



City of Milwaukee Fiscal Impact Statement

A

Date 7/10/2014 File Number 1400073 ☒ Original ☐ Substitute
Subject Resolution authorizing a two year contract for prescription benefit manager with option to extend for one year

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

E

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		\$29,000,000	\$0.00
		\$0.00	\$0.00
Other		\$0.00	\$0.00
		\$0.00	\$0.00
TOTALS		\$ 0.00	\$ 0.00

F**Assumptions used in arriving at fiscal estimate.**

Contract will be reviewed by City Attorney with final costs included as part of special purpose account for health benefits in 2015 and 2016

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** \$29,000,000 each year☐ **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.**