

RESOLUTION NO. 19 , 2015

**A RESOLUTION AUTHORIZING THE CITY MANAGER
TO ENTER INTO A CONTRACT WITH HUMANA HEALTH PLAN OF OHIO, INC.
TO PROVIDE MEDICAL COVERAGE AND LIFE INSURANCE FOR FULL-TIME EMPLOYEES**

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

WHEREAS, the City has requested and reviewed proposals for health insurance and life insurance benefits and determined that the proposal submitted by Humana Health Plan of Ohio, Inc. 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 Humana Health Plan of Ohio, Inc. to provide health insurance and life insurance benefits for all full-time employees for thirteen months commencing September 1, 2015 through September 30, 2016, 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 Humana Health Plan of Ohio, Inc. according to the rates set forth in the schedule submitted by Humana attached hereto as Exhibit "A" and Exhibit "B" and incorporated herein by reference.

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

PASSED: August 5, 2015

ATTEST: Connie M. Gaylor
Connie M. Gaylor, Clerk of Council

Todd A. Steinbrink
Todd A. Steinbrink, Mayor

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

City of Montgomery

Medical Plan Analysis 7.13.2015

September 1, 2015 Renewal

Exhibit "A"

	Current Humana OH EHDHP 14 NPOS Opt 12 \$2500 ded	Humana OH EHDHP 14 NPOS Opt 13 \$3000 embedded	Renewal-includes.5% Life discount Humana - 13 month rates OH 100/70 EHDHP 15 NPOS OPT 13 \$3000 ded
Rates			
Employee Only	11 \$414.68	1 \$384.74	12 \$380.88
Employee + Spouse	4 \$912.31	6 \$846.44	10 \$837.95
Employee + Child(ren)	5 \$787.90	7 \$731.01	12 \$723.68
Family	17 \$1,326.99	9 \$1,231.18	26 \$1,218.83
Combined Est. Monthly Premium		\$56,370.12	\$53,323.80
Combined Est. Annual Premium		\$676,441.44	\$639,885.60
Percentage Change From Current		0%	-5%
Annual Dollar Change From Current		\$0.00	(\$36,555.84)
Benefits	In-Network	In-Network	In-Network
What type of medical plan is this?	EHDHP	EHDHP	EHDHP
Deductible			
Calendar Year or Policy Year?	Policy year	Policy year	Calendar year
Individual/Family	\$2,500/\$5,000 100/0	\$3,000/\$6,000 100/0	\$3,000/\$6,000 100/0
Coinsurance	Policy year \$7,500/\$15,000 70/30	Policy year \$9,000/\$18,000 70/30	Calendar year \$9,000/\$18,000 70/30
Out-of-Pocket Maximum	Yes	Yes	Yes
Deductible Included?	Yes	Yes	Yes
Individual/Family	\$2,500 / \$5,000 Unlimited	\$3,000/\$6,000 Unlimited	\$3,000/\$6,000 Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital			
Facility	Ded, 100/0	Ded, 100/0	Ded, 100/0
Physician	Ded, 100/0	Ded, 100/0	Ded, 100/0
Outpatient			
Facility	Ded, 100/0	Ded, 100/0	Ded, 100/0
Physician	Ded, 100/0	Ded, 100/0	Ded, 100/0
Labs			
Preventive Lab	Covered in full	Covered in full	Covered in full
Diagnostic Lab	Ded, 100/0	Ded, 100/0	Ded, 100/0
Emergency Room	Ded, 100/0	Ded, 100/0	Ded, 100/0
Urgent Care	Ded, 100/0	Ded, 100/0	Ded, 100/0
Office Visit			
Primary Care/Specialist Visit	Ded, 100/0	Ded, 100/0	Ded, 100/0
Wellness	Covered in full	Covered in full	Covered in full
Vision	Not covered	Not covered	Not covered
Prescription Drugs			
Deductible	Same as Medical	Same as Medical	Same as Medical
Tier 1/Tier 2/Tier 3/Tier 4	Ded, 100/0 Ded, 100/0 Ded, 100/0	Ded, 100/0 Ded, 100/0 Ded, 100/0	Ded, 100/0 Ded, 100/0 Ded, 100/0
Mail-Order	Same as Medical	Same as Medical	Same as Medical
	Ded, 70/30 Ded, 70/30 Ded, 70/30	Ded, 70/30 Ded, 70/30 Ded, 70/30	Ded, 70/30 Ded, 70/30 Ded, 70/30

City of Montgomery

Exhibit "B"

Life and AD&D Analysis 7.6.15

September 1, 2015 Renewal

		Current Lincoln Financial Group Life/AD&D	Option 6 Humana Life
Rates	Volume		
Rate per \$1,000	\$4,458,000	\$0.19	\$0.19
Estimated Monthly Premium		\$847.02	\$847.02
Estimated Annual Premium		\$10,164.24	\$10,164.24
Percentage Change From Current		0%	0%
Annual Dollar Change From Current		\$0.00	\$0.00
Benefits			
Refer to Attachment Tab for More Details			
Rate Guarantee		2 years	2 years
Number of Classes		1 - City Manager, 2 all other FT Employees	1 - City Manager, 2 all other FT Employees
Life Amount		Class 1 - 2X BAE max \$275,000, Class 2 - 1XBAE max of \$100,000	Class 1 - \$275,000 Class 2 - 1XBAE
AD&D Benefit Amount		Class 1: 2X BAE, Class 2: 1X BAE	Class 1: 2X BAE, Class 2: 1X BAE
Waiver of Premium		included	included
Disabled prior to age___?		60	60
Elimination Period:		6 months	
Maximum Age Duration:		SSNRA	65
Accelerated Benefit		included	included
Maximum Benefit:		\$250,000 or 75% of amt of life ins (whichever is less)	50% to max of \$250,000
Life Expectancy:		12 months or less	12 months or less
Reduction Schedule		35% @ 65, add'l 25% @70, add'l 35% @ 75	35% @65, add'l 15% @ 70
Life Amount		\$.15	\$.16
AD&D Amount		\$.04	\$.03