FIRST READING: 12.12.22
SECOND READING: 12.19.22
THIRD READING: _____

AMENDED ORDINANCE NO. 82-22

BY: JOHN B. SHEPHERD

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 2023; 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 both Health Care and Prescription coverage and a Contract for Vision Care, for a 12-month period beginning January 1, 2023, 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 both Health Care and Prescription coverage and a Contract for Vision Care, with Medical Mutual of Ohio for a 12-month period commencing January 1, 2023, 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 19th, 2022

JAMES W. MORAN
President of Council

PRESENTED TO MAYOR: December 19th, 2022

APPROVED: December 19th, 2022

ATTEST:

SUSAN G. PEASE
Clerk of Council

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 19th day of December, 2022.

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

City of Rocky River }
County of Cuyahoga } ss

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. 82-22 ADOPTED BY THE COUNCIL OF SAID CITY ON THE 19th DAY OF December, 2022 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. 82-22

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED MY OFFICIAL SEAL THIS 19th DAY OF December, 2022

Susan G. Cleary

CLERK OF COUNCIL OF THE CITY OF ROCKY RIVER, OHIO

MEDICAL MUTUAL®

Prepared For:

CITY OF ROCKY RIVER

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

Quote ID: 0103712-04

Friday, October 21, 2022
2:54 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 healthcare 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 the form.

Please complete the following information for the renewing group policy:

Group Information

Group Name: CITY OF ROCKY RIVER

Group Numbe # 805934

Group Certification

1. Total number of people employed by your company (exclude COBRA/retirees):
   a. _____ # of full-time
   b. _____ # of part-time
   c. _____ # of FTEs (full-time equivalent employees)
2. Total number of covered persons:
   a. _____ # electing COBRA
   b. _____ # who are retired
3. Minimum work hours per week:
   a. _____ # of employees working 25 or more hours per week
   b. _____ # of hours an employee must work to be eligible for coverage under this renewing group policy
   c. _____ # of employees working the minimum number of hours disclosed in statement 3-b
4. Total number of eligible employees residing outside of Ohio: _____
5. Total number of eligible waivers (ie: employees not applying for coverage): _____
   - 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): _____
4. Name of Stop Loss Carrier: _____

Employer Contribution

1. Employer contribution toward employee coverage: $ _____
2. Employer contribution toward family/dependent coverage: $ _____
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: _____

Title: _____

Date: _____

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

MEDICAL MUTUAL®

CITY OF ROCKY RIVER
VISION ONLY
INSURED RENEWAL RATES

Effective January 1, 2023, through December 31, 2023

# 805934		Monthly Enrollment	Current Rates	Renewal Rates
VISION I	Single	42	$6.73	$6.06
	Employee + Spouse	39	$12.80	$11.52
	Employee + Child	6	$12.80	$11.52
	Family	51	$18.23	$16.41

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: _____

Quote ID: 0103712-04

CITY OF ROCKY RIVER
SELF FUNDED
MINIMUM PREMIUM RENEWAL RATES
Effective January 1, 2023, through December 31, 2023

$120,000 Specific Stop Loss; Incurred any prior, Paid in 12
115% of Expected Paid Claims; Incurred any prior, Paid in 12; No Loss Carry Forward

Experience Period: August 1, 2021, through July 31, 2022		MEDICAL	DRUG	TOTAL
ESTIMATED INCURRED CLAIMS		$2,075,407	$709,814	$2,785,221
CLAIMS OVER SPECIFIC STOP LOSS LIMIT		($112,143)	($97,997)	($210,140)
CLAIMS TO ANNUALIZE		N/A	N/A	N/A
BENEFIT/ENROLLMENT CHANGES		$9,227	N/A	$9,227
CREDIBILITY & RISK ADJUSTMENTS		$82,398	($77,422)	$4,976
APPLICABLE TREND		1.1525	1.1980	1.1628
	# months	17.0	17.0	
	Annual	10.54%	13.60%	11.23%
PROJECTED NET INCURRED CLAIMS		$2,368,260	$640,205	$3,008,465
PROJECTED NET PAID CLAIMS		$2,303,133	$639,501	$2,942,634
DEPOSIT LIABILITY		$2,600,000	$720,000	$3,320,000
CHANGE IN		-2.76%	48.83%	5.15%
TERMINAL LIABILITY		$338,713	$22,432	$361,145
CHANGE IN		7.85%	9.23%	7.93%
STOP LOSS		$586,526	$17,365	$603,891
CHANGE IN PERCENT		5.85%	9.61%	5.95%
CHANGE IN ANNUAL DOLLARS		$32,409	$1,523	$33,932
ADMINISTRATION & ADD ON FEES		$114,539	$17,179	$131,718
CHANGE IN PERCENT		0.00%	0.00%	0.00%
CHANGE IN ANNUAL DOLLARS		$0	$0	$0

Based on projected average enrollment of:			
	Single	63	43
	Employee + Spouse	29	29
	Employee + Child	6	6
	Family	80	60

- 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

Proposed Rates Effective: 01/01/2023 through 12/31/2023

Funding Arrangement
$120,000 Specific Stop Loss; Incurred any prior, Paid in 12
115% of Expected Paid Claims; Incurred any prior, Paid in 12;

BENEFIT HIGHLIGHTS		
Network Medical Deductible - Single / Family	$500 / $1,000	$2,000 / $4,000
Network Coinsurance	80%	80%
Maximum Out of Pocket - Single / Family		$6,650 / $13,300
Plan includes Major Medical Rx	No	Yes
Rx retail copay - Generic/Formulary/Non-Formulary/Specialty	$10 / $25 / $40	

Line of Business	CMM I & DRUG I	CMM II
Network	SM Plus	SM Plus

	Enrollment	Current Rates	Renewal Rates	Enrollment	Current Rates	Renewal Rates
Total Medical Administrative Fee						
Single	43	$52.52	$52.52	20	$55.12	$55.12
Employee + Spouse	29	$52.52	$52.52	0	$55.12	$55.12
Employee + Child	6	$52.52	$52.52	0	$55.12	$55.12
Family	60	$52.52	$52.52	20	$55.12	$55.12
Total Rx Administrative Fee						
Single	43	$8.05	$8.05	20	$8.05	$8.05
Employee + Spouse	29	$8.05	$8.05	0	$8.05	$8.05
Employee + Child	6	$8.05	$8.05	0	$8.05	$8.05
Family	60	$8.05	$8.05	20	$8.05	$8.05
Other PEPM Fees Included in the Administrative Fees Above	Included in Fees Above			Included in Fees Above		
Rx Advanced Pharmacy Management (APM)	138	$6.20	$6.20	40	$6.20	$6.20
Chronic Conditions Management	138	$2.50	$2.50	40	$2.50	$2.50

Rate Acceptance

Group Official Initial: *Please initial in box under the option selected ----->*

Group Official Signature: _____ Title: _____ Date: _____

- Rates and terms shown above are subject to the Disclaimers and contingencies shown on Disclaimers page.
- Only a high level summary of in-network benefits are shown. See benefit documents for a complete listing of benefits.

MEDICAL MUTUAL®

CITY OF ROCKY RIVER

Proposed Rates Effective: 01/01/2023 through 12/31/2023

Funding Arrangement
$120,000 Specific Stop Loss; Incurred any prior, Paid in 12
115% of Expected Paid Claims; Incurred any prior, Paid in 12;

BENEFIT HIGHLIGHTS		
Network Medical Deductible - Single / Family	$500 / $1,000	$2,000 / $4,000
Network Coinsurance	80%	80%
Maximum Out of Pocket - Single / Family		$6,650 / $13,300
Plan includes Major Medical Rx	No	Yes
Rx retail copay - Generic/Formulary/Non-Formulary/Specialty	$10 / $25 / $40	
Line of Business	CMM I & DRUG I	CMM II
Network	SM Plus	SM Plus

	Enrollment	Current Rates	Renewal Rates	Enrollment	Current Rates	Renewal Rates
Total Specific Stop Loss Rates						
Single	43	$119.94	$127.14	20	$119.94	$127.14
Employee + Spouse	29	$239.88	$254.27	0	$239.88	$254.27
Employee + Child	6	$239.88	$254.27	0	$239.88	$254.27
Family	60	$347.81	$368.68	20	$347.81	$368.68
Specific Stop Loss Rates - Gene Therapy Plus Rider*						
Single	43	$1.24	$2.62	20	$1.24	$2.62
Employee + Spouse	29	$2.48	$5.24	0	$2.48	$5.24
Employee + Child	6	$2.48	$5.24	0	$2.48	$5.24
Family	60	$3.59	$7.60	20	$3.59	$7.60
Aggregate Stop Loss Rates						
Single	43	$10.72	$11.36	20	$9.26	$9.56
Employee + Spouse	29	$21.45	$22.72	0	$18.53	$19.12
Employee + Child	6	$21.45	$22.72	0	$18.53	$19.12
Family	60	$31.12	$32.97	20	$27.79	$28.68
Terminal Liability Rates						
Single	43	$80.12	$86.49	20	$63.30	$68.27
Employee + Spouse	29	$160.26	$173.00	0	$126.60	$136.54
Employee + Child	6	$160.26	$173.00	0	$126.60	$136.54
Family	60	$232.35	$250.83	20	$183.57	$197.98
Attachment Rates						
Single	43	$745.09	$796.99	20	$638.16	$620.55
Employee + Spouse	29	$1,490.24	$1,594.06	0	$1,276.35	$1,241.12
Employee + Child	6	$1,490.24	$1,594.06	0	$1,276.35	$1,241.12
Family	60	$2,160.84	$2,311.39	20	$1,850.71	$1,799.63

*Gene Therapy Plus Rider rates are included in the Specific Stop Loss.

Rate Acceptance

Group Official Initial: *Please initial in box under the option selected ---->*

Group Official Signature: _____ Title: _____ Date: _____

- Rates and terms shown above are subject to the Disclaimers and contingencies shown on Disclaimers page.
- Only a high level summary of in-network benefits are shown. See benefit documents for a complete listing of benefits.

MEDICAL MUTUAL®

CITY OF ROCKY RIVER

DISCLAIMERS AND NOTES

Effective January 1, 2023, through December 31, 2023

1 - 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.
2 - In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
3 - 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.
4 - 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.

5 Rates include an adjustment for enhanced coverage of Gender Affirming Surgery, Applied Behavioral Analysis and Autism Spectrum Disorder.
6 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.
7 - If the Terminal Liability has been fully funded through the Current Period, then only the Change in Terminal Liability needs to be funded in the Renewal Period.
8 - Chronic Conditions Management fees do not include the cost of diabetic supplies, diabetic materials, and durable medical equipment (DME), which will be billed as claims.
9 - All rates are subject to the terms and conditions specified in the Group Contract. Above rates exclude conversion charges.

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 - 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.
12 - 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.
13 - Compound drugs are excluded from coverage under stop loss when the plan sponsor does not participate in an approved 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.

14 - Rx rebates will be offered. Please see separate exhibit for details.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____

MEDICAL MUTUAL®

CITY OF ROCKY RIVER

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 State 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.
- 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.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____

MEDICAL MUTUAL®

CITY OF ROCKY RIVER
Group # 805934
Friday, October 21, 2022

Rx Rebate Proposal

Formulary	Specialty Solutions	Rate Type	Current Amount	Renewal 1/1/2023	Sign Off / Initial
Basic	Yes	Brand Retail	$ 98.15	$ 98.15	
Basic	Yes	Brand Mail Order	$ 237.00	$ 409.80	
Basic	Yes	Specialty Brand	$ 1,020.00	$ 1,500.00	

Rate Acceptance

Group Official Initial: _____

Group Official Signature: _____

Title: _____

Date: _____

MEDICAL MUTUAL®

Proposal For:

CITY OF ROCKY RIVER

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

Quote ID: 0105482-01

Monday, October 24, 2022
9:46 AM

MEDICAL MUTUAL®

CITY OF ROCKY RIVER

Proposed Rates Effective: 1/1/2023 through 12/31/2023

Specific Stop Loss Terms	
Specific Stop Loss Threshold:	$135,000
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 - Administrative Services Contract	
Individual Claim Limit:	$135,000
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

PPO $500	Network	Non-Network
Single Deductible	Current	Current
Family Deductible	Current	Current
Deductible Type	Current	
Coinsurance	Current	Current
Single Coinsurance Maximum	Current	Current
Family Coinsurance Maximum	Current	Current
Single MOOP	Current	Current
Family MOOP	Current	Current
PCP/SPC Copays	Current	Current
UC/ER Copays	Current	Current
Inpatient Copay	Current	Current
Includes Major Med Rx	No	

Rx Card	Retail	Mail Order
Generic	Current	Current
Formulary	Current	Current
Non-Form	Current	Current
4th Tier	Current	Current
Single Deductible		
Family Deductible		

Enrollment		Specific Stop Loss	Aggregate Stop Loss	Attachment Point
S	43	$109.77	$11.47	$803.74
TA	29	$219.54	$22.97	$1,607.56
TC	6	$219.54	$22.97	$1,607.56
F	60	$318.32	$33.32	$2,330.95
Annual	**138**	**$378,039**	**$39,556**	**$2,768,189**

HSA $2000	Network	Non-Network
Single Deductible	Current	Current
Family Deductible	Current	Current
Deductible Type	Current	
Coinsurance	Current	Current
Single Coinsurance Maximum	Current	Current
Family Coinsurance Maximum	Current	Current
Single MOOP	Current	Current
Family MOOP	Current	Current
PCP/SPC Copays	Current	Current
UC/ER Copays	Current	Current
Inpatient Copay	Current	Current
Includes Major Med Rx	Yes	

Enrollment		Specific Stop Loss	Aggregate Stop Loss	Attachment Point
S	20	$109.77	$9.61	$624.18
TA	-	$219.54	$19.23	$1,248.40
TC	-	$219.54	$19.23	$1,248.40
F	20	$318.32	$28.85	$1,810.18
Annual	**40**	**$102,742**	**$9,230**	**$584,246**

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

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.

CITY OF ROCKY RIVER
1/1/2023
Disclaimers & Contingencies

1 Proposal expires in 60 days or upon effective date.
2 Rates assume 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 178 contracts quoted.
4 Ancillary coverages will be packaged with Medical coverage and not sold separately.
5 Disclosure of disabled participants is required.
6 Misrepresentation may result in rescission of coverage.
7 Rates include standard reporting and administration.
8 Alternate Funding programs (Administrative Services or Minimum Premium) require minimum average enrollment of 100 contracts.
9 Upon termination, a run-out processing fee equal to three months of administration fees will be charged.
10 Total claims between the group's SSL limit and any lasered SSL limit do not accumulate to the group's ASL margin.
11 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.
12 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.
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 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.
15 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.
16 Effective January 1, 2016, Ohio law lowered the limiting age for dependent children from 28 to 26. However, as a large group customer you still have options available to you. You may continue covering dependent children to age 28, reduce the age to 26 for both new and existing dependent children or reduce the age to 26 for new dependent children only. Please note that children with a physical or intellectual disability are not impacted by the change in Ohio law. Please contact your Medical Mutual representative to discuss your options in detail.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____