RESOLUTION NO. 19 , 2008

A RESOLUTION AUTHORIZING THE CITY MANAGER TO ENTER INTO A CONTRACT WITH MEDICAL MUTUAL OF OHIO TO PROVIDE MEDICAL COVERAGE FOR FULL-TIME EMPLOYEES

WHEREAS, the City of Montgomery provides health insurance benefits to its full-time employees; and

WHEREAS, the City has requested and reviewed proposals for health insurance benefits and determined that the proposal submitted by Medical Mutual of Ohio is the best proposal for City employees in terms of quality, price, service and adaptability.

NOW THEREFORE BE IT RESOLVED by the Council of the City of Montgomery, Ohio:

SECTION 1. The City Manager is hereby authorized to enter into a contract with Medical Mutual of Ohio to provide health insurance benefits for all full-time employees for one year commencing September 1, 2008, subject to any separate requirements from any Collective Bargaining Agreement between the City and any employee group during the term of this benefit contract.

SECTION 2. The City Manager is hereby authorized to pay Medical Mutual of Ohio according to the rates set forth in the schedule submitted by Medical Mutual of Ohio attached hereto as Exhibit "A" and incorporated herein by reference.

SECTION 3. This Resolution shall be in full force and effect from and after its passage.

PASSED: August 6, 2008

ATTEST: Susan J. Hamm
Susan J. Hamm, Clerk of Council

Gerri Harbison
Gerri Harbison, Mayor

APPROVED AS TO FORM
Terrence M. Donnellon
Terrence M. Donnellon, Law Director

City of Montgomery

Medical Plan Analysis
September 1, 2008 Renewal

		Current Plan United HealthCare Choice Plus US-B w/Rx H9		United HealthCare Choice Plus HO-A - Embedded Deductible		New Plan Medical Mutual Of Ohio Super Med Plus $250 ded 80%/$20		Medical Mutual Of Ohio SuperMed Plus $2500 HSA	
Rates	**Counts**								
Employee Only	14	$301.76	3	$203.52		14	$384.11	3	$248.57
Employee +	8	$603.50	2	$407.03		8	$768.22	2	$497.13
Employee +	6	$573.33	3	$386.69		6	$729.79	3	$472.27
Family	15	$965.61	11	$651.26		15	$1,097.42	11	$710.19
Combined Est. Monthly Premium		$36,725.32				$43,332.21			
Combined Est. Annual Premium		$440,703.84				$519,986.52			
Percentage Change From Current		0%				18%			
Annual Dollar Change From Current		$0.00				$79,282.68			
Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible									
Calendar Year or Policy Year?		calendar year	calendar year	policy year	policy year	Policy Year	Policy Year	Policy year	Policy Year
Individual/Family		$250/$750	$500/$1500	$2500/$5000	$5000/$10,000	$250/$750	$500/$1500	$2500/$5000	$5000/$10000
Coinsurance		80/20	60/40	100/0	80/20	80/20	60/40	100/0	80/20
Deductible Included?		yes	yes	yes	yes	yes	yes	yes	yes
Individual/Family		$1500/$3000	$3000/$6000	$2500/$5000	$10,000/$20,000	$1500/$3000	$3000/$6000	$2500/$5000	$10,000/$20,000
Lifetime Maximum		$5,000,000	$5,000,000	$5,000,000	$5,000,000	$5,000,000	$5,000,000	$5,000,000	$5,000,000
Inpatient Hospital									
Facility		Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20	Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20
Physician		Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20	Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20
Outpatient									
Facility		Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20	Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20
Physician		Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20	Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20
Labs									
Routine Lab		Covered in full	Ded,60/40	Covered in full	Ded, 80/20	Covered in full	Ded,60/40	Covered in full	Ded, 80/20
Diagnostic Lab		Ded, 80/20	Ded,60/40	Ded,100/0	Ded, 80/20	Covered in full	Ded,60/40	Ded,100/0	Ded, 80/20
Emergency Room		$100	$100	Ded,100/0	Ded,100/0	$100 Copay	$100 Copay	Ded,100/0	Ded, 100/0
Urgent Care		$50	Ded,60/40	Ded,100/0	Ded, 80/20	$50 Copay	Ded, 6040	Ded,100/0	Ded, 80/20
Office Visit									
Primary Care/Specialist Visit		$20/$20	Ded,60/40	Ded,100/0	Ded, 80/20	$20 Copay	Ded,60/40	Ded,100/0	Ded, 80/20
Wellness		$20	Ded,60/40	Covered in full	Ded, 80/20	$20 Copay	Ded,60/40	Covered in full	Ded, 80/20
Vision		$20	Ded,60/40	Ded,100/0	Ded, 80/20	$20 Copay	Ded,60/40	Covered in full	Ded, 80/20
Prescription Drugs									
Deductible		N/A	N/A	combined with medical	combined with medical	none	none	Same as medical	Same as medical
Tier 1/Tier 2/Tier 3/Tier 4		$10/$30/$50	$10/$30/$50	Ded,100/0	deductible then $10/$30/$50 then 80/20	$10/$30/50%	Not Covered	Ded,100/0	Ded, 80/20
Mail-Order		$25/$75/$125	not covered	Ded,100/0	not covered	$20/$70/$125	Not Covered	Ded,100/0	Ded, 80/20

EXHIBIT "A"