



UNIFIED FIRE AUTHORITY BOARD COMPENSATION & BENEFITS COMMITTEE AGENDA

Thursday, March 25, 2021 at 8:00 a.m.

NOTICE IS HEREBY GIVEN THAT THE UNIFIED FIRE AUTHORITY COMPENSATION AND BENEFITS COMMITTEE SHALL ASSEMBLE FOR AN **ELECTRONIC MEETING ONLY**, DUE TO THE COVID-19 PANDEMIC

THE PUBLIC MAY ATTEND ELECTRONICALLY VIA ZOOM WEBINAR AT:

<https://zoom.us/j/91789872800?pwd=ZVZmOWltUUt2UE5UaXM2dVJYSWIwQT09>

Passcode: 911911

1. Call to Order – Chair Dahle

As Chair, I have made this written determination that, based upon the ongoing COVID-19 pandemic, conducting this Benefits and Compensation meeting with an anchor location would present a substantial risk to the health and safety of those who may be present at an anchor location. Therefore, this meeting will be held in electronic format only with participation available to the public in the manner described in this publicly posted agenda.

2. Public Comment

Please limit comments to three minutes each

3. Minutes Approval –Chair Dahle

A. February 18, 2021

4. Health Insurance Update – HR Deputy Director Ricotta/Gallagher

5. Consideration of CPI Increase for all Personnel – Chief Petersen

6. Civilian Market Wage Review – HR Deputy Director Ricotta

7. Consider Restructure of Pay Plan for Mechanics – AC Burchett

8. Consider Restructure of Pay Plan for Fire Prevention – AC Burchett

9. Possible Closed Session

The Board may consider a motion to enter into Closed Session. A closed meeting described under Utah Code Section 52-4-205 may be held for specific purposes including, but not limited to:

- a. discussion of the character, professional competence, or physical or mental health of an individual;
- b. strategy sessions to discuss pending or reasonably imminent litigation;
- c. strategy sessions to discuss the purchase, exchange, or lease of real property;
- d. discussion regarding deployment of security personnel, devices, or systems; and
- e. investigative proceedings regarding allegations of criminal misconduct.

A closed meeting may also be held for attorney-client matters that are privileged pursuant to Utah Code § 78B-1-137, and for other lawful purposes that satisfy the pertinent requirements of the Utah Open and Public Meetings Act.

10. Adjournment

THE PUBLIC IS INVITED TO PARTICIPATE IN ALL UFA MEETINGS.

In accordance with the Americans with Disabilities Act, UFA will make reasonable accommodation for participation in the meetings. Please call the clerk at least three working days prior to the meeting at 801-743-7220. Motions relating to any of the foregoing, including final action, may be taken at the meeting. This meeting may be held telephonically to allow a member of the UFA Board to participate. This agenda is subject to change with a minimum 24-hour notice.

CERTIFICATE OF POSTING

The undersigned, does hereby certify that the above agenda notice was posted on this 24th day of March 2021 on the UFA bulletin boards, the UFA website www.unifiedfire.org, posted on the Utah State Public Notice website <http://www.utah.gov/pmn/index.html> and was emailed to at least one newspaper of general circulation with the jurisdiction of the public body.

Cyndee Young, UFA Board Clerk



**UNIFIED FIRE AUTHORITY BOARD
BENEFITS AND COMPENSATION COMMITTEE MEETING MINUTES**

February 18, 2021 at 7:30 a.m.

This meeting was held electronically via ZOOM, due to the COVID-19 Pandemic

Committee Members Present:

Council Member Hull
Mayor Peterson
Mayor Dahle

Council Member Bowen
Mayor Hale
Council Member Stewart

Committee Members Absent:

Mayor Bush
Mayor Overson

Staff:

Chief Petersen
CLO Roberts
Cal Ricotta
Sylvia Cardenas

CFO Hill
Arriann Woolf
Cyndee Young
Steve Quinn, Local 1696

Guests:

Bill Brass
Brad Larson
Brad Lynn
Bryan Case
Calogero Ricotta
Chad Green
Dan Borge
Dan Yates
Dea Theodore
Debbi Cigarroa
Dominic Burchett
Dustin Dern
Erica Langenfass
Ginger Watts
Greg Fisher

Jared Henderson
Jared Wayman
Jeff Silvestrini
Justin Watters
Kate Turnbaugh
Kendall Perry
Lana Burningham
Local 1696
Mark Henderson
Mark Jones
Matt Call
Matthew McFarland
Michelle Morse, Gallagher
Nate Bogenschutz
Nile Easton

Patrick Costin
Rebecca Norfleet, Gallagher
Rob Morley
Ryan Love
Shawn Peterson
Sheldon Baumgartner
Shelli Fowlks
Stephen Higgs
Tina Brown
Tom Smolka
Wade Winder
Wesley Lathen

Call to Order

Meeting called to order by Chair Dahle at 7:31 a.m.

Public Comments

None

Public comment was made available live and with a posted email address

Minutes Approval

Council Member Stewart made a motion to approve the minutes from the March 30, 2020 Benefits & Compensation Committee Meeting Minutes as submitted

Council Member Hull seconded the motion

All in favor, none opposed

Health Insurance Review and Forecast – HR Deputy Director Ricotta/Gallagher

- ♦ Michelle Morris presented the current status of insurance with SelectHealth
 - ♦ The plan is running phenomenally
 - ♦ 94% loss ratio, overall claims are down
- ♦ Renewal
 - ♦ Mayor Dahle inquired as to the high trend in prescriptions
 - Pharmacy is up 18% and is abnormal for UFA, however, still below the benchmark
 - Pharmacy costs are higher and medical is lower this time
 - Mayor Dahle is concerned that if this trend continues, there could be serious impacts for next year
 - Michelle Morris stated that a self-funded market would allow more creativity in managing prescriptions, but currently we are subject to how SelectHealth manages their prescriptions
 - ♦ With the COVID effect, claims dipped between 2-4%
 - Some surgeries were postponed
 - Other medical visits will not take place and will not hit the plan (physicals, elective surgery, etc)
 - ♦ SelectHealth released a 0% increase in renewal for UFA
 - In actuality, it should be a negative 3.5%, \$250,000 less in premium would be the savings
 - Mayor Silvestrini stated that he felt they would not give a break next year if we don't fight for the negative this year
 - Council Member Stewart agreed to fight for the negative and internally reserve the savings for future need
 - Mayor Dahle agreed with both and directed Michelle Morris to capture the negative and fight for everything she can
 - Chief Petersen wants to give the savings to the members and allow us to manage future increases through the normal budget process
 - He would be concerned with setting aside the savings to apply to an ongoing cost
 - Council Member Stewart asked as to the feasibility for a high deductible plan
 - Michelle Morris stated that UFA employees are good consumers of their insurance
 - Chief Petersen pointed out the general higher level of health UFA employees have and the options available to them in keeping so

Sworn Market Wage Review – HR Deputy Director Ricotta

- ♦ Presented the wage comparable summary
- ♦ Chief Petersen stated that next year he wishes to merge the Engineer position with the Specialist as it is difficult to compare Specialists with other agencies
 - ♦ The same can be done with the BC/DC ranks
 - ♦ Captains are easy to compare between agencies, BC's are not however as other agencies have different classifications within this rank; exempt, non-exempt, etc.
 - ♦ BC's make 16% more than Captains today and this percentage can be applied to maintain an appropriate gap between these ranks

- ♦ IAFF President Quinn agrees that the BC rank is a little difficult to compare, but is concerned about not at least reviewing their position occasionally to be sure they do not fall behind
- ♦ HR Deputy Ricotta stated that all agencies were revisited to compile the summary to ensure correct data
 - ♦ Includes any anticipated external agencies adjustments
- ♦ Mayor Dahle stated that the goal to bring wages to the Top 3 has been a 5-year project
 - ♦ Credit needs to be given to the Board, employees, and Command Staff, this was a collective effort to reach this goal
 - ♦ We are now in the Top 3 and going forward this just needs to be maintained
 - ♦ Considering the SelectHealth monies; it may be possible to adjust the market in specific ranks such as PM to help promote and retain Paramedics
 - ♦ Also consider COLA or just hold tight to keep the Member Fees as low as possible
- ♦ Chief Petersen discussed that the Market review is bringing current wages in line with previous year comparable agencies and CPI is designed to maintain the position in the market for the upcoming fiscal year

Civilian Market Wage Review – HR Deputy Director Ricotta

- ♦ Annually HR samples 1/3 of the civilian employees for comparison
- ♦ This last year, due to open allocations, 6 instead of 15-18 positions were compared
 - ♦ This process is still in progress and will be complete for presentation at the March 25 meeting

Cost of Living Adjustment (CPI) Review – Chief Petersen/CFO Hill

- ♦ Chief Petersen stated that the all cities average CPI is 1.2%
 - ♦ This is the adopted method by URS and the one we have been using to determine CPI
- ♦ Chief would like to consider the option to apply the CPI to the VEBA Plan
 - ♦ The 1.2% increase provided for all employees in VEBA would cost \$465,000
 - ♦ The VEBA contribution is not taxed when deposited into the VEBA account, not taxed when drawn, and any growth is not taxed, these monies are great for post-retirement needs
- ♦ Chief Petersen stated that UFA saves a little since there are not URS rates or payroll taxes
 - ♦ The Benefits and Compensation Committee discussed the consideration of a 2% increase to stay in front of the market, particularly this year with a flat health insurance premium and the VEBA savings
 - ♦ Mayor Peterson stated the 2% is such a benefit for employees, and the impact to the municipalities is the same, giving this in VEBA is a very good idea
 - ♦ Chief Petersen suggested providing 1% in July and the other January 1, 2022 to help offset the full cost
 - ♦ IAFF President Quinn shared that he has begun to gather the opinions of the membership regarding VEBA, but he was not yet prepared to say his membership supports this
 - He personally thinks it is a great time to make this happen, but has some work to do
 - If the option is a 1.2% wage increase or a 2% VEBA contribution, he is pretty confident the membership will choose the VEBA plan
- ♦ Mayor Dahle asked to see both a 1.5% and 2% CPI to judge impact to the budget
 - ♦ With the reduction in insurance, a 3% Member Fee may be realized
 - ♦ Chief Petersen stated that with a flat health insurance increase, 3.5% would meet several priorities, including a 2% CPI and with a 3% reduction in health insurance costs we can be closer to 3%
- ♦ Mayor Dahle feels that UFA should be at the top of the list as a career destination department
 - ♦ Chief agrees and feels the work of the Board has solidified us in being able to recruit and retain high quality people who really enjoy working at the UFA

The Board's support over the last several years is helping create a very positive culture that will continue to allow us to put kind and capable people in your living rooms

The Firefighters feel very supported and appreciate the focus on compensation

Closed Session

None

Adjournment

Council Member Stewart moved to adjourn the February 18, 2021 Benefits & Compensation Committee Meeting

Mayor Peterson seconded the motion

All voted in favor, none opposed

DRAFT



Gallagher

Insurance | Risk Management | Consulting

Unified Fire Authority



2021/2022 Employee Benefit Analysis and Recommendations

Proposed Effective Date: July 1, 2021

Michelle Morse, Account Executive

Rebecca Norfleet, Client Manager

Date Presented: February 26, 2021

IMPORTANT: This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Medical Benefit and Cost Summary

BENEFITS	SelectHealth Current / Renewal #1			
	Select Med Plus		Select Care Plus	
	In Network	Out of Network	In Network	Out of Network
Deductible (individual / family) Embedded Deductible	\$1000 / \$2000	\$2000 / \$4000	\$1000 / \$2000	\$2000 / \$4000
Out-of-Pocket Maximum (individual/family) Embedded Out-of-Pocket Maximum	\$3000 / \$6000	\$6000 / \$12000	\$3000 / \$6000	\$6000 / \$12000
Deductible/Out of Pocket Reset	Plan year		Plan year	
Preventive Care	Covered in full	Not covered	Covered in full	Not covered
Physician Services (PCP / SCP)	\$15 / \$20	40% AD	\$15 / \$20	40% AD
Connect Care	\$10	40% AD	\$10	40% AD
Emergency Room Services	\$75		\$75	
Coinsurance	20 / 80	40 / 60	20 / 80	40 / 60
Hospital/Facility Services	20% AD	40% AD	20% AD	40% AD
Prescription Drugs	\$10 / \$25 / \$45		\$10 / \$25 / \$45	
Mail Order	\$10 / \$50 / \$135		\$10 / \$50 / \$135	
Pharmacy Deductible	None		None	

Enrollment		
Employee	66	18
Two Party	59	13
Family	264	17

SelectHealth Negotiated Rates -4.00%	
Select Med Plus	Select Care Plus
No plan design changes	

66	18
59	13
264	17

RATES	SelectHealth Select Med Plus		Select Care Plus	
	Current	Renewal	Current	Renewal
Employee	\$534.00	\$534.00	\$562.10	\$562.10
Two Party	\$1,175.10	\$1,175.10	\$1,236.80	\$1,236.80
Family	\$1,602.50	\$1,602.50	\$1,686.50	\$1,686.50
Monthly Premium	\$527,635	\$527,635	\$54,867	\$54,867
Annual Premium	\$6,331,619	\$6,331,619	\$658,400	\$658,400
Total Premium	Current \$6,990,019		Renewal \$6,990,019	
% Difference from Current			0.0%	
\$ Difference from Current			\$0	

*2019/2020 HRA expected claims are \$169,600

Negotiated Rates	
Med Plus	Care Plus
\$512.60	\$539.60
\$1,128.10	\$1,187.30
\$1,538.40	\$1,619.00
\$506,527	\$52,671
\$6,078,325	\$632,048
Negotiated Rates	
\$6,710,374	
-4.0%	
-\$279,646	

Dental Cost and Benefit Outline

BENEFITS	PEHP	
	Current/Renewal	
	Preferred Dental Care - PFD	
	In Network	Out of Network
Annual Deductible	None	
Annual Maximum	\$1,500	
Exam	Covered in full	20%
Preventive	20%	40%
Basic Services	20%	40%
Waiting Period	None	
Major Services	50%	70%
Waiting Period	None	
Covered Services		
Endodontics (Root canal etc.)	Basic	
Periodontics	Basic	
Oral Surgery	Basic	
Implants	Major	
Orthodontia	50%	50%
Applies to	Adults and children	
Waiting period	None	
Lifetime Maximum	\$1,500	
Enrollment		
Employee	73	
Two Party	70	
Family	306	
RATES	PEHP - Preferred Dental Care - PFD	
	Current	Renewal
Employee	\$48.32	\$48.58
Two Party	\$66.10	\$66.42
Family	\$100.04	\$100.52
Total Annual Cost	\$465,199	\$467,458
% Difference from Current		0.5%
\$ Difference from Current		\$2,259

Prepared by:



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Vision Benefit Cost Comparison

BENEFITS	EyeMed	
	Current/Renewal	
	Insight Network	
	In-Network	Out-of-Network
Routine Exam Copay	\$10 copay	Up to \$40
Lenses (per pair)		
Single Vision	\$25 copay	Up to \$30
Bifocals	\$25 copay	Up to \$50
Trifocals	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Frames	\$130 allowance	Up to \$91
Contact Lenses (in lieu of eyeglasses)		
Fitting and Evaluation	Up to \$55	N/A
Elective Contacts	\$130 allowance	Up to \$130
Frequency (Exam / Lens / Frames or Cor	12 / 12 / 12	
Rate Guarantee	4 years	
Enrollment		
Employee	60	
Employee & Spouse	44	
Employee & Child	25	
Family	115	
RATES		
	EyeMed - Insight Network	
	Current	Renewal
Employee	\$6.03	\$6.03
Employee & Spouse	\$11.45	\$11.45
Employee & Child	\$12.05	\$12.05
Family	\$17.71	\$17.71
Total Annual Premium	\$38,442	\$38,442
% Difference from Current		0%
\$ Difference from Current		\$0

Prepared by:



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Annual Cost Summary

Current

Coverage	Carrier	Benefit/Plan Option	Enrollment	ER Cost	EE Cost	Total Cost	% of total	PEPM
Medical	SelectHealth	Med and Care \$1000 plan	437	\$5,600,895	\$1,389,124	\$6,990,019	93%	\$1,333
Dental	PEHP	Preferred plan	449	\$373,882	\$91,317	\$465,199	6%	\$86
Vision	EyeMed	\$10 / \$25 plan	244	\$0	\$38,442	\$38,442	1%	\$13
Total Annual Cost				\$5,974,777	\$1,518,883	\$7,493,660	100%	\$1,432

Renewal

Coverage	Carrier	Benefit/Plan Option	Enrollment	ER Cost	EE Cost	Total Cost	% of total	PEPM
Medical	SelectHealth	Med and Care \$1000 plan	437	\$5,376,824	\$1,333,550	\$6,710,374	93%	\$1,280
Dental	PEHP	Preferred plan	449	\$375,698	\$91,761	\$467,458	6%	\$87
Vision	EyeMed	\$10 / \$25 plan	244	\$0	\$38,442	\$38,442	1%	\$13
Total Annual Cost				\$5,752,521	\$1,463,753	\$7,216,274	100%	\$1,380
% Change				-3.7%	-3.6%	-3.7%		-3.7%
\$ Change				(\$222,256)	(\$55,131)	(\$277,386)		(\$53)

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Contribution Outline

	Number Enrolled	Current ER Contr	CURRENT Total Premium	CURRENT ER Premium	EE Premium	Renewal ER Contr	RENEWAL Total Premium	RENEWAL ER Premium	EE Premium
Select Med Plus									
Employee	66	80.5%	\$534.00	\$430.00	\$104.00	80.5%	\$512.60	\$412.77	\$99.83
Two Party	59	80.5%	\$1,175.10	\$946.26	\$228.84	80.5%	\$1,128.10	\$908.41	\$219.69
Family	264	80.5%	\$1,602.50	\$1,289.70	\$312.80	80.5%	\$1,538.40	\$1,238.11	\$300.29
Select Care Plus									
Employee	18	76.6%	\$562.10	\$430.80	\$131.30	76.6%	\$539.60	\$413.56	\$126.04
Two Party	13	76.6%	\$1,236.80	\$947.86	\$288.94	76.6%	\$1,187.30	\$909.92	\$277.38
Family	17	76.6%	\$1,686.50	\$1,292.62	\$393.88	76.6%	\$1,619.00	\$1,240.88	\$378.12
Medical Total Annual Premium			\$6,990,019	\$5,600,895	\$1,389,124		\$6,710,374	\$5,376,824	\$1,333,550
Preferred Dental Care - PFD									
Employee	73	80.4%	\$48.32	\$38.84	\$9.48	80.4%	\$48.58	\$39.05	\$9.53
Two Party	70	80.4%	\$66.10	\$53.13	\$12.97	80.4%	\$66.42	\$53.39	\$13.03
Family	306	80.4%	\$100.04	\$80.40	\$19.64	80.4%	\$100.52	\$80.79	\$19.73
Dental Total Annual Premium			\$465,199	\$373,882	\$91,317		\$467,458	\$375,698	\$91,761
Insight Network									
Employee	60	0.0%	\$6.03	\$0.00	\$6.03	0.0%	\$6.03	\$0.00	\$6.03
Employee & Spouse	44	0.0%	\$11.45	\$0.00	\$11.45	0.0%	\$11.45	\$0.00	\$11.45
Employee & Child	25	0.0%	\$12.05	\$0.00	\$12.05	0.0%	\$12.05	\$0.00	\$12.05
Family	115	0.0%	\$17.71	\$0.00	\$17.71	0.0%	\$17.71	\$0.00	\$17.71
Vision Total Annual Premium			\$38,442	\$0	\$38,442	0%	\$38,442	\$0	\$38,442
TOTAL ANNUAL Premium			\$7,493,660	\$5,974,777	\$1,518,883		\$7,216,274	\$5,752,521	\$1,463,753
% Change vs. Current							-3.7%	-3.7%	-3.6%
\$ Change vs. Current							(\$277,386)	(\$222,256)	(\$55,131)

Current Carrier Disclosure

Consulting Fee	Response	Commission or Brokerage Fee	Supplemental Compensation
Gallagher		\$4,500 / month	Not Applicable

Fully-Insured Medical	Response	Commission or Brokerage Fee	Supplemental Compensation
SelectHealth	Rate hold was negotiated to a -4% renewal	N/A	Large group (51+): 0% - 1% Small group (2-50): 0% - 22% Dental: \$1.25 per subscriber

Dental Plans	Response	Commission or Brokerage Fee	Supplemental Compensation
PEHP	.5% Increase	\$3 PEPM	0%

Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations

Current Carrier Disclosure

Ancillary Plans	AM Best Ratings	Response	Commission or Brokerage Fee	Supplemental Compensation
PEHP	NA**	Renewal	3.0%	0%

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A.M. Best's Rating Scale

Level	Category	Level	Category	Level	Category
A++, A+	Superior	B, B-	Fair	D	Poor
A, A-	Excellent	C++, C+	Marginal	E	Under Regulatory Supervision
B++, B+	Very Good	C, C-	Weak	F	In Liquidation
				S	Rating Suspended
Financial Size Categories					
FSC I	Up to \$1,000	FSC IX	\$250,000 to \$500,000		
FSC II	\$1,000 to \$2,000	FSC X	\$500,000 to \$750,000		
FSC III	\$2,000 to \$5,000	FSC XI	\$750,000 to \$1,000,000		
FSC IV	\$5,000 to \$10,000	FSC XII	\$1,000,000 to \$1,250,000		
FSC V	\$10,000 to \$25,000	FSC XIII	\$1,250,000 to \$1,500,000		
FSC VI	\$25,000 to \$50,000	FSC XIV	\$1,500,000 to \$2,000,000		
FSC VII	\$50,000 to \$100,000	FSC XV	\$2,000,000 Or More		
FSC VIII	\$100,000 to \$250,000	(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)			
Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.					

Non-Grandfathered Status

You had a health policy in effect prior to March 23, 2010, and because you have made significant enough plan changes to have lost your grandfathered status, you must comply with the additional requirements under the Patient Protection and Affordable Health Care Act (PPACA).

Examples of plan changes that could have caused you to lose grandfathered status include, but may not be limited to:

- Significantly cut or reduce benefits;
- Add or reduce annual dollar limits;
- Raise coinsurance percentages;
- Increase deductibles or out-of-pocket maximums by more than the amounts allowed based on medical inflation*;
- Increase employee contribution percentage by more than 5% of the contribution rate on March 23, 2010 (determined contribution rate based on COBRA valuation for self-insured plans)

*Medical inflation is the increase since March 2010 in the overall medical care component of the Consumer Price Index for All Urban Consumers (CPI-U) (unadjusted) published by the Department of Labor.

Your plan must comply with the provisions that apply to grandfathered plans in addition to the provisions that apply to nongrandfathered plans. The additional requirements that apply to nongrandfathered plans include, but are not limited to:

- Provide coverage to children to age 26 regardless of whether they are eligible for their own employment-based coverage;
- Provide coverage of recommended preventive services with no cost sharing;
- Include patient protections such as guaranteed access to emergency room services and OB-GYNs and pediatricians;
- Include new claims appeal rules including both internal and external review; and
- Comply with nondiscrimination rules for fully insured health plans under Code §105(h) which prohibit discrimination in favor of highly compensated individuals as to benefits and eligibility requirements (pending release of final regulations).

For plan years starting on or after January 1, 2014, plans that have lost grandfathered status will also have to comply with the following:

- No discrimination against individuals participating in clinical trials (insured plans only);
- No discrimination based on health status; and
- Provide essential benefits (insured plans only) and prohibit cost sharing in excess of the limits for qualified high deductible health plans;
- No discrimination against health care providers acting within the scope of their professional license and applicable State law; and
- Prohibit out of pocket limits in excess of applicable out of pocket limits as determined by HHS for plan years starting on or after January 1, 2015

NOTE: This is only a brief summary of PPACA guidance, intended to highlight points with the most universal impact. It is not intended to be a complete summary of requirements, changes, or regulations. Further guidance and probable changes are expected to continue.

Medicare Part D Creditable Coverage Information

Creditable vs. Non-Creditable Coverage for Medicare Part D

In order to be creditable, Medical and Rx plans must be able to answer "YES" to numbers 1-3, and "YES" to ONE of the items listed under 4.

1. Provides coverage for brand name and generic prescription drugs.
2. Provides reasonable access to retail prescription drug providers.
3. The plan is designed to pay on average at least 60% of participants' prescription drug expenses.
4. The plan satisfies **at least one of the following**:
 - a. The prescription drug coverage has no annual benefit maximum, or a maximum annual benefit payable by the plan of at least \$25,000.
 - b. The prescription drug coverage has an actuarial expectation that the amount payable by the plan will be at least \$2,000 annually per Medicare eligible individual.
 - c. For entities that have integrated health coverage, the integrated health plan has no more than a \$250 deductible per year, has no annual benefit maximum, or a maximum annual benefit payable by the plan of at least \$25,000 and has no less than a \$1,000,000 lifetime combined benefit maximum.

Employer Shared Responsibility Mandate/PPACA Compliance

Employer Shared Responsibility Mandate (ESRM) Large Employer -	Determined to be over 100 full time equivalent employees	An employer that employed at least 50 full time equivalent employees (FTE) in the preceding calendar year is required to offer affordable, minimum value health coverage to substantially all FTEs or pay a penalty.
Medical Plan(s) meet Minimum Essential Coverage?	Yes	A plan that meets the minimum essential coverage requirement meets the individual mandate requirement for employees who elect coverage. The Summary of Benefits & Coverage is required to reflect if the plan is minimum essential coverage.
Offering to 95% of full-time employees?	Subject to determination by employer	An employer is required to offer minimum essential coverage to at least 95% of full-time employees January 1, 2016 or be subject to a penalty.
Medical Plan(s) meet Minimum Value?*	Yes	If the plan is not of a minimum value, then an employee will be eligible to seek premium assistance from the Marketplace (Exchange). If the employee receives premium assistance through the Marketplace, the employer will be subject to a penalty. The SBC is required to reflect whether the plan is of a minimum value.
Affordable Coverage?*	Subject to Employer Determination	If the cost of health coverage for the employee is unaffordable, then an employee will be eligible to seek premium assistance to purchase a plan from the Marketplace. If the employee receives premium assistance to purchase health coverage, then the employer would be subject to a penalty.

*PPACA requires employers covered by the Fair Labor Standards Act to notify employees about the availability of health insurance options for the public marketplaces/exchanges. The Marketplace Notice you provide to new employees may need to be updated if the minimum value and/or affordable coverage status of your plan changes.

The answers outlined here are based on the recommendations of this proposal. If these options are not chosen, are modified or final contributions differ, you may be subject to fees and penalties.

Prepared by:



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Medical Proposal Assumptions

Effective: Jul-2021

General Assumptions

- Carriers reserve the right to revise rates should any federal, state or local authority mandate a change in benefits or impose or change a tax on plan revenue during the contract period.
- A group health plan may not reduce its coverage of the costs of pediatric vaccines (as defined under section 1928(h)(6) of the Social Security Act as amended by section 13830 of the Omnibus Budget Reconciliation Act of 1993) below the coverage it provided as of May 1, 1993. If the preventive care benefit which includes immunizations is currently in or is added to your medical plan it cannot in the future be deleted.
- Generally all lines of coverage within a carrier must be packaged and have common eligibility.
- Retirees are not eligible for coverage unless they qualify for a COBRA extension.
- Final rates will be based on actual enrollment, participation, employer contribution and other underwriting guidelines.
- Effective date of July 1, 2021. Unless otherwise indicated, rates will be guaranteed for 12 months.
- For plan years ending on or after October 1, 2015, group health plans will be assessed a \$2.17 per life per year Patient-Centered Outcomes Research Institute Fee (PCORI). For plan years ending on or after 10/1/16 but before 10/1/17, the amount will be determined by HHS. Fees will be based on the average number of lives covered under the plan during that year. The fee will be paid by the insurer for insured plans and by the plan sponsor for self-insured health plans.

Transitional Reinsurance Fee

- A transitional reinsurance program will be established in each State to help stabilize premiums for coverage in the individual market during the benefit years 2014 through 2016. Under this provision, all health insurers must make contributions into the Program for each individual covered by your plan. The Program will support reinsurance payments to individual market insurers that cover high-cost individuals. Insurers will report and pay the fee for insured plans on an annual basis beginning in 2014. However, the insurer is not prohibited from passing the cost of the fee on to their policyholders through higher premiums or assessments. The fee does not apply to most health FSAs or dental or vision coverage because they do not provide major medical benefits. In addition, health savings accounts (HSA) and health reimbursement arrangements (HRA) that are integrated with a group health plan are not subject to the assessment.

PEHP

- Rates are guaranteed for 12 months until July 1, 2022.
- As stated in "General Assumptions."

EyeMed

- Rates are guaranteed for 48 months until July 1, 2023.
- As stated in "General Assumptions."

SelectHealth

- Rates are guaranteed for 12 months until July 1, 2022.
- Employer contributions must be at least 90% of the employee cost or 50% across all tiers
- 75% of eligible employees must participate in an employer sponsored health plan
- Employer may not incentivize employees to not elect coverage
- The number of out-of-area participants may not exceed 30% of the group's enrolled employees.
- Eligible employees: 480
- If enrollment differs by more than 15% during the contract year, SelectHealth reserves the right to reevaluate rates and plan designs.
- Confirmation and notification of renewal plan and rates must be received by SelectHealth by the first day of the month prior to renewal. If confirmation is not received by the first day of the prior month, SelectHealth will automatically assume Option 1 was selected.
- Eligible employees include permanent full-time personnel (hourly and salaried) working 30 hours or more per week who reside within the plan's service area(s). Retirees are excluded.
- Newly hired eligible employees who enroll within the Initial Eligibility Period of 31 days will be covered on date of employment.
- Coverage will terminate at the end of the calendar month in which subscriber and / or dependents lose eligibility.
- Covered dependents will not be removed from the subscriber's policy for any reason other than reaching age 26, or upon the request of the subscriber. Coverage will be terminated at the end of the month in which the dependent child turns 26.
- As stated in "General Assumptions."

Gallagher Benefit Services Privacy Policy Disclosure

Thursday, February 25, 2021

Unified Fire Authority
Calogero Ricotta
3380 S 900 W
Salt Lake City, UT 84119

RE: Privacy Policy Disclosure

Dear Calogero Ricotta,

Gallagher Benefit Services, Inc. (Gallagher) treats your personal privacy with care and respect. Because we value our client relationships, we do not disclose our clients' nonpublic personal, financial or health information with third parties, except for the specific purposes listed in the enclosed Privacy Policy Summary or as otherwise permitted by law. Personal information is any information that can be used to identify, locate or contact you or your employees. Personal information does not include publicly available information or individually identifiable business contact information of employees such as name, title, business address, business telephone number or business email address.

Applicable law requires Gallagher to provide our clients with notice of our Privacy Policy, a summary of which is enclosed here (the full text of the Gallagher Privacy Policy can be retrieved at the following URL: <http://www.ajg.com/privacy-policy/>). This policy does not apply to our efforts to market our products and services to you, so you may receive information from us regarding products that may suit your needs.

Gallagher has always been mindful of our clients' privacy. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

Thank you for choosing Gallagher Benefit Services, Inc. We appreciate your business and value our relationship.

Enclosure: Privacy Policy Summary

Prepared by:



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and disclaimers on the Assumptions pages of this marketing presentation.**

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Gallagher Benefit Services Privacy Policy Disclosure

This **Privacy Policy Disclosure** outlines and summarizes our information sharing practices to help you understand how we protect your privacy and that of your employees when we collect and use information about you and your employees, and the measures we take to safeguard that information.

Information We May Collect. We may collect the following nonpublic personal, financial or health information about you or your employees including:

- Information we receive from you and your employees on applications or questionnaires, such as occupation, current employer and social security number;
- Information about your transactions with us, our affiliates, or previous insurers; such as your policy coverage, claim information, premiums and payment history;
- Information we receive from consumer-reporting agencies such as Equifax that is obtained for the purpose of ascertaining credit histories. These reports are obtained as underwriting tools to determine bill paying habits and creditworthiness for certain individual, personal insurance products. These reports are not subject to race, gender or income;
- Information that allows us to communicate with you or your employees, such as name, user name, password, age, marital status, occupation, mailing address, telephone numbers, email address, or other addresses that allow us to send a message;
- Information that assists us to conduct business with you or your employees, such as types of products or services that may be of interest, employee financial information or information on your company's size, revenue, type, industry codes, demographics, locations, and financial information;
- Information about your transactions with us, our affiliates, or your previous providers;

Information We Disclose. We do not disclose any nonpublic personal, financial or health information about our clients, former clients or their employees to anyone, except for the purposes of placing your insurance coverage(s), fulfilling your requests for products or services and related activities, responding to your requests for a call or email, processing transactions you request, telling you about products or services we offer and as otherwise permitted by law.

Information Security. We restrict access to nonpublic personal, financial or health information about you and your employees to those employees and subcontractors who have a need to know that information to provide products or services to you or your employees. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

HUMAN RESOURCES DIVISION
JOB CLASSIFICATION REVIEW – CIVILIAN POSITIONS
FY 2021-22 BUDGET PROCESS

OVERVIEW:

The Human Resource Division has developed a Job Classification Review program to evaluate civilian positions (titles, grades, and job descriptions) on a rotating three-year basis. In addition to the rotating schedule, positions will also be reviewed prior to recruitment or if a position has significantly changed since it was last reviewed.

Each Classification Review entails the following:

- Obtaining an updated job description
- Conducting a market analysis of both private and public sector markets
 - We utilize the Technology Net Compensation Survey System as the primary source for comparable public-sector wage information. The vast majority of public-sector jurisdictions (Cities, Counties and Special Districts) in the State subscribe to this system and input information regarding wage and benefits for a wide variety of positions. This is the same system that we used to compile the Wage Comparison Tables for the sworn Firefighter positions.
 - We utilize the Utah Department of Workforce Service's economic data for the Salt Lake Area to obtain private-sector wage information where available and appropriate.
- Comparing the position to internal comparisons based on organizational structure and similar levels of scope and responsibility
- Reviewing the results with the Division Chief, Section Chief, Fire Chief and CFO to ensure comparison accuracy
- Reviewing the analysis with each employee and his or her Division Chief

SUMMARY:

As illustrated in the attached spreadsheet, we conducted classification reviews for five positions as part of this year's budget process.

As a result of the Classification Reviews:

- Two of the reviewed positions have no proposed changes to title or grade.
 - 1. *Director of Communications Grade 33*
 - 2. *GIS Specialist Grade 27*

- Three of the reviewed positions are proposed to be reclassified to a higher pay grade and title:
 1. *Full-Time Communications Supervisor Grade 28 is proposed to be reclassified as a Network Engineer Grade 30.*
 - *A pay increase of 5% has been proposed for this position adjusting the salary annually from \$85,033.00 to \$89,284.65; an increase in salary of \$4,251.65 annually.*
 2. *Full-Time Communications Tech Grade 24 is proposed to be reclassified as a Network Engineer Grade 28.*
 - *A pay increase of 5% has been proposed for this position adjusting the salary annually from \$67,377.32 to \$70,746.19; an increase in salary of \$3,368.87 annually.*
 3. *Full-Time Human Resource Technician Grade 19 is proposed to be reclassified as a Human Resource Analyst Grade 22.*
 - *A pay increase of 6.7% has been proposed for this position adjusting the salary annually from \$52,480 to \$55,996.16; an increase in salary of \$3,516.16 annually.*

Full classification reviews are available for each of these positions. These reviews provide the specific pay range amounts and the background, analysis and rationale for the recommendation.

Prepared by Calogero Ricotta

FY 2021-22 BUDGET YEAR CLASSIFICATION REVIEWS (UPDATED 3/11/2021)

IT DIVISION

CURRENT POSITION TITLE	CURRENT GRADE	PROPOSED POSITION TITLE	PROPOSED GRADE	FULL TIME OR PART TIME
Communications	28	Senior Network Engineer	30	FT
Communications	24	Systems Administrator	28	FT

INFORMATION OUTREACH DIVISION

CURRENT POSITION TITLE	CURRENT GRADE	PROPOSED POSITION TITLE	PROPOSED GRADE	FULL TIME OR PART TIME
Director of	33-Exempt	Director of Communications	33-Exempt	FT

EMERGENCY MANAGEMENT DIVISION

CURRENT POSITION TITLE	CURRENT GRADE	PROPOSED POSITION TITLE	PROPOSED GRADE	FULL TIME OR PART TIME
GIS Specialist	27	GIS Specialist	27	FT

HUMAN RESOURCES DIVISION

CURRENT POSITION TITLE	CURRENT GRADE	PROPOSED POSITION TITLE	PROPOSED GRADE	FULL TIME OR PART TIME
HR Deputy Director	30	HR Deputy Director	31 or 32	FT
HR Technician	19	HR Analyst	22	FT

 = GRADE CHANGE RECOMMENDED



UNIFIED FIRE AUTHORITY

TO: Benefits and Compensation Committee
FROM: Dominic Burchett, Assistant Chief Support Services
SUBJECT: Proposed Restructure of Mechanic Pay Plan
DATE: March 25, 2021

This proposal is designed to provide additional pay that will encourage and reward formal training and certification as an Emergency Vehicle Technician (EVT) 1, 2, 3, or Manager through the EVT Certification Committee, for four UFA Mechanics and the Fleet Manager.

This restructure and program will provide improved emergency services delivery (Strategic plan Initiative #2) by improving the quality of maintenance on the emergency vehicles and professional development (Sustaining Goal #4) for our Mechanics, while helping to retain them for a longer period of time in this critical role.

The estimated impact in FY21/22 is \$16,326. Similar increases may be experienced each year until all mechanics reach their top salary range, based on the level certified.

PAY PLAN ADJUSTMENT: **MECHANIC POSITIONS**

- Level I EVT - 3% pay increase and remain in current Grade 22
- Level II EVT - Advancement to Grade 23 with a 5% pay increase
- Level III Master Mechanic - Advancement to Grade 24 with a 5% pay increase

FLEET MANAGER POSITION

- EVT Management Track – 5% wage increase, remain in Grade 29

BACKGROUND:

The EVT Certification Commission is a nonprofit organization that was created to focus on the training and certification of emergency vehicle technicians. The Commission's main purpose is to ensure that the technicians working on the emergency vehicles are held to similar standards as the Firefighters responding on the apparatus. Because of the nature of the job, emergency vehicles not only show mechanical issues differently, but need to be addressed differently.

The intent of the certification program is to improve our mechanics' ability to identify and address mechanical issues sooner. This program will also give the mechanics the training necessary to manage more repairs 'in-house', which will reduce the amount of time crews utilize reserve apparatus and get them back in front-line equipment sooner. Ultimately, decreased costs should be realized by reducing the number of outside vendor repairs. In time, our fleet will be more reliable, more dependable, and have a longer lifespan with this program.

Our current team of mechanics are receiving some very positive feedback from field personnel. We value their work and we want to support their training and education needs. The EVT Certification Program will recognize their continuing education efforts with the ability to gain a higher rate of pay while helping improve employee retention.

The proposed pay scale is within market of other organizations that have EVT programs, but only 2 other departments in the state incentivize for the certification. Staff believes that adoption of this proposed program will improve our ability to retain and recruit the most qualified and quality mechanics in the future.

SPECIFIC REQUIREMENTS FOR EACH LEVEL:

UFA Level I EVT Requirements	
ASE Exams	EVT Exams
T-4 Heavy Duty Truck, Brakes	F-1 Inspection, Maintenance and Testing of Fire Apparatus
T-5 Heavy Duty Truck, Suspension and Steering	F-2 Design and Performance of Fire Apparatus
A-4 Automobile, Suspension, and Steering	E-0 Inspection, Maintenance and Testing of Ambulances
A-5 Automobile, Brakes	E-1 Design and Performance of Ambulances
UFA Level II EVT Requirements	
ASE Exams	EVT Exams
T-2 Heavy Duty Truck, Diesel Engines	F-3 Fire Pumps and Accessories
T-3 Heavy Duty Truck, Drivetrain	F-4 Electrical Systems
T-6 Heavy Duty Truck, Electrical Systems	E-2 Ambulance Electrical Systems
A-9 Automobile, Diesel Engines	E-3 Ambulance Heating, Air Conditioning and Ventilation
T-4 Heavy Duty Truck, Brakes	
UFA Level III (Master) EVT Requirements	
ASE Exams	EVT Exams
T-1 Heavy Duty Truck, Gasoline Engines	F-5 Aerial Fire Apparatus
T-7 Heating and Air Conditioning	F-6 Allison Automatic Transmissions
T-2 Heavy Duty Truck, Diesel Engines	E-4 Ambulance Cab, Chassis and Powertrain
T-5 Heavy Duty Truck, Suspension and Steering	
UFA EVT Management Track Requirements (Fleet Manager Only)	
EVT Exams	
M-1 Level 1 Supervisor	
M-2 Level 2 Supervisor	



UNIFIED FIRE AUTHORITY

TO: Benefits and Compensation Committee
FROM: Dominic Burchett, Assistant Chief Support Services
SUBJECT: Proposed Restructure of Fire Prevention Pay Plan
DATE: March 25, 2021

This proposal is designed to provide additional pay to match the responsibilities of the Fire Marshal and Fire Prevention Specialists.

The Fire Prevention Specialists work as Fire Marshal for the communities they are assigned to. These positions are highly accountable to the elected and professional leadership in the municipality and key to their economic development and the safety of the citizens. In similar organizations with multiple municipalities, compensation for these positions lies between Firefighter and Captain. The proposal is to pay these positions the equivalent to Specialists II or Paramedic II until they can gain the experience and qualifications needed to be classified as Area Fire Marshals. The Area Fire Marshals payrate is proposed to be 7% over Firefighter Specialist II, as shown in the proposed pay scale.

The Fire Marshal has the responsibility of all Fire Prevention and Code Enforcement for the UFA Service area. Similar larger agencies with multiple municipalities compensate this position at an Assistant or Deputy Chief Level. This proposal is to transition the Fire Marshal position to the same pay as the Operations Chief over a three-year period, and transition to an exempt position effective July 1, 2021.

The total cost for these proposed adjustments:

- FY 21/22: \$37,570
- FY 22/23: \$17,323
- FY 23/24: \$12,623

BACKGROUND:

After an analysis of the roles that the Fire Prevention Specialists and the Fire Marshal serve in our communities, we feel the current pay is not equivalent to the responsibilities. Neither of these positions have true direct comparisons in the local market, however, we have reviewed their placement in the pay plans of organizations of similar size. This proposal is not to compare the actual wage earned in other states, this is simply a position comparison to other organizations.

The Fire Marshal oversees fire safety inspections, technical plan reviews, and code enforcement in all 15 municipalities and Salt Lake County. In addition, the Fire Marshal is very active on

legislative issues, as several bills each year directly relate to code enforcement. This position is critical to provide a safe environment for the residents of our communities and to ensure economic development can flourish without compromising the safety of both the residents and our Firefighters.

Based on this proposal, the Fire Marshal would continue to report directly to an Assistant Chief and has been included as part of Command Staff effective February 15, 2021.

Realizing that the proposed increase to the Fire Marshal salary is substantial, staff is recommending the increase be spread over a 3-year period. This is approximately a 12% increase annually for three years.

The Fire Prevention Specialists work directly with the municipality's leadership, building, and planning departments and local developers, while also serving as the Area Fire Marshal working under the direct supervision of the Deputy Fire Marshals.

The proposal to pay these positions slightly higher than other specialist will allow staff to memorialize and highlight the Fire Prevention Division in the current pay plan while providing the positions pay equivalent to their current responsibilities.

Proposed Pay Scale

Rank	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
FF	45,112	46,353	47,628	48,938	51,667	53,088	56,048	59,173	62,472	65,957
FF-AEMT	48,388	49,719	51,086	52,491	55,417	56,941	60,118	63,470	67,008	70,747
Eng/Spec I	49,719	51,086	52,491	53,934	56,941	58,507	61,772	65,216	68,851	72,693
Eng/Spec II/Prev Spec	53,088	54,548	56,048	57,589	60,800	62,472	65,958	69,635	73,517	77,619
PM I	52,393	53,834	55,314	56,835	60,004	61,654	65,094	68,723	72,555	76,603
PM II/Prev Spec	55,186	56,703	58,263	59,865	63,202	64,940	68,564	72,387	76,422	80,687
Area Fire Marshal	56,804	58,366	59,971	61,620	65,056	66,845	70,575	74,509	78,663	83,052
Captain/Staff Captain	65,596	67,399	69,253	71,157	75,124	77,190	81,498	86,041	90,838	95,907
BC/Division Chief	76,077	78,169	80,319	82,528	87,128	89,524	94,520	99,789	105,353	111,231