



MEDICAL MUTUAL®

Proposal For:
CITY OF OLMSTED FALLS

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

Quote ID: 0097299-01

Renewal Options Selected Effective 1/1/22:

PPO 3020-2500 M 6000 Rx C; CleCare HMO 1000 Triple Rx C; SM PPO HSA 3000/20

Thursday, November 11, 2021
12:08 AM



MEDICAL MUTUAL
Fully Insured Proposal
for
CITY OF OLMSTED FALLS

Rates Effective: January 1, 2022 - December 31, 2022

Contract Type	Contracts
Employee	8
Employee + Spouse	10
Employee + Child	0
Employee + Children	1
Family	11

SuperMed PPO	Single	Employee + Spouse	Employee + Child	Employee + Children	Family	Total Monthly Premium	Sign Off / Initial
HSA 3500/0	\$794.43	\$1,741.74	\$1,425.96	\$1,425.96	\$2,373.27	\$51,304.77	
HSA 4000/0	\$760.25	\$1,666.53	\$1,364.44	\$1,364.44	\$2,270.72	\$49,089.66	
HSA 5000/0	\$702.03	\$1,538.45	\$1,259.65	\$1,259.65	\$2,096.07	\$45,317.16	
HSA 3000/20	\$737.88	\$1,816.89	\$1,323.81	\$1,323.81	\$2,203.02	\$47,627.37	X <i>[Signature]</i>
HSA 3500/20	\$697.75	\$1,529.05	\$1,251.95	\$1,251.95	\$2,083.25	\$45,040.20	
HSA 5000/20	\$644.61	\$1,412.13	\$1,156.29	\$1,156.29	\$1,923.81	\$41,596.38	
3020-1000 Triple Rx C	\$915.75	\$2,014.64	\$1,648.34	\$1,648.34	\$2,747.23	\$59,340.27	
3020-1500 Rx C	\$879.56	\$1,935.03	\$1,583.20	\$1,583.20	\$2,638.67	\$56,995.35	
3020-2000 Rx C	\$863.27	\$1,899.19	\$1,553.88	\$1,553.88	\$2,589.80	\$55,939.74	
3020-2500 M 5000 Rx C	\$851.12	\$1,872.46	\$1,532.01	\$1,532.01	\$2,553.35	\$55,152.42	
3020-2500 M 6000 Rx C	\$831.23	\$1,828.69	\$1,496.20	\$1,496.20	\$2,493.66	\$53,863.20	X <i>[Signature]</i>
3020-3000 Rx C	\$820.41	\$1,804.89	\$1,476.73	\$1,476.73	\$2,461.21	\$53,162.22	
3020-4000 Rx C	\$801.31	\$1,762.88	\$1,442.36	\$1,442.36	\$2,403.93	\$51,924.87	
3030-1500 Triple Rx C	\$875.82	\$1,926.80	\$1,576.47	\$1,576.47	\$2,627.45	\$56,752.98	
3030-2500 Triple Rx C	\$831.63	\$1,829.57	\$1,496.92	\$1,496.92	\$2,494.86	\$53,889.12	
3020-1000 Triple Rx D	\$910.81	\$2,003.77	\$1,639.45	\$1,639.45	\$2,732.41	\$59,020.14	
3020-1500 Rx D	\$874.49	\$1,923.87	\$1,574.07	\$1,574.07	\$2,623.45	\$56,666.64	
3020-2000 Rx D	\$858.33	\$1,888.32	\$1,544.99	\$1,544.99	\$2,574.98	\$55,619.61	
3020-2500 M 5000 Rx D	\$846.31	\$1,861.88	\$1,523.35	\$1,523.35	\$2,538.92	\$54,840.75	
3020-2500 M 6000 Rx D	\$826.15	\$1,817.52	\$1,487.07	\$1,487.07	\$2,478.44	\$53,534.31	
3020-3000 Rx D	\$815.34	\$1,793.73	\$1,467.60	\$1,467.60	\$2,445.99	\$52,833.51	
3020-4000 Rx D	\$796.37	\$1,752.01	\$1,433.46	\$1,433.46	\$2,389.10	\$51,604.62	
3030-1500 Triple Rx D	\$871.28	\$1,916.82	\$1,568.29	\$1,568.29	\$2,613.83	\$56,458.86	
3030-2500 Triple Rx D	\$826.95	\$1,819.29	\$1,488.50	\$1,488.50	\$2,480.84	\$53,586.24	



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CleCare	Single	Employee + Spouse	Employee + Child	Employee + Children	Family	Total Monthly Premium	Sign Off / Initial
HSA 3500/0	\$705.45	\$1,546.67	\$1,266.24	\$1,266.24	\$2,107.46	\$45,558.60	
HSA 4000/0	\$675.10	\$1,479.88	\$1,211.62	\$1,211.62	\$2,016.40	\$43,591.62	
HSA 5000/0	\$623.40	\$1,366.14	\$1,118.57	\$1,118.57	\$1,861.31	\$40,241.58	
HSA 3000/20	\$655.06	\$1,435.80	\$1,175.54	\$1,175.54	\$1,956.28	\$42,293.10	
HSA 3500/20	\$619.60	\$1,357.80	\$1,111.73	\$1,111.73	\$1,849.93	\$39,995.76	
HSA 5000/20	\$572.41	\$1,253.97	\$1,026.78	\$1,026.78	\$1,708.34	\$36,937.50	
3020-1000 Triple Rx C	\$813.19	\$1,789.00	\$1,463.73	\$1,463.73	\$2,439.54	\$52,694.19	<i>[Signature]</i>
3020-1500 Rx C	\$781.05	\$1,718.31	\$1,405.88	\$1,405.88	\$2,343.14	\$50,611.92	
3020-2000 Rx C	\$766.58	\$1,686.48	\$1,379.84	\$1,379.84	\$2,299.74	\$49,674.42	
3020-2500 M 5000 Rx C	\$755.79	\$1,662.74	\$1,360.42	\$1,360.42	\$2,267.37	\$48,975.21	
3020-2500 M 6000 Rx C	\$738.13	\$1,623.88	\$1,328.62	\$1,328.62	\$2,214.37	\$47,830.53	
3020-3000 Rx C	\$728.52	\$1,602.74	\$1,311.33	\$1,311.33	\$2,185.55	\$47,207.94	
3020-4000 Rx C	\$711.56	\$1,565.44	\$1,280.81	\$1,280.81	\$2,134.69	\$46,109.28	
3030-1500 Triple Rx C	\$777.73	\$1,711.00	\$1,399.91	\$1,399.91	\$2,333.18	\$50,396.73	
3030-2500 Triple Rx C	\$738.49	\$1,624.66	\$1,329.27	\$1,329.27	\$2,215.44	\$47,853.63	
3020-1000 Triple Rx D	\$808.80	\$1,779.35	\$1,455.83	\$1,455.83	\$2,426.38	\$52,409.91	
3020-1500 Rx D	\$776.55	\$1,708.40	\$1,397.77	\$1,397.77	\$2,329.62	\$50,319.99	
3020-2000 Rx D	\$762.20	\$1,676.83	\$1,371.95	\$1,371.95	\$2,286.58	\$49,390.23	
3020-2500 M 5000 Rx D	\$751.52	\$1,653.35	\$1,352.73	\$1,352.73	\$2,254.56	\$48,698.55	
3020-2500 M 6000 Rx D	\$733.62	\$1,613.96	\$1,320.51	\$1,320.51	\$2,200.85	\$47,538.42	
3020-3000 Rx D	\$724.02	\$1,592.83	\$1,303.23	\$1,303.23	\$2,172.04	\$46,816.13	
3020-4000 Rx D	\$707.18	\$1,555.78	\$1,272.92	\$1,272.92	\$2,121.52	\$45,824.88	
3030-1500 Triple Rx D	\$773.70	\$1,702.14	\$1,392.64	\$1,392.64	\$2,321.08	\$50,135.52	
3030-2500 Triple Rx D	\$734.33	\$1,615.53	\$1,321.79	\$1,321.79	\$2,202.99	\$47,584.62	



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<u>MedFlex</u>	Single	Employee + Spouse	Employee + Child	Employee + Children	Family	Total Monthly Premium	Sign Off / Initial
HSA 3500/0	\$744.93	\$1,633.22	\$1,337.11	\$1,337.11	\$2,225.40	\$48,108.15	
HSA 4000/0	\$712.82	\$1,562.55	\$1,279.31	\$1,279.31	\$2,129.04	\$46,026.81	
HSA 5000/0	\$658.24	\$1,442.48	\$1,181.08	\$1,181.08	\$1,965.32	\$42,490.32	
HSA 3000/20	\$691.61	\$1,515.91	\$1,241.13	\$1,241.13	\$2,065.43	\$44,652.84	
HSA 3500/20	\$654.22	\$1,433.65	\$1,173.84	\$1,173.84	\$1,953.27	\$42,230.07	
HSA 5000/20	\$604.41	\$1,324.07	\$1,084.18	\$1,084.18	\$1,803.84	\$39,002.40	
3020-1000 Triple Rx C	\$858.18	\$1,887.99	\$1,544.71	\$1,544.71	\$2,574.52	\$55,609.77	
3020-1500 Rx C	\$824.30	\$1,813.46	\$1,483.74	\$1,483.74	\$2,472.90	\$53,414.64	
3020-2000 Rx C	\$808.87	\$1,779.51	\$1,455.96	\$1,455.96	\$2,426.60	\$52,414.62	
3020-2500 M 5000 Rx C	\$797.45	\$1,754.40	\$1,435.40	\$1,435.40	\$2,392.35	\$51,674.85	
3020-2500 M 6000 Rx C	\$778.89	\$1,713.54	\$1,401.99	\$1,401.99	\$2,336.64	\$50,471.55	
3020-3000 Rx C	\$768.72	\$1,691.18	\$1,383.69	\$1,383.69	\$2,306.15	\$49,812.90	
3020-4000 Rx C	\$750.65	\$1,651.43	\$1,351.18	\$1,351.18	\$2,251.96	\$48,642.24	
3030-1500 Triple Rx C	\$820.79	\$1,805.73	\$1,477.41	\$1,477.41	\$2,462.35	\$53,186.88	
3030-2500 Triple Rx C	\$779.27	\$1,714.37	\$1,402.67	\$1,402.67	\$2,337.77	\$50,496.00	
3020-1000 Triple Rx D	\$853.66	\$1,878.05	\$1,536.58	\$1,536.58	\$2,560.97	\$55,317.03	
3020-1500 Rx D	\$819.54	\$1,802.98	\$1,475.15	\$1,475.15	\$2,458.59	\$53,105.76	
3020-2000 Rx D	\$804.35	\$1,769.57	\$1,447.83	\$1,447.83	\$2,413.05	\$52,121.88	
3020-2500 M 5000 Rx D	\$793.06	\$1,744.73	\$1,427.50	\$1,427.50	\$2,379.17	\$51,390.15	
3020-2500 M 6000 Rx D	\$774.12	\$1,703.05	\$1,393.41	\$1,393.41	\$2,322.34	\$50,162.61	
3020-3000 Rx D	\$764.09	\$1,680.97	\$1,375.35	\$1,375.35	\$2,292.23	\$49,512.30	
3020-4000 Rx D	\$746.14	\$1,641.50	\$1,343.04	\$1,343.04	\$2,238.40	\$48,349.56	
3030-1500 Triple Rx D	\$816.52	\$1,796.35	\$1,469.73	\$1,469.73	\$2,449.56	\$52,910.55	
3030-2500 Triple Rx D	\$774.87	\$1,704.71	\$1,394.76	\$1,394.76	\$2,324.60	\$50,211.42	

CITY OF OLMSTED FALLS
1/1/2022
Disclaimers & Contingencies

- 1 Proposal expires in 60 days or upon effective date.
- 2 Rates assume Medical Mutual is the only carrier, with 75% of net eligible employees enrolled.
- 3 Rates are subject to change if enrollment varies by more than 10% from 30 contracts quoted.
- 4 Ancillary coverages will be packaged with Medical coverage and not sold separately.
- 5 Disclosure of disabled participants is required.
- 6 Misrepresentation may result in rescission of coverage.
- 7 Rates include standard reporting and administration.
- 8 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.

- 9 Please note that 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.

- 10 Change in enrollment of any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 11 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.
- 12 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.
- 13 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: JPM Please initial next to the benefits that have been selected by the group.

Group Official Signature: 

Title: CITY MAYOR

Date: 11-29-21

CLE-Care HMO Disclaimers

- 1 CLE-Care HMO does not include out-of-network benefits, except for emergency care and care confirmed as unavailable within the network. Referral is required for services outside the MetroHealth network.
- 2 CLE-Care HMO includes all MetroHealth facilities and providers.
- 3 CLE-Care drug plans may include a separate copay tier when prescriptions are filled at MetroHealth pharmacies. Drug copays described in the benefit descriptions reflect copays at non-MetroHealth pharmacies. Please see the detailed benefit descriptions or contact your Medical Mutual sales representative for further details.
- 4 CLE-Care requires that both medical and drug benefits be purchased together through MMO.
- 5 For fully insured plans where MMO is the sole carrier, there is no minimum enrollment in CLE-Care. For fully insured plans where CLE-Care is offered alongside another carrier, a minimum of 51 must be enrolled in CLE-Care.
- 6 All plans are subject to minimum enrollment as outlined above. Rates are subject to change or withdrawal if minimum enrollment is not achieved at open enrollment.
- 7 Rates include standard reporting and administration.
- 8 CLE-Care enrollment requires members to select a MetroHealth PCP.
- 9 CLE-Care rates are subject to revision if quoted as a dual option with a PPO plan and a stand-alone CLE-Care plan is elected.

Rate Acceptance

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

Group Official Signature: [Signature]

Title: MAYOR

Date: 11-29-21

MedFlex™ HMO Disclaimers

- 1 MedFlex HMO offers coverage for in-network services only, except for emergencies.
- 2 MedFlex HMO benefits include use of children's hospitals to age 20, emergency use of an emergency room only, formulary drugs, contracted network pharmacies, pharmacy mail order delivery, pharmacy Specialty Solutions and pharmacy Coverage Management.
- 3 MedFlex HMO is available to employers with 51 or more employees where employees live or work in the network Primary Service Area (PSA) or in counties that border the PSA.
- 4 Employees outside MedFlex service areas should elect a SuperMed PPO product offering.
- 5 In order to take advantage of care integration and control costs, fully insured MedFlex HMO plans require that both medical and drug benefits be purchased together through Medical Mutual.
- 6 No minimum enrollment in MedFlex HMO is required when MMO is the sole carrier, but minimum participation requirements must be met.
- 7 MedFlex HMO is available as a self-funded product when offered alongside another carrier's plan.
- 8 Self-funded MedFlex HMO plans require a minimum of 100 enrolled with MMO.
- 9 All plans are subject to minimum enrollment as outlined above. Rates are subject to change or withdrawal if minimum enrollment is not achieved at open enrollment. Final rates are subject to underwriting approval based on contribution, participation and high claimant reports.
- 10 Medical Mutual will be the sole stop loss carrier for self funded plans where MedFlex plans are being offered.
- 11 MedFlex fully insured rates include all applicable provider based care coordination fees.
- 12 For self-funded plans with the MedFlex product, proposed administrative fees do not include provider Care Coordination fees. Care Coordination fees will be billed separately as a claim.
- 13 MedFlex rates may vary by network service area regions.
- 14 Rates are subject to change if actual enrollment varies by more than 10% from the enrollment number quoted.
- 15 Disclosure of disabled participants is required.
- 16 Misrepresentation may result in rescission of coverage.
- 17 Rates include standard reporting and administration.
- 18 Self-funded plans will be assessed run-out processing fee equal to three months of administration fees, upon termination.
- 19 All rates include broker commission, where applicable.
- 20 Proposal expires in 60 days or upon effective date, whichever is sooner. Rates may be withdrawn at any time upon notice.

Rate Acceptance

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

Group Official Signature: _____

Title: _____

Date: _____

