

MILWAUKEE COUNTY RFP RESPONSES

<p>1.0.1</p>	<p>Provide a brief history and profile of Respondent, including size, volume of business, locations, number of years in business, former names. Provide a brief overview of Respondent's organization and address the organizational strength and stability of Respondent.</p>	<p>OVERVIEW WTW (NASDAQ: WTW) is a leading global advisory, broking and solutions company that helps clients around the world turn risk into a path for growth. With roots dating to 1828, WTW has 45,000 employees serving more than 140 countries and markets. For a list of our global office locations, see https://www.wtwco.com/en-US/About-Us/office-locations.</p> <p>A BRIEF HISTORY OF WTW</p> <ul style="list-style-type: none"> • 1828 - The company that became Henry Willis & Co., a U.K.-based insurance brokerage, is founded. • 1865 - Predecessor firm Fackler & Co. is founded in New York. • 1878 - R. Watson & Sons, the world's oldest actuarial firm, is founded in the U.K. • 1934 - Towers, Perrin, Forster & Crosby is founded in Philadelphia. • 1943 - The Wyatt Company is founded in Washington, D.C. • 2010 - In a merger of equals, Towers Perrin and Watson Wyatt combine to form Towers Watson. • 2016 - Willis Group and Towers Watson merge to become Willis Towers Watson. <p>ORGANIZATION Our operations are organized along three lines, overseen by the CEO and a board of directors. Willis Towers Watson plc is the parent corporation for several wholly owned subsidiaries, including Willis Towers Watson Midwest, Inc., dba WTW, which is the proposing entity for this work.</p> <p>FINANCIAL STABILITY WTW is a profitable company, formed by the merger of two long-established organizations. Our credit ratings are as follows:</p> <ul style="list-style-type: none"> • Moody's Investors Service: Baa3/positive • Standard & Poor's (S&P): BBB/positive <p>For further evidence of our financial stability and other financial details about our company, including annual reports, please see the Investor Relations section of our corporate website at http://investors.wtwco.com.</p>
<p>1.0.2</p>	<p>Describe Respondent's core competencies and business approach. Indicate what differentiates Respondent from competitors and how Respondent is uniquely</p>	<p>WTW is an integrated advisory, broking and solutions company organized around two business segments designed to meet your risk, people and capital needs. Our client value proposition enables our clients to turn managing risk and people into a path for growth. We use our breakthrough insights and deep capabilities to create exceptional client experiences rooted in trust. Our core competencies within our Health and Benefits business include:</p> <ul style="list-style-type: none"> • Brokerage, insurance placement, plan and financial management • Vendor selection and management

<p>situated to meet the Scope of Work outlined in this RFP. Include subcontractors if applicable.</p>	<ul style="list-style-type: none"> • Wellbeing and population health • Analytics and compliance • Health and benefit strategy • Research, surveys and benchmarking • Benefit technology <p>At WTW, we value our client partnerships, and we have worked to establish ourselves as a true extension of your internal team. We have a unique perspective, as we keenly understand your organizational background, but we are not tied to any preconceived notions about what your health and welfare benefits should look like in the future. We listen to what you have to say, and we take that information and do the research and analysis necessary to present Milwaukee County with actionable recommendations.</p> <p>WTW is well-positioned to continue our work with Milwaukee County. Our unique differentiators include:</p> <ul style="list-style-type: none"> • Our experienced team: We have proposed a strong health and benefits consulting team that includes experts in all aspects of healthcare consulting. With your proposed WTW team, Milwaukee County will have immediate access to world-class consulting and intellectual capital. • Our data analytics capabilities: WTW provides Milwaukee County with benchmarking, analytical research and data to assist with both the strategic work and the implementation of your ongoing strategy. Our industry-leading tools and technical expertise — including our extensive data, in-depth research and powerful modeling tools — combined with the spectrum of management consulting capabilities within our company, enable our team to address virtually any issue Milwaukee County might encounter. WTW actuaries provide your team with the facts needed to make informed decisions as they pertain to disease management strategies (e.g., diabetes), population management strategies and more. • Our proactive approach: Your team will continue to constantly look for ways to enhance your experience. Our aim is to remove work from our partners' desks through the innovative solutions detailed throughout our proposal. We also seek to engage and educate through different communication mediums. • Our scale and leverage: With approximately 2,000 healthcare consultants in North America and one of the largest clinical and pharmacy resources in our industry, we typically represent a significant percent of major insurance carriers' and national health plans' books of business. We use this leverage to drive the best deals — financial, service and guarantees — for our clients. • Our innovation and creativity: WTW is the industry leader in developing innovative client solutions. In the rapidly evolving healthcare benefit landscape, Milwaukee County can leverage our creative capabilities to ensure you are taking advantage of the latest strategies and techniques to develop solutions that address your unique needs. • Our high-value solutions: With WTW, Milwaukee County has access to high-value solutions, such as our Rx Collaborative and Stop Loss Collaborative offerings, as well as access to our digital health engagement partner, Castlight Health. These solutions can help Milwaukee County achieve
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MILWAUKEE COUNTY RFP RESPONSES

		<p>immediate savings.</p> <p>We do not anticipate using subcontractors for any of the work outlined in the scope of services for this engagement.</p>
1.0.3	<p>Did Respondent fail to complete any work awarded in an RFP process within the past ten (10) years? If yes, explain when and the circumstances.</p>	<p>No. WTW has not failed to complete any work awarded within the past ten years. Our Milwaukee office Health and Benefits business has a client retention rate of 94%. We are dedicated to ensuring our clients are satisfied with the level of service we provide. To evaluate, maintain and continuously enhance our services, WTW established a Client Advisory Council in 2009. We also deploy annual client satisfaction surveys.</p>
1.0.4	<p>Have there been any judgments, claims, mediation/arbitration proceedings, and/or lawsuits against Respondent or its officers pertaining to its services, in the past five (5) years and/or any such claims that are outstanding? If yes, explain the nature, status, and the outcome of the matter(s). Has Respondent received any legal demand letter from clients in the past five (5) years? If yes, explain the nature, status, and outcome of the matter(s).</p>	<p>Our local Milwaukee office that will provide services to Milwaukee County has no current judgements or liens against it. As a global entity, WTW and its subsidiaries and affiliates have been named as defendants in various legal proceedings and investigations arising in the ordinary course of business. None of these legal proceedings or investigations is expected to have a material adverse impact on WTW's financial condition or our ability to perform the services proposed for Milwaukee County. Current information concerning specific investigations involving WTW may be found under the heading "Risk Factors" and in the footnotes to the financial statements in our company's SEC filings, available on the SEC's website and the Investor Relations section of our company website at http://investors.wtwco.com/.</p>
1.0.5	<p>If you have been disqualified from or removed from government service on any contract or bid because of breach of contract on your part, for</p>	<p>None.</p>

MILWAUKEE COUNTY RFP RESPONSES

	<p>your criminal or fraudulent activity, or due to your ethics violations in the last three (3) years, state the dollar value of the agreement, the reason for disqualification or removal, and the government agency that held the contract. If you have not been disqualified or removed from a government contract or bid in the last three (3) years, state "None".</p>	
<p>1.0.6</p>	<p>Provide a minimum of three references (name, organization, phone number and email address) from existing or past clients for whom the Respondent has provided a substantially similar service.</p>	<p>WTW customizes our client teams to fulfill our clients' unique objectives. We selected Milwaukee County's specific team members for their relevant experience and depth of knowledge. The client references we provided below have been chosen for their familiarity with our team for Milwaukee County.</p> <p>WEC Energy Group Mary Connis +1 920 433 1867 Email: Mary.Connis@wecenergygroup.com</p> <p>Robert W. Baird & Company, Inc. Lisa Mrozinski +1 414 298 5927 Email: lmrozinski@rwbaird.com</p> <p>Collier County Government Jeff Walker CPCU, ARM +1 239 252 8906 Email: Jeff.Walker@colliercountyfl.gov</p> <p>District School Board of Collier County Jane Knoble-Manalich +1 239 377 0355 Email: knoblj@collierschools.com</p>

<p>1.0.7</p>	<p>Describe your organization's understanding of racial equity programs and explain how your Proposal will advance Milwaukee County's mission of achieving racial equity in the County.</p>	<p>Our vision and priorities articulate what it means to be a colleague or client of WTW — and they differentiate us from our competitors. To deliver on these commitments, we endeavor to be the best company we can be, for the benefit of all of our stakeholders.</p> <p>Inclusion and diversity (I&D) have a direct impact on our ability to bring our vision to life. An inclusive culture — one that embraces diverse backgrounds, ideas, perspectives and voices — is critical to our ongoing, collective success. Teams of people representing diverse cohorts who actively contribute as part of an inclusive culture deliver stronger business outcomes, better operational results, greater product innovation and more successful financial results.</p> <p>OUR I&D COMMITMENTS AND GOALS</p> <p>At WTW, we believe that diversity makes us stronger. We want the makeup of our workforce to reflect the different and varied communities in which we work and live. We strive to build a culture of inclusivity where all of our colleagues can bring their best selves to work every day, feeling welcomed and valued. It is important that all WTW colleagues thrive and develop regardless of their gender, gender identity, ethnicity, age, sexual orientation, disability or any other dimension that can be used to differentiate people from one another. Our people drive our success and make our company special. Our commitment to I&D is woven into our values and the fabric of our everyday life.</p> <p>We have companywide I&D priorities, agreed to by our Global Leadership Team, that support the success of WTW. A key underlying theme of these priorities is a sharpened focus on underrepresented talent and a commitment to increase overall diversity in leadership levels across the company.</p> <p>In North America, in addition to our two global networks, we have a well-established Multicultural Inclusion Network educating on differences in race, ethnicity, religion, language and culture. In 2019, we launched COBALT (Creating Opportunities for Black, African American, Latinx Talent) to challenge the status quo and increase the recruitment, retention and development of African American, Black and Latinx talent in the U.S. This is a three-year pilot in Atlanta, Chicago, Dallas and New York City. In 2020, under the umbrella of our Multicultural Inclusion Network we created the Black Colleague Connection network for Black and African American colleagues to connect, support, network and provide visibility.</p> <p>Respect is a core value of WTW. We listen to and learn from each other. We support and celebrate diversity and foster an inclusive culture. As part of our I&D efforts to create a work environment where colleagues can bring their whole selves to work, in 2020, our Global Leadership Team committed to take substantive actions in three key areas to complement our overall global I&D priorities:</p> <ul style="list-style-type: none"> • Update our key talent processes, programs and policies to continuously improve the talent experience for African American and Black colleagues, and other minority ethnic groups • Increase cultural awareness to race within WTW
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MILWAUKEE COUNTY RFP RESPONSES

		<ul style="list-style-type: none"> Train leaders and supervisors to continue to be more effective in building, managing, engaging and developing racially diverse teams <p>We're strengthening connections with organizations such as the International Association of Black Actuaries, the Organization of Latino Actuaries, the Posse Foundation and the All-Stars Project, providing scholarships and internship opportunities for young people of color. We recently made a significant donation to the Posse Foundation and actively participate in scholar selection, coaching and internships. In addition, the company matches monetary donations which colleagues make personally to charitable organizations such as Black Lives Matter Global Network and other agencies focused on I&D. We know that the needs around racial equity vary around the world. As such, our geography-specific leadership teams and Inclusion and Diversity Councils are working together to identify and implement actions to address local needs.</p>
1.0.8	Does your organization have a Supplier Diversity Program? If so, please provide documentation in the Additional Information Section.	Yes. WTW aims to foster the productivity and economic growth of diverse businesses. In pursuit of this goal, WTW provides fair and equal procurement opportunities for all competitive suppliers and vendors. By embracing supplier diversity as a value-added strategy, we expand our business and obtain quality products and services while ensuring that our suppliers adequately meet the needs of our client base. We strive to promote inclusion in our procurement efforts because we understand that it makes good business sense for our clients, our shareholders and the communities in which we operate.
1.0.9	Is your firm a certified disadvantaged business? If yes, are you currently registered as a Targeted Business Enterprise through Milwaukee County? Please provide certification documents in the Additional Information section.	WTW is a publicly held company (NASDAQ: WTW) and is not designated as a small, disadvantaged or woman-owned business as defined by the Small Business Administration. While not a minority- or woman-owned company, it is the intent of WTW to foster the productivity and economic growth of diverse businesses. Please see our response to Question 1.0.8 for more details.
2.0.1	Describe Respondent's certifications or licenses as they pertain to the Scope of Work.	WTW has brokerage licenses and delivers consulting services in all 50 states, as well as more than 140 countries. All WTW Health and Benefits colleagues are fully licensed in insurance, which requires 24 credit hours of continuing education credits every two years for renewal. Many WTW Health and Benefits colleagues have received additional professional credentials (such as the CEBS designation) that require ongoing continuing education to retain status.
2.0.2	Summarize Respondent's experience providing	WTW currently provides health and benefits consulting services for over 200 public sector clients throughout the U.S. Our ability to serve public sector clients is evidenced by the longevity of our

MILWAUKEE COUNTY RFP RESPONSES

	<p>employee benefits brokerage and advisory services and experience working with a public sector client similar in size to Milwaukee County.</p>	<p>relationships with our references provided in our response to Question 1.0.6. Our public entity clients want solutions that balance the often-conflicting needs of bargaining groups, management, boards and taxpayers. We bring the right mix of strategic planning to uncover areas of opportunity and deliver measurable results to all stakeholders.</p> <p>We draw on many years of diverse experience working with public entity clients on the design and ongoing management of benefit programs. We know that every entity is unique, and we listen carefully to clearly understand Milwaukee County's challenges.</p>
<p>2.0.3</p>	<p>Describe Respondent's experience and expertise with the local Milwaukee area employee benefits market.</p>	<p>WTW has been a leader in employee benefits in the local Milwaukee area for more than seven decades. We work with many of the large local companies and many mid-to-small sized local employers. We are the third largest employee benefit broker in the state as reported by the Milwaukee Business Journal in 2021. The size of WTW's Health and Benefits business in the state creates significant leverage in the vendor marketplace. For example, we:</p> <ul style="list-style-type: none"> • Hold a top-three position with all major medical carriers and have similar leverage with major ancillary carriers • Maintain senior-level relationships with all major health plans and insurers and meet regularly with Anthem and UnitedHealthcare's local leaders and CEOs as well as national health plan leaders annually to learn about their strategic direction and business plans for the coming year • Have an established process to monitor and analyze marketplace developments • Maintain local-market contact with the major vendors across businesses, including one-on-one meetings and "lunch and learns" to learn about vendor developments and to express any concerns with services or products to the local-market leaders <p>WTW is unique in the industry with a locally driven, nationally directed Placement practice dedicated to producing the best terms, conditions and financial arrangements for clients. Our team has an intimate understanding of local market trends and is highly experienced in negotiations. We will leverage our broad and deep vendor relationships to broker the best-possible financial arrangements for Milwaukee County.</p>
<p>2.0.4</p>	<p>Confirm that Respondent has the resources and expertise to provide support services in the areas of employee benefits compliance and actuarial analysis.</p>	<p>WTW's Health and Benefits Employee Benefits Compliance team has extensive expertise in navigating federal health and welfare laws. This team partners with client teams to provide guidance on benefit plan compliance and administration and is able to partner directly with clients and their legal counsel to identify potential risks and gaps to achieve compliance with applicable law and regulations, as well as industry best practices.</p> <p>WTW is one of the largest employers of actuaries in North America and across the globe. With nearly 200 health actuaries, our Health and Benefits business leverages deep expertise, research, tools and innovative solutions that are based on a strong, established actuarial foundation. As a client of WTW, you and your team have access to our tools and research at no additional cost to support your annual plan management and financial needs.</p> <p>WTW's actuarial tools and resources include:</p> <ul style="list-style-type: none"> • Historical claims and enrollment experience, plan and program design

		<ul style="list-style-type: none"> • Leading-edge research on high-impact health policy topics • Best-in-class analytic tools and models: <ul style="list-style-type: none"> – NetRPM network discount database – HealthMAPS actuarial rating software – Incurred but not reported (IBNR) modeling – Pricing and underwriting tools – RxView drug benefit modeling tool – WTW's proprietary Healthcare Reform Impact Modeler – Account-based health plan pricing model – Data warehouse analytics <p>WTW's core actuarial products and services include:</p> <ul style="list-style-type: none"> • Health plan network analysis • Financial modeling: <ul style="list-style-type: none"> – Multiyear projections – Plan and program design modeling – Annual budget projections • Healthcare reform modeling • Monthly experience reporting • Wellbeing dashboard • COBRA rates • Accrual funding and rating • IBNR reserves • Budget reconciliations • Compliance updates • Evaluation of regulatory changes on plans <p>Noncore projects that might require an additional scope and fees include:</p> <ul style="list-style-type: none"> • Actuarial certification of IBNR reserves • Development of actuarial liabilities to support the valuation of retiree welfare or other post-employment benefits (OPEB) valuation • Customized health plan network analysis (e.g., more detail by specific ZIP code or specific carrier network not included in our core model) • Program review and recommendation from the lead actuary of Health and Benefits North America
2.0.5	Are you an employee benefits provider?	No. WTW is not an employee benefits provider. WTW is an independent and objective consulting company that is not affiliated with any insurance company, pharmacy benefit manager, third party or administration agency (other than the captive insurance company that provides our company's own professional liability insurance). As a major broker, we have the ability to deliver the requisite expertise, market knowledge and influence to maximize our clients' investments in their benefit programs, as well as

MILWAUKEE COUNTY RFP RESPONSES

		optimize the local employee experience through our understanding of the benefits and satisfactory vendor performance.
2.0.6	Confirm that Respondent agrees to enter into a Contract directly with the County and will be wholly responsible for contracting with any subcontracted vendors.	Confirmed.
3.0.1	How does your firm review existing group health plan design and recommend options whereby plan design might be adjusted to enhance benefit goals, promote economy, and assure best value?	<p>WTW's process for evaluating plan design changes are as follows:</p> <ul style="list-style-type: none"> • Step 1: Benchmark plan offerings against WTW surveys • Step 2: Determine plan design opportunities based on comparison • Step 3: Determine cost impact of making plan design changes • Step 4: Confirm that plan design changes are an option • Step 5: Recommend plan design changes for consideration • Step 6: Finalize the plan design changes with the client • Step 7: Communicate changes to carriers to update SPDs and systems • Step 8: Confirm changes were made after the effective date <p>With this proven method, WTW consultants recommend plan design changes based on benchmarking data from our proprietary surveys. We use HealthMAPS to determine the actuarial value of making a proposed change. For fully insured plans, we then compare that value with the carrier decrement. Because carrier decrements are often understated, HealthMAPS results give us the ability to negotiate on the client's behalf. Once plan design changes are finalized, we communicate and implement the change with the carrier. (For fully insured clients, we confirm the changes are filed with the state.)</p> <p>WTW will evaluate and benchmark key nonmedical plan provisions using our proprietary databases, and we will provide prevalence data for key plan provisions. We rely on the following benchmarking and actuarial tools to gain insight into potential plan design changes:</p> <ul style="list-style-type: none"> • Our Benefits Data Source (BDS) database is a computerized library for the storage and retrieval of benefit plan information. This comprehensive database captures details about the benefits offered to newly hired employees of the world's leading organizations. • Our Healthcare Financial Benchmarks Survey uses detailed medical and dental cost, enrollment and plan design data from our clients to determine the efficiency and value of plan options and associated administrative fees. The efficiency analysis applies adjustments for demographic, design and geographic variation to evaluate your medical program against our database on an

		<p>apples-to-apples basis. Our 2021 survey includes more than 1,800 employers in 18 consolidated industry groups, with 12 million employees represented.</p> <ul style="list-style-type: none"> • HealthMAPS includes rating manuals and software for medical, dental, Medicare supplement, prescription drugs, state-mandated benefits, specific stop loss and aggregate stop loss. The rating manuals and software enable our actuaries to produce premium rates by type of coverage for specific benefit configurations. For our self-insured employers, we use HealthMAPS to estimate the impact of a change in plan provisions or other components of the benefit program, such as demographic shift or network arrangement. <p>To supplement these data, we will share with you trends and best practice information from our experience working with similar organizations. We have extensive knowledge of marketplace developments in all of the programs noted. We will compare key features of your plan designs with our understanding of best practices.</p>
3.0.2	Provide two examples of where you performed this service in the past and the specific types of changes/amendments you recommended.	<p>EXAMPLE 1:</p> <p>The Challenge</p> <ul style="list-style-type: none"> • Client focused on predictable out-of-pocket costs for members at point of service and offered three preferred provider organization copay plans with a single carrier • No choice in plan options for dental and vision, and no voluntary benefits • Wanted to provide a consumer-grade enrollment experience while offering more choice and personalization for employees • Sought to save on escalating healthcare costs and drive employee engagement <p>Our Approach</p> <ul style="list-style-type: none"> • Moved to WTW's integrated benefits delivery solution in 2019 • Implemented a range of choices to best meet employees' life needs and minimize total out-of-pocket costs • Offered five medical plan options and additional plan choices for dental, vision and voluntary benefits • Introduced competition by expanding to three national carriers, while keeping its regional health maintenance organizations (HMOs) • Partnered with client team to provide comprehensive benefits consulting and communication support to ease the burden required of the client's HR team <p>The Results</p> <ul style="list-style-type: none"> • Successful implementation and more efficient service delivery • Enhanced employee experience and engagement (97% of employees said the information and tools on the site were easy to use, and 96% said the information and tools satisfied their needs.) • Achieved savings of 20% of plan costs primarily through carrier competition, the Rx Collaborative and care management

		<ul style="list-style-type: none"> • Savings provided the funds necessary to reduce employee premiums and gave them an option to seed accounts — health reimbursement arrangement (HRA) and health savings account (HSA) • Year-round education and engagement strategy rolled out, including new benefits microsite <p>EXAMPLE 2: The Challenge</p> <ul style="list-style-type: none"> • Large, complex national employer with workforce distributed over all 50 states • Evolving healthcare strategy to promote high-quality care to improve clinical and financial outcomes, and to remove complexities in plan design and barriers to care where possible <p>Our Approach</p> <ul style="list-style-type: none"> • Developed a multiyear strategy to manage total healthcare cost • Analyzed discount data, provider disruption, GeoAccess and administrative fees • Analyzed high-performing network structure, value-based contracting models and network breadth to select a vendor whose network strategy aligned with the company's goals <p>The Results</p> <ul style="list-style-type: none"> • Implementation of medical plan design changes to simplify plans • Phased approach to local networks and more narrow networks • Implementation of a new enhanced navigation model combining expert second opinion services and healthcare support advocacy • Resulted in initial savings of \$30 million in year one, with additional potential savings as a result of high-performance networks in future years
3.0.3	<p>How do you help organizations assess the risk of self-insurance and protect the organization from unanticipated volatility in claims? How do you improve the quality of decision-making relative to self-insured health plans and other benefit programs that might be self-insured?</p>	<p>WTW has extensive experience with different types of funding, including fully insured and self-funded plans. These funding arrangements generally fall into three categories:</p> <ul style="list-style-type: none"> • Conventionally (fully) insured • Self-insured (with or without stop loss protection) • Hybrid arrangement (minimum premium) <p>There is no right funding arrangement. We will work with you to determine what the optimal approach is to achieve your goals and objectives. WTW will help you identify an approach that balances cost, cash flow and flexibility, in addition to risk tolerance and administration.</p> <p>Risk tolerance relates to the degree that an organization chooses to accept the financial responsibility for the cost of its benefits promise and the ability to handle fluctuations in its month-to-month benefit cost as part of the overall financial situation. Minimum premium arrangements or stop loss insurance can help limit the risk. Administration can be more complex for self-insured plans, which require determining stop loss insurance and IBNR reserve levels.</p> <p>WTW's approach is to first help our clients understand the positive and negative implications of the financing arrangements under consideration. Using some of the financial forecasting tools described in our proposal, we then develop a comparison of the expected annual cost of each approach. This is followed by illustrations of likely cash-flow implications for the various arrangements. The final step is to provide</p>

MILWAUKEE COUNTY RFP RESPONSES

		<p>potential solutions to accounting issues, such as the variance of actual to accrued costs and how to establish a claim reserve, if applicable.</p> <p>Regardless, we review client claims experience and develop data-driven strategies that maximize cost efficiencies and propel employee engagement and satisfaction. We have the expertise to help our clients effectively budget for their healthcare programs by adjusting their claims experience for such factors as:</p> <ul style="list-style-type: none"> • The price of healthcare services • The innovation and adoption of new treatments and technologies • Payment reform and network innovations • Aging and other demographic characteristics • Changes in program design <p>In a fully insured environment, state mandates become more of a focus, as do vendor negotiations.</p>
<p>3.0.4</p>	<p>What processes do you utilize to help clients assess whether they should purchase stop loss and if so at what level.</p>	<p>WTW uses clinical and stochastic modeling to forecast the expected cost of the plans, distributions of large claims and expected variance regarding the rates set for the plan. This is important to Milwaukee County for several reasons. First, it assists in analyzing the appropriateness of purchasing stop loss on an ongoing basis and, if purchased, determining the appropriate retention levels for specific stop loss. The expected variance from the forecasted claims value is important, as it allows Milwaukee County to quantify the risk you assume by self-funding. WTW models multiple confidence intervals (e.g., 70%, 90% and 99%), which allow Milwaukee County to understand how variable claims might be due to catastrophic events or trend variance. This helps Milwaukee County determine which additional contingency reserves you might wish to hold, if appropriate and allowed under budget policy.</p> <p>In addition to clinical and stochastic modeling, WTW maintains a database that contains loss distributions for large claimants. This allows us to model expected loss frequencies and distribution, which also aids in setting the appropriate retention levels and assessing risk.</p> <p>A team of stop loss actuaries and marketplace experts at WTW has designed the most efficient stop loss program for our clients. Our Stop Loss Collaborative — with six prequalified stop loss carriers and two sets of program offerings to address client needs — arranges for better-than-market contract terms and pricing advantages. The program has over 420 clients and \$500 million in annual stop loss premiums. In addition to more competitive rates, clients participating in the program enjoy better contract terms, such as:</p> <ul style="list-style-type: none"> • No lasering: Partner vendors are required to offer a renewal without lasering (i.e., the practice of setting higher coverage attachment points for certain plan members based on their prior claims experience or the likelihood that they will become high-cost claimants in the future). Vendors may offer a renewal alternative with lasering and lower rates. • Overrides available as a consulting credit: Overrides are payments from our partner insurers (provided at no additional cost). If our clients choose to authorize them, they can be used to offset WTW’s consulting fees, furthering the value of the program to the client.

MILWAUKEE COUNTY RFP RESPONSES

		<ul style="list-style-type: none"> • Technical knowledge about the industry: Our team has extensive knowledge and experience with stop loss insurance and can provide guidance on appropriate retention levels based on Milwaukee County’s risk philosophy. • Experience refunds: Experience refunds are available if actual claims emerge below an established target; methodologies vary by partner carrier.
3.0.5	<p>Does your firm have the ability to evaluate provider discounts and disruption, and do you receive these highly confidential and proprietary discounts directly certified by the insurance carriers’ actuaries? If not, how do you compare provider discounts?</p>	<p>Yes. WTW is one of a few companies capable of evaluating managed-care discount levels across all major health plans and many strong regionals. NetRPM compares actual, full-year carrier network discount data, enabling us to assess market strengths by vendor and establish discount guarantee parameters. It contains vendor-negotiated medical discounts for select health plan vendors. Specific discount metrics are verified by senior actuaries at each participating vendor. This tool is continually updated to be able to evaluate different contracting strategies.</p>
3.0.6	<p>How do you propose to assist the County in planning for upcoming renewals and future benefits needs?</p>	<p>RENEWAL PROCESS WTW initiates renewal negotiations with each plan administrator far in advance of renewal dates, considering marketplace implementation of plan designs and eligibility feeds. In the renewal negotiation process, we leverage available resources, including utilization data, renewal projections, service experience, the WTW book of business and incumbent vendor feedback and suggestions into client plan designs. After completing the negotiations, we provide a thorough renewal analysis that is focused on the financial impact to Milwaukee County, contribution strategies and specific contract renewal recommendations. If renewal terms are anticipated to be unacceptable, we initiate competitive marketing to secure alternative solutions. Rather than simply react to a carrier’s renewal, we:</p> <ul style="list-style-type: none"> • Proactively track the financial performance of each experience-rated and self-funded program • Project the renewal independently, well in advance of actually receiving it from the carrier • Routinely meet to discuss the impact of the expected renewals on Milwaukee County and your workforce and how the marketplace’s functionality can help mitigate the anticipated impact • Use industry-specific benchmarking data to make recommendations — including the associated price impacts — for changes in design, pharmacy, contributions or care management <p>When the renewal is provided, we dissect every feature, including:</p> <ul style="list-style-type: none"> • Trend • Expenses • Large claim status and appropriate pooling or stop loss

		<ul style="list-style-type: none"> • Margin • Other adjustments or factors <p>WTW responds with our own renewal on behalf of Milwaukee County, with the intention of obtaining the most cost-effective structure for you. We often negotiate directly with the carrier underwriters. Our renewal negotiations are credible and produce successful outcomes. Whether the program is self-funded or fully insured, we control the renewal process by underwriting the programs ourselves and then negotiating with the carriers using our own projections of claims and fees.</p> <p>BROKERAGE AND ADVISORY EXCELLENCE MODEL Our Brokerage and Advisory Excellence Model drives the insurance placement work we perform for our clients. The Excellence process includes:</p> <ul style="list-style-type: none"> • Delivering high-quality work in a consistent and viable way for a positive client experience • Ensuring we understand the client’s wishes regarding its employee benefit program and plan components, as well as any specific direction about how the plan is to be marketed and to whom • Fully disclosing our marketing process, each carrier’s approach and each carrier’s response • Evaluating market security of each carrier's financial strength during marketing and placement procedures • Confirming renewal and marketing decisions in writing with both the client and each carrier <p>Excellence champions appointed within our Health and Benefits business conduct annual office reviews. Performed onsite, our champions use these reviews to monitor compliance and collect colleague feedback for continuous improvement.</p>
<p>3.0.7</p>	<p>Describe Respondent’s RFP process, including how you would engage with the County during the process. How does Respondent measure success of the RFP process? Include any specific KPIs.</p>	<p>RFP PROCESS WTW's structured procurement process has given us a track record of delivering cost savings and enhanced capabilities and services for our clients. We use our procurement process for administrative services or for any of the group benefit coverages that Milwaukee County may decide to market, including medical, dental, life, short-term and long-term disability.</p> <p>There are nine steps in our approach to conducting vendor bids. The essential elements of each step must be met to achieve a successful and well-supported vendor selection — and a lasting vendor relationship. Our approach includes:</p> <ul style="list-style-type: none"> • Step 1: Conduct planning meeting • Step 2: Develop and release RFP • Step 3: Respond to vendor questions • Step 4: Evaluate proposals • Step 5: Select finalists • Step 6: Hold finalist presentations • Step 7: Conduct final vendor follow-up

- Step 8: Make final vendor selection
- Step 9: Implement (WTW assistance optional)

Your WTW team identifies potential markets to serve your needs and assists with analysis of carrier networks to find those with adequate facilities where your employees reside. Vendors are also selected for service quality, funding options, claim processing standards and performance guarantees.

Your WTW team formulates an RFP based on your performance expectations, current census, experience, plan design data and a questionnaire to delineate and rank the critical objectives of the marketing effort. This process results in a quality RFP that helps you make informed choices. It also increases the likelihood of receiving competitive bids from qualified carriers who fully understand program expectations. WTW serves as the point of contact for the RFP. The team analyzes responses and checks for accuracy, program design, networks, risk-sharing arrangements, market competitiveness and claims processing.

Your WTW team identifies potential markets to serve your needs and assists with analysis of carrier networks to find those with adequate facilities where your employees reside. Vendors are also selected for service quality, funding options, claim processing standards and performance guarantees.

DISCOUNT AND PROVIDER DISRUPTION ANALYSIS

Network discounts and disruption analysis are at the heart of any RFP. The WTW financial consultants assigned to Milwaukee County are well versed in assessing network discounts and depth. In cooperation with major national healthcare vendors, our actuaries and consultants have created a standardized methodology for evaluating these vendors' network discounts.

To evaluate provider disruption, each vendor bidding on Milwaukee County's programs must complete a spreadsheet identifying each provider used as in or out of the vendor's proposed network(s). We then evaluate disruption based upon the percentage of network providers in each network, the number of claims in network and the claim dollars in network. We also obtain GeoAccess reports to evaluate the overall access to providers within a reasonable distance from the employees' homes. We also examine network depth to assess the choices of providers by specialty available.

WTW uses a proprietary tool called Network Relative Performance Metrics (NetRPM) to evaluate network discounts. NetRPM's database of historical claims information from participating vendors is summarized at the three-digit ZIP code level and broken out by benefit category. Using your claims by service, NetRPM compares each vendor's discounts to Milwaukee County, both in and out of network, to determine the potential savings or cost of changing networks. We also search for distinctive identifiers, such as performance guarantees, wellness budgets and unique tools and services.

Vendor responses are presented in a summary that highlights costs, benefit differences and service capabilities. Your WTW team will meet with you to review and identify vendors to select, or if desired, to bring in for a finalist meeting. These interviews are conducted jointly by Milwaukee County and your WTW team. This allows you to clarify any issues and to learn which vendor may be the best fit for your needs, objectives and corporate culture.

		<p>HEALTHCARE DELIVERY AND SCOUT Beyond discounts, carriers continue to evolve and refine their network offerings, particularly with respect to narrow and high-performing networks, accountable care organizations and joint ventures. There is an enhanced focus on quality, such as steerage to providers and centers of excellence (COEs) with a proven track record of higher quality clinical outcomes. To help clients navigate this emerging, complex landscape, WTW created Scout, an interactive network availability tool we will use to conduct a live working session with Milwaukee County. It maps your geographic and demographic footprint to all major carrier and network offerings to identify the best potential network solutions for your specific population. In each market, for each network, Scout captures supplemental qualitative data, including network breadth, major hospital exclusions and expected savings. We continue to expand its capabilities, with a focus on both COEs and third-party quality data. Scout and our expertise will support you in designing a sustainable healthcare delivery strategy that can drive better financial results for your healthcare budget and better clinical outcomes for your employees.</p> <p>PLAN TRANSITION AND IMPLEMENTATION Once a vendor is selected, we develop an implementation calendar and work with the vendor to ensure programs are implemented correctly and on time. To confirm commitments made during the proposal process, we review fees, plan designs, claim system setup, reporting structure and data requirements. In addition, we help complete the carrier application, review carrier takeover issues and ensure the eligibility file is transferred.</p>
3.0.8	Describe two successful RFPs you have managed on behalf of clients.	<p>We believe our clients' success can be measured in many ways. While some clients focus on recent market results and vendor performance, others focus on improvements in participation and utilization rates throughout the year. Client references are another measure of success. We will work with Milwaukee County to define appropriate success measures. Our ClientFirst satisfaction process (described in our response to Question 5.0.4) encourages us to spend time with our clients upfront to understand their goals and objectives and build customized solutions that meet their needs.</p> <p>Two examples of successful RFPs we have managed on behalf of our clients are provided below.</p> <p>EXAMPLE 1 WTW has worked with a large local financial services client for many years. The client had handled its short-term disability (STD) and family medical leave (FML) administration in house. Several years ago, the client decided to outsource those services to its life and long-term disability (LTD) carrier. After three bumpy years with its life/LTD carrier performing the STD/FML administration, the client asked WTW to bid out the coverages to find the best-in-class STD/FML administration carriers while still being financially competitive on the life and LTD coverages. WTW conducted a broad RFP and identified two finalists. Both finalists met with the client for a formal review meeting, and then the client and WTW team held site visits at both vendor offices. One was ultimately selected and implemented, with WTW managing the</p>

MILWAUKEE COUNTY RFP RESPONSES

		<p>implementation. We are now two years post-implementation, and the client is very pleased with the services provided by the new vendor.</p> <p>EXAMPLE 2 WTW has been working with a large healthcare organization since 2017. In 2021, its multiyear rate guarantee was up for renewal with the incumbent life/accidental death and dismemberment (AD&D) carrier, and WTW took the coverages out to bid. The client was generally pleased with its incumbent carrier but was looking to potentially make enhancements to the plan and increase coverage levels to be more in line with the peer group benchmarking. WTW bid the coverages and identified about \$800,000 in employer savings and about \$150,000 in employee savings. The client used the savings identified to dramatically improve its plan design for all associates and therefore achieve a huge win for its broader Total Rewards strategy with no additional costs.</p>
<p>3.0.9</p>	<p>Describe the support that Respondent provides in reviewing and negotiating benefit vendor contracts.</p>	<p>WTW provides support in reviewing group contracts, benefit summaries, plan documents, certificates and booklets. We work with our clients and their plan administrators to determine inadequate or missing plan documentation. Using detailed checklists, we routinely identify areas where contractual language disproportionately favors the carrier or vendor, and we work to negotiate more equitable terms. We also carefully review “right to audit” language to ensure our clients can thoroughly monitor their administrator’s performance.</p>
<p>4.0.1</p>	<p>Does your firm have the ability to perform actuarial analysis to measure the adequacy of group health plan funding levels and to propose rates? Does your firm have the ability to actuarially estimate the financial effect of proposed plan design changes? How do you approach developing estimates for plan design changes?</p>	<p>Yes. WTW approaches the health plan funding and rate-setting process as if Milwaukee County were running its own insurance company. WTW goes well beyond taking historical experience plus trend to set rates. Milwaukee County’s program must be operated on a sound actuarial basis so that, over the long run, contributions from the employer and employees are efficient to cover the cost of the program and protect it from normal statistical variations in cost as well as catastrophic events. To reach this goal, WTW deploys a variety of statistical tools, an in-depth understanding of the healthcare community within Milwaukee County and Wisconsin, as well as an understanding of emerging global factors that will drive future healthcare cost trends. WTW monitors the historical performance of the plan on an ongoing basis and deploys statistical tools and industry knowledge to measure risk and anticipated future changes in cost. We use this to set adequate future rates and help Milwaukee County understand the impact that expected statistical risk has on the ongoing financial health of the program. This ongoing rate setting and assessment occurs on the following levels:</p> <ul style="list-style-type: none"> • Financial dashboard: This is a process in which key indicators are identified on a cost and use perspective to monitor the ongoing performance of the program. This is the “rear-view mirror” method used to assess whether rates set in the past have been adequate to cover the cost of the program and either contribute to or reduce plan reserves. WTW assists Milwaukee County by completing a financial dashboard report monthly. • Setting the appropriate trend rate: The information from the cost-to-budget reporting is imported into the WTW regression modeler. This system allows WTW to assess historical trends. The

		<p>historical trend data unique to Milwaukee County is used in conjunction with industry trend expectations, modeled plan design changes and changes in employment levels to develop the appropriate trend assumptions for the upcoming fiscal and plan year. WTW also considers planned changes in provider payments, cost-containment initiatives, the state of the economy, changes in state and federal law and local knowledge to set an appropriate trend rate.</p> <ul style="list-style-type: none"> • Factoring in legislative changes: We consider both state and federal laws that may have a direct or indirect impact on cost forecasts. • Factoring in plan design changes: On an ongoing basis, Milwaukee County has considered changes in the design of your plans. WTW deploys a variety of tools to price plan design changes. For quick assessments, WTW has a proprietary system called HealthMaps. This system uses a variety of parameters to model the expected impact of plan design changes, which allows us to quickly and efficiently price them. • Volatility risk quantification: WTW uses clinical and stochastic modeling to forecast the expected cost of the plans, distributions of large claims and expected variance regarding the rates set for the plan. This is important to Milwaukee County for several reasons. First, it assists in analyzing the appropriateness of purchasing stop loss on an ongoing basis and, if purchased, determining the appropriate retention levels for specific stop loss. The expected variance from the forecasted claims value is important, as it allows Milwaukee County to quantify the risk you assume by self-funding. WTW models multiple confidence intervals (e.g., 70%, 90% and 99%), which allow Milwaukee County to understand how variable claims might be due to catastrophic events or trend variance. This helps Milwaukee County determine which additional contingency reserves you might wish to hold, if appropriate, and allowed under budget policy. <p>In addition to clinical and stochastic modeling, WTW maintains a database that contains loss distributions for large claimants. This allows us to model expected loss frequencies and distribution, which also aids in setting the appropriate retention levels and assessing risk.</p> <p>All of the above factors are incorporated into the final rates set for Milwaukee County. These rates are used for budget purposes and for setting rates for COBRA participants. However, plan design changes cannot be contemplated in a vacuum from market and employee pressures. As a result, and as part of the rate-setting process, WTW offers data from several proprietary surveys to assess potential employee reaction to plan changes. In short, statistics and actuarial science are vital to understanding costs and setting appropriate rates. However, such advice may be inappropriate if not deployed within the context of a solid understanding of market and employee pressures.</p>
4.0.2	Will you be utilizing in-house staff for the actuarial service component of the	Yes. We will utilize in-house staff for the actuarial component of our services to Milwaukee County. WTW is one of the largest employers of actuaries in North America and across the globe. With nearly 200 health actuaries, our Health and Benefits business leverages deep expertise, research, tools and innovative solutions that are based on a strong, established actuarial foundation. As a client of WTW, you and your

<p>services, or will you use an external firm? How many health and benefit actuaries does your firm employ on a full-time basis? Please provide the names of the actuaries who will be performing the actuarial component of the services.</p>	<p>team have access to our tools and research at no additional cost to support your annual plan management and financial needs. WTW will use our in-house staff for the actuarial service component.</p> <p>The local actuarial service team consists of John Pauly, ASA, MAAA. John has professional experience spanning more than 30 years that includes the development of dynamic financial models for managing lines of medical business, mitigating risks of large medical and legal claims, valuing reinsured blocks of medical business and managing pricing for new business, renewals and RFPs for a regional PBM.</p> <p>John is supported by Sheryl Henry, FSA, MAAA. Sheryl has more than 30 years of experience in pricing of medical, dental, disability and life products, reserving calculations, trend analysis and experience monitoring.</p> <p>WTW's actuarial tools and resources include:</p> <ul style="list-style-type: none"> • Historical claims and enrollment experience, plan and program design • Leading-edge research on high-impact health policy topics • Best-in-class analytic tools and models: <ul style="list-style-type: none"> – NetRPM network discount database – HealthMAPS actuarial rating software – IBNR modeling – Pricing and underwriting tools – RxView drug benefit modeling tool – WTW's proprietary Healthcare Reform Impact Modeler – Account-based health plan pricing model – Data warehouse analytics <p>WTW's core actuarial products and services include:</p> <ul style="list-style-type: none"> • Health plan network analysis • Financial modeling: <ul style="list-style-type: none"> – Multiyear projections – Plan and program design modeling – Annual budget projections • Healthcare reform modeling • Monthly experience reporting • Wellbeing dashboard • COBRA rates • Accrual funding and rating • IBNR reserves • Budget reconciliations • Compliance updates
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		<ul style="list-style-type: none"> • Evaluation of regulatory changes on plans • Actuarial certification of IBNR reserves • Customized health plan network analysis (e.g., more detail by specific ZIP code or specific carrier network not included in our core model)
4.0.3	<p>Can your firm perform predictive modeling? If so, please provide two examples of where you performed this service in the past and how it was used.</p>	<p>Yes. WTW uses predictive modeling within our comprehensive approach to evaluating employer health plan performance. We provide financial, utilization and clinical reporting to identify cost drivers. Our detailed approach positions clients to mitigate plan cost increases by identifying opportunities for savings — either directly or through cost avoidance.</p> <p>EXAMPLE 1: The Challenge A Fortune 500 organization was challenged by high turnover, market volatility and shifting industry. Its claims costs were increasing faster than the rate of sales, and employee engagement was directly impacting productivity.</p> <p>Our Approach</p> <ul style="list-style-type: none"> • Human-centered design (HCD) logic modeling and persona utilizations: Developed key company personas from data to better understand the population, assessed persona engagement opportunities by identifying current gaps or potential enhancements, leveraged all vendor partners to provide an HCD approach to population health and wellbeing, and revamped communications strategy to align with findings • Population health and wellbeing strategy developed: Assessed the current state of all employees through claims, learning and development, risk and employee feedback; overlaid profitability metrics by region and performance/stock price impact; developed goals with matching key performance indicators (KPIs) and business metrics based on current-state assessment and prioritization • Primary/secondary/tertiary sub-strategies: Developed and nested into the broader population health and wellbeing strategy by aligning programs and vendors with best-practice policies and solutions to support achievement of financial goals (Example of this was developing sub-strategies based on population health risk categories and conversion rate.) • Needs and wants approach: Identified the right incentives, the right programs and the right culture by understanding what humans want over what we think they might need to improve the overall health and wellbeing of employees and their families through the things that matter (e.g., philanthropy) • Measurement: Used best proactive logic modeling while leveraging all business and vendor assets; measurement was the barometer for effectiveness, company culture and brand loyalty as seen through the triple aim of sales, turnover and productivity, and company profitability <p>The Results</p> <ul style="list-style-type: none"> • Leadership support, trust and investment

- Increase in employee loyalty, reduced turnover and improved sales
- High-cost claimant spend reduced \$7 million to \$17 million annually
- Engagement increased from a broad base 28% to high 80% in most offerings (Where progress wasn't made, corrections were implemented and performance guarantees renegotiated.)
- Total communication, engagements and persona-specific tactics used to provide employees what they want and need
- Management expectations for health and wellbeing tied to individual performance metrics
- Sales probability increased

EXAMPLE 2

The Challenge

A utility industry client was faced with uncontrolled increases in healthcare costs. WTW was tasked with designing a population health management strategy that addressed fundamental cost drivers.

Our Approach

WTW defined program objectives and an overall approach to assist our client. We developed a strategy to help control rapidly increasing healthcare costs. Our support services included:

- Strategic design, which introduced key design elements to the company's long-term benefit strategy
- Consumer tools to initiate and reinforce consumer behavioral change
- Vendor management, including new processes, tools and disciplines to support a long-term strategy
- Change communication strategies to prepare, educate and reinforce consumers' commitments to change

The Results

- WTW's strategy yielded more than \$8 million in savings and a 5% reduction in trend during the first year.
- The reduction in healthcare costs was attributed to all components of the program, but it was most notable for those who participated in WTW's Health Advocate model of care. The Health Advocate model created a medical home and point of accountability, with one nurse administering multiple care management interventions that might otherwise have been administered by various vendor partners.
- Healthcare costs decreased for ER visits, inpatient admissions, inpatient days, outpatient services and readmissions.

4.0.4	Describe any other financial analysis that you recommend to support the County.	<p>Financial and statistical analysis can be utilized to improve the quality of decision-making relative to the health plan. All of these tools can deploy continually as we look at the emerging healthcare marketplace and trends. The following are some examples of the financial analyses we will perform for Milwaukee County.</p> <p>PHARMACY ANALYSIS WTW works with tools developed internally to assess PBM performance and is able to model the impacts of plan design changes, changes in the terms offered by PBMs and the relative values of one PBM's terms versus another. These tools model estimated expenses for actual employee drug claims by using pricing arrangements (AWP discounts and dispensing fees) and the covered population's age and gender distribution, in addition to employer-defined cost-sharing arrangements (co-payments, deductibles, coinsurance, annual maximums). The model yields per member per month expense breakdowns on both a gross and net basis between brand/generic and formulary/non-formulary prescriptions. This model allows for better management of your population's use patterns and characteristics. WTW has used these tools to assess the impact of changes in the design of the program so Milwaukee County can better understand cost implications of changing copayments, out-of-pocket maximums, improved generic use and the impact of special programs designed to address utilization of emerging high-cost specialty medications. WTW has continued to push the envelope with respect to pharmacy utilization. We continue to look at and develop strategies to analyze the impact of specialty medications that are both in use today and in the pipeline. WTW is a pioneer in the utilization of pass through versus traditional pricing arrangements. Pass through pricing makes it possible to attempt to drive utilization to the lowest-cost distribution channel. This represents a savings opportunity of up to 10%. We suggest an analysis be completed regarding the potential benefits that might occur by assessing the current marketplace and Optum's capabilities.</p> <p>LIMITED-PURPOSE RESERVE ASSESSMENTS Many organizations similar in size to Milwaukee County do not purchase reinsurance but rather establish limited-purpose reserves. The intent of these limited-purpose reserves is to set aside funds to protect Milwaukee County from unexpected adverse experience.</p> <p>QUALITATIVE ASSESSMENTS Due to rising costs, the original intent of benefits is sometimes forgotten. Our work together has gone beyond cost alone and focuses on qualitative as well as quantitative measures. Qualitative goals include things such as "protect people's financial health in the event of health claims," "enhance the view of Milwaukee County as a favorable employer" and "support recruiting a talented and quality work force." These goals are set with the input of senior leadership through regular interactions and, where appropriate, formal interviews. Measures are then established to determine if the goals are being met.</p>
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WTW will also conduct focus groups with random cross-sections of the population to assist in making the best-possible choices. This also allows us to continually assess whether qualitative objectives are being met and, if not, what might be done.

Focus groups help identify the general direction that redesign efforts should take, uncover what the hot issues are and explore the choices that employees would make given the limited resources. Finally, focus groups allow for two-way communications.

QUANTITATIVE ASSESSMENTS

Healthcare and benefit cost is a prime source of concern to all organizations. Healthcare costs continue to grow at a rate far in excess of growth of gross domestic product. As such, healthcare consumes a bigger share of the economy and jeopardizes the ability of an organization such as Milwaukee County to meet its mission.

To ensure quantitative goals are met and that the program continually evolves in a cost-effective fashion, WTW has implemented a quarterly and annual process that provides a detailed assessment of the factors driving the cost of the benefit programs with a special focus on health benefits that drive over 80% of the cost.

These assessments are supported via our WillisMed data warehouse. These systems include detailed claims records on all claims paid in the past three years. This allows WTW to review utilization and cost patterns on a very detailed level and compare them to both age/gender/geographic-adjusted and clinical norms.

The tools allow active monitoring of gaps in care, as well as the overall risk profile of the population and how it is changing over time. These efforts assist in monitoring the effectiveness of the wellness program Milwaukee County has developed and continues to evolve.

They also allow monitoring of emerging utilization and provider practice patterns within the County in order to identify areas where use is not consistent with expectation. Ongoing identification of these areas allows the continued development strategies to address utilization. Most recently, we are in the midst of assessing physician office infusion of medications, the cost of those medications and whether more cost-effective delivery processes can be utilized.

The key to any assessment is going beyond addressing simply where the dollars are being spent and then benchmarking what is happening against the past. WTW believes that benchmarks based on the past are of some importance in understanding how Milwaukee County has performed against similar organizations. However, focusing solely on benchmarks ignores one important fact: benchmarks are based on past use of healthcare services and reflect a system that is financially unsustainable and not

		<p>adjusted for differences in demographics. When WTW assesses the use of healthcare resources, we focus on the following objectives:</p> <ul style="list-style-type: none"> • Identify the principal factors that are driving the underlying cost of the medical plan • Benchmark these factors against best achievable clinical practices • Develop targeted strategies to change utilization patterns and improve the overall cost picture <p>Our approach looks not only at what has happened, but what should happen based on best practices. Any strategy to mitigate trend, promote economy and ensure the best value must be implemented within the context of a comprehensive understanding of what drives healthcare cost.</p> <p>WTW's Financial Benchmarks Survey provides timely insight into cost and trends concerning benefits. Several important factors set this apart from other surveys:</p> <ul style="list-style-type: none"> • The survey data is fresh; the current survey tells you what other employers did on January 1 of this year, not what they did a year ago. • The survey reveals what employers are contemplating for the next year. • Rather than reflecting an average of all responses, results are adjusted for plan design, age, gender and geography, allowing greater insight into the factors that drive a survey participant's results from others in the survey. <p>The easiest solution to control cost is to ask that employees pay more out of each paycheck and change where they receive care. Our approach with other public employers has demonstrated it is possible to deliver level healthcare cost trends without simply focusing on plan design and contribution changes. We believe this approach sets us apart from other organizations.</p>
4.0.5	<p>Describe your organization's expertise and resources in the specific area of regulatory compliance. Include specific tools and processes you will provide to assist the County with compliance matters.</p>	<p>You and your WTW team are supported internally by our Health and Benefits Employee Benefits Compliance team. These attorneys and paralegals are industry thought leaders who are involved in several professional organizations at a senior level. They participate in discussions about the most innovative ideas and issues with other professionals throughout the U.S. They have expertise and hands-on experience in ERISA, the Internal Revenue Code (IRC) and other laws affecting employer-sponsored benefit plans. Our Health and Benefits Employee Benefits Compliance team has years of practical experience and in-depth knowledge regarding the application of the laws and regulations that affect employee benefit plans, and it regularly monitors releases from the federal government in order to guide clients. Services for education, compliance-related questions and Compliance Gap Assessments (Benefit Plan Responsibility Map) are assessed by your local team and are provided by the Health and Benefits Employee Benefits Compliance team. This team offers a wide range of services and expertise that are included in WTW's fees, as well as an array of optional services for an additional fee. Please see your customized scope of services in the Additional Information section for a list of optional services.</p> <p>MAP ASSESSMENT</p>

The WTW Benefit Plan Responsibility Map is a diagnostic tool designed to provide a comprehensive overview of the key health and welfare plan obligations for benefit plan administration and to identify any potential compliance gaps or deviations from best operational practices. Specifically, the map provides an overview of annual and ongoing reporting, disclosure, administrative and governance requirements for health and welfare plans, allowing an employer to inventory practices, identify responsible parties and schedule and monitor activities on an ongoing basis. The map offers helpful documentation to track future activities and related task prioritization. Following a Map Assessment, an employer can develop a strategy for addressing any compliance needs and identify whether a third party or internal resource can assist with the performance of these important tasks.

EMPLOYER GUIDES AND TOOLS

The Health and Benefits Employee Benefits Compliance team offers numerous employer guides, as shown below, as well as one dedicated to healthcare reform's coverage mandates:

- Cafeteria plans
- COBRA administration
- Spending accounts
- Group term life benefits
- Select fringe benefits
- HIPAA privacy and security
- Medicare (MSP, Part D and payer reporting)
- Uniformed Services Employment and Reemployment Rights Act
- ERISA reporting and disclosure
- Annual enrollment toolkit

5500 FILING CENTER

The 5500 Filing Center is within our internal Health and Benefits Employee Benefits Compliance team and is responsible for managing health and welfare Form 5500 filings for our clients. We provide the Form 5500 with instructions and assist clients through the filing process (100% electronic). The Filing Center also produces summary annual reports for distribution to participants. For new clients that have fallen behind on the 5500 requirements, the Filing Center will work to file any delinquent Form 5500 via the Delinquent Filer Voluntary Compliance program.

The Filing Center works in conjunction with our Health and Benefits Employee Benefits Compliance attorneys to track new developments with the IRS and DOL regarding Form 5500 and filing requirements.

HEALTHCARE REFORM

The Health and Benefits Employee Benefits Compliance team leads our focused effort around the Affordable Care Act (ACA), commonly referred to as healthcare reform. Examples of the consulting expertise and tools developed include employer guides, FAQs, educational webcasts and legislative and

		<p>regulatory updates to assist employers with their planning and potential transition to a new plan design under healthcare reform.</p> <p>HIPAA COMPLIANCE Compliance with HIPAA privacy, security and breach notification requirements is technical, complex and confusing. WTW often receives requests to assist clients in their compliance efforts, and we have found that different clients need and want different types of assistance. Therefore, we offer a range of options for assisting clients in their efforts to comply with HIPAA privacy, security and breach notification requirements. Any live or customized training will incur an additional fee, but all recorded webcasts and non-customized webcasts are available at no additional charge.</p> <ul style="list-style-type: none"> • Live and recorded webcasts cover the fundamentals related to HIPAA privacy, security and breach notification, and are included in the WTW offering. • Customized HIPAA training for employees within and outside of the HIPAA firewall can be had for an additional charge. This could be performed via a webcast, a live session or a web-based session housed within the employer's intranet. • HIPAA privacy and security assessments and creation of customized policies and procedures are available for an additional fee. <p>PLAN DOCUMENT SERVICES Compliance with ERISA and the IRC has become more complex and scrutinized by federal agencies. Creating and maintaining accurate and complete plan documents and summary plan descriptions (SPDs) is the responsibility of the plan administrator. Health and Benefits Employee Benefits Compliance assists with this compliance requirement by maintaining strategic partnerships with respected national law firms that can draft plan documents and SPDs. When our clients engage in this service, they pay the firms directly, and an attorney-client relationship is formed. The client benefits from preferred pricing through WTW, as well as having the support of our paralegals to assist with preliminary information and document delivery. These services help our clients meet compliance obligations with federal ERISA and IRC requirements in a cost-effective manner.</p>
5.0.1	<p>Provide an overview of the team members that would be specifically assigned to Milwaukee County, including the County's main point of contact along with occasional Contacts or extended team members. Summarize roles and</p>	<p>Within WTW's Milwaukee office, we have a staff of 72 Health and Benefits colleagues. All client service teams are carefully assembled with individuals who possess the skill set to address the unique needs of their clients.</p> <p>Lead Consultant David Radke Dave is responsible for understanding Milwaukee County's business operations, community involvement and opportunities for strengthening our partnership. He is responsible for the Total Rewards strategy and for your satisfaction across all areas of WTW. This includes managing the relationship and providing strategic oversight on the business climate and overarching strategy for Milwaukee County.</p>

MILWAUKEE COUNTY RFP RESPONSES

	<p>distribution of responsibilities.</p>	<p>Dave will serve as your primary WTW contact for all questions and/or clarifications related to this proposal. He is based in WTW's Milwaukee office located at 400 North Executive Drive, Executive Center VI, Brookfield, WI 53005. He may be reached at +1 262 780 3462 or david.radke@willistowerswatson.com.</p> <p>Client Advocate Doug Ley Doug will provide oversight to the team in matters of benefit plan design and actuarial services.</p> <p>Account Executive Elisabeth Wright Elisabeth's role is to lead the strategic direction and execution of Milwaukee County's benefit strategy. Elisabeth helps with consultative benefit program designs, incentive strategies and managing the WTW subject matter experts for Milwaukee County. Elisabeth will deliver benchmarking, RFP results, funding arrangement reviews, compliance updates and other resources to provide Milwaukee County with the best practices and options to manage plan costs.</p> <p>Client Service Manager Kim Matus The client service manager performs day-to-day service and troubleshooting for WTW clients, assisting in coordinating our resources and solutions to best meet the client's needs. Kim's responsibilities include open enrollment support and carrier and vendor process management, such as claims resolution.</p> <p>Financial Data and Analytics John Pauly The financial client manager coordinates and executes the ongoing creation, maintenance and delivery of your reporting deliverables. John reviews RFP results, funding arrangements, plan cost variances and utilization anomalies to provide you with the best practices and options to manage your plan costs and utilization.</p> <p>Placement Client Manager Melissa Kemmis The placement client manager coordinates the renewals and placement activities associated with marketing and negotiation. This includes responsibility for bid preparation, RFP response analysis and RFP results presentation. Melissa knows about specific carrier strengths and assists in managing resolutions for escalated issues.</p> <p>In addition to fielding strong core teams for our clients, WTW supports clients with deep subject matter expertise beyond benefits. Your client service team is assisted by subject matter experts in communication, HR, employee benefits compliance, health management and health analytics. We have included complete biographies for each member of your service team in the Additional Information section of our submission.</p>
<p>5.0.2</p>	<p>Describe your organization's proposed</p>	<p>Our meeting schedule with Milwaukee County will be flexible and designed to align with your needs; however, we typically recommend following a four-quarter plan management process.</p>

<p>meeting cadence with the County to address the ongoing, routine needs of the County.</p>	<p>WTW has developed our four-quarter process for ongoing health and benefits plan management. Focusing on the ongoing activities required for effective program operations, this process integrates recurring management activities with the strategy and administration components of the benefit program performance framework. We will incorporate all of Milwaukee County's required plan management activities in this quarter-by-quarter framework.</p> <p>Q1: STRATEGY AND PLANNING WTW and Milwaukee County will complete the plan management year by reviewing overall performance to date and specific project results. We will also address any "hot topics", legislative updates or trends that might affect ongoing projects. We expect regulatory changes to continue to drive significant change in the healthcare market; WTW will help Milwaukee County strategically plan for these changes each year.</p> <p>During the planning phase, we also may:</p> <ul style="list-style-type: none"> • Review program goals • Identify priorities and map key objectives in a calendar for the upcoming year • Update financial monitoring and analysis based on the template developed in year one • Provide details on project teams, deliverables and budgets • Attend vendor utilization meetings • Facilitate a meeting with our thought leadership team <p>Q2: ANALYSIS AND MEASUREMENT</p> <p>Building on the observations and opportunities previously identified, WTW will assess your program performance against objectives and expected results. We will then identify any areas for improvement or refinement. In this critical phase, we:</p> <ul style="list-style-type: none"> • Evaluate performance both from a broad, strategic perspective and on a program-specific basis • Provide information necessary for second-quarter plan design, renewal, pricing and procurement projects • Update financial monitoring and analysis based on the template developed in year one <p>Q3: IMPLEMENTATION AND PRICING</p> <p>Here we begin the implementation process, building on information and outcomes from the analysis and measurement activities. We also may:</p> <ul style="list-style-type: none"> • Leverage our industry expertise to review design alternatives and to benchmark against appropriate general and available national and local industry groups and/or organizations selected by Milwaukee County
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		<ul style="list-style-type: none"> • Review contribution strategies • Solicit renewal information from your plans and, if necessary, request competitive proposals • Review renewal information, assess the reasonableness of rates and fees, and negotiate the most competitive arrangements • Update financial monitoring and analysis based on the template developed in year one <p>Q4: ENROLLMENT AND CONTRACTING</p> <p>This is the delivery phase, which includes the implementation, communication planning and development, enrollment and ongoing administration of your health and welfare benefits. We will use our full range of processes and tools to:</p> <ul style="list-style-type: none"> • Facilitate implementation with insurance carriers, administrators and other benefit vendors • Finalize the details of plan design and contracts • Ensure all data are complete, including the final rate and employee contribution information • Deliver the final carrier, rate and employee contribution information to the plan administrator • Update financial monitoring and analysis based on the template developed in year one • Develop, review and consult on communication strategies and materials to ensure they accurately reflect the program and reinforce your objectives <p>Throughout the four-quarter process, your WTW team will use our standard tools, resources and publications to support pricing strategy, ongoing plan management pricing and underwriting as described throughout our proposal.</p>
5.0.3	Describe your organization's ability to be responsive to ad hoc inquiries from the County. Please include any specific SLAs.	We regularly provide ad hoc reporting services to our clients for no additional charge. If the ad hoc reporting needed is being provided by an external vendor, we will work with you and the vendor to manage costs and turnaround time as aggressively as possible. The turnaround time of our ad hoc reporting will vary based upon the specific request.
5.0.4	Describe your internal mechanism for ensuring customer satisfaction with your services.	<p>WTW's ClientFirst program was founded on a simple principle: the client's definition of success is the only one that matters. It provides us with a formal, structured program for measuring your overall satisfaction with our performance. Through this process, we:</p> <ul style="list-style-type: none"> • Ask Milwaukee County to set your goals, outline your expectations of our services at the outset and update them as the relationship evolves

		<ul style="list-style-type: none"> • Measure our performance against your expectations regularly, using continuous dialogue and formal evaluation meetings led by members of your service team, which allows you to share suggestions for future improvements and to confirm what went well • Determine an action plan to address any issues that arise, for ongoing improvement • Commit to a no-surprises relationship <p>ClientFirst also includes an Independent ClientFirst process, in which senior WTW leaders who are not otherwise part of the relationship meet with key Milwaukee County contacts. This process provides you with an opportunity to discuss all areas of the relationship. The meetings are particularly useful if any issues of a sensitive nature are difficult to broach with your account team. Your views are conveyed to the account team to ensure any necessary actions are taken. The interviewers are then responsible for following up to confirm that any corrective steps have been completed to your satisfaction. In addition to ClientFirst, we will hold periodic meetings with Milwaukee County to review our services and metrics.</p>
5.0.5	How would Respondent facilitate communication between the County and benefit vendors on matters such as renewals, implementations, and issue resolution.	<p>VENDOR MANAGEMENT PROCESS</p> <p>WTW's vendor management philosophy is threefold. First, we will manage your contracted vendors proactively through regularly scheduled activities, and we will intervene quickly when issues arise. We will then create a competitive procurement environment and leverage our market knowledge to maximize the efficiency of the dollars that you and your employees spend on insurance services. Finally, we will develop meaningful and measurable performance incentives, and we will monitor the results.</p> <p>Our vendor management process includes:</p> <ul style="list-style-type: none"> • Annual vendor stewardship meetings: We will facilitate meetings with selected vendors. These vendors will provide year-to-date performance updates, as well as company and capabilities updates. They will also address Milwaukee County's vendor management issues. • Vendor renewals, negotiations and procurements: We will conduct annual renewals and procurements (when needed), including plan negotiation. This includes renewal of all WTW-managed plans, marketing plans according to a schedule set in advance by you and by us, and vendor negotiations. • Vendor contract review for issue identification: For all WTW-managed vendors, we will review contracts for accuracy and consistency with agreed-upon fees and program provisions. • Insight from our Network Optimization data source: This database helps us to monitor the various delivery models of many health plans and how each delivers value. It allows us to understand: <ul style="list-style-type: none"> - The state of market evolution in Milwaukee County's specific locations

		<ul style="list-style-type: none"> - Contracting and reimbursement models for each health plan and market - Potential plan and program design implications or opportunities - How these models align and integrate with other employer healthcare strategies and tactics (e.g., onsite health, wellbeing, health management programs) <ul style="list-style-type: none"> • Insight from our Healthcare Financial Benchmarks Survey: We gather detailed fee and cost data from our clients across all the major health plans in the U.S. We provide specific results for each client, and we also monitor the efficiency scores for each of the health plans across all of our clients. <p>Because we can draw upon all of these independent measurement tools, WTW's knowledge of these vendors is unparalleled in the industry.</p> <p>VENDOR ACCOUNTABILITY MODEL</p> <p>Once strategy and vendor decisions are made, we will work with you to develop a comprehensive vendor accountability model that sets expectations as well as the metrics, process and timing for measuring results. We will review your performance guarantees and ensure they are appropriate and tracked effectively. The model provides a means for you to:</p> <ul style="list-style-type: none"> • Create additional structure and rigor around vendor management • Communicate your expectations to each selected vendor • Develop a process for measurement • Create meaningful performance guarantees based on your objectives and criteria for success • Provide ongoing feedback to your vendors <p>Some requirements are objective and metric-driven, while others are subjective (e.g., account management). Regular vendor meetings also include an update on plan financials, cost drivers, trends, integration, engagement and an annual review of innovative strategies.</p>
5.0.6	Describe your organization's proposal for providing regular financial reporting to the County. Include specific reporting and examples as applicable.	<p>WTW offers a comprehensive approach to evaluating employer health plan performance. We provide financial, utilization and clinical reporting to identify cost drivers. Our detailed approach positions clients to mitigate plan cost increases by identifying opportunities for savings either directly or through cost avoidance.</p> <p>FINANCIAL PERFORMANCE ANALYSIS</p> <p>WTW uses payer-provided data to create a management report showing past, present and future financial impact. The report is customized to your business structure and plan offerings. We also layer in your employee contribution structures to illustrate the net cost of the plan to your company. The report</p>

segments medical, prescription drug and large claims to identify how each element affects plan cost. Understanding how each segment performs provides a solid foundation from which we can project plan costs.

The report includes:

- A financial overview of plan performance
- Segmentation of data by claim type and group structure
- An actual versus budget comparison
- A projection to translate current experience into an expected future premium or premium equivalent
- Employee contribution amounts

WILLISMED (UTILIZATION AND CLINICAL REPORTING)

WillisMed combines medical claims, pharmacy claims and enrollment data with normative measures and sophisticated methodologies to create a data warehouse with comprehensive healthcare reporting for our self-funded clients. WillisMed reports enable WTW employer groups to develop targeted intervention programs by identifying potential high-cost claims using data-driven, fact-based research. This robust analytics tool has embedded predictive modeling capabilities, enabling us to assess risk and care compliance to inform a more effective health management strategy.

With WillisMed, we help our clients mitigate risk, reduce costs and improve patient outcomes with data-driven solutions. Reporting from WillisMed focuses on understanding cost drivers and identifying opportunities across the following areas:

- Wellness: Analyze preventive measures and risk assessment data to optimize long-term health outcomes
- Disease management: Identify risk factors, gaps in care and comorbidities likely to affect the budget
- Case management: Find the most expensive, complex conditions affecting your workforce today and implement programs that drive improved outcomes

WillisMed provides for the aggregation of members (cohorts) with similar characteristics or disease states. Cohorts become a powerful tool in gauging the effectiveness of wellness initiatives by clearly tracking and illustrating the cohort improvement in several areas, including cost, risk factors, care compliance, hospital admissions and emergency room visits. WillisMed includes benchmarks with demographics, enrollment and claims experience from about 38 million lives to provide a cross-section of experience by geography, age bands, gender and industry.

The findings from WillisMed provide actionable strategic data for clients based on their claims information — data that WTW's Health Management, Pharmacy and other specialty practitioners can use to identify and confirm the right solutions for your population. Please see the Additional Information section for a sample Plan Insights and Efficiencies Report.

WillisMed is powered by Cotiviti, Inc.

ACTUARIAL SERVICES

WTW is one of the largest employers of actuaries in North America and across the globe. With nearly 200 health actuaries, our Health and Benefits business leverages deep expertise, research, tools and innovative solutions that are based on a strong, established actuarial foundation. As a client of WTW, you and your team have access to our tools and research at no additional cost to support your annual plan management and financial needs.

WTW's actuarial tools and resources include:

- Historical claims and enrollment experience, plan and program design
- Leading-edge research on high-impact health policy topics
- Best-in-class analytic tools and models:
 - HealthMAPS actuarial rating software
 - NetRPM network discount database
 - IBNR modeling
 - Pricing and underwriting tools
 - RxView drug benefit modeling tool
 - WTW's proprietary Healthcare Reform Impact Modeler
 - Account-based health plan pricing model
 - Data warehouse analytics

WTW's core actuarial products and services include:

- Health plan network analysis
- Financial modeling:
 - Multiyear projections
 - Plan and program design modeling
 - Annual budget projections
- Healthcare reform modeling
- Monthly experience reporting
- Wellbeing dashboard
- COBRA rates
- Accrual funding and rating
- IBNR reserves
- Budget reconciliations
- Compliance updates
- Evaluation of regulatory changes on plans

Noncore projects that might require an additional scope and fees include:

		<ul style="list-style-type: none"> • Actuarial certification of IBNR reserves • Development of actuarial liabilities to support the valuation of retiree welfare or other post-employment benefits (OPEB) valuation • Customized health plan network analysis (e.g., more detail by specific ZIP code or specific carrier network not included in our core model) • Program review and recommendation from the lead actuary of Health and Benefits North America
5.0.7	Describe how your organization approaches timelines for benefit vendor RFPs and whether you have any specific SLAs in place for RFPs.	<p>WTW has developed a standard timeline for benefit vendor RFPs. The RFP timeline includes the following processes:</p> <p>PHASE 1: PLAN</p> <ul style="list-style-type: none"> • Confirm objectives • Review exploratory RFI results to determine bidders • Confirm list of bidders • Review timelines and deliverables <p>PHASE 2: CREATE</p> <ul style="list-style-type: none"> • Collect data • Alert bidders of upcoming RFP • Develop the initial RFP questionnaire draft • Milwaukee County reviews the RFP questionnaire • Finalize the RFP via Proposal Tech <p>PHASE 3: REVIEW</p> <ul style="list-style-type: none"> • Receive intent to bid from carriers • Bidding carrier questions due • Provide answers to bidder questions • RFP responses due via Proposal Tech • Analyze preliminary proposals and prepare findings report • Meet with Milwaukee County to review preliminary proposals and select finalists <p>PHASE 4: DECIDE</p> <ul style="list-style-type: none"> • Conduct finalist meetings with 2 – 3 carriers • Facilitate best-and-final offers • Meet with Milwaukee County to review best-and-final offers • Select winning carrier(s) • Provide notice to both selected and non-selected carriers

MILWAUKEE COUNTY RFP RESPONSES

		<p>We are open to discussing mutually agreeable performance guarantees regarding service delivery. We have entered into such arrangements with other clients, typically using a scorecard as the basis for determining whether WTW has met the required performance standard. The final scorecard would be developed by both Milwaukee County and WTW.</p>
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