CONTACT

2025

McClone Insurance 150 Main Street Menasha, WI 54952 www.mcclone.com





CITY OF MANITOWOC

REQUEST FOR PROPOSAL: EMPLOYEE BENEFIT SERVICES



TABLE OF CONTENTS

3	Executive	Summary
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- 4 Vendor Profile
- 8 Scope of Services
- 16 Implementation Plan
- 17 Cost Estimate
- 18 Sample Client Service Agreement





1. EXECUTIVE SUMMARY

Provide a concise summary of products and services.

The world didn't need another insurance broker. It needed something better. A partner that redefines the status quo and sets a new standard for risk management and employee benefits.

Born from decades of expertise and driven by innovation, McClone challenges conventions in an industry stuck in outdated models. Our purpose, **Make a Difference Every Day**, fuels everything we do—helping clients create safer workplaces, navigate complexity, and build connections that matter.

We believe potential exists everywhere. Uncovering it takes curiosity, collaboration, and the courage to think differently. That's why McClone delivers smarter solutions, measurable impact, and peace of mind, not just policies. With a healthy disregard for "how it's always been done," we work relentlessly to reshape the industry and drive results that are anything but ordinary.

McClone offers comprehensive risk management services including business insurance, employee benefits, HR outsourcing, 401(k) plans, and personal insurance, all designed to fit the unique needs of our clients.

As advisors, we're in it for the long term. We design solutions that don't just solve today's challenges, they evolve with you. Because at the end of the day, insurance shouldn't be what slows you down. It should be what frees you up to focus on what you do best.



2. VENDOR PROFILE

Provide history, business philosophy, experience, overview of account team.

History & Experience

McClone was founded in 1949 by Ralph "Cyclone" McClone with a simple goal: to protect families and businesses in his community. From those early days at his kitchen table, McClone has grown into one of the country's leading risk management and insurance brokerage firms.

With over 130 team members across our Menasha, Wisconsin headquarters and regional offices statewide,

we serve all clients from Main Street businesses to global enterprises.

What truly sets McClone apart is how we approach risk and benefits. Insurance is not the starting point of our conversations. Before we ever look at policies or declarations pages, we take the time to understand your organization—its goals, structure, vision, and challenges.

That's the foundation of our RiskMAP[™] process. Too often, businesses are presented with "solutions in search of a need"—products that may not align with what actually matters to their organization. We take the opposite approach. RiskMAP[™] ensures that we identify risks and opportunities first, then build a strategy that makes sense.

Making a difference extends beyond our clients. Through McClone M.A.D.E. (Make A Difference Every Day), we reinvest 10% of our revenue into our communities and encourage our team to give back through service and charitable initiatives.

As we celebrate 75 years of innovation and impact, we remain committed to leveraging the latest tools, talent, and technology to help clients protect, grow, and thrive.

Business Philosophy

Our philosophy is simple: "When in doubt, do the right thing. The rest will take care of itself." – Mike McClone, President & CEO, 1987-2018.

We believe that success comes from putting clients first, acting with integrity, and always doing what's in their best interest. We aren't focused on being the biggest—we're focused on being the best. That means delivering personalized service, innovative solutions, and strategic guidance that truly make an impact.

In an industry where unpredictability is the only constant, we take pride in being a steady, trusted partner, helping clients navigate change, manage risk, and build sustainable benefits strategies that support their people and their bottom line.



HEADQUARTERS

Menasha, Wisconsin

REGIONAL OFFICE LOCATIONS

Madison, Milwaukee, Sheboygan, Fond du Lac

OUR PASSION

Proactively protecting businesses, organizations and families, beyond insurance, better than anyone, and with a smile.

CORE PURPOSE

Make a difference every day in the communities we serve.





Account Team

Tera Nelson will serve as the lead advisor for the City of Manitowoc, bringing over 15 years of experience in the employee benefits space. Tera's deep expertise in strategic planning, benefits optimization, and cost management positions her as an invaluable partner to you, particularly in addressing the challenges faced by public entities.

Tera's leadership is grounded in her ability to foster collaboration and drive results through data-informed decision-making. She takes a hands-on approach to plan design and monitoring, ensuring that every decision is aligned with your goals of delivering superior employee benefits while controlling costs.

The City of Manitowoc will benefit from her role as an educator and advocate for employee engagement. Tera understands that employees are the cornerstone of any benefits plan's success, and she's committed to ensuring that your employees are wellinformed and empowered to make the best use of their benefits. As a resource to the city, she is happy to be onsite regularly, leading open enrollment sessions, consumerism workshops, and healthcare literacy programs to help employees become better healthcare consumers, which in turn drives down costs and enhances satisfaction.



YOUR DEDICATED TEAM

Your dedicated team will be your main point of contact, ensuring seamless management and execution of your benefits program. From enrollment coordination to strategic planning, this team is focused on delivering personalized service and proactive solutions to meet your specific needs. They will be available to support you year-round, making sure that both your leadership team and employees are well taken care of.







Tera Nelson

Sr. Strategic Risk Advisor

Tera will serve as the lead advisor and works with clients on strategic planning, cost containment, employee engagement, and compliance. She uses her 15 years of industry experience to spot trends that help employers offer competitive benefits that attract and retain employees.

Lisa Manske Sr. Account Executive

Lisa serves as the day-to-day contact and manages key activities for clients including strategic benefits planning, conducting presentations, providing analytics and data, facilitating the annual review process, and engaging with carriers and other vendors.

Kelly Stuhr Sr. Account Manager

Kelly ensures smooth delivery of your benefits program and your ongoing satisfaction. Her knowledge and technical expertise allow her to support clients and assist in strategy execution.

Jess Hauser Clinic Advisor

Jess is an expert in onsite clinic strategy, guiding organizations through the complexities of planning, implementing, and optimizing clinic services. She ensures each clinic is thoughtfully designed and continuously evaluated to deliver meaningful value to the workforce and support overall well-being goals.

YOUR EXTENDED TEAM

In addition to your dedicated team, your extended team provides specialized expertise in areas such as compliance, claims advocacy, and Medicare. These experts collaborate with your dedicated team to deliver comprehensive support, offering additional resources as needed to keep your benefits program running smoothly and efficiently. Together, we ensure all aspects of your benefits plan are optimized for success.



3. SCOPE OF SERVICES

Provide information as it pertains to: strategic planning approach, resources used, capabilities, reporting, claims analysis, benchmarking, forecasting, modeling, compliance, stop loss, legal, technology, open enrollment, value-added benefits, etc.

Strategic Planning

We believe that great benefits programs do more than just provide coverage—they drive employee engagement, improve health outcomes, and help employers control costs over time. Our approach isn't about short-term fixes or transactional renewals, it's about creating a long-term strategy that ensures cost efficiency, compliance, and employee satisfaction.

At the core of our strategy is RiskMAP[™] (Risk Management Action Plan)—our proprietary process that goes beyond traditional brokerage by taking a holistic, data-driven approach to benefits management.



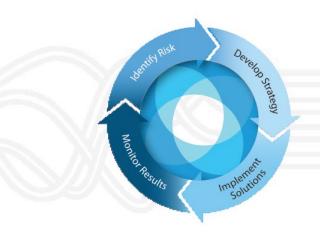
WHAT IS THE RISKMAP™ PROCESS?

1. IDENTIFY RISK

We uncover your risks, goals, and challenges to pinpoint the ideal carrier and vendor relationships and solutions that align with your vision.

4. MONITOR RESULTS

Your business is dynamic, so is our approach. We continuously monitor and adapt your strategy using data-driven insights to ensure ongoing protection and optimal performance.



2. DEVELOP STRATEGY

Our team crafts a comprehensive risk management plan, exploring cost-saving options and leveraging value-added tools for your success.

3. IMPLEMENT SOLUTIONS

We put your personalized plan into action, designed to achieve your short- and long-term goals.
We strongly believe our process motivates underwriters to offer much lower insurance costs on your behalf.

The Relationship Triangle: A Meaningful Advantage in the Marketplace

We do more than broker benefits, we manage relationships. That's the foundation of our Relationship Triangle, a model that ensures alignment, transparency, and accountability between three critical partners:

- 1. Your Organization Your goals, workforce needs, and financial objectives.
- 2. Vendors & Carriers Ensuring transparency, performance, and alignment with your needs.
- 3. **Our Team** Acting as your advocate and strategic advisor, relentlessly negotiating and ensuring every partner is delivering value.

This is not just a concept we put in an RFP—it's a philosophy we live by, one that drives real results. Every member of our team is trained in it, and it's why we've built one of the strongest reputations in the market.

Many brokers focus on "market leverage," claiming that bigger is better when it comes to negotiating with carriers. But bigger doesn't always mean better, it often just means impersonal. Our competitive edge is in the strength of our relationships.

Carriers know that when we partner with a client, it's a relationship we take seriously—not just another name on a spreadsheet. We're known for our deep engagement, high-touch approach, and commitment to long-term success. This reputation means:

- We get the attention of top carriers. When we go to the market, our partners know we've done our due diligence and that we're bringing a committed, well-aligned client to the table.
- Our relationships drive better outcomes. We don't just push for the lowest rate, we ensure that our clients get the right solutions, the right terms, and ongoing service that actually delivers on promises.
- We maintain a client retention rate of over 96%. That speaks volumes about the value our clients see in our partnership. They stay with us because we bring more than just market access. We bring advocacy, strategy, and a commitment to their success.

The **Relationship Triangle** is what ensures that every stakeholder is accountable, aligned, and delivers on expectations year after year. It's the way we do business, and it's why our clients continue to choose McClone as their trusted partner.

Our Commitment to Value-Based Benefits

The best benefits programs don't just manage costs, they improve employee health outcomes while ensuring long-term financial sustainability. That's why we help clients shift toward value-based care models and transparent pharmacy benefits, creating real, measurable savings. Whether through direct provider contracting, high-value network utilization, or targeted wellness initiatives, our focus is on making sure every dollar spent delivers maximum value.

Where We Can Improve Costs & Quality

While every strategy is customized, these are some of the most effective ways we help clients lower costs while enhancing their benefits program:

- Smarter Employee Communication & Consumerism The best benefits in the world mean nothing if employees don't understand how to use them. We implement clear, engaging education tools (videos, digital guides, workshops) that empower employees to make smarter healthcare decisions and reduce unnecessary high-cost claims.
- **Direct Contracting & High-Value Provider Networks** We work to steer employees toward high-quality, lower-cost care by negotiating direct provider contracts and optimizing network utilization, ensuring better care at a lower cost.
- Transparent PBM Strategies Prescription drug costs are one of the fastest-growing expenses in healthcare. We implement PBM carve-out solutions, manufacturer assistance programs, and direct pharmacy contracts to drive down costs while maintaining access to needed medications.
- Optimized Plan Design We carefully analyze deductibles, copays, and contribution structures to maximize coverage and minimize unnecessary expenses, ensuring employees receive more value without increasing costs.

- **Data-Driven Decision Making** We don't just react to rising costs, we predict and plan. Our proprietary analytics tools allow us to benchmark your plan, track cost trends, and provide actionable insights that continuously optimize performance year-over-year.
- Employee Survey Analysis & Recommendations To ensure we're addressing real employee needs, we analyze employee feedback and surveys to guide plan adjustments and improvements.
- **Total Well-Being** Recognizing that health goes beyond physical care, we incorporate strategies for mental, financial, and social well-being into the overall benefits plan.
- Wellness Incentives and programs that can be separate or integrated within your Benefits Plan.

The challenge of balancing cost control with high-quality benefits isn't going away, but there are ways to get ahead of it. By controlling what can be controlled, leveraging smart data-driven strategies, and ensuring alignment between your plan, vendors, and employees, we drive savings without sacrificing the benefits that attract and retain top talent.

Resources & Capabilities

We have the resources, expertise, and technology to ensure a successful and well-managed benefits program, but two key areas we want to highlight are the power of consumerism and effective communication, and the impact of employee benefits advocacy.

Every organization is looking for ways to make their benefits work smarter, delivering real value to employees while remaining financially sustainable. The reality is, there are factors we can control and factors we cannot—and the difference with us? We are relentless in going after what we can control. You'll often hear us say, "We are on the right side" of this challenge because our focus is on long-term, sustainable solutions that ensure your benefits program is a competitive advantage, not just an expense.

Empowering Employees Through Consumerism & Communication

Consumerism is one of the single most important factors in bending the cost curve. You could offer the best benefits package in the world, but if employees don't understand it or know how to use it effectively, it's meaningless. That's why effective communication is the foundation of our engagement strategy.

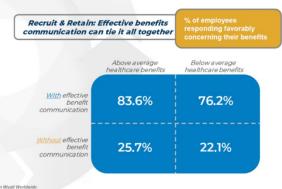


When employees become smarter healthcare consumers, they make better choices and can save money by using innetwork providers, leveraging preventive care, and avoiding unnecessary high-cost services. Educating employees isn't just about awareness, it's about empowering them to take control of their healthcare decisions.

The Importance of Effective Communication







We do this in a few different ways:

- Understanding Your Workforce We start by learning the culture, behaviors, and demographics of your employee population. This insight drives a communication strategy that resonates and connects.
- **Defining the Right Message and Timing** We work with you to determine what to communicate and when, aligning messaging with key moments throughout the year—not just during open enrollment.
- **Delivering Through the Best Channels** Our internal communications specialist, Courtney Benson, focuses solely on employee education. She tailors communication methods to your workforce, ensuring content is delivered in the right format, through the right channels, and at the right time.

Employee Benefits Advocacy: Real Support When It Matters Most

We know that a great benefits program isn't just about managing costs—it's about helping employees feel supported, especially when they're facing difficult health challenges. That's why we created our Employee Benefits Advocacy program, a key part of our partnership that ensures your team members have an advocate on their side when they need it most.

Too often, organizations focus on cost control while overlooking the human element of benefits. Our advocacy service fills that gap by providing employees with direct access to dedicated benefit advocates who do far more than just answer questions. They help employees navigate complex medical situations, access third-party funding and grants, connect with support groups, and find critical care resources.

The impact goes beyond individual employees—it improves overall workplace morale, engagement, and retention. Employees who feel supported during difficult times share their experiences, creating a culture where people know their employer genuinely cares. Many of our clients have told us that this program has become a differentiator in attracting and retaining top talent, while reducing administrative burdens on HR and helping manage costs by proactively addressing high-risk cases.

The Right Strategy, The Right Resources

Your benefits strategy is directly tied to employee retention, engagement, and overall workplace culture. Every employer wants the same things: a benefits package that attracts top talent, supports employee well-being, ensures compliance, and remains cost-effective. Our job is to educate the City of Manitowoc so you feel confident in your strategy, equipped with the right resources, and supported by the right partner in McClone.

Reporting, Claims Analysis, Benchmarking, Forecasting, Modeling

Data is only useful if it leads to clear, actionable decisions, and at McClone, data-driven strategy is built into everything we do. We don't just pull reports and provide spreadsheets—we turn data into a roadmap for improvement, helping clients manage costs, optimize benefits, and improve employee health outcomes.

Ai3: Turning Data into Action

Our Ai3 (Artificial Intelligence, Actual Intelligence, Actionable Insights) platform is our proprietary approach to translating complex claims data into real-world solutions. Ai3 helps us:

- Identify cost drivers like high-cost claimants, pharmacy spend trends, and underutilized preventive care.
- Predict future plan costs using modeling and benchmarking.
- Create targeted solutions that improve outcomes while controlling spend.

Innovu: Advanced Claims & Financial Analytics

We partner with Innovu, a leading benefits analytics platform, to provide real-time claims tracking, performance benchmarking, and cost modeling. This allows us to:

- Compare your plan against industry benchmarks to ensure competitiveness.
- Model plan design changes to forecast financial impact before making adjustments.
- Track utilization patterns and identify areas where education or plan modifications can drive better employee decision-making.

Benchmarking & Market Insights

- We compare your plan's costs, contributions, and utilization trends to similar organizations and industries.
- We help align your benefits strategy with market trends, ensuring your offerings stay competitive while remaining cost-effective.

Claims Analysis & Cost Containment

- We identify high-cost claim trends, outlier expenses, and inefficiencies in plan design.
- We look for opportunities to adjust plan components, introduce direct contracting, or optimize pharmacy benefits.
- Evaluate the return on investment (ROI) of programs by routinely tracking performance and reviewing results to ensure cost-effectiveness.

Forecasting & Modeling

- We use predictive modeling to anticipate future claims trends and cost fluctuations before they impact the budget.
- Our risk-adjusted forecasts help guide decision-making, ensuring financial sustainability.

While we use best-in-class analytics platforms, our real advantage is in our internal team of Benefits Analysts and Risk Analysts, who interpret the data, make recommendations, and implement solutions.

Sample reports are provided in Appendix A and Appendix B for review.



Compliance

We take compliance seriously because we know how complex and ever-changing state and federal regulations can be. Our goal is to ensure that our clients stay ahead of compliance risks while keeping their benefits programs running smoothly. Here's how we do it:

- **Proprietary Compliance Index** We use our Compliance Index to systematically identify and monitor common compliance gaps within organizations. This tool flags potential risks early, allowing us to take a proactive approach to compliance rather than reacting when issues arise.
- On-Staff Compliance Attorney We provide direct access to our in-house compliance attorney, Paul Kaster, JD, who assists with a wide range of federal and state regulatory matters. Whether it's guidance on ACA, ERISA, HIPAA, PPACA, COBRA, or FMLA, or navigating labor laws and contractual negotiations, we make sure our clients have expert support.
- Contract Review and Compliance Audits We conduct thorough reviews of insurance contracts, employee handbooks, and benefit plan documents to ensure they comply with ERISA and other regulations. We also assist with SPD Wrap services and analyze contractual clauses like Indemnification/Hold Harmless to mitigate unnecessary liability.

Compliance isn't about checking boxes. It's about protecting businesses from costly penalties and keeping benefits programs sustainable. We make sure our clients have the tools, resources, and expert guidance to stay ahead of regulatory challenges.

Stop Loss

area where employers often overpay or lack transparency in contract terms. At McClone, we take a practical, thorough approach to ensure the City of Manitowoc's stop-loss coverage provides the right level of protection—without unnecessary costs or surprises at renewal.

Here's what you can expect from us when it comes to stop-loss management:

- **Proactive Carrier Reviews & Negotiations** We don't wait until renewal to start the conversation. We continuously monitor market conditions and reassess whether your current carrier and contract terms are still the best fit. If a better opportunity exists, we will present options well before renewal.
- Contract Terms Matter—And We Scrutinize Them Not all stop-loss policies are created equal. We
 carefully review exclusions, renewal rate caps, lasering provisions, and contract language to ensure
 you're not exposed to unexpected costs down the road.

- Managing Large Claims Throughout the Year Stop-loss coverage is most valuable when claims are handled properly. We track high-cost claimants, monitor reimbursement timelines, and ensure claims are being processed accurately to protect your financial position.
- A Long-Term, Sustainable Strategy Our goal isn't just to get a good deal for one year; it's to ensure your stop-loss structure is sustainable over time. We'll help you understand when to adjust deductibles, explore aggregating stop-loss options, or implement strategies to reduce large claims altogether.

Ultimately, stop loss should be a financial safety net, not an unpredictable expense. We ensure the City of Manitowoc has the right protection in place—at the right cost—while avoiding the common pitfalls that come with a poorly structured contract.

Legal

Our on-staff attorney is here to help with compliance, contract review, and strategic guidance—cutting through the noise to ensure your plans are sound, compliant, and built to protect your organization. Whether it's ERISA, ACA, HIPAA, or vendor contracts, we review the details, flag potential risks, and provide practical recommendations. While we have in-house legal expertise, we also partner with top Employee Benefits & Compensation law firms, including Maynard Cooper & Gale and The Phia Group, for added depth in complex cases. If a situation escalates, we can provide seamless litigation support.

Technology

Technology plays a critical role in simplifying benefits administration, engaging employees, and providing real-time insights to optimize your program. We don't believe in overwhelming clients with tech for the sake of it. Our approach is to use technology in a way that actually makes benefits easier to navigate, understand, and manage. Every workforce is made up of individuals with different generations, skillsets, and comfort levels with technology. That's why we focus on meeting each end user where they are, ensuring the tools we implement enhance the experience for everyone, not just the tech-savvy.

In addition to the technology and resources we've addressed throughout this RFP, here are a few key tools we leverage to further support your benefits program:

- Zywave Client Portal A comprehensive platform providing on-demand compliance resources, HR
 tools, legislative updates, and benefits communication templates, giving your team quick access to the
 information they need.
- **Custom Employee Portals** Centralized, user-friendly platforms where employees can review plan details, access educational materials, and complete enrollment all in one place.
- Online & Mobile Enrollment Secure, guided digital enrollment tools that make selecting benefits simple, accessible, and available anytime, anywhere.
- Interactive Education Videos Customized video content that breaks down complex benefits topics like cost-saving strategies, pharmacy benefits, and wellness programs in an easy-to-understand format.

We use technology to simplify, not complicate, benefits administration, helping HR teams manage programs more efficiently while ensuring employees have the tools and education they need to maximize their benefits.

Open Enrollment

Open enrollment is one of the most important times of the year, and it's critical that HR teams and employees feel supported, informed, and empowered to make the best decisions. While open enrollment is a busy season, we believe in year-round preparation and continuous engagement to ensure a smooth and successful process.

Here's what you can expect from us during open enrollment:

- Clear, Engaging Communication We create customized benefits guides, education videos, and digital resources to ensure employees understand their options. Our goal is to make complex benefits simple and accessible. Courtney Benson, our dedicated Communications Specialist, plays an integral role in developing these materials and tailoring messaging to your unique workforce, considering generational diversity, varying tech preferences, and levels of benefits knowledge.
- Live & Virtual Employee Meetings We host in-person and virtual sessions to walk employees through their benefits, answer questions, and help them navigate any plan changes.
- On-Demand Resources Employees don't always have time to attend a meeting. That's why we provide pre-recorded video content, interactive decision-making tools, and online portals where they can access information at their convenience.
- **Personalized Support** Our Employee Benefits Advocate is available to assist employees with claims questions, provider searches, and plan selection guidance, taking the burden off HR.
- **HR & Leadership Support** We work closely with your team to ensure seamless plan implementation, carrier coordination, and compliance with all necessary regulations.
- **Data-Driven Follow-Up** After open enrollment, we provide participation reports, employee feedback insights, and recommendations for future improvements.

While open enrollment is a key milestone, our approach ensures that benefits education and support don't stop when enrollment ends. We keep employees engaged year-round, so they continue to see the value in their benefits, leading to higher utilization, better health outcomes, and smarter decision-making.



4. IMPLEMENTATION PLAN

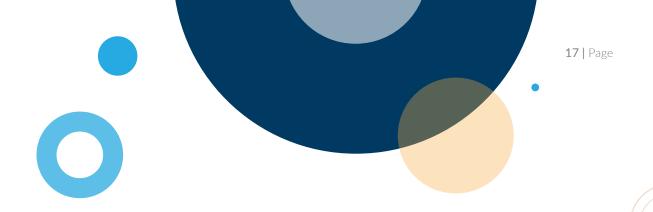
High-level implementation plan with estimated timeline.

Our RiskMAP Action Plan outlines the key steps and milestones necessary for a smooth transition and ongoing program management. This plan includes claims monitoring, employee communications, quarterly performance reviews, and strategic planning designed to keep your program aligned with evolving business needs.

Unlike the traditional annual cycle approach, we view employee benefits as a long-term strategy—one that has the potential to drive business growth and support organizational evolution. Through RiskMAP, we help you move beyond short-term renewals and into a proactive, data-informed framework that continually adapts to your workforce and business goals.

For full details, please refer to Appendix C, which provides the complete breakdown of the project plan timeline and action items.





5. COST ESTIMATE

Overall estimated cost of services.

Compensation is an important topic, especially during the RFP process, and we want to be transparent about how we approach it. Rather than providing a set dollar amount or fee upfront, our philosophy is to take over the compensation program "as is" when a consulting agreement isn't already in place. From there, we work closely with our clients to determine if the current arrangement is ideal or simply the default due to historical practices. Our goal is to ensure that compensation aligns with the value we deliver and fits the client's needs.

In most cases, we prefer to establish a consulting agreement for medical and dental plans, while for other lines of coverage, such as voluntary benefits, it may make more sense for commission-based compensation. We believe that compensation should be a partnership, discussed and agreed upon based on what works best for each client. We never dictate our fees but rather engage in open, collaborative conversations to arrive at a structure that benefits everyone involved.

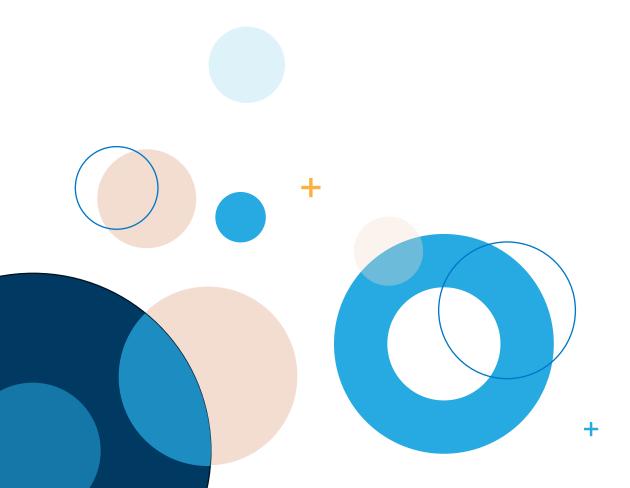
Currently, 40% of our revenue is fee-based and 60% is commission-based. We do not accept bonus-based compensation, and we make sure that all compensation arrangements are fully disclosed. There are no hidden fees or surprises. Everything is clearly outlined from the start, and we regularly revisit these agreements to ensure they continue to reflect the scope of services and the value we provide. This commitment to transparency allows us to build strong, trusting relationships with our clients while maintaining flexibility as their needs evolve.

6. SAMPLE CLIENT SERVICE AGREEMENT

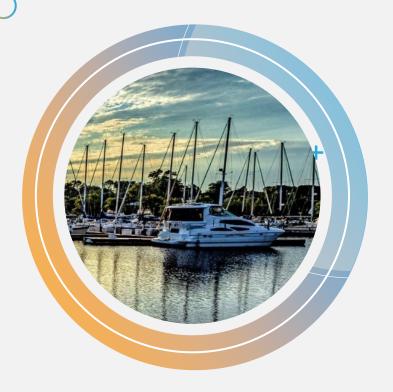
Preferably a three-year contract.

The best way to understand how we structure our partnerships is to review a sample of our service agreement. This document outlines the scope of services, performance expectations, and our commitment to transparency in all aspects of benefits management. It reflects our approach to strategic planning, cost optimization, and employee advocacy, ensuring alignment with your long-term goals.

A sample agreement is provided in Appendix D for review.









Thank you once again for the opportunity to present our proposal. We look forward to the possibility of partnering with City of Manitowoc.

Tera Nelson-Jossart 3/27/2025









(920) 725-3232



www.mcclone.com