Resolution 2024-190

A Resolution Approving Contract with Medical Mututal of Ohio (MMO) for the year 2025 with a 16% Increase in Premium

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person at a Special Meeting at 12:00 p.m. on Wednesday, December 11, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

	\Box Leezer	\Box Fleshman	$\Box Blevins$
BE IT RESOLVED that effective January 1, 2025, the Board of Trustees of Franklin Township, Franklin County, Ohio approves and authorizes a contract with Medical Mutual of Ohio (MMO) for the calendar year 2025 offering health insurance coverage for township employees at a projected premium rate increase of 16%, effective January 1, 2025.			
relating to the deliberation were in a me	nis Resolution s of this Board eeting open to	were passed in an open mee	ns of this Board concerning and eting of the Board, and that all that resulted in such formal action ith all legal requirements
		LVED that this Resolution se immediately upon its adop	shall be declared an emergency and ption.
The followi	ng trustee m	arked below seconded the	e motion:
	\Box Leezer	⊿ Fleshman	$\Box Blevins$
Roll was ca	lled for the a	doption of the Resolution	, and the vote was as follows:
Leezer: □	l YES/ □ NO	<i>Fleshman</i> : □ YES/□ N	O <i>Blevins</i> : □ YES/ □ NO
			James Leez
		T	rustee James Leezer
		(P	rustee John Fleshman
			71 171

Trustee Mike Blevins



PROPRIETARY & CONFIDENTIAL

Proposal For: FRANKLIN TOWNSHIP

Effective Date: 1/1/2025 End Date: 12/31/2025 County: Franklin State: Ohio

Quote ID: 0130343-01



Group Name: FRANKLIN TOWNSHIP
Effective: January 1, 2025 - December 31, 2025

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		Language in the Parish of Article of the		
Benefit Highlights & Prémium Rates	NSTD HRA 10	100-6000 (NGF)		
Product / Network	SuperMed Plus			
HSA Option	No			
includes Major Med. Rx?	No			
	NETWORK 1	NON-NETWORK		
Deductible Type	Embe	edded		
Single Deductible	\$6,000	\$10,000		
Family Deductible	\$12,000	\$20,000		
Employer Coinsurance % *	100%	40%		
Single Out of Pocket (Excludes Deductible)	\$0	\$3,000		
Family Out of Pocket (Excludes Deductible)	\$0	\$6,000		
Single Maximum Out of Pocket	\$7,000	\$13,000		
Family Maximum Out of Pocket	\$14,000	\$26,000		
Office Visit	\$10	40% After Deductible		
Specialist Office Visit	\$10	40% After Deductible		
Urgent Care Office Visits	\$10	40% After Deductible		
Emergency Room Visits**	\$75			
inpatient Services	100% After Deductible	40% After Deductible		
Prescription Drug Card Benefit Highlights	Freestanding Drug			
	Retail ****			
Generic Copay	\$10.00	\$20.00		
Formulary Copay	\$20.00	\$40.00		
Non-Formulary Copay	\$30.00	\$60.00		
Ith Tier Copay	N/A	N/A		
	A CONTRACTOR OTH	ER 100 Vender 1		
Mail-Order Incentive	Yes			
Rates Effective 1/1/2025 - 12/31/2025:	Enrolled	2.1		
Single		Rates		
mployee + Spouse	18 \$861.81 12 \$2.022.48			
inployee - opouse	14 \$	2,022.48		

Rates Effective 1/1/2025 - 12/31/2025:	Enrolled	Rates	
Single	18	\$861.81	
Employee + Spouse	12	\$2,022,48	
Employee + Child	3	\$1,497.98	
Employee + Children	1	\$1,497,98	
Family	25	\$2,658.65	
Monthly Premium		\$112,241	

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Rate Acceptance					
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Date:	可谓在20	N. 15.	合同的情報開始的		建设的通过的
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。	新疆社会 。			Access of the	克尔克尔斯特斯州 [2]

* Some non-network services will be covered at a coinsurance less than what is shown.

* Emergency room visits that do not qualify as an emergency may be covered at a lesser amount. Coverage for emergency visits and emergency services may vary.

In accordance with Ohio law, coverage for dependents beyond the federal imiting age of 26 may necessitate additional premium on insured plans.

Employers must disclose any funding of deductibles or coinsurance provided to employers. If funding in an of desclosed, Mediual reserves the right to adjust rates at any time during the contract period. This may result in higher than anticipated rate adjustments Rates rates and reminums for periods beginning January 1, 2022 do not include polential or actual exposure due to section 4980 of the Internal Revenue Code -- Excise Tax on High Cost Employer-Sponsored Health Coverage under the Affordable Care Act. Any Excise tax determined to be payable on your plantly like billed separately from health plan premium rates.

The limiting age for dependent children is 26, except in the case of physical or intellectual disability.

Due to a change in Ohio law, effective with the first renewal on or after January 1, 2016, all existing over-age dependent children (26 and 27 years old) will maintain coverage until they attain the limiting age of 28. No new over-age dependent children will be eligible for coverage. Please note that children will a physical or intellectual disability.

FRANKLIN TOWNSHIP 1/1/2025 Disclaimers & Contingencies

- · Proposal expires in 60 days or upon effective date.
- Rates assume Medical Mutual is the only carrier, with 75% of net eligible employees enrolled.
- Rates are subject to change if enrollment varies by more than 10% from 59 contracts quoted.
- · Ancillary coverages will be packaged with Medical coverage and not sold separately.
- · Disclosure of disabled participants is required.
- · Misrepresentation may result in rescission of coverage.
- · Rates include standard reporting and administration.
- 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.
- 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.
- 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.
- Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- As required by the Affordable Care Act, employees must be notified at least 60 days before the effective date of a material modification if it impacts the contents of the SBC. Please be aware of this requirement when considering an off-renewal plan change or a change in carrier.
- Premiums and rates reflect 2015 ACA requirement to accumulate drug cost share to the maximum out-of-pocket (MOOP). Use of a third party Pharmacy Benefits Manager (PBM) will require additional fees and additional lead time to implement. Please contact your Medical Mutual representative for further details and explanation.
- Due to a change in Ohio law, effective with the first renewal on or after January 1, 2016, all existing over-age dependent children (26 and 27 years old) will maintain coverage until they attain the limiting age of 28. No new over-age dependent children will be eligible for coverage. Please note that children with a physical or intellectual disability are not impacted by the change in Ohio law.

Rate Acceptance	
Group Official Initial:	Please initial next to the benefits that have been selected by the group.
Group Official Signature:	
Title:	
Date:	