

RESOLUTION NO. 2017-94

A RESOLUTION ACKNOWLEDGING THE ACCEPTANCE OF THE PROPOSAL AND AGREEMENT WITH MEDICAL MUTUAL INSURANCE, FOR THE PROVISION OF 2018 MEDICAL HEALTH INSURANCE COVERAGE

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

SECTION 1. That the City Manager was authorized and directed to select a proposal for the provision of Healthcare Insurance coverage and enter into an agreement for such coverage. The City Manager accepted the proposal and authorized an agreement with Medical Mutual for the provision of 2018 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.



Brad Hartung, Mayor

ATTEST: 
Clerk of Council

ADOPTED: DEC 27 2017



MEDICAL MUTUAL[®]

Fully Insured Proposal

for

City of Huron

Preliminary / Contingent Quote

Rates Effective:

January 01, 2018 - December 31, 2018

General Description of Benefits:

- 1) SMP Option 1 - HRA 3500-3500
Rx Option 1 - \$16/85/00 w/ MO; 4th Tier, HD; GI

	Contracts	Rates
Single	0	\$688.07
Employee/Spouse	2	\$1,261.62
Employee/Child(ren)	11	\$1,023.90
Family	14	\$1,706.01
Premium / Month	36	\$42,778.07

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 EmployeeLink 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 are making 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.

The rates in this proposal may include Patient-Centered Outcomes Research Institute Fee (PCORI), Risk Adjustment, 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. To fully disclose the charges, the adjustments may be noted in a line item on monthly invoices. All fees are subject to change during the contract period.



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Rates Effective:

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Wellness Program Selected:

Essential

Impact - an additional \$1.00 per employee per month will be added to the enclosed rates

Is this group a member of an alliance? Yes No

If yes, which alliance? _____

If yes, what is the alliance member/group number? _____

Rate Acceptance:

Andrew J. White

Group Official

Date: 12-14-17

**Notes:

- The limiting age for dependent children is 28, except in the case of physical or intellectual disability.
- The quoted rates must be accepted by the effective date stated in the proposal or the rates are subject to be re-evaluated.
- The quoted rates require that Medical Mutual will become the group's sole health insurance provider.
- The quoted rates require a minimum of 61 eligible employees.
- The quoted rates were developed based on 48 eligible with 36 enrolling.
- Further re-evaluation of the rates will be required if the actual number of enrolled contracts changes, and/or the final medical risk changes such that, either individually or jointly, the overall risk evaluation of the group is impacted.
- At least 76% of the net eligible employees must be covered under this contract.
- A minimum of 76% of the certificate holders must reside in Ohio.
- The group's minimum contribution must be at least 25% of the premium for each certificate holder.
- A wage and tax statement may be required by Underwriting to verify that the group meets Medical Mutual's participation and eligible employee requirements.
- For groups comprised of multiple companies, a minimum of 60% common ownership by one person or a specific group is required.
- The quoted rates assume no retirees are covered on this plan.
- The benefits must be approved by our Benefits Services department.
- The quoted rates include standard broker commissions for groups with 61-99 eligible employees. Groups with 100 or more eligible employees will require a single case agreement (SCA) from the writing agent with a commission amount of 3%.
- The quoted rates include enrollment in the Essential wellness program. The Impact wellness program is available for an additional \$1.00 per employee per month (PEPM).
- The quoted rates are based on medical history questionnaires (MHQs) provided as part of the request for proposal submission. Final rates are contingent upon any additional medical information as requested by Medical Underwriting. Final rates will be reassessed based upon the age / gender and medical risk of the final enrolling census.



MEDICAL MUTUAL

Medical Benefit Highlights
for 5/1-89 Size Groups

Group Name: City of Huron
Group Number: N/A
Effective Date: January 1, 2018

Group Original Effective Date: On or After 1/1/2018
Prepared By: KEH for Marty Millott
Date Submitted: 12/6/2017

	Option 1	- Select Option Number ~	- Select Option Number ~	- Select Option Number ~
Product/Network	Supplement Plus			
Option Type	Non-Standard			
Channel	OHP			
Grandfathered Status of Option	Non-Grandfathered			
Minimum Value Indicator (MVI Use Only)	Yes			
Wellness Program	Essential			
Out-of-Area Networks	Default			
HSA Option	No			
Employer Funding Amount (Single/Family)				
HRA Option	Yes			
Employer Funding Amount (Single/Family)	\$2,500	\$5,000		
Funding Order	HRA Primary			
Supposed Share	No			
Employer Corridor (Single/Family)				
Funding Option				
	Network	Non-Network		
Deductible Single	\$3,500	\$10,500		
Deductible Family	\$7,000	\$21,000		
Deductible Type	Embedded			
Plan Coinsurance Percentage	80%	50%		
Coinurance Out of Pocket Limit ¹ Single	\$2,000	\$8,000		
Coinurance Out of Pocket Limit ¹ Family	\$4,000	\$12,000		
Office Visits	\$35, then 100%	Ded. then Coins		
Specialist Office Visits	\$60, then 100%	Ded. then Coins		
Urgent Care Office Visits	\$75, then 100%	Ded. then Coins		
Emergency Use of an Emergency Room ²	\$400, then Coins	Ded. then Coins		
Inpatient Services	Ded. then Coins	Ded. then Coins		
Outpatient Services	Ded. then Coins	Ded. then Coins		
Maximum Out of Pocket Type	Combined Medical & Drug			
Medical Maximum Out of Pocket Single	\$6,600	\$16,500		
Medical Maximum Out of Pocket Family	\$13,200	\$33,000		
Drug Maximum Out of Pocket Single	Same As Medical	Does Not Apply		
Drug Maximum Out of Pocket Family	Same As Medical	Does Not Apply		
Prescription Drug Benefit	Free-Standing Card			
Comments				
Group Official Plan Selections	Accepted <input checked="" type="checkbox"/> By <u>AD</u>			

¹ Coinsurance out of pocket limit excludes the deductible.
² Emergency room visits that do not qualify as an emergency are NOT covered. Copy waived if admitted.

Underwriting Uses: KSH

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.



MEDICAL MUTUAL

Prescription Drug Card Benefit Highlights
for 57-99 Size Groups

Group Name: City of Huron
Group Number: N/A
Effective Date: January 1, 2018

Group Original Effective Date On or After 1/1/2018

Prepared By: KEH for Marty Millott
Date Submitted: 12/16/2017

Product	Option 1	~ Select Option Number ~	~ Select Option Number ~	~ Select Option Number ~
Option Type ¹	Traditional			
Generic Incentive ²	Custom Formulary			
Home Delivery Incentive ³	Included			
Channel	Included			
Grandfathered Status of Option	OHP			
	Non-Grandfathered			
Deductible (Applies to Retail & Mail Order)	DEDUCTIBLE			
Per Member Deductible	Not Applicable			
Single Deductible				
Family Deductible				
Deductible Applies To				
Generic Copy	RETAIL (90 Day Supply)			
Formulary Copy	\$15.00			
Non-Formulary Copy	\$65.00			
4th Tier Specialty	\$90.00			
	35% to \$325			
Generic Copy	MAIL ORDER (90 Day Supply)			
Formulary Copy	\$30.00			
Non-Formulary Copy	\$130.00			
4th Tier Specialty	\$180.00			
	Not Applicable (30-Day Retail Only)			
Oral Contraceptives	OTHER			
Comments	Included			
Group Official Plan Selections	Accepted <input checked="" type="checkbox"/> By <u>KEH</u>			

¹ Formulary Drug Lists: Drugs on the formulary list will be used.

² Generic Incentive: If a member or prescriber requests a brand drug when a generic drug is manufactured, the generic copy plus the difference in brand and generic costs applies. (The additional cost does not apply to the MCOIP or cap once the MCOIP is met.)

³ Home Delivery Incentive: If a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.

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Underwriting Use: KEH