

ORDINANCE NO. 195-21

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 2022.
- 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 22, 2021

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: November 23, 2021

SIGNED: Dennis Hanwell
Mayor



Prepared For:
CITY OF MEDINA

Effective Date: 1/1/2022
End Date: 12/31/2022
County: Medina
State: Ohio

Quote ID: 0095176-01

Friday, October 8, 2021
12:25 PM

ORD. 195-21
Exh. A



MEDICAL MUTUAL®

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).

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 make 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.



MEDICAL MUTUAL[®]
Renewal Form

To comply with various new components of healthcare reform, Medical Mutual needs to gather the following information in order to correctly process your group's renewal. Please review the definitions section before completing the form.
 Please complete the following information for the renewing group policy:

Group Information

Group Name: CITY OF MEDINA

Group Number # 778236

Group Certification

1. Total number of people employed by your company (exclude COBRA/retirees):
 - a. 158 # of full-time
 - b. 189 # of part-time
 - c. 0 # of FTEs (full-time equivalent employees)

2. Total number of covered persons:
 - a. 1 # electing COBRA
 - b. 0 # who are retired

3. Minimum work hours per week:
 - a. 158 # of employees working 25 or more hours per week
 - b. 40 # of hours an employee must work to be eligible for coverage under this renewing group policy
 - c. 158 # of employees working the minimum number of hours disclosed in statement 3-b

4. Total number of eligible employees residing outside of Ohio: 0

5. Total number of eligible waivers (ie: employees not applying for coverage): 44
 - Examples of waivers include employees covered:
 - o In a spouse's employer sponsored health plan
 - o as an active eligible employee or retiree in another health plan sponsored by a second employer
 - o covered under a parent's plan
 - o covered by Medicare and/or a Medicare Supplement plan
 - o In a government-sponsored plan such as: TRICARE, Medicaid or Veteran's Administration (VA) coverage
 - o in subsidy-eligible individual coverage

6. Do you offer spousal coverage:
 - a. Yes
 - b. Yes, only if no other coverage is available
 - c. No



MEDICAL MUTUAL[®]
Renewal Form

Outside Vendor Information

- Health Savings Account (HSA)
 - Not applicable
 - Name of administrator _____
 - \$ / % _____ Employer contribution toward single coverage
 - \$ / % _____ Employer contribution toward family coverage
- Health Reimbursement Account (HRA)
 - Not applicable
 - Name of administrator _____
 - \$ _____ Employer contribution toward single coverage
 - \$ _____ Employer contribution toward family coverage
 - Who pays first? Employee Employer Other
- Name of Pharmacy Benefit Manager (PBM): _____
- Name of Stop Loss Carrier: info

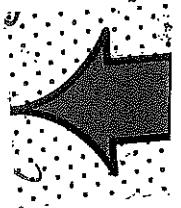
Employer Contribution

- Employer contribution toward employee coverage: \$ 151.36 or 704.50
- Employer contribution toward family/dependent coverage: \$ 1893.41 or 1761.89
- Has your company decreased its level of contributions toward health premium by more than 5 percent below the contribution rate on March 23, 2010, for any tier of coverage and any class of similarly situated individuals?
Yes No unknown

Renewal Acceptance

Group Official/Broker/Consultant/Medical Mutual Rep signature: Rob Hanwell
 Title: Dennis Hanwell, Mayor
 Date: 11-23-2021

This form must be returned no later than five business days before the effective date of the group's renewal





MEDICAL MUTUAL®

CITY OF MEDINA
ALL SECTIONS
INSURED RENEWAL DEVELOPMENT
Effective January 1, 2022, through December 31, 2022

Experience Period:
August 1, 2020, through July 31, 2021

		<u>MEDICAL</u>	<u>DRUG</u>	<u>TOTAL</u>
ESTIMATED INCURRED CLAIMS		\$1,567,535	\$704,068	\$2,271,563
POOLING ADJUSTMENT	\$130,000	(\$108,352)	N/A	(\$108,352)
CLAIMS TO ANNUALIZE		N/A	N/A	N/A
BENEFIT/ENROLLMENT CHANGES		N/A	N/A	N/A
CREDIBILITY & RISK ADJUSTMENTS		N/A	N/A	N/A
APPLICABLE TREND		\$185,000	(\$63,580)	\$121,420
	# months	1,1475	1,1995	1,1621
	Annual	17.0	17.0	17.0
PROJECTED INCURRED CLAIMS		10.20%	13.70%	11.18%
ADMINISTRATION & COMMISSION		\$1,866,700	\$768,253	\$2,654,953
PREMIUM TAX		\$107,068	\$86,756	\$143,824
MANDATED FEES*		\$0	\$0	\$0
RENEWAL PREMIUM		\$893	\$0	\$893
REVISED RENEWAL PREMIUM		\$1,994,661	\$305,009	\$2,799,670
PREMIUM AT CURRENT RATES		\$2,033,215	\$593,324	\$2,626,539
CHANGE IN PREMIUM		-1.90%	35.68%	6.59%
REVISED CHANGE IN PREMIUM		0.00%	0.00%	0.00%

Based on Average Enrollment of:

Single 32
Family 87

Rates reflect the federally mandated fees as listed below. All fees are subject to state premium tax. Fees are subject to change. When a contract period spans more than one calendar year, the fees are averaged over the length of the period. See notes for rate details.

Mandated Fees	\$893
PCORI:	\$0
Reinsurance:	\$0
Market Share:	\$0
MCO Fee	\$0
Total:	\$893



MEDICAL MUTUAL®

CITY OF MEDINA ALL SECTIONS INSURED RENEWAL RATES

Effective January 1, 2022, through December 31, 2022

#		Monthly Enrollment	Current Rates	Renewal Rates
778236				
CMM 1	\$500 Ded / 80% Coins / \$1,000 MOOP	32	\$681.71	\$681.71
		87	\$1,704.29	\$1,704.29
DRUG 1	Retail Copays: \$15 / \$30 / \$50	32	\$198.93	\$198.93
		87	\$497.34	\$497.34

Rates include PCORI, Reinsurance and Market Share fees, when applicable, which are federally mandated. All fees are subject to premium tax. When a contract spans more than one calendar year, the fees are averaged over the length of the period.

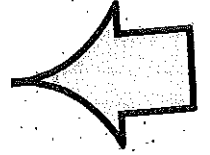
Rate Acceptance

Group Official Initial: _____ Please initial next to the benefits that have been selected by the group.

Group Official Signature: Dennis Hanwell

Title: Dennis Hanwell, Mayor

Date: 11-23-2021



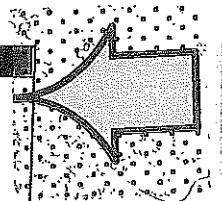


CITY OF MEDINA
ALL SECTIONS
DISCLAIMERS AND NOTES

Effective January 1, 2022, through December 31, 2022

- 1 - Rates include broker commission of \$11.00 PEPM based on Medical LOB only.
- 2 - All rates are subject to the terms and conditions specified in the Group Contract.
- 3 - Change in total enrollment or in any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 4 - In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
- 5 - Employers must disclose any funding of deductibles or coinsurance provided to employees. If funding is not disclosed, Medical Mutual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments.
- 6 - As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification (made other than in conjunction with a renewal) if it impacts the contents of the Summary of Benefits and Coverage (SBC). Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
- 7 - Covered employees will automatically have access to Medical Mutual's Basics wellness program, which includes online health resources, health assessments, WW (Weight Watchers) discounts, 24/7 nurse line and tobacco cessation programs. If not already enrolled in a buy up program, additional wellness program options are available upon request for an additional fee.
- 8 - This offer includes Wellness Funds in the amount of \$3,000. Wellness Funds must be spent during this contract period and do not carry-over to subsequent contract periods. Medical Mutual reserves the right to adjust the Wellness Fund if the Group's monthly medical enrollment declines by ten percent (10%) or more from the expected medical monthly enrollment of 119 contracts. Any adjustment to the Wellness Fund will be effective as of the date of the change in medical enrollment, however, Medical Mutual will not retroactively take back Wellness Funds already spent as of the change in medical enrollment date. Refer to the contract for more specifics regarding the Wellness Fund.
- 9 If a non-Medical Mutual ancillary carrier, other than Superior Dental, is added for COBRA services, a fee of \$0.34 per employee per month will be charged.

Rate Acceptance	
Group Official Initial: _____	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: _____	<i>Dennis Hanwell</i>
Title: _____	<i>Dennis Hanwell, Mayor</i>
Date: _____	<i>11-23-2021</i>





CITY OF MEDINA
ALL SECTIONS
LEGISLATIVE UPDATES

Effective January 1, 2022, through December 31, 2022

- Your rates may be adjusted to account for coverage mandated by federal or state law.
- Pursuant to Ohio House Bill 463, based on your current Autism Spectrum Disorder benefits, your renewal (effective 1/1/18 or later) has been adjusted for compliance with the law, where applicable.
- In order to comply with the United State Preventive Task Force final recommendations effective with plan years beginning 12/1/2017, your renewal has been adjusted to reflect changes to your non-grandfathered plan benefits effective with your next plan year on or after 12/1/2017.
- The rates in this proposal may include Patient-Centered Outcomes Research Institute Fee (PCORI), 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. Adjustments may or may not be noted in a line item on monthly invoices. All fees are subject to change during the contract period.
- Rates and premiums for periods beginning January 1, 2022 do not include potential or actual exposure due to section 49801 of the Internal Revenue Code -- Excise Tax on High Cost Employer-Sponsored Health Coverage under the Affordable Care Act. Any Excise tax determined to be payable on your plan(s) will be billed separately from health plan premium rates.

Rate Acceptance	
Group Official Initial: _____	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: _____	<i>Dennis Hanwell</i>
Title: _____	<i>Dennis Hanwell, Mayor</i>
Date: _____	<i>11-23-2021</i>

