

**ORDINANCE RECORD**  
**COUNCIL OF THE CITY OF BRECKSVILLE**

Ordinance No. 5284

**AN ORDINANCE AMENDING SECTION  
145.10(a) OF THE ADMINISTRATIVE  
CODE REGARDING THE PROVISION OF  
EMPLOYEE HEALTHCARE INSURANCE;  
AND DECLARING AN EMERGENCY**

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

**SECTION 1.** Section 145.10(a) of the Administrative Code be amended to read as follows:

(a) (1) Effective January 1, 2015, the city shall provide the individual and family health care coverages and benefits per the terms as identified as health care plan options Red, White, and Blue in Exhibit "A," a copy of which is attached to Ordinance No. 4810, and expressly made a part hereof by reference. The employee may select at their discretion the Red plan, White plan, or Blue plan during the open enrollment period for the following year or upon a qualifying event.

(2) The employee who selects the Red plan shall assume the costs at the applicable enrollment tier coverage rate listed in Exhibit "A." Employees selecting the White plan ~~will not be required to contribute to the cost of said plan~~ **shall assume the costs at the applicable enrollment tier coverage rate listed in Exhibit "A."** Employees selecting the Blue plan (HSA) **will not be required to contribute to the cost of said plan** and will receive an annual employer contribution to their HSA account at the contribution schedule listed on Exhibit "A." Employer funding will be deposited into HSA accounts as follows: the first half in January 2015 and the second half in July 2015. New employee funding will be prorated and deposited with the payroll corresponding with enrollment. Employee contribution shall begin ~~in accordance with the first billing of Medical Mutual of 2015 and~~ **on the first pay date in January** in accordance with the annual payroll schedule.

(b) through (e) \* \* \* \* No Change"

**SECTION 2.** Section 145.10(a) of the Administrative Code as they existed prior to the effective date of this Ordinance and all other ordinances or resolutions inconsistent herewith be, and the same hereby are, repealed.

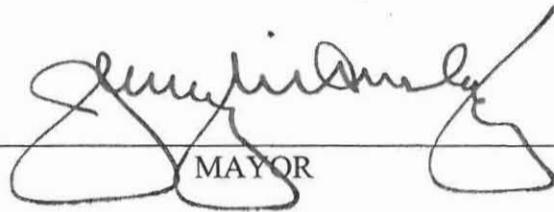
**SECTION 3.** The Council declares this Ordinance to be an emergency measure necessary for the immediate preservation of the public peace, health, safety and welfare, the reason for the emergency is to clarify the insurance plans, therefore, said Ordinance shall be in full force and effect immediately upon its adoption by this Council and approval by the Mayor, otherwise, from and after the earliest period allowed by law.

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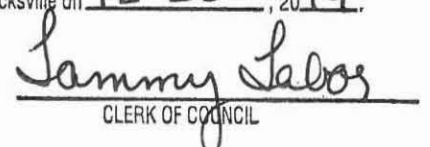
PASSED: December 17, 2019

APPROVED: December 17, 2019

  
MAYOR

  
CLERK OF COUNCIL

I do hereby certify that the foregoing is a true and correct copy of Ordinance No. 5284 duly passed by the Council of the City of Brecksville, Ohio, on 12-17, 20 19 and that same was duly posted in accordance with the existing Charter of the City of Brecksville on 12-20, 2019.

  
CLERK OF COUNCIL

**City of Brecksville  
Medical Mutual Plan Options  
Effective January 1, 2020**

EXHIBIT "A"

Benefits	Medical Mutual					
	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	<b>Shoebox Rx Program</b>		<b>Shoebox Rx Program</b>		<b>Shoebox Rx Program</b>	
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%	Not Covered	80% up to Max Out-of-Pocket then 100%	Not Covered	After Deductible is met, then 80% up to Max Out-of-Pocket then 100%	Not Covered
	Specialty Drugs 30-day supply limit		Specialty Drugs 30-day supply limit		Specialty Drugs 30-day supply limit	

Enrollment Tier	Employee Contribution/Month: 10.0%	Employee Contribution/Month: 1.5%	Employee Contribution/Month
Single	\$69.17	\$10.00	\$0.00
Employee+Spouse	\$145.26	\$20.99	\$0.00
Employee+Child(ren)	\$117.59	\$17.00	\$0.00
Family	\$204.05	\$29.50	\$0.00

\*\* Waived if admitted  
Employer H.S.A. Funding will be deposited into accounts in the following manner - 1/2 in January and 1/2 in July  
Referred and Non-Referred (Network and Non-Network) deductibles, copayments and out-of-pocket maximums are separate and do not accumulate toward each other.  
These benefit descriptions have been prepared from material furnished by the insurance carrier. In the event of a discrepancy, the insurance carrier contract will govern.