

**RESOLUTION NO. 58-2010**

Offered by All of Council

**A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH OHIO PLAN HEALTH CARE CONSORTIUM FOR HEALTH INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES AND DECLARING AN EMERGENCY.**

WHEREAS, the Village's insurance advisor, Robert Lamm from Associated Underwriters Insurance has recommended entering into an agreement with Ohio Plan Health Care Consortium to be the provider for health insurance for full-time Village employees during the year 2011.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, State of Ohio:

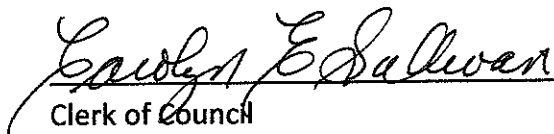
SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with Ohio Plan Health Care Consortium for the Village's health insurance effective January 1, 2011, in accordance with the offer from Associated Underwriters Insurance presented by Robert Lamm, the Village's employee benefits consultant, a copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.


SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to be effective January 1, 2011; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 12/7/10

  
\_\_\_\_\_  
President of Council

ATTEST:

  
\_\_\_\_\_  
Clerk of Council

  
\_\_\_\_\_  
Mayor 12/7/10

12/1/10 4:30p.m.

EXHIBIT A

Resolution 58-2010

Health Plan Comparison  
 Prepared for Village of Richfield  
 Associated Underwriters Ins.  
 Robert Lamm (330) 645-6338



	Current		
	ANTHEM 51+ BA D 03		CHIC PLAN SMP P1500
	IND	FAM	IND FAM
<b>ANNUAL DEDUCT</b>			
Network	\$250	\$500	\$0 \$0
Non-Network	\$500	\$1,000	\$500 \$1,000
<b>CO-INSURANCE</b>			
Network/ Non-Net	90%	30%	90% 70%
<b>MAX OCP</b>			
Network	\$1,500	\$3,000	\$1,500 \$3,000
Non-Network	\$3,000	\$6,000	\$3,000 \$6,000
<b>DOCTOR VISITS</b>			
Network	\$15		\$15 (\$30 spec)
Non-Network	N/N Ded + 30%		\$30 (\$50 spec)
<b>PREVENTIVE</b>	\$15		100%
<b>EMERGENCY</b>	\$150 + 10%		\$250 + 10%
<b>URGENT CARE</b>			
Network	\$50		\$35
Non-Net	\$50		\$45 + 30%
<b>PLAN MAX</b>	\$5,000,000		\$5,000,000
<b>RX PLAN</b>	Rx H		Rx Opt 1
Tier one	\$10		\$10
Tier two	\$25		\$20
Tier three	\$40		\$40
Tier four			
Notes			
	<i>Mail Order</i>		<i>Mail Order</i>
Tier one	\$20		\$25
Tier two	\$65		\$50
Tier three	\$100		\$100
Tier four			90 Day Supply
Notes	90 Day Supply		
<b>ADDITIONAL NOTES</b>			
<b>LIFE FEES</b>			
<b>OTHER FEES</b>			
<b>PRESCREENED</b>			
<b>COMPOSITE</b>			<b>COMPOSITE</b>
EE 15	\$422.47		EE 15
EE/SP 13	\$928.61		EE/SP 13
EE/CH 6	\$713.14		EE/CH 3
Family 21	\$1,304.19		E/Children 3
			\$1,000.00 E/SP/CH 7
			\$1,167.00 Family 14
<b>MONTHLY</b>	\$50,075.81		\$44,437.00
<b>Annual Total</b>	\$600,909.72		\$533,244.00

Effective Date: 1/1/2011  
 Confidential information prepared on 11/23/2010  
 Report generated with QOweb

The Max OCP includes the deductible; it does not include the above listed copays.  
 The above is a brief summary of coverage. Full disclosure of plan details are available in each company's certificate of coverage. Above plan rates are subject to change during underwriting process.



EXHIBIT A

SuperMed Plus  
1590 Plan

RESOLUTION



Resolution 36-2010  
EXHIBIT A

NO. 2010  
1590

Base Plan	
Network Benefit Period Deductible Single/Family	N/A
Non-Network Benefit Period Deductible Single/Family	\$500/\$1,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$1,500/\$3,000
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$3,000/\$6,000
Coinsurance Network/Non-Network	90% / 70%
Office Visit (OV) Co-pay Network/Non-Network	-Primary Care Physician (PCP) \$15 / \$25 -Specialist \$30 / \$50
Urgent Care (UC) Co-pay Network/Non-Network	\$35 / \$45
Overall Annual Benefit Period Maximum	\$5,000,000

Benefits	PPO Network	Non-PPO Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	26	
Over Aged Child	28	
	Removal upon the end of the month	
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury)	OV co-pay, then 100%	OV co-pay, then coinsurance
Urgent Care Office Visit	UC co-pay, then 100%	UC co-pay, then coinsurance
All Immunizations	100%	50% after deductible <sup>1</sup>
<b>Preventive Services</b>		
Preventive Services, in accordance with state and federal law <sup>2</sup>	100%	coinsurance after deductible
Routine Physical Exam	100%	50% after deductible <sup>1</sup>
Well Child Care Services		
Well Child Care Exams		
Well Child Immunizations	100%	coinsurance after deductible
Well Child Labs		
Routine Mammogram (one per benefit period)	100%	coinsurance after deductible
Routine Pap Test (one per benefit period)	100%	coinsurance after deductible
Routine PSA, Cholesterol, Colon Cancer Screening Tests, Bone Density Tests, Chlamydia Screening and Endoscopic Services	100%	coinsurance after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic Panel, Urinalysis and Complete Blood Count (one each per benefit period)	100%	coinsurance after deductible
<b>Outpatient Services</b>		
Allergy Testing and Treatments	coinsurance after deductible	50% after deductible <sup>1</sup>
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$250 co-pay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$250 co-pay, then coinsurance	\$250 co-pay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible

SuperMed Plus  
1590 Plan



Benefits	PPO Network	Non PPO Network
<b>Inpatient Services</b>		
Semi-Private Room and Board	coinsurance after deductible	\$250 co-pay per admission; then coinsurance after deductible
Maternity	coinsurance after deductible	\$250 co-pay per admission; then coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	\$250 co-pay per admission; then coinsurance after deductible
<b>Additional Services</b>		
Ambulance	\$50 co-pay, then coinsurance after deductible	\$50 co-pay, then coinsurance after deductible
Durable Medical Equipment	coinsurance after deductible	50% after deductible <sup>1</sup>
Home Health Care	coinsurance after deductible	50% after deductible <sup>1</sup>
Hospice	coinsurance after deductible	\$250 co-pay per admission; then coinsurance after deductible
Organ and Tissue Transplants	coinsurance after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient Mental Health and Substance Abuse Services (30 days per benefit period; Substance Abuse limited to one admission per benefit period, three admissions per lifetime)	coinsurance after deductible	\$250 co-pay per admission; then coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV co-pay, then coinsurance after deductible	OV co-pay, then coinsurance after deductible
<b>Prescription Drug - There are several different freestanding drug options available.</b>		

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Deductible expenses incurred for services by a PPO Network provider will only apply to the PPO Network deductible. Deductible expenses incurred for services by a Non PPO Network provider will only apply to the Non PPO Network deductible.

Coinsurance expenses incurred for services by a PPO Network provider will only apply to the PPO Network coinsurance out-of-pocket limits. Coinsurance expenses incurred for services by a Non PPO Network provider will only apply to the Non PPO Network coinsurance out-of-pocket limits.

The coinsurance for non-contracting institutional providers will be the same coinsurance percentage as the Non PPO Network provider. However, you may be subject to balance billing by the non-contracting provider.


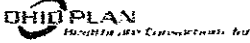
No payment will be made for services related to a pre-existing condition for a period of 12 months for any condition treated or diagnosed within the six months immediately prior to the effective date of insurance. Pre-Existing does not apply to under the age of 19

HIPAA allows for crediting time a person was covered under a previous carrier if the previous coverage was continuous with not more than a 63 day gap in coverage prior to the effective date of the new coverage.

The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Medical Mutual case manager (except for corneal transplants.) Failure to contact the case manager prior to the proposed course of treatment (including the evaluation) will result in a significant monetary penalty. Refer to your certificate for details.

<sup>1</sup> Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

<sup>2</sup> Preventive Services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

 <b>RX Option 1 SuperMed® Script<sup>1</sup> Prescription Drug Program</b> 		
Benefits	Copay	Day Supply
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	Same as Medical	
<b>SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of a prescription drug</b>		
Generic Copayment	\$10	30
Formulary Copayment	\$20	30
Non-Formulary Copayment	\$40	30
<b>SuperMed Script Retail Program with Oral Contraceptive Coverage – after the third retail fill of a prescription drug</b>		
Generic Copayment	\$20	30
Formulary Copayment	\$40	30
Non-Formulary Copayment	\$80	30
<b>SuperMed Script Home Delivery Program with Oral Contraceptive Coverage</b>		
Generic Copayment	\$25	90
Formulary Copayment	\$50	90
Non-Formulary Copayment	\$100	90

**Note:** In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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<sup>1</sup>SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.