RESOLUTION NO. 23 , 2009

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, 2009 through August 31, 2010, 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 5, 2009

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, 2009 Renewal

7/15/2009

		Current			09/01/2009 Final			
		Medical Mutual SuperMed Plus HSA	Medical Mutual Of Super Med Plus $250 ded 80%/$20 OV		Medical Mutual SuperMed Plus HSA		Medical Mutual Of Super Med Plus $1000 ded 80% $25	
Rates	**Counts**							
Employee Only	16	$248.57	2	$384.11	16	$300.87	2	$395.57
Employee + Spouse	10	$497.13	1	$768.22	10	$601.73	1	$802.89
Employee + Child(ren)	6	$472.27	0	$729.79	6	$571.64	0	$763.05
Family	28	$710.19	1	$1,097.42	28	$859.61	1	$1,146.91
Combined Est. Monthly Premium		$34,301.22			$41,071.08			
Combined Est. Annual Premium		$411,614.64			$492,852.96			
Percentage Change From Current		0%			20%			
Annual Dollar Change From Current		$0.00			$81,238.32			
Benefits		In-Network		In-Network		In-Network		In-Network
Deductible								
Calendar Year or Policy Year?		Policy year		Policy Year		Policy year		Policy year
Individual/Family		$2500/$5000		$250/$500		$2500/$5000		**$1000/$2000**
Coinsurance		100/0		80/20		100/0		80/20
Out-of-Pocket Maximum								
Deductible Included?		yes		yes		yes		yes
Individual/Family		$2500/$5000		$1500/$3000		$2500/$5000		**$2500/$5000**
Lifetime Maximum		$5,000,000		$5,000,000		$5,000,000		$5,000,000
Inpatient Hospital								
Facility		Ded,100/0		Ded, 80/20		Ded,100/0		Ded, 80/20
Physician		Ded,100/0		Ded, 80/20		Ded,100/0		Ded, 80/20
Outpatient								
Facility		Ded,100/0		Ded, 80/20		Ded,100/0		Ded, 80/20
Physician		Ded,100/0		Ded, 80/20		Ded,100/0		Ded, 80/20
Labs								
Routine Lab		Covered in full		100% for Professional Provider; ded., then 80%/20% for Facility Provider		Covered in full		100% for Professional Provider; ded., then 80%/20% for Facility Provider
Diagnostic Lab		Ded,100/0		100% for Professional Provider; ded., then 80%/20% for Facility Provider		Ded,100/0		100% for Professional Provider; ded., then 80%/20% for Facility Provider
Emergency Room		Ded,100/0		$100 Copay		Ded,100/0		$100 Copay
Urgent Care		Ded,100/0		$50 Copay		Ded,100/0		$50 Copay
Office Visit								
Primary Care/Specialist Visit		Ded,100/0		$20 Copay		Ded,100/0		**$25 copay**
Wellness		Covered in full		$20 Copay		Covered in full		**$25 Copay**
Vision		Cover in full		$20 Copay		Cover in full		**$25 Copay**
Prescription Drugs								
Deductible		Same as medical		none		Same as medical		Same as medical
Tier 1/Tier 2/Tier 3/Tier 4		Ded,100/0		$10/$30/$50		Ded,100/0		**$10/$35/$55**
Mail-Order		Ded,100/0		$20/$70/$125		Ded,100/0		$20/$70/$125

EXHIBIT "A"