

ORDINANCE NO. 141-15

AN ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A RENEWAL CONTRACT WITH UNITED HEALTHCARE FOR HEALTH CARE INSURANCE FOR THE EMPLOYEES OF THE CITY OF MEDINA, AND DECLARING AN EMERGENCY.

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 to provide health care insurance for the employees of the City of Medina, Ohio for the year 2016.

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 considered an emergency measure necessary for the immediate preservation of the public peace, health and safety, and for the further reason to secure a healthcare contract for the employees of the City of Medina for the year 2016; wherefore, this Ordinance shall be in full force and effect immediately upon its passage and signature by the Mayor.

PASSED: November 9, 2015

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: November 10, 2015

SIGNED: Dennis Hanwell
Mayor

ORD. 14-15

Exh. A

A Renewal for
CITY OF MEDINA

Issued on: September 11, 2015



Dental Services	Passive PPO P9279 CS0	
Legal Entity	United Healthcare Insurance Company Primary Plan	
	In Network	Out of Network
Diagnostic Services		
Periodic Oral Evaluation	80%	80%
Radiographs	80%	80%
Lab and Other Diagnostic Tests	80%	80%
Preventive Services		
Dental Prophylaxis (Cleaning)	80%	80%
Fluoride Treatment	80%	80%
Sealants	80%	80%
Space Maintainers	80%	80%
Basic Services		
Restorations (Amalgams or Composite)*	80%	80%
Emergency Treatment/General Services	80%	80%
Simple Extractions	80%	80%
Oral Surgery (incl. surgical extractions)	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Major Services		
Inlays/Onlays/Crowns	80%	80%
Dentures and Removable Prosthetics	80%	80%
Fixed Partial Dentures (Bridges)	80%	80%
Orthodontic Services		
Orthodontia	80%	80%
Orthodontia Eligibility	Child Only (Up to Age 19)	
Deductible	\$25/\$50	\$25/\$50
Deductible applies to Prev. & Diag.	No	No
Annual Max	\$1,000	\$1,000
Lifetime Ortho Max	\$1,000	\$1,000
Waiting Period applies	No	No
Out of Network Basis	UCR 80th	
PPD Network	Options PPO 30	
CMM - Annual Roll Over	Yes	
Assumed Enrollment and Rates	Current	Renewal
Employee	36 \$31.48	\$31.48
Employee + Family	95 \$91.77	\$91.77
	131	
Monthly Premium	\$9,850.71	\$9,850.71
Annual Premium	\$118,208.52	\$118,208.52
Renewal Action	0.0%	
Employer Contribution	Contributory	
Participation Requirements	75% of Eligible Employees	
Dependent Children Coverage	To Age 26	
Contract Basis	Fully Insured	
Benefit Period Basis	Calendar Year	
Exclusions and Limitations	Standard	
Broker Commissions	0%	
Rate Guarantee	12 Months	

Mayer Dennis Hanwell
D. Hanwell
11-10-2015

General Assumptions

- We reserve 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.
- Employer's assumed primary business is classified as 9199.
- Rates may increase on renewal in accordance with the terms of the policy.

Dental Assumptions

The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

One or more of these plan design offerings include the MaxMultiplier benefit.

Some of the unused portion of your annual maximum may be available in future periods.

Please contact your sales representative for more details on the network quoted in your proposal.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

Participation in qualifying dental and vision plans must be 75 percent or greater of eligible medical employees for Packaged Savings to be activated.

* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.

UnitedHealthcare
Medical Proposed Rates with Alternate Plan Designs

Customer Name: CITY OF MEDINA
 Medical Policy: 00753527
 Renewal Date: January 1, 2016

* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

Option 1: Current		
3M-2 M2015 (Traditional with Deductible) Rx Plan: H9 MOD		
Plan Name	Choice + Insurance *	
Product	3M-2 M20152	
Option	Single Option	
Plan Offering	Option(s) N/A	
Multiple Option with:	No	
HRA or HSA	No	
Benefits*		
Office Copay (PCP/SPC)	PCP \$20, SPC \$40	
Hospital Copays	OP N/A, IP N/A	
UC/ER/Major Diag Copay	UC \$20, ER \$100, Maj Diag N/A	
Other	N/A	
Deductible	500/1000 (Emb)	
Coinsurance	80%	
Out-of-Pocket	1000/2000	
Pharmacy	\$15/30/50; 2.5x for M.O.	
Out of Network Single/Family		
Deductible	1000/2000 (Emb)	
Coinsurance	60%	
Out of Pocket	3000/6000	
Enrollment		
Employee	35	
Employee + Family	96	
Total	131	
Rates (Billed)		
	Current	Proposed
Rates		
Employee	\$669.53	\$773.28
Employee + Family	\$1,841.20	\$2,126.51
Monthly Cost	\$200,189	\$231,210
Annual Cost	\$2,402,265	\$2,774,517
Change from Current	15.5%	

Mayer Dennis Hanwell
 Dr Hanwell
 11-10-2015

*High level benefit summary. Please see your plan summary for more detailed benefit description.

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

UnitedHealthcare
Medical Quote Assumptions

Customer Name: CITY OF MEDINA
Medical Policy: 00753527
Renewal Date: January 1, 2016

The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates.

Medical Quote Assumptions

- Rates are guaranteed for the contract period of 1/1/16 through 12/31/16.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
 - Enrollment +/- 10%
 - Average Contract Size +/- 10%
 - Area Factor +/- 7.5%
 - Age/Sex Factor +/- 10%
 - Any Material Changes
 - Cobra enrollees are more than 10% of enrollment
- Employer contributes a minimum of 90% toward the employee only rates and 90% toward the dependent rates.
- Requires a minimum participation level of 75%.
- 2007 & 2011 Certificate of Coverage plans include the deductible in the out of pocket maximums.
- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any previous offers that may have been extended are hereby null and void.

- Quote includes UHC fulfilled Simply Engaged.

UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.

This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about \$2 per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and state reinsurance fees.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.

At your request, a service fee to be paid to your producer/service agent of \$11.00 PEPM has been added as an expense item where service fees apply.

Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.