

**RESOLUTION NO. 2020-67**

Introduced by: Mark Claus


**A RESOLUTION AUTHORIZING THE INTERIM CITY MANAGER TO ACCEPT THE PROPOSAL AND ENTER INTO AN AGREEMENT WITH MEDICAL MUTUAL FOR THE PROVISION OF 2021 MEDICAL HEALTH INSURANCE COVERAGE**

**BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO:**

**SECTION 1.** That the Interim City Manager is authorized to accept the proposal and enter into an agreement with Medical Mutual for the provision of 2021 healthcare insurance coverage, which agreement shall be substantially in the form of Exhibit "A" attached hereto and made a part hereof.

**SECTION 2.** That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of the Council and that all deliberations of this Council and of its committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.R.C. §121.22 of the Revised Code.

**SECTION 3.** That this Resolution shall go into effect and be in full force and effect immediately upon its adoption.

  
\_\_\_\_\_  
Sam Artino, Mayor

ATTEST:   
Clerk of Council

ADOPTED: 27 OCT 2020





**MEDICAL MUTUAL®**

**Prepared For:**

**CITY OF HURON**

**Effective Date: 1/1/2021**

**End Date: 12/31/2021**

**County: Erie**

**State: Ohio**

**Quote ID: 0084862-02**

**Wednesday, October 7, 2020**

**4:31 PM**



**MEDICAL MUTUAL**

As part of the Affordable Care Act, health insurance issuers and group health plans are required to provide a Summary of Benefits and Coverage (SBC) to all participants (and their dependents if they reside at a different address).

The SBC(s) applicable to your current plan(s) will be available on EmployerLink or from your sales representative or broker. As the plan sponsor, you are responsible for distributing SBCs to your participants with other written application materials during open enrollment. An SBC must be provided for each benefit package in which a participant or dependent is eligible. If you do not require a written application from your participants to renew, you must provide each participant with the SBC specific to the plan in which he or she is enrolled no later than 30 days prior to the first day of the new plan or policy year.

Please review your applicable SBC(s) carefully. If you make a change that affects the information in your SBC, please contact your sales representative or broker to initiate the change and ensure new SBCs are available for your open enrollment period.



MEDICAL MUTUAL

CITY OF HURON
ALL SECTIONS
INSURED RENEWAL RATES

Effective January 1, 2021, through December 31, 2021

Table with columns: Enrollment, Current Rates, Renewal Rates, Current Monthly Premium, Renewal Monthly Premium, Change in Monthly Premium. Rows include CMM I (SMP 3580-3500 (NGF)) and DRUG I (Rx15/65/90/35%max325 MOx2, GI) with various plan options and subtotals.

Rates include Patient-Centered Outcomes Research Institute Fees (PCORI), Reinsurance Fees and Market Share fees, when applicable, which are federally mandated. All fees are subject to state premium tax. Fees are subject to change. When a contract period spans more than one calendar year, the fees are averaged over the length of the period.

Federally Mandated Fees (Monthly average):

Table with 2 columns: Fee Name, Amount. Rows: PCORI: \$28, Reinsurance: \$0, Market Share: \$0, Total: \$28.

Rate Acceptance

Group Official Initial: \_\_\_\_\_ Please initial next to the benefits that have been selected by the group.

Group Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**CITY OF HURON  
ALL SECTIONS  
DISCLAIMERS AND NOTES**

Effective January 1, 2021, through December 31, 2021

- 1 - Rates include broker commission.
- 2 - All rates are subject to the terms and conditions specified in the Group Contract.
- 3 - Change in total enrollment or in any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
  
- 4 - Medical rates include Essential only.
- 5 - In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
- 6 - Employers must disclose any funding of deductibles or coinsurance provided to employees. If funding is not disclosed, Medical Mutual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments.
- 7 - As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification (made other than in conjunction with a renewal) if it impacts the contents of the Summary of Benefits and Coverage (SBC). Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
  
- 8 - Quote includes Medical Mutual's comprehensive suite of population health programs, which are designed to promote healthy lifestyle behaviors and encourage your employees to get well and stay well. Our programs help your employees understand their health, identify risk factors for disease, manage their conditions and make positive changes to improve their well-being. Covered employees will automatically have access to Medical Mutual's health and wellness initiatives, which may include, but not be limited to, online health resources and Health Assessment, Disease Management programs, 24/7 Nurse Line , tobacco QuitLine, Maternity program, fitness center discounts, and Weight Watchers® discounts.
  
- 9 If a non-Medical Mutual ancillary carrier, other than Superior Dental, is added for COBRA services, a fee of \$0.34 per employee per month will be charged.

**Rate Acceptance**

Group Official Initial: \_\_\_\_\_ *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



MEDICAL MUTUAL

**CITY OF HURON  
ALL SECTIONS  
LEGISLATIVE UPDATES**

Effective January 1, 2021, through December 31, 2021

- Your rates may be adjusted to account for coverage mandated by federal or state law.
- Pursuant to Ohio House Bill 463, based on your current Autism Spectrum Disorder benefits, your renewal (effective 1/1/18 or later) has been adjusted for compliance with the law, where applicable.
- In order to comply with the United State Preventive Task Force final recommendations effective with plan years beginning 12/1/2017, your renewal has been adjusted to reflect changes to your non-grandfathered plan benefits effective with your next plan year on or after 12/1/2017.
- The rates in this proposal may include Patient-Centered Outcomes Research Institute Fee (PCORI), Reinsurance Fee, Exchange Fee, and Market Share Fee when applicable which are federally mandated. Additionally, this policy, Medical Mutual, or you as a Plan Sponsor may become subject to taxes, fees or other charges imposed by State, Local, or Federal governments (collectively, "fees"). Medical Mutual reserves the right to adjust your premium or funding rate (or add the fees to the invoice) consistent with the effective date of the new fees imposed by the government. Adjustments may or may not be noted in a line item on monthly invoices. All fees are subject to change during the contract period.
- Rates and premiums for periods beginning January 1, 2022 do not include potential or actual exposure due to section 4980I of the Internal Revenue Code -- Excise Tax on High Cost Employer-Sponsored Health Coverage under the Affordable Care Act. Any Excise tax determined to be payable on your plan(s) will be billed separately from health plan premium rates.

**Rate Acceptance**

Group Official Initial: \_\_\_\_\_ *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Mutual of Ohio  
Illustration of Reduced Premium**



**MEDICAL MUTUAL®**

*For Illustration purposes only*

Reduced Premium refers to a general reduction to the premium rates as a result of negotiations between Medical Mutual and the Group. The Premium rates shown in the contract will reflect the reduction applied.

For example, assume that Group ABC has been provided rates for the period beginning January 1, 2014 and ending December 31, 2014.

<b>Sample Renewal Illustration: Reduced Premium</b>	Group ABC		
	Insured Renewal Rates		
	The rates below reflect Medical Mutual and the Group negotiating Discounted Premium Rates:		
<b>ILLUSTRATION ONLY</b> (Renewal Rates)	Rate	Current	Renewal
	<u>Type</u>	<u>Rates</u>	<u>Rates</u>
	Single	\$300.00	\$330.00
	Family	\$750.00	\$825.00
(Proposed Rates)	Rate	Monthly	
	<u>Type</u>	<u>Rates</u>	
	Single	\$330.00	
	Family	\$825.00	

In the example above, the next Renewal/Proposed Rates have been reduced as a result of negotiation between Medical Mutual and the Group.

This arrangement does not include and does not apply to fees, taxes or other charges imposed on Medical Mutual by state or federal government laws, statutes or regulations. To the extent permitted by law, Medical Mutual will include such charges in the fees (premium) charged to the Group or may include them as separate line item on the Group's invoice.

**Medical Mutual of Ohio**  
**Illustration of Reduced Premium**  
(continued)



**MEDICAL MUTUAL®**

Based on current guidance about Healthcare Reform, the following federally mandated fees are in effect:

- Patient Centered Outcomes Research Institute Fee
- Health Insurer Fee
- Reinsurance Fee

To the extent permitted by law, we reserve the right to adjust the Group's premium during the contract period and/or add these fees as a line item in the Group's invoice to fully disclose the new costs and to comply as necessary.

*For illustration purposes only*