

RESOLUTION NO. 40 , 2021

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

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

WHEREAS, the City has requested and reviewed proposals for medical and dental 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 and dental insurance benefits for all full-time employees for twelve months commencing January 1, 2022 through December 31, 2022, 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: December 1, 2021

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

Craig D. Margolis
Craig D. Margolis, Mayor

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

	Humana Current Plan Design(s) EHDHP OPT 13			Humana Renewing Plan Design(s) EHDHP OPT 13			Humana Renewing Plan Design(s) EHDHP OPT 13		
	Tiers	EE Count	Rate	EE Count	Rate	EE Count	Rate	Rate	
Estimated Monthly Premium			\$79,924		\$118,785		\$93,511		
Estimated Annual Premium			\$959,085		\$1,425,417		\$1,122,129		
Dollar Change from Current			N/A		\$466,332		\$163,044		
% Change from Current			N/A		48.6%		17.0%		
Medical Benefits	In-Network			In-Network			In-Network		
Medical Plan Type	EHDHP			EHDHP			EHDHP		
Deductible	Individual/Family \$3,000/\$6,000 100/0			Individual/Family \$3,000/\$6,000 100/0			Individual/Family \$3,000/\$6,000 100/0		
Coinsurance	100/0			70/30			70/30		
Out-of-Pocket Maximum	\$3,000/\$6,000			\$3,000/\$6,000			\$3,000/\$6,000		
Individual/Family Copays Included?	No			No			No		
Deductible Included?	Yes			Yes			Yes		
Inpatient Hospital	Ded, 100/0			Ded, 100/0			Ded, 100/0		
Outpatient	Ded, 100/0			Ded, 100/0			Ded, 100/0		
Emergency Room	Ded, 100/0			Ded, 100/0			Ded, 100/0		
Urgent Care	Ded, 100/0			Ded, 100/0			Ded, 100/0		
Primary Care / Specialist Visit	Ded, 100/0			Ded, 100/0			Ded, 100/0		
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:

1. Benefits presented above are summarized. For full details see the plan design document.
2. Fully Insured premium rates above include \$20.00 PEP in commissions.

Humana Renewing Plan Design(s) EHDHP OPT 13		MMO - Option 1 Alternate Plan Design(s) - Revised HSA \$3000 Ded 100/0 Coins		Anthem - Option 6 Alternate Plan Design(s) HSA Option E3 with Rx T8	
EE Count	Rate	EE Count	Rate	EE Count	Rate
14	\$500.07	14	\$514.52	14	\$500.54
14	\$1,100.16	14	\$1,049.52	14	\$1,100.19
10	\$950.13	10	\$1,024.04	10	\$844.91
37	\$1,600.23	37	\$1,559.04	37	\$1,545.17
	\$91,113		\$89,821		\$88,031
	\$1,093,356		\$1,077,857		\$1,056,367
	\$134,272		\$118,773		\$97,283
	14.0%		12.4%		10.1%
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
EHDHP	EHDHP	EHDHP	EHDHP	EHDHP	EHDHP
\$3,000/\$6,000 100/0	\$9,000/\$18,000 70/30	\$3,000/\$6,000 100/0	\$7,500/\$15,000 50/50	\$3,000/\$6,000 100/0	\$9,000/\$18,000 70/30
\$3,000/\$6,000	\$11,500/\$23,000	\$3,000/\$6,000	\$15,000/\$30,000	\$4,000/\$8,000	\$12,000/\$24,000
No	No	No	No	Yes - Rx	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Ded, 100/0	Ded 70/30	Ded, 100/0	Ded, 50/50	Ded, 100/0	Ded 70/30
Ded, 100/0	Ded 70/30	Ded, 100/0	Ded, 50/50	Ded, 100/0	Ded 70/30
Ded, 100/0	Ded 70/30	Ded, 100/0	Ded, 50/50	Ded, 100/0	Ded 70/30
Ded, 100/0	Ded 70/30	Ded, 100/0	Ded, 50/50	Ded, 100/0	Ded 70/30
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible
Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, 100/0	Level 1 - Ded, \$10/\$40/\$70/\$25% up to \$350	Level 1 - Ded, \$10/\$40/\$70/\$25% up to \$350
Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, 100/0	Level 2 - Ded, \$20/\$50/\$80/\$25% up to \$450	Level 2 - Ded, \$20/\$50/\$80/\$25% up to \$450
Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, 100/0	Ded, \$25/\$120/\$210/25% up to \$350	Ded, \$25/\$120/\$210/25% up to \$350

Plan Specific Notes:

*Rates above are contingent on dental moving to Humana.

Plan Specific Notes:

*Plan rates above include MMO's standard 51.99 commissions.

Plan Specific Notes:

*Chamber discount of 1% is applied to rates above.

*For Rx, level 1 refers to preferred network and level 2 refers to all other in network.

City of Montgomery
Dental Plan Analysis - Fully Insured
January 1, 2022

Monthly Rates	Count	Dental Care Plus		Option 1 Anthem PPO	Option 2 Humana PPO- 100 / 90 / 60
		Current	Proposed		
Employee Only	15	\$29.86	\$29.86	\$30.13	\$33.50
Employee + 1	24	\$59.73	\$59.73	\$60.27	\$66.99
Family	37	\$100.07	\$100.07	\$101.89	\$126.41
Combined Est. Monthly Premium		\$5,584.01	\$5,584.01	\$5,668.36	\$6,787.43
Combined Est. Annual Premium		\$67,008.12	\$67,008.12	\$68,020.32	\$81,449.16
Percentage Change From Current		N/A	0.00%	1.51%	21.55%
Annual Dollar Change From Current		N/A	\$0.00	\$1,012.20	\$14,441.04
Benefits		In-Network	In-Network	In-Network	In-Network
Rate Guarantee		1 year	2 years	1 year	1 year
Waiting Period		None	None	None	None
OON Payment Basis		90th	90th	90th	90th
Plan Highlights					
Individual / Family Deductible		\$0 / \$0	\$0 / \$0	\$25 / \$75	
Calendar Year or Policy Year		Calendar Year	Calendar Year	Calendar Year	
Annual Maximum Benefit		\$2,000	\$2,000	\$2,000	
Dependent Age Limit		26	26	26	
Diagnostic & Preventive					
Exams		100%	100%	100%	100%
Cleanings		100%	100%	100%	100%
X-Rays		100%	100%	100%	100%
Sealants		80%	80%	100%	100%
Regular Restorative Services					
Emergency Pain Treatment		100%	100%	100%	100%
Fillings, Stainless Crowns		80%	80%	90%	90%
Periodontics (Gum Disease)		80%	80%	90%	90%
Endodontics (Root Canal)		80%	80%	90%	90%
Simple Extractions		80%	80%	60%	60%
Major Services					
Implants		Not Included	Not Included	60%	60%
Crowns, Inlays, Onlays		80%	80%	60%	60%
Bridges and Dentures		80%	80%	60%	60%
Missing Tooth Clause		Included	NA	Included	
Orthodontics					
Lifetime Maximum		50% \$1,000 Lifetime Maximum	50% \$1,000 Lifetime Maximum	50% \$1,000 Lifetime Maximum	50% \$1,000 Lifetime Maximum
Age Limitation		19	19	19	19