

## City of Milwaukee Fiscal Impact Statement

	Date	7/14/20	11	File Number	110176		Original	Substitute	
Α		Authorize the Department of Employee Relations to enter a contract for an administrator for the City's Health Maintenance (HMO) type health insurance, Exculsive Provider Organization network (EPO) plan, following a Request for Proposal Process.						e City's Health an, following a	
В	Submitted	Submitted By (Name/Title/Dept./Ext.)			Michael Brady, Employee Benefits Director, Department of Employee Relations, 2317				
	This File		Increases or decrease	es previously au	thorized expendi	tures.	-		
		☐ Suspends expenditure authority.							
		☐ Increases or decreases city services.							
		Authorizes a department to administer a program affecting the city's fiscal liability.							
С	☐ Increases or decreases revenue.								
		Requests an amendment to the salary or positions ordinance.							
		<ul><li>Authorizes borrowing and related debt service.</li><li>Authorizes contingent borrowing (authority only).</li></ul>							
		Authorizes the expenditure of funds not authorized in adopted City Budget.							
	Charge To		Department Account			Contingent Fu	nd		
D			Capital Projects Fund			Special Purpos	se Account	s	
			Debt Service			Grant & Aid Ad			
			Other (Specify)						

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$0.00	\$0.00
		\$0.00	\$0.00
Supplies/Materials		\$0.00	\$0.00
		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
		\$0.00	\$0.00
Services		\$0.00	\$0.00
		\$0.00	\$0.00
Other	0001 1654 S140 006100	\$97,750,000.00	\$0.00
		\$0.00	\$0.00
TOTALS		\$97,750,000.00	\$ 0.00

F	Assumptions used in arriving at fiscal estimate.						
G	For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.    1-3 Years						
Н	List any costs not included in Sections D and E above.						
1	Additional information. This is a revised from the budget request.						
J	This Note						