

ORDINANCE NO. 2018-33  
INTRODUCED BY: Mayor Bodnar

**AN EMERGENCY ORDINANCE  
AUTHORIZING AN AGREEMENT  
WITH MEDICAL MUTUAL AS AND FOR EMPLOYEE  
HEALTH CARE AND HOSPITALIZATION BENEFITS.**

WHEREAS, the current health care and hospitalization insurance contract is set to expire as of December 31, 2018; and

WHEREAS, bids were submitted from various companies for health care and hospitalization benefits; and

WHEREAS, said bids were reviewed by the Healthcare Task Force; and

WHEREAS, it was the recommendation of the Healthcare Task Force and the Finance Director, following review and discussion of all bids, that the bid submitted by Medical Mutual for employee health care and hospitalization benefits for 2019 be accepted; and

WHEREAS, at a Special Meeting of Council on December 3, 2018, Council formally authorized the acceptance of the bid of Medical Mutual for employee health care and hospitalization benefits commencing January 1, 2019 and further authorized the Finance Director to notify the Village's healthcare consultant Chapman and Chapman, of the acceptance of bid in order to commence employee enrollment and contract preparation.

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 Medical Mutual pursuant to the rates attached hereto and incorporated herein as Exhibit "A".

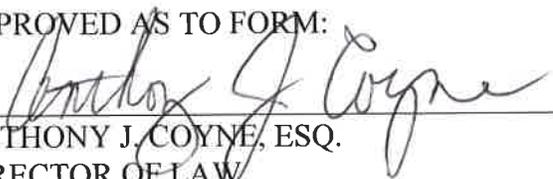
SECTION 2. The Council finds and determines that all formal actions of this Council relating to the adoption of this Ordinance have been taken at open meetings of this Council; and that deliberations of this Council and of its committees, resulting in such formal action, took place in meetings open to 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.

  
\_\_\_\_\_  
JOSEPH M. SAPONARO  
Council President

First Reading:	<u>December 17</u>	2018
Second Reading:	<u>Suspended</u>	2018
Third Reading:	<u>Suspended</u>	2018
PASSED:	<u>December 17</u>	2018

  
\_\_\_\_\_  
BRENDA T. BODNAR, Mayor

APPROVED AS TO FORM:  
  
\_\_\_\_\_  
ANTHONY J. COYNE, ESQ.  
DIRECTOR OF LAW

ATTEST:   
\_\_\_\_\_  
MARY E. BETSA, MMC  
Clerk of Council



**MEDICAL MUTUAL**

**Proposal For:**

# **Mayfield Village**

**Effective Date: 1/1/2019**

**End Date: 12/31/2019**

**County: Cuyahoga**

**State: Ohio**

**Quote ID: 0066524-01**

Tuesday, November 20, 2018

2:39 PM

**EXHIBIT A**



# MEDICAL MUTUAL

Fully Insured Proposal  
for

**Mayfield Village**

Rates Effective:

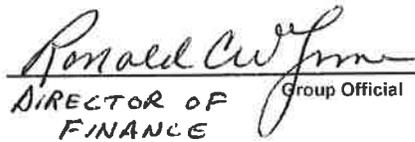
January 1, 2019 - December 31, 2019

General Description of Benefits:

- 1 ) SMP 0100-2000 (NGF)  
Rx \$5/25/40, 2x MO, HD, GI

	<u>Contracts</u>	<u>Rates</u>
Single	17	\$662.28
Employee/Spouse	20	\$1,457.02
Employee/Child(ren)	5	\$1,192.10
Family	29	\$1,986.84
Premium / Month	71	\$103,978.02

Rate Acceptance:

  
\_\_\_\_\_  
DIRECTOR OF FINANCE Group Official

Date: 12-6-18



## MEDICAL MUTUAL®

Fully Insured Proposal  
for

### Mayfield Village

- 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). 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 EmployerLink 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.
- Group employees residing in the State of California may enroll their domestic partners as eligible dependents.
- 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.
- 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 51 eligible employees.
- The quoted rates were developed based on 72 eligible with 71 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 75% of the net eligible employees must be covered under this contract. A wage and tax statement may be required by Underwriting to verify that the group meets Medical Mutual's participation and eligible employee requirements.
- A minimum of 75% of the certificate holders must reside in Ohio.
- The group's minimum contribution must be at least 50% of the premium for each certificate holder, including retirees, but excluding any certificate holder continuing coverage under this plan, as allowed by state or federal law (example: COBRA).
- For groups comprised of multiple companies, a minimum of 50% common ownership by one person or a specific group is required.



# MEDICAL MUTUAL®

Fully Insured Proposal  
for

## Mayfield Village

- 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 51-99 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 are based on medical history questionnaires (MHQs) provided as part of the request for proposal submission. Final rates are contingent upon the completion of Medical Mutual MHQs unless waived by Underwriting.
- Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.

### Wellness Program Selected:

Essential - included in quoted rates

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

Solutions - an additional \$3.00 per employee per month will be added to the enclosed rates

For more information about Medical Mutual's suite of Wellness Programs, please ask your sales representative.

Is this group a member of an alliance?  Yes  No

If yes, which alliance? \_\_\_\_\_

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



**MEDICAL MUTUAL**

Medical Benefit Highlights  
for 51-99 Size Groups

Group Name: **Mayfield Village**  
Group Number: **TBD**  
Effective Date: **January 1, 2019**

For Existing Business Sold Prior to 1/1/2014

Prepared By: **Andrea D. Knierim**  
Date Submitted: **11/9/2018**

	Option 1	~ Select Option Number ~	~ Select Option Number ~	~ Select Option Number ~
Product / Network	SuperMed Plus	SuperMed Plus	SuperMed Plus	SuperMed Plus
Option Type	Non-Standard	Non-Standard	Non-Standard	Non-Standard
Channel	OHP	OHP	OHP	OHP
Grandfathered Status of Option	Non-Grandfathered	Non-Grandfathered	Non-Grandfathered	Non-Grandfathered
Minimum Value Indicator (UW Use Only)	Yes	Yes	Yes	Yes
SuperWell Wellness Program	Essential	Essential	Essential	Essential
Out-of-Area Networks	Default	Default	Default	Default
Health Savings Acct (HSA) Option	No	No	No	No
Employer Funding Amount (Single/Family)	Enter \$ Amount	Enter \$ Amount	Enter \$ Amount	Enter \$ Amount
Health Reimbursement Acct (HRA) Option	No	No	No	No
Employer Funding Amount (Single/Family)	Enter \$ Amount	Enter \$ Amount	Enter \$ Amount	Enter \$ Amount
Funding Order	Select	Select	Select	Select
SuperMed Share	No	No	No	No
Employer Corridor (Single/Family)	Enter \$ Amount	Enter \$ Amount	Enter \$ Amount	Enter \$ Amount
Funding Option	Select	Select	Select	Select
Single Deductible	Network	Network	Network	Network
Family Deductible	\$2,000	\$2,000	\$2,000	\$2,000
Deductible Type	Embedded	Embedded	Embedded	Embedded
Employer Coinsurance Percentage <sup>1</sup>	100%	100%	100%	100%
Single Out of Pocket (Excludes Deductible) <sup>2</sup>	\$0	\$0	\$0	\$0
Family Out of Pocket (Excludes Deductible) <sup>2</sup>	\$0	\$0	\$0	\$0
Office Visits	Ded, then Coins	Ded, then Coins	Ded, then Coins	Ded, then Coins
Specialist Office Visits	Ded, then Coins	Ded, then Coins	Ded, then Coins	Ded, then Coins
Urgent Care Office Visits	Ded, then Coins	Ded, then Coins	Ded, then Coins	Ded, then Coins
Emergency Use of an Emergency Room <sup>3</sup>	Ded, then Coins	Ded, then Coins	Ded, then Coins	Ded, then Coins
Inpatient Services	Ded, then Coins	Ded, then Coins	Ded, then Coins	Ded, then Coins
Outpatient Services	Ded, then Coins	Ded, then Coins	Ded, then Coins	Ded, then Coins
Prescription Drug Benefit	Free-Standing Card	Free-Standing Card	Free-Standing Card	Free-Standing Card
Comments	HRA administered by third party \$2000 single \$4000 family	HRA administered by third party \$2000 single \$4000 family	HRA administered by third party \$2000 single \$4000 family	HRA administered by third party \$2000 single \$4000 family
Group Official Plan Selections	Accepted	Accepted	Accepted	Accepted

By: *Renald Lujan*

Underwriting User: **SJD**

<sup>1</sup> Some non-network services will be covered at a coinsurance less than what is shown.  
<sup>2</sup> Non-Grandfathered Groups Only: For all non-HSA plans, the maximum out of pocket (MOOP) follows the federally defined standard (calendar year 2014: \$5,350 single / \$12,700 family; calendar year 2015: \$6,600 single / \$13,200 family). For all HSA plans, the maximum / coinsurance out of pocket (MOOP / COPD) is equal to the sum of the network deductible and any out of pocket listed above.  
<sup>3</sup> Emergency room visits that do not qualify as an emergency may be covered at a lesser amount, or not at all. Coverage for emergency visits and emergency services may vary.  
 Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. 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.

For Existing Business Sold Prior to 1/1/2014

Group Name: **Mayfield Village**  
 Group Number: **TBD**  
 Effective Date: **January 1, 2019**

Prepared By: **Andrea D. Knierim**  
 Date Submitted: **11/9/2018**



**MEDICAL MUTUAL**

Prescription Drug Card Benefit Highlights  
 for 51-99 Size Groups

Product	Option 1	~ Select Option Number ~	~ Select Option Number ~
Option Type <sup>1,2</sup> and/or <sup>3</sup>	Traditional		
Channel	Form w/ Home Det and Gen Incentives		
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 Copay	RETAIL (30 Day Supply)		
Formulary Copay	\$5.00		
Non-Formulary Copay	\$25.00		
4th Tier Specialty	\$40.00		
	Not Applicable		
Generic Copay	MAIL ORDER (90 Day Supply)		
Formulary Copay	\$10.00		
Non-Formulary Copay	\$50.00		
4th Tier Specialty	\$80.00		
	Not Applicable		
Oral Contraceptives	OTHER		
Comments	Yes		
Group Official Plan Selections	Accepted <input checked="" type="checkbox"/> By <i>Andrea D. Knierim</i>		

<sup>1</sup> Formulary Drug List: Drugs on the formulary list will be used.

<sup>2</sup> Generic Incentive: If a member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic and brand-name drug.

<sup>3</sup> Home Delivery Incentive: When 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.

Underwriting Used: **SJD**

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. 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.