

ORDINANCE NO. 199-20

AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A CONTRACT WITH MEDICAL MUTUAL OF OHIO FOR HEALTH CARE INSURANCE FOR THE EMPLOYEES OF THE CITY OF MEDINA.

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

- SEC. 1:** That the Mayor is hereby authorized and directed to enter into a contract and sign the necessary forms with Medical Mutual of Ohio to provide health care insurance for the employees of the City of Medina, Ohio for the year 2021.
- SEC. 2:** That a copy of the renewal Contract is marked Exhibit A, attached hereto and incorporated herein.
- SEC. 3:** 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. 4:** That this Ordinance shall be in full force and effect at the earliest period allowed by law.

PASSED: November 23, 2020

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: November 24, 2020

SIGNED: Dennis Hanwell
Mayor

City of Medina 2021 Renewal



ORD. 199-20
Exh. A

Benefits Schedule: In Network	MMO - With Chamber Discount Current Plan		MMO - With Chamber Discount Proposed Renewal		MMO - With Chamber Discount Revised Renewal	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible	\$500 / \$1,000	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance After Deductible	20%	40%	20%	40%	20%	40%
Out of Pocket Maximum	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit	\$20	40%	\$20	40%	\$20	40%
Specialist Office Visit	\$40	40%	\$40	40%	\$40	40%
Preventive Care	No Copay	40%	No Copay	40%	No Copay	40%
Emergency Room	\$100 copay	40%	\$100 copay	40%	\$100 copay	40%
Urgent Care	\$20	40%	\$20	40%	\$20	40%
Prescription Drugs						
Tier I	\$15		\$15		\$15	
Tier II	\$30		\$30		\$30	
Tier III	\$50		\$50		\$50	
Mail Order Rx						
Tier I	\$30		\$30		\$30	
Tier II	\$60		\$60		\$60	
Tier III	\$100		\$100		\$100	
	Current Plan		Proposed Renewal		Revised Renewal	
GROSS PREMIUM	Lives	Est. Monthly Rate	Annual Premium	Lives	Est. Monthly Rate	Annual Premium
Employee	33	\$ 807.93	\$ 319,940	33	\$ 927.22	\$ 367,179
Family	84	\$ 2,019.85	\$ 2,036,009	84	\$ 2,318.07	\$ 2,336,615
TOTAL PREMIUM	117	\$	2,355,949	117	\$	2,703,794
						14.76%
EMPLOYEE CONTRIBUTIONS - 13%	Lives	Monthly Rate	Annual Contributions	Lives	Monthly Rate	Annual Contributions
Employee	19	\$ 105.03	\$ 23,947	19	\$ 120.54	\$ 27,483
Family	69	\$ 282.58	\$ 217,417	69	\$ 301.35	\$ 249,517
Total CONTRIBUTIONS	88	\$	\$241,364	88	\$	\$277,000
						9.00%

EMPLOYEE CONTRIBUTIONS - 20%		TOTAL NET COST	
Lives	Monthly Rate	Annual Contributions	Lives
Employee	14	\$ 161.58	\$ 27,148
Family	15	\$ 403.97	\$ 72,715
Total CONTRIBUTIONS	29	\$	\$99,861
			\$2,014,724
			\$17,220
			\$2,312,189
			\$19,762
			\$297,464
			14.76%

Contributions are based on enrollment as of renewal
Includes \$3,000 Wellness Dollars
This proposal is for illustrative purposes only. All benefits are subject to the terms and conditions of the Master Contract. Illustrated rates are based on census and data supplied. Final rates will be based on actual enrollment. Rates are not final until approved by underwriting.

*If the City performs well, they may receive up to 5% of paid premiums in a settlement 120 days after plan year ends

CITY OF MEDINA
DENTAL



OS Health Group
The Health Capital Company

EFF. DATE	Current		Renewal		GUARDIAN		METLIFE		PRINCIPAL	
	MMO	MMO	MMO	MMO	MAC	Percentile	Percentile	Percentile	Percentile	
JANUARY 1, 2021	90% Fair Health PPO Dental (SuperDental)	90% Fair Health PPO Dental (SuperDental)	MAC Dental/Guard Pref.	Percentile Dental/Guard Pref.	Percentile Dental/Guard Pref.	Percentile Dental/Guard Pref.	Percentile Dental/Guard Pref.	Percentile Dental/Guard Pref.	Percentile Dental/Guard Pref.	
Dental Network	PPO	PPO	MAC	90%	90%	90%	90%	90%	90%	
PPO O.O.N. UCR percentile	Out of Net	Out of Net	Out of Net	Out of Net	Out of Net	Out of Net	Out of Net	Out of Net	Out of Net	
Single Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Family Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
Are net & non-net deductibles combined?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Does Ded. Apply to Preventive?	Yes	Yes	No	No	No	No	No	No	No	
In Net/Out Net Coinsurance:										
Preventive	20%	20%	0%	0%	0%	0%	0%	0%	0%	
Basic Services	20%	20%	0%	20%	20%	20%	20%	20%	20%	
Major Services	20%	20%	40%	50%	20%	20%	20%	20%	20%	
Annual Max. Paid by Insurance	\$1,350	\$1,350	\$1,500	\$1,500	\$1,350	\$1,400	\$1,350	\$1,400	\$1,400	
Endodontics Tier	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	
Periodontics Tier	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	Basic Services	
Implant Coverage	Major Services	Major Services	Major Services	Major Services	Major Services	Major Services	Major Services	Major Services	Major Services	
Rollover Benefit	None	None	None	None	None	None	None	None	Included	
Orthodontia Eligibility	To age 19	To age 19	To age 19	To age 19	To age 19	To age 19	To age 19	To age 19	To age 19	
Orthodontia Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Orthodontia Coinsurance	40%	40%	50%	50%	40%	40%	40%	40%	40%	
Orthodontia Lifetime Max.	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
Waiting Periods for Timely Entrants	None	None	None	None	None	None	None	None	None	
Special Provisions/Benefits			Pandemic Support Program	Pandemic Support Program						
PREMIUMS										
Rate Guarantee	12 months	12 months	12 months	12 months	24 months (3rd Yr Cap 8%)	12 months				
Employee Only	# Emp. Premium	# Emp. Premium	Employees	Premium		# Emp. Premium	# Emp. Premium	# Emp. Premium	# Emp. Premium	
Family	30 \$31.84	30 \$33.35	30	\$28.66		30 \$28.45	30 \$28.73	30 \$28.73	30 \$28.73	
	88 \$90.74	88 \$95.04	88	\$81.67		88 \$81.07	88 \$83.63	88 \$83.63	88 \$83.63	
TOTAL MO. PREMIUMS	\$ 8,940.32	\$ 9,354.02	\$	\$ 8,046.76	\$	\$ 7,987.66	\$ 8,221.34	\$ 8,221.34	\$ 8,221.34	
TOTAL ANNUAL PREMIUMS	\$ 107,283.84	\$ 112,368.24	\$	\$ 96,561.12	\$	\$ 95,851.92	\$ 98,656.08	\$ 98,656.08	\$ 98,656.08	
\$ DIFF. FROM CURRENT	\$	\$ 5,084.40	\$	\$ (10,722.72)	\$	\$ (11,431.92)	\$ (8,627.76)	\$ (8,627.76)	\$ (8,627.76)	
% DIFF. FROM CURRENT		4.74%		-9.99%		-10.66%	-8.04%	-8.04%	-8.04%	

Guardian Pandemic Support offers either 1-month premium credit OR additional year rate guarantee
SunLife also provided a quote but was uncompetitive

The City of Medina
 RATE HISTORY
 Cost Analysis

United Health Care

Medical Plan	Lives	2014 Rates		2015 Rates		2016 Rates		2017 Rates	
		Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost
Section 005									
Single	25	\$ 625.75	\$ 15,644	\$ 689.53	\$ 16,738	\$ 773.28	\$ 19,332	\$ 773.28	\$ 19,332
Family	97	\$ 1,720.81	\$ 166,919	\$ 1,841.20	\$ 178,596	\$ 2,126.51	\$ 206,271	\$ 2,126.51	\$ 206,271
Total Section 005	122		\$ 182,562		\$ 195,335		\$ 225,603		\$ 225,603
Total Annual Cost			\$ 2,190,748		\$ 2,344,016		\$ 2,707,242		\$ 2,707,242
\$ Change			\$ 179,111		\$ 153,268		\$ 363,226		\$ 363,226
% Change			8.90%		7.00%		15.50%		0.00%

Dental Plan	Lives	2014 Rates		2015 Rates		2016 Rates		2017 Rates	
		Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost
Section 005									
Single	25	\$ 31.46	\$ 787	\$ 31.46	\$ 787	\$ 31.46	\$ 787	\$ 31.46	\$ 787
Family	97	\$ 91.77	\$ 8,902	\$ 91.77	\$ 8,902	\$ 91.77	\$ 8,902	\$ 91.77	\$ 8,902
Total Section 005	122		\$ 9,688		\$ 9,688		\$ 9,688		\$ 9,688
Total Annual Cost			\$ 116,258		\$ 116,258		\$ 116,258		\$ 116,258
\$ Change			\$ 8,209		\$ -		\$ -		\$ -
% Change			7.60%		0.00%		0.00%		0.00%

Total GROSS COST ALL Plans									
		2014 Rates		2015 Rates		2016 Rates		2017 Rates	
		Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost
Total Monthly Cost	122		\$ 192,251		\$ 205,023		\$ 235,292		\$ 235,292
Total Annual Cost			\$ 2,307,006		\$ 2,460,274		\$ 2,823,500		\$ 2,823,500
\$ Change			\$ 187,320		\$ 153,268		\$ 363,226		\$ -
% Change			8.84%		6.64%		14.76%		0.00%

The City of Medina

RATE HISTORY

Cost Analysis

Medical Mutual of Ohio

AVERAGE
Since 2005

Medical Plan	Lives	2018 Rates		2019 Rates		2020 Rates		2021 Rates PROPOSED		AVERAGE Since 2005
		Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost	
Section 005	Single	25	\$ 776.88	\$ 741.22	\$ 18,531	\$ 807.93	\$ 20,198	\$ 880.64	\$ 22,016	\$79,882
	Family	97	\$ 1,942.20	\$ 1,853.07	\$ 179,748	\$ 2,019.85	\$ 195,925	\$ 2,201.64	\$ 213,559	4.07%
	Total Section 005	122	\$ 2,719.08	\$ 2,594.29	\$ 198,278	\$ 2,379,339	\$ 2,593,484	\$ 2,826,901	\$ 233,417	
	% Change				-4.59%		9.00%			

Dental Plan

Section 005	Single	25	\$ 29.24	\$ 31.84	\$ 796	\$ 31.84	\$ 796	\$ 33.35	\$ 834	\$2,227
	Family	97	\$ 85.29	\$ 90.74	\$ 8,802	\$ 90.74	\$ 8,802	\$ 95.04	\$ 9,219	2.48%
	Total Section 005	122	\$ 114.53	\$ 122.58	\$ 9,598	\$ 115,173	\$ 9,598	\$ 120,632	\$ 10,053	
	% Change			6.59%		0.00%		4.74%		

Total GROSS COST ALL PLANS

Total Monthly Cost	122	\$ 2,933.61	\$ 2,816.87	\$ 2,794,076	\$ 2,914,613	\$ 2,709,682	\$ 2,947,533	\$ 2,988,445	\$82,109
\$ Change									3.98%
% Change			-7.85%	-4.12%	8.58%				

The City of Medina

RATE HISTORY

Cost Analysis

		Medical Mutual of Ohio				AVERAGE Since 2005			
		2018 Rates		2019 Rates		2020 Rates		2021 Rates PROPOSED	
	Lives	Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost	Rates	Monthly Cost
Medical Plan									
Section 005									
Single	25	\$ 776.88	\$ 19,422	\$ 741.22	\$ 18,531	\$ 807.93	\$ 20,198	\$ 880.64	\$ 22,016
Family	97	\$ 1,942.20	\$ 188,393	\$ 1,853.07	\$ 179,748	\$ 2,019.85	\$ 195,925	\$ 2,201.64	\$ 213,559
Total Section 005	122		\$ 207,815		\$ 198,278		\$ 216,124		\$ 235,575
Total Annual Cost			\$ 2,493,785		\$ 2,379,339		\$ 2,583,484		\$ 2,825,901
\$ Change			(213,457)		(114,445)		214,145		233,417
% Change			-7.88%		-4.59%		9.00%		9.00%
Dental Plan									
Section 005									
Single	25	\$ 29.24	\$ 731	\$ 31.84	\$ 796	\$ 31.84	\$ 796	\$ 33.35	\$ 834
Family	97	\$ 85.29	\$ 8,273	\$ 90.74	\$ 8,802	\$ 90.74	\$ 8,802	\$ 95.04	\$ 9,219
Total Section 005	122		\$ 9,004		\$ 9,598		\$ 9,598		\$ 10,053
Total Annual Cost			\$ 108,050		\$ 115,173		\$ 115,173		\$ 120,632
\$ Change			(8,209)		7,124		-		5,458
% Change			-7.06%		6.59%		0.00%		4.74%
Total GROSS COST ALL PLANS									
Total Monthly Cost	122		\$ 216,820		\$ 207,876		\$ 225,721		\$ 245,628
Total Annual Cost			\$ 2,601,834		\$ 2,494,513		\$ 2,708,658		\$ 2,947,533
\$ Change			(221,656)		(107,322)		214,145		238,675
% Change			-7.85%		-4.12%		8.58%		8.82%
									\$82,109
									3.98%