

ORDINANCE 2017-20

TO AUTHORIZE THE VILLAGE TO ACQUIRE HEALTH INSURANCE COVERAGE FOR FULL-TIME VILLAGE EMPLOYEES

WHEREAS, Council has investigated various alternatives for Village employee health care coverage, and

WHEREAS, Council has reviewed insurance quotes to find the most suitable plan to meet the interests of the employees and the Village.

NOW, THEREFORE, be it ordained by Council of the Village of Centerburg, Ohio:

Section 1. That the Village hereby authorizes the Village Administrator to enter into an agreement with ~~MEDICAL MUTUAL~~ for health care coverage for the full-time employees of the Village of Centerburg consistent with the proposal marked as Exhibit A, attached hereto and incorporated herein.

Section 2. That coverage shall be made available to full-time employees as soon as is practicable and in such a manner that there will be no break in coverage for employees.

Section 3. That this Ordinance is determined to be a necessity arising out of the desire to provide healthcare insurance to the full-time employees of the Village of Centerburg.

WHEREFORE, this Ordinance shall take effect at the earliest time allowed by law.

DATE PASSED 12-4-17

ATTEST SIGNATURE ON FILE
CLERK OF COUNCIL

SIGNATURE ON FILE

PRESIDENT OF COUNCIL

SIGNATURE ON FILE

MAYOR

DATE APPROVED 12/4/17

APPROVED AS TO FORM:

LEGAL COUNSEL

I hereby certify that the ordinance or a summary of the ordinance was published once a week for two consecutive weeks on _____, 2017 and _____, 2017 in the *Mount Vernon News* in conformance with the Ohio Revised Code.

CLERK-TREASURER



MEDICAL MUTUAL®

VILLAGE OF CENTERBURG ADMINISTRATORS
Group Number : 674048
Renewal Date : 01/01/2018
Proposal Number : 1229673
Channel : HP

YOUR PLAN OVERVIEW

Here's an overview of the benefits proposed for your renewal. No action is needed to accept this coverage. You will renew automatically unless you notify your agent that you want to make a change.

Current Plans

Plan Name	Benefit Period Deductible	Coinsurance (member liability)	Emergency Room Copay	Grandfathered Plan	Maximum Out of Pocket Including Deductible	Office Visit Copay	Prescription Drugs	Specialist Copay	Urgent Care Copay
P1580-500 Double Deductible Rx B	\$500/\$1,000	20%	\$200	N	\$2,000/\$4,000	\$15	Retail: \$10/\$30/\$60 Mail: \$30/\$90/\$180, Generic Incentive, Mail Incentive	\$30	\$50

Renewal Plans

Plan Name	Benefit Period Deductible	Coinsurance (member liability)	Emergency Room Copay	Grandfathered Plan	Maximum Out of Pocket Including Deductible	Office Visit Copay	Prescription Drugs	Specialist Copay	Urgent Care Copay
P1580-500 Double Deductible Rx B	\$500/\$1,000	20%	\$200	N	\$2,000/\$4,000	\$15	Retail: \$10/\$30/\$60 Mail: \$30/\$90/\$180, Generic Incentive, Mail Incentive	\$30	\$50

Total Current Premium: \$4,594.76 (includes ancillary products)

Total Renewing Premium: \$4,686.49 (includes ancillary products)

Percent Change: 2%