

RESOLUTION NO. 25 , 2019

**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 twelve months commencing October 1, 2019 through September 30, 2020, 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 4, 2019

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

Christopher P. Dobrozi
Christopher P. Dobrozi, Mayor

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

City of Montgomery
October 1, 2019 Renewal
 Fully Insured Proposal



	Original			Revised			FINAL		
	Humana Current Plan Design(s) OH 100/70 EHDHP 16 NPOS OPT 13	Humana Renewing Plan Design(s) OH 100/70 EHDHP 16 NPOS OPT 13	Humana Renewing Plan Design(s) OH 100/70 EHDHP 16 NPOS OPT 13	Humana Renewing Plan Design(s) OH 100/70 EHDHP 16 NPOS OPT 13	Humana Renewing Plan Design(s) OH 100/70 EHDHP 16 NPOS OPT 13	Humana Renewing Plan Design(s) OH 100/70 EHDHP 16 NPOS OPT 13			
Tiers	EE Count	Rate	EE Count	Rate	EE Count	Rate			
Single	12	\$402.45	12	\$478.93	12	\$462.78			
EE + SP	10	\$885.40	10	\$1,053.65	10	\$1,018.11			
EE + CH	13	\$764.66	13	\$909.97	13	\$879.27			
Family	33	\$1,287.86	33	\$1,532.58	33	\$1,480.88			
Estimated Monthly Premium		\$66,123		\$78,688		\$76,034			
Estimated Annual Premium		\$793,480		\$944,261		\$912,408			
Dollar Change from Current		N/A		\$150,781		\$118,928			
% Change from Current		N/A		19.0%		15.0%			
Medical Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network			
Deductible	EHDHP	EHDHP	EHDHP	EHDHP	EHDHP	EHDHP			
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	\$3,000/\$6,000	\$11,500/\$23,000	\$3,000/\$6,000	\$11,500/\$23,000	\$3,000/\$6,000	\$11,500/\$23,000			
Individual/Family Copays Included?	Yes- Med & Rx	Yes	Yes- Med & Rx	Yes	Yes- Med & Rx	Yes			
Deductible Included?	Yes	Yes	Yes	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	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network			
Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible	Integrated Med & Rx Deductible			
Tier 1 / Tier 2 / Tier 3 Mail-Order	Ded, 100/0 Ded, 100/0	Ded, 100/0	Ded, 100/0 Ded, 100/0	Ded, 100/0	Ded, 100/0 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 PPFM in commissions.
3. Renewal rates include chamber discount.

Plan Specific Notes:

1. The accumulated savings from Wellness Engagement Incentives since your last renewal are \$30,688.26

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