FIRST READING: 11.13.18
SECOND READING: 11.26.18
THIRD READING: 12.10.18

ORDINANCE NO: 73-18

BY: JOHN B. SHEPHERD

AN 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 2019; 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, 2019, 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, 2019, as further described in Exhibit "A".

PASSED: December 10th, 2018

JAMES W. MORAN
President of Council

PRESENTED
TO MAYOR: December 10th, 2018

APPROVED: December 10th, 2018

ATTEST:

Susan G. Pease
SUSAN G. PEASE
Clerk of Council

Pamela E. Bobst
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

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 Rocky River City Hall, in accordance with the charter of Rocky River, commencing on the 10th day of December, 2018.

Susan G. Pease
Clerk of Council of the City of Rocky River, Ohio

City of Rocky River } ss
County of Cuyahoga }

THE UNDERSIGNED CLERK OF THE COUNCIL OF THE CITY OF ROCKY RIVER, OHIO DOES HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF ORDINANCE NO. 73-18 ADOPTED BY THE COUNCIL OF SAID CITY ON THE 10th DAY OF December, 20 18 THAT THE PUBLICATION OF SUCH ORDINANCE HAS BEEN MADE AND CERTIFIED OF RECORD ACCORDING TO LAW; THAT NO PROCEEDINGS LOOKING TO A REFERENDUM UPON SUCH ORDINANCE HAVE BEEN TAKEN; THAT SUCH ORDINANCE AND THE CERTIFICATE OF PUBLICATION THEREOF, ARE OF RECORD IN ORDINANCE RECORD NO. 73-18

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED MY OFFICIAL SEAL THIS 10th DAY OF December, 20 18.

Susan G. Pease
CLERK OF COUNCIL OF THE CITY OF ROCKY RIVER, OHIO

MEDICAL MUTUAL

Prepared For:

CITY OF ROCKY RIVER

Effective Date: 1/1/2019
End Date: 12/31/2019
County: Cuyahoga
State: Ohio

Quote ID: 0063413-01

Tuesday, October 02, 2018
8:54 AM

CITY OF ROCKY RIVER
SELF FUNDED
MINIMUM PREMIUM RENEWAL RATES
Effective January 1, 2019, through December 31, 2019

$120,000 Specific Stop Loss
115% of Expected Paid Claims

No Loss Carry Forward

805934

	ENROLLMENT	CURRENT RATES DEPOSIT LIABILITY	CURRENT RATES TERMINAL LIABILITY	CURRENT RATES STOP LOSS	CURRENT RATES ADMIN	CURRENT RATES DISEASE MANAGEMENT	RENEWAL RATES DEPOSIT LIABILITY	RENEWAL RATES TERMINAL LIABILITY	RENEWAL RATES STOP LOSS	RENEWAL RATES ADMIN	RENEWAL RATES DISEASE MANAGEMENT	COBRA
CMM I	$500 Ded / 80% Coins											
Single	50	$524.89	$58.89	$75.05	$48.56	$2.50	$509.41	$56.93	$87.32	$50.02	$2.50	$562.59
Employee + Spouse	39	$1,049.81	$117.79	$150.10	$48.56	$2.50	$1,018.84	$113.87	$174.64	$50.02	$2.50	$1,125.18
Employee + Child	11	$1,049.81	$117.79	$150.10	$48.56	$2.50	$1,018.84	$113.87	$174.64	$50.02	$2.50	$1,125.18
Family	77	$1,522.22	$170.79	$217.63	$48.56	$2.50	$1,477.31	$165.10	$253.21	$50.02	$2.50	$1,631.52
CMM II	$2,500 Ded / 80% Coins											
Single	2	$455.43	$49.05	$64.70	$48.56	$2.50	$441.99	$47.42	$75.18	$50.02	$2.50	$474.06
Employee + Spouse	0	$910.88	$98.08	$129.43	$48.56	$2.50	$884.01	$94.81	$150.40	$50.02	$2.50	$948.10
Employee + Child	0	$910.88	$98.08	$129.43	$48.56	$2.50	$884.01	$94.81	$150.40	$50.02	$2.50	$948.10
Family	1	$1,320.78	$142.22	$187.67	$48.56	$2.50	$1,281.82	$137.48	$218.07	$50.02	$2.50	$1,374.75
DRUG I	Retail Copays: $10 / $25 / $40											
Single	50	$155.04	$4.84	$4.20	$1.60	NA	$149.66	$4.59	$4.20	$1.65	NA	$135.62
Employee + Spouse	39	$310.09	$9.66	$8.42	$1.60	NA	$299.33	$9.16	$8.42	$1.65	NA	$271.21
Employee + Child	11	$310.09	$9.66	$8.42	$1.60	NA	$299.33	$9.16	$8.42	$1.65	NA	$271.21
Family	77	$449.64	$14.01	$12.21	$1.60	NA	$434.04	$13.28	$12.21	$1.65	NA	$393.27
DRUG II	$100 ded - Retail Copays: $10 / $25 / $40											
Single	2	$146.75	$4.57	$3.98	$1.60	NA	$141.67	$4.33	$3.98	$1.65	NA	$130.26
Employee + Spouse	0	$293.52	$9.15	$7.96	$1.60	NA	$283.33	$8.67	$7.96	$1.65	NA	$260.51
Employee + Child	0	$293.52	$9.15	$7.96	$1.60	NA	$283.33	$8.67	$7.96	$1.65	NA	$260.51
Family	1	$425.61	$13.27	$11.55	$1.60	NA	$410.84	$12.58	$11.55	$1.65	NA	$377.75

- The Affordable Care Act imposes taxes and fees on insurers and group plan sponsors. As a group plan sponsor, the law states that you are responsible for calculating and directly paying the Reinsurance Fee, as well as the Patient-Centered Outcomes Research Institute (PCORI) fee, both of which are subject to change each year. We are happy to provide data as needed for your calculations.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____

CITY OF ROCKY RIVER
SELF FUNDED
MINIMUM PREMIUM RENEWAL RATES
Effective January 1, 2019, through December 31, 2019

$120,000 Specific Stop Loss
115% of Expected Paid Claims

Experience Period: August 1, 2017, through July 31, 2018	MEDICAL	DRUG	TOTAL
ESTIMATED INCURRED CLAIMS	$1,800,963	$446,546	$2,247,509
CLAIMS OVER SPECIFIC STOP LOSS LIMIT	($190,508)	($13,263)	($203,771)
CLAIMS TO ANNUALIZE	N/A	N/A	N/A
BENEFIT/ENROLLMENT CHANGES	N/A	N/A	N/A
CREDIBILITY & RISK ADJUSTMENTS	$178,732	$59,754	$238,486
APPLICABLE TREND	1.1449	1.2040	
# months	17.0	17.0	
Annual	10.02%	14.00%	
PROJECTED NET INCURRED CLAIMS	$2,048,440	$593,617	$2,642,057
PROJECTED NET PAID CLAIMS	$2,010,749	$591,361	$2,602,110
DEPOSIT LIABILITY	$2,312,361	$680,065	$2,992,426
CHANGE IN	-2.95%	-3.47%	-3.07%
TERMINAL LIABILITY	$258,320	$20,810	$279,130
CHANGE IN	-3.33%	-5.22%	-3.47%
STOP LOSS	$396,321	$19,126	$415,447
CHANGE IN PERCENT	16.35%	0.00%	15.48%
CHANGE IN ANNUAL DOLLARS	$55,690	$0	$55,690
ADMINISTRATION	$108,137	$3,563	$111,700
CHANGE IN PERCENT	3.00%	3.01%	3.00%
CHANGE IN ANNUAL DOLLARS	$3,150	$104	$3,254
DISEASE MANAGEMENT FEES			

Based on projected average enrollment of:

Single	52	52
Employee + Spouse	39	39
Employee + Child	11	11
Family	78	78

- The Affordable Care Act imposes taxes and fees on insurers and group plan sponsors. As a group plan sponsor, the law states that you are responsible for calculating and directly paying the Reinsurance Fee, as well as the Patient-Centered Outcomes Research Institute (PCORI) fee, both of which are subject to change each year. We are happy to provide data as needed for your calculations.

MEDICAL MUTUAL

CITY OF ROCKY RIVER
Group # 805934
Tuesday, October 02, 2018

Multi-Year Admin Rate Guarantee

Plan Description	Rate Effective Date	Rate End Date	Rate Contract Type	Pct Increase from Prior Contract Period	Rate – Employee Only	Rate – Employee + Spouse	Rate – Employee + Child	Rate – Family
CMM	1/1/2020	12/31/2020	PEPM	0.00%	$ 50.02	$ 50.02	$ 50.02	$ 50.02
CMM	1/1/2021	12/31/2021	PEPM	0.00%	$ 50.02	$ 50.02	$ 50.02	$ 50.02
DRUG	1/1/2020	12/31/2020	PEPM	0.00%	$ 1.65	$ 1.65	$ 1.65	$ 1.65
DRUG	1/1/2021	12/31/2021	PEPM	0.00%	$ 1.65	$ 1.65	$ 1.65	$ 1.65

This rate guarantee does not include and does not apply to: 1) fees billed by Medical Mutual for disease management programs; or 2) to fees, taxes or other charges imposed on Medical Mutual by state or federal government laws, statutes or regulations; or 3) any increased or separate fee resulting from the Group requesting additional services.

Rate Acceptance

Group Official Initial: _____

Group Official Signature: _____

Title: _____

Date: _____

CITY OF ROCKY RIVER

Proposed Rates Effective: 1/1/2019 through 12/31/2019

Specific Stop Loss Terms	
Specific Stop Loss Threshold:	$120,000
Contract Basis:	Incurred any prior, Paid in 12
Coverage:	Medical & Rx
Annual maximum per covered person (less SSL threshold):	Unlimited
Aggregating SSL Deductible	$0

Aggregate Stop Loss Terms - Minimum Premium	
Individual Claim Limit:	$120,000
Contract Basis:	Incurred any prior, Paid in 12
Coverage:	Medical & Rx
Aggregate Stop Loss Margin:	115%
Aggregate Maximum Limit of Reimbursement Liability:	$1,000,000

Benefit Description - Medical H.S.A	Network	Non-Network
Single Deductible	$2,000	$4,000
Family Deductible (aggregate)	$4,000	$8,000
Coinsurance	80%	60%
Single Coinsurance Maximum	$3,000	$8,000
Family Coinsurance Maximum	$6,000	$16,000
Single MOOP	$6,650	Unlimited
Family MOOP	$13,300	Unlimited
PCP/SPC Copays	/	
Includes Major Med Rx	Yes	
Drug card after deductible	$10/25/40	

~The administrative for the above plan will be $54.17 per contract per month and includes $2.50 per contract for use of an MM financial institution for H.S.A processing.

Enrollment		Specific Stop Loss	Aggregate Stop Loss	Deposit Liability	Terminal Liability	COBRA
S	50	$82.39	$7.45	$537.66	$48.60	$472.72
TA	39	$164.78	$14.91	$1,075.35	$97.19	$945.43
TC	11	$164.78	$14.91	$1,075.35	$97.19	$945.43
F	77	$238.92	$22.36	$1,559.26	$140.93	$1,370.87
Annual	177	$369,064	$34,077	$2,408,562	$217,693	$2,117,576

Benefit Description - Medical 02 - H.S.A	Network	Non-Network
Single Deductible	$2,500	$5,000
Family Deductible (aggregate)	$5,000	$10,000
Coinsurance	80%	60%
Single Coinsurance Maximum	$3,000	$8,000
Family Coinsurance Maximum	$6,000	$16,000
Single MOOP	$6,650	Unlimited
Family MOOP	$13,300	Unlimited
PCP/SPC Copays	/	
Includes Major Med Rx	Yes	
Drug card after deductible	$10/25/40	

~The administrative for the above plan will be $54.17 per contract per month and includes $2.50 per contract for use of an MM financial institution for H.S.A processing.

Enrollment		Specific Stop Loss	Aggregate Stop Loss	Deposit Liability	Terminal Liability	COBRA
S	50	$82.39	$7.07	$510.44	$45.70	$444.51
TA	39	$164.78	$14.16	$1,020.91	$91.40	$889.02
TC	11	$164.78	$14.16	$1,020.91	$91.40	$889.02
F	77	$238.92	$21.23	$1,480.32	$132.52	$1,289.07
Annual	177	$369,064	$32,355	$2,286,626	$204,708	$1,991,219

Rates and terms shown above are subject to the disclaimers and contingencies shown on Disclaimers page. Benefits above will be non-grandfathered.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____

Rates and premiums for periods beginning January 1, 2022 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.

MEDICAL MUTUAL

CITY OF ROCKY RIVER
VISION ONLY
INSURED RENEWAL RATES

Effective January 1, 2019, through December 31, 2019

805934

			Monthly Enrollment	Current Rates	Renewal Rates
VISION 1	Eye Med Voluntary Vision Plan H	Single	39	$7.65	$8.03
		Employee + Spouse	36	$14.54	$15.27
		Employee + Child	6	$14.54	$15.27
		Family	48	$21.37	$22.43

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

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____