

**ORDINANCE NO. 151-16**

**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.**

**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 2017.
- 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 14, 2016

**SIGNED:** John M. Coyne, III  
President of Council

**ATTEST:** Kathy Patton  
Clerk of Council

**APPROVED:** November 15, 2016

**SIGNED:** Dennis Hanwell  
Mayor

CITY OF MEDINA

Medical Proposed Rates  
and Alternate Plans

UnitedHealthcare

Medical Proposed Rates with Alternate Plan Designs

ORD. 151-16  
Exh. A

Customer Name: CITY OF MEDINA  
Medical Policy: 00753527  
Renewal Date: January 1, 2017

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

Option 1: Current		
AG-3X MOD (Traditional with Deductible) Rx Plan: H9 MOD		
Plan Name	Choice + Insurance *	
Product	3M-2 MOD	
Option	Single Option	
Plan Offering	Option(s) N/A	
Multiple Option with:	No	
HRA or HSA	No	
<b>Benefits*</b>		
Network (Single/Family)		
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	ENRP	
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	80%	
Out of Pocket	3000/8000	
<b>Enrollment</b>		
Employee	39	
Employee + Family	86	
Total	125	
<b>Rates (Billed)</b>		
	Current	Proposed
Employee	\$773.28	\$773.28
Employee + Family	\$2,126.51	\$2,126.51
Monthly Cost	\$213,038	\$213,038
Annual Cost	\$2,556,453	\$2,556,453
Change from Current	0.0%	

OK  
D. H. Harvey  
11-15-16

\*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, 2017

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 1/1/17 through 12/31/17.
- 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%
  - Area Factor +/- 7.5%
  - Any Material Changes
  - Average Contract Size +/- 10%
  - Age/Sex Factor +/- 10%
  - Cobra enrollees are more than 10% of enrollment
- Employer contributes a minimum of 50% toward the employee only rates and 50% 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 may include state and federal taxes and 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.

OK  
Ar Honey  
11-15-16

*Life Insurance*



A Renewal for  
**City of Medina**

Issued on: October 6, 2016



Employee Basic Life Insurance	Class 1 BL2126 Primary				
<b>Legal Entity</b>	<b>United Healthcare Insurance Company</b>				
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.				
Basic Annual Earnings (BAE) Definition	Not Applicable				
Benefit Payable					
Benefit	\$25,000				
Benefit Maximum	\$25,000				
New Hire Guarantee Issue Limit	\$25,000				
<b>Limitations and Exclusions</b>					
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				
<b>Additional Features</b>					
Accelerated Death Benefit	50% of applicable benefit				
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				
<b>Assumed Enrollment and Rates</b>					
Number of Employees	155				
Volume of Insurance	\$3,862,500				
Rate Basis	Composite per \$1,000 of coverage				
Monthly Rate	<table border="1"> <thead> <tr> <th>Current</th> <th>Renewed</th> </tr> </thead> <tbody> <tr> <td>\$0.210</td> <td>\$0.210</td> </tr> </tbody> </table>	Current	Renewed	\$0.210	\$0.210
Current	Renewed				
\$0.210	\$0.210				
Monthly Premium	\$111.13				
Annual Premium	\$9,733.50				
Employer Contribution	100%				
Participation Requirements	100%				
Broker Commissions	Standard Graded				
Rate Guarantee (in months)	24				

OK  
 R-H answer  
 11-15-16

Employee Basic AD&D Insurance	Class 1 ADD2161 Primary
<b>Legal Entity</b>	<b>United Healthcare Insurance Company</b>
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
Basic Annual Earnings Definition	Not Applicable
Benefit	\$25,000
Benefit Maximum	\$25,000
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%
<b>Limitations and Exclusions</b>	
Benefit Reduction	50% @ 70
Coverage Termination	At Employee's Retirement
Exclusions	Standard
<b>Assumed Enrollment and Rates</b>	
Number of Employees	155
Volume of Insurance	\$3,862,500
Rate Basis	Composite per \$1,000 of coverage
Monthly Rate	Current: \$0.020      Renewal: \$0.020
Monthly Premium	\$77.25      \$77.25
Annual Premium	\$927.00      \$927.00
Employer Contribution	100%
Participation Requirements	100%
Broker Commissions	Standard Graded
Rate Guarantee (in months)	24

OK  
 Dr. Harney  
 11-15-16

Employee Supplemental Life Insurance		Class 1 SUPL10323 Primary	
<b>Legal Entity</b>		<b>United Healthcare Insurance Company</b>	
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.	
<b>Benefits Payable</b>			
Benefit		Increments of \$25,000	
Benefit Maximum		\$100,000, not to exceed 5 times BAE	
New Hire Guarantee Issue Limit		\$50,000	
Open Enrollment		Not Included	
<b>Limitations and Exclusions</b>			
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		65% @ 65, 50% @ 70	
Coverage Termination		At Employee's Retirement	
Suicide Limitation		2 Years	
<b>Additional Features</b>			
Accelerated Death Benefit		50% of applicable benefit	
Life Expectancy		12 months	
<b>Waiver of Premium</b>		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	
<b>Assumed Enrollment and Rates</b>			
Number of Employees		47	
Volume of Insurance		\$3,038,750	
Rate Basis		Unisex Uniltobacco Age-banded per \$1,000 of coverage	
<b>Monthly Rate</b>		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		\$1,348.17	\$1,348.17
Annual Premium		\$16,154.00	\$16,154.00
Employer Contribution		0%	
Participation Requirements		20%	
Broker Commissions		Standard Graded	
Rate Guarantee (in months)		24	

OK  
 By Harney  
 11-15-16

Class 1 SUPSPL0326 SUPCHL0038 Primary	
<b>Dependent Supplemental Life Insurance</b>	<b>United Healthcare Insurance Company</b>
<b>Legal Entity</b>	
<b>Eligibility</b>	All Active Full Time Employees working a minimum of 30 hours per week.
<b>Benefits Payable</b>	
<b>Spouse Benefit</b>	Increments of \$5,000
<b>Spouse Benefit Maximum</b>	\$50,000 not to exceed 50.0% of Employee amount
<b>Spouse Guarantee Issue Amount</b>	\$20,000
<b>Child Benefit</b>	
<b>Live birth - 14 days</b>	\$0
<b>14 days and Over</b>	Increments of \$2,000
<b>Child Benefit Maximum</b>	\$10,000 not to exceed 50.0% of Employee amount
<b>Child Guarantee Issue Amount</b>	\$10,000
<b>Open Enrollment</b>	Not Included
<b>Limitations and Exclusions</b>	
<b>Evidence of Insurability Requirements</b>	Required for late entrants and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.
<b>Benefit Reduction</b>	65% @ 65, 50% @ 70
<b>Coverage Termination</b>	At Employee's Retirement
<b>Suicide Limitation</b>	2 Years
<b>Exclusions</b>	Standard
<b>Additional Features</b>	
<b>Waiver of Premium</b>	Excluded
<b>Portability</b>	Included. Must apply within 30 days of coverage termination.
<b>Minimum</b>	\$5,000
<b>Maximum</b>	\$250,000
<b>Maximum Age to Port</b>	70
<b>Conversion</b>	Included; Must apply within 30 days of coverage termination
<b>eAPP Evidence of Insurability</b>	Available
<b>Personalized Enrollment Forms</b>	Available
<b>Assumed Enrollment and Rates</b>	
<b>Number of Spouses</b>	
<b>Number of Child Units</b>	
<b>Volume of Insurance- Spouse</b>	
<b>Volume of Insurance- Child(ren)</b>	
<b>Rate Basis- Spouse</b>	Unisex Unitobacco Age-banded per \$1,000 of coverage
<b>Rate Basis- Child(ren)</b>	Composite per \$1,000 of coverage
<b>Monthly Rate- Spouse</b>	
	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
<b>Monthly Rate- Child(ren)</b>	\$0.170                      \$0.170
<b>Monthly Premium</b>	
<b>Annual Premium</b>	
<i>Rounding of premium may occur</i>	
<b>Employer Contribution</b>	0%
<b>Participation Requirements</b>	20%
<b>Broker Commissions</b>	Standard Graded
<b>Rate Guarantee (in months)</b>	24

OK  
 Dr Hawkey  
 11-15-16

**City of Medina** Life Assumptions  
Effective Date: January 1, 2017

**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.

Employers assumed primary business is classified as 9111 SIC Code.

Rates may increase on renewal in accordance with the terms of the policy.

**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 to age 26 for Supplemental dependent life.

Continuity of Coverage/No Loss No Gain for previously covered employees is included.

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.**

OK  
for Hammer  
11-25-16

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 and its related entities, other than is necessary to evaluate this proposal.

OK  
Dr. Hamel  
11-15-16

Dental Insurance



A Renewal for  
**CITY OF MEDINA**

Issued on: October 10, 2016



Dental Services	Passive PPO P9279 CS0	
Legal Entity	UnitedHealthcare Insurance Company Primary Plan	
	In Network	Out of Network
<b>Diagnostic Services</b>		
Periodic Oral Evaluation	80%	80%
Radiographs	80%	80%
Lab and Other Diagnostic Tests	80%	80%
<b>Preventive Services</b>		
Dental Prophylaxis (Cleaning)	80%	80%
Fluoride Treatment	80%	80%
Sealants	80%	80%
Space Maintainers	80%	80%
<b>Basic Services</b>		
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%
<b>Major Services</b>		
Inlays/Onlays/Crowns	80%	80%
Dentures and Removable Prosthetics	80%	80%
Fixed Partial Dentures (Bridges)	80%	80%
<b>Orthodontic Services</b>		
Orthodontia	60%	60%
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 90th	
PPO Network	Options PPO 30	
CMM-Annual Roll-Over	Yes	
<b>Assumed Enrollment and Rates</b>	Current	Renewal
Employee	38 \$31.46	\$31.46
Employee + Family	86 \$91.77	\$91.77
	124	
Monthly Premium	\$9,087.70	\$9,087.70
Annual Premium	\$109,052.40	\$109,052.40
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	

OK  
Dr. Hovance  
11-5-16

**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**

This premium may include state and federal taxes and fees.

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.

Quote is based on Average Contract Size (ACS) of 2.60

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

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.

OK  
Dr. Hannon  
11-15-16

CITY OF MEDINA | Disclaimers

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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.

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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.

OK  
Dr. Hawley  
11-15-16