

AN ORDINANCE
AUTHORIZING AND DIRECTING THE MAYOR TO
ENTER INTO A CONTRACT WITH MEDICAL MUTUAL
OF OHIO FOR HEALTH CARE INSURANCE
COVERAGE FOR THE EMPLOYEES OF THE VILLAGE
OF CHAGRIN FALLS, AUTHORIZING EMPLOYEE
CONTRIBUTIONS FOR PREMIUMS, AND DECLARING
AN EMERGENCY.

WHEREAS, the Village of Chagrin Falls has received and reviewed quotes from professional services companies offering to provide health care insurance coverage for the employees of the Village of Chagrin Falls; and

WHEREAS, based upon the recommendation of the administration, this Council deems it necessary and in the best interests of the Village to enter into a contract with Medical Mutual of Ohio in order to provide this healthcare insurance coverage beginning on January 1, 2019 and elects to authorize the Mayor to execute such agreements as are necessary to obtain such coverage; and

WHEREAS, the Village of Chagrin Falls has determined that the employees of the Village of Chagrin Falls shall contribute a portion of the premium for healthcare insurance coverage.

NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE VILLAGE OF CHAGRIN FALLS, CUYAHOGA COUNTY, STATE OF OHIO:

SECTION 1. That the Mayor is authorized and directed to enter into a contract with Medical Mutual of Ohio in order to provide health care insurance coverage for Village employees pursuant to the terms, conditions and specifications of that company's quote for professional services which is attached and incorporated into this Ordinance as Exhibit "A" which shall be effective on January 1, 2019.

SECTION 2. That the Director of Finance is authorized to make payments to Medical Mutual of Ohio as is set forth in Exhibit "A" from the appropriate fund of the Village.

SECTION 3. That the employees of the Village of Chagrin Falls shall contribute a portion of the premium for health care insurance coverage and for their health savings account, as indicated in Exhibit "B" attached hereto.

SECTION 4. That actions of this Council concerning and relating to the passage of this legislation were adopted in lawful meetings of this Council and that all deliberations of this Council and of any of its committees that resulted in such formal action were in

ORDINANCE NO. 2018-69
INTRODUCED BY: MRS. LIPP

compliance with all legal requirements, including Chapter 114 of the Codified Ordinances of the Village of Chagrin Falls.

SECTION 5. That in accordance with Section 113.01 of the Codified Ordinances of the Village of Chagrin Falls, public notice of this Ordinance shall be given by posting a copy thereof for not less than fifteen (15) days in the Village Hall.

SECTION 6. That this Ordinance is declared to be an emergency measure necessary for the immediate preservation of the public peace, property, health and safety of the inhabitants of the Village and for the further reason that this Ordinance needs to take immediate effect so that health insurance coverage for Village employees may continue without interruption; wherefore provided it receives the affirmative vote of at least two-thirds (2/3) of all members elected to Council, this Ordinance shall be in full force and effect from and immediately upon its passage by this Council and approval by the Mayor; otherwise, it shall take effect and be in force after the earliest period allowed by law.

PASSED: October 8, 2018



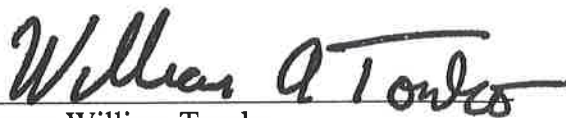
Karl Maersch, Council President

Submitted to the Mayor for
his approval on this

9 day of October, 2018

Approved by the Mayor

October 9, 2018



Mayor William Tomko

I hereby certify that Ordinance No. 2018-69 was duly enacted on the 8 day of October, 2018, by the Council of the Village of Chagrin Falls and posted in accordance with Section 113.01 of the Codified Ordinances of the Village of Chagrin Falls.



Clerk of Council



Medical Benefit and Premium Comparison



EXHIBIT "A"

Company Plan	Current				2018		2019	
	Medical Mutual		Split Funding		Medical Mutual COSE		Medical Mutual COSE	
	HSA P5000/10000 Consumer Network	Non-Network	Medical Reimbursement Plan Network	Non-Network	HSA 1500/3000 Consumer MMRx Network	Non-Network	HSA P1500/3000 Consumer Network	Non-Network
Deductible	Single Family	\$5,000 \$10,000	\$10,000	\$1,500 \$3,000	N/A N/A	\$1,500 \$3,000	\$1,500 \$3,000	
Coinsurance		100% 60%		100% N/A		100%	100%	
Maximum Out of Pocket (Includes Deductible)	Single Family	\$5,000 \$10,000	\$15,000	\$1,500 \$3,000	N/A N/A	\$1,500 \$3,000	\$1,500 \$3,000	
Office Visits - Primary Doctor		Ded/Coins	Ded/Coins	Ded/Coins	N/A	Ded/Coins	Ded/Coins	
Office Visits - Specialist		Ded/Coins	Ded/Coins	Ded/Coins	N/A	Ded/Coins	Ded/Coins	
Preventive		100%	Ded/Coins		N/A	100%	100%	
Inpatient		Ded/Coins	Ded/Coins	Ded/Coins	N/A	Ded/Coins	Ded/Coins	
Outpatient		Ded/Coins	Ded/Coins	Ded/Coins	N/A	Ded/Coins	Ded/Coins	
Emergency Room		Ded/Coins		Ded/Coins		Ded/Coins	Ded/Coins	
Urgent Care Center		Ded/Coins	Ded/Coins	Ded/Coins	N/A	Ded/Coins	Ded/Coins	
Prescription Drugs	Retail	Ded/Coins		Ded/Coins		Ded/Coins	Ded/Coins	
	Mail Order	Ded/Coins		Ded/Coins		Ded/Coins	Ded/Coins	
Rates	5000	<i>Current</i>		<i>Renewal</i>				
Single	9	\$365.06		\$395.94		\$569.68	\$593.55	
EE+Spouse	6	\$724.97		\$786.88		\$1,134.23	\$1,182.10	
EE+Child	1	\$495.88		\$541.08		\$779.35	\$812.00	
EE+Children(2)	0	\$626.70		\$686.22		\$989.02	\$1,030.45	
EE+Children(3+)	2	\$809.70		\$889.35		\$1,282.47	\$1,336.22	
EE+Spouse+Child	7	\$855.79		\$932.02		\$1,343.90	\$1,400.55	
EE+Spouse+Children(2)	8	\$986.61		\$1,077.16		\$1,553.57	\$1,619.00	
EE+Spouse+Children(3+)	4	\$1,169.61		\$1,280.29		\$1,847.02	\$1,924.77	
Split Funding Enrollment	37							
Monthly Medical Premium		\$28,312		\$30,867		\$44,501	\$46,374	
Annual Medical Premium		\$339,750		\$370,405		\$534,009	\$556,487	
Premium Change Over Current			\$30,655			\$194,259	\$216,737	
Percentage Change Over Current			9.02%			57.18%	58.51%	
Annual Claims Funding*		\$66,759		\$66,759		\$0	\$0	
Administrative Fees*		\$7,890		\$7,890		\$0	\$0	
Total Split Funding Cost*		\$74,649		\$74,649		\$0	\$0	
Total Annual Cost		\$414,399		\$445,054		\$534,009	\$556,487	
Total Split Funding Cost Change Over Current			\$30,655					
Percentage Change Over Current			7.40%					
Annual H.S.A. Cost		\$78,000		\$78,000		\$78,000	\$78,000	
Total Medical Plan/Split Funding Cost*		\$492,399		\$523,054		\$612,009	\$634,487	
Total Medical Plan/Split Funding Change Over Current			\$30,655			\$119,610	\$111,433	
Total Percent Change Over Current			6.23%			19.54%	17.56%	

*Annualized based on 1/1/18 - 8/31/18 Actual vs. Anticipated Report

EXHIBIT "B"

ORDINANCE NO. 2018-69

Below are the annual employee deductions for health care for policy year January 1, 2019 - December 31, 2019:

(9) Employee Only	\$5,484
(6) Employee/Spouse	\$7,309
(1) Employee/ 1 child	\$816
(0) Employee/ 2 Children	\$-0-
(2) Employee/ 3+ Children	\$2,628
(7) Employee/Spouse/1 Child	\$9,978
(8) Employee/Spouse/2 Children	\$13,062
(4) Employee/Spouse/3 Children	<u>\$7,692</u>
Total	\$46,969