



MEDICAL MUTUAL

Prepared For:

CITY OF OLMSTED FALLS

Effective Date: 1/1/2023

End Date: 12/31/2024

County: Cuyahoga

State: Ohio

Quote ID: 0104500-01

Friday, October 21, 2022
11:11 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.



October 21, 2022

CITY OF OLMSTED FALLS
26100 BAGLEY ROAD
OLMSTED FALLS, OH, 44138

Dear TERRY VELOSKI,

Thank you for choosing Medical Mutual as your health insurance provider. You are an important customer and we value your business. In the following pages, you will find your group's renewal, which takes effect January 1, 2023 and reflects a 9.5 percent premium increase over the previous year.

Your current renewal

To determine your renewal rate, we compared your group's specific characteristics to those of similar groups. These include credibility, trend, pooling adjustment, claims experience, premium, predictive risk and large claims (a summary of claims over \$10,000 is attached to this letter). To help you manage your healthcare costs, we are continuously working to ensure your coverage provides the highest level of value available.

- **Chronic Conditions Management Programs:** Our targeted Chronic Condition Management program provides coaching and support for certain conditions to have the greatest effect on outcomes.
- **Wellness programs:** We offer multiple wellness programs that use evidence-based medicine guidelines to ensure quality and proper use of services.
- **Drug coverage management:** We include a suite of management programs to ensure your employees get the medication they need at the right price.
- **Provider engagement:** We continue to forge relationships with healthcare providers that not only deliver on price but also quality of services to your employees.
- **Claims administration:** Our technology ensures accurate processing of claims to eliminate fraud, waste and abuse and provide prompt payment and financial accuracy.

Federally Mandated Fees

This renewal accounts for federally mandated fees in effect for 2023. The Patient Centered Outcomes Research Institute (PCORI) fee of \$0.25 per member per month is included in the rates. Federally mandated fees are subject to change.

Determination of Group Size

The rates in this proposal are based on this group averaging 51 or more total employees on a monthly basis in the prior calendar year. If you believe your group, including any employee working for any business that may be considered a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code, averaged less than 51 employees, please contact your Medical Mutual representative or broker.

Benefit Changes and Alternatives

Medical Mutual offers a Standard Benefits portfolio designed to promote competitive and optimal plan design specifically for the 51-99 market segment. If you are interested in changing your current plan design, you may request these alternative plans from your Account Executive. If you choose to make a benefit change, moving to our standard portfolio is required for all plan options. Note that underlying benefits, such as our Diabetes Advantage program, may differ slightly under the standard portfolio. Our Diabetes Advantage program, which includes coverage for a wide variety of diabetic supplies, has been simplified to cover basic supplies. In general, most items no longer covered under the simplified Diabetes Advantage program are covered under the medical benefit at the appropriate cost sharing for your plan.

As always, we appreciate your business and the opportunity to continue providing healthcare coverage for your employees. I am available to answer any questions or provide additional information.

Sincerely,

A handwritten signature in black ink that reads "Richard Wallack".

Richard Wallack
Vice President, Sales and Distribution



MEDICAL MUTUAL

Claims in Excess of \$10,000 for CITY OF OLMSTED FALLS

Amount	Primary Diagnosis
\$188,016	PAROXYSMAL TACHYCARDIA (RAPID HEART BEAT)
\$169,789	CANCER: HODGKIN LYMPHOMA
\$20,327	INTRACRANIAL INJURY
\$16,595	OTHER DISORDERS OF AMNIOTIC FLUID AND MEMBRANES
\$13,505	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASMS (CANCER)
\$10,773	CELLULITIS AND ACUTE LYMPHANGITIS



CITY OF OLMSTED FALLS
 Rates Effective: 01/01/2023 through 12/31/2024
 # 549980

Plan Information
Medical Benefit
Drug Benefit
Line of Business
Network

SMP 3020-2500 M 6000
RX 10/35/70/25%
CMM I & DRUG I
SM Plus

CleCare 3020-1000 Triple
RX 10/35/70/25%
HMO I & DRUG I
MetroHealth HMO

SMP HSA 3000-20
CMM II
SM Plus

Enrollment	Current Rates	Renewal Rates
5	\$831.23	\$910.19
6	\$1,828.69	\$2,002.41
2	\$1,496.20	\$1,638.34
0	\$1,496.20	\$1,638.34
6	\$2,493.66	\$2,730.56
19	\$33,083	\$36,225
Change in Monthly Premium 9.5%		

Enrollment	Current Rates	Renewal Rates
2	\$813.19	\$890.44
2	\$1,789.00	\$1,958.95
0	\$1,463.73	\$1,602.79
0	\$1,463.73	\$1,602.79
3	\$2,439.54	\$2,671.30
7	\$12,523	\$13,713
Change in Monthly Premium 9.5%		

Enrollment	Current Rates	Renewal Rates
0	\$737.68	\$807.28
1	\$1,616.89	\$1,770.01
0	\$1,323.81	\$1,449.10
0	\$1,323.81	\$1,449.10
1	\$2,203.02	\$2,411.83
2	\$3,820	\$4,182
Change in Monthly Premium 9.5%		

Enrollment	Current Rates	Renewal Rates
0	\$737.68	\$807.28
1	\$1,616.89	\$1,770.01
0	\$1,323.81	\$1,449.10
0	\$1,323.81	\$1,449.10
1	\$2,203.02	\$2,411.83
2	\$3,820	\$4,182
Change in Monthly Premium 9.5%		

Total	Current	Renewal
Monthly Premium	\$49,420	\$54,120
Change in Total Monthly Premium		9.5%

	Minimum Rates		Maximum Rates		Billing Rates	
	95%	100%	100%	100%	100%	100%
Single	\$864.68	\$910.19	\$910.19	\$845.92	\$890.44	\$890.44
Employee + Spouse	\$1,902.29	\$2,002.41	\$2,002.41	\$1,861.00	\$1,958.95	\$1,958.95
Employee + Child	\$1,556.42	\$1,638.34	\$1,638.34	\$1,522.65	\$1,602.79	\$1,602.79
Employee + Children	\$1,556.42	\$1,638.34	\$1,638.34	\$1,522.65	\$1,602.79	\$1,602.79
Family	\$2,594.03	\$2,730.56	\$2,730.56	\$2,537.74	\$2,671.30	\$2,671.30

	Minimum Rates		Maximum Rates		Billing Rates	
	95%	100%	100%	100%	100%	100%
Single	\$766.92	\$807.28	\$807.28	\$766.92	\$807.28	\$807.28
Employee + Spouse	\$1,681.51	\$1,770.01	\$1,770.01	\$1,681.51	\$1,770.01	\$1,770.01
Employee + Child	\$1,376.65	\$1,449.10	\$1,449.10	\$1,376.65	\$1,449.10	\$1,449.10
Employee + Children	\$1,376.65	\$1,449.10	\$1,449.10	\$1,376.65	\$1,449.10	\$1,449.10
Family	\$2,291.24	\$2,411.83	\$2,411.83	\$2,291.24	\$2,411.83	\$2,411.83

	Minimum Rates		Maximum Rates		Billing Rates	
	95%	100%	100%	100%	100%	100%
Single	\$766.92	\$807.28	\$807.28	\$766.92	\$807.28	\$807.28
Employee + Spouse	\$1,681.51	\$1,770.01	\$1,770.01	\$1,681.51	\$1,770.01	\$1,770.01
Employee + Child	\$1,376.65	\$1,449.10	\$1,449.10	\$1,376.65	\$1,449.10	\$1,449.10
Employee + Children	\$1,376.65	\$1,449.10	\$1,449.10	\$1,376.65	\$1,449.10	\$1,449.10
Family	\$2,291.24	\$2,411.83	\$2,411.83	\$2,291.24	\$2,411.83	\$2,411.83

	Minimum Rates		Maximum Rates		Billing Rates	
	95%	100%	100%	100%	100%	100%
Single	\$766.92	\$807.28	\$807.28	\$766.92	\$807.28	\$807.28
Employee + Spouse	\$1,681.51	\$1,770.01	\$1,770.01	\$1,681.51	\$1,770.01	\$1,770.01
Employee + Child	\$1,376.65	\$1,449.10	\$1,449.10	\$1,376.65	\$1,449.10	\$1,449.10
Employee + Children	\$1,376.65	\$1,449.10	\$1,449.10	\$1,376.65	\$1,449.10	\$1,449.10
Family	\$2,291.24	\$2,411.83	\$2,411.83	\$2,291.24	\$2,411.83	\$2,411.83

Rate Acceptance			
Group Official Initial: Please initial in box under the option selected →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Official Signature: _____	Title: _____	Date: _____	
<ul style="list-style-type: none"> - 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):	
PCORI:	\$ 13
Reinsurance:	\$ -
Market Share:	\$ -
Total:	\$ 13



**CITY OF OLMSTED FALLS
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: _____	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: _____	
Title: _____	
Date: _____	



MEDICAL MUTUAL®

**CITY OF OLMSTED FALLS
ALL SECTIONS
DISCLAIMERS AND NOTES**

Effective January 1, 2023, through December 31, 2024

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

Group Official Signature: _____

Title: _____

Date: _____



CITY OF OLMSTED FALLS
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: _____	<i>Please initial next to the benefits that have been selected by the group.</i>
Group Official Signature: _____	
Title: _____	
Date: _____	

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.

Sample Settlement:	<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
Total Amount Due The Group			\$70,000
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.

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.

