

ORDINANCE NO. 2011-11

INTRODUCED BY: Mayor Rinker and Council as a Whole

**AN EMERGENCY ORDINANCE  
AUTHORIZING AN AGREEMENT  
WITH ANTHEM AS AND FOR EMPLOYEE HEALTH CARE  
AND HOSPITALIZATION BENEFITS,  
AND LIFE INSURANCE AND AD&D BENEFITS.**

WHEREAS, the current health care and hospitalization insurance contract with Aetna is set to expire as of March 31, 2011; and

WHEREAS, it is the recommendation of the Healthcare Task Force and the Finance Committee of Council that this legislation be passed to move coverage for employee health care and hospitalization benefits, and life insurance and AD&D 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 and a life insurance and AD&D benefits policy, for employees of the Village with Anthem pursuant to the rates attached hereto and incorporated herein as Exhibits "A" and "B".

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.



02/15/2011

# Mayfield Village/chamber & life discount

Proposed Effective Date: 04/01/2011

BGS ASSOCS LLC

Health Insurance offered by Community Insurance Company

## Blue Access Option 1 with Rx Option B

	Network	Non-Network
Calendar Year Deductible (individual/family)	\$0 / \$0	\$300 / \$900
Annual Out-Of-Pocket Maximum (individual/family)	\$0 / \$0	\$1,000 / \$2,000
Physician Home and Office Services (per visit)(PCP/SCP)	\$15 / \$15	30%
Allergy injections	\$5	30%
Emergency Room Services: Facility/Other Covered Services	\$200	\$200
Urgent Care Center	\$75	30%
Inpatient/Outpatient Professional Services	No Cost Share	30%
Inpatient Facility Services (per admission)	No Cost Share	30%
Outpatient Hospital/Alternative Care Fac: Surgery (per visit)	No Cost Share	30%
Outpatient Services: Other (per visit)	No Cost Share	30%
Ambulance Services	No Cost Share	No Cost Share
Hospice Services	No Cost Share	No Cost Share

*(PCP) means Primary Care Physician. (SCP) means Specialty Care Physician. Flat dollar copayments are excluded from the Out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the Out-of-pocket limits. Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a copayment & (%) coinsurance applies. No Copay means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% coinsurance means no coinsurance up to the maximum allowable amount.*

### Other Network Services:

- Durable Medical Equipment, Orthotics, and Prosthetics
- Outpatient Therapies
  - Physical Therapy: 20 visit limit
  - Occupational Therapy: 20 visit limit
  - Manipulation Therapy: 12 visit limit
  - Speech Therapy: 20 visit limit
  - Cardiac Rehabilitation: 36 visit limit
  - Pulmonary Rehabilitation: 20 visit limit
  - Accidental Dental: \$3,000 limit
- Human Organ / Tissue Transplants
  - No Copayment/Coinsurance

- Behavioral Health (Mental Health and Substance Abuse)
  - Benefits provided in accordance with Federal Mental Health Parity
- Home Care Services
  - 90 visits excludes Private Duty Nursing and IV Therapy
- Private Duty Nursing
  - \$50,000 annual/\$100,000 Lifetime Maximum
- Prescription Drugs (Network Pharmacy)
  - Retail (30-day Supply)
    - \$10 / \$25 / \$40
  - Mail Service (90-day Supply)
    - \$10 / \$65 / \$120
  - Specialty medications are limited to a 30 day supply regardless of whether they are retail or mail service.
  - Member may be responsible for additional cost when not selecting the available generic drug.
  - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.
- \* For groups size 100+ - refill by mail, if requested, requires special pricing from Underwriting.

Benefit ID: 152647

Please note: as we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

This coverage has been selected for employees and eligible dependents; subject to the terms and conditions of this proposal and the application to which this is attached.

Authorized Signature

Date

EXHIBIT A

Anthem: 113130 -Blue 5.0 Page: 1

02/15/2011

# Mayfield Village/chamber & life discount

Proposed Effective Date: 04/01/2011

BGS ASSOCS LLC

## Estimated Monthly Premium

Plan	Count	Health	Count	Dental	Count	Vision	Total
Emp	10	\$497.78	*	*	*	*	\$497.78
Emp/Sp	12	\$1,184.71	*	*	*	*	\$1,184.71
Emp/Child	5	\$1,000.53	*	*	*	*	\$1,000.53
Family	31	\$1,637.69	*	*	*	*	\$1,637.69
<b>Monthly</b>	<b>58</b>	<b>\$74,965.36</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>\$74,965.36</b>

\* Coverage not selected for this proposal.

These rates exclude the medical premium savings of up to 3% that are available through our One Solution Savings program. The enclosed brochure illustrates the discount program that may save you thousands of dollars a year. Please contact your Broker or Anthem Representative for revised medical rates that reflect these savings.

Rates are proposed for an effective date of 04/01/2011. Rerate is required after this date. Final rates will be based on the actual effective date. Rates are based on SIC #9111, located primarily in the 44143 zipcode area. Final rates will be based on the actual location, enrolled census, final benefits selected, and the underwriting rules in effect upon acceptance by Community Insurance Company and Anthem Life. This proposal is subject to underwriting approval by Community Insurance Company and Anthem Life; please do not cancel your coverage until the application has been approved in writing. This information is intended to present only a general overview of the benefits. (N-CD1104 Elig-EE 58)

New business rates calculated using standard underwriting guidelines. ( R=.7156; D=0.85; V=0.9);

*Please note: as we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.*

*This coverage has been selected for employees and eligible dependents; subject to the terms and conditions of this proposal and the application to which this is attached.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# Mayfield Village - Home Office

Proposed Effective Date: 04/01/2011

Life Insurance offered by Anthem Life Insurance Company

Schedule of Benefits				
Class Description	Term Life	AD&D	STD	Dep. Life Sp/Ch
1 All eligible employees	\$20,000	Equal To Term Life	N/A	N/A

Refer to your Insurer's sales brochure(s) for benefit details and limitations.

Benefit Plan Highlights
<ul style="list-style-type: none"> <li>- Term Life Guarantee Issue Limit is \$20,000 for all ages.</li> <li>- Term Life includes waiver of premium for total disability beginning before age 60 with a 6 month elimination period.</li> <li>- Waiver terminates at age 65 or prior retirement.</li> <li>- Accelerated Death Benefit standard: Benefit may be up to 75% of the group term life face amount to a maximum of \$250,000.</li> <li>- Basic Life includes standard commissions for OH.</li> <li>- Term Life and AD&amp;D benefits reduce by the following percents: 35% at age 65; 50% at age 70. Benefits terminate at retirement.</li> <li>- If police and/or fire employees make up more than 40% of the entire group, AD&amp;D benefits will be non-occupational.</li> <li>- The Term Life rate provided is based on a non-contributory plan. However, if the coverage is contributory, 75% participation will be required of those eligible to enroll, and the rate may need to be adjusted.</li> <li>- Term Life Rate(s) are guaranteed for 2 year(s).</li> <li>- AD&amp;D benefits include Seat Belt Rider, Airbag Rider, Education, Repatriation Benefit, Common Carrier and Coma.</li> <li>- The Resource Advisor phone/web member assistance program is included in this proposal.</li> <li>- Employees whose wages are reported on Form 1099 in lieu of Form W-2 are not eligible for coverage.</li> <li>- All employees under the age of 17 (seventeen) are ineligible to receive benefits.</li> <li>- Insurer reserves the right to review rates if final census differs by more than 10% and or benefits/provisions desired by group differ from those included in this proposal.</li> <li>- Open enrollment for any line of coverage is not permitted.</li> <li>- Travel Assistance is included in this proposal.</li> </ul>

Proposed Rates					
Coverage	Monthly Rate	Lives	Volume	Monthly Costs	Annual Costs
Term Life	0.28 (Per \$1,000 )	59	1,160,000	324.80	3,897.60
AD&D	0.020 (Per \$1,000 )	59	1,160,000	23.20	278.40
				<b>348.00</b>	<b>4,176.00</b>

*This proposal is subject to underwriting approval by Insurer; please do not cancel your coverage until the application has been approved in writing. This information is intended to present only a general overview of the benefits. Not all details, limitations, and exclusions are included. This quote was prepared using an SIC code of 9111 in state of OH - 44125 . The proposal expires 90 days from the date quoted. Ver: 10.7.101111a*

*This coverage has been selected for employees and eligible dependents; subject to the terms and conditions of this proposal and the application to which this is attached. Insurer's standard policy provisions will apply, unless otherwise noted.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

EXHIBIT B