FIRST READING: 11.28.16
SECOND READING: 12.12.16
THIRD READING: 12.19.16

ORDINANCE NO: 76-16

BY: THOMAS J. HUNT

AN EMERGENCY ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO CONTRACTS WITH MEDICAL MUTUAL OF OHIO TO PROVIDE HEALTH CARE, PRESCRIPTION INSURANCE COVERAGE, AND OPTIONAL VISION COVERAGE FOR THE FULL-TIME EMPLOYEES OF THE CITY OF ROCKY RIVER, AS FURTHER DESCRIBED IN EXHIBIT "A"

WHEREAS, the City of Rocky River must provide health care and prescription insurance coverage to full-time employees of the City of Rocky River based on collective bargaining contracts and City ordinances or policies; and

WHEREAS, the City Administration has negotiated directly with Medical Mutual of Ohio for health care and prescription insurance coverage for 2017; and

WHEREAS, the City Administration has also negotiated directly with Medical Mutual of Ohio for optional vision coverage, which will be paid for solely by each employee selecting such coverage; and

WHEREAS, the Mayor and the Council deem it to be in the best interests of the City to purchase a Minimum Premium Contract for Health Care, an Administrative Service Only (ASO) Contract for Prescription coverage and a Contract for Vision Care, for a 12-month period beginning January 1, 2017, from Medical Mutual of Ohio.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ROCKY RIVER, COUNTY OF CUYAHOGA, STATE OF OHIO:

Section 1. That the Mayor be and she is hereby authorized to enter into a Minimum Premium Contract for Health Care, an Administrative Service Only Contract for Prescription coverage, and a Contract for Vision Care, with Medical Mutual of Ohio for a 12-month period commencing January 1, 2017, as further described in Exhibit "A".

Section 2. That this Ordinance is hereby declared to be an emergency measure, necessary for the immediate preservation of public peace, health and safety and for the further reason that it is necessary to provide for the continuation of health care and prescription coverage, and addition of optional vision coverage for full-time City employees in conformance with labor agreements and ordinances, and provided it receives the affirmative vote of two-thirds (2/3) of all members elected to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor; otherwise it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: December 19, 2016

JAMES W. MORAN
President of Council

PRESENTED TO MAYOR: December 19, 2016

APPROVED: December 19, 2016

ATTEST:

~~S. ANN G. PEASE~~ JANE P. REICH
Clerk of Council, ACTING

PAMELA E. BOBST
Mayor

It is hereby certified that the amount required for the execution of this Ordinance has been lawfully appropriated or authorized or directed for such purpose and is in the treasury or in the process of collection to the credit of the fund described herein free from any obligation or certification now outstanding.

Michael A. Thomas
Director of Finance

meu:mydocs:ord:medicalordinance2017

I, the undersigned clerk of council of the city of Rocky River, State of Ohio, do hereby certify that publication of the foregoing ordinance was duly made by posting a true copy thereof in the lobby of the City Hall, in accordance with the charter of Rocky River, commencing on the 19 day of December, 2016.

Jane P. Reich
Clerk of Council of the City of Rocky River, Ohio
Acting

EXHIBIT A

City of Rocky River

Medical Plan Options Effective January 1, 2017

MEDICAL BENEFITS	SuperMed Plus Plan A		SuperMed Plus Plan B	
	Network	Non-Network	Network	Non-Network
Benefit Period	January 1st through December 31st		January 1st through December 31st	
Dependent Age Limit	Up to Age 26 and removal upon the end of the month		Up to Age 26 and removal upon the end of the month	
Pre-Existing Condition Waiting Period	3-3-12; No Pre-Existing for dependents under age 19		3-3-12; No Pre-Existing for dependents under age 19	
Blood Pint Deductible	3 pints		3 pints	
Lifetime Maximum	None		None	
Benefit Period Deductible - Individual/Family[1]	$500/$1000	$1,000/$2,000	$2,500/$5,000	$5,000/ $10,000
Coinsurance	80%	60%	80%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Individual/Family	$1,000/$2,000	$2,000/$4,000	$7,500/ $15,000	$8,000/ $16,000
Physician/Office Services				
Office Visit (Illness/Injury)[2]	$20 copay, then 100%	60% after deductible	80% after deductible	70% after deductible
Urgent Care Facility Services	$20 copay, then 100%	60% after deductible	80% after deductible	70% after deductible
Voluntary Second Surgical Opinion	$20 copay, then 100%	60% after deductible	80% after deductible	70% after deductible
Immunizations (tetanus toxoid, rabies vaccine, and meningococcal polysaccharide vaccine are covered services)	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Preventative Services				
Office Visit/ Routine Physical Exam (One exam per benefit period for employee, spouse and dependent over age 9)	100%	50% after deductible	100%	70% after deductible
Well Child Care Services including Exam and Immunizations (To age 9)	100%	50% after deductible	100%	70% after deductible
Well Child Care Laboratory Tests (To age 9)	100%	50% after deductible	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	50% after deductible	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	50% after deductible	100%	70% after deductible
Well Woman Office Visit (One per benefit period)	100%	50% after deductible	100%	70% after deductible
Routine PSA Test and Exam (One per benefit period)	100%	50% after deductible	100%	70% after deductible
Routine Endoscopies	100%	50% after deductible	100%	70% after deductible
Routine Lab, X-Rays and Medical Tests	100%	50% after deductible	100%	70% after deductible
Outpatient Services				
Surgical Services	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Diagnostic Services	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Physical and Occupational Therapies - Facility and Professional (40 visits per benefit period)	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Chiropractic Therapy - Professional Only (12 visits per benefit period)	80% after deductible	60% after deductible	80% after deductible	70% after deductible

City of Rocky River
Medical Plan Options Effective January 1, 2017

MEDICAL BENEFITS	SuperMed Plus Plan A		SuperMed Plus Plan B	
	Network	Non-Network	Network	Non-Network
Speech Therapy - Facility and Professional (20 visits per benefit period)	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Cardiac Rehabilitation	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Emergency use of an Emergency Room[3]	$75 copay, then 100%		80% after deductible	
Non-Emergency use of an Emergency Room[4]	$100 copay, then 80%	$100 copay, then 60%	80% after deductible	70% after deductible
Inpatient Facility				
Semi-Private Room and Board	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Maternity	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Skilled Nursing Facility	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Organ Transplants	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Additional Services				
Medically Necessary Endoscopic Services	100%	50% after deductible	100%	50% after deductible
Allergy Testing and Treatments	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Ambulance	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Home Healthcare	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Hospice	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Private Duty Nursing	80% after deductible	60% after deductible	80% after deductible	70% after deductible
Mental Health and Substance Abuse				
Inpatient and Outpatient Mental Health and Substance Abuse Services	Benefits pay according to corresponding medical benefit		Benefits pay according to corresponding medical benefit	

Notes:

Services requiring a copayment are not subject to the single/family deductible.

Deductible and coinsurance expenses incurred for services by a non-network provider will also apply to the network deductible and coinsurance out-of-pocket limits. Deductible and coinsurance expenses incurred for services by a network provider will also apply to the non-network deductible and coinsurance out-of pocket limits.

Non-Contracting and Facility Other Providers will pay the same as Non-Network.

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. No person other than 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.

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[1]Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.
[2]The office visit copay applies to the cost of the office visit only.
[3]Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.
[4]Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.
[5]The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Medical Mutual case manager (except for corneal transplants). Failure to contact Care Management prior to the proposed course of treatment (including the evaluation) will result in a $5,000 penalty. There will be a $10,000 non-network penalty for failure to use a SuperMed facility or a Non Designated Organ Transplant Network provider. This penalty may be waived by the Case Manager if the proper pre-determination procedures are followed.

City of Rocky River
Prescription Drug Plan Options Effective January 1, 2017

PRESCRIPTION DRUG BENEFITS	Rx Plan A[1]		Rx Plan B[1]	
	Copay	Day Supply	Copay	Day Supply
Benefit Period	January 1st through December 31st		January 1st through December 31st	
Dependent Age Limit	Up to Age 26 and removal upon the end of the month		Up to Age 26 and removal upon the end of the month	
Rx Deductible (Single/Family)	$0		$100/$200	
Formulary Retail Program - for the initial fill and up to one refill of a prescription drug				
Generic Copayment	$10	30	$10	30
Formulary Copayment	$25	30	$25	30
Non-Formulary Copayment	$40	30	$40	30
Prilosec OTC/Generic Omeprazole Copayment[3]	$5	30	$5	30
Formulary Retail Program - after the second retail fill of a maintenance prescription drug[2]				
Generic Copayment	$20	30	$20	30
Formulary Copayment	$50	30	$50	30
Non-Formulary Copayment	$80	30	$80	30
Prilosec OTC/Generic Omeprazole Copayment[3]	$5	30	$5	30
Formulary Mail Order Program				
Generic Copayment	$20	90	$20	90
Formulary Copayment	$50	90	$50	90
Non-Formulary Copayment	$80	90	$80	90
2016 FUNDING RATES (Monthly)	SuperMed Plus Plan A		SuperMed Plus Plan B	
Employee Only	$575.57		$511.06	
Employee + 1	$1,150.16		$1,021.15	
Family	$1,667.29		$1,480.20	

Notes:

In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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. No person other than 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.

[1]Includes Rx Selections® Drug List: A list of drugs on the Rx Selections ® formulary will be used.

[2]Home Delivery Incentive: When a member chooses to fill a prescription a second time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.

[3]Prilosec OTC or generic omeprazole is available for a $5 copay with a physician's prescription at any Medco network pharmacy.