

RESOLUTION NO. 103-2022

Introduced by Mark Claus

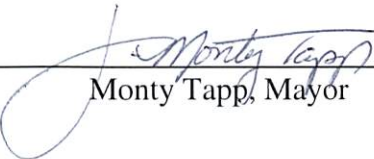
A RESOLUTION RATIFYING THE CITY MANAGER'S ACCEPTANCE OF THE PROPOSAL AND EXECUTION OF AN AGREEMENT WITH MEDICAL MUTUAL FOR THE PROVISION OF 2023 MEDICAL HEALTH INSURANCE COVERAGE

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


SECTION 1. That the City Manager's acceptance of the proposal and execution of an agreement with Medical Mutual for the provision of 2023 healthcare insurance coverage, which agreement shall be substantially in the form of Exhibit "A" attached hereto and made a part hereof, is hereby ratified.

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.



Monty Tapp, Mayor

ATTEST: 
Clerk of Council

ADOPTED: 22 NOV 2022



MEDICAL MUTUAL®

Proposal For:
CITY OF HURON

Effective Date: 1/1/2023

End Date: 12/31/2023

County: Erie

State: Ohio

Quote ID: 0105885-01

Tuesday, October 25, 2022

1:08 PM



MEDICAL MUTUAL
Fully Insured Proposal
for
CITY OF HURON

Rates Effective: January 1, 2023 - December 31, 2023

Contract Type	Contracts
Employee	18
Employee + Spouse	2
Employee + Child	3
Employee + Children	8
Family	17

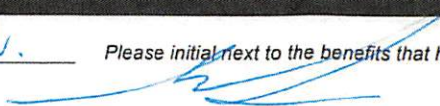
SuperMed PPO	Single	Employee + Spouse	Employee + Child	Employee + Children	Family	Total Monthly Premium	Sign Off / Initial
3020-4000 Rx SM2 (r22)	\$886.55	\$1,950.39	\$1,595.78	\$1,595.78	\$2,659.62	\$82,625.80	
3020-5000 Rx SM2 (r22)	\$870.17	\$1,914.36	\$1,566.30	\$1,566.30	\$2,610.49	\$81,099.41	
30-5000 Rx SM2 (r22)	\$907.06	\$1,995.51	\$1,632.70	\$1,632.70	\$2,721.15	\$84,537.35	
HSA 5000/0 PD Rx SM1 (r22)	\$752.26	\$1,648.97	\$1,350.06	\$1,350.06	\$2,246.77	\$69,884.37	
HSA 4000/0 PD Copay & Rx SM1 (r22)	\$786.16	\$1,723.54	\$1,411.08	\$1,411.08	\$2,348.46	\$73,043.66	
HSA 5000/0 PD Copay & Rx SM1 (r22)	\$734.18	\$1,609.18	\$1,317.51	\$1,317.51	\$2,192.51	\$68,198.88	
HSA 3000/20 PD Rx SM1 (r22)	\$793.56	\$1,739.83	\$1,424.40	\$1,424.40	\$2,370.67	\$73,733.53	
HSA 5000/20 PD Rx SM1 (r22)	\$700.57	\$1,535.24	\$1,257.01	\$1,257.01	\$2,091.68	\$65,066.41	
HSA 3000/20 PD Copay & Rx SM1 (r22)	\$787.58	\$1,726.67	\$1,413.64	\$1,413.64	\$2,352.73	\$73,176.23	
HSA 5000/20 PD Copay & Rx SM1 (r22) #37	\$698.43	\$1,530.54	\$1,253.16	\$1,253.16	\$2,085.27	\$64,867.17	X ML
HSA 3000/30 PD Rx SM1 (r22)	\$765.37	\$1,677.80	\$1,373.65	\$1,373.65	\$2,286.08	\$71,105.77	
HSA 5000/30 PD Rx SM1 (r22)	\$688.60	\$1,508.92	\$1,235.47	\$1,235.47	\$2,055.79	\$63,951.24	

CITY OF HURON
1/1/2023
Disclaimers & Contingencies

- 1 Proposal expires in 60 days or upon effective date.
- 2 Rates assume Medical Mutual is the only carrier, with 75% of net eligible employees enrolled.
- 3 Rates are subject to change if enrollment varies by more than 10% from 48 contracts quoted.
- 4 Ancillary coverages will be packaged with Medical coverage and not sold separately.
- 5 Disclosure of disabled participants is required.
- 6 Misrepresentation may result in rescission of coverage.
- 7 Rates include standard reporting and administration.
- 8 Covered employees will automatically have access to Medical Mutual's Basics wellness program, which includes online health resources, health assessments, WW (Weight Watchers) discounts, 24/7 nurse line and tobacco cessation programs. If not already enrolled in a buy up program, additional wellness program options are available upon request for an additional fee.
- 9 Please note that 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.
- 10 Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 11 As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification if it impacts the contents of the SBC. Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
- 12 Premiums and rates reflect 2015 ACA requirement to accumulate drug cost share to the maximum out-of-pocket (MOOP). Use of a third party Pharmacy Benefits Manager (PBM) will require additional fees and additional lead time to implement. Please contact your Medical Mutual representative for further details and explanation.
- 13 Due to a change in Ohio law, effective with the first renewal on or after January 1, 2016, all existing over-age dependent children (26 and 27 years old) will maintain coverage until they attain the limiting age of 28. No new over-age dependent children will be eligible for coverage. Please note that children with a physical or intellectual disability are not impacted by the change in Ohio law.

Rate Acceptance

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

Group Official Signature: 

Title: City Manager

Date: 11/16/2022