

RESOLUTION G2017-042

RESOLUTION AUTHORIZING THE TOWNSHIP ADMINISTRATOR TO ENTER INTO A CONTRACT WITH MEDICAL MUTUAL OF OHIO FOR PROVIDING HEALTH INSURANCE COVERAGE FOR THE ELECTED OFFICIALS AND FULL-TIME EMPLOYEES OF SYMMES TOWNSHIP

WHEREAS, the Board of Trustees of Symmes Township, Hamilton County, Ohio wishes to provide medical insurance coverage for its full-time Symmes Township Employees and Elected Officials; and

WHEREAS, Symmes Township's policy has been to provide various medical insurance options to its employees and elected officials which includes coverage for the employee and their family; and

WHEREAS, Symmes Township has contracted with Medical Mutual of Ohio for medical insurance coverage since August of 2012 and has been renewed each year; and

WHEREAS, Burnham and Flowers, in association with renewing coverage for the 2017-2018 program year, has evaluated alternatives in order to provide quality and affordable health insurance coverage to the Township's employees and elected officials and determined that if the township varies from its "non-grandfathered existing" plan, it will experience a substantial decrease in coverage at approximately the same cost as if it were to maintain the current plan and coverage, and therefore has recommended that the Board continue with Medical Mutual of Ohio as the provider under the current plan.

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Symmes Township, Hamilton County, Ohio:

Section 1. The Symmes Township Trustees hereby authorizes the Township Administrator to enter into a contract with Medical Mutual of Ohio for the purpose of providing health insurance benefits for its full-time employees who work at least 40 hours a week and elected officials for a period of twelve (12) months commencing August 1, 2017.

Section 2. The cost of said contract shall be a total amount not to exceed the following amounts per month commencing August 1, 2017 (2.42% increase):

- Employee Only/over 65 w/spouse – \$572.48 each
- Employee Plus spouse – \$1,150.57

- Employee Plus child – \$767.09
- Employee/Spouse/Child – \$1,339.57
- Employee/Spouse/2 Children – \$1,529.10
- Employee/Spouse/3 Children – \$1,794.37

Section 3. The Fiscal Officer is hereby authorized to pay Medical Mutual an amount not to exceed the amounts per month specified in Section 2 commencing August 1, 2017, from the General Fund and/or Roads and Parks Fund (if funds are available in the future) upon presentation of proper vouchers thereof.

Section 4. The Deductible and Health Reimbursement Account contributions shall remain in effect for the 2016-2017 program year at current levels which are \$2,000.00 for single and \$4,000.00 family.

Section 5. Upon majority vote does hereby dispense with the requirement that this Resolution be read on two separate days and hereby authorizes the adoption of this Resolution upon its first reading.

Section 6. This Resolution shall take effect and be enforced from and after the earliest period allowed by law.

ADOPTED JULY 11, 2017 – RESOLUTION G2017-042

Vote Record: Ms. Leis aye Mr. Bryant aye Mr. Beck aye

BOARD OF TRUSTEES:

Jodie L. Leis
Jodie L. Leis, President

Kenneth N. Bryant
Kenneth N. Bryant, Vice President

Philip J. Beck
Philip J. Beck, Trustee

ATTEST:

Carol A. Sims
Carol A. Sims, Fiscal Officer

APPROVED AS TO FORM:

Kevin McDonough
Kevin McDonough, Law Director

Illustrative Composite Rates

DISCLAIMER: These illustrative rates may be used to help the plan sponsor determine contribution levels for employees.

In some states composite rates are illustrative only and cannot be used for billing purposes. However, the following states allow the choice of composite or member level rates for billing - Arizona, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Nebraska, Ohio, Oklahoma, Tennessee, Texas. If the plan sponsor decides to apply with Aetna, they must elect composite or member level rates in these states.

	EE Only	EE & Spouse	EE & Child(ren)	Family	Total
Number of Active Subscribers	5	4	1	8	18

Medical Plan	Plan ID	Composite Premium				
		EE Only	EE & Spouse	EE & Child(ren)	Family	Total Premium
OH Bronze SP HNOption 6450 90/50 CIN	14035853	\$471.50	\$943.00	\$872.27	\$1,461.65	\$18,694.97
OH Bronze AWH HNOOnly 5500 80% HSA E CIN	14033976	\$506.84	\$1,013.68	\$937.65	\$1,571.20	\$20,096.17
OH Bronze AWH HNOption 5500 80/50 HSA E CIN	14033965	\$507.54	\$1,015.09	\$938.95	\$1,573.38	\$20,124.05
OH Silver AWH HNOption 5000 80/50(Integrated)CIN	14033985	\$529.88	\$1,059.77	\$980.29	\$1,642.64	\$21,009.89
OH Silver SP HNOption 5000 80/50(Integrated)CIN	14034015	\$556.76	\$1,113.53	\$1,030.01	\$1,725.97	\$22,075.69
OH Bronze HNOption 5500 80/50 HSA E	14033958	\$574.21	\$1,148.42	\$1,062.29	\$1,780.06	\$22,767.50
OH Bronze HNOption 6300 100/50 HSA E	14033959	\$595.24	\$1,190.49	\$1,101.20	\$1,845.26	\$23,601.44



Proposal Type: PreSale
Group name: Symmes Township

Quote ID: 13554141
Effective Date: 08/01/17 to 08/01/18
Proposal Generated On: 07/06/2017 09:39

Current Renewal - @ \$20,700/mo
3000 Deductible
100% Coinsurance

Quote ID: 832905
 Symmes Township/ Hamilton
 County
 Effective Date: 08/01/2017

Proposed Plans

The following is a selection of plans for you to compare and consider. All of our ACA-compliant plans cover Preventive Care at 100% in-network and includes embedded Pediatric Dental and Pediatric Vision.

Medical Plans	Benefit Summary						
	Proposed Monthly Medical Premium	Calendar Year Deductible (single/family)	Annual Out-of-Pocket Maximum (single/family)	Office Visits PCP/SCP	Inpatient Hospital	ER/Urgent Care Center	Prescription Drugs Retail Pharmacy/Formulary Name
<input type="checkbox"/> Plan 1: Anthem Gold Blue Access PPO 2250/0%/2750 Plus w/HSA Contract Code: 2GHN							
In Network	\$32,188.42	\$2,250/\$4,500 Non Embedded	\$2,750/\$5,500	Ded:0%/Ded:0%*	Ded:0%	Ded:0%/Ded:0%	Ded:0%
Out of Network		\$6,750/\$13,500	\$8,250/\$16,500	Ded:30%/Ded:30%	Ded:30%	Ded:0%/Ded:30%	Formulary-Select
<input type="checkbox"/> Plan 2: Anthem Gold Blue Access PPO 2000/20%/4000 Contract Code: 2GKN							
In Network	\$31,388.11	\$2,000/\$4,000 Embedded	\$4,000/\$8,000	\$30/\$40*	Ded:20%	\$300:20%/\$100	Level 1-\$15/\$40/\$80/25%-\$300/25%-\$500 Level 2-\$25/\$50/\$90/25%-\$400/25%-\$600
Out of Network		\$6,000/\$12,000	\$12,000/\$24,000	Ded:50%/Ded:50%	Ded:50%	\$300:Ded:20%/Ded:50%	Formulary-Select
<input type="checkbox"/> Plan 3: Anthem Gold Blue Access PPO 1000/20%/3750 Contract Code: 2GMX							
In Network	\$32,939.28	\$1,000/\$3,000 Embedded	\$3,750/\$7,500	\$30/\$60*	Ded:20%	\$300:20%/\$100	Level 1-\$15/\$40/\$80/25%-\$300/25%-\$500 Level 2-\$25/\$50/\$90/25%-\$400/25%-\$600
Out of Network		\$3,000/\$9,000	\$11,250/\$22,500	Ded:50%/Ded:50%	Ded:50%	\$300:Ded:20%/Ded:50%	Formulary-Select

Please note that your total premium may change for various reasons, including but not limited to changes in your employee census, changes in your employees' tobacco use status where applicable, and changes to the ACA requirements and/or fees.
 Subject to approval by the Ohio Department of insurance

The coverage indicated in the check box above for this proposal has been selected for employees and dependents, subject to the terms and conditions of this proposal and the group application(s) to which this is attached. This proposal by the group is subject to underwriting approval by Health Underwriting and Life Underwriting if applicable; please do not cancel your coverage until the application has been approved in writing in certain states, underwriting will not approve some application allowed on this proposal tool such as retroactive quoting, retroactive effective dates, and issuance of more than one product.

Group Email Address: _____ Today's Date: _____
 Group Signature: _____ Printed Name: _____

*Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at www.stc.anthem.com. Please see SBC for benefit descriptions. The information is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this description, the terms of the Certificate of Coverage will prevail



Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, independent member of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.
 *The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association



UnitedHealthcare®

Medical Rates

Company Name: Symmes Township
Company Street Address: 3323 Union-Cemetery Road
Broker: SEAN SPROUSE
Account Executive: JEFFREY GRJESER
Effective Date: 08/01/2017
UW ID#: C-088647912

Broker Phone: (614) 861-1473
Account Executive Phone: (614) 410-7153
Quote Number: 21238899

Company City: Loveland
Zip Code: 45140
Market: CINCINNATI
SIC: 9111 - Executive Offices
Quote Date: 07/06/2017

Table with 8 columns representing different plan options (Metallic Levels) and rows for various metrics including Premium Totals, Rate Adjustment Percent, and Benefit Overview.

These rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer of a guarantee of coverage. The rates quoted are applicable to the plan design selected. An effective and retroactive rates in the event you, our design, must be treated as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This quote should not, under any circumstances, cancel or suspend coverage unless and until coverage is offered by us and final rates have been accepted by and final premium paid by the group. Rates are determined by UnitedHealthcare's underlying guidelines and total enrollment. The insurance policy, not general rates and descriptions, is the final output. All terms, conditions, exclusions and limitations are contained in the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber who provides the legal description of coverage.



MEDICAL MUTUAL®



SYMMES TOWNSHIP
Proposal Effective Date : 08/01/2017
Proposal Number : 5536436
Channel : PEBAOFF
Zip : 45140

Alternate Summary

MMO ACA Quotes

Final billed rate may vary from proposed rate due to rounding. Dental and vision premiums do not include prescription drug coverage.

Product Name	Total Billed Amount
PPO Bronze 4750 HSA	\$26,890.91
PPO Bronze 6550 HSA	\$27,246.02
PPO Gold 2520-1000	\$35,542.58
PPO Gold 2520-2000	\$34,896.96
PPO Silver 1500 HSA	\$33,282.88
PPO Silver 2750 HSA	\$33,282.88
PPO Silver 3020-4000	\$29,957.80
PPO Silver 3530-2500	\$30,635.73
PPO Silver 5000 ES-HSA	\$30,119.25
Ancillary Plans	
Dental Plan 4	\$1,356.84
Dental Plan 4 (Voluntary)	\$1,514.26
Dental Plan 4 with Ortho Rider	\$1,402.44
Dental Plan 5	\$1,056.28
Dental Plan 5 (Voluntary)	\$1,139.24
Dental Plan 6	\$1,509.84
Dental Plan 6 (Voluntary)	\$1,638.02
Dental Plan 6 with Ortho Rider	\$1,584.86
Dental Plan 7	\$1,400.36
Dental Plan 7 (Voluntary)	\$1,530.58
Dental Plan 7 with Ortho Rider	\$1,475.38
Dental Plan 8	\$1,275.58
Dental Plan 8 (Voluntary)	\$1,378.94
Dental Plan 8 with Ortho Rider	\$1,350.60
EyeMed Vision	\$464.36
Pediatric Dental	\$330.72