RESOLUTION NO. 92-2024

Introduced by Joel Hagy

A RESOLUTION RATIFYING THE CITY MANAGER'S ACCEPTANCE OF THE PROPOSAL AND EXECUTION OF AN AGREEMENT WITH MEDICAL MUTUAL FOR THE PROVISION OF 2025 MEDICAL HEALTH INSURANCE COVERAGE.

WHEREAS, the City of Huron has been using third-party benefits administrator Huntington Insurance to negotiate with Medical Mutual of Ohio for renewal of its medical benefit plan for calendar year 2025;

WHEREAS, at the same time, the City of Huron has been in active negotiations with four collective bargaining units, all having contracts expiring at the end of 2024;

WHEREAS, the City of Huron will being its Open Enrollment for 2025 benefits for its full-time employees on December 9, 2024;

WHEREAS, it was necessary to execute the agreement with Medical Mutual of Ohio prior to the first regular Council meeting in December in order to (1) facilitate union negotiations; and (2) allow for Open Enrollment for 2025 benefits on December 9, 2024.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO:

SECTION 1. That the City Manager's acceptance of the proposal and execution of a new agreement with Medical Mutual for the provision of 2025 healthcare insurance coverage, a copy of which is attached hereto as Exhibit "A" and made a part hereof, is hereby ratified.

SECTION 2. That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of the Council and that all deliberations of this Council and of its committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.RC. § 121.22 of the Revised Code.

SECTION 3. That this Resolution shall go into effect and be in full force and effect immediately upon its adoption.

ATTEST: June Welkenen

Clerk of Council

ADOPTED: 1 0 DEC 2024

Wonty Tapp, Mayor

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PROPRIETARY & CONFIDENTIAL

Proposal For: CITY OF HURON

Effective Date: 1/1/2025 End Date: 12/31/2025 County: Erie State: Ohio

Quote ID: 0129934-02

Friday, November 8, 2024 8:08 AM



Consolidated Appropriations Act (CAA) Section 204 Information

Section 204 of the Consolidated Appropriations Act (CAA), requires insurers to submit certain data related to premiums, claims, and prescription drug costs to the federal government.

In order to comply with these reporting requirements, Medical Mutual must gather the following information:

Group Information

Group Name:

CITY OF HURON

Group Renewal Date:

January 1, 2025

Group Number:

#610915

Required Information

Split of Premium between Employer and Employee

Using the premium paid for all plans you have with Medical Mutual for the renewal year, please provide the percentage paid by the employer and the percentage paid by the employee, rounded to the nearest whole percentage. The employer percentage plus the employee percentage must equal 100%.

An example of the calculation to use for multiple employee classifications with varying contributions follows.

	21101
[†] Employer Contribution Percentage:	9110
¹ Employee Contribution Percentage:	690

Examp	le t	or a	a ful	y insured	group:
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Class #1 are Salaried Employees with a	Annual	Employee	Employer
50% Employer Contribution	Premium	Contribution	Contribution
Single	\$1,500,000	\$750,000	\$750,000
Family	\$2,000,000	\$1,000,000	\$1,000,000

Class #2 are Hourly Employees with a

25% Employer Contribution Single \$2,500,000 \$1,875,000 \$625,000 Family \$3,000,000 \$2,250,000 \$750,000 Total \$9,000,000 \$5,875,000 \$3,125,000 Percentage for Section 204 Report 65% 35%

For more information regarding these calculations, please see the instructions from the Consolidated Appropriations Act:

RXDC Reporting Instructions for Premium

For more information regarding the statute, please see the information housed here:

Federal Pharmacy Reporting Requirements CAA

*As a reminder, MMS will only provide reporting for business that we administer on behalf of our clients.

5500 # (insert NA if not applicable)

Please include all and separate by a comma.

Signature Group Official:

Title:

Date: 11-22-7

¹ Medical Mutual will not send D1 Premium and Life Years reporting to the government for Self-funded groups who leave this field blank.

CITY OF HURON 1/1/2025 Disclaimers & Contingencies

- Proposal expires in 60 days or upon effective date.
- Rates assume Medical Mutual is the only carrier, with 75% of net eligible employees enrolled.
- Rates are subject to change if enrollment varies by more than 10% from 51 contracts quoted.
- · Ancillary coverages will be packaged with Medical coverage and not sold separately.
- · Disclosure of disabled participants is required.
- · Misrepresentation may result in rescission of coverage.
- · Rates include standard reporting and administration.
- 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.
- 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.
- Please note that 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.
- · Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification if it impacts the contents of the SBC. Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
- Premiums and rates reflect 2015 ACA requirement to accumulate drug cost share to the maximum out-of-pocket (MOOP). Use of a third party Pharmacy Benefits Manager (PBM) will require additional fees and additional lead time to implement. Please contact your Medical Mutual representative for further details and explanation.
- Due to a change in Ohio law, effective with the first renewal on or after January 1, 2016, all existing over-age dependent children (26 and 27 years old) will maintain coverage until they attain the limiting age of 28. No new over-age dependent children will be eligible for coverage. Please note that children with a physical or intellectual disability are not impacted by the change in Ohio law.

Rate Acceptance			
Group Official Initial:	M	Please initial next to the benefits that have been selected by the group.	
Group Official Signature: _			
Title:	1 WWW.	ALER	
Date: 11-12-7	il		



Fully Insured Proposal for CITY OF HURON

Rates Effective:

January 1, 2025 - December 31, 2025

Contract Type	Contracts
Employee	20
Employee + Spouse	5
Employee + Child	2
Employee + Children	10
Family	14

SuperMed PPO	Single	Employee + Spouse	Employee + Child	Employee + Children	Family	Total Monthly Premium	Sign Off / Initial
HSA 7500/0 (r22)	\$1,243.57	\$2,729.82	\$2,234.41	\$2,234.41	\$3,720.66	\$117,422.66	MI

Illustrative Summary of Benefits

SuperMed® 7500 w/MMRx (R22)

Health Savings Account Compatible

	Network	Non-Network	
Benefits	Membe	er Pays	
Benefit Period	January 1 st through December 31 st		
Dependent Age Limit	26—Removal upor	n End of the Month	
Deductible - Single / Family	\$7,500 / \$15,000	\$7,500 / \$15,000	
Coinsurance Out-of-Pocket (excludes deductible) - Single / Family	\$0 / \$0	\$7,500 / \$15,000	
Maximum Out-of-Pocket - Single / Family ¹	\$7,500 / \$15,000	\$15,000 / \$30,000	
Coinsurance	0%	50%	
Physician/Office Services			
Physician Office Visit	Coinsurance after deductible	Coinsurance after deductible	
Specialist Office Visit	Coinsurance after deductible	Coinsurance after deductible	
Urgent Care Office Visit	Coinsurance after deductible	Coinsurance after deductible	
Emergency Services			
Emergency Use of an Emergency Room	0% after	deductible	
Emergency Services (expenses other than Emergency Room)	0% after	deductible	
Non-Emergency Use of an Emergency Room	Not co	overed	
Routine/Preventive Services ²			
Health Care Reform Benefits	0%	Coinsurance after deductible	
Health Care Reform Benefits for Wornen	0%	Coinsurance after deductible	
All Immunizations	0%	Coinsurance after deductible	
Routine Physical Exam (age 21 and over)	0%	Coinsurance after deductible	
Routine Marnmogram (one per benefit period)	0%	Coinsurance after deductible	
Routine Pap Test (one per benefit period)	0%	Coinsurance after deductible	
Routine Lab, Medical Tests, and X-rays	0%	Coinsurance after deductible	
Routine Endoscopic Services	0%	Coinsurance after deductible	
Well Child Care (to age 21)			
Well Child Care Exams, Immunizations and Labs	0%	Coinsurance after deductible	
Hearing Exarns	0%	Coinsurance after deductible	
Vision Exams	0%	Coinsurance after deductible	
Lenses	Not covered	Not covered	
Frames	Not covered	Not covered	
Contacts	Not covered	Not covered	
Outpatient Services			
Allergy Testing and Treatments	Coinsurance after deductible	Coinsurance after deductible	
Physical & Occupational Therapies (40 visits per benefit period/combined)	Coinsurance after deductible	Coinsurance after deductible	
Speech Therapy (20 visits per benefit period)	Coinsurance after deductible	Coinsurance after deductible	
Chiropractic Services (12 visits per benefit period)	Coinsurance after deductible	Coinsurance after deductible	
Cardiac Rehabilitation (36 visits per benefit period)	Coinsurance after deductible	Coinsurance after deductible	
Surgical Services	Coinsurance after deductible	Coinsurance after deductible	
Diagnostic Lab, Medical Tests, and X-rays	Coinsurance after deductible	Coinsurance after deductible	
Diagnostic Imaging	Coinsurance after deductible	Coinsurance after deductible	
Diagnostic Endoscopic Services	Coinsurance after deductible	Coinsurance after deductible	
Inpatient Services			
Institutional Services	Coinsurance after deductible	Coinsurance after deductible	
Maternity	Coinsurance after deductible	Coinsurance after deductible	
Skilled Nursing Facility (90 days per benefit period)	Coinsurance after deductible	Coinsurance after deductible	

Network	Non-Network		
Coinsurance after deductible	Coinsurance after deductible		
Benefits paid are base	d on services rendered		
Coinsurance after deductible,			
under Health Care Reform Preventive Benefits	Coinsurance after deductible		
Coinsurance after deductible	Coinsurance after deductible		
Not covered	Not covered		
Coinsurance after deductible	Coinsurance after deductible		
Coinsurance after deductible	Coinsurance after deductible		
Coinsurance after deductible	Coinsurance after deductible		
Not covered	Not covered		
Coinsurance after deductible	Coinsurance after deductible		
Coinsurance after deductible	Coinsurance after deductible		
Benefits paid are based on corresponding medical benefits			
Benefits paid are based on corresponding medical benefits			
Coinsurance after network deductible			
Coinsurance after network deductible			
	Benefits paid are base Coinsurance after deductible, unless the service is covered under Health Care Reform Preventive Benefits Coinsurance after deductible Not covered Coinsurance after deductible Coinsurance after deductible Not covered Coinsurance after deductible Coinsurance after deductible Not covered Coinsurance after deductible Coinsurance after deductible Benefits paid are based on co		

National Plus Network & Basic Plus Formulary

Select Home Delivery Active Choice

Member must contact Express Scripts to indicate choice to continue to use a retail pharmacy past three refills for prescription drugs available through the home delivery program. Otherwise, members will pay 100% of the allowed amount with no accumulation to deductible or maximum out of pocket

Specialty Drugs

Drugs and biologicals (specialty drugs and therapeutic injections). Members must use one of our dedicated pharmacies. Special rules apply to oral chemotherapy prescription drugs. The certificate booklet will have more information. Certain specialty drugs are part of a Specialty Prescription Drug Copay Offset program (SaveOnSP Exclusive) where they 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 if the member does not participate in SaveOnSP Exclusive. Once enrolled in the Medical Mutual health plan, call 1-800-683-1074 to enroll in copay assistance, with SaveOnSP monitoring, so that your responsibility could be as low as \$0.

- 1 Network level Out-of-Pocket includes deductible and coinsurance and flat dollar copayments
- 2 Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations, and other screenings, as provided for in the Patient Protection and Affordable Care Act.

Date
11/23/2004

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.