

ORDINANCE NO. 93-20

AN ORDINANCE REPLACING SECTIONS 31.03 AND 31.16 SECTION 1, (A) (B) AND (C) OF THE SALARIES AND BENEFITS CODE OF THE CITY OF MEDINA, OHIO RELATIVE TO THE SALARY SCHEDULES FOR EMPLOYEES NOT COVERED UNDER CURRENT UNION CONTRACTS FOR THE YEARS 2020, 2021, AND 2022 AND GROUP HOSPITALIZATION INSURANCE, AND DECLARING AN EMERGENCY.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF MEDINA, OHIO:

- SEC. 1:** That the salary schedules contained in Section 31.03 of the Salaries and Benefits Code of the City of Medina shall be increased by 2.5 percent effective January 1, 2020 for all employees not covered under current union contracts or restricted by grant requirements, 2.5 percent effective January 1, 2021, and 2.75 percent effective January 1, 2022.
- SEC. 2:** That the retroactive application of this Ordinance is only applicable to City of Medina employees who are employed by the City of Medina at the time of passage of this Ordinance.
- SEC. 3:** That a copy of the salary schedules for Sec. 31.03 are marked Exhibit A, B, and C, attached hereto and incorporated herein, as a clarification of the previously adopted schedule.
- SEC. 4:** That Section **31.16 GROUP HOSPITALIZATION, Sections A, B and C** shall be replaced with the following:
- Section 1:** The City shall provide group hospitalization, surgical and dental insurance coverages to all full time employees, unless specified differently in union contracts. A summary of insurance benefits that the City shall provide is set forth in Attachment A. (Ord. 187-02, 1-04, 42-07, 131-08, 93-20)

The premiums for such plan shall be paid as follows:

- A. Effective April 1, 2020, the City shall pay eighty percent (80%) of the premium costs, and the employee shall pay twenty percent (20%) of the premium costs through payroll deduction. Employees who satisfy the wellness program obligations (see Attachment B) will be eligible for a "wellness" discount and will pay thirteen percent (13%) as their premium contribution for 2020. In order to qualify for the reduced premiums in 2021 and 2022 the employee must satisfy the wellness components identified in Attachment B by September 1st of the preceding year.
- B. Effecting January 1, 2021, if the City's insurance premium costs increase by one

percent (1%) or more, employees satisfying the wellness program obligations shall pay fourteen percent (14%) of the premium costs through payroll deduction. Employees failing to satisfy the wellness program obligations will not be eligible for a “wellness” discount and will pay twenty percent (20%) as their premium contribution. The employee premium-contribution percentage shall remain at the 2020 percentage (13% or 20%) for 2021 if the City’s insurance premium costs do not increase or increase by less than one percent (1%).

- C. Effective January 1, 2022, if the City’s insurance premium costs increase by one percent (1%) or more, and the employees are still paying a thirteen percent (13%) premium contribution, the employees satisfying the wellness program obligations shall pay a premium contribution one percent (1%) higher than the 2021 rate (an increase to 14%) of the premium costs through payroll deduction. Employees failing to satisfy the wellness program obligations will not be eligible for a “wellness” discount and will pay twenty percent (20%) as their premium contribution. The employee premium contribution percentage shall remain at the 2021 percentage for 2022 if the City’s insurance premium costs do not increase or increase by less than one percent (1%).

SEC. 5: That “Attachment B” as described in Section 31.16 A, B and C is marked Exhibit D, attached hereto and incorporated herein.

SEC. 6: That it is found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with the law.

SEC. 7: That this Ordinance shall be considered an emergency measure necessary for the immediate preservation of the public peace, health and safety, and for the further reason to match the effective date of the Bargaining Unit Agreement; wherefore, this Ordinance shall be in full force and effect immediately upon its passage and signature by the Mayor.

PASSED: May 11, 2020

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: May 11, 2020

SIGNED: Dennis Hanwell
Mayor

ORD 93-20
EXH. A

City of Medina
2020 Payscale - Hourly

2.50%

Grade/Step	A	B	C	D	E	F
1	15.33	16.10	16.91	17.76	18.65	19.58
2	16.10	16.91	17.76	18.65	19.58	20.56
3	16.91	17.76	18.65	19.58	20.56	21.59
4	17.76	18.65	19.58	20.56	21.59	22.67
5	18.65	19.58	20.56	21.59	22.67	23.80
6	19.58	20.56	21.59	22.67	23.80	24.99
7	20.56	21.59	22.67	23.80	24.99	26.24
8	21.59	22.67	23.80	24.99	26.24	27.55
9	22.67	23.80	24.99	26.24	27.55	28.93
10	23.80	24.99	26.24	27.55	28.93	30.38
11	24.99	26.24	27.55	28.93	30.38	31.90
12	26.24	27.55	28.93	30.38	31.90	33.50
13	27.55	28.93	30.38	31.90	33.50	35.18
14	28.93	30.38	31.90	33.50	35.18	36.94
15	30.38	31.90	33.50	35.18	36.94	38.79
16	31.90	33.50	35.18	36.94	38.79	40.73
17	33.50	35.18	36.94	38.79	40.73	42.77
18	35.18	36.94	38.79	40.73	42.77	44.91
19	36.94	38.79	40.73	42.77	44.91	47.16
20	38.79	40.73	42.77	44.91	47.16	49.52
21	40.73	42.77	44.91	47.16	49.52	52.00
22	42.77	44.91	47.16	49.52	52.00	54.60
23	44.91	47.16	49.52	52.00	54.60	57.33
31	17.94	18.84	19.78	20.77	21.81	22.90
32	18.84	19.78	20.77	21.81	22.90	24.05
33	19.78	20.77	21.81	22.90	24.05	25.25
34	20.77	21.81	22.90	24.05	25.25	26.51
35	21.81	22.90	24.05	25.25	26.51	27.84
36	22.90	24.05	25.25	26.51	27.84	29.23
37	24.05	25.25	26.51	27.84	29.23	30.69
41	34.47	36.19	38.00	39.90	41.90	44.00
42	38.00	39.90	41.90	44.00	46.20	48.51
43	44.00	46.20	48.51	50.94	53.49	56.16
51	11.33	11.90	12.50	13.13	13.79	14.48
52	12.71	13.35	14.02	14.72	15.46	16.23
53	12.79	13.43	14.10	14.81	15.55	16.33
54	13.18	13.84	14.53	15.26	16.02	16.82
55	14.03	14.73	15.47	16.24	17.05	17.90
56	15.68	16.46	17.28	18.14	19.05	20.00

**City of Medina
2020 Payscale - Hourly**

2.50%

Grade/Step	A	B	C	D	E	F
57	17.44	18.31	19.23	20.19	21.20	22.26
58	17.66	18.54	19.47	20.44	21.46	22.53
59	18.79	19.73	20.72	21.76	22.85	23.99
60	25.54	26.82	28.16	29.57	31.05	32.60
61	31.09	32.64	34.27	35.98	37.78	39.67
62	36.01	37.81	39.70	41.69	43.77	45.96
71	17.49	18.36	19.28	20.24	21.25	22.31
72	18.36	19.28	20.24	21.25	22.31	23.43
73	19.28	20.24	21.25	22.31	23.43	24.60
74	20.24	21.25	22.31	23.43	24.60	25.83
75	21.25	22.31	23.43	24.60	25.83	27.12
76	22.31	23.43	24.60	25.83	27.12	28.48
77	23.43	24.60	25.83	27.12	28.48	29.90
78	18.59	19.52	20.50	21.53	22.61	23.74
79	19.52	20.50	21.53	22.61	23.74	24.93
80	20.50	21.53	22.61	23.74	24.93	26.18
81	21.53	22.61	23.74	24.93	26.18	27.49
82	22.61	23.74	24.93	26.18	27.49	28.86
83	23.74	24.93	26.18	27.49	28.86	30.30
84	24.93	26.18	27.49	28.86	30.30	31.82
85	26.18	27.49	28.86	30.30	31.82	33.41
86	27.49	28.86	30.30	31.82	33.41	35.08
91	24.52	25.75	27.04	28.39	29.81	31.30
92	25.75	27.04	28.39	29.81	31.30	32.87
93	27.04	28.39	29.81	31.30	32.87	34.51
94	28.39	29.81	31.30	32.87	34.51	36.24
95	29.81	31.30	32.87	34.51	36.24	38.05
96	31.30	32.87	34.51	36.24	38.05	39.95

Salaries (Salaries are paid bi-weekly for the two weeks ended two weeks prior to payday)

101	40,616.66
102	45,394.67
103	54,617.63
104	60,043.35
105	62,342.01
106	70,377.99
107	77,105.42
108	126,466.88

City of Medina
2020 Payscale - Hourly

2.50%

<u>Grade/Step</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
109	128,346.39					

Salary Ranges (Salaries are paid bi-weekly for the two weeks ended two weeks prior to paydate)

	minimum	maximum
110	47,019.05	60,184.38
111	58,866.02	70,639.22
112	70,639.22	84,767.06
113	84,767.06	101,720.47
114	101,720.47	122,064.56
121	81,493.08	95,077.98
122	84,767.06	91,828.16

City of Medina
2021 Payscale - Hourly

*Ord. 93-20
Exh. B*

2.50%

Grade/Step	A	B	C	D	E	F
1	15.71	16.50	17.33	18.20	19.11	20.07
2	16.50	17.33	18.20	19.11	20.07	21.07
3	17.33	18.20	19.11	20.07	21.07	22.12
4	18.20	19.11	20.07	21.07	22.12	23.23
5	19.11	20.07	21.07	22.12	23.23	24.39
6	20.07	21.07	22.12	23.23	24.39	25.61
7	21.07	22.12	23.23	24.39	25.61	26.89
8	22.12	23.23	24.39	25.61	26.89	28.23
9	23.23	24.39	25.61	26.89	28.23	29.64
10	24.39	25.61	26.89	28.23	29.64	31.12
11	25.61	26.89	28.23	29.64	31.12	32.68
12	26.89	28.23	29.64	31.12	32.68	34.31
13	28.23	29.64	31.12	32.68	34.31	36.03
14	29.64	31.12	32.68	34.31	36.03	37.83
15	31.12	32.68	34.31	36.03	37.83	39.72
16	32.68	34.31	36.03	37.83	39.72	41.71
17	34.31	36.03	37.83	39.72	41.71	43.80
18	36.03	37.83	39.72	41.71	43.80	45.99
19	37.83	39.72	41.71	43.80	45.99	48.29
20	39.72	41.71	43.80	45.99	48.29	50.70
21	41.71	43.80	45.99	48.29	50.70	53.24
22	43.80	45.99	48.29	50.70	53.24	55.90
23	45.99	48.29	50.70	53.24	55.90	58.70
31	18.39	19.31	20.28	21.29	22.35	23.47
32	19.31	20.28	21.29	22.35	23.47	24.64
33	20.28	21.29	22.35	23.47	24.64	25.87
34	21.29	22.35	23.47	24.64	25.87	27.16
35	22.35	23.47	24.64	25.87	27.16	28.52
36	23.47	24.64	25.87	27.16	28.52	29.95
37	24.64	25.87	27.16	28.52	29.95	31.45
41	35.33	37.10	38.96	40.91	42.96	45.11
42	38.96	40.91	42.96	45.11	47.37	49.74
43	45.11	47.37	49.74	52.23	54.84	57.58
51	11.61	12.19	12.80	13.44	14.11	14.82
52	13.03	13.68	14.36	15.08	15.83	16.62
53	13.11	13.77	14.46	15.18	15.94	16.74
54	13.51	14.19	14.90	15.65	16.43	17.25
55	14.38	15.10	15.86	16.65	17.48	18.35
56	16.07	16.87	17.71	18.60	19.53	20.51

**City of Medina
2021 Payscale - Hourly**

2.50%

<u>Grade/Step</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
57	17.88	18.77	19.71	20.70	21.74	22.83
58	18.10	19.01	19.96	20.96	22.01	23.11
59	19.26	20.22	21.23	22.29	23.40	24.57
60	26.18	27.49	28.86	30.30	31.82	33.41
61	31.87	33.46	35.13	36.89	38.73	40.67
62	36.91	38.76	40.70	42.74	44.88	47.12
71	17.93	18.83	19.77	20.76	21.80	22.89
72	18.83	19.77	20.76	21.80	22.89	24.03
73	19.77	20.76	21.80	22.89	24.03	25.23
74	20.76	21.80	22.89	24.03	25.23	26.49
75	21.80	22.89	24.03	25.23	26.49	27.81
76	22.89	24.03	25.23	26.49	27.81	29.20
77	24.03	25.23	26.49	27.81	29.20	30.66
78	19.05	20.00	21.00	22.05	23.15	24.31
79	20.00	21.00	22.05	23.15	24.31	25.53
80	21.00	22.05	23.15	24.31	25.53	26.81
81	22.05	23.15	24.31	25.53	26.81	28.15
82	23.15	24.31	25.53	26.81	28.15	29.56
83	24.31	25.53	26.81	28.15	29.56	31.04
84	25.53	26.81	28.15	29.56	31.04	32.59
85	26.81	28.15	29.56	31.04	32.59	34.22
86	28.15	29.56	31.04	32.59	34.22	35.93
91	25.13	26.39	27.71	29.10	30.56	32.09
92	26.39	27.71	29.10	30.56	32.09	33.69
93	27.71	29.10	30.56	32.09	33.69	35.37
94	29.10	30.56	32.09	33.69	35.37	37.14
95	30.56	32.09	33.69	35.37	37.14	39.00
96	32.09	33.69	35.37	37.14	39.00	40.95

Salaries (Salaries are paid bi-weekly for the two weeks ended two weeks prior to paydaye)

101	41,632.08
102	46,529.54
103	55,983.07
104	61,544.43
105	63,900.56
106	72,137.44
107	79,033.06
108	129,628.55

City of Medina
2021 Payscale - Hourly

2.50%

<u>Grade/Step</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
109	131,555.05					

Salary Ranges (Salaries are paid bi-weekly for the two weeks ended two weeks prior to paydate)

	minimum	maximum
110	48,194.53	61,689.00
111	60,337.67	72,405.20
112	72,405.20	86,886.24
113	86,886.24	104,263.49
114	104,263.49	125,116.19
121	83,530.41	97,454.93
122	86,886.24	94,123.86

Ord. 93.20
Exh. C

City of Medina
2022 Payscale - Hourly

2.75%

Grade/Step	A	B	C	D	E	F
1	16.14	16.95	17.80	18.69	19.62	20.60
2	16.95	17.80	18.69	19.62	20.60	21.63
3	17.80	18.69	19.62	20.60	21.63	22.71
4	18.69	19.62	20.60	21.63	22.71	23.85
5	19.62	20.60	21.63	22.71	23.85	25.04
6	20.60	21.63	22.71	23.85	25.04	26.29
7	21.63	22.71	23.85	25.04	26.29	27.60
8	22.71	23.85	25.04	26.29	27.60	28.98
9	23.85	25.04	26.29	27.60	28.98	30.43
10	25.04	26.29	27.60	28.98	30.43	31.95
11	26.29	27.60	28.98	30.43	31.95	33.55
12	27.60	28.98	30.43	31.95	33.55	35.23
13	28.98	30.43	31.95	33.55	35.23	36.99
14	30.43	31.95	33.55	35.23	36.99	38.84
15	31.95	33.55	35.23	36.99	38.84	40.78
16	33.55	35.23	36.99	38.84	40.78	42.82
17	35.23	36.99	38.84	40.78	42.82	44.96
18	36.99	38.84	40.78	42.82	44.96	47.21
19	38.84	40.78	42.82	44.96	47.21	49.57
20	40.78	42.82	44.96	47.21	49.57	52.05
21	42.82	44.96	47.21	49.57	52.05	54.65
22	44.96	47.21	49.57	52.05	54.65	57.38
23	47.21	49.57	52.05	54.65	57.38	60.25
31	18.90	19.85	20.84	21.88	22.97	24.12
32	19.85	20.84	21.88	22.97	24.12	25.33
33	20.84	21.88	22.97	24.12	25.33	26.60
34	21.88	22.97	24.12	25.33	26.60	27.93
35	22.97	24.12	25.33	26.60	27.93	29.33
36	24.12	25.33	26.60	27.93	29.33	30.80
37	25.33	26.60	27.93	29.33	30.80	32.34
41	36.30	38.12	40.03	42.03	44.13	46.34
42	40.03	42.03	44.13	46.34	48.66	51.09
43	46.34	48.66	51.09	53.64	56.32	59.14
51	11.93	12.53	13.16	13.82	14.51	15.24
52	13.39	14.06	14.76	15.50	16.28	17.09
53	13.47	14.14	14.85	15.59	16.37	17.19
54	13.88	14.57	15.30	16.07	16.87	17.71
55	14.78	15.52	16.30	17.12	17.98	18.88
56	16.51	17.34	18.21	19.12	20.08	21.08
57	18.37	19.29	20.25	21.26	22.32	23.44

**City of Medina
2022 Payscale - Hourly**

2.75%

Grade/Step	A	B	C	D	E	F
58	18.60	19.53	20.51	21.54	22.62	23.75
59	19.79	20.78	21.82	22.91	24.06	25.26
60	26.90	28.25	29.66	31.14	32.70	34.34
61	32.75	34.39	36.11	37.92	39.82	41.81
62	37.93	39.83	41.82	43.91	46.11	48.42
71	18.42	19.34	20.31	21.33	22.40	23.52
72	19.34	20.31	21.33	22.40	23.52	24.70
73	20.31	21.33	22.40	23.52	24.70	25.94
74	21.33	22.40	23.52	24.70	25.94	27.24
75	22.40	23.52	24.70	25.94	27.24	28.60
76	23.52	24.70	25.94	27.24	28.60	30.03
77	24.70	25.94	27.24	28.60	30.03	31.53
78	19.57	20.55	21.58	22.66	23.79	24.98
79	20.55	21.58	22.66	23.79	24.98	26.23
80	21.58	22.66	23.79	24.98	26.23	27.54
81	22.66	23.79	24.98	26.23	27.54	28.92
82	23.79	24.98	26.23	27.54	28.92	30.37
83	24.98	26.23	27.54	28.92	30.37	31.89
84	26.23	27.54	28.92	30.37	31.89	33.48
85	27.54	28.92	30.37	31.89	33.48	35.15
86	28.92	30.37	31.89	33.48	35.15	36.91
91	25.82	27.11	28.47	29.89	31.38	32.95
92	27.11	28.47	29.89	31.38	32.95	34.60
93	28.47	29.89	31.38	32.95	34.60	36.33
94	29.89	31.38	32.95	34.60	36.33	38.15
95	31.38	32.95	34.60	36.33	38.15	40.06
96	32.95	34.60	36.33	38.15	40.06	42.06

Salaries (Salaries are paid bi-weekly for the two weeks ended two weeks prior to payday)

101	42,776.96
102	47,809.10
103	57,522.60
104	63,236.90
105	65,657.83
106	74,121.22
107	81,206.47
108	133,193.34
109	135,172.81

**City of Medina
2022 Payscale - Hourly**

2.75%

Grade/Step	A	B	C	D	E	F
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Salary Ranges (Salaries are paid bi-weekly for the two weeks ended two weeks prior to payday)

	minimum	maximum
110	49,519.88	63,385.45
111	61,996.96	74,396.35
112	74,396.35	89,275.62
113	89,275.62	107,130.74
114	107,130.74	128,556.89
121	85,827.50	100,134.94
122	89,275.61	96,712.27

ORD 93-20
EXH. D

ATTACHMENT B

THE CITY OF MEDINA WELLNESS PROGRAM

To be eligible for the reduced premium contributions for 2021, 2022 and 2023 the employee must:

1. Complete an annual Health Risk Analysis by August 31, 2020; August 31, 2021 and August 31, 2022 to be administered by the wellness provider. The Health Risk Analysis is comprised of:
 - a. A Health Risk Questionnaire, including height, weight, body mass index (BMI), waist circumference.
 - b. Biometric screening in the form of a blood draw that will measure:
 - i. Total Cholesterol
 - ii. High-density lipoprotein (HDL)
 - iii. Glucose
 - iv. Low-density lipoprotein (LDL)
 - v. Triglycerides
 - vi. Blood pressure
2. Maintain an active account with a wellness provider designated by the City.
 - a. Employees will need to log onto the website a minimum of 10 days per month and enter one or more entries each of those days. A minimum total of 10 days per month or 120 days per 12 months of logged entries must be entered in the following time frames: 09/01/2019-08/31/2020, 09/01/2020-08/31/2021; 09/01/2021-08/31/2022.
 - b. This total will be gathered on an average, so if the employee misses logging on a specific month, although they will not be able to back log/back enter into a previous month once it has ended, they will be able to add additional entries in the current/future months to maintain their acceptable average. One activity per day, each month is the maximum credit they can earn towards the 120 annual amount.
3. Employee must attend or participate in three (3) Educational Activities during the following time frames: 09/01/2019-08/31/2020; 09/01/2020-08/31/2021, 09/01/2021-08/31/2022 – these can be a combination of any activities offered (need proof of participation).

Wellness program requirements may be subject to change based on the Healthcare Committee recommendations.

The parties agree, in concept, to the introduction of an outcomes-based component to the Wellness Program in future Collective Bargaining Agreements. The parties agree to discuss the introduction of the outcomes-based component in the next negotiations consistent with the Federal Patient Protection and Affordable Care Act.

Wellness program design complies with Federal regulations. Program design may change as new regulations and / or clarifications are issued.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-585-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call: 800-585-2583 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$500/single, \$1,000/family Network \$1,000/single, \$2,000/family Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$1,000/single, \$2,000/family Network Unlimited/single, Unlimited/family Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, See MedMutual.com/SBC or call 800-585-2583 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event Services You May Need **What You Will Pay** **Limitations, Exceptions, & Other Important Information**

	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	None
	Specialist visit	\$40 copay/visit	None
If you have a test	Preventive care/ screening/ immunization	No charge	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray)	No charge	None
If you need drugs to treat your illness or condition	Diagnostic test (blood work)	No charge	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	None
More information about prescription drug coverage is available at MedMutual.com/SBC	Generic copay - retail Tier 1	\$15	None
	Generic copay - home delivery Tier 1	\$30	Covers up to a 30-day supply.
	Preferred brand copay - retail Tier 2	\$30	Covers up to a 90-day supply.
	Preferred brand copay - home delivery Tier 2	\$60	Covers up to a 30-day supply.
	Non-preferred brand copay - retail Tier 3	\$50	Covers up to a 90-day supply.
	Specialty drugs	Applicable drug tier copay applies	Does Not Apply

Common Medical Event

Services You May Need

What You Will Pay

Limitations, Exceptions, & Other Important Information

	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	\$20 copay/visit at PCP; \$40 copay/visit at Specialist; 20% coinsurance all other places after deductible	40% coinsurance	None
If you have a hospital stay	\$100 copay/visit \$50 copay/visit	40% coinsurance	None (includes non-emergency)
If you need mental health, behavioral health, or substance abuse services	\$20 copay/visit 20% coinsurance 20% coinsurance Benefits paid based on corresponding medical benefits Benefits paid based on corresponding medical benefits	40% coinsurance 40% coinsurance 40% coinsurance	None None None None None
If you are pregnant	No charge	40% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). None
		20% coinsurance	None
		20% coinsurance	None

Common Medical Event Services You May Need **What You Will Pay** **Limitations, Exceptions, & Other Important Information**

	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	(60 visits per benefit period)
	Rehabilitation services (Physical Therapy)	\$20 copay/visit	(30 visits per benefit period)
	Rehabilitation services (Occupational Therapy)	\$20 copay/visit	(60 visits per benefit period; except for work hardening, which is not covered)
	Rehabilitation services (Speech Therapy)	\$20 copay/visit	(60 visits per benefit period)
	Skilled nursing care	20% coinsurance	(120 days per benefit period; combined with Physical Medicine and Rehabilitation)
	Durable medical equipment	20% coinsurance	None
	Hospice services	20% coinsurance	None
	Children's eye exam	No charge	None
	Children's glasses	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Excluded Service

If your child needs dental or eye care.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care
- Hearing Aids
- Routine Eye Care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: your state insurance department at 800-686-1526 and the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 or x61565 or cchio.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your state insurance department at 800-686-1526 or your plan at 800-585-2583.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for sample medical situations, see the next section. The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.



- The plan's overall deductible \$500
- Specialist copay \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

Total Example Cost \$12,800

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$0
Coinsurance	\$600
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-585-2583.



- The plan's overall deductible \$500
- Specialist copay \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

Total Example Cost \$7,400

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$1,200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$1,760



- The plan's overall deductible \$500
- Specialist copay \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

Total Example Cost \$1,900

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$200
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$500

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-585-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.