

**Resolution 2022-166**  
**A Resolution Accepting a Two-Year Renewal Offer from**  
**Medical Mutal of Ohio for Premiums in 2023 and 2024**

The Board of Trustee of Franklin Township, Franklin County, Ohio met in person in a Regular Meeting at 12:00p.m. on Thursday, October 20, 2022, and the following Resolution was presented for adoption:

Trustee  Leezer,  Horn,  Fleshman made a motion for the adoption of the following resolution:

***BE IT RESOLVED*** that the Board of Trustees of Franklin Township, Franklin County, Ohio that the Board accepts the two-year renewal offer from Medical Mutual of Ohio with a 9.5% increase in the premiums for the year 2023 and no increase in premiums in the year 2024. All current benefits and HRA will remain the same. In additional Medical Mutual of Ohio is offering up to a 5% refund of premium on January 1, 2025, if the plan runs good through 2023 and 2024. (There is no guarantee on the refund as it is based on the volume of claims.)

***BE IT FURTHER RESOLVED*** that all formal actions of the Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

***BE IT FURTHER RESOLVED*** that this Resolution shall be in full force and effect immediately upon its adoption.

Trustee  Leezer,  Horn,  Fleshman seconded the motion.

**Adopted on: October 20, 2022**

\_\_\_\_\_  
Trustee James Leezer, 2022 Chairman

\_\_\_\_\_  
Trustee Ralph Horn, 2022, Vice -Chair

\_\_\_\_\_  
Trustee John Fleshman

*Attested to on this 20<sup>th</sup> Day of October 2022*

\_\_\_\_\_  
*Fiscal Officer Nick Dunn*

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**BE IT FURTHER RESOLVED** that all formal actions of the Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

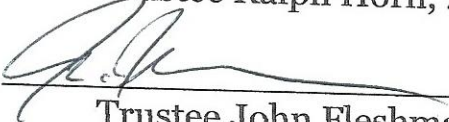
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Trustee  Leezer,  Horn,  Fleshman seconded the motion.

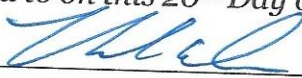
**Adopted on: October 20, 2022**

  
Trustee James Leezer, 2022 Chairman

  
Trustee Ralph Horn, 2022, Vice -Chair

  
Trustee John Fleshman

Attested to on this 20<sup>th</sup> Day of October 2022

  
Fiscal Officer Nick Dunn

# MMO Renewal

Lenzo, Brian <brian.lenzo@hubinternational.com>

Fri 10/14/2022 10:25 AM

To: Steven Mazer <smazer@franklin-township.com>; Robyn Watkins <rwatkins@franklin-township.com>  
Hi Steve.

MMO is offering a +9.5% renewal increase for 1/1/23 renewal but are offering this rate for 24-months (next renewal date would be 1/1/25).

In addition, they are offering up to a 5% refund of premium on 1/1/25 if the plan runs good (no guarantee of course).



Risk & Insurance | Employee Benefits | Retirement & Private Wealth  
Ready for tomorrow.

**Brian R. Lenzo**  
**Vice President Ohio Office**

*HUB International*  
P.O. Box 868, Delaware, OH 43015  
611 S. Sandusky Street, Delaware, OH 43015

**Office:** 740-990-2676

**Mobile:** 216-224-4123

**Toll-free:** 800-558-5658

**Fax:** 740-363-5292

**Email:** brian.lenzo@hubinternational.com

hubinternational.com





**Re: Resolution Accepting MMO Renewal 2023-2024**

Robyn Watkins &lt;rwatkins@franklin-township.com&gt;

Tue 10/25/2022 4:16 PM

To: Lenzo, Brian &lt;brian.lenzo@hubinternational.com&gt;; Nick Dunn &lt;ndunn@franklin-township.com&gt;; Steven Mazer &lt;smazer@franklin-township.com&gt;

 1 attachments (711 KB)

MMO - 2023-2024 Renewal Offer Resolution.pdf;

Brian,

Please see the attached resolution from the Franklin Township Board of Trustees accepting Medical Mutual of Ohio (MMO) renewal offer for 2023 and 2024. Please send over the actual offer agreement once MMO has it ready for the trustees to sign. Confirm upon receipt that you have received this email.

Thank you,

*Robyn L. Watkins*

Assistant Fiscal Officer

Franklin Township, Franklin County, Ohio

Ph: 614-279-9411 x2303

Fax: 614-279-6097

Business Office/Station 193/Road/Police

2193 Frank Road

Columbus, OH 43223

Station 192

4100 Sullivant Avenue

Columbus, OH 43228

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**From:** Robyn Watkins <rwatkins@franklin-township.com>**Sent:** Tuesday, October 25, 2022 1:33 PM**To:** Lenzo, Brian <brian.lenzo@hubinternational.com>**Subject:** Re: MMO Renewal

Brian,

As I mentioned in my previous email, I am waiting on Nick's signature. He is scheduled to stop by the office this afternoon around 3:00 p.m., I will send the resolution to you immediately upon receipt of his signature. My apologies.

Thanks,

*Robyn L. Watkins*



MEDICAL MUTUAL®

Prepared For:

## FRANKLIN TOWNSHIP

Effective Date: 1/1/2023  
End Date: 12/31/2024  
County: Franklin  
State: Ohio

Quote ID: 0104270-01

Monday, October 31, 2022  
9:53 AM



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

### Claims in Excess of \$10,000 for FRANKLIN TOWNSHIP

Amount	Primary Diagnosis
\$103,982	FIBROSIS AND CIRRHOSIS OF THE LIVER
\$53,031	OSTEOARTHRITIS: KNEE
\$50,596	DIABETES
\$40,077	2019 NCOV ACUTE RESPIRATORY DISEASE (COVID19)
\$31,079	DIABETES
\$28,995	MIGRAINE
\$20,026	MAJOR DEPRESSIVE DISORDER, RECURRENT
\$20,000	BIPOLAR DISORDER
\$18,788	DIABETES
\$15,905	ALCOHOL RELATED DISORDERS
\$15,375	PARALYTIC ILEUS AND INTESTINAL OBSTRUCTION WITHOUT HERNIA
\$14,880	PAIN AND CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE
\$13,373	PAIN ASSOCIATED WITH MICTURITION (URINATION)
\$12,627	OTHER DISEASES OF STOMACH AND DUODENUM
\$10,642	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE



**FRANKLIN TOWNSHIP  
ALL SECTIONS  
LEGISLATIVE UPDATES**

Effective January 1, 2023, through December 31, 2024

- 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: <u>SM</u>	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: <u>[Signature]</u>	
Title: <u>ADMINISTRATOR</u>	
Date: <u>11-3-22</u>	





FRANKLIN TOWNSHIP  
ALL SECTIONS  
DISCLAIMERS AND NOTES

Effective January 1, 2023, through December 31, 2024

- 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.
- 9 - This proposal includes a Contingent Premium arrangement. Any Contingent Premium settlement due will be applied to a monthly premium invoice in the contract period beginning 1/1/2025, provided the group renews for such time period.

Rate Acceptance	
Group Official Initial: <u>SM</u>	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: <u>[Signature]</u>	
Title: <u>ADMINISTRATOR</u>	
Date: <u>11-3-22</u>	



**FRANKLIN TOWNSHIP**

Rates Effective: 01/01/2023 through 12/31/2024

# 223302

<b>Plan Information</b>
Medical Benefit
Drug Benefit

HRA 1080-5000 (NGF)
10/20/30, 2x

<b>Line of Business</b>
Network

CMM I & DRUG I
SM Plus

<b>Fully Insured Renewal Rates</b>
Single
Employee + Spouse
Employee + Child
Employee + Children
Family
Subtotal Monthly Premium
Change in Monthly Premium

Enrollment	Current Rates	Renewal Rates
18	\$678.87	\$743.18
8	\$1,592.39	\$1,743.58
3	\$1,179.59	\$1,291.51
2	\$1,179.59	\$1,291.51
21	\$2,093.11	\$2,291.91
52	\$74,812	\$81,914
		9.5%

Total	Current	Renewal
Monthly Premium	\$74,812	\$81,914
Change in Total Monthly Premium		9.5%

<b>Contingent Premium Rates</b>
Single
Employee + Spouse
Employee + Child
Employee + Children
Family

Minimum Rates	Maximum Rates	Billing Rates
95%	100%	100%
\$706.02	\$743.18	\$743.18
\$1,656.40	\$1,743.58	\$1,743.58
\$1,226.93	\$1,291.51	\$1,291.51
\$1,226.93	\$1,291.51	\$1,291.51
\$2,177.31	\$2,291.91	\$2,291.91

**Rate Acceptance**

Group Official Initial: *Please initial in box under the option selected ----->*

Group Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

- Rates and terms shown above are subject to the disclaimers and contingencies shown on Disclaimers page.  
 - This document shows only a partial listing of in-network benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of benefits and covered services.

Federally mandated Fees (monthly average):	
PCOR:	\$ 13
Reinsurance:	\$ -
Market Share:	\$ -
Total:	\$ 13

# New Pharmacy Standards for 51-99 Groups

Changes that will impact renewing groups effective July 1, 2022

**Beginning July 1, 2022, Medical Mutual is implementing several pharmacy benefit and program changes. As your group goes through the renewal process, keep in mind these new programs may impact your prescription drug benefits plan.**

## Groups with a Drug Card

The following program will be added to the coverage for groups that have a Drug Card benefit:

### SaveOnSP

In partnership with Express Scripts, SaveOnSP leverages copay assistance available from pharmaceutical manufacturers for a list of over 200 specialty medications to save money and provide members with a \$0 copayment when they enroll. This change does not apply to Grandfathered groups.

### Home Delivery Incentive

The home delivery incentive program will be added to non-standard 51-99 groups that do not already have this program in place. This program prompts members who are prescribed long-term medications to switch to home delivery for refills by charging a penalty if members continue to fill at a retail pharmacy. Long-term medications are often used to treat conditions like high blood pressure, high cholesterol or diabetes. Any groups that allow a 90-day supply of medications from a retail pharmacy will also be transitioned to a maximum 30-day supply at retail pharmacies as part of this program.

## Major Medical Drug Groups

If your group has major medical coverage with Medical Mutual, these programs will be part of your plan:

### SaveOnSP Exclusive

In partnership with Express Scripts, SaveOnSP Exclusive leverages copay assistance available from pharmaceutical manufacturers for a select list of specialty medications to save money and provide members with a \$0 copayment when they enroll. This program works the same as the standard SaveOnSP program for groups with a Drug Card above, but with a narrower and more targeted drug list. This change does not apply to Grandfathered groups.

### Select Home Delivery Active Choice

This program guides members who are prescribed long-term medications to switch to home delivery for refills unless they actively call Express Scripts to opt out and choose to continue to allow prescriptions to be filled at retail pharmacies. Long-term medications are often used to treat conditions like high blood pressure, high cholesterol or diabetes.

**If you have questions or would like more information about these programs, please contact your broker or Medical Mutual account representative.**



**Medical Mutual of Ohio**  
**Illustration of Contingent Premium Funding Arrangement**



A Contingent Premium arrangement is a fully insured funding arrangement that sets Discounted Premium and Contingent Premium rates in addition to the typical Fully Insured Premium rates. The usual Fully Insured premium rates are paid to Medical Mutual during the contract year. A settlement is performed after the Contract Period is over to reconcile the final premium amount. The final premium that the group is responsible for is based on actual claims incurred plus retention charges.

The Discounted Premium and Contingent Premium amounts act as lower and upper limits of the group liability. The settlement is based on the observed claims plus retention compared to the premium paid by the group during the contract period. The Discounted and Contingent Premium rates are expressed as a percentage of the Fully Insured rates.

Below are definitions relevant to the Contingent Premium arrangement:

**DEFINITIONS:**

**Discounted Premium:** The minimum amount for which the Group may be liable at Annual Settlement. The Discounted Premium will be determined by multiplying the number of months in the contract period by the number of contract-types in effect for each of those months times the Discounted Premium rates.

**Contingent Premium:** The maximum amount for which the Group may be liable at Annual Settlement. The Contingent Premium will be determined by multiplying the number of months in the Contract Period by the number of contract-types in effect for each of those months times the Contingent Premium rates.

**Fully Insured Premium:** 100% of the premium for which the Group would be liable under a conventional Fully Insured program. The Fully Insured premium amounts are intended to fund the Group's Incurred Claims, including reserve requirements for Incurred Claims not reported until after the end of the Contract Period, administrative fees and other insurance expenses. The Discounted and Contingent Premium rate(s) are minimum and maximum percentages of the Fully Insured Premium.

**Billing Premium:** The rates for which the Group will be billed each month during the Contract Period.

**Incurred Claim:** A claim for Covered Services, as defined in the applicable Certificate(s), that has beginning service dates on or after the effective date of the Contract and prior to termination of the Contract. For purposes of this Contingent Premium arrangement, Incurred Claims may also include Medical Mutual's best estimate of Incurred Claims not reported until after the end of the Contract Period.

**Retention:** Administrative expenses, including premium tax and commission, if applicable.

**Medical Mutual of Ohio**  
**Illustration of Contingent Premium Funding Arrangement**  
(continued)



**ANNUAL SETTLEMENT:**

If the Billing Premium paid for the Contract Period is greater than the Group's Incurred Claims and retention, a refund will be made to the Group for the difference only to the level of the Discounted Premium amount.

If the Billing Premium paid for the Contract Period is less than the Group's Incurred Claims and retention the Group will be liable for the excess up to the Contingent Premium amount. The Group will be invoiced for any amount due.

<b>Sample Settlement:</b>	<u>Medical</u>	<u>Drug</u>	<u>Total</u>
(1) Incurred Claims + Retention	\$980,000	\$241,000	\$1,221,000
(2) Billed Premium			\$1,400,000
(3) Discounted Premium (95%)			\$1,330,000
(4) Contingent Premium (100%)			\$1,400,000
<b>Total Amount Due The Group</b>			<b>\$70,000</b>
If (1) < (2) but > (3), then (2) - (1)			
If (1) < (2) and < (3), then (2) - (3)			
If (1) > (2), then \$0			

This proposal includes a Contingent Premium arrangement. Any Contingent Premium settlement due will be applied to a monthly premium invoice in the contract period beginning 1/1/2025, provided the group renews for such time period.

This arrangement does not include and does not apply to fees, taxes or other charges imposed on Medical Mutual by state or federal government laws, statutes or regulations. To the extent permitted by law, Medical Mutual will include such charges in the fees (premium) charged to the Group or may include them as separate line item on the Group's invoice.

Based on current guidance about Healthcare Reform, the following federally mandated fees are in effect:

- Patient Centered Outcomes Research Institute Fee

To the extent permitted by law, we reserve the right to adjust the Group's premium during the contract period and/or add these fees as a line item in the Group's invoice to fully disclose the new costs and to comply as necessary.