

RESOLUTION NO. 19 , 2010

**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.

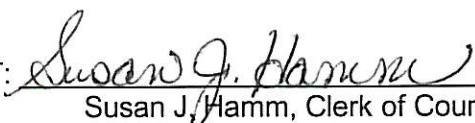
**NOW THEREFORE BE IT RESOLVED** by the Council of the City of Montgomery, Ohio:


**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, 2010 through August 31, 2011, 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 4, 2010

ATTEST:   
Susan J. Hamm, Clerk of Council

  
Gerri Harbison, Mayor

APPROVED AS TO FORM  
  
Terrence M. Donnellon, Law Director

# City of Montgomery

## 7.7.10 Rate Revised Rates, Contingent on Life Insurance offered

September 1, 2010 Renewal

	Current		Renewal		\$3000 Deductible		Medical Mutual Of Ohio	
	Medical Mutual Of Ohio SuperMed Plus HSA \$2500 ded	Medical Mutual Of Ohio Super Med Plus \$1000 ded 80%/25 OV, 10/35/55 Drugs	Medical Mutual Of Ohio SM Plus HSA \$2500 10/35/65	Medical Mutual Of Ohio SM Plus \$1000 ded 80%, Rx 10/35/55	Medical Mutual Of Ohio SM Plus HSA \$2500 10/35/55	Medical Mutual Of Ohio SM Plus \$1000 ded 80%, Rx 10/35/55	Medical Mutual Of Ohio SM Plus \$1000 ded 80%, Rx 10/35/55	Medical Mutual Of Ohio SM Plus \$1000 ded 80%, Rx 10/35/55
Rates								
Counts								
Employee Only	300.87	0	\$376.21	0	\$352.70	0	\$500.28	\$500.28
Employee + Spouse	\$601.73	0	\$752.40	0	\$705.36	0	\$1,015.24	\$1,015.24
Employee + Child(ren)	\$571.64	0	\$714.78	0	\$670.10	0	\$964.86	\$964.86
Family	\$859.61	0	\$1,074.86	0	\$1,007.66	0	\$1,450.25	\$1,450.25
Combined Est. Monthly Premium		\$39,589.49		\$49,502.80		\$46,408.14		
Combined Est. Annual Premium		\$475,073.88		\$594,033.60		\$556,897.68		
Percentage Change From Current		0%		25.04%		17.20%		
Annual Dollar Change From Current		\$0.00		\$118,959.72		\$81,823.80		
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible								
Calendar Year or Policy Year?	Policy year	Policy Year	Policy year	Policy Year	Policy year	Policy Year	Policy Year	Policy Year
Individual/Family Coinsurance	\$2500/\$5000 100/0	\$1000/\$2000 80/20	\$2500/\$5000 100/0	\$1000/\$2000 80/20	\$3000/\$6000 100/0	\$1000/\$2000 80/20	\$1000/\$2000 80/20	\$1000/\$2000 80/20
Out-of-Pocket Maximum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible included?								
Individual/Family Lifetime Maximum	\$2500/\$5000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$3000/\$6000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$2500/\$5000 \$5,000,000	\$2500/\$5000 \$5,000,000
Inpatient Hospital Facility	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20
Outpatient Physician	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20
Facility Physician	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20	Ded,100/0	Ded, 80/20
Physician								
Lab								
Routine Lab	Covered in full	100% for Professional Provider; ded., then 80%/20% for Facility Provider	Covered in full	100% for Professional Provider; ded., then 80%/20% for Facility Provider	Covered in full	100% for Professional Provider; ded., then 80%/20% for Facility Provider	100% for Professional Provider; ded., then 80%/20% for Facility Provider	100% for Professional Provider; ded., then 80%/20% for Facility Provider
Diagnostic Lab	Ded,100/0	\$100 Copay	Ded,100/0	\$100 Copay	Ded,100/0	\$100 Copay	Ded,100/0	\$100 Copay
Emergency Room	Ded,100/0	\$50 Copay	Ded,100/0	\$50 Copay	Ded,100/0	\$50 Copay	Ded,100/0	\$50 Copay
Urgent Care	Ded,100/0	\$25 Copay	Ded,100/0	\$25 Copay	Ded,100/0	\$25 Copay	Ded,100/0	\$25 Copay
Office Visit	Covered in full	\$25 Copay	Covered in full	\$25 Copay	Covered in full	\$25 Copay	Covered in full	\$25 Copay
Primary Care/Specialist Visit	Covered in full	\$25 Copay	Covered in full	\$25 Copay	Covered in full	\$25 Copay	Covered in full	\$25 Copay
Wellness Visit	Covered in full	\$25 Copay	Covered in full	\$25 Copay	Covered in full	\$25 Copay	Covered in full	\$25 Copay
Vision								
Prescription Drugs	Same as medical	none	Same as medical	none	Same as medical	none	Same as medical	none
Deductible	Same as medical	none	Same as medical	none	Same as medical	none	Same as medical	none
Tier 1/Tier 2/Tier 3/Tier 4	Ded,100/0	\$10/\$35/\$55	Ded,100/0	\$10/\$35/\$55	Ded,100/0	\$10/\$35/\$55	Ded,100/0	\$10/\$35/\$55
Mail-Order	Ded,100/0	\$20/\$87.50/\$137.50	Ded,100/0	\$20/\$87.50/\$137.50	Ded,100/0	\$20/\$87.50/\$137.50	Ded,100/0	\$20/\$87.50/\$137.50