

ORDINANCE NO. 2019-056

AUTHORIZING A HEALTH INSURANCE PLAN FOR VILLAGE EMPLOYEES

WHEREAS, Council for the Village of Waynesville has always desired that all regular full-time employees be covered by medical insurance; and

WHEREAS, Council further desires to authorize health insurance for 2020.

NOW, THEREFORE, BE IT ORDAINED by the Village Council of the Village of Waynesville, 7 members elected thereto concurring that:

Section 1. That the Council for the Village of Waynesville hereby authorizes and approves the health insurance plan set for in Exhibit A, attached hereto and incorporated herein by reference.

Section 2. That the Village Manager is further authorized to execute any and all documents necessary for the administration of this program.

Section 3. That the Finance Director is hereby authorized to make any and all payments as required by the plan.

Section 4. That this Ordinance shall be effective from and after the earliest period allowed by law.

Adopted this 4th day of November, 2019.

Attest:

U

10/29/2019

VILLAGE OF WAYNESVILLE

Proposed Effective Date: 01/01/2020

JAMES F HOUGH

Benefits administered by Community Insurance Company

Blue Access SOCA MEWA PPO 5000/0%/6850 with Rx Option E80

	Network	Non-Network
Calendar Year Deductible (individual/family)	\$5,000 / \$10,000	\$15,000 / \$30,000
Annual Out-Of-Pocket Maximum (individual/family)	\$6,850 / \$13,700	\$20,550 / \$41,100
Physician Home and Office Services(per visit)(PCP/SCP)	\$30 / \$60	30%
Online Visits	\$10	30%
Allergy injections	\$10	30%
Emergency Room Services: Facility/Other Covered Services	\$400/0%	\$400/0%
Urgent Care Center	\$75	30%
Inpatient/Outpatient Professional Services	0%	30%
Inpatient Facility Services (per admission)	0%	30%
Outpatient Hospital/Alternative Care Fac: Surgery (per visit)	0%	30%
Outpatient Services: Other (per visit)	0%	30%
Ambulance Services	0%	0%
Hospice Services	0%	30%

(PCP) means Primary Care Physician. (SCP) means Specialty Care Physician. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies, unless specifically noted on the option's cost share, and may not apply to some Behavioral Health services where coinsurance applies. No Cost Share means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% coinsurance means no coinsurance up to the maximum allowable amount.

Other Network Services:

- Durable Medical Equipment, Orthotics, and Prosthetics
- Outpatient Therapies
- Physical Medicine Therapy Limits, Outpatient Therapy (Excludes Autism Spectrum Disorder) (Network and Non-network combined):
 - Cardiac Rehab: 36 visits
 - Manipulation Therapy: 12 visits
 - Occupational Therapy: 20 visits
 - Physical Therapy: 20 visits
 - Pulmonary Rehab: 20 visits
 - Speech Therapy: 20 visits
- Autism Spectrum Disorder Services Outpatient Therapy Limits under age 14 (Network and Non-network combined):
 - Occupational Therapy: 20 visits
 - Speech Therapy: 20 visits
 - Clinical Therapeutic Intervention services: 20 hours weekly
- Accidental Dental Coverage \$3,000 per accident
- Human Organ / Tissue Transplants
 - 0%
- Ambulance Non-network non-emergency use limited to \$50,000 per occurrence.
- Behavioral Health (Mental Health and Substance Abuse)
 - Benefits provided in accordance with Federal Mental Health Parity
- Home Care Services
 - 100 visits include Private Duty Nursing
- Prescription Drugs (Network Pharmacy) (Essential)
 - Retail (30-day Supply) (includes tiers 4 and 5 if applicable) \$15 / \$45 / \$80 / 25% \$350 max
 - Home Delivery (90-day Supply) \$38 / \$135 / \$240 / 25% \$350 max
 - 4th Tier per script max 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery.
 - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.
 - For refill by mail, if requested, requires special pricing from Underwriting.
 - The Essential formulary is a closed drug list with a focus on therapeutic efficacy and cost effectiveness
 - Allows for up to 90 day supply for retail.

Benefit ID: 200303

The benefits and premium equivalent rates reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. This coverage has been selected for employees and eligible dependents; subject to the terms and conditions of this proposal and the application to which this is attached.

Authorized Signature

Date

10/09/2019

Exhibit 3

VILLAGE OF WAYNESVILLE

Addendum to the Participation Agreement.

Effective Date of this addendum is : 01/01/2020

JAMES F HOUGH

Estimated Monthly Premium Equivalent Rates

Plan	Count	Health	Count	Dental	Count	Vision	Total
Emp	2	\$293.90	*	*	*	*	\$293.90
Emp/Sp	1	\$645.99	*	*	*	*	\$645.99
Emp/Child	2	\$496.10	*	*	*	*	\$496.10
Family	2	\$907.26	*	*	*	*	\$907.26
Medicare Emp		\$161.08					\$161.08
Medicare Emp/Sp		\$354.05					\$354.05
Medicare Emp/Child		\$271.90					\$271.90
Medicare Family		\$497.25					\$497.25
Monthly	7	\$4,040.51	*	*	*	*	\$4,040.51

* Coverage not selected for this proposal.

The estimated monthly premium equivalent rates are inclusive of all charges provided in your Participation Agreement. For further information about the calculation of your premium equivalent rates, please contact your Anthem Sales Representative.

Premium equivalent rates are proposed for an effective date of 01/01/2020. Rate is required after this date. Final rates will be based on the actual effective date. Premium equivalent rates are based on SIC #8999, located primarily in the 45068 zipcode area. Final rates will be based on the actual location, enrolled census, final benefits selected. This proposal is subject to underwriting approval by THE PLAN and please do not cancel your coverage until the application has been approved in writing. This information is intended to present only a general overview of the benefits. (MR N-CD2001 Elig-EE 51)
New business rates calculated using standard underwriting guidelines. (R=0.694; D=1; V=1);

Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at sbc.anthem.com/dps/.

The Medicare Primary rates above are available only to employer groups with fewer than twenty total employees, as calculated under Medicare Secondary Payer rules. Eligibility for these Medicare Primary rates is based on the Medicare status of the employee and not the spouse or child(ren), and completion and approval of the Small Employer Exemption packet with CMS. A spouse and/or child are eligible for the lower Medicare primary rate only when the employee is eligible to have claims paid by Medicare as the primary coverage.

The benefits and premium equivalent rates reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. These benefits have been selected for employees and eligible dependents; subject to the terms and conditions of this proposal and the application to which this is attached.

Authorized Signature

Date

Stipulations



Southern Ohio Chamber Alliance Benefit Plan

All quotes are subject to the following stipulations:

Rates are effective until the Southern Ohio Chamber Alliance Benefit Plan's renewal on May 1.

Rates are based on Southern Ohio Chamber Alliance Benefit Plan's quoted benefits (see summary of benefits for details).

Rates assume that Southern Ohio Chamber Alliance Benefit Plan is the sole health carrier.

Rates assume employer enrolling in the Southern Ohio Chamber Alliance Benefit Plan is a member in good standing in the one of following Chambers : Southern Ohio Chamber Alliance (SOCA), Northern Ohio Area Chambers of Commerce (NOACC), Dayton Area Chamber of Commerce (DAACC), Youngstown / Warren Regional Chamber, or Central Ohio Chamber of Commerce (COCC).

To be eligible to enroll in the Southern Ohio Chamber Alliance Benefit Plan a group must employ no more than 50 total employees during the preceding calendar year and must have at least 2 enrolled employees on the first day of the plan. The group will not be allowed to join, or be renewed, in the plan if it fails either of these tests.

Southern Ohio Chamber Alliance Benefit Plan requires that the employer contributions be at least 25% of total cost for health coverage(s) chosen in the event the employee has dependent coverage, and at least 50% of the total cost for health coverage(s) in the event the employee has single coverage. In addition, the SOCA Benefit Plan requires at least 75% of net eligible employees participate in this plan. The Plan retains the right to reconsider the pricing of this proposal if these are not accurate, or final enrollment is different from what was assumed in development of the rates.

The group will be required to sign an application and participation agreement to join the Southern Ohio Chamber Alliance Benefit Plan. Rates cannot be finalized until the application and participation agreement are completed and signed.

Southern Ohio Chamber Alliance Benefit Plan reserves the right to revise this proposal under any of the following circumstances:

Final rates will be based on the actual effective date. Final rates will be based on the actual location, enrolled census, final benefits selected.

Final approval of proposed rates subject to review of employee applications and medical conditions for all enrolling in the plan. Proposed rates can be modified due to changes in the medical risk profile contained in final applications. Do not cancel your current coverage until the application has been approved in writing.

Rates assume no retirees are covered on the plan, unless approved by the Southern Ohio Chamber Alliance benefit Plan.

Due to any changes after initial proposal is issued in any taxes, fees, and assessments prescribed by any statutory, regulatory, or other legal authority, that in Southern Ohio Chamber Alliance Benefit Plan's discretion invalidates this quote.

A change in the contract period will require a recalculation of fees.

Any offers made to extend the initial quoted rates and fees do not include the impact of any Federal, state, or local legislation, mandates, fees, or taxes that may take effect after the initial effective date. The Plan reserves the right to revise any extended rate offers to reflect legislative, fee, or tax changes or mandates.

This proposal assumes claims incurred prior to the effective date are not included in the proposed arrangement.

The quoted rates assume the employer is funding less than 50% of any employee deductible, bank account, or out of pocket expenses. Employer funding of 50%, or more of the employee costs could have an impact on the pricing of the plan and may cause the quoted rates to be revised. If the employer is funding more than 50% of the employee deductible or out of pocket costs the employer must notify the Southern Ohio Chamber Alliance Benefit Plan.

The health benefit plan(s) reflected in this proposal is not considered to be grandfathered under the provisions of the Patient Protection and Affordable Care Act. Non-grandfathered plans are subject to additional provisions under the Patient Protection and Affordable Care Act that do not apply to grandfathered plans. For further information contact your account representative.

Rates include the impact of adjusting benefits by plan to comply with the HCR out-of-pocket provision which requires all medical deductibles, drug deductibles, copayments and coinsurance to apply toward the out-of-pocket maximum.

Name of Group _____

Group Representative Signature _____

Date _____

Employer Representative Name / Title _____

Anthem Blue Cross and Blue Shield is the trade name of its Indiana Anthem Insurance Companies, Inc. In Kentucky, Anthem Health Plans of Kentucky, Inc. In Utah, Community Insurance Company. Independent Members of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

10/09/2019



PREMIUM EQUIVALENT RATES

The Employer shall pay Anthem the following premium equivalent rates per Member per month for the Contract Period.

VILLAGE OF WAYNESVILLE

JAMES F HOUGH

Proposed Effective Date: 01/01/2020

Health Coverage

EE	ES	EC	ED
293.90	645.99	496.10	907.26

Medicare Primary

M	P	H	A
161.08	354.05	271.90	497.25

The Medicare Primary rates above are available only to employer groups with fewer than twenty total employees, as calculated under Medicare Secondary Payer rules. Eligibility for these Medicare Primary rates is based on the Medicare status of the employee and not the spouse or child(ren), and completion and approval of the Small Employer Exemption packet with CMS. A spouse and/or child are eligible for the lower Medicare primary rate only when the employee is eligible to have claims paid by Medicare as the primary coverage.