

SECTION 31.16 GROUP HOSPITALIZATION INSURANCE.

(A) Effective August 1, 2014, all full time employees, unless specified differently in union contracts, shall pay an amount equal to twelve percent (12%) of the monthly premium for such plan. (Ord. 187-02, 1-04, 42-07, 131-08, 134-11, 97-14)

Effective October 1, 2014, the employee healthcare contribution shall increase to sixteen percent (16%) for those employees who fail to satisfy the Wellness Program obligations set out in the attachment and to specify that, beginning in 2015, the higher amount will be charged all year for any employee who fails to satisfy the Wellness Program obligations by September 1st of the previous year. (Ord. 97-14)

(B) Per the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), the City is required to offer health care coverage to qualified employees, their spouses, and dependent children, when coverage would otherwise stop. Conditions of eligibility are as follows:

1. Widowed spouse and dependent children (up to age 25),
2. Employees, their spouses, and dependent children who have been terminated, voluntary or involuntary, except for reasons of gross misconduct,
3. Employees, their spouses, and dependent children, if their hours have been reduced, resulting in lost coverage,
4. Divorced or legally separated spouse and their dependent children,
5. Medicare ineligible spouses,
6. Dependent children who no longer meet the plan's definition of eligibility, or
7. Any additional criteria set forth or amended by the Federal Government.

Those meeting the above requirements are responsible for the cost of health care coverage.

(C) Retroactive to January 1, 2006, employees who are eligible to receive family coverage under another comprehensive group medical plan who opt not to participate in the City's program and who execute an appropriate waiver form, will receive four hundred dollars (\$400) per month in lieu of medical insurance coverage. Employees desiring to re-establish coverage under the City's plan will notify the Finance Department and coverage will be provided through the City's carrier or spouse's COBRA. Under COBRA, the City will reimburse in an amount not to exceed the current premium being paid for a similar coverage under the City plan. (Ord. 42-07)

(D) Effective November 1, 2003 employees who are eligible to receive the City's family group hospitalization insurance and elect to change, or who have previously changed from family to single coverage and execute an appropriate waiver form, will receive one hundred dollars (\$100) per month in lieu of the family coverage. New employees, who are eligible to receive the City's family group hospitalization insurance and select single coverage instead of family and execute an appropriate waiver form, will receive one hundred dollars (\$100) per month in lieu of the family coverage. (Ord. 136-03)

(E) Healthcare coverage begins the first day of employment and ends on the last day of the last month during which an employee is employed by the City. (42-07)

31.16(A)
Ord. 97-14
Exh. A

ATTACHMENT C

THE CITY OF MEDINA
WELLNESS PROPOSAL

Effective September 1, 2014, to be eligible for the reduced premium contributions as of October 1, 2014, the employee must:

1. Complete an annual Health Risk Analysis by September 1, 2014, to be administered by the wellness provider. The Health Risk Analysis is comprised of:
 - a. A Health Risk Questionnaire, including height, weight, body mass index (BMI), waist circumference.
 - b. Biometric screening in the form of a blood draw that will measure:
 - i. Total Cholesterol
 - ii. High-density lipoprotein (HDL)
 - iii. Glucose
 - iv. Low-density lipoprotein (LDL)
 - v. Triglycerides
 - vi. Blood pressure
2. Establish a personal account with a wellness provider designated by the City by September 1, 2014.

In order to maintain the reduced premium contributions for October 1, 2014 through 2016, the employee must:

After completion of the Health Risk Analysis, participate in a Health-Contingent activities-only program¹ offered by the wellness provider. Under such a program, an employee is required to perform or complete activities related to a health factor or health risk in order to maintain the reduced premium and enter information on the City-designated wellness provider system, as of September 1, 2014 (to maintain the reduced premium beyond September 30, 2014) and by September 1, 2015 (for 2016 reduced premium).

3. The parties agree to in concept to the introduction of an outcomes-based component to the Wellness Program in 2017. The parties agree to discuss the introduction of the outcomes-based component in the 2016 Healthcare Committee meeting(s).

¹ Wellness program design complies with Federal regulations. Program design may change as new regulations and/or clarifications are issued.