ORDINANCE NO. 2010-12
INTRODUCED BY: Mayor Rinker and Council as a Whole

AN EMERGENCY ORDINANCE AUTHORIZING AN AGREEMENT WITH AETNA FOR EMPLOYEE HEALTH CARE AND HOSPITALIZATION BENEFITS.

WHEREAS, the current health care and hospitalization insurance contract is set to expire as of March 31, 2010; and

WHEREAS, it is the recommendation of the Healthcare Task Force and the Finance Committee of Council that this legislation be passed to renew employee health care and hospitalization benefits.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF MAYFIELD VILLAGE, OHIO, THAT:

SECTION 1. The Mayor and Director of Finance are hereby and herein authorized and directed to enter into a health care and hospitalization policy for employees of the Village with AETNA pursuant to the rates attached hereto and incorporated herein as Exhibit "A".

SECTION 2. The Council finds and determines that all formal actions of this Council relating to the adoption of this Ordinance have been taken at open meetings of this Council; and that deliberations of this Council and of its committees, resulting in such formal action, took place in meetings open to the public, in compliance with all statutory requirements including the requirements of Section 121.22 of the Ohio Revised Code.

SECTION 3. This Ordinance is hereby declared to be an emergency measure immediately necessary for the health, safety and welfare of the residents of Mayfield

Village, Ohio. It shall, therefore, take effect immediately upon the passage by the affirmative vote of not less than five (5) members elected to Council and approval by the Mayor or otherwise at the earliest time allowed by law.

WILLIAM BUCKHOLTZ
Council President

First Reading: March 15, 2010

Second Reading: Suspended 2010

Third Reading: Suspended 2010

PASSED: March 15, 2010

BRUCE G. RINKER, Mayor

APPROVED AS TO FORM:

JOSEPH W. DIEMERT, JR.
DIRECTOR OF LAW

ATTEST:
MARY E. BETSA,
Clerk of Council

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We want you to know®

Aetna

Mayfield Village

Contact Information

Account Executive:	Charles Petretti	e-mail:	Charlie.Petretti@aetna.com
Telephone:	330-659-8416		

Quote Highlights

Product:	Aetna Choice® POS	Funding:	Prospective
Contract State:	Ohio	Location:	Ohio - Northeast
Policy Period:	04/01/2010 - 03/31/2011	Dep. Age:	~~19/23~~ 19, to age 25 if FTS
Quote ID:	2900066	Option:	Non Spec covered to the end of the month.

Rate Summary

Tier	Lives	Rate	Monthly Cost
Single	11	$494.20	$5,436.20
Couple	16	$1,179.50	$18,872.00
EE + Child(ren)	11	$996.18	$10,957.98
Family	21	$1,626.11	$34,148.31
Total	59		$69,414.49

Aetna will rely on the information provided to determine whether a proposal will be issued. The responses are assumed to be correct. If errors or omissions are subsequently found, Aetna reserves the right to revise rates or rescind the quote. Medicare lives have been excluded from this rate summary.

Benefit Highlights

Plan Features	In-Network	Out-of-Network
Plan Coinsurance	see individual benefit	see individual benefit
Individual/Family Deductible	none/none	$300/$900
Individual/Family Coinsurance Limit	$1,000/none	$2,000/$4,000
Lifetime Maximum	unlimited	$5,000,000
Retail Pharmacy	$5/$10/$25	none
Mail Order Pharmacy	2x	none

Plan Features	In-Network	Out-of-Network
PCP Office Visit	$10 copay	plan pays 80%; after deductible
Specialist Office Visit	$10 copay	plan pays 80%; after deductible
Inpatient Hospital	plan pays 100%	plan pays 80%; after deductible
Outpatient Surgery/Hosp	plan pays 100%	plan pays 80%; after deductible
Emergency Room	$150 copay	$150 copay
Durable Medical Equipment	plan pays 100%	plan pays 80%; after deductible

Age and frequency schedules apply to certain benefits. Some benefits may have applicable state mandates and all plans will comply with state and federal legislations. The plan pays 100% after applicable copay(s).

Federal Behavioral Health Parity applies.

Signature

Date

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Consult the plan documents: Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, and Group Insurance Certificate, to determine governing contractual provisions, including procedures, exclusions and limitations relating to Benefits described in this document are specific to your plan and otherwise Aetna standards will apply. While this material is believed to be accurate as of the print date, it is subject to change.

EXHIBIT A