

ORDINANCE 2020-15

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 11/02/2020

ATTEST Signature on file
CLERK OF COUNCIL

Signature on file
PRESIDENT OF COUNCIL

Signature on file
MAYOR

DATE APPROVED _____

APPROVED AS TO FORM:
Signature on file
LEGAL COUNSEL

I hereby certify that the ordinance or a summary of the ordinance was published once a week for two consecutive weeks on Nov. 7, 2020 and Nov. 14, 2020 in the *Mount Vernon News* in conformance with the Ohio Revised Code.

Signature on file
Fiscal Officer



MEDICAL MUTUAL®

VILLAGE OF CENTERBURG
 ADMINISTRATORS
 Group Number : 674048
 Renewal Date : 01/01/2021
 Proposal Number : 1883234
 Channel : HP

EVALUATE YOUR PLAN

The chart below is an overview of your renewal medical coverage and rates.

P1580-500 Double Deductible, Rx B	IN-NETWORK	
Grandfathered Plan	N	
Network	SuperMed Plus	
Benefit Period Deductible (Single/Family)	\$500/\$1,000	
Maximum Out of Pocket Including Deductible	\$2,000/\$4,000	
Office Visit Copay	\$15	
Urgent Care Copay	\$50	
Specialist Copay	\$30	
Coinsurance (member liability)	20%	
Emergency Room Copay	\$200	
Prescription Drugs	Retail: \$10/\$30/\$60 Mail: \$30/\$90/\$180, Generic Incentive, Mail Incentive	
Monthly Premium	Current: \$6,790.34	Renewing: \$7,319.57
	<i>Change from current: 7.79%</i>	
INSURANCE PREMIUM	\$7,318.03	
MANDATED FEES	\$1.54	
TOTAL BILLED AMOUNT	\$7,319.57	

Final billed rate may vary from proposed rate due to rounding. All premiums are based on group enrollment at the time this renewal was processed. Actual monthly premiums may vary due to changes in enrollment.

Employee Male	Spouse Female	Age	Employee Female	Spouse Male	Medicare Primary	1 Child	2 Children	3+ Children
\$290.76	\$793.16	000 TO 024	\$629.72	\$290.76	\$689.30	\$351.30	\$702.60	\$1,194.30
\$321.03	\$847.64	025 TO 029	\$775.00	\$321.03	\$689.30	\$351.30	\$702.60	\$1,194.30
\$387.61	\$877.89	030 TO 034	\$835.52	\$387.61	\$689.30	\$351.30	\$702.60	\$1,194.30
\$478.40	\$902.10	035 TO 039	\$829.47	\$478.40	\$689.30	\$351.30	\$702.60	\$1,194.30
\$605.51	\$859.74	040 TO 044	\$859.74	\$605.51	\$689.30	\$351.30	\$702.60	\$1,194.30
\$781.05	\$980.80	045 TO 049	\$980.80	\$781.05	\$689.30	\$351.30	\$702.60	\$1,194.30
\$1,053.44	\$1,192.66	050 TO 054	\$1,192.66	\$1,053.44	\$689.30	\$351.30	\$702.60	\$1,194.30
\$1,416.61	\$1,428.72	055 TO 059	\$1,428.72	\$1,416.61	\$689.30	\$351.30	\$702.60	\$1,194.30
\$1,834.26	\$1,725.31	060 TO 064	\$1,725.31	\$1,834.26	\$689.30	\$351.30	\$702.60	\$1,194.30
\$2,209.55	\$1,973.48	065 TO 105	\$1,973.48	\$2,209.55	\$689.30	\$351.30	\$702.60	\$1,194.30

Rates on this page include the following mandated fees:

PCORI	\$1.54
Risk Adjustment	\$0.00
Public Exchange	\$0.00
Market Share	\$0.00
Fees Total	\$1.54