

ORDINANCE NO. 174-23

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 FOR THE CALENDAR YEARS 2024 AND 2025.

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 years 2024 and 2025.
- 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: October 23, 2023

SIGNED: James A. Shields
President of Council Pro-Tem

ATTEST: Kathy Patton
Clerk of Council

APPROVED: October 24, 2023

SIGNED: John M. Coyne, III
Acting Mayor

City of Medina
2024 Final Renewal Review



Attendees: Mayor Hanwell
Dino Sciulli
Ann Stark
Chris Ronnebaum

- 1) MMO Medical Renewal & Marketing Results
2 Year Rate Guarantee at 2%
- 2) Medical Underwriting
- 3) Life/Vol Life Renewal - 0% Increase
- 4) EAP Renewal - 0% Increase
- 5) Dental - 2 year rate guarantee until 2025
- 6) Vision - 4 year rate guarantee until 2025
- 7) MMO Annual Wellness Allowance \$3000
- 8) MMO Contribution- Workout Room \$4500



MEDICAL MUTUAL

CITY OF MEDINA (GAC) (24-Months)
Rates Effective: 01/01/2024 through 12/31/2025
778236

BENEFIT HIGHLIGHTS

| | |
|--|--------------------|
| Network Medical Deductible - Single / Family | \$500 / \$1,000 |
| Network Coinsurance | 80% |
| Maximum Out of Pocket - Single / Family | \$1,000 / \$2,000 |
| Plan Includes H.S.A. | NO |
| Rx retail copy - Generic/Formulary/Non-Formulary/Specialty | \$15 / \$30 / \$50 |
| Other Description | |
| Line of Business | CMM I & DRUG I |
| Network | SM Plus |

| | |
|-----------------------------|--|
| Fully Insured Renewal Rates | |
| Single | |
| Family | |

| Age | SM Plus | CMM I & DRUG I |
|-----|------------|----------------|
| 36 | \$959.89 | \$978.09 |
| 90 | \$2,399.78 | \$2,447.77 |

Rate Assurances

Group Official Initial: *[Signature]* *beginning the action effective ->*
 Group Official Signature: *[Signature]*
 - Rates and terms shown above are subject to the exclusions and contingencies shown on Disclaimers page.
 - This document shows only a partial listing of network benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of benefits and covered services.

Title: *Acting Mayor*

Date: *10-23-23*

City of Medina
Medical Marketing 1/1/2024

| Carrier | Current Plan | Medical Mutual Fully Funded | Jefferson Health Plan Consortium | Aetna Fully Funded | Anth Blue Ac |
|---|---|---|---|---|---|
| Funding Method | Superned PPO | PPO \$500 80% \$1000 | OA POS Managed Choice | Blue Ac | |
| Network | In-Network | In-Network | In-Network | In-Network | In-Network |
| Deductible: | \$500 | \$500 | \$500 | \$500 | \$500 |
| Single | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Family | 80% | 80% | 80% | 80% | 80% |
| Coinsurance % | | | | | |
| Out-of-Pocket Accumulators: | Deductible + Coins. + Medical & Rx Copays | Deductible + Coins. + Medical & Rx Copays | Deductible + Coins. + Medical & Rx Copays | Deductible + Coins. + Medical & Rx Copays | Deductible + Coins. + Medical & Rx Copays |
| Single Limit | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Family Limit | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
| Preventive Services | Covered 100% | Covered 100% | Covered 100% | Covered 100% | Covered |
| Primary Care Physician | \$20 | \$20 | \$20 | \$20 | \$20 |
| Specialty Care Physician | \$40 | \$40 | \$40 | \$40 | \$40 |
| Inpatient Services | Deductible+Co-insurance | Deductible+Co-insurance | Deductible+Co-insurance | Deductible+Co-insurance | Deductible+Co-insurance |
| Outpatient Services | Deductible+Co-insurance | Deductible+Co-insurance | Deductible+Co-insurance | Deductible+Co-insurance | Deductible+Co-insurance |
| Urgent Care Services | \$20 | \$20 | \$20 | \$20 | \$20 |
| Emergency Room | \$100/20% | \$100/20% | \$100/20% | \$100/20% | \$100/20% |
| Retail Pharmacy | \$15/\$30/\$50/ applicable drug tier copay or the max of any available mfr-funded copay | \$15/\$30/\$50/ applicable drug tier copay or the max of any available mfr-funded copay | \$15/\$30/\$50/ applicable drug tier copay or the max of any available mfr-funded copay | \$15/\$30/\$50/ applicable drug tier copay or the max of any available mfr-funded copay | \$15/\$30/\$50/ applicable drug tier copay or the max of any available mfr-funded copay |
| Rate Guarantee | 2 Year | 1 Year | 1 Year | 1 Year | 1 Y |
| *2023 MMO 5% contingent premium possible in April 2024 - est. \$146,285 | | | | | |
| 122 | Current | Renewed | Jefferson Health Plan | Aetna | Anth |
| 34 | Single | \$959,891 | \$979,099 | \$883,833 | \$902,433 |
| 88 | Family | \$2,399,797 | \$2,447,779 | \$2,209,611 | \$2,256,121 |
| Monthly Total | \$243,818 | \$248,694 | \$224,496 | \$229,221 | \$229,221 |
| Annual Total | \$2,925,813 | \$2,984,330 | \$2,693,951 | \$2,750,654 | \$2,750,654 |
| | % Change to Current | \$4,876 | \$4,876 | -\$14,597 | -\$14,597 |
| | % Change to Current | 2.00% | 2.00% | -5.99% | -5.99% |

* Please review second attached analysis illustrating the effect of the contingent premium on total cost of premium coverage. Marketplace Comparison by ONEDIGITAL

This summary is a brief outline used for marketing and illustrative purposes only. Additional plan limitations and exclusions may apply to services. Rates may be subject to change based on the final enrollment and the carrier underwriting. The insurance contracts should be reviewed for exact language. Please refer to the Summary of Benefits and Coverage for more detailed plan information.

City of Medina
MIMO Premium Analysis With Contingent Premium

| | 2023 | 2024 | 2025 |
|------------------------------------|---|-----------|-----------|
| Carrier | Medical Mutual | | |
| Funding Method | Fully Funded | | |
| Network | Supermed PPO | | |
| Deductible: | In-Network | | |
| Single | \$500 | \$500 | \$500 |
| Family | \$1,000 | \$1,000 | \$1,000 |
| Coinsurance % | 80% | | |
| Out-of-Pocket Accumulators: | Deductible + Coins. + Medical & Rx Copays | | |
| Single Limit | \$1,000 | \$1,000 | \$1,000 |
| Family Limit | \$2,000 | \$2,000 | \$2,000 |
| Preventive Services | Covered 100% | | |
| Primary Care Physician | \$20 | \$20 | \$20 |
| Specialty Care Physician | \$40 | \$40 | \$40 |
| Inpatient Services | Deductible+Co-insurance | | |
| Outpatient Services | Deductible+Co-insurance | | |
| Urgent Care Services | \$20 | \$20 | \$20 |
| Emergency Room | \$100/20% | \$100/20% | \$100/20% |
| Retail Pharmacy | \$15/\$30/\$50/ applicable drug tier copay or the max of any available mfr-funded copay | | |
| Rate Guarantee | 1 Year | | |

Annual Premium and Rate Increase

| | 2023 | 2024 | 2025 |
|------------------------------|-------------|-------------|-------------|
| Census | 2023 | | |
| 34 Single | \$959.89 | \$979.09 | \$979.09 |
| 88 Family | \$2,399.78 | \$2,447.77 | \$2,447.77 |
| Monthly Premium Total | \$243,817 | \$248,693 | \$248,693 |
| Annual Premium Total | \$2,925,803 | \$2,984,314 | \$2,984,314 |
| Annual Rate Increase | | 2% | 0% |

Cost Spend Analysis with Contingent Premium

| | | | |
|---|-------------|-------------|-------------|
| Annual Billed Premium Total | \$2,925,803 | \$2,984,314 | \$2,984,314 |
| Potential 5% Contingent Premium Credit | | \$146,290 | \$0 |
| Final Annual Premium Total | \$2,925,803 | \$2,838,024 | \$2,984,314 |
| Average Per Year (2024 & 2025) | | \$2,911,169 | |

Marketplace Comparison by ONEDIGITAL

This summary is a brief outline used for marketing and illustrative purposes only. Additional plan limitations and exclusions may apply to services.

Rates may be subject to change based on the final enrollment and the carrier underwriting. The insurance contracts should be reviewed for exact language. Please refer to the Summary of Benefits and Coverage for more detailed plan information.