

ROCK COUNTY, WISCONSIN

**AMENDED:  
11/6/18**



**FINANCE COMMITTEE  
THURSDAY – NOVEMBER 8, 2018 - 7:30 A.M.  
CONFERENCE ROOM N-1 - FIFTH FLOOR  
ROCK COUNTY COURTHOUSE-EAST**

**AGENDA**

1. Call to Order
2. Approval of Agenda
3. Citizen Participation, Communications and Announcements
4. Approval of Minutes – October 25, 2018
5. Transfers and Appropriations
6. Review of Payments
7. Review of Payments over \$10,000
8. Resolutions and Committee Endorsements
  - A. Authorizing Acceptance of Highway Safety Grant
  - B. Approving Reinsurance Contract for Stop-Loss Coverage**
9. Updates and Possible Action
  - A. Discussion and Possible Action on Human Resources Request for Petty Cash Fund
  - B. Review, Discussion and Recommended Revisions to the 2019 Recommended Budget
    - 1) Public Works Committee
    - 2) Health Services Committee
    - 3) Human Services Board
    - 4) Other
10. Adjournment

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail [countyadmin@co.rock.wi.us](mailto:countyadmin@co.rock.wi.us) at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
00-0000-0001-17100	POSTAGE METER CH				
		P1800036	10/18/2018	UNITED MAILING SERVICES INC	621.05
		P1800037	10/18/2018	UNITED STATES POSTAL SERVICE	20,000.00
00-0000-0001-22158	SHORT TERM DISAB				
		P1800340	10/25/2018	NATIONAL INSURANCE SERVICES OF	8,877.05
00-0000-0001-22159	LONG TERM DIS				
		P1800340	10/25/2018	NATIONAL INSURANCE SERVICES OF	6,971.36
<b>GENERAL FUND PROG TOTAL</b>					<b>36,469.46</b>

I have reviewed the preceding payments in the total amount of **\$36,469.46**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
05-1500-0000-63100	OFC SUPP & EXP				
		P1801788	10/18/2018	US BANK	57.99
		P1802135	10/04/2018	HENRICKSEN	446.81
05-1500-0000-63107	PUBL & LEGAL				
		P1800034	10/18/2018	BLISS COMMUNICATIONS INC	36.97
05-1500-0000-67161	CA \$5,000/MORE				
		P1802470	10/25/2018	RHYME BUSINESS PRODUCTS	5,010.59
05-1500-0000-68010	EXP.ALLOCATIONS				
		P1800334	10/11/2018	PACKAGE PRO EXPRESS DELIVERY I	3,515.68
		P1801788	10/18/2018	US BANK	(234.15)
<b>FINANCIAL SERVICES PROG TOTAL</b>					<b>8,833.89</b>
05-1560-0000-62400	R & M SERV				
		P1800165	10/18/2018	RHYME BUSINESS PRODUCTS	844.00
05-1560-0000-63104	PRNT & DUPLICATI				
		P1801788	10/18/2018	US BANK	2,788.32
<b>CENTRAL SERVICES PROG TOTAL</b>					<b>3,632.32</b>

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

<u>Account Number</u>	<u>Account Name</u>	<u>PO#</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Inv/Enc Amt</u>
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I have reviewed the preceding payments in the total amount of **\$12,466.21**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
07-1430-0000-62119	OTHER SERVICES				
		P1800373	10/11/2018	CHARTER COMMUNICATIONS	1,409.83
		P1801603	10/18/2018	CORE BTS INC	37.50
		P1802172	10/04/2018	AT AND T	500.70
		P1802543	10/25/2018	WISNET	4,686.59
07-1430-0000-62400	R & M SERV				
		P1800386	10/25/2018	PRINTER PARTS EXCHANGE LLC	125.00
		P1801889	10/18/2018	US BANK	1,715.24
		P1802285	10/11/2018	SERVICE EXPRESS	3,646.45
		P1802307	10/04/2018	PARK PLACE TECHNOLOGIES	28,913.79
07-1430-0000-62491	SOFTWARE MAINT				
		P1703025	10/18/2018	ORACLE CORPORATION	1,048.23
		P1801812	10/11/2018	SMARSH INC	4,261.80
07-1430-0000-63407	COMPUTER SUPPL				
		P1801823	10/18/2018	US BANK	38.97
		P1801889	10/18/2018	US BANK	3,872.37
07-1430-0000-64200	TRAINING EXP				
			10/18/2018	US BANK	445.00
		P1801823	10/18/2018	US BANK.	257.00
		P1802420	10/04/2018	CRAWLEY INTERNATIONAL INC	4,976.00
		P1802422	10/04/2018	CRAWLEY INTERNATIONAL INC	478.74
07-1430-0000-64701	SOFTWARE PURCH				
		P1802489	10/25/2018	CORE BTS INC	1,802.77
07-1430-0000-67130	TERMINALS/PC'S				
		P1801889	10/18/2018	US BANK	191.59
07-1430-0000-67131	OTHER COMP HARDW				
		P1802340	10/18/2018	CORE BTS INC	21,508.20
<b>INFORMATION TECHNOLOGY PROG TOTAL</b>					<b>79,915.77</b>
07-1435-0000-64200	TRAINING EXP				
		P1801823	10/18/2018	US BANK	1,986.56
<b>TELEPHONE OPERATIONS PROG TOTAL</b>					<b>1,986.56</b>
07-1438-0000-64200	TRAINING EXP				
		P1801823	10/18/2018	US BANK	361.20
<b>LAW RECORDS PROG TOTAL</b>					<b>361.20</b>
07-1440-0000-64701	SOFTWARE PURCH				
		P1702101	10/11/2018	SUPERION LLC	5,075.00
<b>GENERAL LEDGER UPGRADE PROG TOTAL</b>					<b>5,075.00</b>
07-1444-0000-67161	CA \$5,000/MORE				
		P1802060	10/04/2018	ENTERPRISE SYSTEMS GROUP	6,380.00
		P1802342	10/18/2018	ENTERPRISE SYSTEMS GROUP	1,315.50
		P1802519	10/25/2018	US BANK	1,839.50
<b>IT CAPITAL PROJECTS PROG TOTAL</b>					<b>9,535.00</b>
07-1450-0000-62491	SOFTWARE MAINT				

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
		P1800375	10/18/2018	FIDLAR COMPANIES	14,402.25
		P1800852	10/11/2018	AMERICAN DATA	3,934.32
		P1802419	10/04/2018	CALLYO 2009 CORP	2,400.00
		P1802494	10/25/2018	PICTOMETRY INTERNATIONAL CORP	1,650.00
07-1450-0000-63100	OFC SUPP & EXP				
		P1802356	10/18/2018	ADORAMA	419.80
07-1450-0000-67130	TERMINALS/PC'S				
		P1802312	10/11/2018	BAYCOM INC	9,972.00
07-1450-0000-67143	IT CROSS CHARGES				
		P1801823	10/18/2018	US BANK	1,895.36
		P1801889	10/18/2018	US BANK	1,170.38
		P1801896	10/25/2018	UNMANNED VEHICLE TECHNOLOGIES	412.60
		P1802353	10/11/2018	LENS EQUIPMENT	763.00
		P1802378	10/11/2018	NETSMART TECHNOLOGIES INC	6,257.60
		P1802516	10/25/2018	ENTERPRISE SYSTEMS GROUP	364.00
		P1802517	10/25/2018	ENTERPRISE SYSTEMS GROUP	497.75
		P1802526	10/25/2018	ENTERPRISE SYSTEMS GROUP	56.50
<b>IT-CROSS CHARGES PROG TOTAL</b>					<b>44,195.56</b>

I have reviewed the preceding payments in the total amount of **\$141,069.09**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
08-1420-0000-64200	TRAINING EXP		10/25/2018	EMPLOYEE BENEFITS CORPORATION	897.00
<b>HUMAN RESOURCES PROG TOTAL</b>					<b>897.00</b>

I have reviewed the preceding payments in the total amount of **\$897.00**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
14-1410-0000-44155	WORK PERMITS				
		P1800047	10/18/2018	EQUAL RIGHTS DIVISION	75.00
14-1410-0000-63100	OFC SUPP & EXP				
		P1800043	10/04/2018	OFFICE PRO INC	119.71
		P1800045	10/18/2018	STAPLES BUSINESS ADVANTAGE	405.98
<b>COUNTY CLERK PROG TOTAL</b>					<b>600.69</b>
14-1411-0000-63100	OFC SUPP & EXP				
		P1800043	10/04/2018	OFFICE PRO INC	46.48
14-1411-0000-63103	LEGAL FORMS				
		P1800041	10/04/2018	BEAR GRAPHICS INC	331.43
		P1800045	10/18/2018	STAPLES BUSINESS ADVANTAGE	77.66
14-1411-0000-63107	PUBL & LEGAL				
		P1800040	10/25/2018	BLISS COMMUNICATIONS INC	195.26
<b>ELECTIONS PROG TOTAL</b>					<b>650.83</b>

I have reviewed the preceding payments in the total amount of **\$1,251.52**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_



**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
15-1540-0000-64926	BANK SERV.CHGS.				
		P1800343	10/18/2018	BRINKS INC	538.97
<b>COUNTY TREASURER PROG TOTAL</b>					<b>538.97</b>
15-1541-0000-64901	TAX DEED EXP				
		P1800341	10/18/2018	GREATER BELOIT PUBLISHING CO	95.78
		P1800344	10/18/2018	BLISS COMMUNICATIONS INC	2,097.60
<b>TAX DEED EXPENSE PROG TOTAL</b>					<b>2,193.38</b>

I have reviewed the preceding payments in the total amount of **\$2,732.35**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
17-1710-0000-63100	OFC SUPP & EXP				
		P1800329	10/25/2018	OFFICE PRO INC	63.74
		P1800330	10/04/2018	STAPLES BUSINESS ADVANTAGE	105.78
17-1710-0000-64200	TRAINING EXP				
		P1801819	10/25/2018	US BANK	246.00
<b>REGISTER OF DEEDS PROG TOTAL</b>					<b>415.52</b>
17-1715-0000-62119	OTHER SERVICES				
		P1800326	10/18/2018	FIDLAR COMPANIES	988.00
<b>ROD REDACTION PROJECT PROG TOTAL</b>					<b>988.00</b>

I have reviewed the preceding payments in the total amount of \$1,403.52

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF OCTOBER 2018

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
19-1912-0000-61710	WORKERS COMP	P1800336	10/11/2018	WILLIS OF WISCONSIN INC	3,400.00
<b>WORKER'S COMPENSATION PROG TOTAL</b>					<b>3,400.00</b>
19-1915-0000-62119	OTHER SERVICES		10/04/2018	ALLIANCE,THE	53,867.04
			10/11/2018	PBA INC	22,081.60
19-1915-0000-62199	OTHER SERV		10/25/2018	HEALTH CARE STRATEGIES INC	13,577.40
		P1800337	10/18/2018	COMPSYCH	10,560.00
<b>HEALTH INSURANCE PROG TOTAL</b>					<b>100,086.04</b>
19-1933-0000-64904	SUNDRY EXPENSE	P1801784	10/18/2018	US BANK	27.99
<b>EMPLOYEE WELLNESS ACTIVITIES PROG TOTAL</b>					<b>27.99</b>

I have reviewed the preceding payments in the total amount of **\$103,514.03**

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

**Rock County**  
**REPORT OF PAYMENTS OVER \$10,000**

10/25/2018

<u>PO Number</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Vendor Name</u>	<u>Amount Paid</u>
	ALL OTHER GEN	HEALTH INSURANCE	ALLIANCE,THE	53,511.32
	ALL OTHER GEN	HEALTH INSURANCE	PBA INC	22,081.60
	ALL OTHER GEN	HEALTH INSURANCE	HEALTH CARE STRATEGIES INC	13,577.40
	ALL OTHER GEN	FARM CAP PROJ	WALTERS BUILDINGS	16,584.00
P1701616	FACILITIES	HWY BUILDINGS/GR	ANGUS YOUNG ASSOCIATES INC	22,821.60
P1702669	911 COMM.	911 OPERATIONS	GENERAL COMMUNICATIONS INC	14,051.75
P1800037	NOT APPLICABLE	GENERAL FUND	UNITED STATES POSTAL SERVICE	20,000.00
P1800204	ROCK HAVEN	RH CONT SERV T18	GENESIS REHABILITATION SERVICE	44,701.33
P1800251	ROCK HAVEN	SUPP SERV ADMIN	WISCONSIN DEPARTMENT OF HEALTH	21,760.00
P1800337	ALL OTHER GEN	HEALTH INSURANCE	COMPSYCH	10,560.00
P1800340	NOT APPLICABLE	GENERAL FUND	NATIONAL INSURANCE SERVICES OF	15,848.41
P1800375	INFORMATION TECH	IT-CROSS CHARGES	FIDLAR COMPANIES	14,402.25
P1800538	SHERIFF	CORR.FACILITY	ADVANCED CORRECTIONAL HEALTHCA	111,412.83
P1800541	SHERIFF	CORR.FACILITY	ARAMARK CORRECTIONAL SERVICES	55,164.16
P1800547	SHERIFF	CORR.FACILITY	BI INC	17,830.25
P1800616	SHERIFF	SHERIFF	KWIK TRIP EXTENDED NETWORK	19,574.31
P1800666	FACILITIES	ECLIPSE CENTER	HENDRICKS COMMERCIAL PROPERTIE	11,424.57
P1800667	FACILITIES	HWY BUILDINGS/GR	PETERSON CLEANING INC	21,002.16
P1800845	FACILITIES	COURTHOUSE SECUR	POTTER LAWSON ARCHITECTS INC	39,310.37
P1800846	FACILITIES	COURTHS FAC PROJ	DUDE SOLUTIONS INC	78,473.50
P1801612	FACILITIES	HCC COMPLEX	CORPORATE CONTRACTORS INC	26,519.22
P1801615	FACILITIES	JOB CENTER	CUSTOM RESTORATION INC	85,976.00
P1802195	FACILITIES	JOB CENTER	JC HEATING AND COOLING INC	26,861.58
P1802305	REAL PROPERTY	STRATEGIC INITIA	LEICA GEOSYSTEMS INC	19,681.12
P1802307	INFORMATION TECH	INFORMATION TECH	PARK PLACE TECHNOLOGIES	28,913.79
P1802340	INFORMATION TECH	INFORMATION TECH	CORE BTS INC	18,443.40
P1802444	HUMAN RESOURCES	HUMAN RESOURCES	COMMUNITY ACTION INC OF ROCK &	14,400.00

**Rock County**  
**REPORT OF PAYMENTS OVER \$10,000**

10/25/2018

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<u>PO Number</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Vendor Name</u>	<u>Amount Paid</u>
P1802505	SHERIFF	HAZMAT TEAM	CITY OF JANESVILLE	19,280.62

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CLAIMS IN THE AMOUNT OF \$864,167.54 HAVE BEEN PAID FOR THE MONTH OF **OCTOBER 2018**

PLEASE CONTACT THE FINANCE DIRECTOR WITH ANY QUESTIONS:

SHERRY OJA

608-757-5534

SHERRY.OJA@CO.ROCK.WI.US

RESOLUTION NO. \_\_\_\_\_

AGENDA NO. \_\_\_\_\_

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Sheriff Robert D. Spoden  
INITIATED BY



Diane Michaelis  
DRAFTED BY

Public Safety and Justice Committee  
SUBMITTED BY

October 26, 2018  
DATE DRAFTED

**Authorizing Acceptance of  
Highway Safety Grant**

- 1 **WHEREAS**, the Wisconsin Department of Transportation, Bureau of Transportation Safety, makes
- 2 Federal Highway Safety funds available to local law enforcement agencies for various traffic safety
- 3 programs; and,
- 4
- 5 **WHEREAS**, these funds are earmarked to allow law enforcement agencies to provide additional patrols
- 6 directed at improving traffic safety by deploying seatbelt, speed, and alcohol enforcements; and,
- 7
- 8 **WHEREAS**, the Rock County Sheriff's Office is eligible to receive a grant of \$70,000 to participate in
- 9 this program; and,
- 10
- 11 **WHEREAS**, grant funds will be used for overtime wages and related benefits; and,
- 12
- 13 **WHEREAS**, the grant requires a local match of 25% which may be an in-kind or hard match; and,
- 14
- 15 **WHEREAS**, the grant year runs from October 1, 2018 through September 30, 2019.

16  
17 **NOW, THEREFORE BE IT RESOLVED** by the Rock County Board of Supervisors assembled this  
18 \_\_\_\_\_ day of \_\_\_\_\_ 2018, that the Rock County Sheriff is authorized to accept funds under the  
19 Highway Safety Grant and,

20 **BE IT FURTHER RESOLVED**, that the 2018 budget be amended as follows:

23	<b>Account Description</b>	<b>Budget at</b>	<b>Amount</b>	<b>Amended</b>
24	<b><u>Account Number</u></b>	<b><u>10/01/18</u></b>	<b><u>Incr (Decr)</u></b>	<b><u>Budget</u></b>
25	<b><u>Source of Funds</u></b>			
26	Federal Aid			
27	21-2120-2019-42100	\$0	\$70,000	\$70,000
28				
29	<b><u>Use of Funds</u></b>			
30	Overtime Wages			
31	21-2120-2019-61210	\$0	\$45,000	\$45,000
32				
33	Aid to Localities			
34	21-2120-2019-69501	\$0	\$25,000	\$25,000
35				

Respectfully submitted,

PUBLIC SAFETY AND JUSTICE COMMITTEE

FINANCE COMMITTEE ENDORSEMENT

\_\_\_\_\_  
Mary Beaver, Chair

Reviewed and approved on a vote of \_\_\_\_\_

\_\_\_\_\_  
Terry Fell

\_\_\_\_\_  
Mary Mawhinney, Chair                      Date

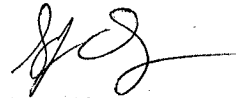
\_\_\_\_\_  
Kara Hawes

\_\_\_\_\_  
Brian Knudson

\_\_\_\_\_  
Phillip Owens

FISCAL NOTE:

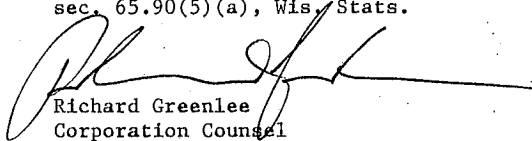
This resolution authorizes the acceptance and expenditure of \$70,000 in federal aid for the Highway Safety program. The 25% match will be fulfilled by in-kind services.



Sherry Oja  
Finance Director

LEGAL NOTE:

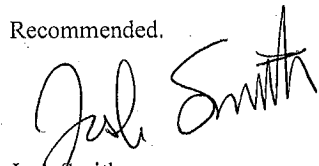
The County Board is authorized to accept grant funds pursuant to sec. 59.52(19), Wis. Stats. As an amendment to the adopted 2018 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wis. Stats.



Richard Greenlee  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Josh Smith  
County Administrator

## **Authorizing Acceptance of the Highway Safety Grant**

### **Executive Summary**

The Wisconsin Department of Transportation, Bureau of Transportation Safety, makes Federal Highway Safety funds available to local law enforcement agencies for various traffic safety programs. These funds are earmarked to allow law enforcement agencies to provide additional patrols directed at improving traffic safety by deploying seatbelt, speed, and alcohol enforcements. The Rock County Sheriff's Office is eligible to receive a grant of \$70,000 to participate in this program. Grant funds will be used for overtime wages and related benefits. This grant requires a local match of 25%. The match may be an in-kind match or a hard match.



RESOLUTION NO. \_\_\_\_\_

AGENDA NO. \_\_\_\_\_

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Finance Committee  
INITIATED BY



Amy Spoden, Asst. HR Director  
DRAFTED BY

Finance Committee  
SUBMITTED BY

November 6, 2018  
DATE DRAFTED

**APPROVING REINSURANCE CONTRACT FOR STOP-LOSS COVERAGE**

- 1 **WHEREAS**, Associated Risk and Benefits Consulting., Rock County's Insurance Consultant, solicited
- 2 proposals from Stop-loss carriers; and,
- 3
- 4 **WHEREAS** Anthem Stop Loss is the most competitive option for Stop-Loss coverage for Rock
- 5 County; and,
- 6
- 7 **WHEREAS**, Anthem Stop Loss has offered terms of a zero (0%) percent increase with our current
- 8 Stop-Loss retention level of \$175,000 for monthly premiums of \$30.45 per single plan and \$98.70 for a
- 9 family plan.
- 10
- 11 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors duly
- 12 assembled on this \_\_\_\_ day of \_\_\_\_\_, 2018 hereby authorizes the execution of a
- 13 contract with Anthem Stop Loss for administration of the County's Stop-Loss Coverage effective
- 14 January 1, 2019 thru December 31, 2019.

Respectfully Submitted,

FINANCE COMMITTEE

\_\_\_\_\_  
Mary Mawhinney, Chair

\_\_\_\_\_  
Mary Beaver, Vice Chair

\_\_\_\_\_  
Brent Fox

\_\_\_\_\_  
J. Russell Podzilni

\_\_\_\_\_  
Bob Yeomans

FISCAL NOTE:

Sufficient funds are available in the 2019 Budget for administering the County's self-insurance health plan and specific stop-loss coverage. Based upon the current census of 335 Single Plans and 852 Family Plans, the annual stop-loss premium would be \$1,131,518.00

\_\_\_\_\_  
Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action Pursuant to secs. 59.01, 59.51, and 59.52 (1)(c), Wis. Stats.

\_\_\_\_\_  
Richard Greenlee  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended

\_\_\_\_\_  
Josh Smith  
County Administrator

# **Anthem**<sup>®</sup>

## **STOP LOSS**

### **Medical Stop Loss Proposal For Rock County Janesville, WI**

Presented by  
**BenefitMall**

Sales Executive  
**Danny Dennis**

**SPECIFIC STOP LOSS BENEFIT**

		Option 1	Option 2	Option 3
Covered Benefits		Medical, Rx	Medical, Rx	Medical, Rx
Contract Basis		12/18	12/18	12/18
Annual Specific Deductible per Individual	\$	175,000	\$ 185,000	\$ 200,000
Maximum Annual Reimbursement		Unlimited	Unlimited	Unlimited
Maximum Lifetime Reimbursement		Unlimited	Unlimited	Unlimited
Quoted Rate Per Month	<u>Enrollment</u>			
Single	342 \$	30.45 \$	27.41 \$	25.27
Family	856 \$	98.70 \$	88.83 \$	81.92
Composite	1,198 \$	79.22 \$	71.30 \$	65.75
Estimated Annual Premium	\$	1,138,813	\$ 1,024,952	\$ 945,190
Quoted Rate(s) includes Commissions of		0.00%	0.00%	0.00%

**OVERALL COST SUMMARY**

		Option 1	Option 2	Option 3
Total Annual Fixed Costs	\$	1,138,813	\$ 1,024,952	\$ 945,190
Variable Costs	\$	0	\$	\$
Maximum Annual Liability	\$	1,138,813	\$ 1,024,952	\$ 945,190

The quote assumes an Anthem standalone quote.

This contract will be issued in Wisconsin.

The TPA is PBA

The Medical Network is The Alliance

We will require disclosure reports thru 09/30/2018 in order to finalize and determine any Individual Adjusted Deductible. We will require the following reports for Disclosure: 50% report (must include a unique identifier, primary diagnosis and paid amount), transplant list, pending/denied report and trigger report.

This quote assumes that the Pharmacy is not carved out to a separate PBM.

Proposed rates are payable by the invoice due date.

This proposal is based on the continuation of the current plan(s) of benefits.

This proposal is based on the continuation of the current enrollment distribution in the current medical plans.

The Effective Year Plan Document/SPD needs to be received within 45 days of the proposed effective date.

No Fully Insured Lives are covered.

Plan must have medical case management and utilization review.

All claims are reported/paid in U.S. dollars.

This proposal may be adjusted if the number of covered employees or the percentage of family participants change by more than 15%.

Any costs charged by the claim administrator for reports required to substantiate claims will be paid by the employer.

The state health care surcharge paid on claims incurred with certain providers in some states, may be eligible for reimbursement under the excess risk policy subject to terms of the policy provisions to the extent that such surcharges are included in the claims information provided to underwriting. Penalties or fines associated with the health care surcharge or the underlying expenses will not be considered eligible excess risk expenses.

The proposal is based on the data provided. Any changes to this data may allow us to modify the proposal.

We rely on the information provided to determine whether a proposal will be issued. The information provided shall become a part of the application for stop loss coverage. You are obligated to provide accurate information. If material errors or omissions are found after the quote is issued, we reserve the right to revise the quote in any manner or rescind the quote even if you were unaware of the material error or omission. Additionally, we reserve the right to rescind the proposal in its entirety based on our review of all the information submitted during the proposal process.

In addition to base commissions, certain writing agents and/or service providers may receive compensation related to factors such as overall sales of our products, the total premium sold through the writing agent/service providers, growth in the number of customers, and the retention of existing customers. Compensation and fees may also be paid to writing agents and/or service providers for administrative services in connection with our products. Please contact us if you would like additional details regarding this compensation and/or fees that may be payable on your account.

We will offer access to third-party managed and administered cost containment options that help control the financial risk associated with more intensive health care. These options may include but are not limited to: transplant networks, renal and dialysis management, claim negotiation, high risk pregnancy, premature infants and hemophilia. Cost containment services are managed and administered by independent third-party entities not affiliated with us. We do not warrant, guaranty, or make any representations or warranties whatsoever, express or implied, or assume any liability regarding the use or the results of the use of cost containment services including without limitation any financial results based on the use of the cost containment services or any information or any delay or loss of use of the cost containment services.

Advance Funding is included.

Renewal Rate Cap Endorsement guarantees your subsequent year's renewal will be capped at 50% and no new individual adjusted deductible will apply.

Retirees are covered but assumed Medicare is primary for retirees age 65 and older.

This proposal is firm thru 11/17/2018. If this proposal is not accepted by 11/17/2018 we will require updated claim reporting and rates / terms are subject to change.