ORDINANCE NO. 189-14

AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A RENEWAL CONTRACT WITH UNITED HEALTHCARE FOR LIFE INSURANCE, ACCIDENTAL DEATH AND DISABILITY BENEFITS FOR THE EMPLOYEES OF THE CITY OF MEDINA.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF MEDINA, OHIO:

SEC. 1: That the Mayor is hereby authorized and directed to enter into a renewal contract with United Healthcare for life insurance, accidental death and disability insurance benefits for the employees of the City of Medina.

SEC. 2: That a copy of the Contract is marked Exhibit A, attached hereto and incorporated herein.

SEC. 3: That it is found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with the law.

SEC. 4: That this Ordinance shall be in full force and effect at the earliest period allowed by law.

PASSED: November 24, 2014

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: November 25, 2014

SIGNED: Dennis Hanwell
Mayor

ORD. 189-14
Exh. A

A Renewal for

City of Medina
Policy # 303558

UnitedHealthcare

City of Medina Policy # 303558 | Life Renewal
Effective Date: January 1, 2015

Employee Basic Life Insurance	Class 1 Primary	
Legal Entity	**United Healthcare Insurance Company**	
Eligibility		
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.	
Basic Annual Earnings (BAE) Definition	Not Applicable	
Benefits Payable		
Benefit	$25,000	
Benefit Maximum	$25,000	
Benefit Minimum	$0	
New Hire Guarantee Issue Limit	$25,000	
Limitations and Exclusions		
Evidence of Insurability Requirements	Required for late entrants and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.	
Benefit Reduction	50%@70	
Coverage Termination	At Employee's Retirement	
Suicide Limitation	Excluded	
Additional Features		
Accelerated Death Benefit	Included	
Percentage Available	50%	
Maximum	$50,000	
Life Expectancy	12 months	
Waiver of Premium	Included	
Elimination Period	9 months	
Disabled Prior To Age	Prior to age 60	
Benefits Payable to Age	To Age 65	
Portability	Excluded	
Conversion	Included; Must apply within 30 days of coverage termination	
Assumed Enrollment and Rates		
Number of Employees	153	
Volume of Insurance	$3,825,000	
Rate Basis	Composite per $1,000 of coverage	
	Current	**Renewal**
Monthly Rate	$0.210	$0.210
Monthly Premium	$803.25	$803.25
Annual Premium	$9,639.00	$9,639.00
Employer Contribution	100%	
Participation Requirements	100%	
Broker Commissions	Standard Graded	
Rate Guarantee (in months)	24	

INITIAL HERE: DH

City of Medina Policy # 303558 AD&D Renewal
Effective Date: January 1, 2015

Employee Basic AD&D Insurance	Class 1	
	Primary	
Legal Entity	**United Healthcare Insurance Company**	
Eligibility		
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.	
Basic Annual Earnings Definition	Not Applicable	
Benefits Payable		
Benefit	$25,000	
Benefit Maximum	$25,000	
Benefit Minimum	$0	
Loss Occurrence Period	180 days	
Seat Belt Benefit	10.0% to $10,000	
Seat Belt & Air Bag Benefit	10.0% to $20,000	
Loss of Life	100%	
Quadriplegia	100%	
Paraplegia	50%	
Hemiplegia	50%	
Loss of one hand	50%	
Loss of one foot	50%	
Loss of sight of one eye	50%	
Loss of both hands or both feet	100%	
Loss of sight of both eyes	100%	
Loss of one hand and sight of one eye	100%	
Loss of one foot and sight of one eye	100%	
Loss of thumb and index finger of same hand	25%	
Loss of speech	25%	
Loss of hearing	25%	
Limitations and Exclusions		
Benefit Reduction	50%@70	
Coverage Termination	At Employee's Retirement	
Exclusions	Standard	
Assumed Enrollment and Rates		
Number of Employees	153	
Volume of Insurance	$3,825,000	
Rate Basis	Composite per $1,000 of coverage	
	Current	Renewal
Monthly Rate	$0.020	$0.020
Monthly Premium	$76.50	$76.50
Annual Premium	$918.00	$918.00
Employer Contribution	100%	
Participation Requirements	100%	
Broker Commissions	Standard Graded	
Rate Guarantee (in months)	24	

Initial Here: DH

City of Medina | Policy # 303558 | Life Renewal
Effective Date: January 1, 2015

Employee Supplemental Life Insurance	Class 1 Primary	
Legal Entity	**United Healthcare Insurance Company**	
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.	
Basic Annual Earnings Definition	The Annual Earnings received from the Covered Person's Employer for the year ending immediately prior to the Policy Anniversary period. Annual Earnings do not include commissions, bonuses, overtime pay and other extra compensation.	
Benefits Payable		
Benefit	Increments of $25,000	
Benefit Maximum	$100,000, not to exceed 5 times BAE	
Benefit Minimum	$0	
New Hire Guarantee Issue Limit	$50,000	
Open Enrollment	Not Included	
Limitations and Exclusions		
Evidence of Insurability Requirements	Required for late entrants, any increase in coveraeg and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.	
Benefit Reduction	65%@65, 50%@70	
Coverage Termination	At Employee's Retirement	
Suicide Limitation	2 Years	
Additional Features		
Accelerated Death Benefit	Included	
Percentage Available	50%	
Maximum	$50,000	
Life Expectancy	12 months	
Waiver of Premium	Included	
Elimination Period	9 months	
Disabled Prior To Age	Prior to age 60	
Benefits Payable to Age	To Age 65	
Portability	Included. Must apply within 30 days of coverage termination.	
Minimum	$5,000	
Maximum	$500,000	
Maximum Age to Port	70	
Conversion	Included; Must apply within 30 days of coverage termination	
eAPP Evidence of Insurability	Available	
Personalized Enrollment Forms	Available	
Assumed Enrollment and Rates		
Number of Employees	48	
Volume of Insurance	$3,106,250	
Rate Basis	Unisex Unitobacco Age-banded per $1,000 of coverage	
Monthly Rate	Current	Renewal
Under 25	$0.070	$0.070
25 - 29	$0.070	$0.070
30 - 34	$0.080	$0.080
35 - 39	$0.100	$0.100
40 - 44	$0.180	$0.180
45 - 49	$0.330	$0.330
50 - 54	$0.520	$0.520
55 - 59	$0.860	$0.860
60 - 64	$1.220	$1.220
65 - 69	$2.110	$2.110
70 - 74	$3.150	$3.150
75 and above	$5.750	$5.750
Monthly Premium	TBD	TBD
Annual Premium	TBD	TBD
Employer Contribution	0%	
Participation Requirements	20%	
Broker Commissions	Standard Graded	
Rate Guarantee (in months)	24	

INITIAL HERE: DH

City of Medina | Policy # 303558 | Life Renewal
Effective Date: January 1, 2015

Dependent Supplemental Life Insurance	Class 1 Primary	
Legal Entity	**United Healthcare Insurance Company**	
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.	
Benefits Payable		
Spouse Benefit	Increments of $5,000	
Spouse Benefit Maximum	$50,000 not to exceed 50.0% of the Employee's amount of Supplemental Life	
Spouse Benefit Minimum	$0	
Spouse Guarantee Issue Amount	$20,000	
Child Benefit	Increments of $2,000	
Child Benefit Maximum	$10,000 not to exceed 50.0% of the Employee's amount of Supplemental Life	
Child Benefit Minimum	$0	
Child Guarantee Issue Amount	$10,000	
Open Enrollment	Not Included	
Limitations and Exclusions		
Evidence of Insurability Requirements	Required for late entrants, any increase in coveraeg and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.	
Benefit Reduction	65%@65, 50%@70	
Coverage Termination	At Employee's Retirement	
Suicide Limitation	2 Years	
Exclusions	Standard	
Additional Features		
Accelerated Death Benefit	Excluded	
Waiver of Premium	Excluded	
Portability	Included. Must apply within 30 days of coverage termination.	
Minimum	$5,000	
Maximum	$250,000	
Maximum Age to Port	70	
Conversion	Included; Must apply within 30 days of coverage termination	
eAPP Evidence of Insurability	Available	
Personalized Enrollment Forms	Available	
Assumed Enrollment and Rates		
Number of Spouses	TBD	
Number of Child Units	TBD	
Volume of Insurance- Spouse	TBD	
Volume of Insurance- Child(ren)	TBD	
Rate Basis- Spouse	Unisex Unitobacco Age-banded per $1,000 of coverage	
Rate Basis- Child(ren)	Composite per $1,000 of coverage	
	Current	**Renewal**
Monthly Rate- Spouse		
Under 25	$0.070	$0.070
25 - 29	$0.070	$0.070
30 - 34	$0.080	$0.080
35 - 39	$0.100	$0.100
40 - 44	$0.180	$0.180
45 - 49	$0.330	$0.330
50 - 54	$0.520	$0.520
55 - 59	$0.860	$0.860
60 - 64	$1.220	$1.220
65 - 69	$2.110	$2.110
70 - 74	$3.150	$3.150
75 and above	$5.750	$5.750
Monthly Rate- Child(ren)	$0.170	$0.170
Monthly Premium	TBD	TBD
Annual Premium	TBD	TBD
Employer Contribution	0%	
Participation Requirements	20%	
Broker Commissions	Standard Graded	
Rate Guarantee (in months)	24	

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General Assumptions

UnitedHealthcare reserves the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.

Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.

Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting.

Assumed contract situs is Ohio

Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.

Employers assumed primary business is classified as 9111 SIC Code.

Life and AD&D Assumptions

Coverage for dependents will not be effective until the day after discharge if confined in a Hospital or Medical Facility on the effective date.

Dependent children are covered from live birth to age 26

An Employee may not be a dependent of another Employee.

If the parents of a child are insured for employee Supplemental Life coverage, only one of them may elect Supplemental Dependent Life coverage for their eligible child(ren).

An Employee must be insured for Supplemental Life coverage in order for his/her Dependent(s) to be insured for Supplemental Dependent Life coverage

Limitations for AD&D: Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by a physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft. Additional exclusions may apply depending upon the plan design of the employer.

Additional features included: Beneficiary Services, Will and Trust Preparation Service, Travel Assistance and Wealth Management Account.

Print Name/Title: Dennis Hanwell, Mayor

Accepted by: D Hanwell

Date: 11-25-14