

RESOLUTION NO. 37 , 2022

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, 2023 through December 31, 2023, 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 7, 2022

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



HORAN Associates, Inc.
City of Montgomery
Report as of 3 November 2022

Plan Group Benefit Comparison Report - 1/1/23 - 12/31/23
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. The actual contract language and rates for each plan should be reviewed. Rates are subject to change and are based on final employer data. * = Additional details available

Medical Plan Group	Current	Renewal	Proposed	Proposed
	1,009,314 ⁰⁰ Total Premium	1,069,872 ⁷² Total Premium +6.0%	1,027,459 ⁰⁸ Total Premium +1.8%	1,036,880 ⁰⁴ Total Premium +2.7%
Medical Plan Design	Humana OH 100/70 EHDHP 16 NPOS Opt 1... NPOS	Humana OH 100/70 EHDHP 16 NPOS Opt 1... NPOS	Blue Access PPO HSA Option E3 w/ PPO - Blue Access	Anthem PPO HSA Option E3 PPO - Blue Access
Deductible	Single In 3,000 Family In 6,000 Embedded 0%	Single In 3,000 Family In 6,000 Embedded 0%	Single In 3,000 Family In 6,000 Embedded 0%	Single In 3,000 Family In 6,000 Embedded 0%
Employee Coinsurance	Embedded 0%	Embedded 0%	Embedded 0%	Embedded 0%
Out-of-Pocket Max	3,000	3,000	4,000	4,000

Medical Services	In Network	In Network	In Network	In Network
Primary Care	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Specialty Care	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Urgent Care	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Emergency	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
In-Patient Hospital	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Out-Patient Hospital	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
In-Patient Physician	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Out-Patient Physician	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Tele-Medicine				
Diagnostic Test	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Lab Test	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...
Imaging	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...	\$ -- Deductible, then 0% Coinsura...

Rx	Integrated with Medical	Family	Single	Family	Single
Deductible	\$ --	--	\$ --	--	\$ --
Out-of-Pocket Max	\$ --	--	\$ --	--	\$ --
Tiers 1/2/3/4/5/6	--	--	\$10/\$40/\$70/25%	--	\$10/\$40/\$70/25%
Mail Order	--	--	--/ --/ --	--	--/ --/ --

Notes	Integrated with Medical	Family	Single	Family	Single	
Enrollment	Premium	15	\$ 530 ⁰⁶	15	\$ 527 ⁴⁷	
Employee Only	Premium	13	\$ 1,100 ¹²	13	\$ 1,159 ⁹⁸	
Employee + Spouse	Premium	10	\$ 950 ¹¹	10	\$ 890 ⁹⁷	
Employee + Children	Premium	33	\$ 1,600 ¹⁸	33	\$ 1,628 ⁹⁰	
Family						
Monthly/Annual Prem	71	\$ 84,109 ⁵⁰ / 1,009,314 ⁰⁰	71	\$ 89,156 ⁰⁶ / 1,069,872 ⁷²	71	\$ 85,621 ⁵⁸ / 1,027,459 ⁰⁸
						+6.0%
						+1.8%
						+2.7%



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Plan Group Benefit Comparison Report - 1/1/23 - 12/31/23
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.
* = Additional details available

Medical Plan Group	Proposed UnitedHealthcare 1,132,461 ¹² Total Premium +12.2%	Proposed Medical Mutual of Ohio 1,018,827 ⁸⁴ Total Premium +0.9%
Medical Plan Design	UnitedHealthcare AG5F (HSA) HDHP - Choice Plus	Medical Mutual of Ohio HSA 3000/0 PD Rx SM1 (r22) PPO - SuperMed Plus
Deductible \$	Single In 3,000 Family In 6,000 Embedded	Single In 3,000 Family In 6,000 Embedded
Employee Coinsurance	0%	0%
Out-of-Pocket Max \$	5,000 10,000 Embedded	4,500 9,000 Embedded

Medical Services	In Network	In Network
Primary Care	\$ 25 Deductible, then copay	\$ -- Deductible, then 0% Coinsura...
Specialty Care	\$ 50 Deductible, then copay	\$ -- Deductible, then 0% Coinsura...
Urgent Care	\$ 75 Deductible, then copay	\$ -- Deductible, then 0% Coinsura...
Emergency	\$ 250 Deductible, then copay	\$ -- Deductible, then 0% Coinsura...
In-Patient Hospital	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...
Out-Patient Hospital	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...
In-Patient Physician	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...
Out-Patient Physician	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...
Tele-Medicine		
Diagnostic Test	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...
Lab Test	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...
Imaging	\$ -- Deductible, then 0% coinsurance	\$ -- Deductible, then 0% Coinsura...

Rx	Integrated with Medical	Integrated with Medical
Deductible	Single -- Family --	Single -- Family --
Out-of-Pocket Max	\$ -- \$ --	\$ -- \$ --
Tiers 1/2/3/4/5/6	\$10/ \$40/ \$85/ \$250	\$0/ \$35/ \$70/ 25%*
Mail Order	\$25/ \$100/ \$213/ \$625	\$0/ \$105/ \$210/ 25%*

Notes

Enrollment	Premium	Premium
Employee Only	15 \$ 561 ⁰⁷	15 \$ 531 ³¹
Employee + Spouse	13 \$ 1,234 ³⁵	13 \$ 1,163 ¹⁷
Employee + Children	10 \$ 1,066 ⁰³	10 \$ 952 ⁵⁶
Family	33 \$ 1,795 ⁴²	33 \$ 1,584 ⁴²
Monthly/Annual Prem	71 \$ 94,371 ⁷⁶ / 1,132,461 ¹²	71 \$ 84,902 ³² / 1,018,827 ⁸⁴

+0.9%

**City of Montgomery
Dental Plan Analysis - Fully Insured
January 1, 2023**

Monthly Rates	Count	Current		Renewal		Option 1 United Healthcare		Option 2 Anthem		Option 3 Superior Dental Care	
		Humana	Humana	United Healthcare	United Healthcare	Anthem	Anthem	Superior Dental Care	Superior Dental Care		
Employee Only	16	\$33.50	\$33.50	\$26.03	\$32.66	\$31.16	\$32.66	\$31.16	\$31.16	\$31.16	\$31.16
Employee + Spouse	12	\$66.99	\$66.99	\$52.05	\$65.30	\$62.30	\$65.30	\$62.30	\$62.30	\$62.30	\$62.30
Employee + Child(ren)	10	\$66.99	\$66.99	\$62.85	\$65.30	\$62.30	\$65.30	\$62.30	\$62.30	\$62.30	\$62.30
Family	35	\$126.41	\$126.41	\$93.79	\$123.33	\$117.56	\$123.33	\$117.56	\$117.56	\$117.56	\$117.56
Combined Est. Monthly Premium		\$6,434.13	\$6,434.13	\$4,952.23	\$6,275.71	\$5,983.76	\$6,275.71	\$5,983.76	\$5,983.76	\$5,983.76	\$5,983.76
Combined Est. Annual Premium		\$77,209.56	\$77,209.56	\$59,426.76	\$75,308.52	\$71,805.12	\$75,308.52	\$71,805.12	\$71,805.12	\$71,805.12	\$71,805.12
Percentage Change From Current		N/A	0.00%	-23.03%	-2.46%	-7.00%	-2.46%	-7.00%	-7.00%	-7.00%	-7.00%
Annual Dollar Change From Current		N/A	\$0.00	-\$1,782.80	-\$1,901.04	-\$5,404.44	-\$1,901.04	-\$5,404.44	-\$5,404.44	-\$5,404.44	-\$5,404.44
Rate Guarantee		In rate hold until 1/1/2024	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Bundling Required		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Contribution Level		Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored	Employer Sponsored
Waiting Period		None	None	None	None	None	None	None	None	None	None
COB Payment Basis		90th	90th	90th	90th	90th	90th	90th	90th	90th	90th
Plan Highlights		Individual / Family Deductible Calendar Year or Policy Year Annual Maximum Benefit Dependent Age Limit	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26	\$25/\$75 Calendar Year \$2,000 26
Diagnostic & Preventive		Exams Cleanings X-Rays Sealants	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100%
Regular Restorative Services		Emergency Pain Treatment Fillings, Stainless Crowns Pericoronics (Gum Disease) Endodontics (Root Canal) Simple Extractions	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 10% Deductible, then 10%
Major Services		Implants Crowns, Inlays, Onlays Bridges and Dentures Repairs and Adjustments	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%	Not covered* Deductible, then 40% Deductible, then 40% Deductible, then 40%
Orthodontics		Lifetime Maximum Age Limitation	50% up to \$1,000 18	505 up to \$1,000 19	50% up to \$1,000 18	50% up to \$1,000 18	50% up to \$1,000 18	50% up to \$1,000 18	50% up to \$1,000 18	50% up to \$1,000 18	50% up to \$1,000 18

NOTES:
 *Implant related services are covered but not implants themselves
 With MMCO Medical coverage, this offer has a 95,700 contingent premium. MMCO will bill at the 100% rates and the group can get up to 5% back based on how they run