

RESOLUTION NO. 411, 2023

**A RESOLUTION AUTHORIZING THE CITY MANAGER
TO ENTER INTO A CONTRACT WITH COMMUNITY INSURANCE COMPANY D/B/A
ANTHEM BLUE CROSS AND BLUE SHIELD 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 Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield 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,
Ohio:

SECTION 1. The City Manager is hereby authorized to enter into a contract with Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield to provide medical insurance benefits and dental insurance benefits for all full-time employees for twelve months commencing January 1, 2024 through December 31, 2024, 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 Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield according to the rates set forth in the schedules submitted by Anthem attached hereto as Exhibits "A" and "B" and incorporated herein by reference.

SECTION 3. This Resolution shall be in full force and effect from and after its passage.

PASSED: December 6, 2023

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

Ronald G. Messer
Ronald G. Messer, Mayor

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



HORAN Associates, Inc.
City of Montgomery
Report as of 23 October 2023

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Exhibit "A"

Plan Group Benefit Comparison Report - 1/1/24 - 12/31/24
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		Current Renewal 1,123,302 ⁶⁰ Total Premium		Proposed Anthem 1,260,798 ³⁶ Total Premium +12.2%		Proposed Anthem Alt Opt 1 1,193,811 ⁴⁸ Total Premium +6.3%	
Medical Plan Design		Humana OH 100/70 EHDHP 16 NPOS Opt 13 NPOS		Anthem Blue Access PPO HSA Option E3		Anthem PPO HSA Opt 5 OH-LC-RX Blue Access	
Employee Coinsurance Out-of-Pocket Max	Deductible	Single In \$ 3,000	Family In 6,000	Single In / Out \$ 3,200 / 9,600	Family In / Out 6,400 / 19,200	Single In / Out \$ 3,200 / 9,600	Family In / Out 6,400 / 19,200
	Embedded	0 %	0 %	0 % / 30 %	0 % / 30 %	20 % / 50 %	20 % / 50 %
		3,000	6,000	4,000 / 12,000	8,000 / 24,000	5,000 / 12,000	10,000 / 24,000
Medical Services		In Network		In Network Out Of Network Copays		In Network Out Of Network Copays	
Primary Care	\$ --	Deductible, then 0% coinsuran...		\$ 0	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Specialty Care	\$ --	Deductible, then 0% coinsuran...		\$ 0	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Urgent Care	\$ --	Deductible, then 0% coinsuran...		\$ 0	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Emergency	\$ --	Deductible, then 0% coinsuran...		\$ 0	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
In-Patient Hospital	\$ --	Deductible, then 0% coinsuran...		\$ 0	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Out-Patient Hospital	\$ --	Deductible, then 0% coinsuran...		\$ 0	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
In-Patient Physician	\$ --	Deductible, then 0% coinsuran...		\$ --	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Out-Patient Physician	\$ --	Deductible, then 0% coinsuran...		\$ --	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Tele-Medicine	\$ --	Deductible, then 0% coinsuran...		\$ --	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Diagnostic Test	\$ --	Deductible, then 0% coinsuran...		\$ --	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Lab Test	\$ --	Deductible, then 0% coinsuran...		\$ --	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Imaging	\$ --	Deductible, then 0% coinsuran...		\$ --	Deductible, then 0% coinsuran...--	\$ --	Deductible, then 20%
Rx		Integrated with Medical		Integrated with Medical		Integrated with Medical	
Deductible	\$ --	Single	Family	Single	Family	Single	Family
Out-of-Pocket Max	\$ --	--	--	\$ --	--	\$ --	--
Tiers 1/2/3/4/5/6	--	\$10/ \$40/ \$70/ 25%* \$25/ \$100/ \$175/ 25%*		20%/ 20%/ 20%/ 20% --/ --/ --/ --		20%/ 20%/ 20%/ 20% --/ --/ --/ --	
Mail Order	--						
Notes				Medical and Rx deductible integrated. Rx copays after deductible.		Rx coinsurance after deductible.	
Enrollment		Premium		Premium		Premium	
Employee Only	21	\$ 530 ⁰⁶		21	\$ 594 ⁸⁴	21	\$ 563 ³³
Employee + Spouse	10	\$ 1,166 ¹³		10	\$ 1,308 ⁸⁷	10	\$ 1,238 ³³
Employee + Children	8	\$ 1,007 ¹²		8	\$ 1,130 ³⁹	8	\$ 1,070 ³³
Family	37	\$ 1,696 ¹⁹		37	\$ 1,903 ⁸¹	37	\$ 1,802 ⁶⁶
Monthly/Annual Prem	76	\$ 93,608 ⁵⁵ / 1,123,302 ⁶⁰		76	\$ 105,066 ⁵³ / 1,260,798 ³⁶	76	\$ 99,484 ²⁹ / 1,193,811 ⁴⁸
				+12.2%		+6.3%	

City of Montgomery
Dental Plan Analysis - Fully Insured
January 1, 2024

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Monthly Rates		Current		Ameritas		Paramount		Superior Dental Care		Anthem		Delta Dental	
Count		Humana											
Employee Only	23	\$33.50		\$32.00		\$31.74		\$29.22		\$32.28		\$33.54	
Employee + Spouse	12	\$66.64		\$64.64		\$59.67		\$58.47		\$64.56		\$63.38	
Employee + Child(ren)	8	\$66.99		\$64.64		\$59.67		\$58.47		\$64.56		\$63.38	
Family	38	\$126.41		\$117.20		\$114.88		\$110.24		\$115.17		\$115.17	
Combined Est. Monthly Premium		\$6,933.88		\$6,482.40		\$6,281.26		\$6,029.58		\$6,662.80		\$6,415.48	
Percentage Change From Current		\$62,966.56		\$77,788.80		\$75,375.12		\$72,354.96		\$79,953.60		\$76,985.76	
Annual Dollar Change From Current		N/A		-6.20%		-9.15%		-12.79%		-3.63%		-7.21%	
Benefits		In-Network		In-Network		In-Network		In-Network		In-Network		In-Network	
Rate Assistance		1 Year		2 Years		2 Years		2 Years		2 Years		2 Years	
Building Required		No		No		No		No		No		No	
Contributing Asset		Non-Contributory		Voluntary		Non-Contributory		Non-Contributory		Non-Contributory		Non-contributory	
Waiting Period		None		None		None		None		None		None	
COI Payment Basis		Self		Self		Self		Self		Self		Fee	
Plan Highlights													
Individual / Family Deductible		\$25/\$75		\$25/\$75*		\$35/\$75		\$35/\$75		\$25/\$75		\$35/\$75	
Calendar Year or Policy Year		Calendar Year		Calendar Year		Policy Year		Policy Year		Calendar Year		Calendar Year	
Annual Maximum Benefit		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000	
Dependent Age Limit		26		26		26		26		26		26	
Diagnostic & Preventive													
Exams		100% covered		100% covered		100% covered		100% covered		100% covered		100% covered	
Cleanings		100% covered		100% covered		100% covered		100% covered		100% covered		100% covered	
X-Rays		100% covered		100% covered		100% covered		100% covered		100% covered		100% covered	
Sealants		100% covered		100% covered		100% covered		100% covered		100% covered		100% covered	
Regular Restorative Services													
Emergency Pain Treatment		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%	
Filling, Stainless Crown		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%	
Porcelain Crowns		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%	
Endodontics (Gum Disease)		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%	
Endodontics (Root Canal)		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%	
Single Extractions		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%		Deductible, then 10%	
Major Services													
Implants		Not covered		Deductible, then 40%		Not covered		Deductible, then 40%		Not covered		Deductible, then 40%	
Crown, Inlay, Onlays		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%	
Bridges and Dentures		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%	
Repairs and Adjustments		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%		Deductible, then 40%	
Orthodontics													
Lifetime Maximum		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Age Limitation		18		19		18		18		18		19	
Commission		Standard		10%		Standard		Standard		Standard		Standard	

NOTES: Lifetime Deductible for no additional load. Lifetime Deductible is a one-time, per person deductible, with no family person deductible, with no payor payor deductible. Once for all family members covered by first plan. The deductible is not paid each year or per visit. This continuous coverage is in effect as long as the member stays with the same employer.

Maximum carryover: If at least 1 Covered Service is paid in a calendar year & the total benefit paid does not exceed \$1000 in that calendar year, \$250 will be added to the next calendar year's benefit. If no Covered Services are paid during a calendar year, all accumulated carryover...