

**RESOLUTION NO. 28 , 2020**

**A RESOLUTION AUTHORIZING THE CITY MANAGER  
TO ENTER INTO A CONTRACT WITH HUMANA HEALTH PLAN OF OHIO, INC.  
TO PROVIDE MEDICAL INSURANCE FOR FULL-TIME EMPLOYEES**

**WHEREAS**, the City of Montgomery provides medical insurance benefits to its full-time employees; and

**WHEREAS**, the City has requested and reviewed proposals for medical insurance benefits and determined that the proposal submitted by Humana Health Plan of Ohio, Inc. 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, Hamilton County, Ohio, that:

**SECTION 1.** The City Manager is hereby authorized to enter into a contract with Humana Health Plan of Ohio, Inc. to provide medical insurance benefits for all full-time employees for fifteen months commencing October 1, 2020 through December 31, 2021, 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 Humana Health Plan of Ohio, Inc. according to the rates set forth in the schedule submitted by Humana 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: September 2, 2020

ATTEST: Connie M. Gaylor  
Connie M. Gaylor, Clerk of Council

Christopher P. Dobrozsi  
Christopher P. Dobrozsi, Mayor

APPROVED AS TO FORM  
Terrence M. Donnellon  
Terrence M. Donnellon, Law Director

# City of Montgomery

## October 1, 2020 Renewal

Fully Insured Proposal

Exhibit "A"

Humana Current Plan Design(s) EHDHP OPT 13		Humana - Original Renewal Alternative Plan Design(s) EHDHP OPT 13		Humana - Revised Renewal Alternative Plan Design(s) EHDHP OPT 13		
Tiers	EE Count	Rate	EE Count	Rate	EE Count	Rate
Single	16	\$438.66	16	\$521.17	16	\$438.66
EE + SP	9	\$965.05	9	\$1,146.58	9	\$965.05
EE + CH	13	\$833.45	13	\$990.23	13	\$833.45
Family	37	\$1,403.71	37	\$1,667.75	37	\$1,403.71
Estimated Monthly Premium	\$78,476		\$93,238		\$78,476	
Estimated Annual Premium	\$941,714		\$1,118,852		\$941,714	
Dollar Change from Current	N/A		\$177,139		\$0	
% Change from Current	N/A		18.8%		0.0%	
Medical Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Plan Type	EHDHP		EHDHP		EHDHP	
Deductible						
Individual/Family	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000
Coinsurance	100/0	70/30	100/0	70/30	100/0	70/30
Out-of-Pocket Maximum						
Individual/Family Copays Included?	\$3,000/\$6,000	\$11,500/\$23,000	\$3,000/\$6,000	\$11,500/\$23,000	\$3,000/\$6,000	\$11,500/\$23,000
Deductible Included?	No		No		No	
	Yes		Yes		Yes	
Inpatient Hospital	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30
Outpatient	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30
Emergency Room	Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, 100/0
Urgent Care	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30
Primary Care / Specialist Visit	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30	Ded, 100/0	Ded 70/30
Prescription Drugs Benefits	In-Network		In-Network		In-Network	
Deductible	Integrated Med & Rx Deductible		Integrated Med & Rx Deductible		Integrated Med & Rx Deductible	
Tier 1 / Tier 2 / Tier 3	Ded, 100/0		Ded, 100/0		Ded, 100/0	
Mail-Order	Ded, 100/0		Ded, 100/0		Ded, 100/0	

General Notes: (Rates are for a 15-month period) For full details see plan documents