

ORDINANCE RECORD
COUNCIL OF THE CITY OF BRECKSVILLE

5446

Ordinance No. _____

**AN ORDINANCE ACCEPTING THE PROPOSALS
OF MEDICAL MUTUAL OF OHIO FOR EMPLOYEE
HEALTHCARE INSURANCE, ADMINISTRATION OF
THE EMPLOYEE HEALTHCARE INSURANCE
PROGRAM, AND FOR THE PROVISION OF
HEALTHCARE STOP LOSS INSURANCE;
AND DECLARING AN EMERGENCY**

WHEREAS, the Finance Department and consultants, Magis Advisory Group, obtained and reviewed proposals for the employee insurance benefits provided for in Section 145.10 of the Codified Ordinances; and

WHEREAS, the Health Care Cost Management Committee has reviewed the health insurance plan design options.

NOW, THEREFORE, BE IT ORDAINED by the Council of the City of Brecksville, County of Cuyahoga, and State of Ohio, that:

SECTION 1. The proposal of Medical Mutual of Ohio for employee healthcare insurance for the plan options and benefits, including a Health Savings Account (Blue - HSA) plan option, for the period January 1, 2022 through December 31, 2022 as outlined on Exhibit "A" attached hereto is hereby accepted.

SECTION 2. The proposal of Medical Mutual of Ohio for healthcare administration services for the period January 1, 2022 through December 31, 2022 at the rate of eighty-one dollars and ninety-four cents (\$81.94) per employee, per month be, and the same hereby is, accepted.

SECTION 3. The proposal of Medical Mutual of Ohio for healthcare stop loss insurance coverage for the period January 1, 2022 through December 31, 2022 at the rate of eighty-one dollars and thirty-one cents (\$81.31) per single plan and one hundred eighty-two dollars and eighteen cents (\$182.18) per family plan per month be, and the same hereby is, accepted.

SECTION 4. The Mayor be and is hereby authorized to enter into a contract on behalf of the City of Brecksville with said Medical Mutual of Ohio as set forth in Sections 1, 2, and 3 hereof, said contracts to be in such form as is approved by the Director of Law.

SECTION 5. Council hereby appropriates sufficient funds to effectuate the provisions contained in Sections 1, 2, and 3 hereof and the Director of Finance is hereby authorized to transfer the funds necessary to complete this expenditure from the available funds of the City. The Director of Finance be and is hereby further authorized to issue the fiscal officer's certificate necessary to make the expenditures as described in Sections 1, 2, and 3 hereof, and is further directed to issue vouchers of this City in the amounts and for the purposes expressed in Sections 1, 2, and 3 hereof, said amounts to be charged to the appropriately designated Fund.

EXHIBIT "A"

City of Brecksville

Current & Renewal Plans - Contributions (2022)



Medical Mutual - Current & Renewal Plans with Contributions						
Benefits	RED		WHITE		BLUE - HSA	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Coinsurance	90%	90%	80%	60%	100%	60%-100%
Deductible	\$100/\$200	\$100/\$200	\$300/\$600	\$800/\$1,600	\$2,800/\$5,600 (Embedded)	\$5,000/\$10,000 (Embedded)
Employer H.S.A. Contribution	n/a	n/a	n/a	n/a	Annual Employer Contribution to HSA Account \$1,426.32 per Single / \$2,832 per Family*	
Out-of-Pocket Maximum	\$550/\$1,100 (includes Deductible, Coinsurance, and Copayments)	\$800/\$1,600 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)	\$1,300/\$2,600 (includes Deductible, Coinsurance, and Copayments)	\$2,600/\$5,200 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)	\$2,900/\$5,800 (Embedded) (includes Deductible and Coinsurance)	\$5,600/\$11,200 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)
Inpatient	90% after deductible	\$250 copay, then 90% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
Outpatient Surgery	90% after deductible	\$150 copay, then 90% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
Emergency Room	\$50 copay**	\$50 copay** (may be subject to balance billing)	\$100 copay**	\$100 copay** (may be subject to balance billing)	100% after deductible	100% after deductible (may be subject to balance billing)
Urgent Care	\$10 copay	90% after deductible	\$15 copay	60% after deductible	100% after deductible	60% after deductible
Office Visit - Routine Exams	Covered 100%	90% after deductible	Covered 100%	60% after deductible	Covered 100%	60% after deductible
Office Visit - Diagnostic	\$10 copay (\$10 specialist)	90% after deductible	\$10 copay (\$10 specialist)	60% after deductible	100% after deductible	60% after deductible
Diagnostic/Lab X-Ray	90% after deductible	\$150 copay, then 90% after deductible	80% after deductible	\$150 copay, then 60% after deductible	100% after deductible	\$150 copay, then 60% after deductible
Prescription Drug	Shoebox Rx Program		Shoebox Rx Program		Shoebox Rx Program	
Retail	80% up to Max Out-of-Pocket then 100%	MMO will reimburse 75% of allowed charges less any coinsurance	80% up to Max Out-of-Pocket then 100%	MMO will reimburse 75% of allowed charges less any coinsurance	After Deductible is met, then 80% up to Max Out-of-Pocket then 100%	MMO will reimburse 75% of allowed charges less any coinsurance
Mail Order (90-day supply unless otherwise noted)	80% up to Max Out-of-Pocket then 100% Specialty Drugs 30-day supply limit	Not Covered	80% up to Max Out-of-Pocket then 100% Specialty Drugs 30-day supply limit	Not Covered	After Deductible is met, then 80% up to Max Out-of-Pocket then 100% Specialty Drugs 30-day supply limit	Not Covered

2022 Contributions

Enrollment Tier	Employee Contribution/Month: 10.0%	Employee Contribution/Month: 1.5%	Employee Contribution/Month
Single	\$76.19	\$11.13	\$0.00
Employee+Spouse	\$160.00	\$23.37	\$0.00
Employee+Child(ren)	\$129.53	\$18.92	\$0.00
Family	\$224.77	\$32.82	\$0.00

Employer H.S.A. Funding will be deposited into accounts in the following manner - 1/2 in January and 1/2 in July