



City of Milwaukee Fiscal Impact Statement

A **Date** 4/10/2014 **File Number** 131672 **Original** **Substitute**

Subject Substitute resolution approving an agreement between the City of Milwaukee and Froedtert Health, Inc. for services related to the City's wellness program.

B **Submitted By (Name/Title/Dept./Ext.)** Michael Brady, Employee Benefits Director, DER, 2317

C **This File**

- Increases or decreases previously authorized expenditures.
- Suspends expenditure authority.
- Increases or decreases city services.
- Authorizes a department to administer a program affecting the city's fiscal liability.
- Increases or decreases revenue.
- Requests an amendment to the salary or positions ordinance.
- Authorizes borrowing and related debt service.
- Authorizes contingent borrowing (authority only).
- Authorizes the expenditure of funds not authorized in adopted City Budget.

D **Charge To**

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify) _____
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

	Purpose	Specify Type/Use	Expenditure	Revenue
E	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	Wellness Program	\$1,700,000.00	\$0.00
		Healthy Rewards	\$900,000.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$2,600,000.00	\$ 0.00

F

Contract is for period April 1, 2014 through March 31, 2015, includes \$180 per year health advocacy fee times 7000 participants (\$1.2M), and \$75 one time Health Risk Assessment fee times 7000 participants (\$500,000). Tobacco Education fee of \$40 per member for 100 members (\$4,000). The funds are part of the DER 2014 budget.

The Healthy Rewards program provides a one time \$150 contribution to an employee Health Reimbursement Account (HRA) and assumes participation of 6000 persons (\$900,000) using 2014 DER budgeted funds.

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 3-5 Years

1-3 Years 3-5 Years

1-3 Years 3-5 Years

H

List any costs not included in Sections D and E above. _____

I

Additional information. _____

J

This Note Was requested by committee chair.