preferred financial institution partners for health savings account trustee services</li> <li>· No requirements to use one of the preferred financial institution partners</li> <li>· Employer's ability to set-up and administer various contribution schedules and strategies based on specific needs</li> <li>· Assist with setting up payroll connectivity to preferred processors</li> <li>· Streamlined administration and setup</li> <li>· Access to internet-based consumer tools</li> <li>· Strategic planning support and plan modeling</li> <li>· Product-specific reporting package</li> <li>· Access to Web-based consumer tools</li> <li>· Links to preferred financial institutions' account management tools</li> <li>· Extensive consumer education options and materials for effective member communication campaigns</li> </ul>	

### COBRA Administration

Service	Fee Shown on Renewal	
	Services Tab	Comments/Fees
COBRA Administration - Special Services - Customized Monthly Reports	No	Additional charge: \$75 per hour
COBRA Administration - Special Services - Late Fee Notices	No	Additional charge: \$17 per Notice
COBRA Administration - Special Services - Open-Enrollment Packets	No	Additional charge: \$5 per Packet
COBRA Services:	Yes	
<ul style="list-style-type: none"> <li>· Collect and process monthly premium payments</li> <li>· Review disability status for COBRA extensions</li> <li>· Send termination and conversion rights letters</li> <li>· Notification letters by mail</li> <li>· Initial (DOL) letters for new hires</li> <li>· Two additional TPA lines of coverage</li> <li>· Dedicated COBRA Administrator assigned as day-to-day contact</li> <li>· Dedicated call team available to answer questions Monday – Friday between 7 AM – 7 PM CST</li> <li>· Online COBRA member portal available 24 hours a day 7 days a week</li> <li>· Customer reporting</li> </ul>		
COBRA – billing for outside vendors	No	Additional charge: \$0.05 PEPM for each additional vendor
COBRA – additional TPA lines of coverage	No	Additional charge: \$0.05 PEPM for each additional line

### Dental Administration Services

Service	Fee Shown on Renewal	
	Services Tab	Comments/Fees
Dental claims administration services	No	Additional charge: \$3.65 PEPM, excludes run-in
Dental utilization management – in-house consultant	No	No additional charge
Dental utilization management – American Dental Examiners (ADE)	No	Additional charge: \$28.00 per review

### Vision Administration Services

Service	Fee Shown on Renewal	
	Services Tab	Comments/Fees
Vision claims administration - indemnity vision benefit included with the medical plan document	No	Additional charge: \$1.00 PEPM
Vision claims administration - indemnity vision benefit independent of the medical plan document	No	Additional charge: \$1.75 PEPM
Spectera Vision - self-funded	No	Additional charge: \$1.50 PEPM

### Short-term Disability Services (STD)



Service	Fee Shown on Renewal Services Tab	Comments/Fees
STD claim administration services	No	Additional charge: \$3.00 PEPM excludes run-in.
STD clinical consultation	No	
STD check processing	No	Additional charge: \$0.10 PEPM

#### Stop Loss Services (SL)

Services	Included in Medical Claims Fee	Comments/Fees
Interface with the TPA's preferred third party stop loss vendors. Services include: daily monitoring of received/processed claims and care management transactions, premium billing and collection, and plan document changes/updates to the carrier for the TPA's preferred vendors when stop loss coverage has been placed by the TPA	Yes	
Stop loss coverage placed with a non-preferred vendors - additional surcharge	No	Additional charge: \$0.00 PEPM
Fees will continue to apply whenever third-party (non-UnitedHealthcare Insurance Company) stop loss is placed over UnitedHealthcare and its affiliates' plan administration.		

#### Other Additional Services

Service	Fee Shown on Administrative Services Tab	Comments/Fees
Case management and claims services coordination with insured medical carve out carriers, including transplant carve outs	No	Additional charge: \$0.35 PEPM
Customized communication materials	No	Additional fees would apply.
Custom member satisfaction survey	No	Pricing will vary depending on survey variance and methodology.
Bill life, short-term disability (STD), and long-term disability (LTD) premiums (if applicable)	No	Fee available upon request
Non-standard contracts that would include customized style sheets, foreign language translations, and engagement of the TPA attorneys for negotiation of the agreements	No	Additional fees would apply
Medical Copay Card Savings · Advocates review member claim history and pre-authorization information to identify and assist members to enroll in manufacturer copay assistance programs. · Medical claims for qualified medications will be repriced, modifying the member copay amounts and adjusting accumulated member out of pocket balances based on eligible copay assistance.	No	Additional charge: 30% of the Savings Obtained, to be paid through a withdrawal from the Bank Account. Savings Obtained means the sum of the new copay amount plus the member responsibility, less the sum of the prior coinsurance and copay amounts.
AbleTo Digital+ 8 week mental health coaching program for depression, social anxiety and general anxiety	No	Additional charge: \$ 310.00 per case
Plan Advisor: Plan Advisor member advocacy service - a personal guide for all things health care · Commits to a higher level of member service by providing a single entry point that engages, informs, educates, and connects benefits, claims, network, and care management. · Provides increased benefit design adherence, aggressive network steerage and referral to care management services · Offers interception and direction for any OON prior authorizations and level of benefit calls – in order to steer members into an in-network provider and to the most optimal place of service.	No	Additional charge: \$2.95 PEPM

Plan Advisor + Provider (Designed for provider/hospital customers): Plan Advisor member advocacy and provider service - Designed for hospital customers with domestic network arrangements · Commits to a higher level of member service by providing a single entry point that engages, informs, educates, and connects benefits, claims, network, and care management. · Provides increased benefit design adherence, aggressive network steerage and referral to care management services · Offers interception and direction for any OON prior authorizations and level of benefit calls, including domestic network steerage – in order to steer members into an in-network provider and to the most optimal place of service. · Provider calls are handled within the same Plan Advisor team as member calls, rather than through the separate Provider Service Team	No	Additional charge: \$3.50 PEPM
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+ Care Connect Adds another layer of member support by providing access to licensed clinicians, both registered nurses and social workers specifically designated to support plan advisor members who have clinical needs.  · Perform mini coaching sessions, answer and counsel on in-depth clinical questions, and refer members to community services or other providers. · Includes both a registered nurse and social worker, cannot elect only one type of resource.	No	Additional charge: \$0.80 PEPM
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Member Protection Services (HST) Supports members with collections and credit impairment matters.	No	Additional charge: \$3.00 PEPM with a \$400 monthly minimum billing.
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Advocacy Dashboard Allows customers system and security access to our Advocacy Dashboard, to use and manage their own membership	No	Additional charge: \$0.30 PEPM
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Kaia Virtual Exercise Therapy · Digital therapy application · Personalized exercise program, coaching, wellness education, whole-person mind-body training · Targeted and full population communications · Quarterly reporting	No	\$615 per active user for 12 months of use
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Telemedicine/Expert Medical Services		
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Services	Included in Medical Claims Fee	Comments/Fees
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Teladoc Primary360: · Includes general medicine, dermatology, behavioral health, primary care for preventive and sick visits, and expert medical services. Teladoc primary care visits are available to adult members (18+). · Members receive support and guidance from the Teladoc care team.	No	Additional charge: \$1.70 PEPM
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Telemedicine (Teladoc) services: · Access to Teladoc physician network · Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit) · Teladoc ID card · Portable electronic health record · Communications materials (pdf format)	No	Additional charge: \$1.25 PEPM
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Teladoc Dermatology: · Available as a buy-up to standard Teladoc program · Provides Initial dermatology consultations through an online message center and one follow-up · Member uploads photographs · Delivered at one flat fee · Check for availability; not available in every state	No	May be added at no additional charge.
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<b>Teladoc Behavioral Health:</b> · Available as a buy-up to standard Teladoc program · Provides ongoing access to behavioral health practitioners via phone or video conference · Members schedule appointments with psychiatrist or masters level therapists or psychotherapists · Visit cost dependent on the behavioral health practitioner's license	No	Additional charge: \$0.30 PEPM
<b>Teladoc Expert Medical Services</b> · Access to medical advice, education and information about treatment options and expert second opinions · Ask the expert · Medical record eSummary · Behavioral health services · Communication support	No	Additional charge: \$2.45 PEPM
<b>Chronic Condition Management Plus:</b> Includes all Plus programs at one price: · Diabetes Management Plus · Hypertension Plus · Prediabetes Plus · Mental Health Coaching	No	Additional charge: \$69 per participant per month
<b>Diabetes Management Plus Bundle:</b> Includes products and services for: · Welcome Kit (with Diabetes Blood Glucose Meter, Lancing Device, Carrying Case) · On-Demand Supplies (Testing Strips, Lancets, Control Solution) · Acute Response and Coaching Services Provided by Clinical Personnel and Certified Diabetes Educators · Access to Participant Portal · Additional Support for Hypertension, Weight Management, Dyslipidemia and Mental Health	No	Additional charge: \$96 per participant per month
<b>Hypertension Management Plus Bundle:</b> Includes products and services for: · Welcome Kit (for Hypertension Connected Blood Pressure Cuff) · Coaching Services Provided by Clinical Personnel · Access to Participant Portal · Blood Pressure Cuff (sent to Hypertensive Members) · Additional Support for Weight Management, Dyslipidemia and Mental Health	No	Additional charge: \$56 per participant per month
<b>Prediabetes Management Plus Bundle:</b> Includes products and services for: · Diabetes Prevention Welcome Kit (with Cellular Weight Scale and Accessories) · Coaching Services Provided by Clinical Personnel · Access to Participant Portal · Additional Support for Hypertension, Weight Management, Dyslipidemia and Mental Health	No	Additional charge: \$74 per participant per month (Year 1) or \$54 per participant per month (Year 2)
<b>Diabetes Single Condition Management</b>	No	Additional charge: \$72 per participant per month
<b>Hypertension Single Condition Management</b>	No	Additional charge: \$40 per participant per month
<b>Prediabetes Single Condition Management</b>	No	Additional charge: \$60 per participant per month (Year 1) or \$29 per participant per month (Year 2)
<b>Virtual Primary Care Provider (PCP) – Doctor on Demand</b> · 24/7 access to everyday and urgent care · Integrated behavioral health services · Wellness and preventive care · Unlimited care team support	No	Additional charge: \$3.04 PEPM
<b>External Telemedicine Claim Processing Fee</b> · Allows external telemedicine vendor to read member benefits and deductible/out of pocket accumulators through the TPA's existing real-time eligibility response · Adjudication of claims submitted through an 837 file	No	Additional charge: \$0.36 PEPM for standard set-up

**Maven Maternity and Family Health Programs**

Service	Fee Shown on Renewal Services Tab	Comments/Fees
<b>Maven is a women's and family health vendor with digital app</b>		
<i>A \$12,000 Implementation Fee (\$1,000 monthly) will be applied for groups with fewer than 3,500 members.</i>		

Maven Family Building Preconception, egg/sperm freezing, fertility, adoption & surrogacy, LGBTQIA+	No	Additional charge: \$930 annual fee per case
Maven 21-Month Maternity Foundation Pregnancy, Doula support, postpartum & infant care, return-to-work coaching, miscarriage & loss	No	Additional charge: \$1,500 annual fee per case
Maven 12-Month Maternity Foundation Pregnancy, Doula support, postpartum & infant care, return-to-work coaching, miscarriage & loss	No	Additional charge: \$925 annual fee per case
Maven Milk - Pump & Carry - Buy-up to Maven Maternity Foundation 21- or 12-month program TSA friendly packaging to carry on an airline up to 36 oz.	No	Additional charge: \$100 each instance of carrying on kit per travel event per ticket
Maven Milk - Pump & Check - Buy-up to Maven Maternity Foundation 21- or 12-month program TSA friendly packaging to check on an airline up to 270 oz.	No	Additional charge: \$235 each instance of carrying on kit/bag per travel event per ticket
Maven Milk - Pump & Post (mail) - Buy-up to Maven Maternity Foundation 21- or 12-month program Overnight shipping US/Canada up to 36 oz.	No	Additional charge: \$215 each instance of shipping
Maven Parenting & Pediatrics Pediatric support up to age 18, parent coaching, special needs, childhood development, childcare navigation	No	Additional charge: \$670 annual fee per case
Maven Menopause Perimenopause, menopause, postmenopause	No	Additional charge: \$670 annual fee per case
Maven Wallet - Buy-up for all Maven products This buy-up supports all products that customer purchased	No	Additional charge: \$670 annual fee per case

### Second Opinion Services

Service	Fee Shown on Renewal Services Tab	Comments/Fees
2nd.MD Second Opinion Solution (Case Rate) · Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text · Quarterly utilization reporting · Communication materials	No	Additional charge: \$2136.00 invoiced by 2nd.MD.  Start-up Fee – The group will prepay for 1 case per 2,500 members, which is then available for use in year 1. Additional cases will be charged monthly as they occur.

### Incentive Solutions

#### Included in Medical

Services	Claims Fee	Comments/Fees
Incentive Solutions: Live Well Reward\$ Solution  Includes: Tracking, managing all qualifying activities and determining reward eligibility for members, per employer determined requirements. Employer must select from the TPA's standard qualifying activity capabilities to be eligible for the Live Well Reward\$ Solution. Includes member communications and employer reporting.	No	Additional charge: \$0.90 PEPM  Customers have the choice to buy-up the following reward options: Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions, Lifestyle Account (LSA) Contributions, Reloadable Reward Cards or Online Rewards.
Incentive Solutions: Live Well Reward\$ Solution with Custom Buy-up Option  This is a buy-up option to the standard Live Well Reward\$ Solution as a customized version of Live Well Reward\$ product offering as well as access to the Deductible Modification reward mechanism.	No	Additional Charge: \$0.90 PEPM plus (annual fee): Less than 10 hours: \$2,500 10-25 hours: \$5,000 26-50 hours: \$10,000 51-75 hours: \$15,000 * Ability to provide custom pricing if support goes above 75 hours of annualized work.

Customized, complex programs.

Monthly customized reporting for customer to drive their own rewards and/or the choice of the TPA's reward fulfillment options: Health Reimbursement Account + Incentive\$ (HRA+), Health Savings Account (HSA) Incentive Contributions, Lifestyle (LSA) Contributions, Prepaid Reward Card Programs (single-use or reloadable), and Deductible modification are additional buy-up options.

<p>Incentive Solutions Custom Reward\$ with Reporting (formerly Custom-Advanced)</p> <p>Includes Non-standard operation/reporting support. Managing all qualifying activities and determining reward eligibility for members, per the requirements of the custom designed program No Wellness Activity Center</p>	No	<p>Additional Annual Fee</p> <p>Less than 10 hours \$2,500  10-25 hours \$5,000  26-50 hours \$10,000  51-75 hours \$15,000  * Ability to provide custom pricing if support goes above 75 hours of annualized work</p>
<p>Incentive Solutions Online Rewards</p> <p>Customers can choose to have their members, who have earned points within an incentive program, redeem them for gift cards, debit cards or merchandise</p> <p>Customer must have Wellness Activity Center for members to access the Online Rewards program</p> <p>Customer must purchase Live Well Reward\$, Custom Basic, or Custom Advanced to elect this reward type</p>	No	Additional charge \$0 20 PEPM
<p>Incentive Solutions Online Rewards Customized Catalog Fee</p> <p>Customers that choose Online Rewards and want to customize a version of the Online Rewards catalog will incur a fee</p> <p>Customer must have Wellness Activity Center for members to access the Online Rewards program</p>	No	Catalog customization fee may range between \$500 to \$1000 depending upon complexity
<p>Incentive Solutions Custom Reward\$ (formerly Custom-Basic)</p> <p>Includes Managing qualifying activity and determining reward-eligibility for members, per the requirements of the program If files are sent to the TPA in order for the TPA to fulfill rewards, must use standard file layout or subject to additional fee No Wellness Activity Center</p>	No	<p>No additional charge</p> <p>Customers must elect one of the following reward types to pair with the Custom Reward\$ (formerly Custom-Basic) program Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, or Health Savings Account (HSA) Incentive Contributions</p>
<p>Incentive Solutions Rewards - Deductible Modification</p> <p>Customers must purchase Live Well Reward\$ with Custom Buy-up Option to elect this reward type</p>	No	Additional charge \$0 88 PEPM
<p>Incentive Solutions Wellness Activity Center I01</p> <p>Customers are able to create an online portal environment through the Wellness Activity Center on umr.com to support member engagement, track member activity completion and support incentive administration</p> <p>*Customer must have Complex Condition CARE, Ongoing Condition CARE or Tobacco Coaching Cessation Only</p> <p>Customers have the choice to buy-up to Live Well Reward\$ and elect the following reward options Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions, or Online Rewards</p>	No	Additional charge \$0 60 PEPM
<p>Incentive Solutions Wellness Activity Center I02</p>	No	Additional charge \$0 80 PEPM

Customers are able to create an online portal environment through the Wellness Activity Center on umr.com to support member engagement, track member activity completion and support incentive administration. Includes online events and challenges. Customer must have Complex Condition CARE, Ongoing Condition CARE or Tobacco Coaching Cessation Only.

Customers have the choice to buy-up to Live Well Reward\$ and elect the following reward options: Prepaid Reward Cards – Single Use, Prepaid Reward Cards – Reloadable, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, Health Savings Account (HSA) Incentive Contributions or Online Rewards.

Incentive Solutions CareSearch Reward\$	No	Additional charge \$1.45 PEPM
Includes: A cost transparency-based program that rewards members for making smart healthcare choices. After utilizing the Health Cost Estimator Tool to select cost effective (green or grey) and high-quality providers, members will be rewarded for choosing to utilize those selected providers. The program includes member ROI analysis, member communication material and customer reporting.		
Customers may elect one of the following reward types to pair with the CareSearch Reward\$ program: Prepaid Reward Cards – Single Use, Health Reimbursement Account + Incentive\$ (HRA +) Contributions, or Health Savings Account (HSA) Incentive Contributions.		
Incentive Solutions Health & Fitness Reward\$	No	Additional charge \$1.00 per eligible member per month
Includes: Tracking and managing the member activity per the requirements of the program to support either a reimbursement or reward distribution to members. Includes member communications and employer reporting.		
Incentive Solutions Health & Fitness Reward\$ ACH	No	Additional charge \$0.80 per transaction per month
Includes: Support ACH transfer (electronic payment transfer) if the member provides appropriate information when registering for the program.		
Incentive Solutions Health & Fitness Reward\$ Payroll File	No	Additional charge \$100 fee for each file transferred
Includes: Support a payroll file transfer and this is the fee associated with each file transferred.		
Incentive Solutions Health & Fitness Reward\$ Custom Development Fee	No	Additional charge \$190.00 per hour
Includes: Any development effort that falls outside the standard program setup and/or program changes with renewal.		
Incentive Solutions Rewards - Health Savings Account (HSA) Incentive Contributions	No	Additional charge \$0.45 PPPM
Must have QHDHP and Optum Financial as the financial institution. Employer-determined amount of dollars can be deposited into a member's Health Savings Account when held at Optum Financial. Fee includes up to 12 deposits per year, processed monthly. Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom Basic), Custom Reward\$ with Reporting (formerly Custom Advanced), Care Search Reward\$, or Health & Fitness Reward\$ to elect this reward type.		
Incentive Solutions Rewards - UMR Health Savings Account (HSA) Incentive Contributions	No	Additional charge \$0.45 PPPM

Must have QHDHP and selected UMR HSA. Employer-determined amount of dollars can be deposited into a member's Health Savings Account. Fee includes up to 12 deposits per year, processed monthly. Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom: Basic), Custom Reward\$ with Reporting (formerly Custom: Advanced), Care Search Reward\$, or Health & Fitness Rewards\$ to elect this reward type.

Incentive contribution(s) to a Health Reimbursement Account + Incentive\$ (HRA +) or Lifestyle Accounts (LSA)	No	Additional charge: \$1.17 PEPM
Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom: Basic), Custom Reward\$ with Reporting (formerly Custom: Advanced), CareSearch Reward\$, or Health & Fitness Reward\$ as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.		Fee is in addition to the underlying/base HRA administration fee, as well as up to 12 deposits per year, processed monthly. Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom: Basic), or Custom Reward\$ with Reporting (formerly Custom: Advanced) as well as have an underlying Health Reimbursement Account (HRA) to elect this reward type.

Incentive Solutions: Rewards - Prepaid Reward Card - Single Use	No	Additional charge: \$4.60 Per Card.
Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom: Basic), Custom Reward\$ with reporting (formerly Custom: Advanced), CareSearch Reward\$, or Health & Fitness Reward\$ to elect this reward type.		

Incentive Solutions: Rewards - Prepaid Reward Card - Reloadable	No	Additional charge: \$6.80 Per Card Per Year.
Includes: Non-standard operation/reporting support. Tracking and managing all qualifying activities and determining reward eligibility for members, per the requirements of the custom designed program.		
Customer must purchase Live Well Reward\$, Custom Reward\$ (formerly Custom: Basic), Custom Reward\$ with Reporting (formerly Custom: Advanced), CareSearch Reward\$, or Health & Fitness Reward\$ to elect this reward type.		

**Member Decision Support Tools Suite**

Services	Included in Medical Claims Fee	Comments/Fees
Benefit Plans Comparison Tool (BPCT) is a decision support tool that helps members select the right benefit plan for them. It is available during Open Enrolment or for new hires/changes throughout the year. The tool has a basic and advanced version. The advanced version pre-populates member census data, whereas basic doesn't. Both versions pre-load benefit plans into the tool. The fee includes implementation support, usage reporting, promotional marketing materials and a dedicated product specialist for ongoing support/demos/questions.	No	Additional charge: both basic and advanced versions are available for a PEPY fee. Basic is \$4.95 PEPY Advanced is \$7.05 PEPY plus a \$2,775 one-time implementation fee for census integration.  **Fees are calculated based on member count during implementation/go live of the tool and billed up front for the 12 month period.
Health Education Library in English and Spanish is available to members	Yes	
The TPA offers 2 Healthcare Cost Estimators - 1. Consumer Price Transparency Tool (CPTT) and 2. Find Price and Care Tool (FPC), both available to members. The Consumer Price Transparency Tool is available to UnitedHealth Network members utilizing standard Choice+ and Options. If a group has any of the following: 1) a rental network 2) multi-tier network structure and/or 3) a custom UnitedHealth Network, then Find Price and Care Tool basic or advanced will be assigned.	Yes	

# Conditions

**Customer Name : City of Franklin**

**Plan Effective Date : 1/1/2025**

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

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 the TPA prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.

All quoted product fees assume the TPA administers the medical plan.

The TPA assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed and mutually agreed upon within this proposal. Specialized services will be priced as necessary. Domestic, direct contract agreement, onsite clinics, provider demographics must be submitted in UMR provider demographic standard layout.

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 steerage 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. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. 'Virtual Visits'). Please refer to the financial commentary tab for information on Teladoc services and associated fees. 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 changes being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

The TPA 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 the TPA.

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, the TPA 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.

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

Fees proposed assume Utilization Management and Complex Condition CARE services are provided through the TPA 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, if the number of covered employees changes by fifteen percent (15%) or more, or if the average contract size defined as the total number of enrolled Participants divided by the total number of enrolled Employees, varies by 15% or more from the assumed average contract size Any new fee required by such change will be effective as of the date the changes occur even if that date is retroactive

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

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

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

The TPA provides an ERISA DOL appeals process The TPA does not participate in Grievance Review Panel Hearngs

The TPA 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 the TPA. 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

Health reimbursement account assumes 20% participation rate

If multiple accounts can be administered on a single debit card, only one debit card fee is applicable

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

The TPA does not administer statutory disability benefits

HSA trustees bill directly for HSA services

The TPA 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

The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined

City of Franklin receives 80% of Medical Rx Rebates

The TPA reserves the right to modify ASO fees should changes in Medical Rx Rebates such as the following occur  
specialty drugs covered under the medical plan are carved out to an external vendor

in the event of a material change impacting the level of expected rebates available due to the introduction of any new product (e.g., biosimilar, an authorized brand alternative, launch of a lower cost non-Generic Drug alternative) or the reduction of WAC on a Brand Drug subject to Rebates

in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates

if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates



## City of Franklin

### Self-Funded Renewal Projection - Dental

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USI has reviewed City of Franklin's Dental experience reporting from Delta Dental and has made the following observations.

#### Dental Plan

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- Underwriting Period:** The mid year projection calculation includes claims from September 2022 through August 2024.
- Trend:** For our calculations we used a trend of 4.5% for dental. We have not built in any additional margin.
- Claims Liability:** The current expected claims are \$60.37 PEPM. We expect an increase of about 7.1% or \$9,978.
- Total Fixed Fees:** Overall, the current cost for all administrative expenses is \$4.80 PEPM. We expect an increase of about 4.2% or \$469.

#### Conclusions

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The current expected cost of the plan is approximately \$65 PEPM.

Based on the above observations, USI believes the initial renewal will result in an increase of about 6.89% or \$10,447.



City of Franklin  
 Renewal Projection - Dental  
 January 1, 2025 - December 31, 2025 Renewal

Time Periods	Sep 23 - Aug 24	Sep 22 - Aug 23	USI Projected Renewal	
Estimated Renewal Projection			Per Employee	Annualized
A Average Contracts	195	194	194	
B Average Membership	430	427	427	
C Actual Paid Dental Claims	\$137,476	\$156,654		
<b>Adjustments</b>				
No Adjustments Applied this Period	\$0	\$0		
D Total Adjustments	\$0	\$0		
E Total <u>after</u> Adjustments	C + D	\$137,476	\$156,654	
F Claims Per Contract (PEPM)	E / A / 12	\$58.65	\$67.20	
G *Trend Used		4.50%	4.50%	
H Trended Months		16	28	
I Experience Rated Claims / Contract		\$62.20	\$74.47	
J Experience Period Weighting		80%	20%	
<b>K. Projected Claims Blended By Year</b>			\$64.65	<b>\$150,508</b>
Current Claim Costs Based on 194 EE's			\$60.37	\$140,530
Change from Current			7.10%	\$9,978
<b>Fixed Costs (estimated)</b>				
Administrative Expenses			\$5.00	\$11,644
<b>L. Total Fixed Fees</b>			\$5.00	<b>\$11,644</b>
<b>Projected Total Renewal Cost</b>			<b>\$69.65</b>	<b>\$162,151</b>
Current Total Budgeted Costs Based on 194 EE's			\$65.17	\$151,704
Change from Current			6.89%	\$10,447

NOTE Fixed costs assume an average increase of 4%. The actual renewal will vary

\*The trend used is based on probabilistic data provided by USI Trend Survey respondents and enrollment by carrier.

- We applied a Dental trend of 4.5% respectively



City of Franklin  
 Proposed Plan Funding - Dental  
 January 1, 2025 - December 31, 2025 Renewal

Proposed Funding	Current	Initial Renewal
	Current Plans	No Plan Changes
Projected Fixed Costs	\$11,174	\$11,644
Estimated Expected Claims	\$140,530	\$150,508
Total Cost for Funding	\$151,704	\$162,151
Percent of Funding Variance		6.89%

Premium Rates	Enrollment	Current Plans	No Plan Changes
<b>Plan 1</b>			
Employee	97	\$33.04	\$35.32
Family	97	\$97.29	\$103.99
<b>Total Estimated Premium</b>			
Monthly Premium	194	\$12,642	\$13,513
Annual Premium		\$151,704	\$162,151
Annual Change from Current			\$10,447
% Change from Current			6.89%



## Self-Funded Renewal Projection

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USI has reviewed City of Franklin's medical experience reporting from UMR and ServeYou and has made the following observations.

### Medical Plan

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Underwriting Period:	The renewal projection calculation includes claims from September 2022 through August 2024.
Large Claims:	Large Claims above the pooling point have been removed.
Trend:	For our calculations we used a trend of 7.4% for medical and 10.4% for drugs. We have not built in any additional margin.
Manual Blending:	For the purpose of projecting future claim costs, we often will blend actual claims experience with the average claim costs for similar groups. This is based on group size and the credibility of the claims data. For comparison purposes, USI used the same credibility adjustment as UMR.
Claims Liability:	The current expected claims are \$1,402.47 PEPM. The renewal resulted in an increase of about 2.13% or \$70,198.
Administrative Expenses:	UMR's current charge for administrative expenses is \$37.08 PEPM. The renewal resulted in an increase of about 4.24% or \$3,698.
Specific Stop Loss:	The premium for the \$100,000 specific stop loss coverage is currently \$277.59 PEPM. The renewal resulted in an increase of about 6.74% or \$44,029.
Aggregate Stop Loss:	The premium for aggregate stop loss is currently \$9.67 PEPM. The renewal resulted in an increase of about 6.4% or \$1,456.
Total Fixed Fee's	Overall, the current cost for all administrative expenses is \$342.82 PEPM. The renewal resulted in an increase of about 6.1% or \$49,182.

### Conclusions

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The current expected cost of the plan is \$1,745 PEPM.  
Based on the above observations, USI expects an increase of about 2.91% or \$119,380.



City of Franklin  
Renewal Projection  
January 1, 2025 - December 31, 2025 Renewal

USI Projected Renewal

Renewal Projection Detail		Medical		Rx	
		Sep 23 - Aug 24	Sep 22 - Aug 23	Sep 23 - Aug 24	Sep 22 - Aug 23
<b>Experience Periods</b>					
A: Actual Paid Claims		\$2,991,247	\$2,916,346	\$749,442	\$643,102
B: Large Claims Removed		-\$350,498	-\$344,768	-\$96,292	-\$3,477
C: Claims Paid - After Pooling	A + B	\$2,640,749	\$2,571,578	\$653,150	\$639,625
<b>Adjustments</b>					
Estimated Rx Rebate				-\$183,212	-\$251,777
Tier Mix Adjustment		-\$72,618	-\$143,136	-\$12,923	-\$21,588
D: Total Adjustments		-\$72,618	-\$143,136	-\$196,135	-\$273,365
E: Total <u>after</u> Adjustments	C + D	\$2,568,131	\$2,428,441	\$457,014	\$366,260
F: Average Contracts		195	191	195	191
G: Average Membership		541	545	541	545
H: Claims Per Employee (PEPM)	E / F / 12	\$1,095.62	\$1,058.61	\$194.97	\$159.66
I: *Trend Used:		7.40%	7.40%	10.40%	10.40%
J: Trended Months		16	28	16	28
L: Experience Rated Claims / Contract		\$1,205.03	\$1,250.48	\$222.47	\$201.12
M: Experience Period Weighting		80%	20%	80%	20%
N: Projected Claims Blended By Year	L * M	\$1,214.12		\$218.20	
O: Manual Claim Pick (Independent Med/Rx)					
P: Credibility		100%		100%	
Q: Manual Adjustment					

Estimated Renewal	Per Employee		Annualized
R: Projected Contracts		196	
Projected Membership		528	
S: Projected Claim Cost	\$1,432.32		<b>\$3,368,815</b>
Current Claim Costs Based on 196 EE's	\$1,402.47		\$3,298,617
Change from Current	2.13%		\$70,198
<b>Fixed Costs (estimated)</b>			
Administrative Expenses	\$38.65		\$90,910
Specific Stop Loss	\$296.31		\$696,922
Aggregate Stop Loss	\$10.29		\$24,199
RX Interface Fee	\$8.40		\$19,757
Interface Fee	\$0.53		\$1,247
Utilization Management	\$3.41		\$8,020
Complex Condition CARE	\$2.10		\$4,939
Ongoing Condition Care	\$4.04		\$9,502
T: Total Administrative Fees	\$363.73		<b>\$855,496</b>
<b>Projected Total Renewal Cost</b>	<b>\$1,796.05</b>		<b>\$4,224,312</b>
Current Total Budgeted Costs Based on 196 EE's	\$1,745.29		\$4,104,931
Change from Current	2.91%		\$119,380

NOTE: Fixed costs assume an average increase of 6%. The actual renewal will vary.

\*The trend used is based on probabilistic data provided by USI Trend Survey respondents and enrollment by carrier.

- We applied a Medical and Rx trend of 7.4% and 10.4% respectively.



City of Franklin  
 Proposed Plan Funding - Medical  
 January 1, 2025 - December 31, 2025 Renewal

Proposed Funding	Current	Initial Renewal
	Current Plans	ISL Change to \$100,000
Projected Fixed Costs	\$806,314	\$855,496
Estimated Expected Claims	\$3,298,617	\$3,368,815
Total Cost for Funding	\$4,104,931	\$4,224,312
Percent of Funding Variance		2.91%

Premium Rates	Enrollment	Current Plans	ISL Change to \$100,000
<b>Plan 1- PPO</b>			
Employee	18	\$1,035.63	\$1,065.75
Family	39	\$2,325.71	\$2,393.35
<b>Plan 2-HSA</b>			
Employee	53	\$947.63	\$975.19
Family	86	\$2,122.20	\$2,183.92
<b>Total Estimated Premium</b>			
Monthly Premium	196	\$342,078	\$352,026
Annual Premium		\$4,104,931	\$4,224,312
Annual Change from Current			\$119,380
% Change from Current			2.91%



**MEMORANDUM**

Date: 10/11/2024  
To: Personnel Committee  
From: Dana Zahn, Human Resources Manager  
RE: Potential elimination of the Civil Service Subcommittee

City Administration has felt for many years that the approval of lists by the Civil Service Subcommittee was unnecessary, resulted in additional work, and caused a delay in the hiring process. Former Directors Luberda and Steeno, current Director Hersh, and myself have all been of this opinion.

As per discussion at the September 2024 Personnel Committee meeting, the Committee requested an opinion from the City Attorney as to whether the Civil Service Subcommittee was required. City Attorney Wesolowski has weighed in on the matter, and agrees that the Civil Service Subcommittee is not a requirement, and that authority over hiring lists can be given to the Human Resources Manager and Director of Administration. Attorney Wesolowski's letter and proposed Ordinance adjustments are attached for your review.

The Civil Service System will still remain as required.

I will provide a typical hiring list at the Personnel Committee, in case the group has questions as to what the subcommittee was typically approving/addressing.

**Recommended Motion: Motion to recommend to Common Council to change the process for reviewing hiring lists from the Civil Service Subcommittee to the Human Resources Manager & Director of Administration; to eliminate the Civil Service Sub-committee; to amend the Personnel Committee Ordinance as deemed necessary by the City Attorney, and to adjust the Civil Service System Personnel Administration Program accordingly.**



WESOLOWSKI, REIDENBACH & SAJDAK, S.C.  
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FRANKLIN, WISCONSIN 53132

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BRIAN C SAJDAK  
EDUARDO M BORDA  
MATTHEW S RADEMACHER

TELEPHONE (414) 529-8900  
FACSIMILE (414) 529-2121

October 10, 2024

To Personnel Committee:

re: civil service system hiring  
list review process

I have reviewed the question as to the process of changing the review of the hiring list for potential new City employees from that of the Personnel Committee Subcommittee to that of the Human Resources Manager and the Director of Administration. I found nothing on point in the Wisconsin Statutes, the Municipal Code or the Civil Service Manual that delegates the review of applicants for employment to the Personnel Committee or its Subcommittee. Below is a cite of the Personnel Committee provision in the Municipal Code. The Human Resources Manager can provide the processing facts with regard to the proposed change. Annexed hereto is a draft ordinance amendment with regard to the subject, for clarity purposes in the Municipal Code.

§10-12 Personnel Committee. \*\*\*

E. Duties. The Personnel Committee shall advise the Common Council on these matters relating to personnel policies and practices, compensation and benefits, labor relations and collective bargaining, employee relations, staffing and organizational structure. Specific responsibilities include, but are not limited to:

(1) Have charge of all matters arising under Chapter 111 (Employment Relations) of the Wisconsin Statutes, as well as all state and federal laws that pertain to labor. The Committee may form a subcommittee to carry out this responsibility. The Personnel Committee is hereby authorized by the Common Council to take final action on behalf of the City upon matters within the scope of this Subsection E(1). \*\*\*\*

Cordially,

Jesse A. Wesolowski  
City Attorney

ORDINANCE NO. 2024-\_\_\_\_

AN ORDINANCE TO AMEND §10-12E. PERSONNEL COMMITTEE, THE INTRODUCTORY PROVISION, AND §10-12E.(1) TO CHANGE THE REVIEW OF APPLICANTS FOR EMPLOYMENT PROCESS FROM REVIEW BY THE PERSONNEL COMMITTEE TO REVIEW BY THE HUMAN RESOURCES MANAGER AND THE DIRECTOR OF ADMINISTRATION

WHEREAS, the process of reviewing a hiring list of applicants for employment by the City, which process is a recommending process to be undertaken pursuant to employment laws, for the ultimate decision to be made by the Mayor and/or the Common Council, has been reviewed in terms of providing a more expedited process; and

WHEREAS, having considered the experience, knowledge and employment regulations processing methods and procedures of the Human Resources Department, and the potential for an expedited process of obtaining employees in a competitive employment realm, the Common Council having reviewed the process and determined it is in the interest of the health, safety and welfare of the Community to direct that such review of hiring lists be provided by the Human Resources Manager and the Director of Administration, and that such process be stated in the Municipal Code for clarity with regard thereto.

NOW, THEREFORE, the Mayor and Common Council of the City of Franklin, Wisconsin, do ordain as follows:

SECTION 1: §10-12E. Personnel Committee, the introductory provision, and §10-12E.(1), are hereby amended to read as follows [*note added text is underlined*]:

E. Duties. The Personnel Committee shall advise the Common Council on these matters relating to personnel policies and practices, compensation and benefits, labor relations and collective bargaining, employee relations, staffing and organizational structure, except as they may apply to the hiring of employees process, which shall be under the authority of the Human Resources Manager and the Director of Administration. Specific responsibilities include, but are not limited to: (1) Have charge of all matters arising under Chapter 111 (Employment Relations) of the Wisconsin Statutes, as well as all state and federal laws that pertain to labor, except as they may apply to the hiring of employees process, which shall be under the authority of the Human Resources Manager and the Director of Administration. The Committee may form a subcommittee to carry out this responsibility. The Personnel Committee is hereby authorized by the Common Council to

take final action on behalf of the City upon matters within the scope of this Subsection E(1).

SECTION 2: The terms and provisions of this ordinance are severable. Should any term or provision of this ordinance be found to be invalid by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

SECTION 3: All ordinances and parts of ordinances in contravention to this ordinance are hereby repealed.

SECTION 4: This ordinance shall take effect and be in force from and after its passage and publication.

Introduced at a regular meeting of the Common Council of the City of Franklin this \_\_\_\_ day of \_\_\_\_\_, 2024, by Alderman \_\_\_\_\_.

Passed and adopted at a regular meeting of the Common Council of the City of Franklin this \_\_\_\_ day of \_\_\_\_\_, 2024.

APPROVED:

\_\_\_\_\_  
John R. Nelson, Mayor

ATTEST:

\_\_\_\_\_  
Shirley J. Roberts, City Clerk

AYES \_\_\_\_\_ NOES \_\_\_\_\_ ABSENT \_\_\_\_\_

# Staffing Report

## Data as of October 10th, 2024

Open Positions					
Number of Positions	Title	Date of Vacancy	Reason for Vacancy	Employee Group	Status
1	Chief Plumbing Inspector	10/2/2023	Resignation	Non-Rep	Position is vacant due to the promotion of Justin Ligocki to Director We have not yet been able to fill the position
1	Public Health Nurse	9/27/2024	Resignation	Non-Rep	Jamie Kopera resigned for a home based opportunity We have an accepted conditional offer but the candidate is not starting until 12/30/24
2	Police Officer	6/3/24, 6/7/24	Termination and Retirement	Police Union	1 officer did not pass probation and Sgt Bath has retired
1	Police Captain	1/15/2025	Retirement	Non-Rep	Captain Morris will be retiring in January A Sergeant process is being conducted and promotions to Sgt and Captain are expected leaving an opening for Officer
1	Dispatcher	4/1/2025	Retirement	Non-Rep	Dispatcher Boziel has turned in her retirement notification
1	Sewer & Water Tech	2/1/2024	Resignation	Non-Rep	We had some movement with an HEO transferring to the S&W position We are currently looking to hire an Assistant Mechanic or Light Equipment Operator for DPW
1	City Engineer	8/14/2024	Resignation	Non-Rep	Glen Morrow submitted his resignation to take another position out of State