

ORDINANCE NO. 188-17

AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A CONTRACT WITH MEDICAL MUTUAL OF OHIO FOR DENTAL AND LIFE INSURANCE BENEFITS 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 with Medical Mutual of Ohio to provide dental and life insurance for the employees of the City of Medina, Ohio for the year 2018.
- SEC. 2:** That a copy of the 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 so that employees may receive new insurance cards before the beginning of 2018; wherefore, this Ordinance shall be in full force and effect immediately upon its passage and signature by the Mayor.

PASSED: December 11, 2017

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: December 12, 2017

SIGNED: Dennis Hanwell
Mayor



Group Name: CITY OF MEDINA
Proposal Effective Date: 01/01/2018
Proposal Number: 5731305
Channel: SPCH

ORD 188-17
Exh. A

November 28, 2017

Dear Group Official,

Thank you for the opportunity to tell you about Consumers Life Insurance Company. Medical Mutual of Ohio, Consumers Life Insurance Company's parent company, is one of the oldest and most respected health insurance companies in the nation, recognized as an early pioneer of the concept of prepaid health insurance. As a leader and innovator, Medical Mutual has adapted to the changing needs of the healthcare industry, and Consumers Life carries this mission on by partnering with its customers to understand their business issues and needs in the life and disability arena. And, as a mutual insurance company, Medical Mutual is owned and operated for the benefit of our members, with products and services designed in your best interests. Unlike publicly traded insurance companies that must operate to maximize their financial return, we do not answer to stockholders and Wall Street analysts.

The following pages show how Consumers Life can customize an insurance program to provide the most benefits to CITY OF MEDINA and its Employees. No matter what your needs may be, Consumers Life and your broker will work with you to find the best coverage options. If you have any questions regarding the enclosed Materials, please contact your Consumers Life representative or broker.

Sincerely,

Abby O'Brien
Director of Sales



Group Name: CITY OF MEDINA
Proposal Effective Date: 01/01/2018
Proposal Number: 5731305
Channel: SPCH

Schedule of Benefits

Class	Benefit Classification	Life and AD&D Benefit
1	ALL ELIGIBLE FULL-TIME EMPLOYEES WORKING 30 HOURS PER WEEK	\$25,000

Basic Life and AD&D

1. Benefits reduce by 50% upon the Employee's attainment of age 70. Benefits terminate at retirement.
2. Benefits are rounded to the next higher multiple of \$1,000.
3. Evidence of insurability is required on amounts which exceed \$25,000 and on all Late Applicants for Contributory coverage.
4. All Life and AD&D Coverage is 24 hour coverage.
5. A Waiver of Premium benefit is included with this Life Insurance quote.
6. An Accelerated Death Benefit is available for benefit amounts of \$20,000 or higher.



Group Name: CITY OF MEDINA
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Schedule of Benefits

Supplemental Life Benefit

Employee	Increments of \$25,000, to a maximum of \$100,000, not to exceed five times Base Annual Salary.
Dependent Spouse	Increments of \$5,000, to a maximum of \$50,000 not to exceed 50% of the Employee amount.
Dependent Child	Increments of \$2,000, to a maximum of \$10,000 not to exceed 50% of the Employee amount.

Supplemental Life

1. Benefits reduce by 35% upon the Employee's attainment of age 65, and further reduce to 50% of the face amount upon the Employee's attainment of age 70. Benefits terminate at retirement.
2. Benefits are rounded to the next higher multiple of \$1,000.
3. Evidence of insurability is required on amounts which exceed the amount listed below and on all Late Applicants for Contributory coverage.

Employee	\$50,000
Dependent Spouse	\$20,000
Dependent Child	\$10,000

4. Consumers Life will provide Supplemental coverage, without evidence of insurability, for the current benefit amounts in effect on the day immediately preceding Our Policy effective date for the Insured, spouse, and Dependent child(ren) who were eligible and insured under the prior carrier's plan as of that date. All other benefit amounts, including benefit amount increases effective on or after that date, are subject to satisfactory evidence of insurability and the terms of the Consumers Life Policy.
5. All Life and AD&D Coverage is 24 hour coverage.
6. A Waiver of Premium benefit is included with this Life Insurance quote.
7. An Accelerated Death Benefit is available for benefit amounts of \$20,000 or higher.
8. Includes Portability for Supplemental Life up to a maximum of \$100,000 for the Employee, \$50,000 for the Dependent Spouse and \$10,000 for the Dependent Child.
9. Premium for Supplemental Life for the Dependent spouse is calculated based on the Employee's date of birth.
10. Age banded rates are adjusted on the Employee's date of birth.
11. Employees may only elect the Supplemental benefits for the Dependent Spouse and Dependent Child if they have elected and are approved for the Supplemental Life benefit

Dependent Life

1. Dependent Child benefit shown above is for children age 14 days and over.
2. Dependent Child benefit for children from live birth to age 14 days shall be \$0.
3. Benefits will terminate at Employee retirement.



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Cost Summary

Benefit	Number of Lives	Monthly Rate	Volume	Monthly Cost
Basic Life Insurance	125	\$0.19 per \$1,000	\$3,100,000	\$589.00
Basic Accidental Death and Dismemberment	125	\$0.02 per \$1,000	\$3,100,000	\$62.00
TOTAL MONTHLY COST:				\$651.00

Supplemental Life – Employee and Dependent Spouse

Employee Age	Monthly Rate per \$1,000
Under 20	\$ 0.07
20 - 24	\$ 0.07
25 - 29	\$ 0.07
30 - 34	\$ 0.08
35 - 39	\$ 0.10
40 - 44	\$ 0.18
45 - 49	\$ 0.33
50 - 54	\$ 0.52
55 - 59	\$ 0.86
60 - 64	\$ 1.22
65 - 69	\$ 2.11
70 - 74	\$ 3.15
75 and over	\$ 5.75

Dependent Child - \$0.17 per \$1,000 per family unit

OK Dr. Harwell 12/12/17
 Mayor Dennis Harwell



Group Name: CITY OF MEDINA
Proposal Effective Date: 01/01/2018
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General Provisions

1. The rates shown will be guaranteed for the initial 24 months following the Policy effective date. This proposal was prepared on 11/28/2017 and will expire on the Proposal Effective date. If a later effective date is desired, rates may be subject to change.
2. Rates are based on the schedule of benefits and census provided. All coverages quoted, except Dependent Life and Supplemental/Voluntary coverages, are Noncontributory and require 100% of the eligible Employees to enroll.
3. If the employer contribution selected on the Application/Participation Agreement is less than 100%, a 34% participation requirement must be met.
4. This proposal illustrates the cost of the insurance program and is based upon the census data provided. This cost may change if there is a significant difference between the initial census data provided and the final census data.
5. This proposal provides only basic information on the features of the Policy. It is not intended to be a complete representation of all terms and provisions of our Policy. In case of conflict between this proposal and the Policy, the terms of the Policy will govern.
6. All actively at Work full-time Employees are eligible for coverage. Actively at Work on a full-time basis means that the Employee is a) performing the Material and Substantial duties of His occupation at the employer's usual place of business or at a location the employer has authorized the Employee to work; b) working a minimum of 30 hours per week on a regularly scheduled basis and c) paid full-time salary or wage.
7. Base Annual Salary means the gross annual compensation prior to before-tax payroll deductions, if any, which an Employee earns from His occupation with His employer; and which was used in the calculation and remittance of premium. It does not include salary from overtime, or any other form of extra pay. If an Employee's salary is based in whole or in part on commissions Base Annual Salary will include the amount paid in commissions. Commissions will be the lesser of the average annual commissions received during the immediately preceding 12 calendar month period of employment with His employer or the average annual commissions received during the period of actual employment with His employer, if employed less than 12 months.
8. This proposal assumes all quoted coverages will be sold.



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About Consumers Life

Consumers Life Insurance Company is a wholly owned subsidiary of Medical Mutual of Ohio, the oldest and largest insurer in the state of Ohio for over 70 years. The 2,700 Consumers Life and Medical Mutual employees provide outstanding customer service to our Policyholders, members, brokers, and benefit managers. We look forward to serving your life and disability insurance needs for many years.

General Provisions

Actively at Work

Being Actively at Work is a requirement for coverage, except as indicated below in the "Transition of Coverage" provision. If an Employee is not Actively at Work on the day His coverage would otherwise be effective, the effective date of His coverage will be the date of His return to Active Work. If an Employee does not return to Active Work, He will not be covered.

Transition of Coverage

Consumers Life Insurance Company agrees to waive the Actively at Work provision for Life, Accidental Death and Dismemberment and Dependent Life Insurance, on a premium paying basis, for Employees:

- a) who are not disabled; and
- b) who are on lay-off, Leave of Absence, or Sabbatical Leave; and
- c) who are being covered by an extension of benefits provision under the prior carrier's policy on the day immediately preceding our Policy effective date; and
- d) who are no longer eligible for coverage under the prior carrier's policy.

Life Insurance, Accidental Death and Dismemberment and Dependent Life will continue under this provision for the balance of the time provided for under the prior carrier's policy, but not to exceed a total of 3 months.

Employees who are disabled prior to the effective date of the Consumers Life Policy should either file and get approved for Waiver of Premium benefits under the prior carrier's policy or exercise their Conversion privilege under the prior carrier's policy in order for their coverage to continue.



Group Name: CITY OF MEDINA
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Group Term Life Insurance

Beneficiary

The Employee may name His own beneficiary and may change the beneficiary at any time. The Employee may specify the manner in which He desires the proceeds to be paid.

Conversion Privilege

The Policy contains a Conversion privilege provision which gives an Employee whose Life Insurance terminates or reduces the right to convert to an individual life insurance policy without furnishing evidence of insurability, provided certain conditions are met. The individual Conversion policy will be a whole life policy. It will not contain any disability benefits or AD&D. The request to convert must be made within 31 days following termination of coverage.

Waiver of Premium

Consumers Life may continue the Employee's Life Insurance benefit without the further payment of premium provided:

1. The Employee is insured under the Policy and Actively at Work on or after the effective date of the Policy; and
2. The Employee is under the age of 60; and
3. The Employee provides Consumers Life with satisfactory written Proof of Total Disability within 12 months after the date the Employee became Totally Disabled; and
4. The Employee's Total Disability has continued without interruption for at least 6 months; and
5. The Employee's Total Disability is not caused by an intentionally self-inflicted injury (whether sane or insane); and
6. The Employee's Total Disability does not occur as a result of the commission of, or attempt by the Employee to commit a felony; and
7. The Employee's Total Disability does not result from the Employee driving a Motorized Vehicle while Intoxicated; and
8. The Employee's Total Disability does not result from the Employee riding in a Motorized Vehicle driven by a driver who was Intoxicated; and
9. The Employee is still Totally Disabled when Proof of disability is submitted; and
10. All required premium has been paid.

If Waiver of Premium is approved, the amount of continued insurance is subject to any reduction of benefits as a result of age or amendment to the Policy.

Life Insurance coverage will continue without payment of premium until the Employee is no longer disabled or reaches age 65, whichever occurs first.

Extension of Coverage

If an eligible Employee is no longer Actively at Work as a result of a disability, layoff, Leave of Absence or Sabbatical Leave, he may continue to be eligible for group insurance coverage, except Short Term Disability coverage, as follows:

Disability	Until the end of the twelfth month following the month in which the disability began, provided all premiums are paid when due
Layoff	Until the end of the month following the month in which the layoff began, provided all premiums are paid when due.
Leave of Absence	Until the end of the month following the month in which the Leave of Absence began, provided all premiums are paid when due.
FMLA	Family Medical Leave of Absence (FMLA)-Until the end of a 12 week period, or longer if required by state law, following the date a Leave of Absence, in compliance with the Family and Medical Leave Act of 1993, began, provided all premiums are paid when due.



Group Name: CITY OF MEDINA
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Accelerated Death Benefit

The Accelerated Death Benefit is 75% of the Employee's Group Term Life Insurance amount in force on the date Consumers Life receives Proof the Employee is Terminally Ill. This sum is limited to a maximum of \$225,000 and a minimum of \$15,000. For this benefit, Terminally Ill shall mean an Employee has a life expectancy of 6 months or less, due to a medical condition.

If the Employee's Group Term Life Insurance benefit is subject to an age reduction within 12 months after the date Consumers Life receives Proof, the Accelerated Death Benefit will be 75% of the reduced Group Term Life Insurance benefit.

Consumers Life will pay the benefit during the Employee's lifetime if the Employee or His legal representative elects the benefit and provides Consumers Life with satisfactory Proof that the Employee is Terminally Ill. The benefit is payable in one sum to the Employee. This benefit does not apply to Accidental Death and Dismemberment benefits.

The benefit will not be payable:

1. for any amount of Group Term Life Insurance which is less than \$20,000; or
2. if the Employee's Group Term Life Insurance benefit has been assigned; or
3. if the Employee's Group Term Life Insurance benefit is payable to an irrevocable beneficiary, including notification to Consumers Life that such benefit or a portion of such benefit is to be paid to a former spouse as part of a divorce or separation agreement; or
4. to retirees.



Group Name: CITY OF MEDINA
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Group Accidental Death & Dismemberment (AD&D)

Consumers Life will pay up to the Principal Sum set forth in the Application/Participation Agreement if an Employee loses His life or a member of His body as a result of an Accident, while insured under the Policy. The amount payable is shown in the table below. The loss must occur within 365 days of the Accident; and the loss must be the direct and sole result of the Accident and independent of all other causes.

TABLE OF LOSSES	% OF PRINCIPAL SUM PAYABLE
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Quadriplegia	100%
Paraplegia	75%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Hemiplegia	50%
Loss of Thumb and Index Finger (on same hand)	25%
Uniplegia	25%

Loss, with respect to hand or foot, means actual and permanent severance from the body at or above the wrist or ankle joint, as applicable. With respect to sight, speech and hearing, Loss means entire and irrecoverable loss of sight, speech or hearing. With respect to thumb and index finger, loss means complete severance of entire digit at or above joints.

Quadriplegia means total Paralysis of both arms and legs. Paraplegia means total Paralysis of both legs. Hemiplegia means total Paralysis of one arm and one leg on the same side of the body. Uniplegia means total Paralysis of one limb.

Paralysis means loss of use without severance of a limb which resulted from an Accident. Paralysis must be determined by a Medical Provider to be permanent, total and irreversible.

The total amount of benefits payable for all losses to any one person resulting from any one Accident will not be greater than the Principal Sum set forth in the Application/Participation Agreement.

Consumers Life will pay benefits for loss of life to the same beneficiary(ies) named to receive Life Insurance benefits. Benefits for all other losses will be paid to the Employee.

The Employee may name His own beneficiary and may change the beneficiary at any time. The Employee may specify he manner in which He desires the proceeds to be paid



Group Name: CITY OF MEDINA
Proposal Effective Date: 01/01/2018
Proposal Number: 5731305
Channel: SPCH

Group Accidental Death & Dismemberment (AD&D)

Seat Belt Benefit

Pays an additional benefit if an Employee dies as a result of a covered Accident while wearing a seatbelt.

Air Bag Benefit

Pays an additional benefit if an Employee dies while driving or riding in an automobile, provided that the Employee was positioned in a seat equipped with a factory-installed Air Bag.

Repatriation Benefit

Pays an additional benefit for the preparation and transportation of an Employee's body to a mortuary if the Employee dies as a result of a covered Accident away from His principal residence.

Dependent Education Benefit

If the Principal Sum is payable under the AD&D benefit for the Employee's loss of life, each Employee child who qualifies will receive reimbursement for incurred educational expenses in a School of Higher Education beyond the 12th grade. The maximum Dependent Education Benefit for each Student shall equal the least of the following amounts:

- 1) 3% of the Principal Sum per year for each Dependent Child;
- 2) \$5,000 per year for each Dependent Child;
- 3) \$30,000 for all Dependent Children and all years;
- 4) The amount of expense actually incurred.

Exposure and Disappearance Benefit

If, as a result of an Accident while insured for this benefit, an Employee is unavoidably exposed to the elements and suffer a loss as a result of that exposure, the loss will be covered. If the Employee's body has not been found within one (1) year of an Accidental disappearance resulting from a, forced landing, sinking or wrecking of a conveyance in which the Employee was an occupant, the Employee will be deemed to have suffered loss of life.

Coma Benefit

If an Injury occurs as a result of an Accident, Consumers Life will pay the Employee or the Employee's legal representative an additional benefit if the Employee becomes Comatose within 31 days of the Accident and remains Comatose beyond the Waiting Period.

Limitations

Consumers Life will not pay any Accidental Death & Dismemberment benefits for a loss caused by or connected with:

1. suicide or attempted suicide;
2. intentionally self-inflicted Injury, including but not limited to Russian roulette;
3. bodily or mental disease or treatment of these;
4. the Employee's participation in, or as a result of His having participated in the commission of an assault or felony;
5. bacterial infection except pyogenic infection which occurs through or with an Accidental cut or wound;
6. war or any act of war, whether declared or undeclared;
7. travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft;
8. the Employee being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Medical Provider and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence;
9. voluntary poisoning;
10. the Employee's being Intoxicated (conviction is not necessary for determination of intoxication);
11. any loss or Injury as a result of autoerotic asphyxiation;
12. any period which an Employee is confined to a penal or correctional institution;
13. riding, driving or testing a Motorized Vehicle used in a race or speed contest;
14. taking part in the sports of scuba diving, bungee jumping, sky diving, parachuting, hang gliding or ballooning.



Group Name: CITY OF MEDINA
Proposal Effective Date: 01/01/2018
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Dependent Term Life Insurance

Dependent Term Life Insurance benefits are payable in the event of the death of an insured Dependent at any time and from any cause

Dependent means:

1. the Employee's lawful spouse;
2. the Employee's Dependent Child, which means the Employee's unmarried child who is:
 - a. the Employee's biological child, stepchild or adopted child;
 - b. within the age limits shown in the SCHEDULE OF BENEFITS; and
 - c. not in active military service.

The Employee will be the beneficiary of the insured Dependent.

If a Dependent is hospital confined, insurance will not become effective until the date the Dependent is no longer hospital confined

The Policy contains a Conversion privilege provision which gives the Dependent the right to convert to an individual life insurance policy without furnishing evidence of insurability, provided certain conditions are met. The request to convert must be made within 31 days following termination of coverage.



Proposal For:

City of Medina (Akron Chamber of Commerce)

Effective Date: 1/1/2018
End Date: 12/31/2018
County: Medina
State: Ohio

Quote ID: 0055600-05

Tuesday, November 28, 2017
10:04 AM



MEDICAL MUTUAL®

Group Name: City of Medina (Akron Chamber of Commerce)
Effective Date: January 1, 2018

Benefit Highlights & Premium Rates	
Product / Network	SuperMed Plus
HSA Option	No
Includes Major Med. Rx?	No
Deductible Type	NETWORK
	NON-NETWORK
Single Deductible	Embedded
Family Deductible	\$500 \$1,000
Employer Coinsurance % *	80% 60%
Single Out of Pocket (Excludes Deductible)	\$500 \$2,000
Family Out of Pocket (Excludes Deductible)	\$1,000 \$4,000
Single Maximum Out of Pocket	\$1,000 \$3,000
Family Maximum Out of Pocket	\$2,000 \$6,000
Office Visit	\$20 60% After Deductible
Specialist Office Visit	\$40 60% After Deductible
Urgent Care Office Visits	\$20 60% After Deductible
Emergency Room Visits**	\$100
Inpatient Services	80% After Deductible 60% After Deductible
Comments	

Rates Effective 1/1/2018 - 12/31/2018:		
	Enrolled	Rates
Single	38	\$635.10
Family	87	\$1,587.75
Total	125	\$1,947,217

Medical rates do not include Rx for Non Major Medical Rx plans.
Rates include broker commission of \$11.00 PEPM based on Medical LOB only.

Group Official Plan/Rate Selections	Initial Here
	<i>D. H. H.</i>

12-13-17



MEDICAL MUTUAL®

Group Name: City of Medina (Akron Chamber of Commerce)
Effective Date: January 1, 2018

Prescription Drug Card Benefit Highlights	
Single Deductible	
Family Deductible	
Generic Copay	RETAIL
Formulary Copay	\$15.00
Non-Formulary Copay	\$30.00
4th Tier Copay	\$50.00
Generic Copay	MAIL
Formulary Copay	\$30.00
Non-Formulary Copay	\$60.00
4th Tier Copay	\$100.00
Comments	OTHER

Rates Effective 1/1/2018 - 12/31/2018:	
Single	Enrolled Rates
Family	38 \$141.78
Total	87 \$354.45
	125 \$434.697

Rates include broker commission of \$11.00 PEPW based on Medical LOB only.

Group Official Plan/Rate Selections	Initial Here
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D. H. Harvey

12-12-17



MEDICAL MUTUAL

Group Name: City of Medina (Akron Chamber of Commerce)
Effective Date: January 1, 2018

Dental Benefit Highlights & Premium Rates	
Product	Traditional
General Benefits	NETWORK
Benefit Period Maximum	\$1,000
Benefit Period Deductible Single	\$25
Benefit Period Deductible Family	\$50
Employer Coinsurance % - Preventive	80%
Employer Coinsurance % - Basic	80%
Employer Coinsurance % - Major	80%
Orthodontics	NETWORK
Orthodontics coverage included?	Child
Ortho Lifetime Maximum	\$1,000
Ortho Employer Coinsurance %	60%
Other Benefit Descriptions	

Rates Effective 1/1/2018 - 12/31/2018:	
Single	Enrolled
Family	38
Total	87
	125
	\$170,177

Rates include broker commission of \$11.00 PEPN based on Medical LOB only.

Group Official Plan/Rate Selections	Initial Here
	DT

Rate Acceptance

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

Group Official Signature: [Signature]

Title: Mayer Dennis J. Ansell

Date: 12-17-17

* Some non-network services will be covered at a coinsurance less than what is shown.

** Emergency room visits that do not qualify as an emergency may be covered at a lesser amount. Coverage for emergency visits and emergency services may vary. In accordance with Ohio law, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.

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. Rates and premiums for periods beginning January 1, 2020 do not include potential or actual exposure due to section 4980I 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.

The limiting age for dependent children is 26, except in the case of physical or intellectual disability.

City of Medina (Akron Chamber of Commerce)

1/1/2018

Disclaimers & Contingencies

- 1 Proposal expires in 60 days or upon effective date.
- 2 Rates assume Medical Mutual is the only carrier, with 75% of net eligible employees enrolled.
- 3 Rates are subject to change if enrollment varies by more than 10% from 125 contracts quoted.
- 4 Ancillary coverages will be packaged with Medical coverage and not sold separately.
- 5 Final rates are subject to underwriting approval, based on benefit plans, contribution, participation, and medical data for members exceeding 50% of specific deductible or pooling limit which must be received no later than 20 days before effective date.
- 6 Disclosure of disabled participants is required.
- 7 Misrepresentation may result in rescission of coverage.
- 8 Rates include standard reporting and administration.
- 9 Alternate Funding programs (Administrative Services or Minimum Premium) require minimum average enrollment of 100 contracts.
- 10 Upon termination, a run-out processing fee equal to three months of administration fees will be charged.
- 11 Quote is contingent on group joining the Akron Chamber of Commerce.
- 12 Quote includes Medical Mutual's comprehensive suite of population health programs, which are designed to promote healthy lifestyle behaviors and encourage your employees to get well and stay well. Our programs help your employees understand their health, identify risk factors for disease, manage their conditions and make positive changes to improve their well-being. Covered employees will automatically have access to Medical Mutual's health and wellness initiatives, which may include, but not be limited to, online health resources and Health Assessment, Disease Management programs, 24/7 Nurse Line, tobacco QuitLine, Maternity program, fitness center discounts, and Weight Watchers® discounts.
- 13 Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 14 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.
- 15 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.
- 16 This offer includes wellness funds in the amount of \$3,000 for this contract period. Wellness funds must be spent during this contract period and do not carry-over to subsequent contract periods. Refer to the contract for more specifics regarding the wellness fund.
- 17 The addition of a specialty drug copay of 25% up to a maximum of \$250 to any Rx Card that does not have a specialty drug copay currently would reduce fully-insured rates and/or self-funded claims projection up to 3.50% for the drug line of business.
- 18 The limiting age for dependent children is 26, except in the case of physical or intellectual disability.
- 19 Compound drugs are excluded from coverage under stop loss when the plan sponsor does not participate in the Pharmacy Benefit Managers compound drug management program or for drugs that are compounded using bulk chemicals that do not have any clinical efficacy and that would have been excluded under MMO's compound management program.