Resolution 2021-185
Accept 2022 Medical Mutual of Ohio Premium and Benefits

The Board of Trustees of Franklin Township, Franklin County, Ohio met in person in a regular session at 6:30 p.m. on Thursday, November 17, 2021, and the following trustees were present:

Horn: √YES/□ NO **Fleshman:** √YES/□ NO **Alex:** Excused

Fleshman made a motion for the adoption of the following resolution:

BE IT RESOLVED by the Board of Trustees of Franklin Township, Franklin County, Ohio, that the Board approves to accept the 2022 Medical Mutual of Ohio premiums and benefits as outline in the Exhibit A contract.

Horn seconded the motion; with no discussion, the roll was called and the vote was as follows:

Horn: √YES/□ NO **Fleshman:** √YES/□ NO **Alex:** Excused

_____
Trustee Ralph Horn, 2021 Chair

_____
Trustee John Fleshman, 2021 Vice-Chair

Excused _____
Trustee Aryeh Alex

Attested to on this 17th day of November, 2021:

_____
Fiscal Officer Nick Dunn

MEDICAL MUTUAL

Prepared For:

FRANKLIN TOWNSHIP

Effective Date: 1/1/2022
End Date: 12/31/2022
County: Franklin
State: Ohio

Quote ID: 0095424-02

Friday, October 29, 2021
2:38 PM

MEDICAL MUTUAL®

As part of the Affordable Care Act, health insurance issuers and group health plans are required to provide a Summary of Benefits and Coverage (SBC) to all participants (and their dependents if they reside at a different address).

The SBC(s) applicable to your current plan(s) will be available on EmployerLink or from your sales representative or broker. As the plan sponsor, you are responsible for distributing SBCs to your participants with other written application materials during open enrollment. An SBC must be provided for each benefit package in which a participant or dependent is eligible. If you do not require a written application from your participants to renew, you must provide each participant with the SBC specific to the plan in which he or she is enrolled no later than 30 days prior to the first day of the new plan or policy year.

Please review your applicable SBC(s) carefully. If you make a change that affects the information in your SBC, please contact your sales representative or broker to initiate the change and ensure new SBCs are available for your open enrollment period.

MEDICAL MUTUAL

FRANKLIN TOWNSHIP
ALL SECTIONS
INSURED RENEWAL RATES

Effective January 1, 2022, through December 31, 2022

223302

			Monthly Enrollment	Current Rates	Renewal Rates		Current Monthly Premium	Renewal Monthly Premium	Change in Monthly Premium
CMM I	SMP HRA 1080-5000 - NGF								
		Single	12	$450.76	$504.67		$5,409	$6,056	
		Employee + Spouse	5	$1,056.25	$1,183.00		$5,281	$5,915	
		Employee + Child	2	$782.66	$876.50		$1,565	$1,753	
		Employee + Children	3	$782.66	$876.50		$2,348	$2,630	
		Family	26	$1,388.15	$1,554.83		$36,092	$40,426	
						Subtotal	$50,695	$56,780	12.0%
DRUG I	10/20/30, 2x								
		Single	12	$155.54	$174.20		$1,866	$2,090	
		Employee + Spouse	5	$365.53	$409.39		$1,828	$2,047	
		Employee + Child	2	$270.62	$303.09		$541	$606	
		Employee + Children	3	$270.62	$303.09		$812	$909	
		Family	26	$480.61	$538.28		$12,496	$13,995	
						Subtotal	$17,543	$19,647	12.0%
						Total	$68,238	$76,427	12.0%

Rates include Patient-Centered Outcomes Research Institute Fees (PCORI), Reinsurance Fees and Market Share fees, when applicable, which are federally mandated. All fees are subject to state premium tax. Fees are subject to change. When a contract period spans more than one calendar year, the fees are averaged over the length of the period.

Federally Mandated Fees (Monthly average):

PCORI:	$33
Reinsurance:	$0
Market Share:	$0
Total:	$33

Rate Acceptance

Group Official Initial: RJB

Please initial next to the benefits that have been selected by the group.

Group Official Signature: [signature]

Title: Trustee Chairman

Date: 11/22/2021

Quote ID: 0095424-02

MEDICAL MUTUAL

FRANKLIN TOWNSHIP
ALL SECTIONS
DISCLAIMERS AND NOTES

Effective January 1, 2022, through December 31, 2022

1 - Rates include broker commission.
2 - All rates are subject to the terms and conditions specified in the Group Contract.
3 - Change in total enrollment or in any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.

4 - In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
5 - Employers must disclose any funding of deductibles or coinsurance provided to employees. If funding is not disclosed, Medical Mutual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments.
6 - As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification (made other than in conjunction with a renewal) if it impacts the contents of the Summary of Benefits and Coverage (SBC). Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.

7 - Covered employees will automatically have access to Medical Mutual's Basics wellness program, which includes online health resources, health assessments, WW (Weight Watchers) discounts, 24/7 nurse line and tobacco cessation programs. If not already enrolled in a buy up program, additional wellness program options are available upon request for an additional fee.

8 If a non-Medical Mutual ancillary carrier, other than Superior Dental, is added for COBRA services, a fee of $0.34 per employee per month will be charged.

Rate Acceptance

Group Official Initial: RJ

Please initial next to the benefits that have been selected by the group.

Group Official Signature: Ralph Horn

Title: Trustee Chairman

Date: 11/22/2021

MEDICAL MUTUAL

FRANKLIN TOWNSHIP
ALL SECTIONS
LEGISLATIVE UPDATES

Effective January 1, 2022, through December 31, 2022

- Your rates may be adjusted to account for coverage mandated by federal or state law.
- Pursuant to Ohio House Bill 463, based on your current Autism Spectrum Disorder benefits, your renewal (effective 1/1/18 or later) has been adjusted for compliance with the law, where applicable.
- In order to comply with the United State Preventive Task Force final recommendations effective with plan years beginning 12/1/2017, your renewal has been adjusted to reflect changes to your non-grandfathered plan benefits effective with your next plan year on or after 12/1/2017.

- The rates in this proposal may include Patient-Centered Outcomes Research Institute Fee (PCORI), Reinsurance Fee, Exchange Fee, and Market Share Fee when applicable which are federally mandated. Additionally, this policy, Medical Mutual, or you as a Plan Sponsor may become subject to taxes, fees or other charges imposed by State, Local, or Federal governments (collectively, "fees"). Medical Mutual reserves the right to adjust your premium or funding rate (or add the fees to the invoice) consistent with the effective date of the new fees imposed by the government. Adjustments may or may not be noted in a line item on monthly invoices. All fees are subject to change during the contract period.

Rate Acceptance

Group Official Initial: BH *Please initial next to the benefits that have been selected by the group.*

Group Official Signature: Ralph Horn

Title: Trustee Chairman

Date: 11/22/2021

MMI: 0014020960000000001

MEDICAL MUTUAL

Group Benefit Summary Report

11/17/2021 12:24 PM

Group

Group Number	Group Name	Section
223302	Franklin TWP. Franklin County	001

NOTE: THERE ARE NO BENEFIT CHANGES FROM 01/01/2021 RENEWAL AND 01/01/2022 RENEWAL.

THE PLAN IS KEEPING THE SAME BENEFITS.

Signature

I have reviewed the entire Group Benefit Summary Report and it is approved with no changes:

RALPH HORN

Print Name

Ralph Horn

Signature

Chairman Trustee

Title

11/22/2021

Date

Medical

Subcategory	Variable	Network	Non-Network
General Information			
Product		SuperMed Plus CMM - HRA	
Plan Name		Plan 1	
Dependent Age		26	
Older Age Child		26	
Dependent Removal		End of Month	
Domestic Partners	(includes same and opposite sex)	Covered	
Pre-existing Condition Waiting Period		Does Not Apply	
Lifetime Maximum		Unlimited	
Overall Benefit Period Maximum		Unlimited	
Network and Non-		*Integrated*	

Subcategory	Variable	Network	Non-Network
Network Benefit Maximums			
Claims Filing Limit		12 months	
Case Management		Yes	
Precertification		Yes - Provider Driven	Yes - Provider Driven
Blood Pint Deductible		0 pints	
3 Month Deductible Carryover Credit		No	
Route Code		5900	
How Claims are Paid			
COB Processing		Selective Pursue and Pay (Indicator - 3 1)	
Other Carrier Liability (OCL)		10008 - pay to fill	
Non Contracting Providers		Same as Non-Network	
Benefit Period		January 1st through December 31st	
Type of SuperMed Processing		Flat	
Coinsurance		80%	60%
Benefit Period Deductible - Single		$5,000	$10,000
Benefit Period Deductible - Family		$10,000	$20,000
Type of Deductible Accumulation		Separate - Deductible incurred for a non-network provider will only apply to the non-network deductible limits. Deductible incurred for a network provider will only apply to the network limits.	
Type of Deductible Processing		Embedded Deductible	
Deductible - Common Accident		Yes	
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Single		$1,350	$3,000
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Family		$2,700	$6,000
Type of Coinsurance Out-of-Pocket Accumulation		Separate - Coinsurance incurred for a non-network provider will only apply to the non-network coinsurance limits. Coinsurance incurred for a network provider will only apply to the network limits.	
Type of Coinsurance Out-of-Pocket Processing		Embedded Coinsurance	
Maximum Out-of-Pocket Limits - Single (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	$7,000	$13,000
Maximum Out-of-Pocket	(includes medical and	$14,000	$26,000

Subcategory	Variable	Network	Non-Network
Limits - Family (the sum of any applicable deductible, coinsurance and copays)	drug services)		
Type of Copay Processing		MOOP Accumulation Copay Processing(Medical/Drug)-Copays accumulate to the Maximum Out-of-Pocket (MOOP) Limits and they stop being taken once the MOOPs are met.	
Emergency Room			
Emergency - Medical/Accident - Emergency Room		$75 copay, then 100% (copay is waived if admitted)	
Emergency - Medical/Accident - Related Services		100%	
Emergency - Medical/Accident - Physician		100%	
Non-Emergency - Emergency Room		80% after deductible	60% after deductible
Non-Emergency - Physician		80% after deductible	60% after deductible
Inpatient Services			
Anesthesia		80% after deductible	60% after deductible
Consultations		80% after deductible	60% after deductible
Newborn Care		80% after deductible	60% after deductible
Institutional Services		80% after deductible	60% after deductible
Maternity		80% after deductible	60% after deductible
Physical Medicine and Rehabilitation	(limited to 90 days per benefit period when rendered in a Freestanding Rehabilitation Hospital)	80% after deductible	60% after deductible
Professional Services		80% after deductible	60% after deductible
Skilled Nursing Facility(SNF)	(90 days per benefit period)	80% after deductible	60% after deductible
Mental Health, Alcohol and Drug Abuse			
Inpatient Alcoholism Services		Benefits paid based on corresponding medical benefits	
Inpatient Drug Abuse Services		Benefits paid based on corresponding medical benefits	
Inpatient Mental Health Services		Benefits paid based on corresponding medical benefits	
Outpatient Alcoholism Services		Benefits paid based on corresponding medical benefits	
Outpatient Drug Abuse Services		Benefits paid based on corresponding medical benefits	
Outpatient Mental Health Services		Benefits paid based on corresponding medical benefits	

MMI: 001402096000000001

Drug

Subcategory	Variable	
General Information		
Product		Freestanding Drug - Realtime Processing - Next Gen
3 Month Deductible Carryover Credit		No
Formulary with Integrated Coverage Management Programs		Basic Plus
Coverage Management with 90 day waiver member notification		No
Pharmacy Network		National Plus
Specialty Drug Solution Pharmacy Network		Applies
True Payment Processing(TPP)		Applies
Pricing Method		Traditional Pricing
Insulin Method		Method 8
How Claims are Paid		
Benefit Period		January 1st through December 31st
HCR Preventive Benefits - Drug		100%
Contraceptive Coverage and HCR Preventive Benefits for Women - Drug		100%
Benefit Period Deductible - Single		N/A
Benefit Period Deductible - Family		N/A
Maximum Out-of-Pocket Limits - Single (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	$7,000
Maximum Out-of-Pocket Limits - Family (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	$14,000
Type of Copay Processing		MOOP Accumulation Copay Processing(Medical/Drug)-Copays accumulate to the Maximum Out-of-Pocket (MOOP) Limits and they stop being taken once the MOOPs are met.
Retail Copayments		
Generic Copay	Covers up to a 30-day supply.	$10
Preferred Brand Copay	Covers up to a 30-day supply.	$20
Non-Preferred Brand Copay	Covers up to a 30-day supply.	$30
DAW Logic Selection - Generic Incentive		Not Applicable
Should the DAW penalty apply to the OOP?		Not Applicable
Does the DAW penalty continue after the OOP is met?		Not Applicable
Home Delivery Incentive Fill Count		Not Applicable
Generic Copay - Home Delivery Incentive		N/A
Preferred Brand Copay - Home Delivery Incentive		N/A

Subcategory	Variable	
Non-Preferred Brand Copay - Home Delivery Incentive		N/A
Home Delivery Copayments		
Generic Copay	Covers up to a 90-day supply.	$20
Preferred Brand Copay	Covers up to a 90-day supply.	$40
Non-Preferred Brand Copay	Covers up to a 90-day supply.	$60
DAW Logic Selection - Generic Incentive		Not Applicable
Should the DAW penalty apply to the OOP?		Not Applicable
Does the DAW penalty continue after the OOP is met?		Not Applicable
Specialty Drug Copayments		
Specialty Drugs	Covers up to a 30-day supply.	Applicable drug tier copay applies
Commonly Covered or Excluded Drugs and Programs		
Asthmatic Supplies		Not Covered
Compound Drug Management		Participates
Diabetic Supplies (over-the-counter)		Not Covered
Fertility Drugs		Not Covered
Growth Hormones		Covered
Immunizations/Vaccines		Covered
Injectables		Covered
Sexual Dysfunction Drugs		Covered
Smoking Cessation Drugs (non-OTC)		Covered
Smoking Cessation Drugs (over-the-counter)		Not Covered, unless the service is covered under HCR Preventive Benefits - Drugs
Weight Loss Drugs		Not Covered

Benefits will be administered by Medical Mutual of Ohio. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. Only an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.