

ORDINANCE NO. 216-22

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, AND DECLARING AN EMERGENCY.

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 2023.

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 considered an emergency measure necessary for the immediate preservation of the public peace, health and safety, and for the further reason in order to sign the necessary paperwork and documentation for the January 1, 2023 implementation; wherefore, this Ordinance shall be in full force and effect immediately upon its passage and signature by the Mayor.

PASSED: November 28, 2022

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: November 29, 2022

SIGNED: Dennis Hanwell
Mayor



132 North Elmwood Ave.
P.O. Box 703
Medina, Ohio 44258-0703
Phone: 330-725-8861
Fax: 330-722-9045
www.medinaoh.org

ORD
21622

November 29, 2022

MetLife
200 Park Avenue
New York, NY 10166

Re: City of Medina # 5974642 Dental Policy

Dear Administrators:

Please allow this letter to serve as our notification that we will be terminating our contract with Principal effective December 31, 2022.

We have contracted with a new carrier effective January 1, 2023.

Sincerely,

Dennis Hanwell
Mayor, City of Medina

City of Medina
2023 MMO Renewal



Benefits Schedule:	MMO - With Chamber Discount Current Plan		MMO - With Chamber Discount Renewal	
	Network	Non-Network	Network	Non-Network
<i>In Network</i>				
Deductible	\$500 / \$1,000	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance After Deductible	20%	40%	20%	40%
Out of Pocket Maximum	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000
Lifetime Maximum	Unlimited		Unlimited	
Physician Office Visit	\$20	40%	\$20	40%
Specialist Office Visit	\$40	40%	\$40	40%
Preventive Care	No Copay	40%	No Copay	40%
Emergency Room		\$100 copay		\$100 copay
Urgent Care	\$20	40%	\$20	40%
<i>Prescription Drugs</i>				
Tier I		\$15		\$15
Tier II		\$30		\$30
Tier III		\$50		\$50
<i>Mail Order Rx</i>				
Tier I		\$30		\$30
Tier II		\$60		\$60
Tier III		\$100		\$100

GROSS PREMIUM (BASED ON RFP Census)	Current Plan			Renewal		
	Lives	Est. Monthly Rate	Annual Premium	Lives	Est. Monthly Rate	Annual Premium
Employee	37	\$ 880.64	\$ 391,004	37	\$ 959.90	\$ 426,196
Family	92	\$ 2,201.64	\$ 2,430,611	92	\$ 2,399.79	\$ 2,649,368
TOTAL PREMIUM	129	\$	2,821,615	129	\$	3,075,564
						9.00%

EMPLOYEE CONTRIBUTIONS - 14%	Current Plan			Renewal		
	Lives	Monthly Rate	Annual Contributions	Lives	Monthly Rate	Annual Contributions
Employee	21	\$ 123.29	\$ 31,069	21	\$ 134.39	\$ 33,865
Family	73	\$ 308.23	\$ 270,009	73	\$ 335.97	\$ 294,310
Total CONTRIBUTIONS	94	\$	\$301,078	94	\$	\$328,176

EMPLOYEE CONTRIBUTIONS - 20%	Current Plan			Renewal		
	Lives	Monthly Rate	Annual Contributions	Lives	Monthly Rate	Annual Contributions
Employee	14	\$ 176.13	\$ 29,590	14	\$ 191.98	\$ 32,253
Family	21	\$ 440.33	\$ 110,963	21	\$ 479.96	\$ 120,949
Total CONTRIBUTIONS	35	\$	\$140,552	35	\$	\$153,202

TOTAL NET COST	\$2,379,984	\$2,594,186
Per Capita Cost	\$18,449	\$20,110
Premium Difference		\$214,202
Percentage Difference		9.00%

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.

City of Medina
2023 DENTAL Renewal



	MedLife Current		MedLife Renewal 1 Year Rate Guaranteed		Medical Mutual Alternate RFP Option (no commission) 2 Year Rate Guarantee	
	Lives	Est. Monthly Rate	Annual Premium	Lives	Est. Monthly Rate	Annual Premium
GROSS PREMIUM						
Employee	27	\$ 25.56	\$ 8,281	27	\$ 27.35	\$ 8,861
Family	92	\$ 72.85	\$ 80,426	92	\$ 77.95	\$ 86,057
TOTAL PREMIUM	119	\$	\$ 88,708	119	\$	\$ 94,918
\$ Change						\$ 6,210
% Change						7.00%
						\$ (10,644)
						-12.00%

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.



**SUPERIOR DENTAL CARE
EMPLOYER GROUP APPLICATION**

LEADING THE WAY IN DENTAL BENEFITS

General Information:

Name of Group: City Of Medina (DBA) Total Employees: 372
 Address: 132 N. Elmwood Ave # of Eligible Employees: 164
 City/State/Zip: Medina, Ohio 44256 County: Medina # Est. Enrolled Employees: 128
 Phone: 330-722-9055 Fax: 330-722-9058 Industry: Government/Municipality Group Tax ID#: 34-6001856
 SIC Code: _____

Contacts: (please include titles)

Administration: Elizabeth Brown Title: Payroll Email: payroll@medinaoh.org
 Enrollment: Elizabeth Brown Title: Payroll Email: payroll@medinaoh.org
 Superior Direct Connect: Elizabeth Brown Title: Payroll Email: payroll@medinaoh.org

To sign up for Superior Direct Connect, our online account management system, please go to our website at superiordental.com

Billing: Elizabeth Brown Title: Payroll Email: payroll@medinaoh.org

Automatic Deduction of Fees / Premiums, please complete the form on the back and attach a voided check.

Eligibility Information: Dependents are covered to the maximum age of: 26 (SDC permits up to age 26 through the end of the birth month).

Contribution Level: Employer Pays: 80% or 86% EE Pays: 20% or 14%

Effective Date: 1/1/23
Renewal Date: 12/31/24

SDC-Kids plan:

- Low Plan
- High Plan
- Network Option:**
- Open Access (In & Out of Network)
- Point of Service
- Network Only
- Funding Option:**
- Fully Funded
- Self-Funded
- Max Advantage:**
- Yes
- Superior Vision*:**
- Plan #: _____
- Tied to Dental
- Employer Paid
- Voluntary

Based on the SDC rate sheet and plan options available, please complete the information below. If one plan has been selected, please list the plan information in the first column below. If 2 or 3 plans are selected, please use the columns below starting with the first.

Plan design:	Plan:		Plan:		Plan:	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive	80 %	80 %	% / %	%	% / %	%
Basic	80 %	80 %	% / %	%	% / %	%
Major	80 %	80 %	% / %	%	% / %	%
Contract Maximum	\$ 1350	\$	\$	\$	\$	\$
Max Adv Yr. 2	\$	\$	\$	\$	\$	\$
Max Adv Yr. 3	\$	\$	\$	\$	\$	\$
Deductible	\$ 25/50	\$	\$	\$	\$	\$
Copay	\$ 0	\$	\$	\$	\$	\$
Ortho	60 % / 60 %	% / %	% / %	%	% / %	%
Ortho Max	\$ 1000	\$	\$	\$	\$	\$

Admin fee (if Self-Funded):

ASO Admin Fee: \$ _____
 or
 Direct Admin Fee: \$ _____
 Reimbursement Schedule:
 Level 1 _____
 Level 2 _____
 Level 3 _____
 Level 4 _____
 Ortho Max \$ _____
 Contract Max \$ _____
 With SDC's Network? Yes No

Vision Rates*:		Dental Rates:	
Employee	\$ 22.49	Employee	\$ _____
EE+Spouse	\$ 64.11	EE+Spouse	\$ _____
EE+Child(ren)	\$ 64.11	EE+Child(ren)	\$ _____
Family	\$ 64.11	Family	\$ _____

*Your group must be enrolled in an active SDC dental plan in order to be eligible for a Superior Vision plan.

Broker Information:

**Firm Name: OneDigital Tax ID: 58-2652097 NPN#: NA

Selling Agent Name: Dino Sculli Email: dino.sculli@onedigital.com

Servicing Agent Name: Ann Stark Email: ann.stark@onedigital.com

Address: 1133 Medina Road, Suite 300 City/State/Zip: Medina, Ohio 44256

Phone: 330-591-4567 Fax: 330-723-9947

I agree the commission quoted on the proposal rate sheet is accurate. Signature: [Signature] Date: 11-29-2022

I agree to the standard commission for this community rated plan. Signature: _____ Date: _____

**Commission will be paid to the firm.

If this is your first sale with SDC, please complete and return the Producer Appointment Information Form. Please ask your sales representative for details.

1.13.2022



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Company Name: _____ Group Number: _____

We hereby authorize SUPERIOR DENTAL CARE to initiate debit entries to our account indicated below at the financial institution named below.

Name on Account: _____

Account Number: _____

Type of account (circle one): CHECKING SAVINGS

Financial Institution Name: _____

Address: _____

Routing and Transit Number: _____

Please attach a copy of a voided check to ensure proper processing.

This authorization will remain in full force and effect until SUPERIOR DENTAL CARE has received written notification of ANY and ALL changes 30 DAYS PRIOR to change date and in such a manner as to afford SUPERIOR DENTAL CARE and BANK to act upon it.

NAME OF AUTHORIZED PERSON: _____

SIGNATURE: _____ DATE: _____

Please return to:
Superior Dental Care
Attn: Finance Department
6683 Centerville Business Parkway
Centerville, OH 45459



Prepared For:
CITY OF MEDINA (GAC)

Effective Date: 1/1/2023
End Date: 12/31/2023
County: Medina
State: Ohio

Quote ID: 0104705-08

Thursday, November 10, 2022
11:25 PM



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 health care 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 this form.

Please complete the following information for the renewing group policy:

Group Information

Group Name: CITY OF MEDINA (SAC)

Group Number: # 778236

Group Certification

1. Total number of people employed by your company (exclude COBRA/retirees):
 - a. 164 # of full-time
 - b. 208 # of part-time
 - c. 0 # of FTEs (full-time equivalent employees)
2. Total number of covered persons:
 - a. 2 # electing COBRA
 - b. 0 # who are retired
3. Minimum work hours per week:
 - a. 164 # 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. 164 # 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 (i.e. employees not applying for coverage): 38
 - Examples of waivers include employees covered:
 - in a spouse's employer sponsored health plan;
 - as an active/eligible employee or retiree in another health plan sponsored by a second employer;
 - covered under a parent's plan
 - covered by Medicare and/or a Medicare Supplement plan;
 - in a government-sponsored plan such as TRICARE, Medicaid or Veteran's Administration (VA) coverage;
 - 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

1. Health Savings Account (HSA):
 - A. Not applicable
 - B. _____ Name of administrator
 - C. \$/ % _____ Employer contribution toward single coverage
 - D. \$/ % _____ Employer contribution toward family coverage
2. Health Reimbursement Account (HRA):
 - A. Not applicable
 - B. _____ Name of administrator
 - C. \$ _____ Employer contribution toward single coverage
 - D. \$ _____ Employer contribution toward family coverage
 - E. Who pays first? Employee Employer Other
3. Name of Pharmacy Benefit Manager (PBM): N/A
4. Name of Stop Loss Carrier: N/A

Employer Contribution

1. Employer contribution toward employee coverage: \$ 825.51 or \$167.91
2. Employer contribution toward family/dependent coverage: \$ 2063.82 or \$1919.82
3. 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

Renewal Acceptance

Group Official/Broker/Consultant/Medical Mutual Rep signature: IDS Hamel
 Title: City of Medina, OH Mayor
 Date: 11-29-2022

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



CITY OF MEDINA (GAC)
 ALL SECTIONS
 INSURED RENEWAL DEVELOPMENT

Effective January 1, 2023, through December 31, 2023

Experience Period	Medical	Rx	Medical Rx	Total
August 1, 2021 through July 31, 2022				

Estimated Incurred Claims	\$2,489,761	\$716,518		
+ Pooling Adjustment*	(\$588,660)	(\$20,814)		
+ Claims to Annualize	\$0	\$0		
+ Benefit/Enrollment Changes	\$8,935	\$0		
+ Credibility & Risk Adjustments	\$52,109	(\$38,131)		

*Applicable Trend:

# months	1,1475	1,1995
Annual	17	17
	10.20%	13.70%

= Projected Incurred Claims	\$2,251,561	\$788,759	\$3,040,320
+ Administration & Commission			\$157,767
+ Premium Tax			\$0
+ Mandated Fees			\$972

= Renewal Premium			\$3,199,059
Revised Renewal Premium			\$2,999,235

Premium at Current Rates			\$2,751,592
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Change in Premium			16.26%
Revised Changed in Premium			9.00%

Non Experience Rated Premium

Based on Average Enrollment of:

Single	39
Family	88

* Pooling applies only to the Medical and Rx lines of business.



CITY OF MEDINA (GAC)

Rates Effective: 01/01/2023 through 12/31/2023
778286.

BENEFIT HIGHLIGHTS

Network Medical Deductible - Single / Family	\$500 / \$1,000
Network Coinsurance	80%
Maximum Out of Pocket - Single / Family	\$3,000 / \$2,000
Plan Includes H.S.A.	No
Rx retail copy - Generic/Formulary/Non-Formulary/Specialty	\$15 / \$30 / \$50
Other Description	

Line of Business	COMM. L& DRUG
Network	SM PLUS

Employment	Minimum Rates	Maximum Rates
89	\$880.54	\$959.89
89	\$2,201.53	\$2,399.78

Employment	Minimum Rates	Maximum Rates
89	95%	100%
89	\$911.50	\$959.89
89	\$2,279.78	\$2,399.78

Continued Premium Rates	
Single	
Family	

Group Signature

Group Official Initial: *DS Kennedy*

Group Official Signature: *DS Kennedy*

Rates and terms shown above are subject to the disclaimer and contingencies shown on Disclaimers page.

This document shows only a partial listing of in-network benefits. This is not a contract of insurance. The contractor certificate will contain the complete listing of benefits and covered services.

Title: *City of Medina*

Date: *11-29-2022*



CITY OF MEDINA (GAC)
ALL SECTIONS
DISCLAIMERS AND NOTES

Effective January 1, 2023, through December 31, 2023

- 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 Rates include an adjustment for enhanced coverage of Gender Affirming Surgery, Applied Behavioral Analysis and Autism Spectrum Disorder.
- 8 - 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.
- 9 - 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 127 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.
- 10 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.
- 11 This proposal includes a Contingent Premium arrangement. Any Contingent Premium settlement due will be applied to a monthly premium invoice in the contract period beginning 1/1/2024, provided the group reviews for such time period.

Rate Acceptance	
Group Official Initial:	<u>DH</u> <i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature:	<u>[Signature]</u>
Title:	<u>City of Medina, OH Mayor</u>
Date:	<u>11-29-2022</u>



CITY OF MEDINA (GAC)
ALL SECTIONS
LEGISLATIVE UPDATES

Effective January 1, 2023, through December 31, 2023

- 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 States 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.

Rate Acceptance	
Group Official Initial: <u>PH</u>	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: <u>[Signature]</u>	
Title: <u>City of Medina, OH Mayor</u>	
Date: <u>11-29-2022</u>	

Medical Mutual of Ohio
Illustration of Contingent Premium Funding Arrangement



A Contingent Premium arrangement is a fully insured funding arrangement that sets Discounted Premium and Contingent Premium rates in addition to the typical Fully Insured Premium rates. The usual Fully Insured premium rates are paid to Medical Mutual during the contract year. A settlement is performed after the Contract Period is over to reconcile the final premium amount. The final premium that the group is responsible for is based on actual claims incurred, plus retention charges.

The Discounted Premium and Contingent Premium amounts act as lower and upper limits of the group liability. The settlement is based on the observed claims plus retention compared to the premium paid by the group during the contract period. The Discounted and Contingent Premium rates are expressed as a percentage of the Fully Insured rates.

Below are definitions relevant to the Contingent Premium arrangement:
DEFINITIONS:

Discounted Premium: The minimum amount for which the Group may be liable at Annual Settlement. The Discounted Premium will be determined by multiplying the number of months in the contract period by the number of contract types in effect for each of those months times the Discounted Premium rates.

Contingent Premium: The maximum amount for which the Group may be liable at Annual Settlement. The Contingent Premium will be determined by multiplying the number of months in the Contract Period by the number of contract types in effect for each of those months times the Contingent Premium rates.

Fully Insured Premium: 100% of the premium for which the Group would be liable under a conventional Fully Insured program. The Fully Insured premium amounts are intended to fund the Group's Incurred Claims, including reserve requirements for Incurred Claims not reported until after the end of the Contract Period, administrative fees and other insurance expenses. The Discounted and Contingent Premium rate(s) are minimum and maximum percentages of the Fully Insured Premium.

Billing Premium: The rates for which the Group will be billed each month during the Contract Period.

Incurred Claim: A claim for Covered Services, as defined in the applicable Certificate(s), that has beginning service dates on or after the effective date of the Contract and prior to termination of the Contract. For purposes of this Contingent Premium arrangement, Incurred Claims may also include Medical Mutual's best estimate of Incurred Claims not reported until after the end of the Contract Period.

Retention: Administrative expenses, including premium tax and commission, if applicable. Retention for the Contract Period is shown on Exhibit A.

Medical Mutual of Ohio
 Illustration of Contingent Premium Funding Arrangement
 (continued)



ANNUAL SETTLEMENT:

If the Billing Premium paid for the Contract Period is greater than the Group's Incurred Claims and retention, a refund will be made to the Group for the difference only to the level of the Discounted Premium amount.

If the Billing Premium paid for the Contract Period is less than the Group's Incurred Claims and retention the Group will be liable for the excess up to the Contingent Premium amount. The Group will be invoiced for any amount due.

Sample Settlement:	Medical	Drug	Total
(1) Incurred 1/1/2023 - 12/31/2023, Paid thru 03/31/2024.	\$1,325,000	\$350,000	
(2) Estimated runout claims:	\$132,500	\$14,000	
(3) Incurred Claims	\$1,457,500	\$364,000	
(4) Retention, Commission, Tax	\$595,000	\$77,250	
(5) Incurred Claims & Retention	\$2,052,500	\$441,250	\$2,493,750
(6) Billed Premium (100%)			\$2,800,000
(7) Discounted Premium (95%)			\$2,660,000
(8) Contingent Premium (100%)			\$2,800,000
Total Amount Due The Group			\$140,000
If (5) < (6) but > (7), then (6) - (5)			
If (5) < (6) and < (7), then (6) - (7)			
If (5) > (6), then \$0			

Medical Mutual of Ohio
Illustration of Contingent Premium Funding Arrangement
(continued)



This proposal includes a Contingent Premium arrangement. Any Contingent Premium settlement due will be applied to a monthly premium invoice in the contract period beginning 1/1/2024, provided the group renews for such time period.

This arrangement does not include and does not apply to fees, taxes or other charges imposed on Medical Mutual by state or federal government laws, statutes or regulations. To the extent permitted by law, Medical Mutual will include such charges in the fees (premium) charged to the Group or may include them as separate line item on the Group's invoice.

Based on current guidance about Healthcare Reform, the following federally mandated fees are in effect:

- Patient Centered Outcomes Research Institute Fee

To the extent permitted by law, we reserve the right to adjust the Group's premium during the contract period and/or add these fees as a line item in the Group's invoice to fully disclose the new costs and to comply as necessary.

MMI: 001800780000000001



MEDICAL MUTUAL

MMI: 001800780000000001

Effective Date: 010118

Performance Guarantee: N

Group Benefit Summary Report

11/23/2022 8:43 AM

Group

Group Number	Group Name	Section
778236	City of Medina	001, 101

Signature

I have reviewed the entire Group Benefit Summary Report and it is approved with no changes:

Dennis Hamrell

Print Name

DH Hamrell

Signature

Meyer, City of Medina, OH

Title

11-29-2022

Date

Grandfathered Status

I confirm this plan is Grandfathered as defined by the Affordable Care Act (45 CFR 147.140 Preservation of right to maintain existing coverage)

Signature _____

Or, initial if not applicable DH

Medical

Subcategory	Variable	Network	Non-Network
General Information			
Product		SuperMed Plus CMM	
Plan Name		Plan 1	
Dependent Age		26	
Older Age Child		26	
Dependent Removal		End of Month	

Subcategory	Variable	Network	Non-Network
Pre-existing Condition Waiting Period		Does Not Apply	
Lifetime Maximum		Unlimited	
Overall Benefit Period Maximum		Unlimited	
Network and Non-Network Benefit Maximums		Integrated	
Claims Filing Limit		12 months	
Case Management		Yes	
Precertification		Yes - Provider Driven	Yes - Provider Driven
Blood Pint Deductible		0 pints	
3 Month Deductible Carryover Credit		No	
Route Code		4400	
How Claims are Paid			
COB Processing - contact Benefit Services to confirm coverage		Pay and Pursue (Indicator - 0 0)	
Other Carrier Liability (OCL)		10008 - pay to fill	
Non Contracting Providers		Same as Non-Network	
Benefit Period		January 1st through December 31st	
Type of SuperMed Processing		Flat	
Coinsurance		80%	60%
Benefit Period Deductible - Single		\$500	\$1,000
Benefit Period Deductible - Family		\$1,000	\$2,000
Type of Deductible Accumulation		Separate - Deductible incurred for a non-network provider will only apply to the non-network deductible limits. Deductible incurred for a network provider will only apply to the network limits.	
Type of Deductible Processing		Embedded Deductible	
Deductible - Common Accident		Yes	
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Single		\$500	\$2,000
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Family		\$1,000	\$4,000
Type of Coinsurance Out-of-Pocket Accumulation		Separate - Coinsurance incurred for a non-network provider will only apply to the non-network coinsurance limits. Coinsurance incurred for a network provider will only apply to the network limits.	

Subcategory	Variable	Network	Non-Network
Type of Coinsurance Out-of-Pocket Processing		Embedded Coinsurance	
Maximum Out-of-Pocket Limits - Single (the sum of any applicable deductible, coinsurance and copays)	(Includes medical and drug services)	\$1,000	Unlimited
Maximum Out-of-Pocket Limits - Family (the sum of any applicable deductible, coinsurance and copays)	(Includes medical and drug services)	\$2,000	Unlimited
Type of Copay Processing		MOOP Accumulation Copay Processing (Medical/Drug)-Copays accumulate to the Maximum Out-of-Pocket (MOOP) Limits and they stop being taken once the MOOPs are met.	
Emergency Room			
Emergency - Medical/Accident - Emergency Room		\$100 copay, then 100% (copay is waived if admitted)	
Emergency - Medical/Accident - Related Services		100%	
Emergency - Medical/Accident - Physician		100%	
Non-Emergency - Emergency Room		Not Covered	Not Covered
Non-Emergency - Related Services		Not Covered	Not Covered
Non-Emergency - Physician		Not Covered	Not Covered
Inpatient Services			
Anesthesia		80% after deductible	60% after deductible
Consultations		80% after deductible	60% after deductible
Newborn Care		80% after deductible	60% after deductible
Institutional Services		80% after deductible	60% after deductible
Maternity		80% after deductible	60% after deductible
Physical Medicine and Rehabilitation	(limited to 120 days per benefit period when rendered in a Freestanding Rehabilitation Hospital; combined with Skilled Nursing Facility)	80% after deductible	60% after deductible
Professional Services		80% after deductible	60% after deductible
Skilled Nursing Facility (SNF)	(120 days per benefit period; combined with Physical Medicine and Rehabilitation)	80% after deductible	60% after deductible
Mental Health, Alcohol and Drug Abuse			

Subcategory	Variable	Network	Non-Network
Inpatient Alcoholism Services		Benefits paid based on corresponding medical benefits	
Inpatient Drug Abuse Services		Benefits paid based on corresponding medical benefits	
Inpatient Mental Health Services		Benefits paid based on corresponding medical benefits	
Outpatient Alcoholism Services		Benefits paid based on corresponding medical benefits	
Outpatient Drug Abuse Services		Benefits paid based on corresponding medical benefits	
Outpatient Mental Health Services		Benefits paid based on corresponding medical benefits	
Parity - Mental Health/Residential		Yes	
Health Care Reform - Mental Health/Substance Abuse Benefits		100%	Benefits paid based on services rendered
Office Visits(illness/injury)			
Medically Necessary Office Visits/Consultations/ Telehealth - PCP		\$20 copay, then 100%	60% after deductible
On Demand Virtual Telehealth		\$20 copay, then 100%	60% after deductible
Medically Necessary Office Visits/Consultations/ Telehealth - Specialist		\$40 copay, then 100%	60% after deductible
Urgent Care Provider Office Visits		\$20 copay, then 100%	60% after deductible
Outpatient Services			
Allergy Testing		80% after deductible	60% after deductible
Allergy Treatment		80% after deductible	60% after deductible
Diagnostic Imaging		80% after deductible	60% after deductible
Diagnostic Lab		100%	60% after deductible
Diagnostic Medical Tests		100%	60% after deductible
Diagnostic X-ray		100%	60% after deductible
Education and Training	(excludes Diabetic Education and Training)	80% after deductible, unless the service is covered under Health Care Reform Preventive Benefits	60% after deductible
Education and Training/Diabetic		80% after deductible, unless the service is covered under Health Care Reform Preventive Benefits	60% after deductible
Home Health Care	(60 visits per benefit period)	80% after deductible	60% after deductible
Immunizations	(All Immunizations)	100%	60% after deductible
Maternity	(Prenatal Visits are covered at no charge)	80% after deductible	60% after deductible

Subcategory	Variable	Network	Non-Network
	with in-network providers)		
Surgical Services - Anesthesia	(except for excision or elimination of hanging skin, which is not covered for all places of service)	80% after deductible	60% after deductible
Surgical Services - Assistant Surgeon	(except for excision or elimination of hanging skin, which is not covered for all places of service)	80% after deductible	60% after deductible
Surgical Services - Surgery Professional	(except for excision or elimination of hanging skin, which is not covered for all places of service)	\$20 copay, then 100% (PCP); \$40 copay, then 100% (Specialist); 80% after deductible (All other Places of Service)	60% after deductible
Surgical Services - Surgery Facility	(except for excision or elimination of hanging skin, which is not covered for all places of service)	80% after deductible	60% after deductible
Surgical Services - Diagnostic Endoscopic Services		\$20 copay, then 100% (PCP); \$40 copay, then 100% (Specialist); 80% after deductible (All other Places of Service)	60% after deductible
Outpatient Therapy			
Cardiac Rehabilitation	(36 visits per benefit period)	\$20 copay, then 100%	60% after deductible
Chemotherapy		80% after deductible	60% after deductible
Chiropractic	(15 visits per benefit period)	\$20 copay, then 100%	60% after deductible
Dialysis Treatment		80% after deductible	60% after deductible
Hyperbaric Therapy		80% after deductible	60% after deductible
Occupational Therapy	(60 visits per benefit period; except for work hardening, which is not covered)	\$20 copay, then 100%	60% after deductible
Physical Therapy	(30 visits per benefit period)	\$20 copay, then 100%	60% after deductible
Pulmonary Therapy	(36 visits per benefit period)	\$20 copay, then 100%	60% after deductible
Radiation Therapy		80% after deductible	60% after deductible
Respiratory Therapy		80% after deductible	60% after deductible
Speech Therapy	(60 visits per benefit period)	\$20 copay, then 100%	60% after deductible
Preventive Government Mandated Benefits			
Health Care Reform Preventive Benefits		100%	60% after deductible

Subcategory	Variable	Network	Non-Network
Health Care Reform Preventive Benefits for Women		100%	60% after deductible
Preventive Exams and Immunizations			
Hearing Exam	(age 21 and over)	100%	60% after deductible
Immunizations	(All Immunizations)	100%	60% after deductible
Physical Exam	(age 21 and over)	100%	60% after deductible
Vision Exam	(age 21 and over, 1 every 2 benefit periods)	\$20 copay, then 100%	60% after deductible
Preventive Tests			
Bone Density Tests	(all ages)	100%	60% after deductible
Endoscopic Services		100%	60% after deductible
Lab		100%	60% after deductible
Mammogram	(1 per benefit period)	100%	60% after deductible
Medical Tests		100%	60% after deductible
Pap Test	(1 per benefit period)	100%	60% after deductible
X-rays		100%	60% after deductible
Well Child Care			
Covered up to the age of		21	
Exams		100%	60% after deductible
Hearing Exams		100%	60% after deductible
Immunizations	(All Immunizations)	100%	60% after deductible
Labs		100%	60% after deductible
Vision Exams		100%	60% after deductible
Additional Services			
Abortions - Elective		Not Covered	Not Covered
Abortions - Therapeutic		80% after deductible	60% after deductible
Acupuncture		Not Covered	Not Covered
Ambulance		\$50 copay, then 100%	\$50 copay, then 100%
Approved Clinical Trial		Benefits paid based on services rendered	
Autism Spectrum Disorders (other than ABA) - See CCB to quote	(All ages and services are covered subject to the corresponding medical benefit, except the following limits that apply to OP therapies/benefit period: Occupational 60 visits; Speech 60 visits; Physical 30 visits)	Benefits paid based on services rendered	
Applied Behavior Analysis(ABA) - See CCB to quote	Unlimited (all ages)	Benefits paid based on services rendered	
Blood, Blood Typing and Administration		80% after deductible	60% after deductible
Bone Anchored Hearing Aids	(1 per lifetime)	80% after deductible	60% after deductible
Diabetes Disease	Materials covered	Limited Supplies - no cost share (includes syringes, pen needles,	

Subcategory	Variable	Network	Non-Network
Management (DM) Program	under the DM program are not listed in certificate	glucose strips, control solution, lancet device, glucose lancets and a glucose meter)	
Durable Medical Equipment	(speech aid and tracheo-esophageal voice devices are limited to 1 per lifetime) (includes Mastectomy Bras)	80% after deductible	60% after deductible
Gender Affirming Surgery - See CCB to quote		Benefits paid based on services rendered	
Hospice		80% after deductible	60% after deductible
Human Growth Hormone Therapy		Not Covered	Not Covered
Hyperhidrosis		Not Covered	Not Covered
Medical Supplies	(except for enteral therapy, which is not covered)	80% after deductible	60% after deductible
Non-emergency care when traveling outside the United States		Not Covered	Not Covered
Oral Accident		80% after deductible	80% after deductible
Organ Transplant		80% after deductible	60% after deductible
Orthoptic / Pleoptic Training		Not Covered	Not Covered
Private Duty Nursing		Not Covered	Not Covered
Routine Foot Care for Diabetes		80% after deductible	60% after deductible
TMJ		Not Covered	Not Covered
Weight Loss Surgical Services (Bariatric Surgery)		Not Covered	Not Covered
Services for Obesity	(including weight loss surgical services)	Not Covered	Not Covered
Hearing Dollar Limit (combined for multiple services)			
Limit	(includes Hearing Aids, Hearing Aid Evaluation, Conformity Evaluation, Fitting and Repairs)	\$2,500 per benefit period	
Hearing Services			
Conformity Evaluation		80% after deductible	60% after deductible
Standard Hearing Aid	(1 per ear per 2 benefit periods)	80% after deductible	60% after deductible
Hearing Aid Evaluation Test		80% after deductible	60% after deductible
Hearing Aid Fitting and Repair		80% after deductible	60% after deductible

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Drug

Subcategory	Variable	
General Information		
Product		Freestanding Drug - Realtime Processing - Next Gen
3-Month Deductible Carryover Credit		No
Formulary with Integrated Coverage Management Programs		Basic Plus
Coverage Management with 90 day waiver member notification		No
Pharmacy Network		National Plus
Specialty Drug Solution Pharmacy Network		Applies
SaveonSP	(effective 01/01/2023)	Apply Public Entities SaveonSP Drug List
True Payment Processing(TPP)		Applies
Pricing Method		Traditional Pricing
Insulin Method		Method 5
How Claims are Paid		
Benefit Period		January 1st through December 31st
HCR Preventive Benefits - Drug		100%
Contraceptive Coverage and HCR Preventive Benefits for Women - Drug		100%
Benefit Period Deductible - Single		N/A
Benefit Period Deductible - Family		N/A
Maximum Out-of-Pocket Limits - Single (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	\$1,000
Maximum Out-of-Pocket Limits - Family (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	\$2,000
Type of Copay Processing		MOOP Accumulation Copay Processing(Medical/Drug)-Copays accumulate to the Maximum Out-of-Pocket (MOOP) Limits and they stop being taken once the MOOPs are met.
Retail Copayments		
Generic Copay	Covers up to a 30-day supply.	\$15
Preferred Brand Copay	Covers up to a 30-day supply.	\$30
Non-Preferred Brand Copay	Covers up to a 30-day supply.	\$50
DAW Logic Selection - Generic Incentive		Not Applicable
Should the DAW penalty apply to the OOP?		Not Applicable
Does the DAW penalty continue after the OOP is met?		Not Applicable
Home Delivery Incentive Fill Count	(effective 01/01/2023)	3 Fills before penalty (Standard)
Generic Copay - Home Delivery Incentive		\$30

Subcategory	Variable	
Preferred Brand Copay - Home Delivery Incentive		\$60
Non-Preferred Brand Copay - Home Delivery Incentive		\$100
Home Delivery Copayments		
Generic Copay	Covers up to a 90-day supply.	\$30
Preferred Brand Copay	Covers up to a 90-day supply.	\$60
Non-Preferred Brand Copay	Covers up to a 90-day supply.	\$100
DAW Logic Selection - Generic Incentive		Not Applicable
Should the DAW penalty apply to the OOP?		Not Applicable
Does the DAW penalty continue after the OOP is met?		Not Applicable
Specialty Drug Copayments		
Specialty Drugs	(effective 01/01/2023)Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.	Applicable drug tier copay or the max of any available manufacturer-funded copay assistance
Commonly Covered or Excluded Drugs and Programs		
Asthmatic Supplies	(Includes Inhaler spacers only)	Covered
Compound Drug Management		Participates
Diabetic Supplies (over-the-counter)		Covered
Fertility Drugs		Not Covered
Growth Hormones		Covered
Immunizations/Vaccines		Covered
Injectables		Covered
Sexual Dysfunction Drugs		Covered
Smoking Cessation Drugs (non-OTC)		Covered
Smoking Cessation Drugs (over-the-counter)		Not Covered, unless the service is covered under HCR Preventive Benefits - Drugs
Weight Loss Drugs		Not Covered

Benefits will be administered by Medical Mutual of Ohio. 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. Only 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. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.