

RESOLUTION NO. 19 , 2008

**A RESOLUTION AUTHORIZING THE CITY MANAGER  
TO ENTER INTO A CONTRACT WITH MEDICAL MUTUAL OF OHIO  
TO PROVIDE MEDICAL COVERAGE FOR FULL-TIME EMPLOYEES**

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

**WHEREAS**, the City has requested and reviewed proposals for health insurance benefits and determined that the proposal submitted by Medical Mutual of Ohio 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 Medical Mutual of Ohio to provide health insurance benefits for all full-time employees for one year commencing September 1, 2008, 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 Medical Mutual of Ohio according to the rates set forth in the schedule submitted by Medical Mutual of Ohio attached hereto as Exhibit "A" and incorporated herein by reference.

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

PASSED: August 6, 2008 \_\_\_\_\_

ATTEST: Susan J. Hamm  
Susan J. Hamm, Clerk of Council

Gerri Harbison  
Gerri Harbison, Mayor

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

City of Montgomery  
 Medical Plan Analysis  
 September 1, 2008 Renewal

	Current Plan: United HealthCare Choice Plus-US-B-w/rx-H9		United HealthCare Choice Plus-HCA-Embedded/Deductible		New Plan: Medical Mutual Of Ohio Super Med Plus \$250 dcd 80%/520 - SuperMed Plus \$2500 HSA	
	calendar year \$250/\$750 90/20 yes	calendar year \$500/\$1500 60/40 yes	policy year \$2500/\$5000 100/0 yes	policy year \$5000/\$10,000 80/20 yes	Policy Year \$2500/\$5000 100/0 yes	Policy Year \$5000/\$10000 80/20 yes
Rates	\$301.76	\$203.52	\$384.11	\$384.11	\$384.11	\$384.11
Employee Only	14	14	3	3	3	3
Employee +	8	8	2	2	2	2
Employee +	6	6	3	3	3	3
Family	15	15	11	11	11	11
Combined Est. Monthly Premium	\$36,725.32	\$36,725.32	\$43,332.21	\$43,332.21	\$43,332.21	\$43,332.21
Combined Est. Annual Premium	\$440,703.84	\$440,703.84	\$519,986.52	\$519,986.52	\$519,986.52	\$519,986.52
Percentage Change From Current	0%	0%	18%	18%	18%	18%
Annual Dollar Change From Current	\$0.00	\$0.00	\$79,282.68	\$79,282.68	\$79,282.68	\$79,282.68
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	calendar year \$250/\$750 90/20 yes	calendar year \$500/\$1500 60/40 yes	policy year \$2500/\$5000 100/0 yes	policy year \$5000/\$10,000 80/20 yes	Policy Year \$2500/\$5000 100/0 yes	Policy Year \$5000/\$10000 80/20 yes
Individual/Family Concurrence	\$1500/\$3000 \$5,000,000	\$3000/\$6000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$10,000/\$20,000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$10,000/\$20,000 \$5,000,000
Lifetime Maximum Inpatient Hospital	Ded. 80/20	Ded. 60/40	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 80/20
Physician Outpatient	Ded. 80/20	Ded. 60/40	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 80/20
Physician Facility	Ded. 80/20	Ded. 60/40	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 80/20
Physician Labs	Ded. 80/20	Ded. 60/40	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 80/20
Routine Lab	Covered in full	Ded. 60/40	Covered in full	Ded. 60/40	Covered in full	Ded. 60/20
Diagnostic Lab	Ded. 80/20	Ded. 60/40	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 80/20
Emergency Room	\$100	\$100	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Urgent Care Office Visit	\$50	Ded. 60/40	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Primary Care/Specialist Visit	\$20/\$20	Ded. 60/40	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Wellness	\$20	Ded. 60/40	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Vision	\$20	Ded. 60/40	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Prescription Drugs	N/A	N/A	combined with medical	combined with medical	none	Same as medical
Deductible	N/A	N/A	combined with medical	deductible then \$10/\$30/\$50 then 80/20	not covered	Same as medical
Tier 1/Tier 2/Tier 3/Tier 4	\$10/\$30/\$50	\$10/\$30/\$50	Ded. 100/0	Ded. 100/0	Not Covered	Ded. 80/20
Mail-Order	\$25/\$75/\$125	not covered	Ded. 100/0	not covered	Not Covered	Ded. 80/20