FIRST READING: 11.13.23
SECOND READING: 11.27.23
THIRD READING: 12.11.23

ORDINANCE NO. 99-23

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 2024; 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, 2024, 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, 2024, 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 11th, 2023

JAMES W. MORAN
President of Council

PRESENTED TO MAYOR: December 11th, 2023

APPROVED: December 11th, 2023

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 12 day of December, 2023.

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. 94-23 ADOPTED BY THE COUNCIL OF SAID CITY ON THE 11th DAY OF December, 2023 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. 94-23

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED MY OFFICIAL SEAL THIS 11th DAY OF December, 2023.

Amanda G. Brown
CLERK OF COUNCIL OF THE CITY OF ROCKY RIVER, OHIO

MEDICAL MUTUAL®

PROPRIETARY & CONFIDENTIAL

Prepared For:

CITY OF ROCKY RIVER (MP)

Effective Date: 1/1/2024
End Date: 12/31/2024
County: Cuyahoga
State: Ohio

Quote ID: 0117052-02

Friday, October 20, 2023
5:35 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.

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.

MEDICAL MUTUAL

Renewal Form

Medical Mutual requires the following information in order to process your renewal
Please complete the following information for the renewing group policy:

Group Information

Group Name:	CITY OF ROCKY RIVER (MP)
Group Number:	# 805934

Group Certification

1. Total number of people employed by your company (Exclude COBRA and 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 plan
   - c. _____ # of employees working the minimum number of hours disclosed is statement 3 b
4. Total number of elibible employees residing outside of Ohio: _____
5. Total number of eligible waivers (ie employees not applying for coverage): _____

   Examples of valid waivers include employees covered:
   - by a spouse's employer sponsored health plan
   - as an active eligible employee or retiree in another health plan sponsored by a second employer
   - a parent's plan
   - by Medicare and/or a Medicare Supplement plan
   - by a government-sponsored plan such as: TRICARE, Medicaid or Veteran's Administration coverage
   - by subsidy-eligible individual coverage
6. Do you offer spousal coverage?
   - _____ Yes
   - _____ Yes, only if no other coverage is available
   - _____ No
7. Is your plan grandfathered according the Affordable Care Act:
   - _____ Yes - all sections
   - _____ Yes, only sections _____
   - _____ No

Outside Vendor Information

1. Health Savings Account (H S A)
   - 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: _____

Signature

Group Official: _____
Title: _____
Date: _____

MEDICAL MUTUAL®

CITY OF ROCKY RIVER (MP)

Rates Effective: 01/01/2024 through 12/31/2024

805934

Line of Business	VISION I
Network	EYEMED - PLAN E (OHP)

Fully Insured Renewal Rates	Enrollment	Current Rates	Renewal Rates
Single	43	$6.06	$5.45
Employee + Spouse	39	$11.52	$10.37
Employee + Child	8	$11.52	$10.37
Family	55	$16.41	$14.77

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.
- This document shows only a partial listing of in-network benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of benefits and covered services.

CITY OF ROCKY RIVER (MP)
SELF FUNDED
MINIMUM PREMIUM RENEWAL RATES
Effective January 1, 2024, through December 31, 2024

$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, 2022, through July 31, 2023		MEDICAL	DRUG	TOTAL
ESTIMATED INCURRED CLAIMS		$2,043,838	$553,265	$2,597,103
CLAIMS OVER SPECIFIC STOP LOSS LIMIT		($30,870)	($7,653)	($38,523)
CLAIMS TO ANNUALIZE		N/A	N/A	N/A
BENEFIT/ENROLLMENT CHANGES		N/A	N/A	N/A
CREDIBILITY & RISK ADJUSTMENTS		$148,851	$36,417	$185,268
APPLICABLE TREND		1.1296	1.1446	1.1328
	# months	17.0	17.0	
	Annual	8.98%	10.00%	9.20%
PROJECTED NET INCURRED CLAIMS		$2,441,991	$666,190	$3,108,181
PROJECTED NET PAID CLAIMS		$2,374,836	$665,457	$3,040,293
DEPOSIT LIABILITY		$2,700,605	$708,915	$3,409,520
CHANGE IN		0.00%	0.00%	0.00%
TERMINAL LIABILITY		$391,224	$25,476	$416,700
CHANGE IN		12.11%	15.33%	12.30%
STOP LOSS		$626,037	$17,095	$643,132
CHANGE IN PERCENT		2.88%	0.00%	2.80%
CHANGE IN ANNUAL DOLLARS		$17,502	$0	$17,502
ADMINISTRATION & ADD ON FEES		$119,826	$18,632	$138,458
CHANGE IN PERCENT		1.35%	5.59%	1.90%
CHANGE IN ANNUAL DOLLARS		$1,592	$986	$2,578

Based on projected average enrollment of:

Single	64	38
Employee + Spouse	28	28
Employee + Child	6	6
Family	85	61

- 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 Patient-Centered Outcomes Research Institute (PCORI) fee, which is subject to change each year. We are happy to provide data as needed for your calculations.

MEDICAL MUTUAL®

CITY OF ROCKY RIVER (MP)

Proposed Rates Effective: 01/01/2024 through 12/31/2024

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	38	$52.52	$53.25	26	$55.12	$55.85
Employee + Spouse	28	$52.52	$53.25	0	$55.12	$55.85
Employee + Child	6	$52.52	$53.25	0	$55.12	$55.85
Family	61	$52.52	$53.25	24	$55.12	$55.85
Total Rx Administrative Fee						
Single	38	$8.05	$8.50	26	$8.05	$8.50
Employee + Spouse	28	$8.05	$8.50	0	$8.05	$8.50
Employee + Child	6	$8.05	$8.50	0	$8.05	$8.50
Family	61	$8.05	$8.50	24	$8.05	$8.50
Other PEPM Fees Included in the Administrative Fees Above	Included in Fees Above			Included in Fees Above		
Rx Advanced Pharmacy Management (APM)	133	$6.20	$6.40	50	$6.20	$6.40
Chronic Conditions Management	133	$2.50	$2.50	50	$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 (MP)

Proposed Rates Effective: 01/01/2024 through 12/31/2024

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 - Includes Gene Therapy Plus Rider						
Single	38	$127.14	$131.00	26	$127.14	$131.00
Employee + Spouse	28	$254.27	$262.00	0	$254.27	$262.00
Employee + Child	6	$254.27	$262.00	0	$254.27	$262.00
Family	61	$368.68	$379.88	24	$368.68	$379.88
Specific Stop Loss Rates - Gene Therapy Plus Rider*						
Single	38	$2.62	$6.48	26	$2.62	$6.48
Employee + Spouse	28	$5.24	$12.97	0	$5.24	$12.97
Employee + Child	6	$5.24	$12.97	0	$5.24	$12.97
Family	61	$7.60	$18.80	24	$7.60	$18.80
Aggregate Stop Loss Rates						
Single	38	$11.36	$11.36	26	$9.56	$9.56
Employee + Spouse	28	$22.72	$22.72	0	$19.12	$19.12
Employee + Child	6	$22.72	$22.72	0	$19.12	$19.12
Family	61	$32.97	$32.97	24	$28.68	$28.68
Terminal Liability Rates						
Single	38	$86.49	$97.17	26	$68.27	$76.54
Employee + Spouse	28	$173.00	$194.37	0	$136.54	$153.07
Employee + Child	6	$173.00	$194.37	0	$136.54	$153.07
Family	61	$250.83	$281.82	24	$197.98	$221.96
Attachment Rates						
Single	38	$796.99	$796.99	26	$620.55	$620.55
Employee + Spouse	28	$1,594.06	$1,594.06	0	$1,241.12	$1,241.12
Employee + Child	6	$1,594.06	$1,594.06	0	$1,241.12	$1,241.12
Family	61	$2,311.39	$2,311.39	24	$1,799.63	$1,799.63

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 (MP)

DISCLAIMERS AND NOTES

Effective January 1, 2024, through December 31, 2024

1 - 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.

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 - 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.

4 - All rates are subject to the terms and conditions specified in the Group Contract.

5 - 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.

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 - 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.

8 - This rate guarantee does not include and does not apply to fees, taxes or other charges imposed on Medical Mutual by state or federal government laws, statutes or regulations. To the extent permitted by law, Medical Mutual will include such charges in the fees (premium) charged to the Group or may include them as separate line item on the Group's invoice.

9 - Rates include an adjustment for enhanced coverage of Gender Affirming Surgery, Applied Behavioral Analysis and Autism Spectrum Disorder.

10 - 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.

11 - Proposal assumes Medical Mutual will continue to be Rx Claims Administrator.

12 - As part of its reasonable compensation for services provided related to the PBM contract, Medical Mutual will retain the difference between claim amount invoiced to the Group for mail order drugs, Specialty drugs, and retail pharmacy drugs and the amount paid to the PBM for such claims.

13 - This proposal is contingent upon all current lines of business renewing with Medical Mutual 1/1/2024.

14 - 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.

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

16 - Effective with this renewal, ProgenyHealth will be implemented. There is a fee of $1,950 per case and a potential additional fee of 20% of savings. With Medical Mutual stop loss, the fees may be waived for members whose claims exceed the specific stop loss threshold. Decline ProgenyHealth:__(initial)

17 - Effective with this renewal date, Strive, (our Chronic Kidney Disease vendor), will be implemented. There is a fee ranging from $200 - $400 per engaged member per month. Decline strive:____(initial)

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 (MP)

LEGISLATIVE UPDATES

Effective January 1, 2024, through December 31, 2024

- Your rates may be adjusted to account for coverage mandated by federal or state law.
- 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 (MP)
Group # 805934
Friday, October 20, 2023

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 I	1/1/2025	12/31/2025	PEPM	0.00%	$ 50.75	$ 50.75	$ 50.75	$ 50.75
CMM I	1/1/2026	12/31/2026	PEPM	2.00%	$ 51.77	$ 51.77	$ 51.77	$ 51.77
CMM II	1/1/2025	12/31/2025	PEPM	0.00%	$ 61.85	$ 61.85	$ 61.85	$ 61.85
CMM II	1/1/2026	12/31/2026	PEPM	2.00%	$ 63.09	$ 63.09	$ 63.09	$ 63.09
DRUG I	1/1/2025	12/31/2025	PEPM	0.59%	$ 8.55	$ 8.55	$ 8.55	$ 8.55
DRUG I	1/1/2026	12/31/2026	PEPM	0.58%	$ 8.60	$ 8.60	$ 8.60	$ 8.60

This rate guarantee does not include and does not apply to: 1) fees billed by Medical Mutual for Chronic Conditions 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: _____

MEDICAL MUTUAL

PROPRIETARY & CONFIDENTIAL
CITY OF ROCKY RIVER (MP)
Group # 805934
Friday, October 20, 2023

Rx Rebate Proposal

Formulary	Specialty Solutions	Rate Type	Current Amount	Renewal 1/1/2024	Sign Off / Initial
Basic	Yes	Brand Retail	$ 98.15	$ 104.70	
Basic	Yes	Brand Mail Order	$ 409.80	$ 439.45	
Basic	Yes	Specialty Brand	$ 1,500.00	$ 1,875.00	

Rate Acceptance

Group Official Initial: _____

Group Official Signature: _____

Title: _____

Date: _____

MEDICAL MUTUAL®

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 ROCKY RIVER (MP)
Group Renewal Date:	January 1, 2024
Group Number:	# 805934

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.

[1] Employer Contribution Percentage:	
[1] Employee Contribution Percentage:	

Example for a fully insured group:

Class #1 are Salaried Employees with a 50% Employer Contribution	Annual Premium	Employee Contribution	Employer 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: _____

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

MEDICAL MUTUAL

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 ROCKY RIVER (MP)
Group Renewal Date:	January 1, 2024
Group Number:	# 805934

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.

[1] Employer Contribution Percentage:	
[1] Employee Contribution Percentage:	

Example for a fully insured group:

Class #1 are Salaried Employees with a 50% Employer Contribution	Annual Premium	Employee Contribution	Employer 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
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**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: _____

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

MEDICAL MUTUAL®

PROPRIETARY & CONFIDENTIAL

Proposal For:

CITY OF ROCKY RIVER (MP)

Effective Date: 1/1/2024
End Date: 12/31/2024
County: Cuyahoga
State: Ohio

Quote ID: 0118167-02

Monday, October 30, 2023
9:29 AM

MEDICAL MUTUAL®

CITY OF ROCKY RIVER (MP)

Proposed Rates Effective: 1/1/2024 through 12/31/2024

Specific Stop Loss Terms	
Specific Stop Loss Threshold:	$130,000
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:	$130,000
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

Enrollment		Specific Stop Loss	Aggregate Stop Loss	Attachment Point
S	38	$117.95	$11.42	$800.66
TA	28	$235.89	$22.84	$1,601.41
TC	6	$235.89	$22.84	$1,601.41
F	61	$342.02	$33.15	$2,322.04
Annual	**133**	**$400,387**	**$38,792**	**$2,718,210**

HSA $2000 w PD Rx

Enrollment		Specific Stop Loss	Aggregate Stop Loss	Attachment Point
S	26	$117.95	$9.59	$622.66
TA	-	$235.89	$19.19	$1,245.34
TC	-	$235.89	$19.19	$1,245.34
F	24	$342.02	$28.78	$1,805.75
Annual	**50**	**$135,302**	**$11,281**	**$714,326**

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 (MP)
1/1/2024
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 183 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 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.
12 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.
13 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.
14 Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
15 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.
16 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.
17 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.
18 This proposal includes a No New Laser and rate cap of 45% for the 1/1/2025 renewal.
19 The 45.00% cap on the Specific Stop Loss renewal rates may not apply if there is a material change in the Plan or in the stop loss terms. A material change is determined by Medical Mutual and includes changes such as contract basis, stop loss threshold, commission, demographic mix, TPA or benefit plan design.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____