

RESOLUTION NO. 79-2023

Introduced by Mark Claus

A RESOLUTION RATIFYING THE CITY MANAGER'S (OR HIS AUTHORIZED CITY DESIGNEE'S) ACCEPTANCE OF THE PROPOSAL AND EXECUTION OF AN AGREEMENT WITH MEDICAL MUTUAL FOR THE PROVISION OF 2024 MEDICAL HEALTH INSURANCE COVERAGE

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

SECTION 1. That the City Manager's (or his authorized City designee's) acceptance of the proposal and execution of a new agreement with Medical Mutual for the provision of 2024 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.

ATTEST:


Clerk of Council


Monty Tapp, Mayor

ADOPTED:

28 NOV 2023



MEDICAL MUTUAL®

PROPRIETARY & CONFIDENTIAL

Proposal For:

CITY OF HURON

Effective Date: 1/1/2024

End Date: 12/31/2024

County: Erie

State: Ohio

Quote ID: 0118691-01

Friday, November 3, 2023

10:32 AM



MEDICAL MUTUAL
Fully Insured Proposal
for
CITY OF HURON

Rates Effective: January 1, 2024 - December 31, 2024

| Contract Type | Contracts |
|---------------------|-----------|
| Employee | 21 |
| Employee + Spouse | 2 |
| Employee + Child | 2 |
| Employee + Children | 10 |
| Family | 16 |

| SuperMed PPO | Single | Employee + Spouse | Employee + Child | Employee + Children | Family | Total Monthly Premium | Sign Off / Initial |
|---------------------------------------|----------|-------------------|------------------|---------------------|------------|-----------------------|--------------------|
| HSA 6750/0 (r22) | \$990.04 | \$2,172.06 | \$1,778.07 | \$1,778.07 | \$2,960.09 | \$93,833.24 | |
| HSA 7500/0 (r22) | \$954.88 | \$2,094.70 | \$1,714.77 | \$1,714.77 | \$2,854.69 | \$90,492.56 | |
| HRA 7500/0 (r22) Plan Selected | \$999.99 | \$2,196.78 | \$1,797.88 | \$1,797.88 | \$2,994.65 | \$94,882.07 | XCS |

CITY OF HURON
1/1/2024
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 51 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 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.

- 9 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.
- 10 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.

- 11 Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 12 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.
- 13 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.
- 14 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: CS Please initial next to the benefits that have been selected by the group.

Group Official Signature: [Signature]

Title: Finance Director

Date: 11/14/2023